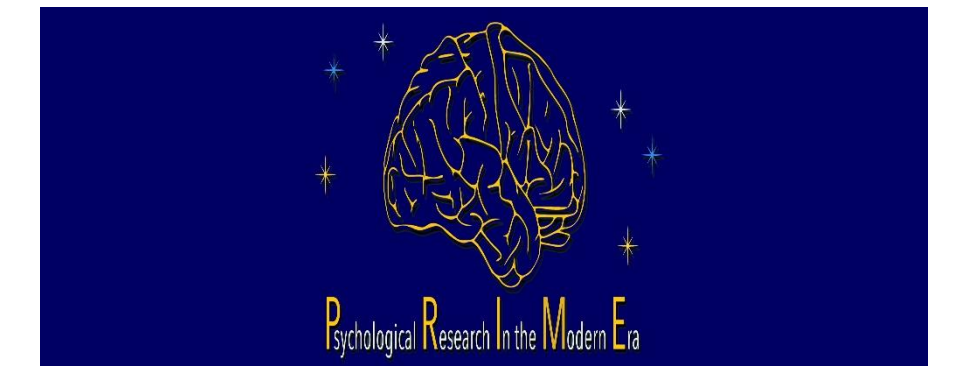# Psychosocial Predictors of Current Counseling/Therapy Use in College Students

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Background

- Findings from the Center of Collegiate Mental Health (2017) suggest that anxiety and depression are the most prevalent psychosocial stressors affecting college students today. Other frequently reported problems include general stress (Beiter et al., 2015), difficulty sleeping (Gress-Smith, Roubinov, Andreotti, Compas, & Luecken, 2015), homesickness (Sun & Hagedorn, 2016), and in some cases, suicidal behavior (Milazzo-Sayre, McKeon, & Hughes, 2016). Protective factors such as a supportive university environment might increase counseling attendance (Prince, 2015), but additional research is needed. Finally, demographic factors might contribute to current counseling/therapy use in a meaningful way (Wang & Castañeda-Sound, 2008). The aim of the current study is to examine which psychosocial stressors increase the likelihood of college students attending counseling/therapy. We hypothesized that students with depression or anxiety would be the most likely to currently use counseling/therapy services, followed by insomnia, homesickness, stress, and suicidal behavior. Finally, students who felt supported by their university environment, would be more likely to use counseling/therapy.

Method

Participants
- Undergraduate students (*N* = 426; female = 276) participated in an online survey for course credit.

Design and Measures
- A multiple logistic regression was conducted to analyze the contribution of gender, generation status, insomnia, university environment stress, suicidal behavior, depression, stress, anxiety, and homesickness toward current counseling/therapy use.
- **Gender, Generation Status, and Current Counseling/Therapy Use:** Single items inquiring about gender, first generation status, and current use of counseling/therapy services.
- **Depression, Anxiety, Stress:** The Depression, Anxiety, and Stress Scale, 21 items, 3 subscales (α = .860 to .913) assessed on a 4 point Likert scale, from (0 = did not apply to me at all to 3 = applied to me very much). Items are summed together to provide continuous measures of depression, anxiety, and stress.
- **Suicidal Behavior:** The Suicidal Behavior Questionnaire, 4 items (α = .849) assessed on a 7 point Likert scale, from (0 = Never to a maximum of 6 = very likely). Items are summed together to provide a continuous measure of suicidal behavior.
- **Insomnia:** The Insomnia Severity Index, 7 items (α = .84) assessed on a 5 point Likert scale from (0 = None/Very Satisfied to 4 = Very Severe/Very Dissatisfied). Items are summed together to provide a continuous measure of insomnia.
- **Homesickness:** The Homesickness Questionnaire, 33 items (α = .872) assessed on a 4 point Likert scale from (1 = strongly Disagree" to 4 = Strongly Agree). Items are summed together to provide a continuous measure of homesickness.
- **University Environment:** The University Environment Scale, 14 items (α = .836) assessed on a 7 point scale from (1 = not at all to 7 = very true). Items are summed together to provide a continuous measure of student-perceived university support.

Figures

Table 1

Means, Standard Deviations, Ranges, and Correlations Coefficients Among Variables

Variable	M	SD	1	2	3	4	5	6	7	8	9
1. Gend	.347	.476	-								
2. Gen	.420	.494	-.007	-							
3. Use	.100	.305	-.015	-.055	-						
4. Ins	10.209	5.552	.192**	-.006	.132**	-					
5. UES	76.805	13.141	-.015	-.029	-.010	-.184**	-				
6. Suic	5.425	3.226	-.093	-.006	.305**	.209**	-.151**	-			
7. Stress	6.916	5.045	.154**	-.042	.240**	.452**	-.272**	.361**	-		
8. Dep	5.552	5.612	-.069	.008	.172**	.394**	-.317**	.490**	.751**	-	
9. Anx	5.035	4.646	-.117*	-.031	.170**	.445**	-.277**	.317**	.752**	.663**	-
9. Home	70.650	14.393	-.092	.091	.017	.190**	-.329**	.133**	.242**	.266**	.280**

Note. Gend = Gender; Gen = Generation Status; Use = Current Counseling/Therapy Use; Ins = Insomnia; UES = University Environment; Suic = Suicidal Behaviors; Dep = Depression; Anx = Anxiety; Home = Homesickness * *p* < .05 ** *p* < .01. All tests are two-tailed.

Results

- All means, standard deviations, and correlation coefficients are reported above. To ease interpretation, gender (0 = female; 1 = male), generation status (0 = non-first generation; 1 = first generation) and current counseling/therapy use (0 = no; 1 = yes) were dummy coded. Negative correlations indicate associations for female, non-first generation students, and not currently using counseling/therapy.
- Measures of influence, standardized residuals, linearity, interactions, and multicollinearity were evaluated prior to model fitting. The logistic regression model was statistically significant, $\chi^2(9) = 47.629$, $p < .001$. All nine predictors accounted for 22% of the variance in current counseling/therapy use (Nagelkerke $R^2 = .221$) and correctly identified 89.2% of cases. Suicidal behavior (β = .243, $p < .001$) and stress (β = .179, $p = .002$) positively predicted current counseling/therapy use. Those with increasing levels of suicidal behavior were 1.275 times more likely to currently use counseling/therapy ($e^\beta = 1.275$, 95% CI: 1.152, 1.411). Finally, those with increasing levels of stress were 1.196 times more likely to currently use counseling/therapy ($e^\beta = 1.196$, 95% CI: 1.068, 1.338).

Table 2

Predictors of Current Counseling/Therapy Use

Test				χ^2	df	p	
Overall Model Fit				47.629	9	.000	

Predictor	β	SE β	Wald's χ^2	df	p	e^β (odds ratio)
Constant	-5.6	1.706	10.779	1	.001	.004
Gender (0 = Male, 1 = Female)	-3.48	.39	.797	1	.372	.706
Generation Status (0 = Yes, 1 = No)	.245	.367	.446	1	.504	1.278
Insomnia	.028	.035	.651	1	.42	1.029
University Environment	.014	.015	.891	1	.345	1.014
Suicidal Behavior	.243	.052	22.167	1	.000	1.275
Stress	.179	.057	9.695	1	.002	1.196
Depression	-.075	.048	2.498	1	.114	.928
Anxiety	-.029	.052	.317	1	.574	.971
Homesickness	-.004	.013	.107	1	.743	.996

Note. Cox & Snell $R^2 = .106$. Nagelkerke $R^2 = .221$.

Conclusion

- Overall, our hypotheses were minimally supported. Although we found a series of significant correlations, only suicidal behavior and stress positively predicted current counseling/therapy use. This finding might be due stigma, which affects a student's willingness to seek counseling for psychological distress (Vogel, Wade, & Hatler, 2007). In other words, students may be less likely to seek help for depression, anxiety, insomnia, and homesickness due to negative public perceptions. However, this does not account for the results seen in the current study. Future research will expand upon these findings and include additional measures of stigma, stress, and university support. Potential interactions will also be examined, although none were found in the current study.

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