

## INTRODUCTION

Mental health care is changing, as are the needs of student veterans, placing stress upon current mental health care models. As such, this study looked at the potential ability of university and counseling centers to meet the needs of student military veterans in transitioning to college life and dealing with any particular mental health issues ranging from depression to PTSD.

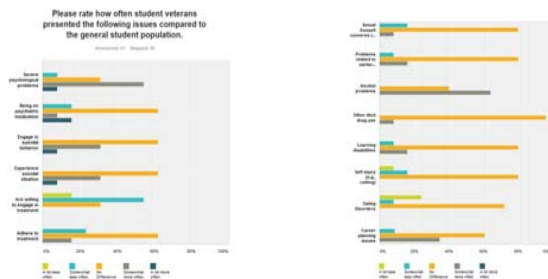
We were particularly interested in how counseling centers perceived their preparedness in meeting these needs and in assessing any particular trainings and specialized therapies they may have been capable of giving.

## BACKGROUND

College campuses have also been changing significantly in the last years, as has the nature of military fighting. As such, the pressures on college counseling centers are only growing, as are the complexities of treating their clients.

As well, previous literature has shown that there may be differences in how male and female veterans need to be treated, which could potentially be seen in the counseling center's interactions with their student veteran clients.

Enrollment of student veterans is also growing vastly, and with larger recruitment into university comes a larger need for university counseling centers, with the possibility of new needs and problems with the current system. It may be stressed beyond its current ability to deal with their traditional and veteran student clients due to the unique challenges the student veteran population presents.



Graphics: Breakdown of some key responses by counseling center directors.

## METHOD/S

This study consisted of a survey given to the directors of university and college counseling centers. The survey was disseminated via an internet link to surveymonkey.com. A total of 33 directors responded (9 males, 19 females, 5 declined to answer), the majority attached to public four-year universities (N=22) or private universities (N=6), with one 2-year university. The survey asked 4 types of questions, those about clients in general, student veterans in particular, the clinical preparation of the center, and about other issues the center may have dealt with.

Some examples of questions asked are:

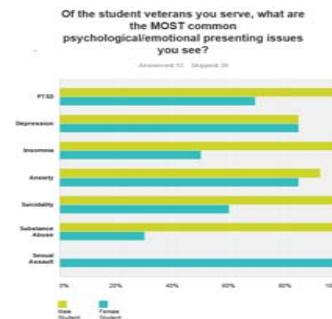
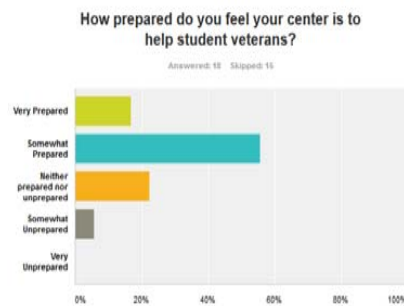
1. "In the last 5 years has there been an increase of student veterans on your campus?"
2. "Does serving student veterans present unique problems and/or situations to your center?"
3. "Of the student veterans you serve, what are the MOST common psychological/emotional presenting issues you see?"

## Results

We hypothesized that there would be a disparity between readiness to provide services and the needs of their clients. The response was mixed. 55% responded as "somewhat prepared," 17% as "very prepared," 22% as "neither prepared nor unprepared," and 5% as somewhat unprepared.

Nearly half of the respondents indicated that PTSD was one of the most common ailments, but only 1 responded that training in prolonged exposure (PE) therapy had been taken by their center. As well, 27% of respondents indicated that a member of the staff was designated as a student veteran expert, and 39% responded that veterans present unique challenges.

Of the 13 that answered the question, "how often student veterans presented the following issues compared to the general student population," 8 answered that veterans present with severe psychological problems at least somewhat more often, 5 answered that they experience suicidal ideation and engage in suicidal behavior at least somewhat more often, and 8 answered that they experience alcohol problems somewhat more often. 9 indicated that veterans are somewhat or a lot less often willing to engage in treatment. Otherwise, the overwhelming majority of questions were answered with "no difference"

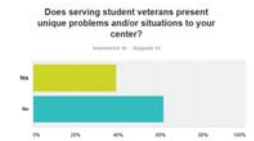
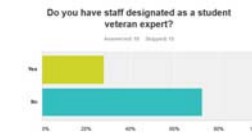


## Discussion

This study has highlighted some possible problems and areas of focus. First, as the literature had shown, preparation is not at the level it could be for these counseling centers. PTSD is one good example of where this could improve, since it is a major consideration in Veteran's mental health. More training in specific treatments, such as PE, is an obtainable way to improve care.

Having designated experts is another area to increase the perceived preparation of these centers, as having one person overseeing the needs of this group would ensure better training. This would likely also help with another commonly reported problem, that veterans are less likely to engage in treatment.

In addition, we noted a gender difference in the perception of presenting issues by the participants, particularly in dealing with sexual assault and substance abuses.



## CONCLUSION

In short, this research has identified where future research may be most effective in addressing the issue of changing mental health care and the needs of student veterans. This study has implicated a need for future research in the areas of gender differences in treating veterans, effect of new trainings in preparedness of counseling centers, and the effectiveness of having designated experts for student veterans at the counseling centers.

## ACKNOWLEDGEMENTS & REFERENCES

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