

EVALUATION OF A STUDENT FRIENDLY COUNSELLING SERVICE: UPTAKE AND EARLY OUTCOMES FROM THE UNIVERSITY WELLNESS PROGRAM

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Abstract: University life can be incredibly stimulating yet it is also a time of increased risk of mental health issues.¹ Students will experience more psychological distress than non-students based on academic pressure, finances, relationship issues and uncertainty about the future.² In low- and middle-income countries, such as India, a lack of affordable services and stigma can inhibit help-seeking behavior even more.³ These challenges serve as a reminder for universities to provide affordable, accessible student-centred counselling in their higher education institution.

INTRODUCTION

Concerns exist of annual progress in student participation and use the counselling service in educational institute. This research demonstrates the increases both in numbers is a growing and global problem, that places more demands on student mental health service and increasing strain on both academic and professional⁴. University have also been under pressure to appropriately respond to their wellbeing and mental health.⁵ Many Educational institution have occurred students/ causing that provides the access to psychological counselling service for students^{6,7} and would improve pathways for referral between services.⁸

In spite of researchers increased acknowledgment of the problem, still many students are reluctant to seek help. Stigma both self-stigma and public stigma stands out as an ongoing barriers, as well poor awareness of the services available.^{9,10} Male students in particular tends to under-utilize services, reflecting cultural expectations around masculinity and emotional expression.¹¹ In these circumstances outreach interventions like classroom orientation, posters campaign, and peer-focussed awareness programs have been shown to reduce attitudinal barriers to help-seeking.^{12,13}

Campus counseling centers play an essential role in supporting student wellness. When properly resourced, they offer direct support of a psychological nature and serve as a venue for prevention, psychoeducation, and referral.^{14,15} Research from several countries demonstrates that directing counseling access and combined education and service programs, along with life-skills workshops and after-hours support, have been shown to yield higher access or service utilization rates and better outcomes for students.^{16,17,18} The COVID-19 pandemic provided a rapid deployment of digital and tele-counseling platforms, made apparent the ability to provide hybrid models of counseling that do not follow a traditional in-person, office-based model.¹⁹

In India, student mental health is gaining traction. Recent studies suggest that approximately one in five university students has moderate to severe depressive symptoms and that these symptoms impact students' academic and quality of life.^{20,21} However, students do not utilize campus mental health services due to a lack of awareness and faith in the services' effectiveness. Creating a counseling model that is "student-friendly," is "accessible," provides "confidentiality," and is "culturally sensitive" is paramount in higher education.

University Wellness Program (UWP) of the College of Medicine and Health Sciences aims to respond to some of these hurdles. Beginning in the spring of 2024, UWP, with the Department of Clinical Psychology, implemented a student-friendly counselling service that had a strong commitment to accessibility and outreach. This service provided counselling during the day, phone/online support beyond primary hours, orientation sessions during

classes, and posters that attracted attention to mental health initiatives. By July 2025, the program had grown to include life-skills training and offered evening hours with faculty assistance.

Understanding the early adoption of, and utilization trends of, the service is important. Previous research highlights that service utilization trends can provide useful information about student needs, the visibility of the service, and perceived legitimacy.^{9,15} Patterns of utilization as a function of gender, and year-on-year increases or decreases in utilization can also inform the efficacy of outreach efforts and consider the broader institutional culture surrounding mental health.

This study seeks to describe the early implementation of the befriending and sometime counselling services in the UWP programme at Medicine and Health Sciences colleges., and discuss trends in utilization in the first year and following the first year, from 2024 to mid-2025. By situating the results in the wider literature on mental health programs on campuses, this paper adds to the evidence base informing student-friendly counselling models, as well as informing future service development in India and beyond.

METHODS

Study Design

A retrospective descriptive and evaluative study design was used in this study to analyze routine service data collected from University Wellness Program and the Department of Clinical Psychology at Medicine and Health Sciences colleges. This method was used to analyze trends in the use of counselling services before and after the implementation of structured orientation and outreach activities. The study was used to explore changes in engagement of students over time and the relationship of outreach activities with service uptake.

Setting and Program Context

The research was conducted at the Medicine and Health Sciences colleges, a large multidisciplinary university situated in India. The university-affiliated wellness program, known as UWP, launched services that took a student-centered approach in collaboration with the Department of Clinical Psychology in February 2024. UWP services included in-person sessions; after hours online/phone support; poster campaigns; classroom orientation; and life-skills/awareness sessions for students. And additional promotional campaigns were launched to improve accessibility and help seeking mainstream behavior.

Study Period

The data analysed spanned February 2024 (service launch) to July 2025, corresponding to the initial 18 months of the program's operation. 2024 dataset is February–December 2024 (first full year of implementation) and 2025 dataset is January–July 2025 (evaluation period following major outreach activities)

Data Sources

We utilized three main institutional data sources. Counselling progress report, it refers to monthly reports summarizing counselling visits by gender and stakeholder group (students). Raw counselling data collection, it refers to anonymized line-level service records used in internal consistency checks. Lastly, service updates and orientations, which refers to documentation of all major awareness, outreach, initiatives, and after-hours events. All data were maintained by the University Wellness Program.

Variable and Measures

The investigation identified and analyzed the selected key variables as Monthly student counselling visits (total and by gender), Dates and coverage of orientation sessions, poster campaigns, and life-skills programs, Mean monthly visits (\pm SD) for each subgroup, Percentage change in utilization between 2024 and 2025. Where appropriate, the assessment of gender distribution was used to identify changes to male vs female participation in the program as manifestation of the program's effectiveness in reducing stigma and promoting inclusivity.

Program Timeline and Key Intervention

A student-friendly counselling service began in Feb 2024. Online support was conducted by an external agency after hours until Feb 2025. January 2025 to mid-2025, the Department faculty provided after-hours online/phone support (weekdays 16:00–22:00; weekends 08:00–22:00) and next day clinics with follow-ups in Hospital. Posters, class orientations and awareness activities were implemented across colleges and hostels. From July 2025 onward: Phone based after office support was formalized and posters were refreshed.

Data Analysis

The analysis involved the use of descriptive (frequencies, average monthly, percent change) and inferential statistics. Specifically, independent-samples t-tests were conducted to compare total, male, and female counselling visits from 2024 to 2025. Line and bar graphs illustrated monthly trends and gender changes. Orientation data was summarized by the year, department, and department capacity to estimate reach. The significance level used was $p < 0.05$. The analysis was intended to assess whether targeted orientations and awareness programs were affiliated with increases in service utilization that were statistically significant.

RESULTS

All tests show highly statistically significant increases in counselling visits for both genders ($p < 0.01$). The male engagement more than tripled, which is in line with the goal of the program to reduce stigma, and normalize the help-seeking behavior of all student groups.

Monthly breakdown of student visits

Table 1 demonstrates a significant increase in monthly utilization of UWP counselling from January to July of 2024 to January to July of 2025. Total visits increased from a mean of 12.14 ± 3.80 visits per month, to 35.86 ± 11.65 visits per month, with statistically significant difference between years, $t(12) = -5.13$, $p = 0.0012$, almost tripling the utilization of UWP counselling after outreach (i.e., classroom orientation, posters, extra hours). The increase in male visits was the highest, increasing from 4.43 ± 1.59 visits per month to 18.71 ± 4.19 visits per month, $t(12) = -6.27$, $p < 0.001$. Male visits likely indicate reduced stigma and increased awareness among a demographic that is typically underrepresented in counselling. Female visits also experienced substantial increase, increasing from a mean of 7.71 ± 2.06 visits per month to 17.14 ± 7.17 visits per month, $t(12) = -3.49$, $p = 0.005$. In conclusion, the UWP counselling model - with orientation and outreach - contributed to the statistically significant increase in service engagement after outreach strategies from male and female students.

Figure 1 shows a sharp rise in student counselling visits in 2025, with monthly averages increasing from about 12 to nearly 36, almost a threefold increase. Male visits grew even more than female visits. Usage peaked in February–March, dipped slightly, then rose again in July, likely due to new orientations, awareness campaigns, and improved access.

Figure 2 shows that in 2024 both genders had low visits (females slightly higher), but in 2025 both increased sharply especially males. Peaks in February–March indicate that early 2025 outreach efforts were particularly effective for male students.

Counseling Orientation Activities

In addition to the service utilization data, there were two significant phases of orientation regarding counselling across of the Medicine and Health Science colleges. The purpose of the counselling orientation activities was to raise student awareness, reduce stigma, and support early access to mental health services as part of the University Wellness Program.

Figure 3 shows counselling orientation participation across 10 health-related colleges in 2024. Nursing (551), Physiotherapy (533), and Pharmacy (490) had the highest participation, while Occupational Therapy (358) and Dental (432) showed moderate engagement. Public Health had the lowest (68), likely due to its smaller program size. Overall, 3,077 students were oriented between February and April 2024, indicating successful implementation across major health disciplines.

Figure 4 shows orientation participation by department in 2024–2025. MBBS had the highest participation (750), followed by Nursing (276), Occupational Therapy (209), and Physiotherapy (117). In 2025, orientations expanded to 26 departments (2,059 students) and shifted to more focused, department-level sessions with higher-quality engagement, indicating growing institutional acceptance of counselling awareness.

Figure 5 shows a drop in total orientation participants from 3,077 in 2024 to 2,059 in 2025 (–33%), not due to reduced activity but because the program moved from mass orientations (all students) to targeted first-year sessions. Despite fewer participants, counselling service use increased, showing deeper impact and sustained engagement.

Table 5 reflects a shift from quantity-focused outreach in 2024 to quality-focused, department-based activities in 2025. This structured transition supported greater actual counselling use. Prior research supports that repeated, targeted, and interactive orientations improve long-term help-seeking among university students.

DISCUSSION

The University Wellness Program at Medicine and Health Science college showed a clear rise in counselling use over 18 months. Average monthly student visits increased from 12.14 in 2024 to 35.86 in early 2025 ($t(12) = -5.13$, $p = 0.0012$). Male visits rose from 4.43 to 18.71 ($p < 0.001$) and female visits from 7.71 to 17.14 ($p = 0.005$). These significant gains suggest that UWP's outreach and accessibility strategies effectively increased help-seeking among students.

The evaluation of the University Wellness Program at Medicine and Health Science college appears to demonstrate increases in utilization early in 2025 which reflects helpful programming and outreach. This increase from an average 13 visits monthly in 2024 to 36 visits corrects in the first half of 2025 (172% increase) is congruent with international literature contextualising that accessible, student-centered counselling models promote help-seeking.^{9,10,16,23}

The increase in engagement is potentially a result of programmatic changes such as classroom orientations, poster campaigns, and extended services after hours, and there is evidence to support these shifts mirror previous studies reporting that specific outreach work can decrease stigma and increase mental well-being resources.^{10,13,22,24,25,26} Furthermore, it is interesting to note that not only did the number of male users increase, but there was a shift from female-majority users in 2024 to just slightly male majority in 2025. Research indicates that men are generally less likely to seek mental health supports due to stigma and cultural norms.^{11,27,28} Therefore, the fact that shifts occurred from 2024 to 2025 potentially indicates that changes were successful in reaching male students, which is a worthy impact.

The increase in uptake noted mirrors the literature that demonstrates multi-faceted, campus-based approaches appear to increase using counselling services.^{9,16,29,30} Reminders and outreach events, such as orienting students in the classroom and poster campaigns principally reduce was giving awareness and from a lack of knowledge of

its role in normalizing help-seeking, other factors that have been considered as top facilitating mechanisms, at least for students.^{10,13,22,31,32} The UWP also had the component of after-hours support, similar to the gaining provision of service offers found online and via phone. This likely helped reduced practical barriers of stigma of showing up to a service during the day and offered insight into the increasingly preferred model of service delivery (hybrid) that has been demonstrated at the international level since the pandemic began.^{19,33}

It is well documented that males are underutilized when it comes to mental health services, and they are often thought to avoid seeking help due to stigma and masculine norms that prioritize self-reliance.^{11,34} The sizeable relative increase in male visits in this evaluation suggests that targeted orientation, overt campus messaging, and hours convenient for men can help to mitigate barriers to service for men and create an inclusive atmosphere, both of which are important considerations for program development.

In 2024, the programming changed from large mass orientations to targeted, department and first-year-focused sessions, with fewer students orienting (3,077 → 2,059) but more students using counselling. Again, this indicates better efficiency with converting student knowledge and awareness about services into service use. This supports the evidence that mental health interventions that are repeat, interactive, and context-specific are more effective than single mass-type events.^{13,17,18,22} Overall, the UWP model and its careful consideration of accessibility, outreach, and after-hours options is a useful model for higher education in India and around the world.

CONCLUSION AND RECOMMENDATIONS

There was greater usage of the UWP counselling service in 2025, aided by more targeted outreach and improved service options. Our experience is that a visible approach, orientation to the service, and timely access can build students' confidence to seek help, especially male students. The evaluation requires robust assessment to show causal claims or clinical outcomes, however, there are some practical observations that agile, accessible campus mental health services improve help-seeking at universities. Continuing to monitor the data and qualitative evaluation will help develop better evidence of a need for resource allocation as well as begin to inform support strategies for scaling and building student engagement across campuses

Table

Table 1: Statical Comparison of Student Counselling Visits 2024 vs.2025

Variable	2024 (Mean ± SD)	2025 (Mean ± SD)	Statistical Test (2-tailed)	p-value	Interpretation
Total monthly visits	12.14 ± 3.80	35.86 ± 11.65	$t(12) = -5.13$	0.0012	Significant increase in monthly use
Male monthly visits	4.43 ± 1.59	18.71 ± 4.19	$t(12) = -6.27$	<0.001	Significant increase in male participation
Female monthly visits	7.71 ± 2.06	17.14 ± 7.17	$t(12) = -3.49$	0.005	Significant increase in female participation

Table 2: Comparative Overview of Counselling Orientation 2024 to 2025

Year	No. of Departments/Colleges	Total Students Oriented	Focus	Key Observation
2024	10	3,077	Existing & senior students	High reach through centralized sessions
2025	26	2,059	First-year & new entrants	Wider departmental coverage, improved engagement
Overall	—	5,136 students	—	Institutionalized awareness with evidence of behavioral impact

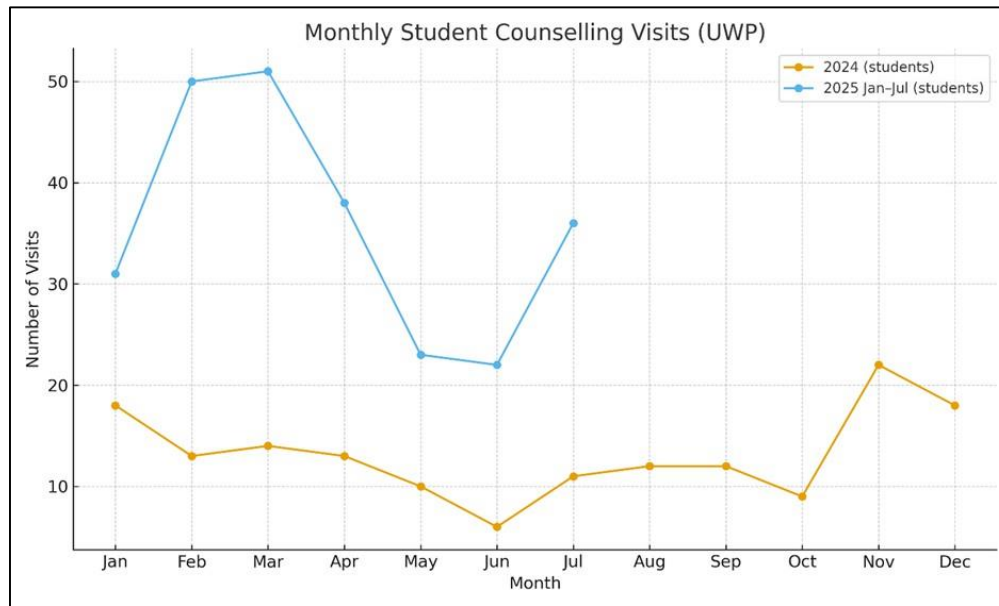


Figure1. Monthly Student Counselling Visits 2024 vs 2025

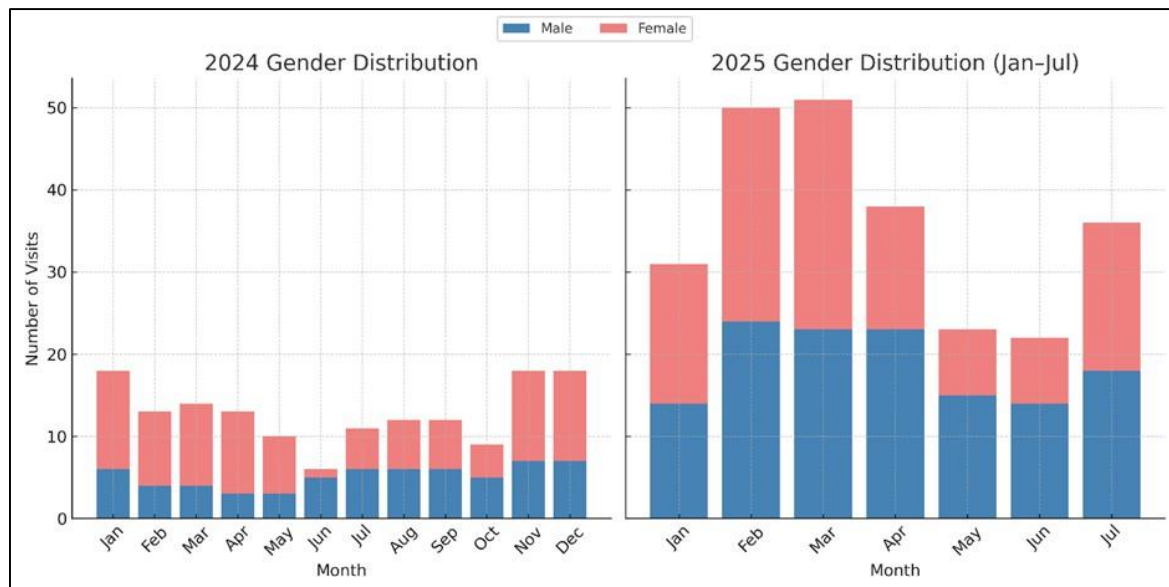


Figure 2. Gender Distribution of Student Counseling Visits 2024 vs 2025

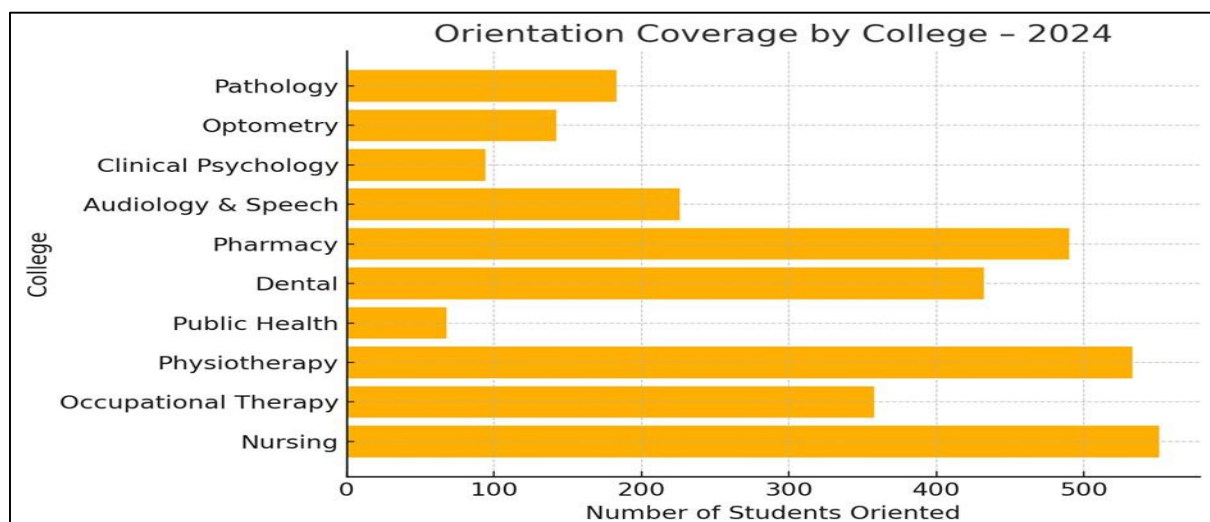


Figure 3. Orientation Coverage by College 2024

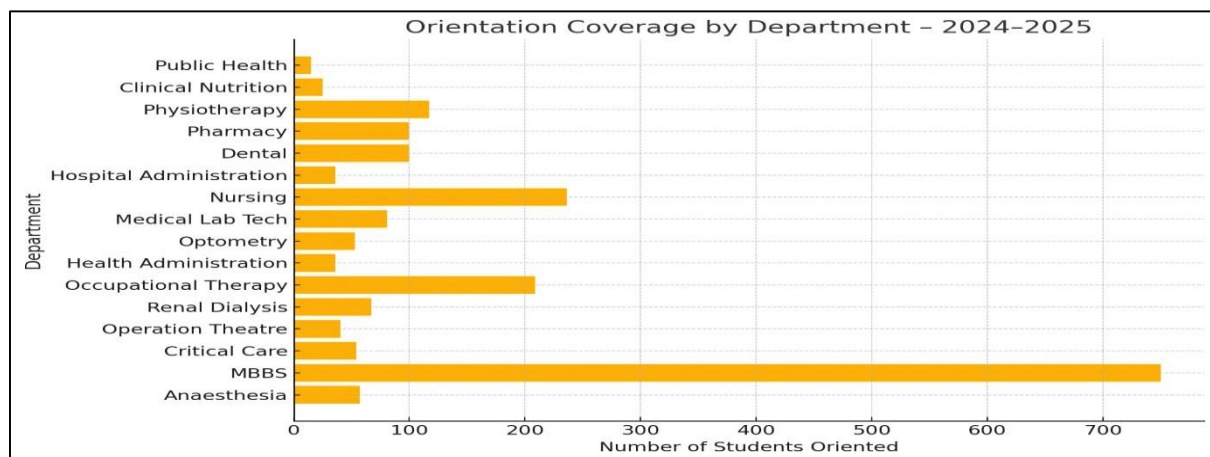


Figure 4. Orientation Coverage by Department 2024 to 2025

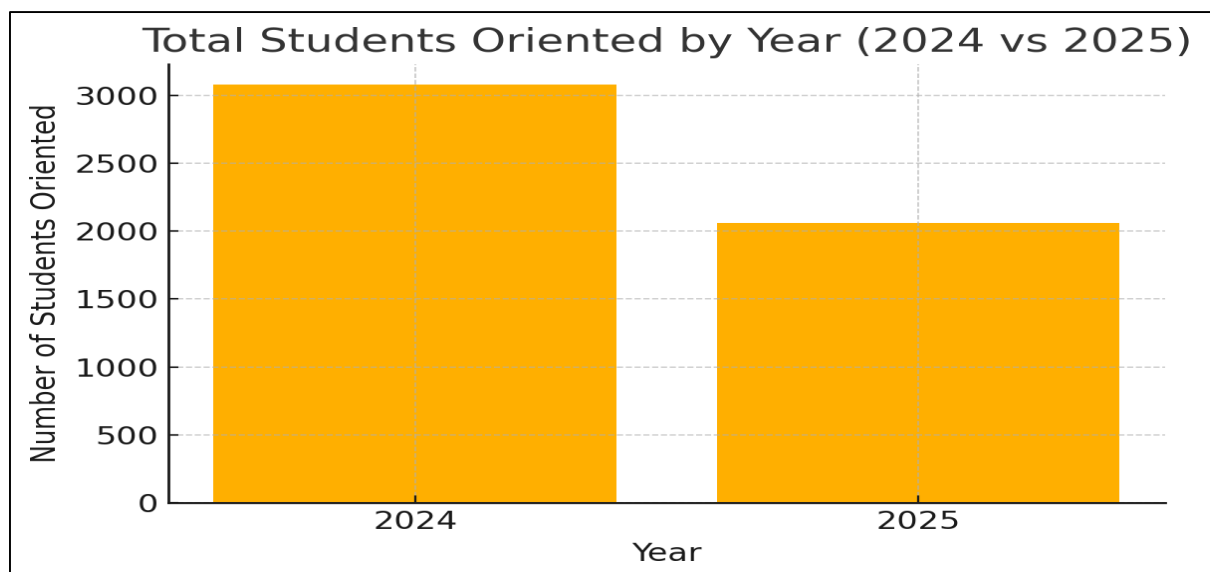


Figure 5. Total Students Oriented by Year 2024 vs 2025

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