

Addressing the Whole Student: Benefits of Developing the Counseling Center in Thai Higher Education

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ABSTRACT

The counseling center in Thai higher education is a little discussed topic and a paucity of research exists in this area. Research in America and England has given attention to the increased demand for the counseling center and the consequent need to enhance and develop the counseling center to meet its current challenges. In Thai higher education the counseling center is nascent. The first purpose of the present paper is to delineate the benefits of the counseling center to Thai higher education institutes. Topics covered include holistic education, noncognitive factors in student success, and retention. Secondly, practical implications of developing the university counseling center are explored, in terms of gaps in the research and directions in future research. This paper is the first on its subject in English, hence it may stimulate a needed conversation as well as help to advance the knowledge base.

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Introduction

College is a unique and pivotal time in a person's life. College students are transitioning from home, adjusting to a new environment (Van Brunt, 2010), exploring their identities, and having experiences which many students are encountering for the first time and without their usual sources of support (Anxiety Disorders Association of America (ADAA), 2007). Due to this transitional nature college students are particularly vulnerable to stress (Ross, 1999, Conley, Durlak & Dickson, 2013, Gerdes & Mallinckrodt, 1994). Sources of stress among college students include academic achievement, finances, transitional issues, relationships and career planning (Ross, 1999). In terms of human development most mental disorders first emerge between the ages of 15 and 24 (Eisenberg, Golberstein & Gollust, 2007).

In order to support students' academic, social and personal well-being, college counseling centers have developed into specialized units of the student affairs division (Zhang & McCoy, 2016). Wimbish & Weitzman (2011) describe the mission of the college counseling center as to "support the emotional, intellectual, cultural, and social development of students and the campus community." College counseling centers provide a range of services in order to respond to the diversity of students' needs, including but not limited to the areas of drug, alcohol and gambling addiction; skills development; life development; cross-cultural training; and stress management. Finally, the institute of higher education commits to support its students to succeed (Hirsch, 2001), as well as to produce to society graduates who are self-confident, aware, hopeful and mature (Wallace, 2014) and in these twin endeavors mental health is central (Ashwood, Stein, Briscombe, Sontag-Padilla, Woodbridge, May, Seelam & Burnam, 2015, Francis, Perry & Horn, 2016, Hirsch, 2001, Wallace, 2014).

The university counseling center dates back a little over one century. In the 19th century the higher education student body was predominantly normal aged Caucasian male and societal norms were more conservative. The objectives of the counseling center were primarily to provide academic advising, career counseling and to treat developmental issues such as homesickness, transitioning and relationships (Zhang & McCoy, 2016). In the 1960s the civil rights and women's movements occurred. As African-Americans protested injustices in American society, and demanded greater access to education, they entered higher education in increasing numbers and the higher education student body became more diverse. The counseling center's role further evolved to focus on delivery of psychological counseling services. Student affairs professionals were hired to handle the challenges this change presented (Hodges, Kimber & Michele, 2017), who took up the administrative and management duties previously performed by appointed faculty. These student affairs professionals were increasingly trained in psychology. In this way and at this time the primary function of counseling centers changed from academic advising and career guidance to the delivery of psychological counseling services. Since the 1990s demand for college counseling center services has steadily increased over time (Bertolet, 2016). In the 2014 National Survey of College Counseling Centers, 94 percent of university counseling directors reported that the trends continued towards increasing numbers of students with severe psychological problems, and increasing rates of students with severe conditions and multiple conditions (Gallagher, 2014).

As psychology and counseling evolved, there occurred a proliferation of organizations, specialties and fields of research. Division 17 of the American Psychological Association, the Society of Counseling Psychology, which includes college counseling centers, developed, and separately from this, the American Counseling Association (ACA). The university counseling center is a subcategory within the broader fields of counseling (administered by the ACA) and counseling psychology (administered by the APA). Perhaps the main distinction between university counseling and the broader fields of therapy and counseling psychology, is that, broadly, university counseling adopts a time-limited approach which is focused on solving

students' issues, as opposed to longer term therapy which may have at its core deeper personality change (Society of Counseling Psychology, 2020). Somewhat confusingly, university counseling centers are staffed by counseling psychologists (a division of the APA) and counselors (ACA). In addition, the fields of social services developed and social workers are also commonly among counseling center personnel. Counseling centers are therefore comprised of a plethora of mental health services professionals including psychiatrists, counseling psychologists, counselors and social service workers. For the purposes of this paper, all staff who deliver mental health services will be referred to generically as counselors, and the psychological counseling center will be referred to in short as a counseling center.

University counseling centers can and do differ dramatically from each other. Factors that influence their development are the home institution's size, type, student demographics and geographic location, as well as the counseling center's unique historical mission, financial status, sources of funding, and campus location (Kay & Schwartz, 2010). These factors influence a counseling center's administration, health service delivery and intercourse of the university counseling center with the campus community (Eells & Rando, 2012). While individual counseling centers differ from campus to campus, they bear in common that they are a specialized unit included within student affairs, have as their goal serving students, and provide direct clinical services to students (Lyn, 2017, Zhang & McCoy, 2016). All centers provide some type of individual and group mental health counseling. According to the International Association of Counseling Services (IACS), essential services of the counseling center include provision of counseling to students experiencing personal adjustment or psychological problems that require professional attention; playing a proactive, preventive role in helping students to identify and learn skills which will assist them to effectively meet their life goals; and nurturing the healthy growth of students through consultation and outreach to the campus community (International Association of Counseling Services, p.4, 2010).

Holistic Education

In American higher education the university counseling center is an integral part of student affairs, and the counseling center plays a key role in the university organization (Zhang & McCoy, 2016). One factor driving this has been a broad cultural shift toward wellness and well-being which is reflected in educational trends of holistic education, and greater attention to the impact of students' well-being on the quality of their collegiate experience and in their academic success (Quinlan, 2011).

Since the turn of the 21st century there has been a trend toward holistic education, addressing the whole student, and a parallel trend toward "healthy" universities (Universities UK, 2015). Higher education has had two traditional functions: research and education (Japan International Cooperation Agency [JICA], 2004), but there has been a shift in higher education to move away from the 'ivory towers' model to emphasize its role in society (European Commission, 2012, JICA, 2004). This third function has been termed the university third mission and its focus is social engagement (European Commission, 2012). In the era of the 'knowledge society', the third mission has received substantial attention as institutes of higher education realize that they must learn to engage with the society they serve and depend upon. The American National Center for Public Policy and Higher Education (2008) states that the American higher education system "accomplished the learning requirements of the 20th century very well. But the challenges of the current age are of a different order, and new behaviors are needed" (p. 8). Institutes of higher education can contribute to society in a wide variety of manners; one critical way is by facilitating the holistic development of graduates (Karas, Latino & Becker, n.d.).

The holistic educational paradigm considers students as people who are growing and maturing emotionally and morally; it does not delimit itself to cognitive knowledge and skills,

but incorporates other aspects of being a person in society, such as adjustment, moral judgment, and a paradigm of learning emphasizing the interconnections between thinking and feeling and behavior, as opposed to separating the cognitive dimensions of education from the emotional and moral dimensions (Quinlan, 2011). Holistic education is humanistic and student centered, and believes that each student finds meaning through relationships to others and the natural world (Lauricella & MacAskill, 2015). It emphasizes noncognitive, “soft,” intangible skills, such as interpersonal, collaboration, and communication skills; attitudes, such as a positive attitude to lifelong learning; and education and career planning skills (National Center For Public Policy and Higher Education, 2008).

A research report on 21st century skills entitled “21st Century Competencies, Phase One: Towards Defining 21st Century Competencies” by the Ontario, Canada, Ministry of Education (Ontario Public Service, 2016) promulgates four skills domains: communication, collaboration, critical thinking, and creativity. These are the four Cs commonly recognized in education today. The skills of communication and collaboration are noncognitive and are drawn from the intrapersonal and interpersonal domains. Following this line of thought, holistic education tends to seek to develop such attributes as self-efficacy, resiliency, a growth mindset, an attitude of lifelong learning, and emotional intelligence in students. In this manner holistic education is increasingly important to the mission of higher education, because in addition to universities’ historical twin pillars of research and teaching, they must now prepare students for their post graduate careers and produce to society graduates who are confident, hopeful, able to cope with change, and resilient, as those skills are demanded in 21st century society and business (ACT, 2014).

Awareness is thus expanding in higher education of viewing the student holistically. In this way, students’ well-being is becoming a growing focus. Research indicates that issues of well-being such as adjustment, anxiety, stress, depression, and beliefs about self-efficacy and self-control can negatively affect students’ academic performance (ACT, 2014). When students are distressed they do not study as well. A growing body of evidence indicates that noncognitive skills, for instance, self-efficacy, goal setting, self-knowledge, motivation, personality, and socio-emotional learning are also crucially important for education and work success (ACT, 2014). Traditionally the grade point average (GPA) has been used as the main predictor of students’ educational performance; however, research suggests the exigency of taking into account noncognitive skills to better understand and predict academic outcomes (American College Health Association, 2015).

In this trend toward treating the student holistically, the counseling center division of student affairs has become a critical component within the university organization to address students’ mental health and well-being concerns. The counseling center is the only department whose mission is solely to serve students’ social, emotional and behavioral development. It primarily deals with students’ well-being issues which in turn helps them to cope with their distress and ultimately aids them in studying better (ACT, 2014). A wide body of research has found that receiving counseling has positive educational impacts (Wallace, 2014). For instance, compared with the general student body, students who have received counseling have higher retention rates (Turner & Berry, 2000). Because counseling promotes student academic success and therefore retention rates, the counseling center has become a crucial component in the success of the university (Ashwood et. al., 2015).

To conclude this section, it is noted that the primary sources for the knowledge presented include: “Broadening the Definition of College and Career Readiness: A Holistic Approach” (ACT, 2014); “Fostering and Measuring ‘Third Mission’ in Higher Education (European Commission, Lifelong Learning Program, 2012); “Holistic Student Development: Facilitating Student Success” (Karas, Latino & Becker, n.d.), “Exploring the Potential Benefits of Holistic Education: A Formative Analysis” (Lauricella & MacAskill, 2015); Leadership

Foundation for Higher Education Stimulus Paper: Developing the Whole Student: Leading Higher Education Initiatives that Integrate Mind and Heart (Quinlan, 2011); and “Partnerships for Public Purposes: Engaging Higher Education in Societal Challenges of the 21st Century” (The American National Center for Public Policy and Higher Education, 2008).

Demand for Counseling Centers in Thai Higher Education

According to Ratanasiripong & Rodriguez (2011), as in the West, demand is likely growing for the counseling center in Thai higher education. There are two reasons for this, a perceived increase in the number of students entering university with mental health issues, and the internationalization of Thai higher education and accompanying rise in international students.

There have been two marked changes in the Thai higher education student body. One, the number is increasing of young Thais with mental health concerns, such as stress, anxiety, relationship, and depression issues, and suicidal ideation. A survey of 3,100 students aged 13-17 in the Bangkok vicinity found the prevalence of psychiatric disorders to be 15 percent. The leading mental health issues were generalized anxiety disorder, attention deficit/hyperactivity disorder and conduct disorder. The prevalence of substance abuse disorder was 15.6 percent, of which alcohol abuse was the most common (Ekasawin, Phothisut & Chomchuen, 2016). Another study found that from 2016 to 2018 the suicide rate of the 20-24 age group rose from 4.94 to 5.33 per 100,000 of the population (Prachathai English, 2019). Similar to their American counterparts, it is likely that more Thais are entering higher education with mental health and well-being concerns.

Two, the number of international students at Thai universities is rising. The necessity for Thai universities to compensate for the decline in domestic student enrollment coincides with the advent of ASEAN with its free population movement for education and employment among member states (Chang, 2004). Thai institutes of higher education are expanding the number of international programs and the concomitant number of international students is growing (Ratanasiripong & Rodriguez, 2011). In Southeast Asia, Thailand ranks third behind Malaysia and Singapore as a study destination, and between 1999 and 2012, just over a decade, its number of international degree students skyrocketed from 1,882 to 20,209 students, (Michael & Trines, 2018). Chinese students make up the majority, with some estimating as many as 30,000 Chinese enrolled at universities across Thailand (Voice of America, 2019).

International students may be more vulnerable to stress. In addition to stressors common to domestic students (e.g., coping with the new university environment, academic and financial pressures, and forging new relationships), international students face further, unique concerns related to language, home-sickness, adjustment, and cultural differences (Levine & Stock, 2016). International students face the challenges of needing to gain cultural knowledge, adapt to differing societal norms, and build new social networks. The lack of a social network can lead to loneliness, which has been a noted concern among international students. In turn, loneliness has been associated with other varieties of psychological distress. In this regard, research on Chinese international students in Thailand indicates that they may be similar to the international student cohort (Lin & Kingminghae, 2014).

Given these negative trends in the mental health profile of higher education students, the role of the counseling center is increasingly important. It is the single department within the university that treats students' mental health and well-being issues. Access to quality counseling services is increasingly important in Thai higher education. For the reasons outlined above, it seems that demand from students is growing for counseling services in Thai higher education (Ratanasiripong & Rodriguez, 2011).

Important sources of knowledge for this section include: “Payoffs for California College Students and Taxpayers from Investing in Student Mental Health” (Ashwood et. al.,

2015); “The Internal Quality Assurance Framework for Higher Education Institutions” (Office of Higher Education Commission, 2014); “Thai Youth More at Risk of Suicide, Says Department of Mental Health” (Prachathai English, 2019); “The Prevalence of Psychiatric Disorders in Thai Students Aged 13-17 Years” (Ekasawin, Phothisut & Chomchuen, 2016); “Promoting Wellness for Thai College Students” (Ratanasiripong & Rodriguez, 2011); and “The Positive Wider Impact of Counselling Provision in Colleges and Universities” (Wallace, 2014)

Current State of Thai University Counseling Centers

There are approximately 170 institutes of higher education in Thailand, of which 2 are autonomous Buddhist theological universities, 78 are public institutions (constituting selective admissions universities, open admissions universities, autonomous universities and community colleges), and 89 are private institutions (including universities, institutions and colleges) (Dumrongkiat, 2017b, Ministry of Education, 2011, The World Bank, 2010). About half of the IHE are located in Bangkok (The World Bank, 2010). In 2011, 2.2 million students, approximately 56% of the university-aged population, were enrolled in IHE (Ministry of Education, 2011). This number is declining due to a presently occurring demographic shift to an ageing society (Dumrongkiat, 2017b, The Asian Correspondent, 2016).

Thai institutes of higher education are under pressure to increase the quality of their graduates (Kirtikara, 2002). However, a lack of cohesive, long term educational policy and planning due to ongoing political instability (Jivaketu, 2015, Phosai, 2016), a lack of collaboration with the private sector (Kirtikara, 2002) and a lack of higher education research productivity (Pornsalnuwat, 2014) present serious obstacles. Headlines in Thai educational news indicate a period of crisis. The following is a selected sampling of recent headlines: “Thai Universities in ‘Crisis’ as Student Enrollments Decline” (The Asian Correspondent, 2016), “75% of Thai Universities Could Close as Enrolment Falls and Foreign Competition Heats Up” (Dumrongkiat, 2017b), “Thai Education System Fails to Pass the Test, Says Unesco Report” (Ministry of Education, 2017), “Imminent Shake Up of Thai Higher Education is Inevitable” (Yoon, 2018), “182 of over 9,000 Higher-Ed Programs Found Sub-standard” (The Nation, 2018), “National Education at Turning Point” (Saengpassa, 2018), “Education Policy Given a Failing Grade” (Saengpassa, 2018), “Thai University Rankings Plummet” (Dumrongkiat, 2018), “School’s Out ... For Good?” (Dumrongkiat, 2018), and “Thailand’s Skills Problem Is Slowing Down Its High-Tech Push” (Sivasomboon, 2017). In this context, student success and retention are critical as they directly impact the higher education institute’s bottom line, and the quality of its graduates affects the quality of the workforce. Developing an effective counseling center and providing psychological counseling services to students may improve student success and retention by helping students cope with adjustment issues, stress and distress, and helping them to feel encouraged, and as well may produce to society graduates who are more resilient and well-adjusted (Wallace, 2014).

However, psychology is not yet a mature discipline in Thailand (Tapanya, 2001). As a distinct field it dates to approximately the 1960s, when universities began developing bachelor’s and master’s degrees in the subject (Tuecomepee, Romano, Pokaeo, 2012). Several universities now offer graduate and post-graduate degrees in psychology and counseling, including Thammasat, Mahidol, Assumption, Chulalongkorn and Chiang Mai universities. As yet there is no licensure system for psychologists and most psychologists are academics rather than practitioners (Tapanya, 2001). In contrast, psychiatry is the dominant field and psychiatrists are the primary providers of mental health services (WHO-AIMS, 2006). However, psychology and counseling have received increasing recognition for providing mental health services during recent national crises, such as the 1990s HIV epidemic, the methamphetamine drug crisis of the 2000s and the 2004 tsunami (Tuecomepee et. al., 2012).

Currently, the ageing of Thai society is prompting recognition of the mental health needs of the elderly and the need for counseling services for them (Rojpaisarnkit, 2016, Wibulpolprasert, 2011).

Thai university student affairs departments have predominantly invested more in academic advising and career guidance (Mhunpiew, 2009). Academic advising and career guidance are distinct fields from counseling. Academic advising is a service provided by universities to help students develop individualized study plans, find rewarding experiences at college, and become aware of their skills and talents (Goetz, 2004). Although universities may have academic advising centers, usually instructors carry out advising duties. Typically, academic advising involves an interaction between an instructor and a student in which the instructor assists the student in their academic career with the ultimate aim of guiding the student to graduation. The advisor commonly helps in course selection and developing an individualized study plan according to the curriculum of the student's major. The objective of career guidance is to empower students through all phases of their career development. Objectives include developing students' job-search competencies, networking skills, internship placements, work enrichment programs, community service and other career related activities.

In contrast, counseling concentrates on matters of the heart. University counseling centers serve students who are experiencing distress due to academic, career or personal problems that may be disrupting their ability to take full advantage of the collegiate experience (International Association of Counseling Services, 2010). America has a variety of organizations and associations specializing in university counseling center standards and accreditation, chiefly the American Counselors Association (ACA), the Association of University and College Counseling Center Directors (AUCCCD) and the IACS. These organizations hold professional conferences, conduct research, and provide annual surveys of counseling centers. Thus, in America much data exists regarding the operation and administration of counseling centers, and in the mental health profiles of students' receiving consultation. In contrast, such entities do not yet exist in Thailand. One consequence of the lack of such university counseling center associations is a dearth of data on Thai students' mental health; such as the most common current mental health issues, the rate of students on doctor or psychiatrist prescribed medication, and trends in the severity and complexity of their mental health issues.

A second consequence is that there is neither a national set of standards nor national accreditation of Thai university counseling centers. Lacking this guidance, counseling centers have tended to develop in an unplanned manner. As noted previously, there is a lack of research in the English literature on the administration of university counseling centers, making it difficult to fully accurately describe their current state. According to Ratanasiripong, Orawan, Ratanasiripong, Suda, & Pornlert (2015) only a few university counseling centers offer services from trained psychologists and counselors. Along this line, it is likely that the counseling center component of the student affairs department has been largely neglected at many universities. Student affairs departments might not always provide a dedicated space for a counseling center. In some situations, the counseling center might be led by the faculty member who is head of the student affairs division and this person may lack a background in psychology or counseling.

An important element of the current state of affairs is a perceived institutional inertia toward promoting the counseling center. This arises from values in Thai society. In Thai culture, strong stigma toward psychology and counseling still exist. Although Thai culture is changing, stigma remains a serious impediment to counseling (Poonyakanok & Tuicomepee, 2011). In addition to stigma, values and norms within Thai culture that stymie the growth of counseling psychology, including discomfort with emotional openness, discomfort with self-disclosure, and a tendency to conceal private matters. Having a mental health issue is a source of shame for both the individual and the family. Many families do not seek professional help

for a mentally unwell family member; in fact, psychiatric patients have been abandoned by their families at hospitals, some for decades (Prasert, 2013). Emotional control is a fundamental value of Thai culture. On the other hand, experiencing intense emotions is inherent to counseling. Hence counseling might be off-putting to Thais. 'Face' is another fundamental value in Thai society (Komin, 1990). Disclosing distressing private matters is challenging within Thai culture due to the fear of loss of face as there is societal pressure to uphold an appearance of happiness and success. Thais do not easily admit to having problems, and do not easily disclose them to others (Phratomtong & Baker, 1983). As counseling inherently involves the sharing of distressing personal matters, it must disincline Thais to seek counseling. Finally, since Thais do not readily disclose distressing personal matters, strongly regulate their emotions and seek to maintain an appearance of happiness, it is reasonable that Thais tend to conceal private matters. Research has shown that people who tend to conceal private matters are significantly less likely to seek counseling (Cepida-Bonito & Short, 1998). In sum, dissonances between counseling and Thai culture cause Thais to avoid seeking counseling. These factors likely contribute toward the hesitant development of the university counseling center. University leadership could thus be aware of the role of the counseling center in the university's mission, but be wary to proactively develop it due to the stigma still associated with it.

There is a gap in the English literature in the field of the university counseling center component of the student affairs department. Little data exists on their administration and operation. Establishing a counseling center requires a budget and resources. Qualified staff must be recruited, space for the counseling center must be dedicated, effective provision of psychological services must be provided, and marketing must be done to ensure students are aware of the counseling services available to them. Practical concerns exist in these areas.

To summarize, in the domain of administration, questions exist concerning the qualifications and number of staffing; hours of operation; location and title of the center; and methods of marketing, and in the domain of service provision, a current lack of data challenges counseling centers to effectively target students' needs. It is evident that establishment of the counseling center requires careful, prior thought and planning in best practices. Research is needed in this area. In order to promote the development of the counseling center, a discussion would be useful of the benefits of the counseling center to both students and to the institute of higher education. Explicating the benefits of the counseling center would enhance knowledge and awareness of its importance, potentially sparking its proactive development. The following discussion shall foreground benefits to students and to the institute of higher education.

Main sources for the discussion in this section include: "Standards for University and College Counseling Services (International Association of Counseling Services, 2010); "Psychology of the Thai People: Values and Behavior Patterns" (Komin, 1990); "Development and Cross-Cultural Validation of the Counseling Center Assessment of Psychological Symptoms - Thai Version" (Ratanasiripong et. al., 2015); "Counseling in Thailand: Development From a Buddhist Perspective" (Tuicomepee, Romano, Pokaeo, 2012); "Conference on Governance and Financing of Higher Education – South and East Asia: Thailand Case Study (The World Bank, 2010).

Benefits to Students

Within the period of January through April 2019 a dozen university student suicides occurred across Thailand, including students at Kasetsart, Khon Kaen, Chulalongkorn, and Silpakorn Universities, as well as a student at a technical college, and a high school student taking his university entrance exams. This rash of suicides sparked concern among both public and educational stakeholders over college students' well-being (Dumrongkiat & Wipatayotin, 2019).

Data in English in the form of surveys, research briefs or reports on the mental health of Thai higher education students is virtually non-existent (Ratanasiripong et. al., 2015). But descriptions of Thai university student's mental health profile could be gleaned from various empirical studies, such as students' quality of sleep in relation to energy drink consumption (Lohsoonthorn, Khidir, Casillas, Lertmaharit, Tadesse, Pensukan, Rattananupong, Gelaye & Williams, 2013); alcohol consumption (Chaveepojnkamjorn, 2012, Vantamay, 2009); internet addiction in relation to depression (Boonvisudhi & Kuladee, 2017); Facebook addiction in relation to mental health (Hanprathet et. al., 2015); worries (Ratchneewan, Boonyanurak, & Stopper, 2014); anxiety (Rhein & Sukawatana, 2015); stress (Ratchneewan, Zeller, Srisaeng, Yimmee, Somchid & Sawatphanit, 2005); and stress in relation to anxiety and depression (Wongpakaran & Wongpakaran, 2010). These studies suggest that Thai college students' mental health profile is marked by stress, anxiety, and depression, and that energy drink consumption, alcohol consumption, sleep quality, and internet and Facebook addiction are areas of concern.

In regards to Thai students' issues of well-being, mental health is a critical component of students' academic performance. Students are not robots and, especially at their transitional stage of lifespan development from teenagers to young adults, matters such as social-emotional adjustment, resiliency, stress, anxiety, and depression impact their academic performance (California Mental Health Services Authority, 2015). Students' personal problems affect their learning and so it is important to acknowledge that issues of well-being are related to learning and have important consequences on educational outcomes (Gerdes & Mallinckrodt, 1994). For instance, students with mild or moderate symptoms of depression or anxiety, both markers of the Thai college student mental health profile, are less academically successful (Lipson & Eisenberg, 2013). Research has linked depression to lower GPAs, indicating that students with depression might not learn as quickly or effectively as their peers; regardless of gender (Douce & Keeling, 2014). Overall, students with high levels of distress have more test anxiety, lower academic self-efficacy, experience more difficulty in focusing on schoolwork, are less resilient when disturbed by distractions or challenges, and manage time less effectively, which contribute to lower academic performance (Brackney and Karabenick, 1995). Moreover, these issues may discourage students, eventually leading some to forego school altogether. Research has found depression to be a predictor of a higher probability of leaving school (Eisenberg, Golberstein, & Hunt, 2009), while distressed students have reported that they left school for a reason related to mental health (Gruttadaro and Crudo, 2012). It follows that the main features of the Thai college student mental health profile, stress, anxiety and depression, negatively affect their academic performance as well as contribute to some Thai students' departure from higher education.

The question then is if distressed Thai students received counseling, would it help them academically? Research supports a positive answer: students receiving counseling are more likely to stay in school than those who do not (Cholewa & Ramaswami, 2015). From the students' perspective, a survey by the Association for University and College Counseling Center Directors (Reetz, Krylowicz, Mistler, 2015) showed that a strong majority, 70%, of those students receiving counseling stated that it helped them academically. Similarly, a research report about the impact of counseling on academic outcomes in higher education by the British Association for Counseling and Psychotherapy (BACP), found that over 75% of students receiving counseling reported that it helped them complete school (Wallace, 2012). In marked contrast, distressed students who do not take advantage of the mental health services provided to them at college counseling centers are more likely to leave school (Sontag-Padilla et. al., 2016). Research shows that by treating students' well-being, by helping them to cope with concerns such as stress, anxiety, and depression, relationship issues, and adjustment issues, the counseling center promotes academic success and student retention (Wallace, 2012,

2014). This suggests that proactive development of the counseling center bolstered by organizational leadership at Thai institutes of higher education presents an opportunity to enhance support of students' academics, by supporting their well-being.

Key sources of knowledge for the knowledge presented in this section are: "Student Mental Health: An Important Element of Student Success" (California Mental Health Services Authority, 2015); "A Strategic Primer on College Student Mental Health" (Douce & Keeling, 2014); "Help-Seeking and Access to Mental Health Care in a University Student Population" (Eisenberg, Golberstein, & Hunt, 2009); and "The Impact of Counselling on Academic Outcomes in Further and Higher Education: The Student Perspective. Final Research Findings" (Wallace, 2012).

Benefits to Thai Universities

Driven by decades of a declining birth rate, Thailand has one of the world's most rapidly ageing societies. In 2017 the fertility rate was 1.5, while seventeen percent of the population was at least sixty years of age (United Nations, 2017). It is expected that 25% of the society will be at least 65 years of age by 2040 (The World Bank, 2016). This dramatic population transformation is having a major impact on Thai higher education. Supply exceeds demand: Thai universities have significantly more available seats than for which demand exists, because less children means declining enrollment. According to data from the central admissions system, of 300,000 open seats at universities in 2018, 70,000 were unfilled (Dumrongkiat, 2019). Furthermore, enrollment at open universities (those which do not require entrance examination) dropped by half, while at certain private universities it plummeted by as much as 70%. Educational stakeholders have warned of a worst-case scenario in which up to 75% of Thai universities could be forced to close due to declining enrollment, as well as increased foreign competition (Dumrongkiat, 2017b). In the current period of market contraction and intense competition, keeping qualified students in school is ever more crucial. Student retention directly affects universities' fiscal performance, because students who remain in school continue to pay tuition while those who depart do not. Thai universities must adapt to find new methods of ensuring that enrolled students graduate.

Developing the counseling center component of student services can be a strategic method for Thai university organizational leadership to improve student success and retention. Strong evidence supporting the positive effect of counseling on retention comes from the state of California. Starting in 2011, the California Mental Health Services Authority (CalMHS) supported the state's higher education system to implement a plan to increase students' use of counseling services (Ashwood et. al., 2015). Prevention and early intervention programs delivered concentrated on reducing stigma surrounding mental health; helping students, faculty, and staff to better support students with mental health issues; improving students' stress coping skills; and enhancing access to counseling centers through development of websites providing relevant information and materials. By the final year of the plan these efforts resulted in a 13% increase in student use of counseling services. The estimated effect on retention of the increase in students receiving counseling was predicted to be an additional 329 students graduating (Ashwood et. al., 2015). Moreover, an analysis of the benefits to society of the increase in graduates, and concomitant decrease in dropouts, in relation to the costs associated with the plan, estimated that for one dollar invested in mental health programs for higher education students, \$6.49 would be returned to society through the projected increase in lifetime earnings for additional graduates. While not every student will receive counseling service that is uniquely effective for her/him, the research clearly illustrates that providing counseling to students has a positive impact on retention rates. Because student services are an institutional factor under the purview of organizational leadership that affects students' success (Lau, 2003), management can leverage the counseling center to improve retention. Due to

under investment in the counseling center and the current fraught economic environment, proactive development of the counseling center could potentially be a timely, low risk, high rewards opportunity for Thai institutes of higher education.

In addition, a trend in Thai higher education in common with the West is a growing shift toward holistic education. Thai higher education institutes adhere to the National Qualifications Framework (NQF) and the Internal Quality Assurance Framework for Higher Education Institutions (IQAF) (Office of Higher Education, 2014). The NQF states that learning should go beyond the traditional acquisition of knowledge and skills to emphasize life-long learning, the capability of effective communication, especially in individual and public situations, and the ability to take initiative (Office of Higher Education Commission, 2006). The NQF further details noncognitive skills in the learning domains of ethical and moral development, and interpersonal skills and responsibility. Students need to cultivate habits of behaving ethically in personal and social life, and be able to resolve value conflicts by using a consistent code of values. They should also cultivate interpersonal skills, such as the ability to work effectively in groups, exercise leadership, and accept responsibility (Office of Higher Education Commission, 2006).

The university counseling center plays a critical role in this regard. The college counseling center's ethos is inherently based on inclusivity and equality, positivity, respect for human rights, autonomy, and well-being which are the values that colleges seek to promote (Wallace, 2014, Zhang & McCoy, 2016). Through outreach efforts, such as workshops, seminars, and student activities, university counseling centers foster positive attributes in students, as well in faculty, and on campus. Examples of topics of such psycho-educational programs and workshops and activities for students and faculty include: plurality and diversity, resiliency, the growth mindset, coping with anxiety, overcoming depression, interpersonal skills, assertiveness training, sleep management, time management, video game overuse, internet and social media overuse, emotional intelligence, mindfulness, meditation, yoga, and nutrition (Hodges, Kimber & Michele, 2017) (Sontag-Padilla et. al., 2016). In this way, the counseling center could contribute toward both Thai university students' growth and a positive university campus climate.

In fact, the IQAF recognizes the need for the counseling center. Component three of the IQAF is Student Development Activities. Student development activities are a holistic aspect of education. They intend to foster the "soft", noncognitive skills and attributes, such as students' responsibility, ethical, moral, social, and emotional growth, and their communication and interpersonal skills (IQAF, 77). For standard criteria 3.1, it states "There is a counseling service which provides advice on both academic and life issues for students" (IQAF, 78). The phrase "life issues" may be interpreted to imply non-academic, personal issues involving matters such as students' adjustment and well-being. Education Minister Teerakiat Jareonsettasin has stated that universities must ensure that support from mental health experts is available to students (Dumrongkiat & Wipatayotin, 2019).

The central resources for the arguments in this section are: "The College and University Counseling Manual: Integrating Essential Services Across the Campus" (Hodges, Kimber & Michele, 2017); "The National Qualifications Framework for Higher Education in Thailand" (Office of Higher Education Commission, 2006), and "Payoffs for California College Students and Taxpayers from Investing in Student Mental Health" (Ashwood et. al., 2015).

Discussion

The internationalization of Thai higher education, a trend toward holistic education and growing concern over Thai college students' mental health and well-being are driving demand for counseling centers. In addition to these factors, research has demonstrated that counseling aids student success and retention (Wallace, 2012, 2014), which are vital matters in Thai higher

education's currently anxious economic climate. Similar to the West, the crucial role the counseling center plays within student affairs, and within the university organization, will garner burgeoning attention in Thailand.

Administration and management of the counseling center is a complex task. The counseling center is a unique department within the higher educational organization. On the one hand, it requires strict student/client confidentiality in order to ensure the ongoing trust of its users. This confers limits upon its communications with other departments, because the student's/client's right to confidentiality is the utmost priority. On the other hand, the counseling center must collaborate with other departments, engaging in two-way communication and mutually supportive reciprocal relationships in order to provide students/clients with the fullest range of service options and most suitable treatments for each of them (Pace, Stamler, Yarris & June, 1996). This conflicted position has had a tendency to make the counseling center's role within the university enigmatic. In addition, Thai universities are experiencing financial pressure. University departments must compete for budget allocation and be able to quantifiably justify their budget requests, while being held increasingly accountable for demonstrable results.

In light of these significant challenges, institutes of higher education and student affairs departments would benefit from having a model for the development of the counseling center in the Thai context. A model would enable leadership to better manage the tension between limited resources and increasing demand (Bishop, 1995), provide a basis for making research-based decisions, and provide a transparent rationale for the counseling center's allocated use of the student affairs budget. However, to date there are no studies in the English literature around fundamental concerns of the Thai university counseling center. These concerns might be categorized into three domains: administration, access to service, and student needs. In the Thai context a lack of data necessitates beginning with fundamental gaps in the knowledge base.

In terms of staffing, as Thailand lacks licensure for counseling psychologists, what criteria qualifies a staff to be a counselor? Would a bachelor's degree in counseling psychology suffice, or should a master's degree be required? Would a psychiatrist be better? What would be an appropriate ratio of counselors to the student population?

Another key concern is the title of the counseling center. Given the societal stigma toward the mental health professions in Thailand (Tuecomepee & Poonyakanok, 2011), what would be a suitable name for the counseling center? The counseling center's name should differentiate it from other divisions, such as academic and career counseling, but including the phrase "psychological counseling" in the title might be off putting to some students.

In terms of access, marketing is especially critical. Effective methods of ensuring that students are aware of the counseling services available to them must be implemented. Additionally, the clear explication of key counseling center information, such as its location, hours of service, methods of arranging an appointment, and methods of contact are invaluable. What would be the most effective ways to engage in marketing in the Thai context? Would marketing via workshops, such as on campus workshops on interpersonal skills or stress management, be effective? Would marketing via social media, such as creating a counseling center Facebook page or LINE group be attractive to the younger, internet savvy, generation?

The location of the counseling center is also an important aspect of access. On the one hand, due to the stigma toward the mental health professions, a private place would be appropriate; but on the other hand, too private of a location might make it unduly difficult for students to find thus adding another obstacle to students.

Counseling service hours are another aspect of access that must be considered. What would be the hours of service that most adequately meet student demand, but yet do not overstrain the staff and the budget? Would 9 a.m. to 5 p.m. be sufficient to meet student

demand, or should the hours extend into the evening? Must counselors be available in off hours (such as being on call), or not?

Regarding students' needs; it is an international counseling center standard that individual and group counseling be provided (International Association of Counseling Services, 2010). However, there is a lack of data on trends in Thai university students' mental health. It would be useful to know this information for a variety of reasons, including being able to provide specific services best targeted to students' specific needs.

To begin proactive development of the counseling center in Thai higher education research is necessary into these gaps in the knowledge. Toward this end, a model for the development of the counseling center in the Thai context would be useful. The discussion put forth in this paper may help universities to recognize the importance of the counseling center to the holistic mission of the university, in promoting the growth and development of the whole student, and producing to society well-adjusted graduates. This discussion may also stimulate thinking in regards to best practices in the establishment of counseling center divisions.

Conclusion

In conclusion, in Thai higher education counseling centers have been largely overlooked, with investment being primarily in academic advising and career guidance. In seeking to develop the counseling center, it would behoove universities and student affairs departments to avoid ad hoc development of the counseling center. To date no data exists in the English literature on essential concerns surrounding the counseling center, such as students' mental health and well-being needs; administration, including matters of staffing and personnel; and access to the counseling center; such as center location, methods of marketing, and hours of service. A model is needed to guide the development of the counseling center within the context of Thai higher education. It is hoped that by foregrounding the benefits to the Thai university of the counseling center, and highlighting gaps in the knowledge, this paper will initiate a discussion among scholars and practitioners engaged with university counseling.

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