

Part 5 of 5: Counseling Center Experiences After the Onset of COVID-19

The impact of COVID-19 has led to widespread concerns about its unique effects on college students' mental health. To examine this topic more broadly, CCMH is completing a [five-part blog series](#) using a wide range of longitudinal clinical data from students seeking mental health services at college counseling centers nationally.

In the current blog, Part 5 of 5, CCMH reviewed the qualitative responses from 570 counseling centers between August and October 2020 to the following questions:

- **How did your center respond to COVID-19?**
- **What were the biggest challenges you faced in responding to COVID-19?**

The questions above were included as part of the 2020-2021 CCMH Annual Membership renewal form that was sent to members in August 2020. It is important to note that these questions focused *only* on the period immediately after the onset of COVID-19 in March 2020. These qualitative questions were optional and presented at the end of the renewal form, therefore some centers provided a wealth of information, some responded to only one question, and some chose not to respond. [CCMH Business Team](#) member Katie Davis reviewed the qualitative responses, documenting and consolidating similar responses across centers for only those questions that were answered. However, it is critical to note that when questions were left unanswered, no assumptions were made regarding a center's response to COVID-19 nor the challenges they may have experienced.

How did your center respond to COVID-19?

When counseling centers were asked how they responded to COVID-19, all 570 members provided information regarding their transition to telehealth services. CCMH found that 99% of those centers reported they were able to transition to telehealth services, while only 1% indicated that they were unable to provide telehealth services due to technology limitations, training needs, or legal constraints. This small minority of centers may also have transitioned after October 2020.

The vast majority of centers reported that they were able to successfully transition to telehealth after the onset of COVID-19 but that many adjustments to clinical services were needed. The most common changes included an expansion of crisis services (in-person rotation or partnering with external crisis services) or offering supplemental programming (online drop-in psychoeducational groups or webinars for students). The most common services that counseling centers had to reduce included group counseling, couples counseling, and most in-person services (e.g., drop-ins, screenings, crisis, and intake).

What were the biggest challenges you faced in responding to COVID-19?

Counseling centers were asked to comment on the challenges they faced after the onset of COVID-19. Most centers that responded to this question reported significant difficulties with transitioning staff to work from home. Common issues cited included balancing childcare needs, staff burnout, reduction in workplace comradery and support, and general emotional distress.

The most frequently mentioned problems with providing clinical services to students included a lack of student engagement, difficulties replicating in-person procedures (e.g., student paperwork) in a virtual environment, and managing students who pose a safety risk via remote services (e.g., voluntary, or involuntary hospitalizations).

The transition to remote operations was also hindered by institutional and infrastructure challenges such as technology malfunctions, budget cuts and financial constraints, and internal oversight/regulations regarding HIPAA and privacy compliance issues that were burdensome while trying to support students who were already remote.

Summary and suggestions

In response to the onset of COVID-19 and the rapid transition to remote learning by most colleges and universities, college counseling centers were faced with the unprecedented challenge of rapidly transitioning complex, HIPAA-compliant, in-person clinical operations over to tele-operations within a matter of days or weeks. In this blog, Part 5 of 5, CCMH reviewed the qualitative responses from 570 centers describing how they responded to this challenge. Takeaway findings include:

- In response to COVID-19, 99% of counseling centers reported success in transitioning to telehealth; these centers, and their institutions, should be commended for accomplishing this extraordinarily crucial and complex transition in the interests of supporting students. Counseling centers demonstrated high stakes flexibility, adaptability, and successful institutional collaboration to meet student's needs. It will be important for centers and institutions to continue being adaptable and collaborative as services will likely shift again and may retain a hybrid mixture of tele and in-person services that are likely to tax both agency operations and supporting offices.
- Institutional factors that were consistently identified as impeding counseling centers' transitions to remote operations included: finances/resources, reliable technologies, and the oversight of information security. As colleges and universities maintain remote operations this spring and look towards a return to in-person learning, it will be critical to proactively implement support of counseling center operations (budgets, staffing, technology, information security) so that the difficult transitions are successfully accomplished without

compromising the mission of caring for students struggling with mental-health concerns.

- Counseling center staff are tasked with balancing personal stressors while also providing care for large caseloads of clients, including many posing serious safety risks. Counseling center staff should be recognized for providing these critical services to at-risk students, even though many of these students might have otherwise been ruled out from other outpatient or remote care due to their risk. Additionally, it is important for institutional leaders, counseling centers, and staff to be mindful of the self-care needs of the center staff.

CCMH applauds college counseling centers across the country and internationally for navigating through these difficult times to provide unequivocal and unprecedented forms of support to students in need. Via the CCMH member listserv, CCMH had the pleasure of observing the strong and collaborative alliance between counseling centers as they shared resources and leaned on one another for strategy and support.

This time-sensitive blog series was made possible because counseling center members of CCMH went above and beyond their day-to-day responsibilities, over the last 15 years, to complete an IRB review to contribute clinical data, complete renewal forms to contribute center-level data, adjust complex clinical and operational procedures, gather high-quality standardized data during routine practice, and finally contribute this data back to CCMH amid a pandemic and many other pressing concerns. Without your collective effort and contributions, the insight offered here would not have been possible. We are grateful for your contributions!

Here is a quick review of this five-part COVID-19 Blog series:

- Part 1: [COVID-19's negative impact on student's lives and mental health distress.](#)
- Part 2: [Comparing the mental health distress and presenting concerns of students before/after the onset of COVID-19.](#)
- Part 3: [Exploring the complex negative impacts of COVID-19 across dozens of demographic groups.](#)
- Part 4: Examined the impact of COVID-19 on student help-seeking and service delivery.
- Part 5: [Counseling center responses to COVID-19.](#)

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