Stress and outreach programming: A qualitative comparison of Scottish vs. American undergraduates and counselors

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Abstract

Rates of stress in undergraduates are rapidly increasing (Eisenbarth, 2012). The American College Counseling Association reports that 85.2% of undergraduates struggle with stress (Edwards, 2011), and almost 90% of Scottish undergraduates report high levels of stress (Abouserie, 1994). Although university counseling centers provide outreach programming, little is known about whether students perceive this programming as effective. This study aimed to cross-culturally compare perceptions about student stressors and outreach programming among American and Scottish students and counselors. Scottish data was collected in 2013 at the University of Glasgow, and American data collection was collected at Western Illinois University. Participants (8 students, 4 campus counselors) from each institution participated in semi-structured interviews. Compared to Scottish participants, it was hypothesized that American participants would a) identify finances as a more prominent stressor, and b) perceive campus programming to be more effective. Results showed that while undergraduates from both countries discussed academics as being the most predominant source of stress, American students discussed financial stressors only slightly less frequently. Outreach programming in America was also more likely to be discussed in a positive light, although participants in both countries expressed a desire for more awareness and more positively associated programs. These results should be considered by counseling centers in American and Scotland as they move forward in the creation and implementation of programs to address student stress.
Stress is defined as the pattern of specific and nonspecific physiological and psychological responses to a situation that disturb an individual’s equilibrium and tax or exceed that person’s ability to cope (American Psychological Association, 2013). Stress among undergraduates across the world is either increasing or sustained at an alarmingly high rate (Eisenbarth, 2012; Gan, et. al 2010). The American College Counseling Association surveyed community college counseling centers and discovered that behind academic struggles (86.6%), stress was identified as the most common issue among undergraduates at 85.2% (Edwards, 2011). A study done in the United Kingdom showed 77.6% of students were moderately stressed and 10.4% suffered from serious stress (Abouserie, 1994). Rates of stress among American and British undergraduates appear to be higher than that of other countries; for example, a study of Norwegian undergraduates revealed clinical levels of distress to be around 21% (Nerdruma, Rustøena, & Rønnestadb, 2006), whereas a study in Turkey found that in a group of 1,617 students, 27% had experienced serious levels of distress (Bayram & Bilgel, 2008). While both Scotland and America are seen as Western cultures, there is no definitive research as of yet to suggest why these two countries have increased undergraduate stress compared to similar nations. Data such as this is of particular concern because high levels of stress can lead to depression, thoughts of suicide, anxiety, and other complex mental and physical illnesses.

**Stress in American undergraduates**

With college tuition rising consistently each year and a slow economy making the job market for even minimum wage positions competitive, it may come as no surprise that college undergraduates in the U.S. are feeling incredibly stressed. The Anxiety and Depression Association of America cites a survey by the Associated Press and mtvU (2008) that shows that of 2,253 4-year college students between the ages of 18-24, 80% either occasionally or
frequently felt daily stress. A more recent study by the American College Counseling Association’s Robert Gallagher (2012) reported that 92% of campus counselors had seen an increase in the number of students seeking help within the last 5 years, and 88% of directors perceived an increase in the number of students experiencing severe psychological problems such as potentially life-threatening crises (73%), self-injury (40%), and alcohol abuse (36%). This rise in incoming students already feeling significant levels of psychological distress can be reflected in Pryor et al.’s (2012) research in the annual publication of *The American Freshman: National Norms Fall 2012*, which showed that the percentage of incoming freshman who reported feeling overwhelmed by college preparation had increased to 40.5% of women and 18.3% of men, the highest point since the research’s inception in 1985. This research also shows that student stress increased from 28.5% in 2011 to 30.4% in 2012. While the trend in increasing levels of undergraduate stress is likely connected to a variety of factors, the following research will focus primarily on what the participants identify rather than pre-identified stressors.

**Stress in Scottish undergraduates**

Similar to many other developed countries, Scotland has seen an increase in levels of stress for its undergraduates over recent years. The National Union of Students in Scotland conducted a nationwide survey of university students and found that 30% felt stress surrounding key issues such as exams, future career, and finances was enough to cause considerable negative impact on their lives (2011). A survey of four UK higher education institutions showed that of the respondents, 29% described clinical levels of psychological distress, with 8% of those being moderately severe to severe levels (Bewick et al, 2008). In a recent study by The Working Group for the Promotion of Mental Well-Being in Higher Education (MWBHE), just over 80% of university counselors reported that the demand for provision of mental health services had
‘significantly increased’ over the previous 5 years, and an additional 13% thought that it had ‘slightly increased’ (Grant, 2011). Andrews and Wilding (2004) examined stress in college students from four UK institutions one month before starting school and again half-way through the middle of their second year, and found that of the previously symptom-free students, 20% showed clinically significant levels of anxiety, and 9% had developed depression.

In an attempt to understand these rapidly growing levels of stress, this researcher conducted a qualitative pilot study that looked at Scottish undergraduate and university counselor perceptions on the sources of student stress and campus outreach programming with a future cross-cultural comparison study in mind. Eight students and three counselors at the University of Glasgow were interviewed with the aims of better understanding each group’s perceptions of student stressors and their perceptions of the effectiveness of outreach programming aimed at stress reduction. The results indicated that academics were the most prevalent source of stress, mentioned by all 11 participants, followed by social stressors and individual personality characteristics (Pickett, 2014, in press). These results are supported by a national study which showed exams to be the largest source of stress for undergraduates at 90.5% (National Union of Students, 2011). With respect to outreach programming, two primary trends emerged: 1) Both groups identified a general lack of awareness about the programs offered on campus; and, 2) When asked how to increase awareness of the Counseling Center and its services the students focused primarily on programs involving therapy dogs, time management, and a change in location to a less stigmatized area, while the counselors believed a larger staff would have a stronger influence. Stigma was also assessed in the study. Results indicated that participants believed that the help-seeking stigma was largely due to the Scottish culture and its individualistic mentality, primarily among men. The students spoke of a general reluctance to
attend counseling, often describing the therapeutic process through a stigmatized or media focused lens rather than through a true understanding of the process. The results of the Scottish study will be applied to the current research as a framework for understanding and comparing the experiences and perceptions of two unique cultures on the same issue.

**Prominent stressors among American undergraduates**

A key aspect to beginning to understand student stress is to look at the most prominent sources of stress. Current data suggest that academics and financial strain are primary stressors among undergraduates. Ross et al. (1999) found that increased workload (73%) and financial difficulties (71%) were common sources of stress, as well as daily hassles such as a change in sleeping habits (89%), eating habits (74%), or social activities (71%). The high stress levels mentioned in the previous study regarding financial stressors are most likely connected to the increase in the cost of higher education from less than $4,000 in 1981 to around $23,000 in 2012 (U.S. Department of Education, 2013). A study by Misra and Costillo (2004) found that American students experienced higher academic stress and reactions to those stressors when compared to their international student counterparts. Furthermore, American students were found to feel more self-imposed stress due to competition and pressure, trends they describe as being characteristic of American culture.

A more recent study by Bland, Melton, Welle, and Bigham (2012) looked at the stressors and coping strategies for randomly selected millennial age undergraduate students in America. Results indicated significant increases in the desire for achievement and academic success compared to earlier generations. Compared to the generations before them, the millennial age group reported that their two greatest worries were grades and college admission (Howe &
Strauss, 2000). This could be connected with the current mindset that in order to succeed an individual must have at least one degree.

**Barriers to seeking mental health treatment**

While the number of individuals who are seeking mental health treatment is high, the number of individuals suffering from stress and its effects are undoubtedly substantially higher. This difference comes primarily from the stigma surrounding counseling and the reluctance to admit there is a problem. Stigma is defined by Link and Phelan (2001) as a process composed of labeling, stereotyping, separation, status loss, and discrimination. Instead of seeking help with professionals, students are more likely to turn first to their peers. In an attempt to understand this stigma, Chew-Graham, Rogers, and Yassin (2003) interviewed medical students at the University of Manchester about their reluctance to seek help on campus. They found that the majority of students identified feelings of shame and embarrassment of a perceived weakness, fear that their problems would not remain confidential, and harm to their future careers as primary reasons for avoiding treatment seeking. Similar findings were revealed in an American study which reported low levels of treatment for diagnosed disorders among college students perhaps connected to the barriers to seeking help identified in the study—lack of awareness, skepticism about treatment effectiveness, and attitudes of stigmatization from students (Hunt & Eisenberg, 2010).

A final barrier to seeking professional support when feeling stressed may lie in differences in the types of outreach programs that students and counselors find beneficial. Outreach is defined as "any organized program, workshop, media effort, class, or systematic attempt to provide psychological education—includes systematic attempts to modify the campus
environment" (Stone & Archer, 1990, p.557). Very little research has examined the difference in student versus counselor perceptions of effective outreach programs, something that could give real insight into a better way to help students struggling with stress and other forms of mental distress. While minimal research has been done in the area, if the students are not making use of the campus counseling services, it is possible that there is a disconnect between what the counselors and students see as engaging and appealing for the undergraduate population.

Summary of the Problem & Study Aims

The results of the previous research indicate that Scottish undergraduate students are not only stressed but also largely unaware of the services offered to them by the university to combat that stress. This research attempts to discover if there is a similar issue among American undergraduates by replicating the measures used in the previous study to compare perceptions of stress and outreach programming among undergraduates and campus counselors. Therefore, the first aim of this study was to examine student and counselors’ perceptions of the prominent sources of stress for college students in the United States. It was hypothesized that both groups would consider academics to be the most predominant source of stress, but that students would perceive it as a more complex issue than their counselors. Cross-culturally, it was hypothesized that Scottish and American participants would report similar academic stressors among students, but that American participants would identify finances as a primary stressor more often than Scottish participants. With the stigma that currently surrounds receiving mental health treatment preventing many students in both regions from seeking the aid they need, it is difficult for campus counseling centers to create outreach programs that are specific and optimally effective. Having student insight on appropriate and appealing programs would provide the counseling center with potential ideas that could lead to higher program attendance. Therefore, a second aim
of this study was to compare student and counselor perceptions regarding the types of outreach programs they believed would be beneficial for college students. It was hypothesized that American students would perceive the university counseling center as being less effective at reaching out to and addressing the sources of student stress compared to American campus counselors. Cross-culturally it was hypothesized that American participants would perceive the campus outreach programming to be more effective than the Scottish participants.

Methods

Participants

Student participants consisted of eight undergraduate students (5 males, 3 females) all of who were between the ages of 18 and 25 and broke down into 3 Second Years, 2 Third Years, and 3 Fourth Years. One student was a non-traditional student, coming into WIU after serving in the Marine Corps. Four university counselors (2 males, 2 females) from Western Illinois University made up the counselor portion of the participants. All four were American nationality and hand worked at the center between 2 and 16 years.

Measures

Student Perceptions of Stress and Outreach Programming. This self-devised, semi-structured interview consisted of 22 items which assessed the students’ perceptions of the prominent sources of stress for American undergraduates, their awareness of the current outreach programming at Western Illinois University, and the barriers to mental health treatment in the United States. Each interview lasted between 30 and 60 minutes due to the semi-structured nature which allowed for the participants to discuss each topic in as much detail as they wished.
Counselor Perceptions of Stress and Outreach Programming. This self-devised, semi-structured interview was similar in content to the Student Perceptions interview with approximately 22 questions assessing the counselors’ perceptions of the prominent sources of stress for American undergraduates, their awareness and perception of the outreach programming at Western Illinois University, and finally the barriers to mental health treatment in the United States. The interviews were semi-structured allowing the participants to guide the conversation and spend as much time as they desired on each topic, resulting in each interview lasting approximately one hour.

Procedure

In the fall of 2013, this researcher was awarded a North Central College Richter Grant to conduct a study at the University of Glasgow in Scotland on the perceptions of stress and outreach programming for Scottish undergraduate students. Following the conclusion of the Scottish study, the process of comparing the results to those in America was considered. Starting in the summer of 2014, an identical research project was set up to take place at Western Illinois University. Before beginning, the North Central College Research Ethics Committee (REC) approved the research as ethically sound after reviewing the proposal and its interview components, as did the Institutional Review Board (IRB) at Western Illinois University. Following this approval, staff members were contacted from the University Counseling Center and preliminary contact with the student body was made through advertisement posted around the university’s campus. Initial participants who responded to the flyers posted around campus then recruited additional participants through the process of snowball sampling. The recruitment process for university counselors was conducted by e-mailing an invitation to participate in an undergraduate research project. Fliers were posted across the campus, concentrated primarily
around the dormitories, but the interviews were conducted in secluded rooms across campus, and two were conducted over Skype due to schedule and travel constraints. Participants took part in the study on a voluntary basis and received no compensation. All counselor participants were met with one-on-one and given an informed consent sheet to sign. Their interviews took place at the University Counseling Center in their designated offices. The interviews lasted between 45 and 60 minutes and were audio recorded with participant consent. Following each interview, a debriefing form was provided to each participant outlining the true purpose of the study as well as a brief summary of past research and the research hypotheses.

Results

After the interviews were completed they were transcribed verbatim and qualitative coding was conducted to identify themes and results. While coding, three themes emerged: perceptions of sources of stress, perceptions of outreach programming, and stigma surrounding mental health in undergraduates.

Perceptions of Stress

Thematic coding revealed three primary perceptions of stress among college students: stress due to circumstance, stress experienced physically, and stress felt emotionally. When asked to define stress the students responded that it was:

“Anything that makes you anxious or uneasy.”

“One thing I have learned is that there is positive and negative stress and I would define them both as a sort of pressure that you feel on yourself. It could
be from external or internal influences and I guess it motivates you to feel a certain way.”

“Too much work, too much homework. People have too much on their plates and they can’t handle it.”

“Stress is something that, physical or emotional, that prevents you from being like a fully capable person”

“When it all gets piled up around me. I don’t know, I almost feel a little panicky.”

As seen in the students’ answers, some identified situations they felt were beyond their control such as a buildup of work, others described the mental response, and still others pointed to the physiological reaction experience. These differing responses indicated that stress can manifest itself in a multitude of ways, and more importantly, students are identifying with those feelings in unique ways. Scottish students identified identical themes, most often referencing how stress was connected to circumstances. Counselors from both countries acknowledged a similar understanding of stress.

“Fight or flight. Students are very aware of what stresses them and what stress is and they all have ideas about how to handle it.”

“Increased worrying...where it’s hard for them to move past what they are worrying about because they are feeling overwhelmed”

“Feeling out of control...their emotions are dictating their behavior rather than them controlling their own emotions.”
Both counselors and students in both countries made similar remarks on their perception of what stress was, it was interesting to find out that more than half of the Scottish student sample anticipated a difference in their understanding of stress compared to that of the professional counselor, while more American students predicted the counselors having a more accurate understanding.

“I feel like counselors will be more like ‘this is do-able, here is how you do it’ and students will blow it more out of proportion”

“They are older and have more life experience.”

“I mean when I talked to one of the counselors she was, she seemed to, like, pretty much understand like what I was going to say. I mean it seems like they deal with the same kind of stressors.”

“They [the counselors] would have a better, holistic view of what is going on in my life whereas I would be very subjective.”

The Scottish student participants experienced doubts and misconceptions about mental health treatment, discussing a belief that their problems would not be seen as real or significant or that counseling would be based on an outdated, irrelevant ideology, a potential barrier to seeking help (Pickett, 2014). A majority of American students, however, did not express such a concern, instead indicating confidence in the counselor’s abilities to understand and help. When asked, the American counselors responded that they too felt there was a difference in understanding but that it wasn’t detrimental, it was just an aspect of counseling to be dealt with.
“The way we perceive them is certainly through our lens, our personal experiences, our professional knowledge of the students we work with. It colors the way that we will view them. The way that we work that out ideally is for us to try to have the student help us understand them...So it becomes a way of working with the student to establish goals for change.”

“I think a lot of the times they're not sure what’s gonna happen. They're hoping for a quick fix but once they get into counseling it doesn't really matter if it takes a little longer. Because there's kinda this sense of relief that someone’s gonna listen to me and not tell me what to do, but they're gonna help me work through it.”

“I think they still have this image that they’re going to come in here and lay down on a couch kind of thing...sometimes I think they expect that I am going to tell them what to do, which that’s not my job and I tell them that upfront”

“I think people think we are going to hypnotize them and bully them and manipulate them. And I think people are afraid of what the process is, they’re afraid we’re going to judge them.”

“We have students who have always had anxiety but maybe when they are in college actually have an anxiety attack and they don’t understand what’s happening. Well from a professional standpoint when you see all
of these stressors that they have going on in their lives, to us it’s not that unusual that it led to an anxiety attack.”

The American counselors understood that there was a potential for differences in the way that students saw their stress and the counseling process, but they identified the process of unpacking and refocusing perception as an aspect of their role. These results mirror those found in the Scottish counselors.

Sources of Stress

The first aim of the study was to find out across cultures what the two groups saw as the major stressors for the students. It was hypothesized that the students and counselors would both perceive academics as being the most predominant source of stress, but that students would see it as being more influential in both America and Scotland. It was also hypothesized that American participants would identify financial stressors more frequently than Scottish. Four major themes emerged from the American data, three of which overlapped with the Scottish results, all of which were then broken down into more specific subgroups.

Academics

As hypothesized, the students described academics as the most obvious and influential stressor. However, where every Scottish participant mentioned exams and the stress associated with the build up to the two-hour examination period before breaking academics down into further subgroups such as lack of professor contact and the structure of the system, whereas only 3 American participants explicitly mentioned exams as stress inducing.

“Exams.”
“Um, around exam time, around grade time.”

“It’s having a lot of tests around the same time...I think it goes beyond the classroom and grades, it’s also...just developing yourself academically.”

The primary focus of American participants was the workload which they felt exceeded realistic expectations. Many students placed this into context by discussing the differences between particular majors and the academic cultures of each. However, a few comments made indicated that the student’s did not place blame with professors specifically but on the University at large or the American academic culture.

“So there are certain programs. If you want to be laid back go into RPTA [Recreational Parks and Tourism Administration] because you’re not going to have to burn the midnight oil writing papers and worrying about your grades and you get to go outside and you get to climb things. Do not go into Music Therapy...they have no time for themselves!”

“95% of the teachers you can’t understand what they say and it makes it kind of hard to study and take notes when you don’t even know what the hell they are saying.”

“There are certain majors where it seems every professor thinks that their assignments are the only assignments students are doing when in actual fact, every single professor is overburdening them.”
“You get a lot of teachers who think that their class is the only one so you get loaded up on coursework which then amounts to lots of students being stressed, but I feel like any college student would know that.”

“The workload I guess. They cry, or I don’t want to say cry, but they have a meltdown. They say “I can’t do this anymore!” and go out to the bar.”

“The number one is academics, even if it’s their fault it’s stressful because they procrastinated, I think in the end that is what makes people the most stressed.”

These quotes provide a sense of the building stress that students are feeling as work from multiple classes begins to build up. Although increased workload was discussed by Scottish students, it was not to the degree nor magnitude of the American students. For Scottish students, the structure of grading for many classes rests solely on the grade of one final exam. This focus on one grade could be why exams were the most commonly identified source of stress, as that grade determines the score in the course overall. When compared to the American grading system which relies on several papers, assignments, and exams to establish a final grade, a trend appears with the majority of student academic stress being focused around the aspect that results in the highest grading impact.

Finally, American participants dwelled on the adjustment from high school to college and the impact their current academic situation would have on their futures.

“You come from a high school environment that is incredibly structured to a college environment that is not and that includes all the support from high school teachers and maybe no support from professors here.”
“There is an emphasis on career. You better take the right classes, you better learn the right stuff if you want to be attractive to employers and grad schools.”

“I think it kind of depends on the situation so: academics, financial, and social. We keep getting told that the economy is bad and that we need to find jobs...but we don’t really know what we are walking into when we leave college. We have been a student our whole lives that being something that isn’t a student now is kind of scary.”

“You’re trying to figure out what to do with your life and like trying to juggle school and work and studies.”

It is clear that for the student participants, academic stress was not only the most predominant issue, but also a multifaceted one. When looking to assist the students, the counselors were aware that academics present the largest issue. Perhaps most interesting was that Scottish counselors focused solely on exams as an academic stressor, but American counselors touched on all of the categories mentioned by American students.

“I think nowadays students are asked when they apply to college what their intended major is and then it’s constant pressure to pick a major and to stick to it...I think there is enormous pressure to succeed.”

“That’s the way I see the University contributing. They do not monitor the programs to make sure they are realistic.”
“They aren’t necessarily academically prepared to go to college, but it’s the next step, you know it’s kind of like the expectation.”

“The pressure to do well academically creates a certain level of stress and then that impacts their worlds and what’s going on with them.”

“Academics, tests, papers due. A lot of it is “oh I’ve got 150 things to do tomorrow and how am I going to get them all done? I have two tests to study for, can I study enough to pass?” A lot of worrying about grades.”

Overall the results indicate that Scottish and American students perceive academics to be the most prominent stressor in their lives; however, they differ on what aspect effects them the most. Where Scottish students emphasized exams, Americans focused on workload. As predicted, the counselors from both countries agreed that academics are the largest stressor for undergraduates; however, American counselors were on par with American students for understanding the multiple aspects that made up the stressor where Scottish counselors only focused on one. This could indicate a more holistic understanding on the part of American counselors concerning what academically contributes to high student stress levels.

**Social Stressors**

As with the academic stressors, both American groups identified similar social stressors that affected the students. These were most often the university culture, over-involvement in extracurricular activities, and the transition from home life to living on one’s own.

“Basically everybody parties. Thursday through Sunday maybe Wednesday to Sunday leaking into Monday...The libraries close at like 6 o’clock so you
can’t really study on the weekend nights. I feel like they [the university] are giving in. So I wouldn’t say it’s the fault of our school that people’s social lives are like that but it certainly doesn’t help.”

“It has bothered me at times that like social stuff just because I don’t really party as much as the average student so some people think it’s me being stuck up.”

“The whole “everybody goes out, you’re not going out, what’s wrong with you?” There is definitely that pressure to go out.”

“I didn’t really cope with it, I was just really rude to everyone. I just kept pushing through and then last spring I just freaked out and I was like, wow I can’t do this, it’s driving me nuts. And so I dropped a bunch of activities.”

“I felt too wrapped up in all of my different commitments where it was what I did for a social organization plus school stuff. My issue is like I get too involved in a lot of different things and that is what stresses me out.”

“I try to help out as much as I can and that is something that even though it’s good intentions it can screw me over.”

“I also think relationships are a big stressor whether it be friendships or like romantic relationships. Most people are in like a new situation when they go to college and many people who I’ve met grew up going to the same school their whole lives, the same friend group.”
“A lot of kids from my mom’s classes they seem to struggle with like what’s going on in their families at home. They might be having family troubles, but it is 5 hours away they are trying to also focus on school. A lot of her students drop out after one or two years and often it’s like oh well there is stuff going on at home and they don’t feel comfortable being that far.”

“They have never been away from mommy and daddy and they can’t handle life on their own.”

“They are having to deal with bills for the first time, the simple fact that I have to work so many hours just to be able to pay my phone bill could be considered a serious stressor.”

American counselors presented almost identical social stressors when talking about relationships and over involvement; however, they didn’t mention the pressure of the university culture to go out and party which appeared frequently in the student responses.

“You go through high school with a cohort from whom you choose your friends and the people you date and so on. You get to college and you may not know anyone in 14,000 students.”

“They come in and they’re president of two clubs and secretary of two clubs and volunteering at the hospital 20 hours a week and working two jobs and taking 18 credit hours, and I’ll say okay we need to cut back!”
“The stress of being away from home, um if family life is not so great at home, you know, when they are on break they don't necessarily want to go home, those types of things. Roommate stressors of course.”

“The main thing we see people about is relationships.”

“We have a lot of first-generation college students, so there is pressure from their families to be successful.”

Social stressors, while clearly impacting the students, were discussed as expected aspects of college life, and often times followed by a laugh or acknowledgment it was an unchangeable fact. Scottish participants recognized social factors as the second most predominant stressor for undergraduates; however, they focused more heavily on the transition from home to college and friendships, touching only briefly on social demands and expectations. This varies significantly from American students and counselors who found over commitment to extracurricular and relationships to be the most strenuous aspects of undergraduate social life.

*Individual Characteristics*

Although both the students and counselors from America and Scotland identified academics and varying social aspects as causing stress, the counselors brought forth a third source of stress that the students did not identify. These individual characteristics consisted of perfectionism, a natural inclination to worry, and the desire to please everyone.

“Perfectionism. You know, parents are saying “You better bring home A’s” and, um, it’s a way of looking at things, a negative way of looking at things.”
“So that stress, in general, is all encompassing and if they are a worrier by nature then that kind of feeds into and keeps them kind of on edge all the time.”

“They tend to be people pleasers.”

“Perfectionism as part of their personality so because of that their expectations are pretty high for themselves, and when they don't achieve those things they are disappointed in themselves, and they um then they become angry because they give up kind of too so that makes it worse and it just snowballs out of control.”

Although counselors from both countries discussed individual characteristics, there were slight differences in what they focused on. Scottish counselors talked more of negative self-esteem and the chance for an existential crisis, where Americans looked more at high levels of worrying and the desire to please people. This focus on the individual and their inner experience could be a result of the counselors’ field and training. They may be more aware of these stressors than the students themselves.

**Finances**

The second most commonly discussed stressor by all American participants was finances. When referencing the average cost of American universities and student debt, it is not surprising that financial stressors rank highly for students attending school. For some students, one word alone was enough to sum up the situation because it is such a widely recognized stressor, while others chose to focus on how their current financial situation had the potential to negatively impact their futures.
“Money.”

“I wanna say school work or probably like being able to make it through college and pay your way through it and not having so much debt afterwards.”

“Everyone gets stressed about money in college I think. Some more than others. I mean I will probably graduate debt-free from college so that is where I would say good stress comes in because I make myself apply for like a million scholarships every semester...It stresses me out, but I’m glad that I’m doing that because I don’t want to miss the scholarships that are out there!”

“Definitely finances because school is expensive.”

“I was able to take out enough loans and things like that and I work enough part time to where I don’t feel stressed yet. When I get out of college that will be a different story!”

Financial stress was mentioned by only one Scottish participant and it was in reference to not being able to go out as much as their financially stable friends and was thus classified as a social issue. For American students, however, finances appeared often enough to warrant a category all its own. All but one student discussed financial pressures and every counselor mentioned them as a cause for concern.

“I've had a student, for example, who made $20 last an entire month. I don't know how to do that - she did it - I was like amazed by her ability to do that. She had a meal plan in place so she had food but as far as other needs she had
that $20 that was it. Until she got money for the next month or a student loan or something like that was coming in.”

“Well, they are financially dependent most of them on their parents so they have to do what their parents say.”

“Financial pressure is another. We have more students that are struggling financially than those that are well off. Lack of financial resources will certainly impact a student’s stress levels. If they don’t have a job coming here they are going to be desperate looking for one. It’s got to impact their abilities as a student.”

“Well I think there have been a lot of changes obviously in the state of Illinois, it’s not a great state right now financially, and that’s impacted financial aid and things and so I think students are a lot more stressed out financially.”

Comparing the stressors from America and Scotland for undergraduates, the two appear to be quite similar in magnitude and context with the exception of financial stress. American students experience a considerable fourth stressor that was all but absent from the Scottish participants.

**Outreach Programming**

*Awareness*

Western Illinois University and the University Counseling Center provide programs and services for students that specifically address stress as well as problems that may arise from
being overstressed. In order to gain insight into the effectiveness of the programs and services, the participants were asked about their awareness and feedback. Of the eight student participants, only one was unaware of the Counseling Center, while four either had minimal knowledge of the Center, and three had direct experience with the Center in the form of counseling or programs. An interesting aspect of the five students who had minimal to no knowledge was their surprise at being asked if the campus had a counseling service available. Often they would respond that even though they may not know specifics they could not imagine a campus without a counseling service offered.

“I have never heard of one, but I can’t imagine a school without a counseling center.”

“Yeah, I heard about it at freshman orientation two years ago.”

“I started crying in front of my teacher. He was like “you should go to the counseling center. I know it’s stigmatized, but that will be someone who is unbiased and can help you”. I was like “oh I don’t want to do that” so he called them and he just set up an appointment. So I would not have done that if my teacher had not recommended that, but it was so helpful.”

“It’s like an online magazine called Student Health 101 that I get emails for occasionally. They have an issue like once a month or something.”

“Yeah one of my friends used it; I would consider it.”

“I just know that it’s there. Like I know occasionally they will send out an email blast to students or something but I’ve never really paid attention to it.”
“I know about it, but I don’t think a lot of people know about the counseling center.”

“I know they do have one but I’ve never been and I don’t even know where it’s at...I figure it’s by law that every school is supposed to have one.”

While there is higher general awareness in the American population over the Scottish population, there were still individuals who had never interacted with the counseling center and there is still room for improved awareness. Perhaps the most relevant difference was that even American students who were not aware of their school’s specific center or knew very little about it followed up with the assumption that all schools had the service available. Scottish students who fell in the same awareness range, on the other hand, did not express such a sentiment. Many followed up with comments indicating that not only were they not aware of a counseling center, they were also uninformed on what a counseling center would do or provide for students. In both countries, those students who were aware of the counseling center’s services mentioned primarily individual and group counseling, suicide prevention/crisis teams, and in the case of the American students, the center’s online presence.

The largest discrepancy between the Scottish and American participants with respect to outreach was in counselor awareness. In the American sample, all four counselors provided a list of extensive services offered to students. This list included: individual counseling, group therapy, student organization liaisons, online media presence and emails, stress balls and other giveaways, assessment tools for students, classroom presentations, study skills seminar, campus committees, threat assessment teams, education groups, Resident Assistant Training, Depression Screening Day, Eating Wellness Day, career counseling, mindfulness classes, biofeedback
relaxation programs, resource library, psychiatric services, and suicide prevention training. The University of Glasgow offered similar services with a few exceptions; however, two of the three counselors interviewed only discussed individual and group counseling and the drop-in service. The general lack of cognizance among students is concerning, but the difference in awareness among Scottish counselors themselves is potentially more worrisome as they will not be able to effectively discuss or market their services to current or potential clients. This limited awareness could be connected in part to the center’s obscurity among the student body.

Effectiveness

Once awareness was discussed, each participant was asked about the effectiveness of the programs. Unlike Scottish students who--with the exception of the one student who had used the service, argued that lack of awareness resulted in ineffectiveness--American students were more positive stating that they believed it to be beneficial, or blaming any inefficiency on a lack of resources provided to the center.

“So before I had gone to a counselor I would never have thought of doing that...but after I did that I’m like I will definitely go back there if I have any other issues with high stress levels because they know what they are doing!”

“I’m sure it’s beneficial, but it’s not something I have thought about doing.”

“I feel like they are really effective at what they do if the students get there.”

“For me it’s kind of a coin toss if a counselor can be helpful or not.”

“I think the campus does it’s best for what resources it has, and I think the real issue here is that the university probably does not have the resources it needs.”
Due to the general absence of awareness about specific services it was difficult to discover if the programs already in place were effective. If the student sample is representative of the general student body, it can be assumed that even some sound programs are not effective if they are not being used by the population that needs them. However, the students who had participated in previous services, advocated that the programs they had participated in were beneficial.

Likewise, the American counselors believed their programs to be effective but did cite some challenges such as lack of program attendance, trouble reaching the veteran population, and dependence on faculty involvement.

“We still haven’t mastered how to get people to programs…our advertising is apparently very ineffective.”

“So just statistics alone…we see about 10%, hopefully 10%, we may be a little less, of the student body.”

“The Depression Screening Day continues to be a very successful day…it was upper 200s, 250-280 [students]. I would say it’s probably because extra credit is offered and we get the participation of faculty. If they weren’t giving extra credit we would not have those numbers, I know it.”

“We’re pretty fortunate with what we are able to have. I feel like we cover a lot of really good things.”

“It’s hard to get the veterans. It’s very very hard for them to seek help.”

Although there is a recognized absence of awareness among certain groups and across the board for specific prevention programs offered by the Counseling Center, the general reaction to
the services offered is positive. Consistently, the students who utilized the services were satisfied and the counselors offered similar sentiments about the usefulness of their programs and student feedback. Similarly, reviews by the Scottish participants speak well of what the University Counseling and Psychological Service is currently doing, but they also illustrate the need for more time and resources to be spent on an awareness campaign. Again, it is difficult, if not impossible for an organization to have an effect if the group that it is aiming to help is unaware of its existence.

Potential Changes

With the prevailing assumption that the Center was beneficial when used but with clear room for improvement, each participant was asked how the service could be improved upon. Unlike the Scottish counselors who were in agreement that the most necessary aspect was adding more staff, the American counselors offered a wide range of changes. One agreed that more staff was a necessity but beyond that they wished to improve current staff training on current trends and issues. Others focused primarily on prevention based programs to help students before their stress levels began to significantly impact their lives. These programs ranged from aggression education to teaching emotional regulation. Finally, one counselor suggested more involvement with the local community to provide support and employment to the university students. The belief was that this involvement would act as a prevention measure for the larger financial issues seen among students.

“I think if I could help to bring more businesses in and more opportunities for work that’s what I would probably do. Anytime they can help themselves, support themselves that's always gonna make you feel better I think. Not to have that worry about money. Maybe coordinating with the outside
community and the town can always be improved, always. Because it ends that 'us and them' type of mentality”

“I’ve always hoped that at some point we would start teaching emotional education, finding some way to reach students and say you know, emotional regulation is a big concern.”

“I would love to see as much time and resources go to prevention as much as response.”

“If we were able to always add another staff person or just even the money to get us to go get trained in some different things that might be up and coming topics, specialized training.”

While the counselors focused primarily on these prevention-based programs, the students chose to look at stress-reducing programs. These varied from relatively simple events such as bringing therapy dogs to campus or having a group that worked out together and encouraged exercise for students currently seeking help, to more collaborative and intense recreational programs.

“Advertising it more, giving out more like sources or things for people to go to.”

“A stress reducing environment, a place where you can go.”

“ Some kind of activities to like relieve stress, like maybe working out. Since that works for me I would say like starting some kind of workout....push them to do something that would relieve the stress.”
“A puppy room!!”

“They could have like wellness weekends where you do yoga, have tea, and there is like prayer or meditation and there is like a weekend of that. Something like that geared towards college students that maybe was sponsored by the counseling center. It would give them a good name but also give student the opportunity to have this inner, introspective time.”

“I would personally want to see something more recreation based, something that would get people’s mind off of school or off of what is stressing them out.”

The above suggestions mirror what was discussed by Scottish participants in that they are geared as a response to inevitable stress compared to counselor attempts to prevent stress from occurring. The most in-depth suggestion involved an annual or semi-annual Wellness Weekend that was co-sponsored by the Counseling Center and focused on exciting recreational events paired with traditional relaxation methods. What was intriguing about this suggestion was the student’s recognition that such a program could appeal to students while also shining a positive, non-stigmatized light on the Counseling Center. The University of Glasgow implemented a therapy dog program that had a similar goal of destigmatizing high stress levels with positive programs that has been relatively effective.

**Barriers to Seeking Help**

When first interviewed the Scottish participants, it became clear that stigmatization was a significant barrier to seeking help. The Scottish students spoke of their reluctance to visit the counseling center pointing out the perspectives of peers and staff, and about their own
interpretation of what counseling would entail. Often their responses revealed a deficiency in
education or understanding on what counseling is, how it works, and who constitutes a potential
client there. However, the unique idea that occurred often in both student and counselor
participants was the barrier of being Scottish, and the Scottish tradition.

Although American students expressed similar concerns about perception of peers and a
misunderstanding of the kind of individuals who utilized counseling services, there were also
more mediating responses. Several students expressed understanding that some groups may
stigmatize counseling, but they did not believe that was a common occurrence. Two unique
responses were that one participant, a military veteran saw his wartime experiences as a barrier
because he felt the counselors could not relate, and another student felt that students’ use of
faculty members as pseudo-counselors was a dangerous barrier.

“I would rather deal with it on my own. I wouldn’t want to talk to someone
about it. I just, uh....I’m not, I don’t usually express my feelings.”

“Now it seems so silly but I definitely had felt there was some kind of stigma
about going there. I just had this feeling that it was like something to be
ashamed of...I think it was just in the air.”

“I have a feeling most students won’t go unless they are told.”

“I mean I guess you always get those knit groups who are like “oh, that’s
f*cking weak...but if someone looks down on you for going to get help then
f*ck them, they’re jackasses. I don’t think it’s common for someone to belittle
someone for going to get help.”
“I think counselors can help but the issues that usually, you know for us being veterans, we get sent to counselors to deal with the sh*t we dealt with overseas and none of them know that it’s like over there but they are going to try to tell us how to live our lives when they don’t even know what we saw.”

“Counseling just sounds almost like it’s for crazy people or people who can like, who have been abused in some way.”

“You see people who go “oh what’s wrong with them or what’s going on?” and get kind of a judgement from it. I think it probably has to do with our curiosity.”

“So when teachers realize they [students] are stressed, more teachers should reach out to students and encourage them to visit the counseling center. I know a lot of teachers who...are perfectly happy to just keep that conversation between them and the students. I don’t think they mean it in a weird way but...they aren’t professionals and that puts a weird weight on the relationships that should really be handled, the student’s stress, in a counseling setting.”

The student responses reveal that despite efforts to remove it, there is still a stigma attached to receiving help for issues associated with mental health. The counselors responded with similar sentiments on the ever present stigma but, like the students, saw a decrease in its impact. In fact, one counselor mentioned a tendency for particular clients to brag about their use of the service, seeing it as a status symbol. Although there is a clear connection between the answers given by American and Scottish counselors, it is important to note that the Scottish participants still strongly associated the stigma they felt with Scottish culture and mentality.
where American participants saw some connection to the broader Western culture but not specifically America.

“I think both a stigma and sometimes there is also a status. I think there are populations that um don’t want others to know that they are coming and um, and there are others that will sort of brag about it.”

“There might be a cultural belief that this is private stuff that you only talk about to your family and don’t be pulling strangers into your world...some of it is tied in with masculinity and beliefs about what it is to be a real man...you deal with your own shit.”

“Historically, it’s been pretty close. It is always that women use the services more than men, always and so I think right there that tells you something. That there is something about men and masculinity that prevents them from seeking out help, and there is something about women and encouraging expression of emotion, part of how women are socialized.”

“Well I think it’s the individual versus collectivism. People don’t get a lot of support. It’s sort of like, if you’re going to make it you have to make it on your own. Americans are taught to take care of themselves, pull yourself up by your bootstraps, don’t ask for help.”

“I think there are students who are reluctant to come in because they are afraid their parents are going to hear everything they say.”
“The military culture. The culture is just ten times more macho than the culture in general. They do get humiliated for coming, they do think it’s weak.”

“I feel like over the nine years I have been here, we have gotten more and more busy each year. So I think the stigma must not be as bad as it used to be and/or our services are being communicated better or advertised more.”

“I think that a lot of students have been in counseling before they ever come to our campus.”

“I think that those that might be the population that is most hesitant to come in for counseling. I think its um they've it's that mentality perhaps that they have when they are in the military that they can handle anything and then once they are out and that support system is gone sometimes um it’s hard to readjust to living.”

“I think that the stigma of mental health counseling and disease in general is becoming less, but it is hard for me to gauge how much less than it used to be. I think it's students and everyone in general look at mental health differently than some type of other physical disease but college students are more open to coming to counseling.”

Both groups mentioned the difficulty of expressing emotion or the need for assistance, especially for men. This male-directed stigma is not a new concept, and is not unique to either culture. However, it appears to be a significant issue surrounding both countries and is one that
should be addressed. As participants in each group stated, the stigma is rooted in family and
tradition, which is not only difficult, but time and resource consuming to change.

**Discussion**

The results of this study suggest that a) academics are the most predominant source of
undergraduate stress in both America and Scotland, but American students also strongly identify
finances as an influential stressor, b) counseling is perceived to be more effective by American
students; however there is still a need for awareness and positively associated programs and c)
there is a stigma present in both America and Scotland but it is more prevalent among Scottish
participants.

Academics were mentioned by all participants as being the most significant source of
stress for undergraduates in both America and Scotland. Students in both countries broke
academics down into smaller subgroups; however, where Scottish students felt exams produced
the majority of their stress, American students felt it was the workload required of them. This
could be indicative of the vastly different university structures. In Scotland, exams are a large
portion of the final grade, with the final exam often being the entire course grade, whereas
American classes often involve various papers, exams, and other means of obtaining points
towards the overall grade. For Scottish students this resulted in weeks spent preparing for and
worrying about exams, whereas American students felt the stress resulted from a build-up of
several instructors requiring assignments, papers, and exams with a limited amount of time to
meet expectations. The presence of academic stressors are neither unexpected nor completely
unwanted. Universities strive to push their students to excel; however, this data suggests that
higher education institutions and primary schools may consider spending time teaching study and
time management skills or reevaluating the structure of their education system to diminish excessive stress.

Both groups briefly discussed social stressors such as living away from home and the creation and maintenance of relationships; however, American students discussed student involvement as a significant social stressor. They shared stories of overcommitment to student organizations which resulted in an increase in responsibilities to their peers and the larger organization as a whole. Student involvement was mentioned as being highly encouraged in order to obtain a future job, but many expressed difficulties in balancing these additional responsibilities with their academic and work schedules. Social stressors were discussed least often by students from both countries, most likely because of the preparation before university and in students’ first year to overcome common social challenges such as making friends or adjusting to living away from home. Many universities put incredible effort into creating an atmosphere that encourages students to join clubs and make friends; these programs of integration may be successfully in decreasing the stressors that students feel surrounding their social life.

Finally, all but one American participants discussed an additional stressor that was not mentioned by Scottish participants—finances. The stress induced from increasing financial pressures came second only to academics for Americans. This difference is most likely due to the difference in cost of education. As mentioned earlier, the cost of education in America has increased from less than $4,000 in 1981 to over $23,000 in 2012 (U.S. Department of Education, 2013) while Scottish residents can attend any Scottish institution for free according the National Union of Students—Scotland (2011). For some, the pressures were immediate as they applied for scholarships or balanced part time jobs while others were concerned about the future and having
to pay off student loans. Regardless, it is an aspect of student stress that is severe enough to warrant attention by American institutions.

As with student responses, counselors in both countries identified similar themes to one another, differing meaningfully in only two ways. First, when Scottish counselors discussed student stress they only mentioned examinations, failing to note the diversity of the issue as it was described by students. This could reflect a miscommunication on the sources of student stress may suggest the counselors may be missing the finer details involved with the academic experience. American counselor responses did not reflect such a discrepancy. Both groups added individual characteristics that encouraged higher stress levels, such as perfectionism as a source of stress that students did not mention. The counselors’ general focus on individual characteristics and their function in the development of mental health issues could also be a result of years training in the field and being attuned to look for these aspects of their clients’ personalities. Finally, as with the American students, the American counselors identified financial pressures as the second most predominant source of stress for undergraduates. While they recognized the cost of tuition was the primary issue, they also talked about students’ struggles to maintain a quality standard of living while paying for school.

With regard to outreach programming, American students spoke more positively of the counseling center’s ability to assist students with their stress, but there was still a prevailing lack of awareness regarding services beyond traditional counseling. The consensus among the Scottish participants was that the counseling center was effective when it reached students, but that there was a serious issue of awareness resulting in a low use of the services offered. This clearly affected the overall value of the service as students who would perhaps use the service were unaware they had the option. However, those students who utilized the programs reported
positive experiences to the counselors. On the American side, an identical issue was noted, but to a lesser degree. Only one student was unaware of the counseling center, and three had been directly involved with the center in some capacity.

When asked to make suggestions on how the counseling centers could improve Scottish students overlapped in many cases with services already offered. This may indicate that the Counseling and Psychological Service should focus on promoting programs they currently have in place, rather than building new ones. However, since this research was conducted, the University of Glasgow has taken the student suggestion of a ‘puppy room’ and implemented a therapy dog program on campus. Student reactions from Facebook and Twitter suggest the event was successful and since 2013 the program has grown from one dog to four or five. Counselors in both countries believed the best improvement would be additional staff, but Scottish counselors also considered improved marketing, while American counselors discussed prevention-based programs such as community involvement and emotional education. American students also looked at creating programs that were more interactive to combat student stress, with suggestions like wellness weekends, recreation based programs, and therapy dogs in order to address student stress while establishing a positive, non-stigmatized relationship with the counseling center.

Part of what the American students touched on with their suggestions was that not only is there a lack of awareness about programs and services already offered, but there is often times a stigma attached with going to the counseling center or its programs. Much of the lack of awareness in Scotland could be contributed to the minimal promotional work done on campus at the beginning of semesters. The counselors participate in a student fair at the beginning of the year and occasionally speak to classes seen as being at particular risk. While this is a good start,
students are often overwhelmed in their first few weeks, not only with the shift to college but also with the substantial flow of information from organizations on campus and their classes. The counseling center may be more effective if they advertise to the students later in the semester. The American center is more proactive in its on-campus advertising, attending classes, posting fliers, and also having a liaison assigned to every student organization in order to target a large percentage of the student body. Despite having a broader range of student awareness, the American counseling center like the Scottish one needs to focus on creating programs that diminishes the present stigma. Based on previously successful programs and student suggestions, the new programs should incorporate an interactive aspect and attempt to indirectly assist the students. One American student mentioned that these programs could be sponsored by the counseling center or co-created with another organization so that students begin to associate the counseling center with positive experiences.

Finally, the barriers to mental health need to be addressed. Stigma, while an issue for most mental health affiliated organizations, appears to still have a major impact on undergraduate students in both American and Scotland, though more so in the latter. American participants identified that a stigma was still present, with some students making comments that reaffirmed that. However, a majority of the students claimed that while they would not seek out the counseling center, they would not look down on or otherwise discriminate against someone who chose to use that route. This could reflect a movement toward social acceptance of mental health treatment as students accept its presence in their immediate circle. While this is a positive trend, it does not diminish the concern that many students still see counseling as something that they personally would not benefit from. As a whole the group seemed more prepared to accept a perceived weakness in their friends than in themselves, representing the still present stigma.
While the counselors also identified a stigma they believe reflected a general misinformation of what counseling entails, it was interesting to note that one counselor believed students attached a status to having a personal “therapist”. This status could be representative of the increasing prevalence of mental health in American media and pop culture.

The stigma discussed by the Scottish participants was more pronounced and was also seen as being deeply ingrained in their culture and tradition. Historically, Scotland is an industrial country, with much of its original wealth stemming from factory work and manual labor in shipyards and coal mines. This work was done primarily by men and the culture of hyper-masculinity that built up around it could potentially be contributing to the current culture of silence on the subject of illness, especially mental illness, which could be perceived as weak. As one counselor mentioned, there is a negative connotation surrounding the discussion of feelings of any kind which can often result in issues. Both the students and counselors recognized this as a prevalent issue. For many the issue seemed an overwhelming obstacle, but some recognized that it was beginning to change as mental health became a more socially acceptable topic of discussion worldwide.

As with all research, this study had limitations, the first being the small sample size. Due to the qualitative nature of the study, and the time limit imposed on the Scottish portion of data collection from the Richter Grant, the total sample size came to 23 participants, 11 Scottish and 12 American. While this means that the results of this study cannot be generalized to a wider population, the qualitative nature also lends itself to revealing unique information that would have been lost in a larger quantitative study. The richness of the data also allows for a deeper, more personal look at the experiences of undergraduates and their counselors. Another limitation resulted from the intimate nature of the interviews which left some students with a general
reluctance to discuss in detail their personal levels of stress or experience with the counseling centers. It was also difficult to gain a sense of the effectiveness of the outreach programming currently being done, as many participants had minimal to no experience with the current programs.

Future studies should begin by exploring the same issues but with a focus on a larger sample size, which would allow for results to be generalized to undergraduate experience outside of the universities and local areas involved in this study. More research is warranted on the direct effectiveness of outreach programs currently being utilized. Due to the similarities among student stressors, with the exception of the isolated financial stressor for Americans, a comparative analysis of the types of programs and methods of implementation in both countries should be run to allow for successful program planning. The issue of stigma should be addressed with research perhaps focusing on effective ways to diminish it through programs or mental health campaigns. Finally, research should begin to compare countries with vastly different cultures to discover if students across the globe encounter the same experiences and to allow the global higher education field to expand the services it provides to students. In this study both countries came from highly Westernized, individualistic cultures, so perhaps focusing on community-based cultures would provide interesting insights. Comparisons such as this will allow for institutions to compare the experiences of their undergraduates and discover new ways to assist their students as they face stressors like the ones discussed in this paper.

Acknowledgements

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*Student Demographics*
Table 2

Counselor Demographics

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Appendix A: Student Interview Questions

1. How many years have you attended University?
2. What is your focus of study?
3. Please describe the culture on campus? - Socially, academically
4. How would you define stress?
5. How do you cope with stress you experience? Your peers?
6. Do you think that undergraduate students are at an increased risk for mental/physical difficulties due to stress?
7. Since attending university have you experienced or know someone who has experienced complications due to stress? If comfortable please elaborate.
8. How common would you say it is for students to be overstressed? What makes you say this?
9. If you were to experience difficulties due to stress who would you seek help from? Why?
10. Do you think that there is a stigma surrounding seeking help for mental distress in the college population? Why/why not?
11. How is seeking help stigmatized or encouraged on campus or in your peer group?
12. What do you see as the most prominent stressors for the student body? Why?
13. How do these stressors affect the students?
14. Do you think there is a difference in the way students and counselors perceive common sources of student stress? What do you believe causes these differences?
15. Are you aware of any programs or services provided by the Counseling Center for students dealing with stress? If so what and how did you learn about them?
16. Explain any programs or services offered by the counseling center that you see to be especially effective with the student body. Any programs that do not seem effective. Why?

17. Describe any programs you would like to see implemented on campus and why you think would be beneficial to the student body.

18. Do you think your campus counseling center does an effective job of selecting outreach programming topics that are of interest to the student body?

19. Have you attended any outreach programming? If so, which ones? How would you describe the quality of these programs?

20. Are there other programs or activities on campus that students participate in as a stress reliever?

21. Have you ever been asked to provide feedback or provided feedback about outreach programming offered by the Counseling Center?

22. Have you ever provided input on the types of outreach programming that you would like to see provided by the Counseling Center? If so, how did you do this (survey, etc)?
Appendix B: Counselor Interview Questions

1. What is your position on campus and what does it entail?
2. How long have you been working in this position?
3. Do you think that there is a stigma surrounding seeking help for mental distress in the college population? Why?
4. What do you see as the most prominent stressors for the student body? Why?
5. How do these stressors affect the students?
6. Do you think there is a difference in the way students and counselors perceive student stress? What do you believe causes these differences?
7. How does the Campus Counseling Service reach out to the student body to aid them or make them aware of their services?
8. Is the student body involved in any way with the creation or implementation of outreach programs used by the Counseling Center?
9. Describe the outreach programming that the counseling center has provided in the last year.
   a. How well attended were each of these programs?
   b. How were these programs advertised to the student body?
   c. What types of students appear to be most interested in attending these programs?
   d. Which outreach programs have had the most/least success, and why?
10. How do you generate ideas for outreach programming?
11. How do you evaluate the effectiveness of your outreach programming (surveys, word of mouth, formal evaluation)?
12. Are students involved in devising outreach programming?
13. Do you have anything that would be the equivalent of a “Peer Health Educator?” How are these students involved in devising outreach programming?

14. Explain any programs or services you see to be especially effective with the student body. Why?

15. Describe any programs you would like to implement on campus and why you think would be beneficial to the student body.