

University Counselor Experiences with the Surge in Mental Healthcare Demand in the United States

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ABSTRACT

The problem addressed in the study is that university counselors in the United States have been overwhelmed by the surge in student mental health care demand. The purpose of this basic qualitative study was to explore and document the perspectives of university counselors and how they had been affected by the surge in student mental healthcare in the United States and ways to address this problem. The conceptual framework of this study combined Adams' empowerment theory and Karasek's job demand-control theoretical model. Braun and Clarke's thematic analytic procedure was used to derive results from semistructured interviews with eight licensed university counselors. Six themes emerged based on the participants' responses: (1) counselors experienced changes in job responsibilities, (2) counselors experienced increased demand for services, (3) counselors exhibited signs of burnout, (4) counselors felt unsupported, (5) counselors used multiple strategies to mitigate stress, and (6) counselors experienced burnout. Recommendations for university administrators included increased staffing, providing additional self-care resources, and regular check-ins. Future research is needed to examine the effect on students, if any, due to university counselors' feelings of stress, burnout, and compassion fatigue.

Keywords: university, counselor, mental healthcare, United States, demand, overwhelmed

INTRODUCTION

The mental health of university students in the United States has been a growing concern due to stress and pressure from academic demands, financial burdens, social isolation, and the recent COVID-19 pandemic (Nahar et al., 2022). University counselors play a vital role in the mental health of their students and are often the first point of contact for students seeking help for mental health issues (Bardhoshi & Um, 2021). University counselors are specifically trained to support and guide university students in need. Counselor training usually includes cross-discipline courses, including human development, psychology, psychopathology, evaluation and diagnosis, ethical and legal concerns in counseling, and supervised clinical training (Knappe, 2021; Rønnestad et al., 2019). Importantly, university counselors are educated in crisis response and emergency management (Shelemy et al., 2019), which is especially important considering that the COVID-19 pandemic significantly exacerbated suicide in addition to suicidal ideations (Xiao et al., 2021). Thus, university counselors are crucial to student health and safety, and it is necessary to support counselors so they can effectively mitigate student mental health concerns.

This basic qualitative study examined university counselors' experiences handling students' growing mental health needs, which reportedly overwhelmed student mental health clinics (see Bardhoshi & Um, 2021). This study has the potential for positive social change in that it provides researchers, university administrators, and clinicians with knowledge regarding counselors' experiences with the surge in mental health demand, allowing them to evaluate and use more efficient strategies for tackling the difficulties faced by university counselors and the students they support. Helping university counselors has the potential, in turn, to positively affect the mental health of the students they serve.

BACKGROUND

The demand for the services of university counselors has increased dramatically in recent years as the use of mental health services among college students increased significantly over the past decade. Lipson et al. (2019) documented a 40% increase in the use of mental health services by college students, especially among female students, minority students, and students with a previous history of mental health treatment. Furthermore, mental health services offered to college students increased across all services including individual and group counseling as well as medication management. Increased demand was driven by a confluence of factors, including the increasing pressure on students to succeed, the rising cost of tuition, and the specific stresses induced by the COVID-19 pandemic, such as prolonged social isolation (Cronin et al., 2021).

There is a gap in practice regarding the implementation of successful strategies to aid counselors in mitigating work-related stress in a high-demand employment environment. University counselors are reportedly overwhelmed by the surge in students seeking mental healthcare (Bardhoshi & Um, 2021; Dalky et al., 2022). High caseloads and pressure to provide timely and effective support to university students seeking mental health services can adversely affect the university counselors' well-being and job satisfaction. Specifically, high demand and limited resources and support can lead to overwhelming job demands and increased stress (Marzo & Bhattacharya, 2022). Over time, these pressures can lead to burnout, a state characterized by feelings of emotional exhaustion, cynicism, and reduced personal accomplishment (Yang & Hayes, 2020).

The effect of burnout on university counselors can be significant and long-lasting, affecting their well-being, job satisfaction, and even career trajectory. Indeed, research indicates that burnout among mental health professionals is associated with decreased job satisfaction, increased absenteeism, decreased work engagement, and increased likelihood of employee attrition (Yang & Hayes, 2020). Furthermore, burnout can lead to decreased empathy, poor communication skills, and reduced ability to connect with clients (Zarzycka et al., 2022), all of which can negatively affect the quality of support provided to students in need. It is crucial to address these challenges by investing in the necessary resources to ensure that university counseling centers have the tools and support to meet the growing demand for mental health services among students.

The surge in mental health concerns among college students has increased the demand for mental health services, increasing the workload and expectations of university counselors (Bardhoshi & Um, 2021; Raudenská et al., 2020). Gay and Swank (2021) examined the effects of the COVID-19 pandemic on university counsellors' practicum and internship experiences. The counselors reported experiencing frustration and anxiety, needing to work additional hours to meet the demands of their student population. The counselors also reported difficulties making meaningful connections with their students, which furthered the need for increased time with students, increasing stress and fatigue.

There is a striking absence of the perspectives of university counselors in academic literature, especially concerning their experiences and views regarding the surge in mental health needs by students. Although some studies investigated burnout among university counselors (Bardhoshi & Um, 2021; Yang & Hayes, 2020), researchers need a qualitative understanding of counselors' experiences to implement effective interventions. Indeed, the interventions required to mitigate stress and burnout and manage the increasing caseload of students are poorly understood, especially after the COVID-19 pandemic (Chen et al., 2023). Therefore, this study addresses this critical problem by collecting and analyzing the perspectives of university counselors.

PROBLEM STATEMENT

The problem addressed in the study is that university counselors in the United States have been overwhelmed by the surge in student mental health care demand (see Bardhoshi & Um, 2021; Brown, 2018; Pierce et al., 2021). The American School Counselor Association (ASCA) recommends an average caseload of 250 students per counselor (Patel & Clinedinst, 2021). However, on average, one university counselor is employed per 1,000-1,500 students in American universities (Mortenson, 2021). Even though counselors are not engaging with all these 1,000 students, these statistics suggest that university counselors have caseloads that could attain unmanageable levels, representing a significant gap in practice. Further, as the COVID-19 pandemic escalated in the United States many counselors found themselves unprepared to manage the more intense support students needed to be successful academically and emotionally (Brown, 2018; Dalky et al., 2022). This situation has led to an unfortunate dilemma: Students overwhelmed by the demands of college turned to university counselors, their designated support system, and found trained professionals who were, themselves, overwhelmed by job demands.

PURPOSE OF THE STUDY

The purpose of this qualitative study was to explore the perspectives of university counselors and how they had been affected by the surge in student mental healthcare in the United States, and to document the counselors' perspectives on ways to address this problem.. Thus, the phenomenon under investigation in this study was how university counselors experienced increased demand for their services. It is presently unclear what interventions colleges and universities should pursue to mitigate counselor stress, fatigue, and burnout. Therefore, there is a need to understand what universities can do to support their counselors properly.

CONCEPTUAL FRAMEWORK

The conceptual framework of this study consisted of two theoretical foundations to aid in understanding the experiences of university counselors in providing mental healthcare to college students in the United States. Adams' (2003) empowerment theory was the first theoretical foundation to social work and counseling. Adams (2003) first devised the empowerment theory to understand and enhance the experiences of oppressed and marginalized individuals and communities. The second theoretical lens for the study was Karasek's (1979) job demand-control (JDCS) model of job stress. The JDCS theory suggests that high job demands, such as the increasing demand for mental healthcare services among college students, and low job control, such as limited resources and support for university counselors, can result in job stress and burnout.

NATURE OF THE STUDY

A basic qualitative inquiry research paradigm was used in this study. This fundamental qualitative research approach enables researchers to understand how individuals make sense of an event or circumstance (Tomaszewski et al., 2020). This basic qualitative study was appropriate and justified for exploring the perceptions of university counselors on the recent increase in student mental healthcare demand. Semistructured interviews with open-ended questions were conducted with 10 university counselors to gather their perspectives on the challenges and experiences related to the increasing demand for student mental health services. Thematic analysis was conducted using Braun and Clarke's (2019) six-step method with a mixture of a priori, open, and axial coding. The data collected from these interviews provided insight into how university counselors manage the demand for student mental healthcare and what resources and support they need to serve students effectively

METHODS

The study employed a basic (generic) qualitative research design to examine the perceptions of university counselors about their experiences following the surge in student mental healthcare demand in the United States and their perspectives on ways to address the problem. Basic qualitative research is particularly suited for examining new, emerging, or complex phenomena, as it provides an opportunity to gather information from multiple viewpoints and to understand the complexities and nuances of the experiences being studied

(Caeli et al., 2003; Kahlke, 2014; Percy et al., 2019; Stutterheim & Ratcliffe, 2021). The study was approved by the institutional review board (IRB) of Walden University (Approval Number 1031466).

The participants consisted of 10 university counselors, purposefully selected to meet the following inclusion criteria:

1. Participants were licensed professional counselors, licensed marriage and family therapists, or licensed clinical mental health counselors.
2. Participants were currently employed as university counselors.
3. Participants had at least 1 year of experience working as a university counselor.
4. Participants had direct experience working with and addressing the increased demand for student mental healthcare services.

The 10 participants were recruited using a combination of three approaches: (a) an online recruitment flier posted to social media sites catering to university counselors, (b) emails to members of the first author's personal network, and (c) snowball sampling. The recruitment flier contained a quick response (QR) code linked to a participant screening questionnaire. Based on their responses to the screening questionnaire, eligible participants received an email invitation to participate in the study. The letter incorporated informed consent.

One-on-one, semistructured interviews were conducted virtually by the first author using the Zoom telecommunications software, as this platform provided a safe and convenient research environment (see Archibald, et al., 2019; Gray et al., 2020; Mirik & Wladkowski, 2019). Each interview lasted between 45 and 60 minutes, giving each participant time to expound on their points of view. The interviews incorporated the following questions:

1. Please describe your job demands, before, during, and after the COVID-19 pandemic?
2. Did your job requirements or activities change because of the pandemic? If so, in what ways?
3. How would you describe your level of job control?
4. How would you describe your job satisfaction before the pandemic? Did your level of job satisfaction change during and after the pandemic?
5. In what ways can your employer help improve your job satisfaction?
6. Do you feel empowered as a university counselor? If so, in what ways do you feel empowered?
7. What actions can your university or department take to empower you as a counselor?
8. Has increased demand for mental health services affected you physically or behaviorally? If so, in what ways?
9. Has increased demand for mental health services affected you emotionally or psychologically? If so, in what ways?
10. What strategies do you use to mitigate any stress associated with increased demand for your services?
11. What actions can universities take to support university counselors?
12. If you had to design a program to support university counselors, what would that program look like?
13. Do you have anything else you would like to share about your experiences with increased demand for your services during and after the pandemic?

The interviews were audio-recorded and transcribed using the Zoom application. Following the interviews the authors contacted the participants twice more. First, they emailed them requesting an interviewee transcript review (see Rowlands, 2021). Second, upon

completing the data analysis, they sent the participants a one-page summary of overall findings for member checking (see Birt et al., 2016; Hagen et al., 2009). The member-checking email included a summary of the study's problem, purpose, and preliminary findings and asked participants to send their reactions and opinions. This email also asked if participants were willing to volunteer to engage in a second interview as a further step of member checking.

Data analysis began with a thorough line-by-line comparison and editing of the transcripts to guarantee authenticity and accuracy. With the assistance of the NVivo software application (Version 12), the interview transcripts were analyzed using Braun and Clarke's (2019) method for thematic analysis, a six-phase guide, including familiarizing ourselves with the interview data, developing codes, categorizing data, reviewing, and extracting themes, creating a thematic map, continuously defining and refining themes, and analyzing the themes and subthemes gathered from the interviews.

RESULTS

As shown in Table 1 (Appendix), a total of nine *a priori* codes were used in the initial phases of data analysis. After applying the *a priori* codes, the authors conducted an open-coding phase to code the data that the *a priori* codes did not capture. The 28 open codes were grouped into eight categories, as shown in Table 2 (Appendix). Finally, we organized the data into themes by grouping similar categories. Table 3 (Appendix) indicates the organization of the categories into six themes.

After the data analysis was complete, the authors emailed a two-page summary of the overall findings to the participants for member-checking, a method of establishing trustworthiness. All eight participants responded to the summary. Participants confirmed by email that the findings and interpretations aligned well with their individual experiences. In addition, member checking feedback was received via phone calls with 8 participants that lasted 0 to 20 minutes. All participants expressed surprise at the depth and breadth of the findings. The process of member checking increased the credibility and trustworthiness of my research by demonstrating that the researcher values and respects the participants' perspectives and is open to feedback. There were no discrepant cases.

Research Question 1

The first research question addressed the perspectives of university counselors about how they had been affected by the surge in student mental healthcare demand in the United States. Analysis of the data yielded four themes that addressed this research question.

Theme 1 was that the counselors experienced changes in job responsibilities. It reflected two patterns in the data. The first pattern indicated how the counselors experienced difficulties transitioning to new job roles and counseling methods. In general, the participants experienced difficulty working from home, challenges adopting new methods of counseling, technological challenges, and role ambiguity. For instance, Counselors 2, 5, and 8 had difficulty working from home during and after the pandemic. Counselor 2 reported difficulties maintaining a home space separate from a workspace:

When I leased my apartment in [redacted state], I did not know that we would be doing virtual therapy. So, I was doing it from my living room because I just didn't plan to have an extra bedroom to work from home. So, I had to adjust to working 100% from home,

and also living in that space and still being the pandemic and not sure how to just not be sick of staring at the same walls all the time.

In addition, Counselor 2 further stated that delivering therapy to students' homes was not ideal for students. Counselor 2 said, "There are some people that have a hard time focusing if they're standing in or sitting in their bedroom trying to have therapy. This is supposed to be my therapy space. It's supposed to be my sleeping space." Likewise, Counselor 5 had difficulties working from home:

I also had a lot of trouble working from home. At first, it was great because you had a 1-minute commute to work, but after a few weeks, I felt like I never left work. So, the lines were blurry, and I didn't like that. I was happy when we went back to in-person therapy.

In addition to work-life balance challenges, the counselors also needed to adopt new methods of counseling. Many participants (Counselors 1, 2, 3, 4, 7, and 8) adopted new counseling methods during the pandemic, which changed their job responsibilities. For instance, Counselor 1 said:

I think the biggest way that my job requirements changed was we wanted to come up with a way to sort of combat some of what was going on. At my college, we implemented a lot of different groups based on a lot of these vital life skills that we thought the pandemic kind of took away from a lot of our students.

In the interview, Counselor 1 recounted that their counseling focus changed during the pandemic: "I saw a shift from a variety of mental health concerns to health-related concerns, social anxiety, being out in public, interacting with people, and the new world where social distancing is a thing."

Some counselors found difficulties with adopting Zoom for therapy sessions, finding this new method of counseling stressful. Counselor 3 recalled, "It's the technology of having to do all this Zoom, just the complications. It's stressful for me, I'm old. I don't know how to work all this stuff." Counselor 3 explained that using Zoom for therapy was stressful due to a lack of technological experience, which made the shift to virtual counseling stressful. Other counselors had similar experiences. For example, Counselor 4 said, "If you have any kind of mental illness at all, I think it makes it harder in isolation because we can talk to him via Zoom, but Zoom was not perfect. It was hit or miss a lot on our end and their end."

When the counselors changed counseling modalities to work virtually, some of them experienced technological challenges. Counselors 3 and 4 explained that technological challenges made their jobs more difficult. Counselor 3 experienced difficulties with Zoom regarding counseling students. Counselor 3 further explained:

I don't want to have to move into the new age. Zoom was really a struggle for me. I think I'm going to have to learn how to reach students. Differently, I'm going to have to have more apps available for them, so they can access their phone.

The second pattern in the data associated with Theme 1 was that the participants experienced increased caseloads. Specifically, participants had increased numbers of group sessions and encountered more difficult cases, factors which led to heightened stress and work pressure. Many of the counselors changed their counseling methodology from individualized counseling to group counseling. Group counseling is fundamentally different from individual counseling, requiring counselors to prepare for diverse student responses. Counselor 1 reflected this change in focus:

At my college, we implemented a lot of different groups, groups focused on social engagement, groups focused on putting yourself out there and making friends, and groups

focused on sort of initiating dating. I had to change how I thought about counseling, which was difficult and stressful.

Counselor 3 recalled a similar shift. Counselor 3 said, “We would do a lot of presentations and classrooms and workshops around the cafeteria. A lot more group work.”

In addition to increased group counseling sessions, the participants also observed an increase in the complexity and difficulty of the students’ problems. Specifically, some participants experienced an increase in the intensity and difficulty of the students’ mental health problems, which induced stress for the participants. Counselor 2 recounted, “I also feel like there's been an increase in the intensity of mental health concerns that people are coming in with, as well as some different mental health concerns, like suicidal ideation.” Counselor 3 found that the increased intensity of cases influenced their mental well-being stating:

I think it has impacted me. And part of the burnout that I'm experiencing is because I am seeing a lot more difficult cases come my way. Before the pandemic, there were a lot of careers and success strategies. Now I am seeing a lower tick in career planning, and it is more personal issues and mental health issues. It is more stressful for me because I'm not used to it. I feel like I don't have the necessary or adequate skills to work with somebody who's depressed or who has anxiety.

In agreement, Counselor 4 stated:

Their anxiety, their depression, their stress, their bipolar, or whatever else they've got going on makes me want to drink. It makes me want to go back to drugs. It made everybody, all the professors and all the counselors, stressed when the student's stress level was through the roof.

In addition to increased group counseling sessions and complex cases, the participants experienced increased work pressure. For example, Counselor 1 explained that group counseling sessions and complex cases led to increased work stress. “It did put a lot of extra pressure on us. I think that was a product of the increased demand for services post-COVID. There was increased pressure, post-COVID, to help these students out.” In a similar vein, Counselor 8 reported, “There was so much pressure. The students and faculty were both stressed. You can only do so much in a 50-minute counseling session.”

Theme 2 was that the counselors experienced increased demand for services. In many cases this increased demand led to low job control, reflecting a lack of flexibility with their schedules and job responsibilities. Counselor 2 said:

I have very little control over my schedule. There are times when I wish it was a little bit more flexible, or I could do more days working from home, especially in the summer when there aren't as many students as possible on campus. It would be nice to have some more work from home.

Counselor 2, despite having set hours in the counseling center, reported disappointment with not having flexibility regarding choosing hours and days on campus. Counselor 2 explained counselors would be more useful outside the normal 9 to 5 workday:

I think a big thing for me too is knowing their days, where I can pick my hours, or for students here, it might be better to have some evening hours. But I don't have a lot of freedom to pick my hours and pick my days, or even have a lot of choice on what days I work from home or how often I work from home.

Counselor 8 also experienced low job control:

I have absolutely no control. It's 8 to 4:30, Monday through Friday. It's packed with students right now, and I'm lucky if I get a lunch break or time to write up my notes. It's very draining mentally and emotionally.

The second category contributing to Theme 2 was organizational factors. For example, Counselor 1 found they did not have time for breaks or to write notes:

We were at this point where we were getting a lot of waitlists. You had students who were reaching out saying that they desperately needed an appointment and couldn't seem to find one. There was this uptick in busyness, which did put a strain on the practicing therapists themselves because we were pretty much all go, with no stop at times. We didn't have any breaks. I would say that was typically how the environment itself was impacted.

Counselor 1 explained there was an increase in demand for mental health services, with students being placed on waitlists when no appointments were available. Elevated mental healthcare needs led to working through breaks with little time in between sessions. Similarly, Counselor 5 also experienced more difficult work conditions, "We had almost no breaks. The students' needs were so much that you needed the entire hour session every time."

In addition to not having time for breaks, some participants reported needing to skip lunch to meet the increased demand for mental health services. Counselor 1 stated: "Sometimes that would include skipping a lunch hour or shortening a lunch hour. We had this protocol where if a student comes in, they would be seen no matter what." Counselor 8 also reported having to skip lunch, saying, "There were times that so many students needed counseling for not little issues, but big issues. It would be irresponsible to turn them away, so a lot of times, we ended up skipping lunch."

In addition to having to skip breaks and lunch, some participants reported working extra hours to meet student demand. For example, Counselor 2 said:

I had noticed that I was getting anxious because I'd still get emails that would pop up after hours, I might not answer them if I'm getting them at seven or eight at night or over the weekend. But I noticed it was still causing me a lot of stress and anxiety.

Counselor 2 had anxiety from receiving emails from students at night and over weekends, and addressed the anxiety by working outside of hours to address student needs:

If I know that I have a client who's highly suicidal and I have an email on my phone, I was able to see it really late at night, even though our email says that we don't really answer anything at that time, but I still decided to answer. So, in situations like that, yes, I do bring the work home, and it does stay with me.

Theme 3 was that the counselors exhibited signs of burnout. The participants reported they experienced significant anxiety as they transitioned to remote work during the pandemic. For example, Counselor 1 had anxiety thinking about attending work the next day:

I think it does have an effect on your job satisfaction to some extent. When you put your head on the pillow at night, you do get anxious about the next day and having to do all of that again, and maybe if it wasn't for COVID and the pressures that the students were facing, the days would be a lot less stressful. So, it's something to consider.

Similarly, Counselor 2 experienced anxiety, especially when receiving emails from students late at night:

I was getting anxious because I'd still get emails that would pop up. I might not answer them if I'm getting them at seven or eight at night or over the weekend, but I was noticing it was still causing me a lot of stress and anxiety.

Counselors 1, 6, and 8 lacked enthusiasm for their normal or healthy activities, a symptom that is consistent with depression. Counselor 1 stated, “Maybe I had it in mind to go to the gym after, and then now maybe it was a stressful day. Then, now I'm not going to do that.” Counselor 1 indicated a lack of desire to do their normal activities after work due to the stress associated with work. Counselor 6 expressed similar thoughts, “I just wasn’t interested in doing all of the things I would normally do.” Like Counselor 1, Counselor 6 experienced symptoms consistent with depression, including a lack of interest in their normal, healthy activities.

The last code that contributed to the development of Category C5 was physical sickness. Counselor 2 attributed their physical sickness to mental and emotional exhaustion:

There are times I wonder, too. Like the times I've gotten physically sick, I wonder how much of it was from my mental and emotional strain from the job impacting my health. Unfortunately, the times I have gotten sick while working at [redacted school] it's been during stressful times of the year. It's usually during our busiest months, like October and February.

Counselor 4 also experienced physical symptoms of stress. Counselor 4 said, “I'm someone who gets a lot of tension migraines and tension headaches when I'm stressed. I was getting them a lot.”

Counselors also recounted high job demands during and after the COVID-19 pandemic. For instance, Counselor 1 said:

You sort of have a long day, and after a long day, you get a little burnt out, and you do wish that maybe the day wasn't as busy as it was, or maybe you wish you could take a step back from seeing so many patients in a day. But of course, that's not feasible in the position.

Counselor 2 had similar experiences, stating, “I think I've experienced more burnout. Certain times of the year are worse than others. Summer is a little bit lighter. But I felt the stress more. So, I'll leave work feeling just more exhausted and drained.”

In addition, the participants discussed a decrease in job satisfaction due to the increased demand for mental health services. Counselor 1 said, “I would say there was a slight decrease in satisfaction. As much as I hate to admit it, I think the pandemic caused distress, which lowered my enjoyment of going to work.” Counselor 3 said, “My job satisfaction was much higher back then than now. A variety of factors kind of go into that satisfaction. The bottom line is that it's a lot lower now.”

Theme 4 reflected that the counselors felt unsupported by their university administrations. addresses how the counselors felt unsupported by their administrations. For example, many of the participants believed they were being underpaid for their services compared to counselors working in private settings. Counselor 2 said:

It's hard because we are providing a really valuable service, but we're not being paid the same way. Our colleagues in other settings are being paid more for similar skills, but we're in very stressful work environments. So, one thing I would say would be to increase pay.

Counselor 2 further believed that the university counseling setting was a more stressful work environment compared to private settings and advocated for an increase in salary for university counselors. Counselor 5 echoed this comment:

What we're paid is not equal to what other people in the community are paid, mental health counselors. That's something that we talk a lot about, and they just got rid of some of our vacation days to save money in HR. So that's causing an uproar with a lot of

people. So having more time off, they are taking that away for taking care of yourself while taking care of others.

Counselors 2 and 8 expressed a frustration that their administrations made decisions regarding the counseling center without consulting the center. Counselor 2 explained:

There are other ways where I feel less empowered. Anytime you are part of a large organization, like working for a university, there are some limits on what you can and can't do, and how much control you have, especially knowing that we are a very clinical service. We're a healthcare service that's governed by an educational body. Sometimes, the people who are my bosses who are several steps ahead of me are very nice people, but their background is in education. Sometimes the decisions that they make are based on their experience in education, whereas we would do something differently because we're a healthcare entity.

Other counselors expressed similar concerns. For example, Counselor 6 said, "So, maybe just taking the time to get to know us and get to know our role, I feel like, will be more helpful than just dictating what we should do." Counselor 6 described their university administration as aloof, making and dictating decisions without consulting the counseling center. Counselor 8 expressed similar thoughts, saying, "I wish the administration would ask us what's best for student counseling before they make decisions about the counselors. They often make decisions that don't make sense for us or the students."

Research Question 2

The purpose of Research Question 2 was to guide the inquiry into the counselors' opinions regarding how to address the problem of university counselor burnout. Analysis of the data yielded two themes. Theme 5 reflected the personal strategies counselors use to mitigate their stress and highlights individual steps counselors could take to address stress and burnout. Theme 6 addressed how universities could address counselor burnout through proper leadership and enhanced administrative support.

Theme 5 indicated that counselors used multiple strategies to mitigate stress. The counselors reported using self-care to help abate the stress associated with the increased demand for their services. Counselor 2 noted they wanted to perform unhealthy activities, a symptom of depression, but opted for self-care instead:

When I'm stressed and tired, I really push myself to make sure I'm doing self-care things, things that are good for me, not always things that feel good. Sometimes what feels good to me is just like zoning out and reading a book or going home and lying on the couch. Although it feels good, it's not necessarily good for me. I've had to, like, be strict with myself to make sure I keep doing things that are good for me, even if I don't want to do them, like cooking nutritious meals or exercising.

Counselor 7 took advantage of the extra time at home during the pandemic to start self-care routines, stating, "During, when we were at home, everything actually got healthier. I think being at home, I was able to do some more. I started doing a lot of good practices." Counselor 7 was similarly able to start self-care routines that promoted healthy living, which helped them address the stress associated with the increased demand for mental health services.

Several counselors reported that they helped relieve stress by making a concerted effort to separate their work from their personal lives. Counselor 1, who indicated that they struggled with work-life balance during the pandemic, renewed efforts to achieve balance, saying, "I also have

carved out my sacred time, like my weekends. I try to make an effort not to think about work related to the counseling center. When I'm there Monday to Friday, I can devote my energy there." Counselor 4 also worked to achieve a sufficient work-life balance, saying, "I just have to go home, and I have to try to leave it at work. That's hard to do." This counselor admitted having challenges achieving balance, "I have to make myself rest because I can make myself sick if I don't. I've had to just say, go home, take a bath; your family needs you too."

Three participants relied on their social networks for support during the pandemic. Counselor 1 reported being able to talk about work-related stress with trusted confidants:

I rely on my social support. My partner, my family, my therapists, people that I have in my circle that I can talk to about these things, about how stressed out I am with some personal or work things that I might be dealing with. People that I can confide in and get that support.

Counselor 6 also made a concerted effort to rely on their social support network: "I could just get into that habit of isolating myself, but I've been trying to find ways to do things with friends and family."

Three participants spoke about working with a therapist to address work-related stress. Counselor 1 referenced their therapist as an essential component of their social support network. Counselor 2 also spoke about the importance of therapy: "I am very consistent; I participate in my therapy just to have my own space to be able to talk about and vent and process things." In addition, Counselor 7 indicated that they used therapy to help address their ongoing depression, indicating, "I struggle with anxiety and depression, which is not uncommon for a lot of people. I see a therapist. I also have a psychiatrist for medication."

Another group of codes were grouped into a category of empowerment. During the interview, Counselor 5 explicitly mentioned feeling empowered by coworkers, "I would say I feel empowered by my clinical manager and my other colleagues because we all were very supportive of each other overall. They make it a less stressful environment." Counselor 5 also felt empowered by managers and coworkers, noting that the colleagues made their work environment less stressful. Finally, Counselor 7 addressed empowerment in a member-checking interview, "My immediate counseling colleagues work really hard to support each other, especially with all the changes that have occurred recently. Many of my other staff and faculty colleagues are also as supportive as they can be." Counselor 3 felt empowered when they reflected on the increase in their skills and capacity for counseling:

Now I am increasing some skill level in that, and that's kind of fun. It's kind of invigorated me. As I, kind of, near the end of my role here or this profession, I am seeing an uptick in satisfaction in being able to learn new skill sets.

Before the pandemic, Counselor 3 had not performed virtual counseling; all prior sessions were in-person. Despite initial struggles with virtual counseling, Counselor 3 eventually viewed this change in counseling modality as an increase in their skill set, which empowered them:

I think that a lot of empowerment comes from the results of what you do. When you have a student come in, that's down on their luck, really feeling hopeless, and maybe wanting to drop out, or sometimes not wanting to live. You talk to these students for three, four, or five weeks, and you start to see subtle improvements. Then all of a sudden, they're thriving, they're doing well at college, and they've made a bunch of friends. I think that's a lot of where empowerment comes from.

Theme 6 revealed that counselors perceived leadership and administration support as effective for addressing burnout. Counselor 2 believed that one way in which the university

administration could help address counselor burnout is for the administration to consult counseling center leadership regarding decisions:

Allowing counseling services staff to be part of more conversations higher up about what we are seeing in terms of student needs and student demands, rather than trying to guess and make decisions for us but allowing us to be part of those decisions. I also think allowing us to have autonomy when we want it or when we need it and allowing us to make certain decisions. If we decide that our staff needs more flexibility in their schedule, just for their mental health, allow us the ability to make those decisions.

Seven of the eight counselors said their counseling centers required additional staffing. As such, counselors' main recommendation for addressing burnout was to increase the number of available counselors to provide services to students. For example, Counselor 1 viewed the counseling center as severely understaffed, "It felt like we were drowning. My supervisor had to fight tooth and nail to get a part-time person to come help us out." Counselor 1 believed that increasing staffing would allow for the provision of better mental health services for the students:

The administrators and the higher-ups should recognize the importance of what we do and, perhaps, fund us more and funnel more money our way so we can have resources that can take a little pressure off us. We could do better work and reach more people.

Counselor 6 also highlighted the need for additional funding for counseling center staff, "There needs to be more money, so we can have more counseling physicians and psychologist's positions."

Most counselors recommended that their university administrations increase support for counselors, as many believed their universities took them for granted. The counselors identified different types of support their universities could provide. Counselor 1 highlighted the importance of social support, suggesting that the university provide a space and time for counselors to socially support each other, and explained that making this recommendation actionable could be as simple as providing time for a Zoom session: "I always had in mind a support space for university counselors, but I do think a weekly Zoom session or weekly meet-up where counseling centers in the area could be helpful."

Counselor 3 spoke about a different type of support for counselors, discussing the need for community support, "Another piece that I think would support us is more community awareness and more linkages with nearby social service agencies. We haven't always done a good job at connecting with our local resources." Counselor 3 indicated that counselors could be supported by their local communities, likely through referrals to social services and outside community practices.

In addition to administrative support, the participants believed counseling center leadership's support could help address counselor burnout. Counselor 1 said:

I think it has to do with the mindset that we're trying our hardest. Even if we do have a mistake where a client doesn't get a callback or there's a double booking, try your best as a supervisor, as a boss, to understand that the whole environment and the whole workplace is overworked at this point. To put it bluntly, maybe take a step back and try to understand that rather than approaching it in a punitive way. I know some supervisors sort of are very no-nonsense about anything, but I think the warmer and more supportive a supervisor can be, it'll be helpful if they put themselves in your shoes.

Counselor 3 had a favorable experience with leaders that helped them navigate the challenges of the pandemic:

When I was at [redacted school], I had a lead counselor who we reported to that was phenomenal. She was very supportive. I always had access to her. She was kind of like a wall for us. She took a lot of the admin requests. In other words, shielded us from a lot of administrative stuff.

Counselor 5 believed that strong leadership should be flexible and provide autonomy: “I think autonomy making sure like it's flexible. Trust that people are doing their job, which is what my clinical manager does already, but just continue not to micromanage. That never ends well.”

Counselors 3 and 4 advocated for increased funding for professional development. Counselor 3 stated, “I think that's another piece that has to come into play we can't do it all here at the community college. One, we're not trained in mental health. We need professional development.”

Counselor 3, who worked at a community college, believed that professional development could provide them with the necessary training to help students with mental health challenges.

Counselor 4 believed that departments should invest in professional development, which can be expensive:

Some of those continued education classes get so expensive that we don't get them because we can't afford them. Then, they have to make the time available for you to go to them. A lot of times, you want to go to them, and you're even willing to shell out the money for them.

Summary of Results

Six themes emerged based on analysis of the participants' responses. Themes 1–4 addressed the first research question: What are the perspectives of university counselors about how they have been affected by the surge in student mental healthcare demand in the United States? In Theme 1, the counselors experienced changes in job responsibilities. In the case of Theme 2, the counselors experienced an increased demand for services. In Theme 3, the counselors exhibited signs of burnout. Theme 4 indicated the counselors felt unsupported by university administration. The data addressing Research Question 1 indicated that college counselors in the United States have experienced significant changes in their job responsibilities due to the increase in student mental healthcare demand, leading to role uncertainty.

Themes 5–6 addressed Research Question 2: What are the perspectives of university counselors on ways to address the problem? Theme 5 was the counselors used multiple strategies to mitigate stress. In Theme 6, counselors perceived leadership and administration support as effective for addressing burnout. These themes capture the participants' experiences with increased service demands and indicate ways to address the problem of counselor stress and burnout

CONCLUSION

The purpose of this basic qualitative study was to explore the perspectives of university counselors and how they had been affected by the surge in student mental healthcare in the United States, as well as to document their perspectives on ways to address this problem. The escalating demand for mental healthcare services among college students placed considerable strain on university counselors who are the vital support system for these students (Barkham et al., 2019; Son et al., 2020). Despite increased awareness of the issue, research on university counselors' opinions on challenges and potential solutions has been sparse. In this study, eight

semistructured interviews collected insights from university counselors about challenges tied to increased demand for mental health services. By concentrating on university counselors' perspectives, new insights were considered for their well-being, which is often just as important as that of students. Furthermore, the study highlights the issues raised by the increase in student demand. It outlines realistic strategies for higher education institutions to increase counselor support and improve student access to mental health care.

The study addressed two key research questions: examining the experiences of university counselors dealing with the surge in demand for mental health services and exploring strategies to combat counselor burnout. The study's findings, as explored through six distinct themes, offer a comprehensive perspective on the experiences of university counsellor, who faced increased demand for mental health services and the resultant burnout.

Themes 1 through 4 addressed the first research question dealing with the counselors' experiences. Theme 1 reflected changes in job responsibilities included those counselors who experienced difficulties working from home due to less-than-ideal therapy sessions and a lack of work-life balance. The counselors' job requirements changed due to the nature of virtual therapy and the need for additional group sessions to teach students vital life skills. Technological challenges also diminished the counselors' ability to do effective counseling sessions with students. According to counselors, role ambiguity diminished their job satisfaction. The shift from individual to group sessions caused stress for some participants. Moreover, the increased intensity of the students' mental health concerns significantly influenced the participants' mental health. The counselors' struggles to transition to new roles and methods echo the challenges identified by Mullen et al. (2021), who emphasized the need for counselors to adapt to changing student needs and technological advancements.

Theme 2 described increased demand for services and incorporates the findings that some counselors experienced high job control, whereas others experienced low job control. Some counselors skipped lunch and had no time for breaks between sessions with students. Finally, some counselors reported having to work overtime to complete administrative tasks and address students' mental health challenges. Collectively, these work conditions contributed to the stress and anxiety experienced by the participants. The varying levels of job control experienced by counselors in Theme 2 reflect the findings of Walker et al. (2023), who identified unrealistic job demands as a significant contributor to counselor stress.

Theme 3 summarized signs of burnout and stress as a result of increased demand, highlighting a significant problem that university administrators should address to prevent counselor attrition and enhance the mental health services provided to students. In Theme 4, the counsellors reported feeling unsupported by university administration represents the perceived undervaluation and unappreciation voiced by counselors that correspond with the concerns raised by Cordaro (2020), who highlighted the need for universities to prioritize counselor well-being and equity. Cordaro (2020) conducted a literature review on counseling and compassion fatigue, emphasizing the need for measures preventing compassion fatigue, while also stressing the need for further research, such as the current study.

Theme 5 reflected coping strategies used to mitigate stress indicated that counselors used traditional coping strategies to mitigate stress. Essential components of the counselors' stress management routines included self-care, work-life balance, social support, and therapy. Empowerment was also found to abate the counselors' stress. The counselors were empowered by their coworkers, their increased skills and capacity for counseling, and student success. Theme 6: ways to address the problem underscores the significance of administrative support,

indicating that involving counselors in decision-making, increasing staffing levels, and enhancing support mechanisms can alleviate burnout.

The current study's findings corroborate studies by Bayes et al. (2021), Wood et al. (2021), and Mullen et al. (2021), which each identified burnout and its associated health concerns as prevalent among counselors. This consistency highlights the critical need for comprehensive support mechanisms to offset the negative effects of burnout on counselors' well-being and efficacy in providing crucial mental health services. The link between high job demand and low job satisfaction resonates with the observations of Litam et al. (2021), who examined factors influencing counselors' mental health. However, these studies used quantitative surveys among professional counselors and undergraduate students. Therefore, the current study sheds light on more in-depth insight into lives and experiences that can only be found through qualitative investigation. Hence, this qualitative investigation provides a deeper understanding of the phenomenon, revealing more nuanced insights that contribute to the broader landscape of counselor well-being and mental health support.

The findings are congruent with prior literature on the effect of workload and work-life balance on the stress levels of counselors and emphasized the importance of regulating one's workload and personal life to decrease stress (Gay & Swank, 2021; Sarker et al., 2021). Increasing workload due to the COVID-19 pandemic caused frustration, worry, and difficulties interacting with pupils, increasing stress and exhaustion. Likewise, the findings emphasized the significance of work-life balance as a classic coping method counselors employ. Furthermore, although the findings emphasize empowerment as a stress-reduction method, there is little explicit literature on empowerment as a coping mechanism. However, the findings reflect the potential positive effects of empowerment mentioned in the literature by describing counselors' experiences of feeling empowered by colleagues, skill growth, and student achievement. Specifically, researchers used empowerment theory to investigate counselors' perspectives in prior empirical investigations and emphasized the need for empowerment in stress management (Joseph, 2020; Semaka & Austin, 2019; Tucker et al., 2019).

Similarly, the literature emphasized the need for administrative support and organizational initiatives in regulating counselor workload and lowering stress. Specifically, recent advances in university counseling practices highlighted the critical role that technology (Yang & Talha, 2021), cultural sensitivity (Grier-Reed & Ajayi, 2019), and efficient organizational structures (Mitchell et al., 2019) have in maximizing mental health services for students. Findings emphasized the role of counseling center leadership support in combating burnout by advocating for adaptive and transformational leadership styles and encouraging flexibility, autonomy, and professional development opportunities. Similarly, the literature supports this leadership emphasis by discussing the positive effects of successful leadership tactics on the well-being of counselors (Aydin & Karaman, 2021; Supriyanto et al., 2020).

This study was framed by Karasek's JCDS and Adam's empowerment theories. Karasek's (1979) theory elucidated the relationship between job demand and job control, highlighting that jobs with low job control and high job demand can lead to psychological stress, burnout, and, in some cases, compassion fatigue. In contrast, individuals who work in high-demand jobs but have a high level of job control are more likely to be motivated to learn and have optimal job performance (Karasek, 1979). However, even in high-demand environments, employers can increase job performance and motivation by empowering employees (Yin et al., 2019).

The counselors in this study generally portrayed their employment environments as characterized by low job control with high job demands. This led to the counselors' experiences of psychological distress, burnout, and physical sickness. However, the counselors reported that empowerment effectively mitigated some of the stress associated with high job demands and low job control. According to the counselors, universities can empower counselors in multiple ways, including allowing time for breaks and lunch, promoting work-life balance, ensuring proper staffing of university counseling centers, and consulting the counseling center when making important decisions regarding counselors' working conditions.

Evidence-based recommendations for university administration executives include the strategy of increasing staffing in counseling centers until a reasonable balance of counselors to students is achieved. To address the perception of inadequate support from the administration, administrators should prioritize administrative support by conducting regular check-ins with counsellors, creating open communication channels via which counselors can express their concerns, and incorporating counselors in decision-making processes. Collaboration with local community mental health organizations and resources can provide counselors and students with additional support services. Counselor well-being may also be increased through administrations promoting a diverse set of self-care resources for counselors' mental and emotional well-being. This set of resources involves organizing self-care courses, making internet resources freely accessible, and developing wellness programs targeted to the specific requirements of counselors.

Evidence-based recommendations for university counseling centers highlight health and wellness through activities such as yoga or meditation programs. Counseling centers can actively contribute to stress reduction and the development of a culture oriented on mental and physical health by providing dedicated chances for counselors to prioritize their well-being. Counseling centers can establish an atmosphere of camaraderie and shared experiences by designating a weekly hour for counselors to interact and socialize, thereby improving team dynamics and counselor satisfaction. A significant recommendation is to provide continuing education. Counseling facilities should prioritize this by offering workshops, training sessions, and other chances for advancement. Such programs provide current skills and information to counselors and appeal to their drive for continual learning, allowing them to deliver high-quality mental health support to students.

Evidence-based recommendations for university counselors encourages them to rely on their social support network. Recognizing the importance of their relationships with colleagues, friends, and family, this method highlights the importance of obtaining emotional support, sharing insights, and cultivating a sense of camaraderie. Outside of the therapy setting, honest and meaningful dialogues can provide counselors with empathy, understanding, and emotional resilience. There is a need for counselors to put their well-being first. This strategy encourages counselors to include consistent self-care practices in their daily routines, reflecting their practice of using self-care techniques to manage stress. Exercise, mindfulness, hobbies, and relaxation techniques can relieve stress, improve counselors' mental and emotional resilience, and prepare them to manage their demanding professions with greater balance.

The results suggest that institutions should adopt programs and practices to help counselors adjust to new jobs, address workload issues, and identify the effect of organizational factors on their well-being. Although counselors can personally relieve stress by use of traditional stress management practices and empowerment initiatives, a more proactive approach

would be for institutions to take steps such as offering administrative assistance and leadership support can help to build an environment that promotes the well-being of counselors.

Recognizing that counselor and student wellbeing are inextricably linked, the authors advocate for an integrated approach to help both sides. Study findings suggest practical measures for institutions to improve counselor support and student access to mental health care. This coincides with the larger goal of generating positive social change by ensuring students access high-quality mental health services and strengthening counselor support networks.

There were limitations to the study. It gathered data from a small number of university counsellors, potentially limiting the transferability of the findings (Hays & McKibben, 2021). Data were collected using virtual interviews, which has notable limitations. Virtual interviews can exclude individuals without technological competence or access to an internet connection (Keen et al., 2022). Virtual interviews are limited by internet connectivity, which can be unreliable (Gray et al., 2020). Finally, individuals alter their behavior based on interview modality, which limits a true assessment of nonverbal communication (Keen et al., 2022).

Future research could broaden the participant sample to include a more diverse variety of university counselors to improve the applicability of findings. A mixed-methods approach combining virtual interviews with other data-gathering methods, such as surveys or in-person interviews, could alleviate the limitations of virtual interviews and provide a more comprehensive knowledge of counselors' experiences. Furthermore, researchers could use longitudinal studies to document the changing nature of counselors' problems and coping methods over time. Future research might build on the insights garnered from this study by adopting these recommendations, contributing to a more robust knowledge of how university counselors negotiate the hurdles given by the increasing demand for student mental healthcare.

Transformational leadership focuses on empowering followers through inspirational motivation whereas adaptive leadership embraces changes and provides adaptive solutions to changes in the work environment. Regardless of the leadership style adopted, leaders can promote a healthy work environment that empowers counselors and mitigates burnout.

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APPENDIX

Table 1

A Priori Codes Applied in This Study

Code	Code source	Code description	Number of references
Work hours	JDCS model	Work hours are a type of physical job demand (Karasek, 1979)	3
Work pressure	JDCS model	Work pressure from superiors is a psychological job demand that can impact performance (Karasek, 1979)	5
Coworker engagement	JDCS model	Engaging with other counselors can be a social job demand (Skovholt & Trotter-Mathison, 2014).	8
Personal growth	JDCS model, empowerment	Personal growth is a job resource that can mitigate job stress (Bakker & de Vries, 2021).	2
Role ambiguity	JDCS model	Employment role ambiguity can lower job control and increase job demands (Karasek, 1979)	5
Supervisor leadership	Empowerment	Mentorship is a key component in employee empowerment (Ghosh et al., 2019).	8

Table 2

Categorization of Codes

Category	Codes	Counselors
C1. The counselors experienced difficulties transitioning to new roles and methods.	1. Difficulty working from home	2, 5, 8
	2. Adopt new methods of counseling	1, 2, 3, 4, 7, 8
	3. Technological challenges	3, 4
	4. Role ambiguity	3, 5, 8
C2. The counselors experienced increased case loads	5. Increased group sessions	1, 3, 5, 8
	6. More difficult cases	2, 3, 5, 6
	7. Work pressure	1, 8
	8. Low job control	1, 2, 6, 7, 8

C3. The counselors experienced various levels of job control.	9. High job control	3, 4, 5
	10. Lack of breaks	1, 3, 5, 8
	11. Skip Lunch	1, 8
	12. Work hours outside normal business hours	2, 4, 6
C4. The participants experienced psychological and physical symptoms of burnout	13. Anxiety	1, 2, 5, 8
	14. PTSD	1, 7
	15. Lack of enthusiasm for healthy activities	1, 6, 8
	16. Physical sickness	2, 4, 5
C5. The counselors felt unsupported by the university administration	17. Low relative pay for mental health services	2, 4, 5, 8
	18. Make decisions without consulting the counseling center	2, 6, 8
	19. Take counselors for granted	1, 2, 3, 6, 7, 8
	20. Self-care	2, 7
C6. The counselors used traditional coping strategies to mitigate stress.	21. Separate work from personal life	1, 4, 5, 7
	22. Rely on social networks for support	1, 6, 7
	23. Therapy	1, 2, 7, 8
	24. Consult counselors regarding decisions	2
C7. Administrative support could address counselor burnout.	25. Increase staffing	1, 2, 3, 5, 6, 7, 8
	26. Increase support for counselors	1, 2, 3, 4, 5, 6, 8
C8. Leadership support can help address counselor burnout.	27. Promote professional development	3, 4
	28. Good leadership	1, 3, 5

Table 3

(10 Extracted from Analysis of the Participants' Data)

RQ	Theme	Categories
RQ1	Theme 1: The counselors experienced changes in job responsibilities	C1. The counselors experienced difficulties transitioning to new roles and methods.

	C2. The counselors experienced increased caseloads.
Theme 2: The counselors experienced increased demand for services.	C3. The counselors experienced various levels of job control.
Theme 3: The counselors exhibited signs of burnout	C4. The participants experienced psychological and physical symptoms of burnout.
Theme 4: The counselors felt unsupported by the university administration	C5. The counselors felt unsupported by the university administration.
RQ2	C7. The counselors used traditional coping strategies to mitigate stress.
	C8. Empowerment helped mitigate stress.
	C9. Administrative support could address counselor burnout.
	C10. Leadership support can help address counselor burnout.
Theme 5: The counselors used multiple strategies to mitigate stress.	
Theme 6: University counselors experienced burnout	