
Student Mental Health in a Chiropractic University Setting

Lisa E. Rubin, PhD, Life University

Objective: This report is an attempt to frame the types of emotional challenges seen at a university counseling center with a unique population of chiropractic students compared with the normative college population. **Methods:** The psychological complaints of students were examined to determine the population that has utilized psychological counseling over the last 2 years at this institution. **Results:** The following issues were identified as the top three presenting concerns for individuals pursuing psychological counseling: mood disorders, relationships, and substance-related disorders. **Conclusion:** The counseling center's top three issues pursued for counseling are consistent with the research of mental health issues on college campuses. Counseling services at a university are an integral part of the institution, as evidenced by statistics from undergraduate and graduate college settings. (J Chiropr Educ 2008;22(1):12-16)

Key Indexing Terms: mental health; mental health services; mood disorders; students, health occupations; substance-related disorders

INTRODUCTION

According to a recent report, mental health issues are increasing in severity and number on college campuses today.¹ Hollingsworth confirms this rise in severity and number as a 30% to 50% increase, over the past 10 years.²

The American College Health Association National College Health Assessment (ACHA-NCHA)³ surveyed approximately 47,000 students at 74 colleges on mental health issues. The following data were reported: 10% "seriously" considered suicide, 14.9% reported a diagnosis of depression, 63% reported feeling hopeless, and 94% stated feeling overwhelmed. Depression (20%) and anxiety (13%) were reported as the 4th and 9th of the top 10 issues reported by students in the spring 2005 survey from the American College Health Association³ for physical and mental problems.

The ACHA states,³ "Assessing and understanding the health needs and capacities of college students is paramount to creating healthy campus communities" The ACHA suggests,³ "... that health promotion professionals in higher education conduct population-based assessments of students' health ... as a critical indicator of evidenced-based practice... which is aimed at improving the health of college students."

Richard Kadison, Chief of Mental Health at Harvard University Health Services, reports that some of the most common issues addressed in mental health services on a college campus are the following: depression, anxiety, substance abuse, eating disorders, sleep disorders, and relationship issues.⁴ Alcohol and drug use are also serious issues on college campuses. According to a 2003 study from the Harvard School of Public Health College Alcohol study, 44% of college students report binge drinking.⁵ Hazardous and harmful drinking behavior was assessed through surveys in one-fifth of chiropractic students at the Los Angeles College of Chiropractic.⁶

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Mental health is of large concern in other professional graduate programs. Dr. Tracy Stecker,⁷ from the University of Arkansas Medical Science Center, in a 2004 study, found that “graduate and professional students report alarming symptoms of depression, stress and substance abuse.” A study done in 2005 at a Swedish medical school indicated that depressive symptoms among medical students were 12.9% higher than in the general population.⁸ The same issue has been seen in law and dental schools.^{9,10} These studies support identifying services, such as counseling, that possibly contribute to positive mental health and academic achievement.

Our university established its Student Success Center (SSC) in July of 2003, in an effort to combine multiple departments under one jurisdiction: disability services, counseling, and academic support. Since that time, an increasing number of students have utilized the SSC, including an increase in the number of counseling sessions requested at the center. These sessions seem to fall into certain predominant and recurring categories, which are delineated in this article.

The relevance of these findings is the beginning of research focusing on a chiropractic student population. We believe that the SSC at the university is the first such center at a chiropractic school. It is this preliminary study that may show the need for such a center on all chiropractic campuses to deal with the significant psychological strain seen with chiropractic students trying to complete a rigorous academic and clinical program. This report is an attempt to frame the types of emotional challenges seen at a university counseling center with a unique population of chiropractic students.

METHODS

The counseling populations seen by the SSC are students of the university and not patients of the chiropractic colleges’ clinic. These statistics are the beginning steps for future research. The number of students who utilized counseling during the 2 years of 2004 and 2005 at the university was quantified. The quantity of males, females, and couples were counted as well as the major complaints that students indicated were their reasons for entering counseling. Not all couples and family participants were students and therefore they were calculated separately from the male and female tally. Emergencies were not counted when there was a need for referral or intervention services (ie, psychiatric evaluation, police, etc). Other crisis intervention circumstances were not used within the documentation that was studied, but need to be addressed in future research. Appropriate records were maintained to protect patients’ identity by following HIPPA and FERPA federal legislative guidelines. All records remain separate from academic files and all staff sign confidentiality statements.

RESULTS

Archival data were assessed to determine the number of visits to the counseling center in 2004 and 2005 (Tables 1 and 2). There were 361 visits in the counseling center in 2004, compared with 423 in 2005. Of the 2004 visits, 116 were individual students, contrasted with 131 visits in 2005. An increase in males was seen in the center for the 2005

Table 1. Counseling Data from 2004

Data type	Winter	Spring	Summer	Fall	Total
Session to 1 counselor	78	78	97	108	361
Emergencies	2	0	1	1	4
Individuals counseled	20	24	28	44	116
Females	11 (55%)	10 (42%)	24 (86%)	29 (66%)	74
Males	7 (35%)	9 (38%)	4 (14%)	9 (20%)	29
Couples	1 (10%)	1 (8%)	0	3 (14%)	8
Families	0	1 (13%)	0	0	3
Mood issues	26 (33%)	42 (54%)	42 (43%)	17 (16%)	127
Eating disorders	4 (5%)	0	9 (9%)	1 (1%)	14
Relationship issues	22 (28%)	26 (33%)	27 (28%)	24 (22%)	99
Anxiety	5 (6%)	4 (5%)	0	8 (7%)	17
Drug/alcohol	6 (8%)	6 (8%)	17 (18%)	5 (47%)	34
Group	13 (17%)	0	1 (1%)	6 (6%)	20

Table 2. Counseling Data from 2005

Data type	Winter	Spring	Summer	Fall	Total
Session to 1 counselor	104	109	104	106	423
Emergencies	1	1	2	1	5
Individuals counseled	38	28	27	38	131
Females	18 (47%)	13 (46%)	11 (41%)	18 (47%)	60
Males	12 (32%)	13 (46%)	16 (59%)	18 (47%)	59
Couples	4 (21%)	1 (7%)	0	1 (5%)	12
Families	0	0	0	0	0
Mood issues	27 (26%)	45 (41%)	36 (35%)	44 (42%)	152
Eating disorders	1 (1%)	0	6 (6%)	8 (8%)	15
Relationship issues	43 (41%)	28 (26%)	21 (20%)	43 (41%)	135
Anxiety	7 (7%)	2 (2%)	2 (2%)	6 (6%)	17
Drug/alcohol	25 (24%)	33 (30%)	37 (36%)	17 (16%)	112
Group	0	0	0	0	0

year. The number of couple's sessions also increased from 8 in 2004 to 12 in 2005. Mood disorders were the number one concern for both 2004 and 2005, followed by relationship issues. Substance use was the third highest concern addressed. Anxiety was the fourth most common issue, with eating disorders following in fifth place.

DISCUSSION

This paper is a preliminary study focusing on a specific small population of chiropractic students and how they compare with other college students pursuing counseling. The results are the beginning process of looking at patterns of association. Causality needs to be further assessed with further research and more detailed statistical analysis can be used while collecting more detailed information.

The university counseling center's top three issues pursued for therapy from winter 2004 through the fall 2005 quarter (2 full years) were consistently mood, relationships, and drug and/or alcohol challenges. According to Kadison,⁴ this finding is consistent with the research of mental health issues on undergraduate college campuses and Weitzman's findings on alcohol usage.⁵ This study focused on data from 2004 and 2005 because these years were the only 2 complete years of data available at the time of the study. Further research endeavors will continue to track the major issues and concerns focused on by students.

Mood issues elicited the most number of sessions per quarter overall. This area included, but was not limited to, feelings of sadness, depression, manic

symptoms, and other negative moods. Relationship issues covered a wide variety of topics, including spousal and/or intimate relationships, significant others, and family problems. The problem that ranked third in number of sessions utilized for treatment was alcohol and drug issues. Many of these students were utilizing counseling as a means to change old behaviors that were initiated before arriving at chiropractic school.

As a clinical psychologist, the first obligation in research is confidentiality and appropriate informed consent. This study utilized archival data. However, because of the small population, no DSM-IV TR diagnostic criteria categories were utilized. This helped maintain the confidentiality standards, as well as remaining consistent with the national mental health data for comparison purposes.

The counseling center typically dealt with one to two emergencies per quarter. Other crises were dealt with throughout the quarter but were not addressed separately within this research project. An emergency is qualified as a student who identified himself or herself as possibly hurting himself or herself or others in relationship to suicide, manic or psychotic symptoms, or alcohol issues. A student in crisis was referred to a hospital for psychiatric evaluation or other appropriate referral resources. These data were not reported in this study because of the small number of cases and intent to maintain strict confidentiality.

According to Kadison,⁴ 10% of college students report that they seriously consider suicide. The university falls below the 10% statistic, but does indicate the continued need for highly trained personnel who know and understand how to deal with

crisis intervention and emergencies for the continued safety of the student and the university community.

An important issue to clarify is the fact that academic action cannot be taken based on a diagnosis, DSM-IV TR or otherwise, or whether or not an individual required outside assistance via a referral. Such an action would be grounds for discrimination, especially, as stated previously, due to the small student population on this campus.

The number of sessions per quarter has grown from 44 (in the fall 2003 quarter) to 106 (in the spring 2006 quarter) in just 3 years, indicating the demand for such services on a chiropractic campus. This amount has leveled out in recent history, the last four quarters being relatively stable at 110. The number of individuals seeking counseling has also grown per quarter, from 8 to an average of 43 in the same 3-year period, as another quantifier for the need for counseling at a chiropractic institution. This number has also shown some stability during the last year, hovering at an average of 39.

It is important to note the potential rationale as to why we have seen increases in the numbers of students counseled during these 2 years. One reason may be due to the increase in the student population at the university. As the number of students on campus grows, logically the number of students seen will proportionally rise. Another possible explanation may be because the SSC, which commenced operations in 2003, has reached the critical point of awareness on campus, both by the students themselves and by the faculty and administrators who might refer them. Hence, the rise in the population served by the SSC may not be indicative of a rise in pathology but may be due to the increased awareness and overall population density at the university. One final variable that also plays a large factor in the potential number of students served at the SSC is the restriction of only one counselor during the years studied.

There were several limitations to this article. First, it was not the scope of this article to discuss or quantify individuals' diagnoses, but rather to identify the counseling population on a chiropractic college campus. It is also important to note that in this article we quantified the number of sessions per quarter versus the number of individuals presenting with certain complaints.

Second, we did not take into account the occurrence of certain issues or the increase in numbers of sessions surrounding midterms and finals, which may very well contribute to raising the level of

concern of a challenge or stressor. Whether the student was in his or her 1st, 2nd, 3rd, or 4th year was also not quantified.

A third limitation of this study is that some students were referred out due to severity or need for long-term and/or consistent counseling without breaks (ie, vacation breaks according to the academic school calendar). There is also the unknown number of students who seek mental health counseling outside the university setting who have not made any contact with the SSC. Hence, there exists a subset of the student population that, for the reasons stated above, is not included in the data.

Each of these limitations can be studied in a follow-up to this research, currently in its analysis stages. Future research would include collecting data from other chiropractic colleges' counseling centers and will also need to examine how students who participate in counseling interface with their academic performance levels.

The university has become an approved site for psychology practicum students who have begun to contribute to the counseling environment, since 2006. These students will be supervised by the on-site psychologist. This will allow the university to continue as a teaching environment as well as to offer an increase in counseling services to the current student population.

CONCLUSION

It is our conclusion that counseling services at our university is an integral part of the institution, as is evidenced by our data and observing the data from other college settings. Sharkin¹¹ reported that psychological counseling, citing studies such as Illovsy (1997) and Wilson et al. (1997), has been shown to contribute to the retention rates of students. Psychoeducational workshops are offered quarterly to enhance coping skills, study skills, and other areas essential for a college population to master. A follow-up study is necessary to further delineate populations utilizing counseling, related services offered, and their benefits.

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Address correspondence to: Lisa E. Rubin, PhD, Director, Student Success Center, Life University, 1269 Barclay Circle, Marietta, GA 30060; lrubin@life.edu.

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