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The Work of College Counseling Centers in the Early 21st Century

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For many years, the mental health of college students has been a major concern in higher education. Through a review of the research literature, this article will illuminate the reasons why at this time in history the mental health of college students is a top priority, the value of investing in campus counseling centers, and how college student mental health care must continue to evolve in order to meet the needs of increasingly diverse campuses. This article will provide an understanding of how college and university counseling centers past and present have always centered their work in the context of the socioecological environment of the times. Special attention will be paid to how societal and institutional forces have shaped both expectations for and delivery of care in the first quarter of the current century.

Public Significance Statement
The socioecological environment has the potential to support or to negatively impact students' college experience. This article identifies specific contextual factors that today's diverse college students are navigating and explores the challenges the college counseling centers must overcome to provide the services that students need and deserve.

Keywords: college students, mental health, counseling center

There were approximately 19 million students enrolled in degree-granting U.S. colleges and universities in Fall 2022 (National Center for Education Statistics, 2022). For 7 years in a row, the mental health of students was cited as the top concern regardless of institution type by university and college presidents who completed the American Council on Education's Pulse Point Survey of College and University Presidents (Cecil & Melidona, 2022). Furthermore, this trend was present before the recent pandemic. Eight out of 10 presidents indicated that student mental health had become more of a priority on their campus than it was 3 years ago (Chessman & Taylor, 2019). The Healthy Minds Network administers an annual web-based population-level survey to track undergraduate and graduate student mental health trends. Of the 95,860 students participating in 2021–2022, 44% screened positive for overall depression, 23% for major depression, 37% screened positive for anxiety, and 37% had been engaged in counseling in the past year (Healthy Minds Network, 2022). Using the same database, Lipson et al. (2022) reported that in 2020–2021, more than 60% of students met criteria for one or more mental health problems, which is an almost 50% increase from 2013. Another population-level survey, American College Health Association—National College Health Assessment (2023) found that the majority of the 33,774 students who took the survey in Fall 2022 met the criteria for moderate psychological distress (51%) to severe psychological distress (21%) and 34% had received mental health care in the past 12 months. Not surprisingly, the emotional distress reported by students has implications for their academic progress.

A Gallup–Lumina Foundation poll found that 99% of bachelor's degree students who had considered leaving school in the past 6 months said emotional stress was a reason, and 63% of associate degree students said the same (Gallup, 2023). Numerous studies have found evidence that the mental health of college students has an impact on educational attainment. Depressive symptomology in college students is associated with poor academic performance (DeRoma et al., 2009) and

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Sharon L. Mitchell affirms that this article is an honest, accurate, and transparent account of her review of the literature related to college student mental health. No original research was conducted in order to prepare this article.

Sharon L. Mitchell played a lead role in conceptualization and writing–original draft.

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an increased likelihood of dropping out of college (Boyraz et al., 2016; De Luca et al., 2016; Eisenberg et al., 2009). College students who were interviewed annually for 4 years beginning at college entry were more likely to disenroll for a semester or more if they experienced depression, used cannabis, or engaged in heavy drinking (Arria et al., 2013). A longitudinal study of university students showed that increased depressive symptoms, antisocial behaviors, exposure to stressful events, and substance use are consistently related to increased risk of dropping out of college (Thomas et al., 2021).

Daniel Eisenberg, economist and director of the Healthy Minds Network, argued that investing in students' mental health is vital for both students and educational institutions (Eisenberg et al., 2009). When students fail to complete their education due to unaddressed mental health problems, it may have a lasting impact on their lifetime earning potential, ability to repay college loans, and health outcomes (Marcotte, 2019; U.S. Bureau of Labor Statistics, 2022; Wei & Horn, 2013; Zajacova & Lawrence, 2021). When students leave college without a degree, higher education institutions do not fulfill their academic mission to educate, may have diminished reputations, and are certain to suffer economically due to lost tuition revenue (Johnson, 2012; Raisman, 2013).

Counseling centers are uniquely positioned to contribute to students' academic success and emotional well-being. Kivlighan et al. (2021) found that students' academic grade point averages increased at a greater rate postcounseling compared to precounseling. In addition, reductions in their psychological distress were associated with positive changes in their grade point averages over time. In a study by Schwitzer et al. (2018), students who engaged with campus counseling services as recommended were more likely to experience grade point average increases and graduate than were their peers who discontinued after the first session or who were referred off campus. Students whose academic distress did not decrease after engaging in counseling on campus had lower retention rates than both counseling clients whose academic distress improved and the general student body (Lockard et al., 2019). In addition to improved academic functioning, studies using large national databases have found that treatment in college counseling centers has been associated with significant improvements across symptoms of depression, generalized anxiety, and social anxiety (Effrig et al., 2014; McAleavey et al., 2019; Niileksela et al., 2021).

Historical Context

The social, political, and cultural events of the day have always been inextricably intertwined with the mission of mental health services in higher education (Kraft, 2011; Mitchell, 2019). When psychiatrist, Stewart Patton, established the first mental health center at Princeton University in 1910, this decision was informed by a belief that the university should help students cope with social stressors such as family, community, and environmental factors that were negatively impacting their academic endeavors. The objective was to diagnose and treat the symptoms caused by industrialization, urbanization, and war (Kraft, 2011). While this was the first time, the larger societal context influenced mental health services for college students, it would not be the last.

From the 1930s through the 1950s, the Guidance Movement, the Great Depression, and World War II continued to move campus services toward a more contextualized and developmental understanding of students' needs (Bound & Turner, 2002; Dean & Meadows, 1995). This period saw the emergence of college counseling centers staffed by psychologists and counselors not physicians. The goals were to help students with adjustment issues, workforce and career preparation, and interpersonal effectiveness skills. It was also during this time that organizations such as the American Psychological Association began to formally acknowledge this work as a subspeciality by adding the Division of Counseling Psychology in 1953 and the *Journal of Counseling Psychology* in 1954.

From the 1960s on, the increasing diversification of American college campuses through the civil rights movement and women's right movements required college counseling professionals to reassess their ability to effectively meet students' needs (LaFollette, 2009; O'Shea et al., 2021; Platt, 2020; Resnick, 2006; Soet & Sevig, 2006). A more diverse student body necessitated that students' identity-based lived experiences with racism, discrimination, sexism, homophobia, and lack of equitable access to resources and opportunities be acknowledged. Accordingly, college counseling centers expanded their scope.

Morrill et al. (1974) were among the first to articulate an ecological model that highlighted the responsibility of the counseling center to engage with students in a multidimensional manner. The cube model argues that the counseling center should target interventions at the individual level, that the promotion of well-being not just psychological impairment should be the purpose of intervention, and that methods beyond therapy should be utilized. In 1996, Pace, Stamler, Yarris, and June were prescient when they proposed that the cube model be updated to a global cube model that reflected current and future identity-based experiences of students and the importance of partnering with others on campus in order to effect systemic changes. For example, addressing sexual violence in a siloed approach with only counseling center involvement would be limited in its impact. The global cube model would bring the expertise and power of many campus constituents to bear, upper administration, residence life, faculty, health services, campus police, and students to name a few. The subsequent sections of this article will examine how some key societal events and imperatives continue to shape the present and future of college student mental health, violence on campus, reduced mental health stigma, a renewed social injustice urgency, and the COVID-19 pandemic.

Violence and Suicidality on Campus

On April 16, 2007, when an undergraduate student at Virginia Tech in Blacksburg, Virginia, shot and killed 32 people and injured 17 others (Hauser & O'Connor, 2007; Shapira & Jackman, 2007), how campuses viewed the counseling center's role in assessing such risks fundamentally changed. In the weeks and months to follow, a deep examination of the shooter's mental health history resulted in an increased focus on campus safety and campus mental health services (Kaminski et al., 2010; Virginia Tech Review Panel, 2007). This included an expectation that counseling centers be involved in threat assessment teams (TAT), thereby expanding risk assessment beyond the therapy relationship.

> A threat assessment team is a group of officials that convene to identify, evaluate, and address threats or potential threats to school security. Threat assessment teams review incidents of threatening behavior by students (current and former), parents, school employees, or other individuals. (U.S. Department of Education, n.d.)

Participating in TATs posed both ethical and practical dilemmas for mental health professionals (Perloe & Pollard, 2016; Pollard et al., 2012). While involvement in such teams presented an opportunity for counseling centers to take a whole campus approach to address a community concern, they were on less familiar terrain. There were tensions between the duty to protect an individual's confidentiality except where mandated by law versus pressure to share information that "might" protect campus safety. Some campuses erroneously assumed that college counselors had the competence to conduct a forensic assessment of a person's dangerousness. There were also concerns about how mandated counseling might impact students' perceptions of and engagement with counseling centers, including their willingness to be honest if their disclosures might be shared with others on campus (Perloe & Pollard, 2016).

Three years after Virginia Tech, counseling center directors were asked for the first time, if they had a representative on their school's TAT or similar team (e.g., Behavioral Incident Team, Students of Concern Team), 12% replied in the affirmative (Barr et al., 2010). In 2012, the Higher Education Mental Health Alliance, a partnership of organizations, dedicated to advancing college mental health, developed guidelines regarding the scope of campus TAT, while also acknowledging that each school has unique needs depending on its size, history, resources, and existing campus procedures (Higher Education Mental Health Alliance & Jed Foundation, 2012). The document provided information about the importance of transparency regarding the mission of the TAT, the membership of the team, and the roles each member played. It was recommended that mental health professionals take a consultant role regarding how the community might support students struggling with emotional or behavioral problems with the understanding that confidentiality would only be breached when required by law. They could also advise as to when a referral to on-campus counseling services or an evaluation off-campus might be appropriate. As their roles became more clearly defined, remained within ethical bounds, and focused on support rather than discipline or enforcement of student code of conduct policies, by 2018, 93% of college counseling center directors reported that their campus had a team had a behavioral intervention team and 63% had a threat assessment team (LeViness et al., 2018). What was once rare had become the norm.

Unfortunately, gun violence on college campuses has not abated. There have been eight more mass shootings at colleges between 2017 and March 2023 (Rock, 2023; Violence Project Research Center, 2023). Suicidality is a strong predictor of perpetration of mass shootings and college students who engaged in mass shootings were suicidal 100% of the time (Peterson, 2021). Thus, in addition to the creation of TAT, mass shootings on campus resulted in counseling centers ramping up their suicide prevention and outreach efforts. The Center for Collegiate Mental Health, the largest national database of students who utilize campus counseling centers, found that students are far more likely to pose a threat to themselves than others (Center for Collegiate Mental Health [CCMH], 2023). Ten percent have made a suicide attempt in their lifetime and 37% have had suicidal ideation in the past 2 weeks. Less than 6% had thoughts of hurting someone else and 1% had intentionally caused serious injury to another person. The prevalence of harm to other thoughts and behaviors has been stable over a 10-year period. Even though attending college is a protective factor for suicide, it is still the second leading cause of death for people Ages 10–34 (Center for Disease Control and Prevention, 2023; Schwartz, 2006; Silverman et al., 1997). Unfortunately, a clinical assessment of suicidality is not always possible because research has consistently shown that many students reporting suicidal ideation or attempts were not receiving treatment (Drum et al., 2009; Eisenberg et al., 2011; Ketchen Lipson et al., 2015; Lipson et al., 2018). In other words, many students would fall through the cracks, if intervention only occurred after they sought help.

Mental Health Awareness Campaigns

Starting in the early 2000s, nonprofit organizations such as the JED Foundation and Active Minds and new federal legislation such as Garrett Lee Smith Memorial Act came into existence after someone lost a family member, who was a college student to suicide (Active Minds, 2023; Garrett Lee Smith Memorial Act, 2004; Jed Foundation, 2023). All of these entities espoused the goal of promoting emotional health and reducing youth and young adult suicides by using strategies to varying degrees to identify students at risk, increase help-seeking behaviors, provide mental health and

substance abuse services, follow crisis management procedures, restrict access to potentially lethal means, develop life skills, and promote social connectedness (Suicide Prevention Resource Center, 2023). College counseling centers were able to capitalize on the additional funding sources and a post-Virginia Tech campus appetite for a public health approach to mental health on campuses.

The International Accreditation of Counseling Services includes outreach as one of nine essential program functions of college counseling centers (International Accreditation of Counseling Services, 2023). According to the International Accreditation of Counseling Services:

> The counseling service must offer preventive programming focused on the developmental needs of students, to maximize the potential to benefit from their academic experience. Programs should help students acquire new knowledge, skills and behaviors; encourage positive and realistic self-appraisal; foster personal, academic and career choices; enhance the ability to relate mutually and meaningfully with others; and increase the capacity to engage in a personally satisfying and effective style of living.

The overwhelming majority of college counseling center directors (96%) report that outreach is an integral part of their center's mission (LeViness et al., 2018) and these new partnership opportunities allowed counseling centers to further extend their expertise to the larger campus community.

A number of outreach programs focused specifically on suicide prevention where campus members were taught to recognize signs of emotional distress and make referrals to appropriate mental health care (Mitchell et al., 2013; Tsong et al., 2019; Wachter Morris et al., 2015). A meta-analysis of campus suicide prevention programs between 2008 and 2019 found such programs resulted in significant increases in suicide prevention knowledge, skills, and self-efficacy (Wolitzky-Taylor et al., 2020). In addition, reductions in suicidal ideation and behaviors were observed across targeted suicide prevention programs for at-risk students. However, given that many factors besides suicidal thoughts and behaviors can negatively impact students' psychologically, counseling centers also worked to promote emotional well-being by providing education and skills on a variety of topics from self-compassion, resilience, and mental health literacy to stress management (Barker et al., 2017; Mitchell et al., 2012; Sibley et al., 2019; Stewart et al., 2014).

While outreach was intended to prevent the development of mental health problems, it became more of a safety net for identifying at-risk students and facilitating help-seeking. A lesson learned from the boom in outreach programming was that moving forward it needed to be more strategic and intentional. Is the desired goal to increase the number of students seeking services or is it to equip students with skills and information that can be employed to prevent or self-manage emotional distress? A whole campus "wellness promotion" approach is replete with upstream interventions involving nonclinical partners, who help students prevent the onset of mental health difficulties, and in doing so help temper the current clinical capacity problems counseling centers experience (Conley et al., 2013; Mitchell et al., 2012; Slavin et al., 2014; Vankim & Nelson, 2013) Such a collaborative care approach reduces duplication of services, pools resources, and makes the mental health of students the responsibility of the entire campus community.

Years of sustained outreach may be a reason more students than ever are seeking out services. However, it is not the only reason. CCMH (2018) found that over a 5-year period, college counseling center utilization nationwide increased by an average of 30%–40% while student enrollment increased by only 5%. In addition, this demand was driven by an increase in the number of students reporting lifetime threat-to-self risk indicators and these same students utilized 20%–30% more services than other students. Beyond reduced stigma, other factors have also resulted in increased utilization. National clinical data collected over 5 academic years (2010–2015) showed small but significantly increasing trends for self-reported distress in generalized anxiety, depression, social anxiety, family distress, and academic distress (Xiao et al., 2017).

The experiences that student have had prior to college and the sociopolitical environment also contribute to increased distress and help-seeking. American Psychological Association's (APA, 2022) Stress in America Study found that younger adults (18–35) more than other age groups report being so stressed that on most days they cannot function and were more likely to report poor mental health (APA, 2022). When examining the 15–21 age range, the 2018 Stress in America study found that sexual harassment, the political climate, and gun violence were significant stressors and that this age group was more likely to seek professional help for mental health issues (APA, 2018). Relatedly, students seeking counseling on campus have increasingly reported experiencing a traumatic event, 43% in 2022 compared to 31% in 2012, which is the same year that anxiety became and has remained the number one reason students come for counseling (CCMH, 2022).

As demand has exceeded capacity, some counseling centers are offering shorter therapy sessions (20–30 min) instead of 45–50 min, more walk-in, same-day services consistent with a stepped care model (Bailey et al., 2022) where the intervention offered is matched to the client need and readiness to change. Ongoing clinical appointments are not automatically offered. Similarly, flexible care (Meek, 2023; Shefet, 2018) focuses on session-at-a-time emotion regulation and problem-solving without an expectation for follow-up appointments. To date, there is limited research on the effectiveness of these approaches. Other strategies to manage demand include shifting to biweekly sessions instead of weekly sessions, prioritizing at-risk students,

more referrals to the community, fewer outreach programs, starting a waitlist, and hiring temporary counselors (Gorman et al., 2020).

Societal Inequities and Injustice

A growing cultural divide in the United States has been fueled by numerous documented instances of murders of Black and Brown people at the hands of the police or by White people who felt empowered to do so with impunity (Dirlam et al., 2021; *Mapping Police Violence*, n.d.). The Black Lives Matters movement and other forms of student activism ensued on college campuses (Gonzalez, 2022; Hope et al., 2016). After the 2016 U.S. presidential election, international, women, BIPOC (Black, Indigenous, and people of color), and LGBTQ (lesbian, gay bisexual, transgender, queer) students experienced public policy as more hostile and exclusionary (Albright & Hurd, 2020; Hacker & Bellmore, 2020). Concomitantly, there have been increased restrictions on voting rights, some specifically targeting college students (Foley et al., 2021; Vasilogambros, 2022; Voting Laws Roundup. February 2022, n.d.). At the state level, legislation designed to erase or minimize the history of slavery, genocide, and oppression of various groups by banning books or restricting what can be taught in K–12 and postsecondary schools was passed or considered (Kelly, 2023; Liou & Alvara, 2021; Ray & Gibbons, 2022). Violent racially motivated attacks on Asians and Asian Americans have also been on the rise as this community was blamed for the COVID-19 pandemic (Abrams, 2021). The LGBTQ community has been under similar attacks with bathroom bills, "Don't Say Gay" legislation, and the banning of books that speak to their lived experiences (Carrasco, 2022; Edelman, 2023; Horne et al., 2022). Unfortunately, the racism and discrimination that minoritized communities experience do not end at the entrance to college campus grounds.

In 2021, 1,626 hate crimes on college campuses were reported to the U.S. Department of Education, the highest level ever (Goldberg, 2021). Furthermore, 78% of the reported campus hate crimes in 2021 were motivated by race or ethnicity. There is substantial evidence that BIPOC and international students experience racial microaggressions, overt racism, and discrimination on predominantly white campuses (Ellis et al., 2019; Lewis et al., 2021; Nadal et al., 2014; Villegas-Gold & Yoo, 2014). The experiences of discrimination and oppression are strong predictors of psychological distress for BIPOC, international, and LGBTQ students (Carter et al., 2017; Cheng et al., 2020; Liao et al., 2015, 2023; Pieterse et al., 2010).

A longitudinal study revealed that LatinX students' academic outcomes were negatively impacted by perceived experiences of discrimination (Cheng et al., 2020). Anti-Asian hate and discrimination were associated with fear, symptoms of depression, and posttraumatic stress disorder in Asian and Asian American college students (Chen et al., 2021; Dong et al., 2022; Ngo & Espinoza, 2023; Zhou et al., 2023). Sexual minority students also suffer from elevated levels of psychological distress with victimization and marginalization that interfere with their daily functioning (Seelman et al., 2017; Szymanski et al., 2014; Wilson & Liss, 2022). There is an educational cost as well. Students with diverse gender identities (transgender, nonbinary, self-identify), those with a registered disability, and first-year students were at greater risk for withdrawing from school while engaged in counseling (CCMH, 2023).

The existing research typically centers on students who are attending 4-year colleges. This is a troubling oversight given that 25% of undergraduate students are enrolled at 2-year community colleges (Ma & Baum, 2016). Furthermore, these students are more likely to be BIPOC, first-generation, low-income, nontraditional age, and balancing work while attending school, all identities that present additional challenges to academic success (Juszkiewicz, 2020). Lipson et al. (2021) compared mental health symptoms and utilization of mental health services of community college students to 4-year college students. Overall, the two groups were similar in terms of prevalence of meeting the criteria for one or more mental health problems (50% for each group). However, analyses by age group revealed significantly higher prevalence for community college students Ages 18–22 years, compared to their same-age peers at 4-year institutions. Community college students, particularly those from traditionally marginalized backgrounds, were significantly less likely to have used counseling services. Financial stress (e.g., food and housing insecurity) was a strong predictor of mental health outcomes, and cost was the most salient treatment barrier in the community college sample (Lipson et al., 2021).

The Healthy Minds Study found that nationally from 2013 to 2021, the prevalence of symptoms of depression, anxiety, and suicidal ideation increased most significantly among BIPOC students. (Lipson et al., 2022). For students who sought help at their college counseling centers, 19% report experiencing some form of discrimination based on disability, gender, nationality/country of origin, race, religion, or sexual orientation in the past 6 months (CCMH, 2023). Furthermore, students who experienced discrimination also had more symptoms of depression, generalized anxiety, social anxiety, academic distress, eating concerns, frustration, and overall distress. Thus, discrimination is taking an emotional toll on these students. Despite, the need for support, BIPOC students are less likely to use campus counseling services (Camacho, 2016; Twentyman et al., 2017). The unique mental health challenges and needs for historically marginalized racial and ethnic students include structural racism, racial microaggressions, model-minority stereotypes, and the role that cultural beliefs play in seeking

help for mental health issues (Anderson, 2018; Camacho, 2016; Hingwe, 2021).

College counseling centers have an advantage when it comes to reducing barriers to treatment. Most college counseling centers (85%) are funded by student fees that are included on the tuition bill or from the college's general budget (Reetz et al., 2016). This allows students to access care with fewer barriers, use financial aid awards to cover health costs, and thus, the ability to pay does not interfere with seeking services. It also means that unlike most medical and mental health services in the United States, access to mental health care is available regardless of insurance status.

Even if services do not involve out-of-pocket expenses for students, they still might not cross the threshold of the campus counseling center. Programs such as "Let's Talk," which originated at Cornell University situates counselors in locations on campus that are frequented by students who might not otherwise seek counseling. A walk-in consultation without an expectation of an on-going commitment is an alternative to traditional counseling (Banks, 2020a; Boone et al., 2011). Another current approach involves embedding mental health services in locations around campus such as student support offices and cultural centers that serve marginalized students (Banks, 2020a; Quimby & Agonafer, 2022). As of 2021, 21% of counseling centers have an embedded counselor program (Gorman et al., 2020). Embedded counselor programs result in easier access to services, reduce stigma regarding help-seeking, address concerns of a particular student population, and promote an increased focus on wellness (Banks, 2020b; Karaffa et al., 2020; Schreier et al., 2023).

Counseling centers must earn the trust of students who have not traditionally had access to or utilized health care services. Racial and ethnic representation of counseling center users and staff is important. Seventy-six percent of counseling center directors are White (Gorman et al., 2022), while only 51.6% of enrolled students are White (National Center for Education Statistics, 2022) and only 60.4% of counseling center clients are White (CCMH, 2023). All other racial groups are underrepresented in counseling center leadership (Black, 11.1%; Hispanic 5.1%; Asian/Asian American, 4.6%). Clinical staff representation, Black (13.6%), Asian/Asian American counselors (7.9%), and multiracial counselors (3.9%), is similar to student enrollment, Black (12.5%), Asian/Asian American (7.1%), and multiracial (4.0%). There is a significant lack of representation of Hispanic counselors (7.2%) compared to Hispanic student enrollment (19.4%). Therefore, many counseling centers have embarked upon a comprehensive approach to supporting the emotional health of marginalized students that includes pursuing staffing so the diversity of the students is reflected in the counseling staff, communication to the campus writ large reflects the values of diversity, equity, inclusion, and social justice (e.g., mission statement, paperwork, office wall art, magazines in waiting room, etc.) staff are trained to be culturally humble as well as culturally competent (Ratts et al., 2016), and nonclinical strategies for promoting mental health should be employed given the stigma and cultural mistrust that some communities have regarding mental health services. Finally, counseling center staff should be advocates for addressing systemic institutional policies, procedures, and climate that are invalidating, harmful, and unwelcoming to minoritized students (Ratts et al., 2016).

The COVID-19 Pandemic

On March 11, 2020, the World Health Organization declared the "Coronavirus Disease 19" a global pandemic (World Health Organization, 2020). Shortly thereafter, higher education institutions across the country shifted to online learning. The daily impact on the lives of students, including their mental health, was overwhelming. Students faced difficulties adjusting to remote learning, financial struggles, social isolation, poor adjustment to college, unanticipated grief and loss, COVID-19 infection, sleep difficulties, depression, and other mood disturbances (Active Minds, 2020; Cohen et al., 2020; Okado et al., 2023). In a survey conducted by Active Minds (2020), 20% of college students said their mental health had significantly worsened under COVID-19; 48% had experienced a financial setback, 85% had trouble focusing on their studies, and 74% had difficulty maintaining a daily routine. As is often the case, there were disparities in the pandemic's impact based on race, ethnicity, LGBTQ identity. Goldberg (2021) found that Asian American and Pacific Islander students faced increased risk of harassment, discrimination, and other harms. Women and transgender, nonbinary, and nongender conforming students were at higher risk for sexual harassment, abuse, and violence. BIPOC, low income, and students with disabilities faced more barriers to continuing and completing their studies. It was, therefore, concerning that in national studies, 60% of students indicated that the pandemic had made it more difficult to access mental health care (Healthy Minds Network & American College Health Association, 2020) and 55% said that they did not know where to go to get help for their mental health (Active Minds, 2020). Clearly during this time, campus mental health services were needed more than ever before. However, prior to COVID-19, only 4% of counseling centers provided video counseling (i.e., videoconferencing) and 8% provided counseling over the phone (LeViness et al., 2019). With the onset of COVID-19, despite technical challenges, poor digital literacy, privacy issues, crisis management concerns, and licensure limitations on providing services to out-of-state or out-of-country students, campus counseling centers transformed into teletherapy practices within a matter of days or weeks. By Fall 2021, 99% of counseling centers were routinely

providing telemental health services (CCMH, 2022; Gorman et al., 2021).

Postpandemic, students continued to utilize online virtual services 51% of the time (CCMH, 2022). While there were limited virtual services prior to COVID-19, emerging research indicates that there are advantages to it in a college setting. Counseling center clinicians also noted increased accessibility and greater convenience for students (Hersch et al., 2022). For example, most distance learners did not have access to mental health services prior to the pandemic unless they were able to engage in person. Another benefit is that the time spent and need for transportation to the counseling center were eliminated and relatedly, there were fewer no shows and cancelations (Tuna & Avci, 2023). Beyond in-house clinical services, college counseling centers invested in other remote services including online mental health screening tools, wellness apps, third-party online therapy vendors, online self-help resources, and virtual peer support chat platforms (Gorman et al., 2021). Recent Center for Collegiate Mental Health data indicate that reduction in distress symptoms and strength of the therapeutic alliance for virtual services with college students is comparable to in-person services (Davis et al., 2023). Thus, virtual services provided by campus counseling centers did not compromise effectiveness. The accelerated pace of remote services at counseling centers has expanded the ways in which counseling centers are able to support institutions' academic mission of educating and retaining students.

Implications and Future Directions

Key sociocultural factors impacted the evolution of college counseling centers in the first quarter of this century by intensifying preexisting trends. Unfortunately, this often translated into an expectation that college counseling centers should be able to meet the mental health needs of all students. In contrast, student health centers are not expected to treat all health conditions regardless of whether the expertise or resources are available to do so. It is understood and accepted that students who need specialized health care such as surgery, dermatology, oncology, or cardiology, for example, will be referred to community providers. In the meantime, the efforts to respond to campus violence, increased demand for services, the increased levels of emotional distress, and provided culturally appropriate services, all while a pandemic devastated lives, came at a tremendous cost to those working in college student mental health. Since 2021, 10% of counseling center directors have left their positions and the vast majority of those individuals (69%) were seeking different types of employment such as private practice, working at a hospital, or teaching (Hotaling, 2023). It has also become more challenging to recruit and retain counseling center staff. In 2020–2021, nearly 60% of centers experienced turnover in one or more positions (Gorman et al., 2021). The Top 3 reasons positions turned over were a better job offer, low salary, and poor work conditions. Seventy percent of centers with open positions had difficulty recruiting. COVID-19 and the shift to remote services negatively impacted staff morale and cohesion due to the level of stress, increased need for self-care, and increased workloads with BIPOC staff reporting being disproportionately impacted (Gorman et al., 2021).

To address these problems, the American Council on Education in collaboration with the Association for University and College Counseling Center Directors published a brief on understanding the mental health needs of college students which included a series of recommendations for senior university leaders on how to best support their counseling centers' efforts to provide effective mental health services (Hotaling, 2023). The reality is that centers with smaller counselor caseloads have increased capacity to provide more treatment, on average and conversely, centers with larger caseloads experience more challenges managing the care of students with any elevated need and may need to rely on external resources to aid in the treatment (CCMH, 2022). At the same time, counseling center service obligations should be informed by campus data, national data, realistically funded to meet the stated service goals, and upper administration should convey messages that accurately reflect the scope of care (Brunner et al., 2017; Hotaling, 2023; Mitchell et al., 2019).

Counseling centers have been a part of the college landscape for over 100 years because they have demonstrated a capacity to adapt to the needs of the time. In this early part of the 21st century, they must continue to do so now with the benefit of a 100-year history to inform the evolutionary process. There is no one size fits all roadmap regarding the future mission of college counseling centers. Higher education institutions vary in terms of enrollment size, public versus private, residential versus nonresidential as well as student demographics. When determining the mission of the counseling center, it is recommended that campus culture, institutional history, institutional mission, and financial resources be used to articulate a counseling center mission and philosophy of care that is clear and agreed upon at all levels of the institution. The leadership at the counseling center should be involved in developing its mission as they are or should be the resident experts in student mental health. The voices of students should also be central as they know what their needs are. Periodic needs assessments and service evaluations should be conducted to provide strategic planning. Furthermore, in addition to hiring staff who reflect the diversity on campus, investments should be made to ensure that all staff members receive on-going training in multicultural and social justice informed practice. A public health or wellness model of mental health where the entire campus, not just the counseling center, is viewed as being responsible for the well-being of students increases the

likelihood that students' emotional distress will not go unaddressed (Mitchell et al., 2019). Such models focus on the prevention of illness, the promotion of physical and mental health, and early intervention and rely on a range of tools and strategies rather than counseling only. As has always been the case, counseling centers will endeavor to be flexible and responsive to the shifting sociocultural environment. However, to borrow from the title of a recent Academy Award-winning film, college counseling centers can no longer be expected to be "everything, everywhere, all at once."

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