The mental health of college and university students is increasingly leading counseling center staff and their student affairs partners, be it advisors, residence hall directors, or other student support staff, to refer students in emotional distress to counseling services. Though many students respond positively to this intervention and schedule appointments, some students won't walk in to the counseling center no matter how much encouragement they receive. In fact, many students at greatest risk never seek services.

BY MATTHEW S. BOONE AND GREGORY T. EELLS
In a *Journal of American College Health* article on college student suicide in the United States (2006), Allen Schwartz reviewed the findings of a survey of counseling center directors and found that approximately 80 percent of students who kill themselves never receive mental health treatment. He reported that if students do receive treatment, they are six times less likely to kill themselves. The challenge for higher education institutions is to allocate resources and develop programs to lower barriers to care for students at greatest risk. Based on the research on help-seeking behavior and conversations with reluctant students, it is evident that mistrust, stigma, and culturally different styles of seeking help play important roles in preventing access to mental health treatment. Without programs that address these issues head on, the consequences can be dire.

**Take Services to Students**

At Cornell University, counseling center outreach addresses these challenges by training staff to recognize and support students who are under acute stress, by offering consultations to faculty and staff who come into contact with distressed students, and by providing access to counselors in nontraditional ways, often outside of the counseling center environment. Two Cornell programs, *Let’s Talk* and *Community Consultation and Intervention (CCI)*, expand the traditional scope of outreach. The programs provide both benefits and challenges as they are integrated into existing support systems within the counseling center and across campus.

*Let’s Talk* and *CCI* were developed to engage students who would not otherwise seek professional support. Engagement is often described as a beginning stage of counseling, one that might be returned to at various times throughout the course of treatment. *Let’s Talk* and *CCI* aim to engage the student—and sometimes intervene—prior to any formal counseling intervention. Through informal conversations, problem-solving, advocacy, and consultation with individuals who are supporting a student, a counselor builds a relationship that lays a strong foundation for more formal counseling. In many cases, counseling is unnecessary once the initial problem is solved. In other cases, trust and credibility are established so the work of counseling can begin.

*Let’s Talk* offers students free, walk-in visits with counselors at 10 locations across campus Mondays through Fridays. The locations are specifically selected to be close to communities of students who historically underutilize mental health services and near colleges and departments with particularly high academic demands. All sites are open to the entire student community and are staffed by social workers and psychologists from the counseling center. A *Let’s Talk* visit lacks many institutional trappings of the counseling center: There are no appointments. The visit takes place in a neutral and more familiar location. There is no required paperwork to be read.
or signed. No formal evaluation occurs. The most reluctant students can meet with counselors anonymously.

Most importantly, *Let's Talk* is described as "consultation and support" rather than counseling. Students are encouraged to "just drop by" or "come for a few minutes" if they are unsure about speaking with a counselor. Conversations are informal, often focusing on a specific environmental or interpersonal stressor, and usually do not fill a full 50-minute hour. Some students come once or occasionally and never need additional intervention; others require a higher level of support and would clearly benefit from formal counseling. *Let's Talk* provides a forum to engage these students so they are more likely to visit the counseling center. After beginning to build a relationship, *Let's Talk* staff can more easily convince a student who is wary of counseling to receive more intensive mental health services. In most cases, the student can work with the *Let's Talk* counselor in formal counseling if he or she prefers. The *Let's Talk* counselor can also facilitate a referral to a psychiatrist at the counseling center if and when medication is needed.

CCI is staffed by two full-time psychologists who advise faculty and staff on supporting students who are struggling with emotional or environmental stressors. In most cases, these students have already unsuccessfully referred to traditional counseling or an alternative such as *Let's Talk*. CCI counselors offer suggestions for resources and advocacy and may enlist other campus personnel who have relationships

On occasion, the student support relationship will evolve into a counseling relationship after the student is successfully engaged in initial problem-solving.

**Innovative Programs Benefit Students, Staff, Institutions**

**Expanded Safety Net**

The primary administrative benefit of implementing programs such as *Let's Talk* and CCI is the expanded safety net provided for students at greatest risk. Residence life staff, academic advisors, and other student affairs professionals have clearer and easier access to the support and expertise of the counseling center as well as to alternative referrals for students who would traditionally not seek counseling. Student affairs staff are less likely to find themselves as the sole source of support for students. This collaboration leads to an improved perception of the counseling service and the division of student affairs in the eyes of the campus community.

**Integration with Alert/Care Teams**

Many higher education institutions have created alert teams or care teams comprised of administrators, faculty, staff, and campus safety professionals who meet regularly to discuss students who are experiencing difficulties. Cornell’s alert team was formed in 2005. These teams bring together information from multiple sources on campus to create a complete picture

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with students in a coordinated effort to strengthen students’ safety nets. On occasion, CCI counselors “case manage” the university’s response to students who are psychotic or suicidal, but are unwilling to seek help. The CCI counselor will coordinate the actions of campus police, residence life personnel, and others to intervene in a caring way at the appropriate time.

In certain cases, a campus professional may refer students to the CCI counselor for a service called “student support.” Like the “consultation and support” service that *Let's Talk* counselors provide, it is distinct from counseling. Student support focuses on immediate problem-solving, advocacy, and accessing resources. For example, a CCI counselor may work with a student who is in financial crisis to find additional funds to enable him or her to complete the semester. The CCI counselor has the flexibility to meet with a student outside of the counseling center. For example, meetings may take place in an advisor’s office, the student union, or a residence hall.

of a student who may be struggling. Plans are made to offer the most appropriate resources to help alleviate distress. Considerable overlap often exists between the functions of CCI and the alert team. Often, CCI has already consulted with many of the contacts a student has on campus before his or her name reaches the alert team. To better integrate services, a CCI counselor is present at all alert team meetings to consult on cases from a mental health perspective, spearhead intervention when the skills of a clinician are required, and act as a point person for complicated cases involving psychotic or disruptive students who are not accessing services. Often, CCI counselors provide a clear avenue for case disposition.

**A Complement to Counseling and Mental Health Services**

As demand for counseling services increases, counseling centers must rethink how case flow is managed. Cornell, like
A meeting with a counselor outside the counseling center personalizes the first contact and mitigates the discomfort of telephone triage.

many schools, has developed a telephone triage system for students seeking counseling. Within 24 hours, a caller requesting services is scheduled for a 15- to 20-minute telephone screening. The counselor asks questions about previous mental health treatment, medical problems, eating and body image concerns, alcohol and other drug use, thoughts of suicide, and other self-harming behaviors. Appointments are scheduled based on acuity, and some routine cases may be referred off campus.

This system has been vital to providing appropriate services to students in a timely manner. However, some students find conveying personal information to a stranger on the phone uncomfortable enough to prevent them from calling. Let’s Talk and CCI provide a complementary path. For example, many students express anxiety about speaking on the phone and prefer to make the first contact in person at Let’s Talk. A meeting with a counselor outside the counseling center personalizes the first contact and mitigates the discomfort of telephone triage.

Cornell’s counseling center also provides psychiatry services, and students are required to have a counselor of record if they are receiving psychotropic medication. Let’s Talk and CCI clients who request or would benefit from medication are encouraged to seek traditional counseling services. Reluctant students may be motivated to enter counseling knowing it is a requirement for receiving medication.

Integration with Medical Services
Medical services staff also play a key role in reaching those students who have not accessed counseling but are receiving routine medical care. Like many health services at colleges and universities, Cornell’s health service routinely screens for depression and other mental health concerns. Students reporting moderate to high levels of depression, anxiety, and substance use are referred for additional support, either at the counseling center or, in some instances, with a care manager who suggests self-management strategies. For students reluctant to accept a referral, medical staff can offer information on Let’s Talk as an alternative to counseling or an opportunity to speak with a counselor before agreeing to regular appointments. Students reporting acute environmental stressors, such as dysfunctional relationships with professors, impending eviction, or limited money for food and clothing, are connected with CCI counselors for advocacy and to access resources quickly.

Overcoming Administrative Challenges

Recordkeeping Questions
Consultation and student support create novel administrative challenges related to recordkeeping. It is difficult to claim that a service is something other than counseling if the contact results in a clinical note in a student’s chart. Regardless of
what the service is called, there are ethical and legal reasons to keep a record. Though most students are not curious about recordkeeping, some are hesitant to come to counseling precisely because of fears about records and notes. Support staff across the university regularly keep notes, many of which can be accessed by other colleagues in the same office who might help the student at a later date. In consultation with the university’s legal department, a system was devised at Cornell to interface with the health center’s existing recordkeeping methods, thus preventing the logistical quagmire of parallel systems.

This challenge was resolved, in part, by the fact that all college students complete a health history form. This is the first item in any student’s medical record, and at Cornell its completion generates the opening of a “chart.” In each chart a section is provided for third-party correspondence, including faxes from other doctors and evaluations for disability by outside psychologists. This part of the chart is considered “non-releasable,” meaning records requested by the student, or anyone else with the student’s consent, would not include these materials. Notes about CCI consultations and Let’s Talk visits are kept in this section of the chart. Much like the notes that academic advisors keep, these are not part of a student’s official record, these notes are only accessible to designated health center staff. This system creates a necessary firewall between the student’s official, releasable, medical record and notes on informal, nonclinical contacts. Students rarely ask about recordkeeping, but if they do, a description of this system and confirmation that these alternative programs are not cited as therapy sessions usually allay any lingering concerns.

No matter how much reassurance about confidentiality is provided, some students simply will not meet with a counselor if they know a record is kept. To address these concerns, a chart is created for hypothetical students called “anonymous.” Clinicians keep notes on their contacts with students who visit Let’s Talk in this chart, allowing clinicians to monitor the work they have done and record any information for future contacts. Once an anonymous student is engaged and is less wary of the process, he or she may be willing to provide more personal information. At this time, notes from the anonymous chart are copied to the third-party correspondence section of the student’s official record.

**Overburdening Existing Services**
A common campus concern is that alternative programs will “find” more students in need of care, which could overwhelm existing clinical systems. It is true that Let’s Talk and CCI do reach students who otherwise would not have sought care. (Cornell found that more than half of the students served by these programs are under-represented minority students or international students, compared to approximately one-third of students in traditional counseling.) However, these programs also serve a preventive function, reaching students before they require ongoing counseling or medication. Often students who might have waited until the point of crisis receive help before a crisis develops.

**Funding Issues**
The financial burden of developing programs such as Let’s Talk and CCI cannot fall solely on the counseling center. The center must have the full support of the division of student affairs to be effective. The vice president of student affairs, as well as the dean of students, must be willing to advocate for additional resources for program development. Though opportunities may arise to shift existing resources for such efforts, these programs are likely to be more successful and sustainable when developed and funded with additional resources. If overburdened counseling services are asked to completely shoulder the financial weight, these programs are likely to fail.

**Students Can Be Reached**

Let’s Talk and CCI are designed to reach those students that senior student affairs officers consider to be of greatest concern: students who are in emotional distress but “won’t walk in” for counseling. The success of the Cornell programs should encourage other colleges and universities to think beyond traditional mental health services as the sole source of support for these students.

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