

CCMH

CENTER FOR
COLLEGIATE
MENTAL HEALTH

2023

ANNUAL REPORT

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PennState
Student Affairs

Center for Collegiate
Mental Health

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Acknowledgements

The 2023 Annual Report was made possible by:

- Collaborative efforts of over 800 university and college counseling centers
- Association for University and College Counseling Center Directors (AUCCCD)
- Titanium Software, Inc.
- Penn State University Student Affairs
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Recommended Citation

Center for Collegiate Mental Health.
(2024, January). *2023 Annual Report*
(Publication No. STA 24-147)

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2023 Report Introduction

The 2023 Annual Report summarizes data contributed to CCMH during the 2022-2023 academic year, beginning July 1, 2022 and closing on June 30, 2023. De-identified data were contributed by 195 college and university counseling centers, describing 185,114 unique college students seeking mental health treatment, 4,817 clinicians, and 1,259,380 appointments.

The following are critical to understand when reading this report:

1. **This report describes college students receiving mental health services, NOT the general college student population.**
2. **Year-to-year changes in the number of students in this report are unrelated to changes in counseling center utilization.** These changes are more likely due to the number and type of centers contributing data from one year to the next.
3. This report **is not a survey**. The data summarized herein is gathered during routine clinical practice at participating counseling centers, de-identified, then contributed to CCMH.
4. The number of clients will vary by question due to variations in clinical procedure and implementation of CCMH data forms.
5. Counseling centers are required to receive Institutional Review Board (IRB) approval at their institution to participate in client-level data contribution to CCMH. Although CCMH maintains membership of over 800 institutional counseling centers, only a percentage of these institutions participate in client-level data contribution. However, all counseling center members contribute center-level research data.

REMINDERS FROM PRIOR REPORTS

- **2015** – Increasing Demand: Between Fall 2009 and Spring 2015, counseling center utilization increased by an average of 30-40%, while enrollment increased by only 5%. Increasing demand is primarily characterized by a growing frequency of students with a lifetime prevalence of threat-to-self indicators. These students also used 20-30% more services than students without threat-to-self indicators.
- **2016** – Impact of Increasing Demand on Services: Between Fall 2010 and Spring 2016, counseling center resources devoted to “rapid access” services increased by 28% on average, whereas resources allocated to “routine treatment” decreased slightly by 7.6%.
- **2017** – Treatment Works: Treatment provided by counseling centers was found to be effective in reducing mental health distress, comparable to results

from randomized clinical trials. Length of treatment varies by presenting concern.

- **2018** – Center Policies and Treatment Outcomes: Counseling centers that use a treatment model (students assigned to a counselor when an opening exists) versus absorption model (clinicians expected to acquire clients for routine care regardless of availability) provided students with more sessions with fewer days in between appointments, and demonstrated greater symptom reduction than centers that prioritize absorption regardless of capacity. Additionally, the question of Electronic Medical Record (EMR) sharing policy between counseling and health center staff was examined. No differences in treatment outcomes were found between centers who share EMRs with health centers compared to those with separate EMRs.
- **2019** – The Clinical Load Index (CLI) was introduced, which provides each counseling center with a standardized and comparable score that can be thought of as “clients per standardized counselor” (per year) or the “standardized caseload” for the counseling center. Higher CLI scores were associated with substantially lower treatment dosages (fewer appointments with more days between appointments) and significantly less improvement in depression, anxiety, and general distress by students receiving services.
- **2020** – Differences in counseling center practices were evaluated between centers at the low and high ends of the CLI distribution. Low CLI centers were more likely to provide full-length initial intake appointments and weekly treatment, while they were less likely to experience a depletion of treatment capacity during periods of high demand. Conversely, High CLI centers provided fewer appointments that were scheduled further apart and produced less improvement in symptoms. Additionally, High CLI centers were more likely to refer students to external services and require clinicians to absorb clients in their schedules regardless of available openings in an effort to serve more students.
- **2021** – CCMH investigated the relationship between CLI and the amount of treatment received by students with critical and key needs often prioritized by institutions (e.g., students with suicidality, sexual assault survivors, students with a registered disability, and first generation students). Results indicated that all presenting concerns and identities that were examined received less treatment at High CLI centers, including clients with recent serious suicidal ideation and self-injury, histories of sexual assault and trauma, transgender identity, registered disability, first generation identity, and various racial/ethnic identities. Findings showed that institutions cannot fund

counseling centers at a level that yields high annual counselor caseloads and concurrently expect those centers to provide enhanced care for students with any high intensity concern. Therefore, it is essential that all stakeholders seek alignment around the realities of the counseling center staffing levels and service capabilities, institutional messaging related to mental health services especially for emphasized concerns, and funding to address institutional priorities.

- **2022** – CCMH explored how counseling centers contribute to the academic mission of institutions by examining the risk and protective factors associated with voluntary withdrawal from school during services. The study found that students who identified as a freshman/first-year status with elevated levels of academic distress paired with a history of psychiatric hospitalization were 48% more likely to withdraw from school during treatment than clients without these factors. Protective factors that reduce the risk of withdrawal were also identified: improvement in Depression, Generalized/Social Anxiety, Academic Distress, and overall distress symptoms during counseling services. Most notably, when students experience a decrease in Academic Distress during counseling while concurrently participating in an extracurricular activity, they were 50% less likely to drop out of school. These findings suggest when students improve during counseling, they are more likely to persist in school. Institutions should be aware of the critical role college counseling centers play in supporting the academic success of college students.

2023 HIGHLIGHTS

In this year's Annual Report, CCMH investigated if experiences of discrimination or unfair treatment based on six identities are associated with mental health concerns and symptom improvement at college counseling centers. Findings revealed a strong relationship between discrimination and increased general distress, social isolation, and suicidal thoughts at the beginning of treatment. In fact, experiences of discrimination demonstrated associations with symptoms equivalent to most clinical variables that have been historically collected by clinicians (i.e., history of suicide attempts, history of counseling). Moreover, counseling centers were shown to effectively treat student clients with experiences of discrimination, as they demonstrated commensurate improvement in symptoms of distress, social isolation, and suicidal ideation during services as students with no discrimination. However, students who reported discrimination consistently ended treatment with higher average levels of distress, demonstrating a persistent outcome disparity.

The current findings highlight the critical role college counseling centers serve in supporting the Diversity, Equity, Inclusion, and Belonging (DEIB) goals that are a priority for many institutions. College counseling centers can effectively support students with experiences of discrimination; however, addressing the psychological symptoms are only a piece of the solution. DEIB informed support services (e.g., cultural centers, identity-based programs) are vital to buffer the impact of discrimination experiences, provide education/professional development to the campus community, and initiate advocacy to remedy societal sources of discrimination are also critical. It is imperative for institutions to understand the close connection between DEIB and mental health. Institutions and leaders who prioritize and value mental health and wellness must simultaneously support DEIB initiatives in order to close the disparities in mental health symptoms and treatment outcomes among students who face identity-based discrimination.

OTHER 2023 HIGHLIGHTS

- Rates of prior counseling and psychotropic medication usage showed an increase in the past year and are at their highest levels since this data was first collected in 2012.
- History of counseling continued to be the mental health history item with the largest 11-year increase: over 61% of students entered services with prior counseling. Notably, history of trauma demonstrated the second largest rise: approximately 47% of students who initiated services endorsed a history of trauma.
- Threat-to-self characteristics slightly increased in 2022-2023 for some variables (histories of non-suicidal self-injury and suicide attempts) but continued to be endorsed at levels lower than the top rates reported before the onset of COVID-19. Threat-to-others symptoms remained unchanged in 2022-2023 from the prior year.
- Social Anxiety continued to display the greatest 13-year change across all CCAPS subscales. Of the areas that notably increased after the onset of COVID-19 (Social Anxiety, Academic Distress, Eating Concerns, and Family Distress), only Academic Distress appears to be receding, with Social Anxiety and Family Distress continuing to increase slightly and Eating Concerns flattening.
- Although it remained unchanged in the past year, Anxiety continues to be the most common presenting concern identified by therapists. Most notably, after steady declines in previous years, Relationship problem (specific) is now showing an upward trend as a top concern, while Trauma as a general and top concern has continued to increase since 2014-2015, which is consistent with student clients' self-report.

Clinical Load Index

BACKGROUND OF THE CLI

The Clinical Load Index (CLI) was developed in 2018-2019 by the Center for Collegiate Mental Health (CCMH), with support from the International Accreditation of Counseling Services (IACS) and the Association of University and College Counseling Center Directors (AUCCCD). The CLI was designed to provide a more accurate and consistently comparable supply-demand metric that describes the landscape of staffing levels. As a result, the CLI helps to shift the question that institutions should be asking from “How many staff should we have?” to “What services do we want to provide to our students?” This reframe helps centers and institutions better align messaging regarding current service capabilities based on staffing levels with partner and institutional expectations of those services. Complete information about the development and utilization of the CLI can be found on the interactive [CLI tool](#). In brief, the CLI is calculated using two numbers from the same academic year, between July 1st and June 30th:

1. **Utilization:** The total number of students with at least 1 attended appointment.
2. **Clinical Capacity:** The total number of contracted/expected clinical hours for a typical/busy week when the center is fully staffed (not including case management and psychiatric services).

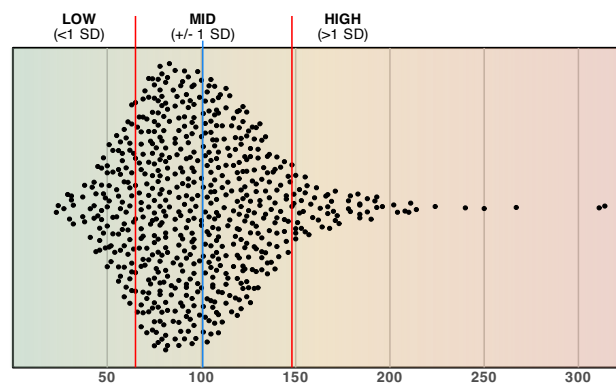
CLI scores can be conceptually thought of as the “average annual caseload” for a “standardized counselor” within a counseling center, or the average number of clients a typical full-time counselor would see in a year at that center. Because of the standardized/annual/aggregate nature of CLI scores, the following guidelines should be observed:

- CLI scores should never be used to compare/evaluate individual counselors.
- The average CLI score is not a staffing recommendation, nor is there an ideal CLI score. The distribution of CLI scores describes the range of real-world staffing levels that are associated with particular clinical outcomes (i.e. treatment dosages and distress change). Thus, the CLI allows institutions to align service goals with staffing levels.
- The CLI neither includes psychiatry nor dedicated case-management because these are considered specialties that are not consistently available at all schools. Future years may lead to the development of guidance specific to these types of service.
- The CLI does not describe expenses related to the administration of a counseling center.

2022-2023 CLI DISTRIBUTION

To accompany this Annual Report, CCMH updated the CLI distribution based on new data from 654 CCMH member institutions during the 2022-2023 Academic Year (7/1/2022 to 6/30/2023). Complete details about the 2022-2023 CLI (and an interactive tool to calculate your CLI) can be found on the [CLI page](#) of the CCMH website. After data were received from 735 member centers, CCMH staff carefully audited hundreds of centers via phone and email to confirm/adjust data for accuracy. A total of 81 centers were excluded due to missing data, incomplete audits, or unique/temporary staffing situations. The following describes the CLI distribution for 2022-2023:

- N = 654
- Range = 23-314
- Mean = 101
- Median = 96
- Standard Deviation = 38
- Zones:
 - Low: Less than 62
 - Mid: Between 62 and 139
 - High: Greater than 139



Student Experiences of Discrimination and Mental Health

After the murder of George Floyd on May 25, 2020, and the national reckoning that ensued, CCMH immediately began to explore ways students could share recent experiences of discrimination when they seek services at college counseling centers. This initiative was deemed critical by the collective collegiate mental health community given the CCMH measures at the time did not adequately capture experiences of discrimination from the student's perspective, and there was cautious optimism this awareness raising effort would help clinicians more effectively comprehend the contextual environments of students and enhance the support services they provide. Moreover, research emphasizing that discrimination is connected to increased mental health distress, social isolation, and suicidality (Oh et al., 2018; Paradies et al., 2015) further highlighted the need for this endeavor.

After one year of piloting questions to address this goal, CCMH officially implemented the following Yes/No questions as part of the National Standardized Data Set (SDS) – Client Information form on July 1, 2021: “In the past 6 months, have you experienced discrimination or unfair treatment due to any of the following parts of your identity? (Disability, Gender, Nationality/Country of Origin, Race/Ethnicity/Culture, Religion, Sexual Orientation).”

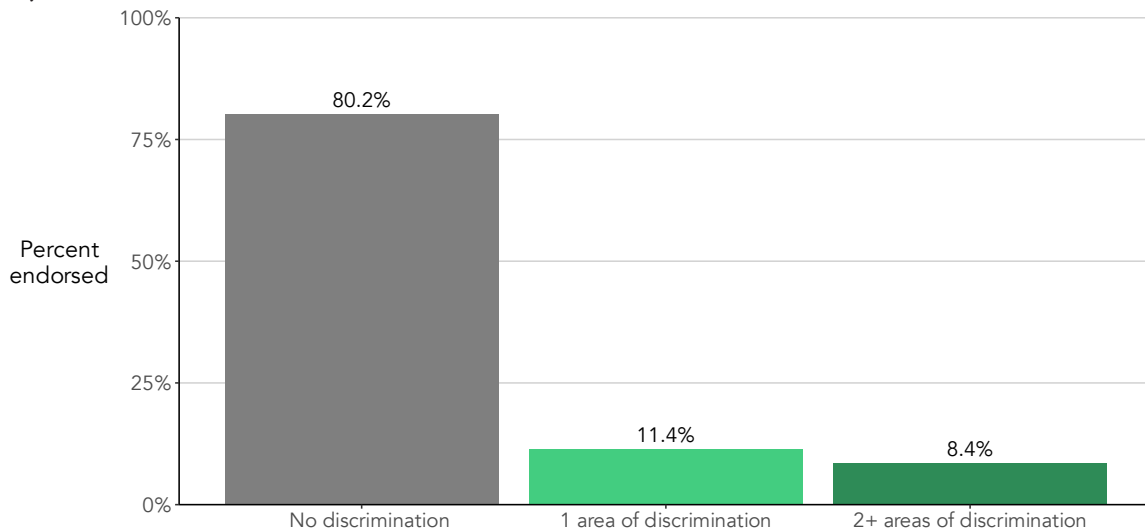
It should be clearly understood at the outset that the experience of discrimination is not a mental health diagnosis. Discrimination is a societal problem that needs to be addressed, and concurrently, it is essential to assess how these experiences are associated with mental health concerns. The 2023 Annual Report specifically investigated if discrimination or unfair treatment based on any of the six identities described above is associated with mental health symptoms and how college counseling centers support students who have experienced discrimination.

The following questions were explored:

1. Are student's experiences of discrimination associated with higher baseline levels of general distress, social isolation, and suicidal ideation?
2. Compared to other clinical variables that are routinely gathered at the beginning of treatment (e.g., history of suicide attempts, prior treatment), what is the strength of the relationship between discrimination and presenting symptoms of general distress, social isolation, and suicidal ideation?
3. Do students with experiences of discrimination demonstrate improvement in general distress, social isolation, and suicidal ideation during college counseling services that is comparable to clients who do not report discrimination?

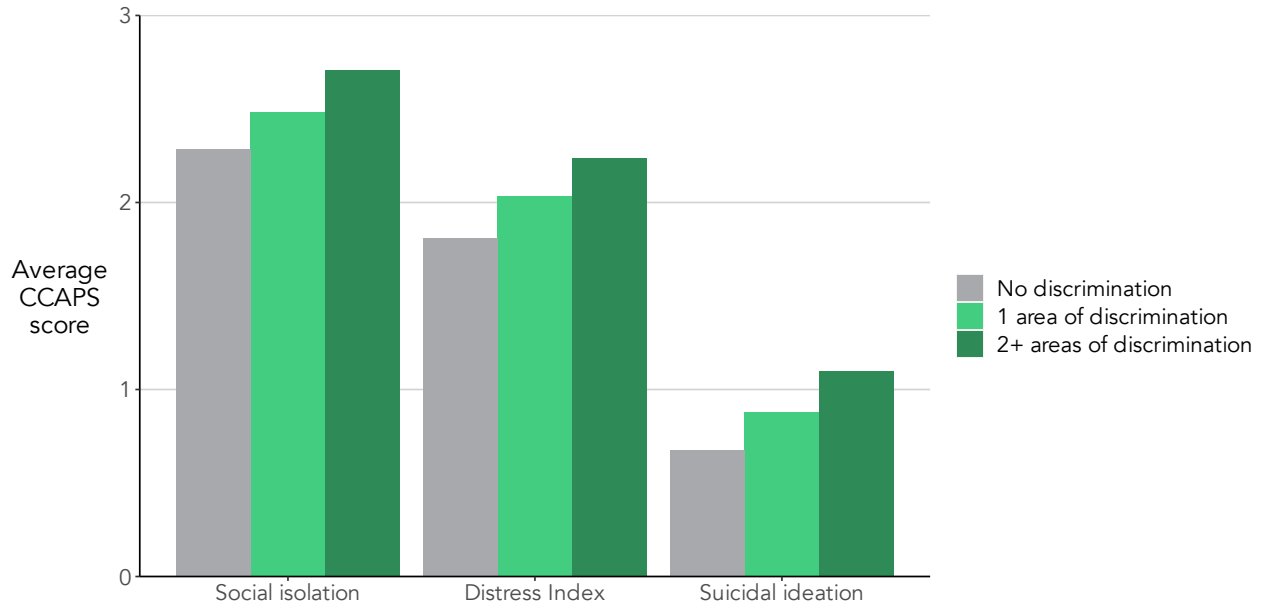
Data related to discrimination were collected from the CCMH Standardized Data Set (SDS) – Client Information form, while general distress, social isolation, and suicidal ideation was assessed using the Counseling Center Assessment of Psychological Symptoms (CCAPS) measure. Both of these self-report tools are typically implemented when students initiate services at college counseling centers nationally. Additionally, the CCAPS is commonly administered throughout treatment to monitor progress.

Data for the current Annual Report include 78,432 students who were treated at 85 different college counseling centers nationally from 2021 to 2023. Overall, 19.8% of all students disclosed experiencing discrimination in the past six months based on 1 or more identities when they entered counseling services, while 8.4% reported discrimination in multiple (2+) identity areas.



DISCRIMINATION AND GENERAL DISTRESS, SOCIAL ISOLATION, AND SUICIDALITY

CCMH explored if students who share experiences of discrimination demonstrate higher levels of general distress, social isolation, and suicidal ideation compared to clients who do not report discrimination. Students who acknowledged discrimination based on 1 or multiple (2+) identities within the past six months reported substantially higher general distress, social isolation, and suicidal thoughts at the outset of counseling services. Furthermore, if students experienced multiple areas of discrimination, they displayed greater levels of distress, isolation, and suicidal ideation than students with either no discrimination or only 1 area.



DISCRIMINATION COMPARED TO TRADITIONAL CLINICAL HISTORY VARIABLES

Clinicians traditionally have been trained to gather specific information regarding a client's clinical history when they enter treatment. Among other things, this typically includes an assessment of prior mental health treatment, risk-related variables (i.e., suicidal behavior), and trauma. Information pertaining to a client's clinical history provides valuable data that typically corresponds with their level of presenting distress and informs the subsequent treatment plan.

In the current Annual Report, CCMH examined how experiences of discrimination compare to these traditional clinical history variables in terms of their association with general distress, social isolation, and suicidal ideation. These comparisons should be interpreted with the understanding that discrimination is not a mental health problem. Rather, they are presented to illustrate how recent discrimination may impact a client's presenting symptoms in comparison to clinical variables that providers have been trained to routinely collect. Specifically, we examined the following clinical history variables:

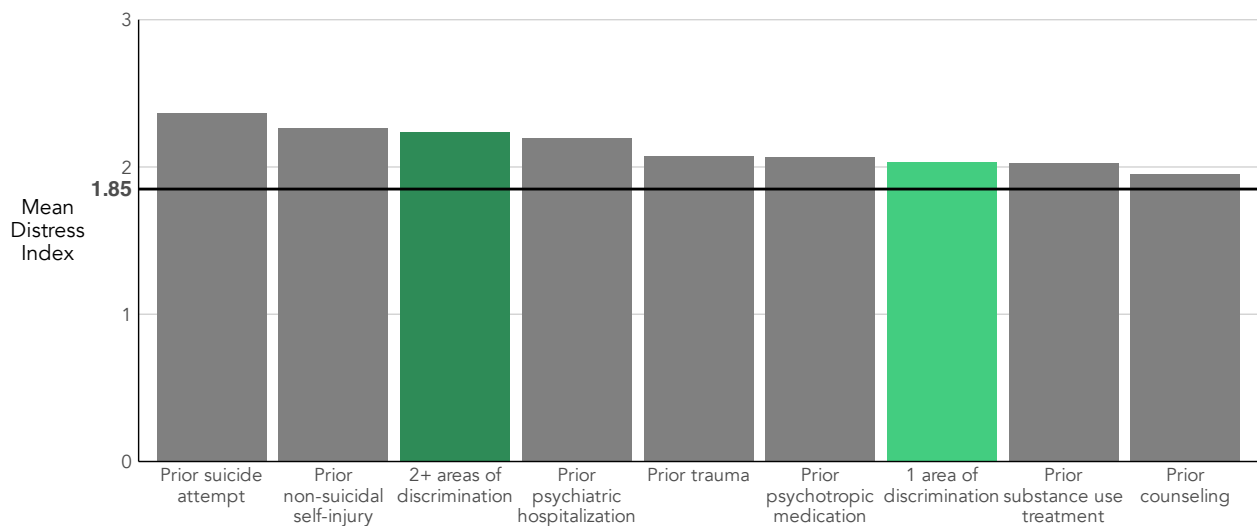
- Prior counseling or therapy
- Prior substance use treatment
- Prior psychotropic medication
- Prior psychiatric hospitalization
- History of trauma
- History of non-suicidal self-injury
- History of suicide attempt(s)

When students complete the SDS Client Information form at the outset of treatment, there are a wide range of responses they can provide, including endorsing any combination of the clinical history variables and types of discrimination. Thus, these items are not mutually exclusive, where a client could endorse both clinical history and discrimination experiences, either of these variables, or none of them.

The symptom levels for students who endorsed any clinical history variables and/or discrimination were compared to the average rate of distress, social isolation, and suicidal ideation reported by clients when they begin college counseling services. This average level is indicated by the bold horizontal line within each figure. As expected, the rates of distress for every traditional clinical history variable were higher than the average, which clearly demonstrates the increased risk for elevated symptoms when students have a history of prior mental health treatment, trauma, and suicidal behavior. In the subsequent sections, levels of general distress, social isolation, and suicidal ideation were compared between clients who disclosed discrimination based on 1 or multiple (2+) identities and those who reported a history of the aforementioned key clinical variables.

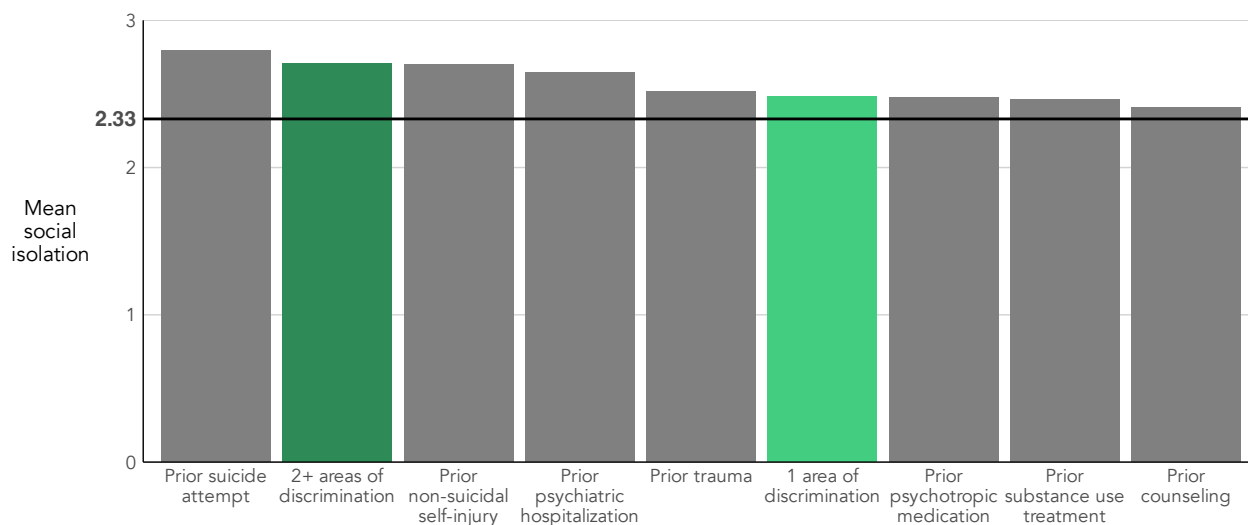
General Distress

Similar to the historical clinical variables, students who experienced discrimination, notated by the green shaded bars, endorsed similar levels of general distress as students who disclosed prior mental health treatment, trauma, or threat-to-self behaviors. In particular, students who reported multiple (2+) areas of discrimination within the past six months displayed nearly the highest association to general distress, comparable to those with a history of a psychiatric hospitalization, non-suicidal self-injury, and a suicide attempt.



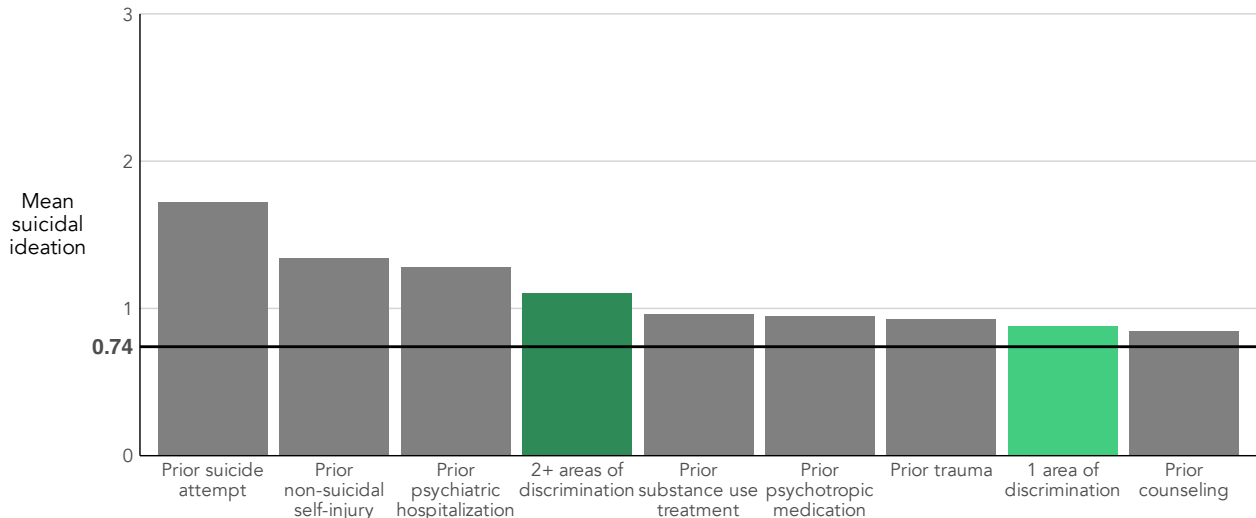
Social Isolation

Having a history of either 1 or multiple (2+) areas of discrimination was associated with elevated levels of social isolation. In fact, students who reported 2 or more areas of discrimination endorsed nearly the same level of social isolation as those who reported a past suicide attempt.



Suicidal Ideation

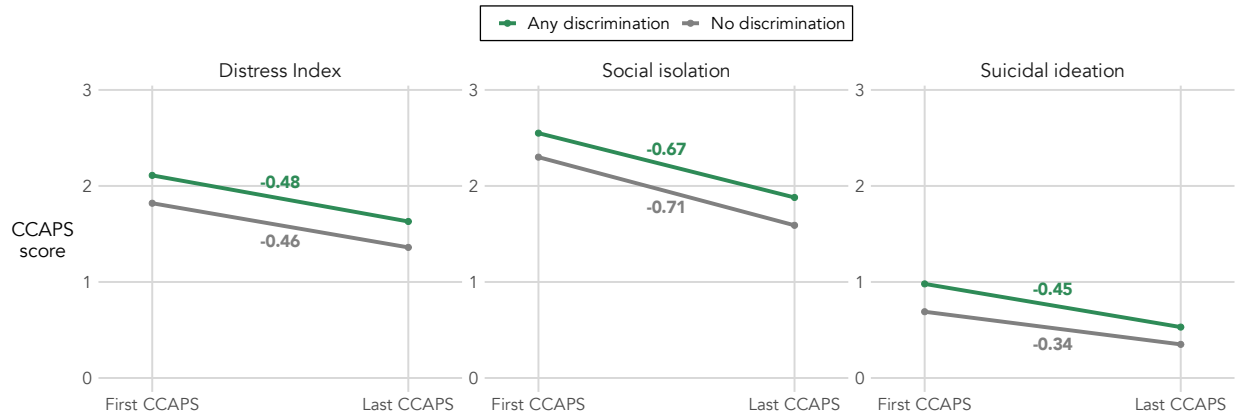
Students who experienced either 1 or multiple (2+) areas of discrimination disclosed suicidal ideation at similar levels to those who endorsed most of the other mental health history items. However, students who reported a prior suicide attempt had the highest rate of suicidal ideation.



COUNSELING CENTERS' ROLE IN SUPPORTING STUDENTS WITH EXPERIENCES OF DISCRIMINATION

Improvement in general distress, social isolation, and suicidal ideation (i.e., change between first and last administrations of the CCAPS) was compared between students who did and did not report discrimination. The changes were examined for all students, regardless of their level of symptoms at the beginning of treatment. The slope of the lines connecting first and last CCAPS administrations represents total improvement on that subscale, where steeper lines indicate more change. The numbers above or below each line indicate the average raw change in symptoms for each area of distress. Clients with experiences of discrimination began treatment (first administration) with higher levels of general distress, social isolation, and suicidal thoughts and showed similar improvement in all of these symptoms during counseling services compared to clients who did not indicate discrimination.

Despite notable improvement on each outcome (general distress, social isolation, and suicidal thoughts), students who disclosed discrimination still ended services (last administration) with considerably higher levels of distress than those who did not report discrimination. This outcome gap highlights the need for institutions to invest in and prioritize additional support services for students with discriminatory experiences.



SUMMARY

In the current 2023 Annual Report, CCMH investigated if experiences of discrimination or unfair treatment based on six identities are associated with mental health concerns and symptom improvement at college counseling centers. While we emphasized that discrimination is not a mental health diagnosis and rather a societal problem, this inquiry was considered critical given the findings could potentially assist clinicians in conceptualizing the environmental contexts that impact their clients and inform the support services delivered at college counseling centers, as well as the broader institutions.

The findings revealed that discrimination was strongly related to increased general distress, social isolation, and suicidal ideation, which was compounded when students disclosed multiple areas of discrimination. In fact, experiences of discrimination demonstrated associations with elevated symptoms equivalent to most historical clinical variables (i.e., history of suicide attempts, history of counseling) that clinicians have been trained to assess for decades. Moreover, counseling centers were shown to effectively treat clients with discrimination, as they, compared to students with no discrimination, demonstrated comparable improvement in symptoms of distress, social isolation, and suicidal ideation during services. While these findings highlight that counseling centers play an essential role in supporting students with recent discrimination, these clients consistently ended treatment with higher levels of distress, highlighting a persistent disparity in distress, social isolation, and suicidal ideation.

The findings underscore the critical function of gathering information pertaining to identity-based discrimination at the beginning of treatment. Although discrimination is not a mental health problem, it provides vital environmental and contextual information that is clearly associated with more severe mental health symptoms. Additionally, awareness and further assessment related to these experiences can potentially help clinicians better understand their clients in context, enhance the culturally affirmative support they provide during counseling services, advocate for their clients, and identify adjunctive services that might help students self-advocate and directly address their experiences of discrimination at the individual and systemic levels.

It is important to note several considerations related to the current findings. The strong association that was discovered between discrimination and mental health symptoms was correlational, and therefore causation between these variables can not be inferred. Additionally, the SDS item that inquires about discrimination neither specifies the source(s) of the discrimination nor the frequency of the experiences. Thus, it is unknown if the discrimination was experienced within the collegiate community or elsewhere, and how often it occurred. Finally, the current report did not specifically explore experiences of discrimination within various diverse demographic groups. In future investigations, it might be helpful to further assess the frequency and sources of discrimination, as well as the potential differential impacts of the various types of discrimination within specific identity groups. Nevertheless, this report provides a broad overview of the negative effects of discrimination, which emphasizes the importance of support services to address these affects at the individual and systemic levels of an institution.

The current findings highlight the critical role college counseling centers serve in supporting the Diversity, Equity, Inclusion, and Belonging (DEIB) goals that are a priority for many institutions. Students who have discrimination experiences are substantially more likely to report severe mental health symptoms, and college counseling services help these students feel less distressed, isolated, and suicidal. While counseling centers are effective in supporting DEIB initiatives in this manner, students who have experienced discrimination consistently end services with notably higher levels of distress than students without discrimination, creating an outcome gap or disparity. College counseling centers can effectively support these students; however, addressing the psychological symptoms is only a piece of the solution. Adjunctive DEIB informed support services (e.g., cultural centers, identity-based programs) are also essential to buffer the impact of discrimination, provide education/professional development to the campus community, and initiate advocacy to remedy campus and broader societal sources of discrimination. It is imperative for institutions to understand the close connection between DEIB and mental health. Institutions and leaders who prioritize and value mental health and wellness must concurrently support DEIB initiatives in order to reduce the disparities in mental health symptoms and treatment outcomes among students who face identity-based discrimination.

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Annual Trends

MENTAL HEALTH TRENDS

As of this report, CCMH has generated 13 annual data sets (2010-2011 through 2022-2023), making it possible to examine numerous years of trends among college students seeking mental health services. To examine trends across key mental health indicators, items from the Mental Health History section of the Standardized Data Set (SDS) were simplified to “Yes” or “No,” providing a proxy for the lifetime prevalence of each item. These items may have changed slightly over time; please refer to prior versions of the SDS for details. Specifically, the wording for many items changed in 2012, resulting in a larger change in response rate to some items after that year.

Data Sets

The table below summarizes the amount of data contributed to CCMH over the past 13 academic years. It is important to note the annual changes in number of clients merely reflect an increase in data that has been contributed by counseling centers and not an increase in utilization of counseling center services.

| Year | Number of Centers | Number of Clients |
|-----------|-------------------|-------------------|
| 2010-2011 | 97 | 82,611 |
| 2011-2012 | 120 | 97,012 |
| 2012-2013 | 132 | 95,109 |
| 2013-2014 | 140 | 101,027 |
| 2014-2015 | 139 | 100,736 |
| 2015-2016 | 139 | 150,483 |
| 2016-2017 | 147 | 161,014 |
| 2017-2018 | 152 | 179,964 |
| 2018-2019 | 163 | 207,818 |
| 2019-2020 | 153 | 185,440 |
| 2020-2021 | 180 | 153,233 |
| 2021-2022 | 180 | 190,907 |
| 2022-2023 | 195 | 185,114 |

Mental Health Trends (2012 to 2023)

Several mental health history trends continued to shift in 2022-2023. Rates of prior counseling and psychotropic medication usage showed an increase in the past year and are at their highest levels since this data was collected in 2012. History of counseling continued to be the mental health history item with the largest 11-year increase: over 61% of students entered services with prior counseling. Notably, history of trauma demonstrated the second largest rise: approximately 47% of students who initiated services endorsed a history of trauma. A closer examination of the specific traumatic events reported by students revealed that childhood emotional abuse and sexual violence primarily accounted for the 11-year increase. The rates of students with histories of threat-to-self characteristics slightly increased in 2022-2023 for some variables (histories of non-suicidal self-injury and suicide attempts) but continued to be endorsed at levels below the highest rates reported before the onset of COVID-19. Threat-to-others characteristics remained unchanged in 2022-2023 from the prior year.

Mental Health Trends (2012–2023)

| Item | 11-Year Change | 2012-2023 | Lowest | Highest | 2022–2023 |
|--------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------|--------|---------|-----------|
| Prior Treatment | | | | | |
| Counseling | +13.3% |  | 47.8% | 61.1% | 61.1% |
| Medication | +5.1% |  | 32.4% | 37.5% | 37.5% |
| Hospitalization | -0.9% |  | 8.0% | 10.3% | 9.2% |
| Threat-to-Self | | | | | |
| Non-Suicidal Self-Injury | +5.4% |  | 23.0% | 29.1% | 28.4% |
| Serious Suicidal Ideation | +4.4% |  | 30.1% | 36.9% | 34.4% |
| Serious Suicidal Ideation (last month) | -0.6% |  | 6.1% | 8.2% | 6.3% |
| Suicide Attempt(s) | +2.0% |  | 8.7% | 10.9% | 10.6% |
| Some Suicidal Ideation (past 2 weeks) | +1.9% |  | 33.9% | 39.6% | 35.9% |
| Threat-to-Others | | | | | |
| Considered causing serious physical injury to another person | -5.2% |  | 5.2% | 11.2% | 6.0% |
| Intentionally caused serious injury to another person | -2.0% |  | 1.2% | 3.4% | 1.4% |
| Traumatic Experiences | | | | | |
| Had unwanted sexual contact(s) or experience(s) | +8.3% |  | 18.9% | 27.4% | 27.3% |
| Experienced harassing, controlling, and/or abusive behavior | +6.2% |  | 32.8% | 39.6% | 39.4% |
| Experienced traumatic event | +9.3% |  | 37.5% | 46.8% | 46.8% |
| Drug and Alcohol | | | | | |
| Felt the need to reduce alcohol/drug use | -0.9% |  | 25.6% | 27.5% | 26.2% |
| Others concerned about alcohol/drug use | -4.0% |  | 13.0% | 17.6% | 13.5% |
| Treatment for alcohol/drug use | -2.6% |  | 1.7% | 4.4% | 1.8% |
| Binge drinking | -8.9% |  | 32.6% | 41.5% | 32.6% |
| Marijuana use | +4.8% |  | 19.1% | 26.0% | 25.5% |

CCAPS TRENDS

The Counseling Center Assessment of Psychological Symptoms (CCAPS) is a multidimensional assessment and routine outcome monitoring instrument used by counseling centers who are members of CCMH. The frequency and clinical timing of CCAPS administration varies by counseling center. Students respond to how well the items describe them during the past two weeks on a five-point Likert scale ranging from 0 (*not at all like me*) to 4 (*extremely like me*). The following figures provide information regarding trends in student clients' self-reported distress upon entry to counseling services as indicated by the CCAPS subscales.

CCAPS Trends: Average Subscale Scores (2010 to 2023)

Generalized Anxiety marginally increased in 2022-2023, while Depression slightly decreased. Of the areas that notably increased after the onset of COVID-19 (Social Anxiety, Academic Distress, Eating Concerns, and Family Distress), only Academic Distress appears to be receding, with Social Anxiety and Family Distress continuing to increase slightly and Eating Concerns flattening. Social Anxiety continued to display the greatest 13-year change across all CCAPS subscales. While all symptoms of Social Anxiety increased, the symptom that grew the most across the years is “concerns that others do not like me.” It is possible that the long-term increase in Social Anxiety is related to increasing levels of isolation, social comparison commonly experienced on social media, or more recently the transition back to more traditional in-person academic experiences after the widespread year of remote instruction in 2020-2021, which led to students abruptly encountering more stress inducing social situations.

CCAPS Trends (2010–2023)

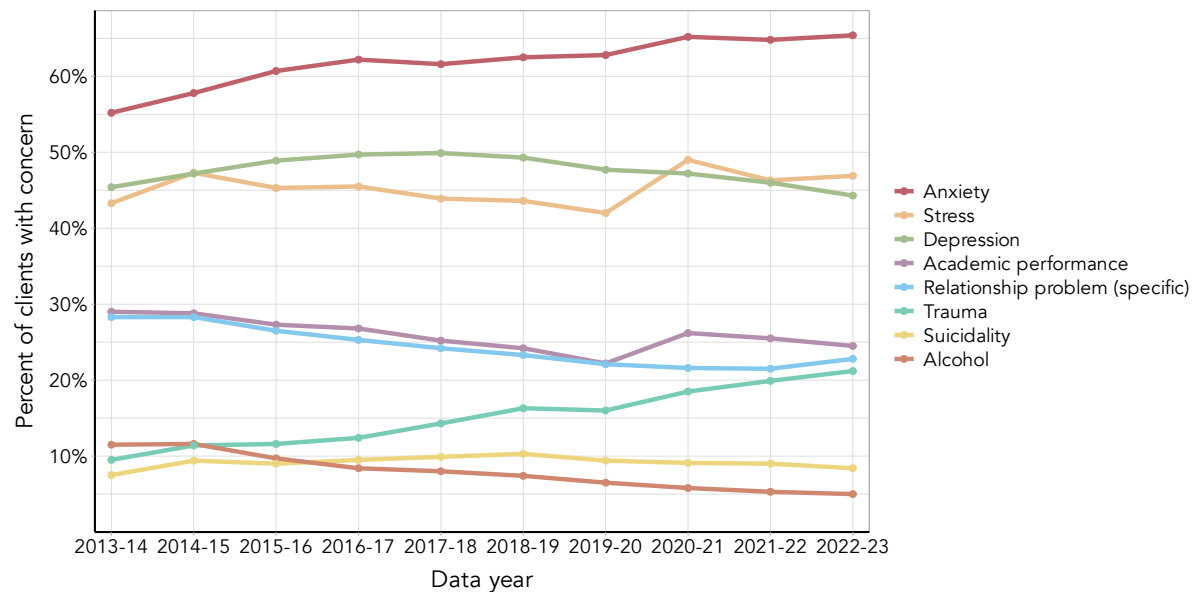
| Item | 13-Year Change | 2010-2023 | Lowest | Highest | 2022–2023 |
|---------------------|----------------|-----------|--------|---------|-----------|
| CCAPS-62 | | | | | |
| Depression | +0.23 | | 1.59 | 1.84 | 1.82 |
| Generalized Anxiety | +0.29 | | 1.61 | 1.91 | 1.91 |
| Social Anxiety | +0.32 | | 1.82 | 2.14 | 2.14 |
| Academic Distress | +0.08 | | 1.85 | 2.05 | 1.93 |
| Eating Concerns | +0.11 | | 1.00 | 1.12 | 1.11 |
| Frustration/Anger | -0.06 | | 0.96 | 1.04 | 0.99 |
| Substance Use | -0.20 | | 0.57 | 0.77 | 0.57 |
| Family Distress | +0.16 | | 1.29 | 1.45 | 1.45 |
| CCAPS-34 | | | | | |
| Depression | +0.14 | | 1.55 | 1.74 | 1.69 |
| Generalized Anxiety | +0.27 | | 1.77 | 2.05 | 2.03 |
| Social Anxiety | +0.33 | | 1.77 | 2.10 | 2.10 |
| Academic Distress | +0.05 | | 1.92 | 2.10 | 1.98 |
| Eating Concerns | +0.11 | | 0.94 | 1.07 | 1.06 |
| Frustration/Anger | -0.11 | | 0.80 | 0.93 | 0.82 |
| Alcohol Use | -0.26 | | 0.47 | 0.73 | 0.47 |
| Distress Index | +0.15 | | 1.65 | 1.83 | 1.80 |

CLICC TRENDS

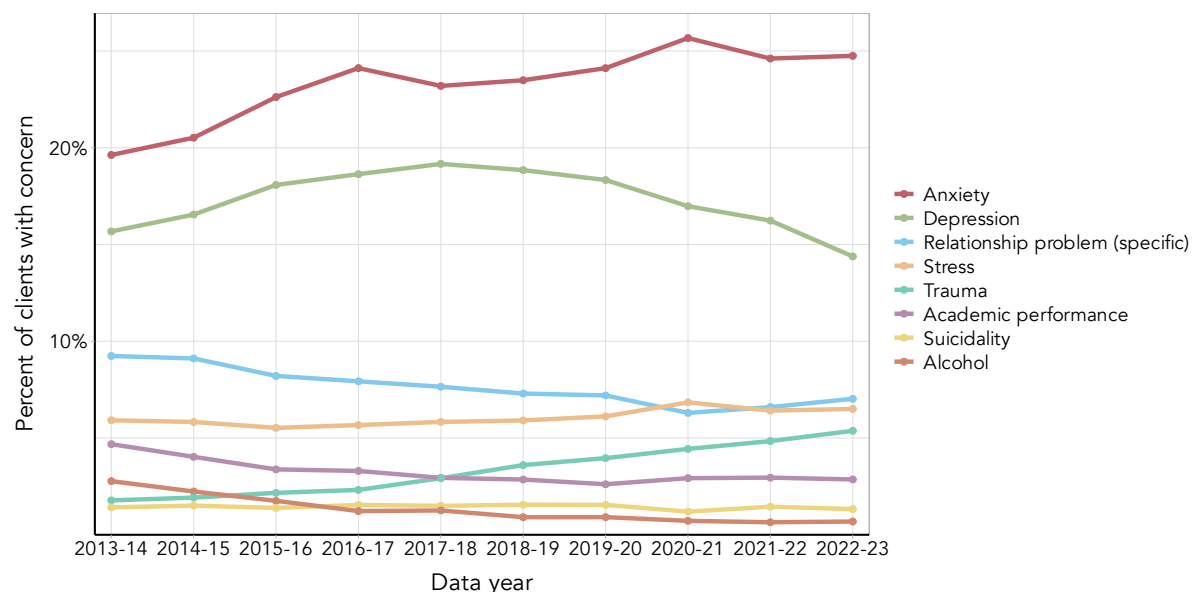
The Clinician Index of Client Concerns (CLICC) captures the presenting concerns of counseling center clients, as assessed by the clinician during an initial appointment. The CLICC includes 54 concerns and asks the clinician (a) to check all that apply and (b) to identify the “top concern” of those selected.

The graphs below display notable trends in the most frequently assessed CLICC items by clinicians. While Anxiety was relatively flat, Depression continued to decrease slightly both as a general (check all that apply) and top concern. After steady declines in previous years, Relationship problem (specific) is now showing an upward trend as a top concern. Most notably, Trauma as a general and top concern has continued to increase since 2014-2015, which is consistent with student clients’ self-report on the SDS.

CLICC Trends (Check All That Apply): Percentage of Clients with Each Concern from 2013–2023



CLICC Trends (Top Concern): Percentage of Clients with Each Concern from 2013–2023



Appointment Statistics

UTILIZATION

Data from 2022-2023 was analyzed to determine how counseling center resources were distributed among students seeking services. The following points describe how counseling center appointments were utilized by 175,624 students across participating CCMH centers:

- The most common number of appointments per client per year is one.
- Clients averaged 5.7 total attended appointments of any kind, with a median of 4 appointments, and a range of 1-135 appointments.
- Clients averaged 4.89 attended *Individual Treatment* (initial clinical evaluations and individual counseling) appointments, with a median of 3 attended appointments, and a range of 1-94 attended appointments.
- 20% of clients accounted for 56% of all appointments, averaging 15 appointments.
- 10% of clients accounted for 37% of all appointments, averaging 19 appointments.
- 5% of clients accounted for 24% of all appointments, averaging 24 appointments.
- 1% of clients accounted for 7% of all appointments, averaging 36 appointments.

ATTENDANCE

Out of 1,259,380 appointments, 76% were marked as attended.

| Client Attendance | Frequency | Percent |
|-----------------------|-----------|---------|
| Attended | 952,543 | 75.8% |
| Center Closed | 6,819 | 0.5% |
| Client Cancelled | 59,024 | 4.7% |
| Client Cancelled Late | 24,715 | 2.0% |
| Client No Show | 95,291 | 7.6% |
| Client Rescheduled | 63,905 | 5.1% |
| Counselor Cancelled | 30,536 | 2.4% |
| Counselor Rescheduled | 23,678 | 1.9% |

When examining the attendance rates of specific types of appointments, Brief Screening or Walk-in and Initial Clinical Evaluation appointments had the highest attendance rates, while Group (psychotherapy, workshop, clinic) appointments had the lowest.

| Appointment Category | Total Sessions | Percent Attended |
|-------------------------------------|----------------|------------------|
| Individual psychotherapy/counseling | 700,759 | 73.7% |
| Initial clinical evaluation | 119,552 | 80.3% |
| Brief Screening or Walk-in | 102,965 | 87.3% |
| Group – psychotherapy | 101,293 | 64.0% |
| Psychiatric follow-up | 48,113 | 74.4% |
| Case management | 46,985 | 82.1% |
| Group – workshop | 12,518 | 50.8% |
| Specialized individual treatment | 10,549 | 76.9% |
| Couple's therapy | 8,489 | 73.8% |
| Psychiatric evaluation | 8,386 | 80.0% |
| Group – clinic | 4,710 | 59.4% |
| Psychological Testing or Assessment | 3,839 | 81.6% |

APPOINTMENT LENGTH

Appointment length for all types of appointments was rounded up to the next 15-minute increment for 0 to 60 minutes and the next 30-minute mark for appointments 60 to 120 minutes in length. Approximately two-thirds of appointments were 60 minutes. Only 8.4% of appointments were over 60 minutes in length.

| Appointment Length (Minutes) | Frequency | Percent |
|------------------------------|-----------|---------|
| 15 | 56,881 | 6.0% |
| 30 | 143,740 | 15.1% |
| 45 | 39,750 | 4.2% |
| 60 | 631,753 | 66.3% |
| 90 | 68,467 | 7.2% |
| 120 | 11,953 | 1.3% |

APPOINTMENT MODE

Appointment mode information (In person, Video, Audio, or Text) was provided for 554,263 attended appointments in 2022-2023. The frequency of in person appointments increased from 2% in 2020-2021 to 60% in 2022-2023, while video appointments declined from 83% in 2020-2021 to 29% in 2022-2023.

| Mode | Frequency | Percent |
|-----------|-----------|---------|
| In person | 334,338 | 60.3% |
| Audio | 31,669 | 5.7% |
| Video | 162,146 | 29.3% |
| Text | 26,110 | 4.7% |

WAIT TIME FOR FIRST APPOINTMENT

Wait time captures the time (in days) between when an appointment was scheduled and attended. If an appointment was attended on the same day it was scheduled, the wait time is 0 days. The table below describes the average wait time in business and calendar days for the first attended Brief Screening/Walk-In (quick screen, triage, or walk-in consultation) and Initial Clinical Evaluation (first appointment or “Intake” that includes detailed information gathering) appointments of the year. The data is from 126,388 students who sought care in 2022-2023.

| | Business Days | Calendar Days |
|-----------------------------|---------------|---------------|
| Brief Screening/Walk-In | 1.54 | 2.12 |
| Initial Clinical Evaluation | 4.35 | 6.04 |

Approximately 35% of students were seen for their first appointment of the year on the same day it was scheduled, while 81% were seen within 5 business days or 7 calendar days.

Standardized Data Set (SDS)

The Standardized Data Set (SDS) is a set of standardized data materials used by counseling centers during routine clinical practice. In this section, we provide a closer analysis of selected forms from the SDS: the Clinician Index of Client Concerns (CLICC); the Case Closure Form; and client, provider, center, and institutional demographic information.

CLINICIAN INDEX OF CLIENT CONCERNS (CLICC)

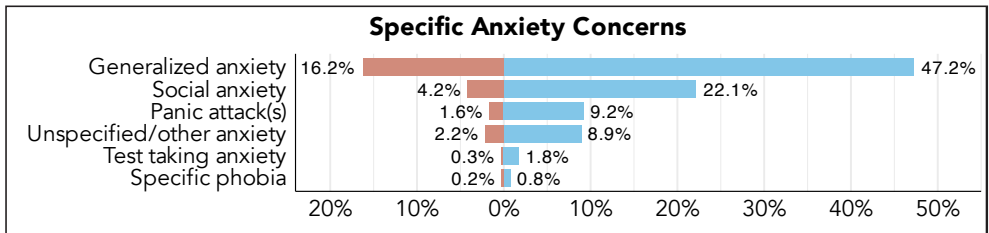
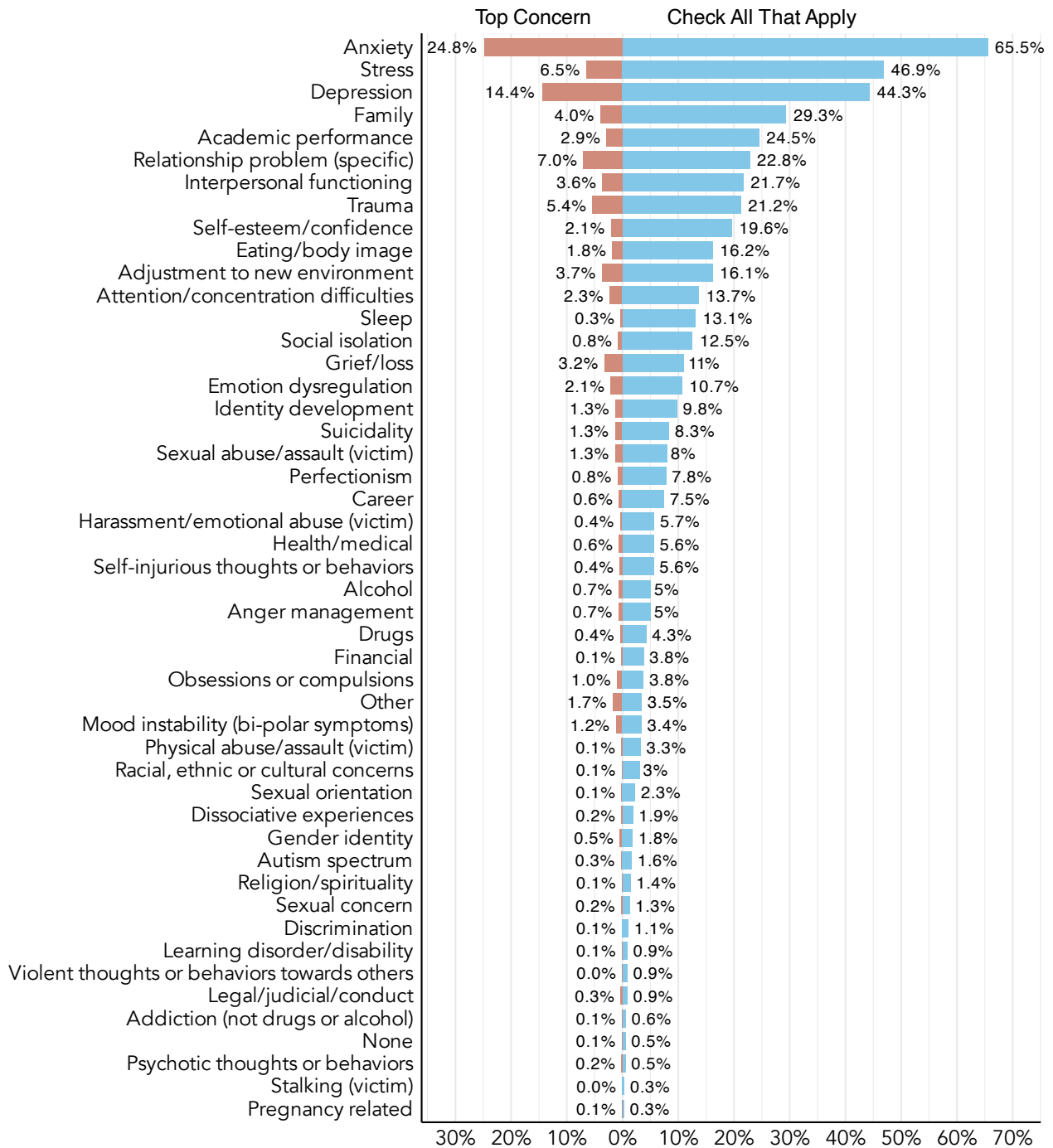
The CLICC was designed by CCMH to capture and facilitate reporting on the most common presenting concerns of counseling center clients, as assessed by the clinician during an initial appointment. The resulting data allows CCMH and individual centers to quickly and easily report on the most common client concerns treated at each center, as well as support a wide array of research initiatives. The CLICC includes 54 concerns, and beginning in July 2017, the category of “Anxiety” was expanded to include options for 6 specific types of anxiety, including Generalized, Social, Test Anxiety, Panic Attacks, Specific Phobias, as well as unspecified/other.

The graph on the next page illustrates the presenting concerns of 64,945 clients during the 2022-2023 academic year. For each client, clinicians are asked to “check all that apply” from the list of CLICC concerns (as one client can have many concurrent concerns). The blue bars on the right portion of the graph illustrate the frequency of each concern regardless of how many other concerns a student experienced.

Clinicians are then asked to choose one primary concern (i.e., the top concern) per client. The red bars on the left in the graph provide the frequency of each primary (top) concern.

Collectively the two bars highlight the proportion of clients who were experiencing each concern (check all that apply) and the proportion for which the specific concern was the primary problem (top concern). For example, while many clients experienced sleep as concern (13.1%), it was the top concern for far fewer clients (0.3%). On the other hand, 22.8% of clients had Relationship problem (specific) endorsed as a concern, but a higher percent (7%) had it endorsed as their top concern. The Anxiety category is displayed broken out into the specific types of anxiety below the main graph.

CLICC Combined Top Concern and Check All That Apply



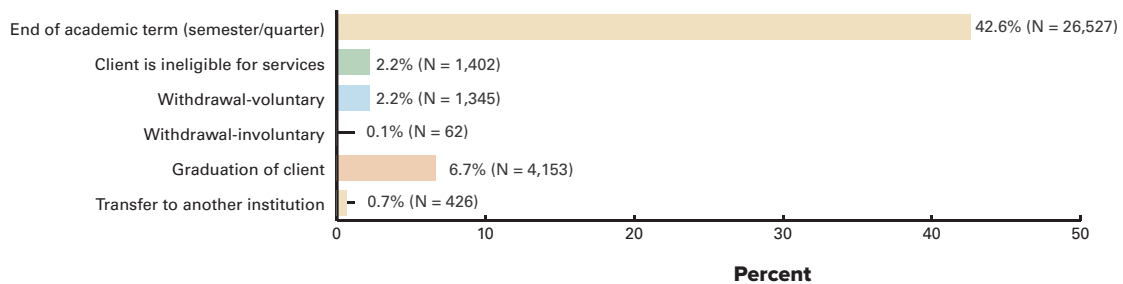
CASE CLOSURE FORM

The Case Closure Form captures a wide array of reasons (academic, clinical, and client factors) why services ended, as well as significant events that might have occurred during the course of a student's services. Clinicians are asked to complete this form following the end of their service provision with a client. Clinicians can "select all that apply" from a checklist of 20 reasons why services may have ended for a given client and indicate the top reason. They can also specify any of 14 significant events that might have occurred during services.

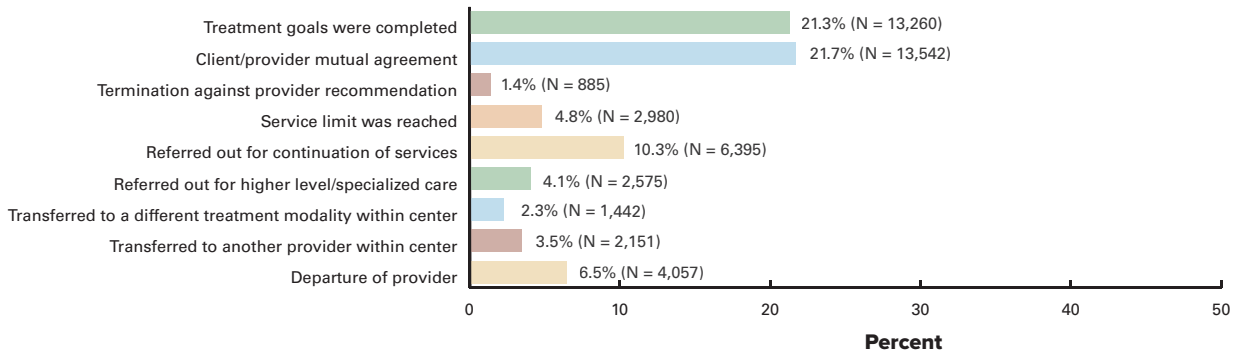
Reasons for Closure of Case

This graph describes the frequency of various reasons why services ended for students who received treatment during the 2022-2023 academic year (N = 62,328). Of note, the top most endorsed reasons were the ending of the academic term (42.6%), followed by the client not returning for their last appointment (23.8%), client/provider mutual agreement (21.7%), and treatment goals being completed (21.3%).

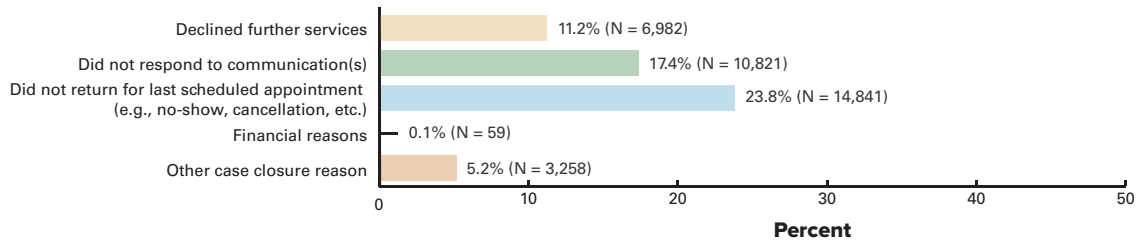
Academic Status Reasons



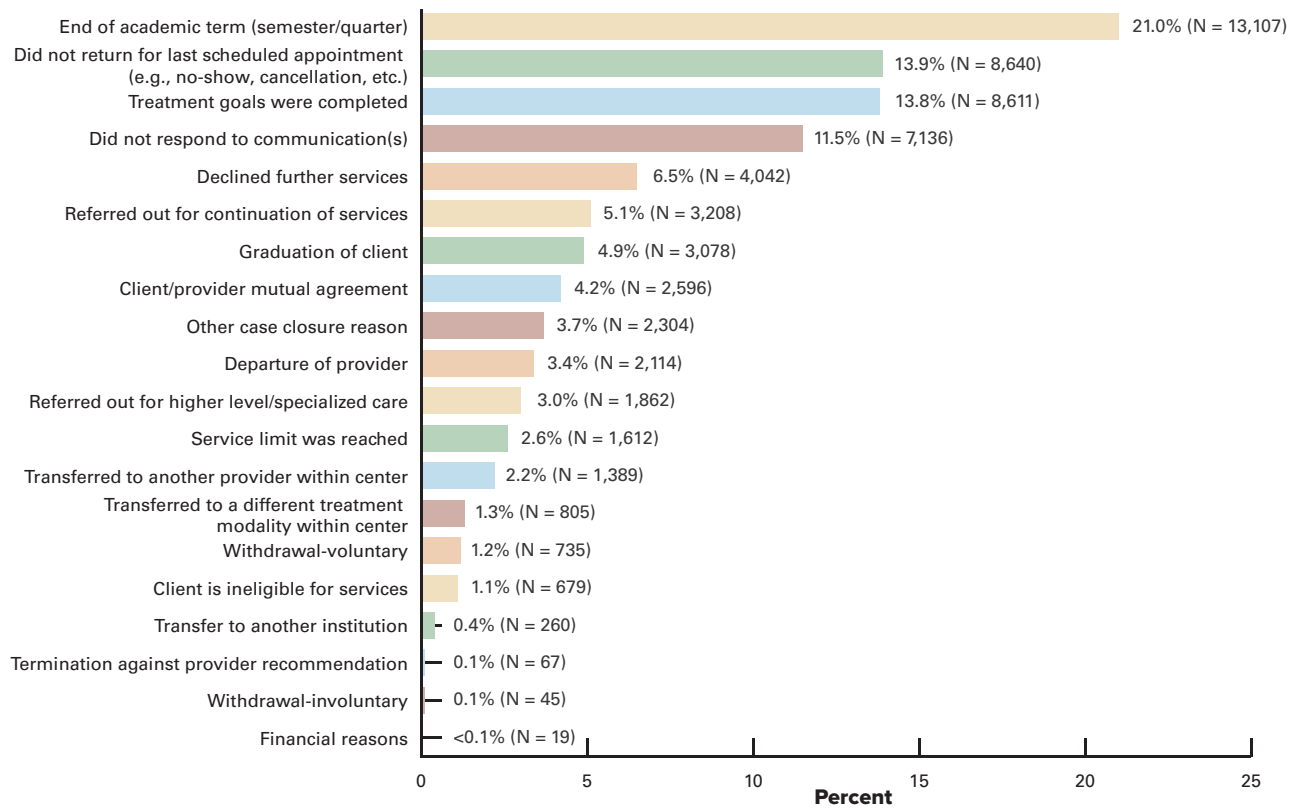
Clinical Factor Reasons



Client Factor Reasons



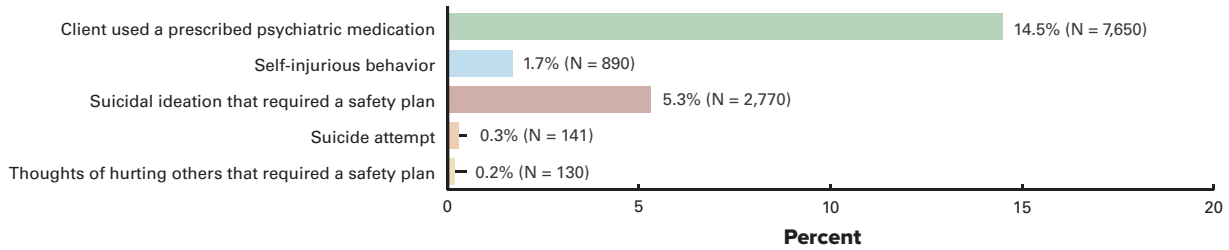
Top Case Closure Reason



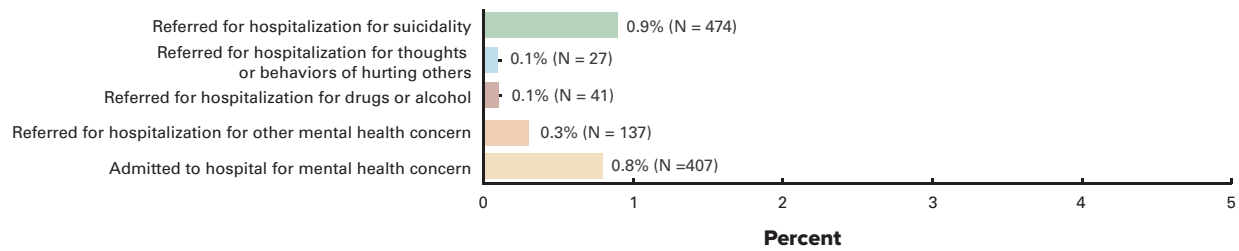
Case Events

This graph describes the frequency of significant events occurring during a course of services for students during the 2022-2023 academic year (N = 52,711).

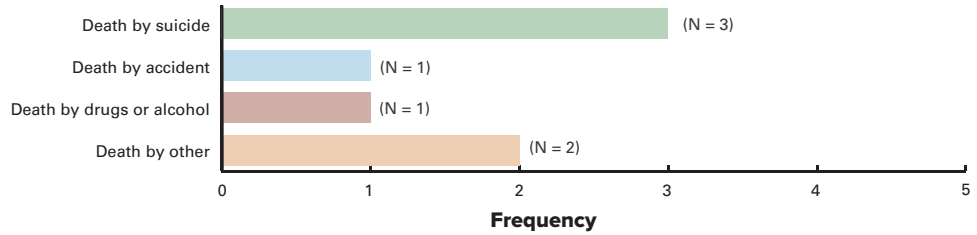
Clinical Events



Hospitalization Events



Client Deaths



CLIENT DEMOGRAPHIC INFORMATION

The Standardized Data Set (SDS) for client demographic information contains numerous different questions related to client demographics. The tables below include the specific item text and number. Because counseling centers differ in the questions they choose to ask from the SDS, the total number of responses varies by question.

Client Age

| Mean | SD | Range |
|-------|------|-------|
| 22.07 | 4.13 | 18-60 |

What is your gender identity?

| SDS 88 (N = 114,543) | Frequency | Percent |
|----------------------|-----------|---------|
| Woman | 70,772 | 61.8% |
| Transgender woman | 591 | 0.5% |
| Man | 37,198 | 32.5% |
| Transgender man | 754 | 0.7% |
| Non-binary | 4,042 | 3.5% |
| Self-identify | 1,186 | 1.0% |

What was your sex at birth?

| SDS 90 (N = 26,516) | Frequency | Percent |
|---------------------|-----------|---------|
| Female | 17,478 | 65.9% |
| Male | 9,035 | 34.1% |
| Intersex | 3 | <0.1% |

Do you consider yourself to be:

| SDS 91 (N = 107,156) | Frequency | Percent |
|-----------------------|-----------|---------|
| Asexual | 2,845 | 2.7% |
| Bisexual | 15,349 | 14.3% |
| Gay | 2,893 | 2.7% |
| Heterosexual/Straight | 71,505 | 66.7% |
| Lesbian | 2,558 | 2.4% |
| Pansexual | 3,375 | 3.1% |
| Queer | 3,615 | 3.4% |
| Questioning | 3,793 | 3.5% |
| Self-identify | 1,223 | 1.1% |

Since puberty, with whom have you had sexual experience(s)?

| SDS 93 (N = 12,103) | Frequency | Percent |
|----------------------------------------|-----------|---------|
| Only with men | 4,985 | 41.2% |
| Mostly with men | 1,345 | 11.1% |
| About the same number of men and women | 414 | 3.4% |
| Mostly with women | 413 | 3.4% |
| Only with women | 2,972 | 24.6% |
| I have not had sexual experiences | 1,974 | 16.3% |

People are different in their sexual attraction to other people. Which best describes your current feelings? Are you:

| SDS 94 (N = 17,173) | Frequency | Percent |
|---------------------------------------|-----------|---------|
| Only attracted to women | 4,493 | 26.2% |
| Mostly attracted to women | 1,364 | 7.9% |
| Equally attracted to women and men | 1,868 | 10.9% |
| Mostly attracted to men | 2,411 | 14.0% |
| Only attracted to men | 6,125 | 35.7% |
| Not sure | 600 | 3.5% |
| I do not experience sexual attraction | 312 | 1.8% |

What is your race/ethnicity?

| SDS 95 (N = 115,175) | Frequency | Percent |
|-------------------------------------|-----------|---------|
| African American/Black | 11,426 | 9.9% |
| American Indian or Alaskan Native | 635 | 0.6% |
| Asian American/Asian | 13,852 | 12.0% |
| Hispanic/Latino/a | 13,164 | 11.4% |
| Native Hawaiian or Pacific Islander | 243 | 0.2% |
| Multi-racial | 5,855 | 5.1% |
| White | 68,144 | 59.2% |
| Self-identify | 1,856 | 1.6% |

What is your country of origin?

| Country | Frequency | Country | Frequency | Country | Frequency |
|---------------------------|-----------|--------------------|-----------|--------------------------------------|-----------|
| United States | 95,810 | Vietnam | 319 | Ghana | 147 |
| India | 3,116 | Pakistan | 304 | Haiti | 143 |
| China | 2,524 | Venezuela | 290 | Saudi Arabia | 142 |
| Mexico | 764 | United Kingdom | 279 | United States Minor Outlying Islands | 142 |
| Korea, Republic of | 581 | Taiwan | 250 | Turkey | 135 |
| Nigeria | 427 | Russian Federation | 241 | Cuba | 132 |
| Iran, Islamic Republic of | 415 | Peru | 198 | Guatemala | 132 |
| Canada | 410 | Germany | 168 | Ecuador | 126 |
| Bangladesh | 400 | Egypt | 167 | Spain | 121 |
| Colombia | 356 | Nepal | 164 | Afghanistan | 117 |
| Puerto Rico | 346 | Jamaica | 157 | Italy | 115 |
| Philippines | 341 | Dominican Republic | 155 | Ukraine | 110 |
| Brazil | 328 | Japan | 151 | | |

Countries with less than 110 (0.1%) individuals:

Aland Islands; Albania; Algeria; American Samoa; Angola; Anguilla; Antarctica; Antigua and Barbuda; Argentina; Armenia; Aruba; Australia; Austria; Azerbaijan; Bahamas; Bahrain; Barbados; Belarus; Belgium; Belize; Benin; Bermuda; Bhutan; Bolivia; Bosnia and Herzegovina; Botswana; Bulgaria; Burkina Faso; Burundi; Cambodia; Cameroon; Cape Verde; Cayman Islands; Central African Republic; Chad; Chile; Congo; Congo, The Democratic Republic of the; Costa Rica; Cote D'ivoire; Croatia; Cyprus; Czech Republic; Denmark; Djibouti; Dominica; El Salvador; Equatorial Guinea; Eritrea; Estonia; Ethiopia; Fiji; Finland; France; French Guiana; French Polynesia; Gabon; Gambia; Georgia; Gibraltar; Greece; Greenland; Grenada; Guadeloupe; Guam; Guinea; Guyana; Honduras; Hong Kong; Hungary; Iceland; Indonesia; Iraq; Ireland; Israel; Jersey; Jordan; Kazakhstan; Kenya; Korea, Democratic People's Republic of; Kuwait; Kyrgyzstan; Lao People's Democratic Republic; Latvia; Lebanon; Lesotho; Liberia; Libyan Arab Jamahiriya; Lithuania; Luxembourg; Macedonia, The Former Yugoslav Republic of; Madagascar; Malawi; Malaysia; Maldives; Mali; Marshall Islands; Martinique; Mauritania; Mauritius; Mayotte; Micronesia, Federated States of; Moldova, Republic of; Mongolia; Montenegro; Montserrat; Morocco; Mozambique; Myanmar; Namibia; Nauru; Netherlands; Netherlands Antilles; New Zealand; Nicaragua; Niger; Northern Mariana Islands; Norway; Oman; Palau; Palestinian Territory; Panama; Paraguay; Poland; Portugal; Qatar; Romania; Rwanda; Saint Kitts and Nevis; Saint Lucia; Saint Vincent and the Grenadines; Samoa; Senegal; Serbia; Seychelles; Sierra Leone; Singapore; Slovakia; Slovenia; Somalia; South Africa; Sri Lanka; Sudan; Suriname; Swaziland; Sweden; Switzerland; Syrian Arab Republic; Tajikistan; Tanzania, United Republic of; Thailand; Togo; Tonga; Trinidad and Tobago; Tunisia; Turkmenistan; Turks and Caicos Islands; Uganda; United Arab Emirates; Uruguay; Uzbekistan; Virgin Islands, British; Virgin Islands, U.S.; Yemen; Zambia; Zimbabwe

Are you an international student?

| SDS 32 (N = 118,980) | Frequency | Percent |
|----------------------|-----------|---------|
| No | 108,323 | 91.0% |
| Yes | 10,657 | 9.0% |

Are you the first generation in your family to attend college?

| SDS 56 (N = 114,530) | Frequency | Percent |
|----------------------|-----------|---------|
| No | 86,989 | 76.0% |
| Yes | 27,541 | 24.0% |

Current academic status:

| SDS 1037 (N = 78,295) | Frequency | Percent |
|--------------------------------------------|-----------|---------|
| 1st year undergraduate | 18,745 | 23.9% |
| 2nd year undergraduate | 15,177 | 19.4% |
| 3rd year undergraduate | 15,100 | 19.3% |
| 4th year undergraduate | 11,330 | 14.5% |
| 5th year or more undergraduate | 3,143 | 4.0% |
| Graduate student | 12,825 | 16.4% |
| Professional degree student | 1,262 | 1.6% |
| Non-student | 86 | 0.1% |
| High-school student taking college classes | 10 | <0.1% |
| Non-degree student | 158 | 0.2% |
| Faculty or staff | 64 | 0.1% |
| Other (please specify) | 395 | 0.5% |

Graduate or professional degree program:

| SDS 39 (N = 36,828) | Frequency | Percent |
|------------------------|-----------|---------|
| Post-Baccalaureate | 2,915 | 7.9% |
| Masters | 6,048 | 16.4% |
| Doctoral degree | 3,934 | 10.7% |
| Law | 930 | 2.5% |
| Medical | 1,038 | 2.8% |
| Pharmacy | 280 | 0.8% |
| Dental | 159 | 0.4% |
| Veterinary Medicine | 435 | 1.2% |
| Not applicable | 18,902 | 51.3% |
| Other (please specify) | 2,187 | 5.9% |

What year are you in your graduate/professional program?

| SDS 41 (N = 21,425) | Frequency | Percent |
|---------------------|-----------|---------|
| 1 | 8,188 | 38.2% |
| 2 | 5,428 | 25.3% |
| 3 | 3,411 | 15.9% |
| 4 | 3,193 | 14.9% |
| 5+ | 1,205 | 5.6% |

Did you transfer from another campus/institution to this school?

| SDS 46 (N = 110,132) | Frequency | Percent |
|----------------------|-----------|---------|
| No | 90,360 | 82.0% |
| Yes | 19,772 | 18.0% |

What kind of housing do you currently have?

| SDS 42 (N = 85,993) | Frequency | Percent |
|-----------------------------------------|-----------|---------|
| On-campus residence hall/apartment | 33,333 | 38.8% |
| On/off campus fraternity/sorority house | 1,337 | 1.6% |
| On/off campus co-operative house | 803 | 0.9% |
| Off-campus apartment/house | 49,599 | 57.7% |
| Other (please specify) | 921 | 1.1% |

With whom do you live (check all that apply):

| SDS 44 (N = 101,770) | Frequency | Percent |
|---------------------------------------|-----------|---------|
| Alone | 14,214 | 14.0% |
| Spouse, partner, or significant other | 9,918 | 9.7% |
| Roommates | 67,598 | 66.4% |
| Children | 1,935 | 1.9% |
| Parent(s) or guardian(s) | 11,242 | 11.0% |
| Family (other) | 5,581 | 5.5% |
| Other | 1,271 | 1.2% |

Relationship status:

| SDS 33 (N = 112,713) | Frequency | Percent |
|--------------------------------------------------|-----------|---------|
| Single | 68,548 | 60.8% |
| Serious dating or committed relationships | 38,542 | 34.2% |
| Civil union, domestic partnership, or equivalent | 494 | 0.4% |
| Married | 4,298 | 3.8% |
| Divorced | 357 | 0.3% |
| Separated | 428 | 0.4% |
| Widowed | 46 | <0.1% |

Please indicate your level of involvement in organized extra-curricular activities (e.g., sports, clubs, student government, etc.):

| SDS 48 (N = 58,614) | Frequency | Percent |
|---------------------------------------------|-----------|---------|
| None | 20,536 | 35.0% |
| Occasional participation | 13,208 | 22.5% |
| One regularly attended activity | 9,708 | 16.6% |
| Two regularly attended activities | 7,630 | 13.0% |
| Three or more regularly attended activities | 7,532 | 12.9% |

Do you currently participate in any of the following organized college athletics? Intramurals:

| SDS 1151 (N = 84,104) | Frequency | Percent |
|-----------------------|-----------|---------|
| No | 77,767 | 92.5% |
| Yes | 6,337 | 7.5% |

Do you currently participate in any of the following organized college athletics? Club:

| SDS 1152 (N = 84,454) | Frequency | Percent |
|-----------------------|-----------|---------|
| No | 71,427 | 84.6% |
| Yes | 13,027 | 15.4% |

Do you currently participate in any of the following organized college athletics? Varsity:

| SDS 1153 (N = 83,696) | Frequency | Percent |
|-----------------------|-----------|---------|
| No | 80,420 | 96.1% |
| Yes | 3,276 | 3.9% |

Are you a member of a social fraternity or sorority?

| SDS 117 (N = 30,025) | Frequency | Percent |
|----------------------|-----------|---------|
| No | 26,336 | 87.7% |
| Yes | 3,689 | 12.3% |

Religious or Spiritual Preference:

| SDS 97 (N = 102,663) | Frequency | Percent |
|----------------------|-----------|---------|
| Agnostic | 17,455 | 17.0% |
| Atheist | 10,623 | 10.3% |
| Buddhist | 856 | 0.8% |
| Catholic | 12,931 | 12.6% |
| Christian | 28,990 | 28.2% |
| Hindu | 2,329 | 2.3% |
| Jewish | 2,005 | 2.0% |
| Muslim | 2,297 | 2.2% |
| No preference | 21,503 | 20.9% |
| Self-identify | 3,674 | 3.6% |

To what extent does your religious or spiritual preference play an important role in your life?

| SDS 36 (N = 80,989) | Frequency | Percent |
|---------------------|-----------|---------|
| Very important | 11,584 | 14.3% |
| Important | 15,835 | 19.6% |
| Neutral | 27,755 | 34.3% |
| Unimportant | 13,670 | 16.9% |
| Very unimportant | 12,145 | 15.0% |

How would you describe your financial situation right now?

| SDS 57 (N = 97,800) | Frequency | Percent |
|---------------------|-----------|---------|
| Always stressful | 11,969 | 12.2% |
| Often stressful | 19,752 | 20.2% |
| Sometimes stressful | 34,950 | 35.7% |
| Rarely stressful | 22,500 | 23.0% |
| Never stressful | 8,629 | 8.8% |

How would you describe your financial situation while growing up?

| SDS 58 (N = 69,576) | Frequency | Percent |
|---------------------|-----------|---------|
| Always stressful | 7,638 | 11.0% |
| Often stressful | 11,055 | 15.9% |
| Sometimes stressful | 17,012 | 24.5% |
| Rarely stressful | 19,505 | 28.0% |
| Never stressful | 14,366 | 20.6% |

What is the average number of hours you work per week during the school year (paid employment only)?

| SDS 1055 (N = 85,859) | Frequency | Percent |
|-----------------------|-----------|---------|
| 0 | 35,113 | 40.9% |
| 1-5 | 5,440 | 6.3% |
| 6-10 | 9,790 | 11.4% |
| 11-15 | 8,974 | 10.5% |
| 16-20 | 11,797 | 13.7% |
| 21-25 | 5,340 | 6.2% |
| 26-30 | 3,191 | 3.7% |
| 31-35 | 1,621 | 1.9% |
| 36-40 | 2,305 | 2.7% |
| 40+ | 2,288 | 2.7% |

Are you a member of ROTC?

| SDS 51 (N = 67,143) | Frequency | Percent |
|---------------------|-----------|---------|
| No | 66,533 | 99.1% |
| Yes | 610 | 0.9% |

Have you ever served in any branch of the US military (active duty, veteran, National Guard or reserves)?

| SDS 98 (N = 115,212) | Frequency | Percent |
|----------------------|-----------|---------|
| No | 113,694 | 98.7% |
| Yes | 1,518 | 1.3% |

Did your military experience include any traumatic or highly stressful experiences which continue to bother you?

| SDS 53 (N = 1,229) | Frequency | Percent |
|--------------------|-----------|---------|
| No | 788 | 64.1% |
| Yes | 441 | 35.9% |

MENTAL HEALTH HISTORY ITEMS

Attended counseling for mental health concerns:

| SDS 01 (N = 112,646) | Frequency | Percent |
|------------------------|-----------|---------|
| Never | 43,763 | 38.9% |
| Prior to college | 26,764 | 23.8% |
| After starting college | 22,667 | 20.1% |
| Both | 19,452 | 17.3% |

Taken a prescribed medication for mental health concerns:

| SDS 02 (N = 112,455) | Frequency | Percent |
|------------------------|-----------|---------|
| Never | 70,287 | 62.5% |
| Prior to college | 10,342 | 9.2% |
| After starting college | 15,953 | 14.2% |
| Both | 15,873 | 14.1% |

NOTE: The following paired questions ask the student to identify "How many times" and "The last time" for each experience/event. Frequencies for "The last time" questions are based on students who reported having the experience one time or more.

Been hospitalized for mental health concerns (how many times):

| SDS 64 (N = 117,955) | Frequency | Percent |
|----------------------|-----------|---------|
| Never | 107,121 | 90.8% |
| 1 time | 7,314 | 6.2% |
| 2-3 times | 2,693 | 2.3% |
| 4-5 times | 438 | 0.4% |
| More than 5 times | 389 | 0.3% |

Been hospitalized for mental health concerns (the last time):

| SDS 65 (N = 10,401) | Frequency | Percent |
|---------------------------|-----------|---------|
| Within the last 2 weeks | 729 | 7.0% |
| Within the last month | 374 | 3.6% |
| Within the last year | 1,986 | 19.1% |
| Within the last 1-5 years | 4,692 | 45.1% |
| More than 5 years ago | 2,620 | 25.2% |

Purposely injured yourself without suicidal intent (e.g., cutting, hitting, burning, etc.) (how many times):

| SDS 72 (N = 115,761) | Frequency | Percent |
|----------------------|-----------|---------|
| Never | 82,875 | 71.6% |
| 1 time | 6,179 | 5.3% |
| 2-3 times | 9,171 | 7.9% |
| 4-5 times | 3,372 | 2.9% |
| More than 5 times | 14,164 | 12.2% |

Purposely injured yourself without suicidal intent (e.g., cutting, hitting, burning, etc.) (the last time):

| SDS 73 (N = 31,820) | Frequency | Percent |
|---------------------------|-----------|---------|
| Within the last 2 weeks | 3,454 | 10.9% |
| Within the last month | 2,650 | 8.3% |
| Within the last year | 7,084 | 22.3% |
| Within the last 1-5 years | 11,429 | 35.9% |
| More than 5 years ago | 7,203 | 22.6% |

Seriously considered attempting suicide (how many times):

| SDS 74 (N = 113,355) | Frequency | Percent |
|----------------------|-----------|---------|
| Never | 74,345 | 65.6% |
| 1 time | 13,596 | 12.0% |
| 2-3 times | 14,457 | 12.8% |
| 4-5 times | 2,851 | 2.5% |
| More than 5 times | 8,106 | 7.2% |

Seriously considered attempting suicide (the last time):

| SDS 75 (N = 37,500) | Frequency | Percent |
|---------------------------|-----------|---------|
| Never | 2 | <0.1% |
| Within the last 2 weeks | 4,029 | 10.7% |
| Within the last month | 3,162 | 8.4% |
| Within the last year | 7,940 | 21.2% |
| Within the last 1-5 years | 15,535 | 41.4% |
| More than 5 years ago | 6,832 | 18.2% |

Made a suicide attempt (how many times):

| SDS 76 (N = 113,636) | Frequency | Percent |
|----------------------|-----------|---------|
| Never | 101,543 | 89.4% |
| 1 time | 7,572 | 6.7% |
| 2-3 times | 3,536 | 3.1% |
| 4-5 times | 486 | 0.4% |
| More than 5 times | 499 | 0.4% |

Made a suicide attempt (the last time):

| SDS 77 (N = 11,801) | Frequency | Percent |
|---------------------------|-----------|---------|
| Within the last 2 weeks | 376 | 3.2% |
| Within the last month | 264 | 2.2% |
| Within the last year | 1,504 | 12.7% |
| Within the last 1-5 years | 5,570 | 47.2% |
| More than 5 years ago | 4,087 | 34.6% |

Considered causing serious physical injury to another (how many times):

| SDS 78 (N = 112,991) | Frequency | Percent |
|----------------------|-----------|---------|
| Never | 106,227 | 94.0% |
| 1 time | 2,309 | 2.0% |
| 2-3 times | 2,492 | 2.2% |
| 4-5 times | 428 | 0.4% |
| More than 5 times | 1,535 | 1.4% |

Considered causing serious physical injury to another (the last time):

| SDS 79 (N = 6,409) | Frequency | Percent |
|---------------------------|-----------|---------|
| Never | 3 | <0.1% |
| Within the last 2 weeks | 762 | 11.9% |
| Within the last month | 650 | 10.1% |
| Within the last year | 1,583 | 24.7% |
| Within the last 1-5 years | 2,250 | 35.1% |
| More than 5 years ago | 1,161 | 18.1% |

Intentionally caused serious physical injury to another (how many times):

| SDS 80 (N = 112,281) | Frequency | Percent |
|----------------------|-----------|---------|
| Never | 110,692 | 98.6% |
| 1 time | 789 | 0.7% |
| 2-3 times | 527 | 0.5% |
| 4-5 times | 87 | 0.1% |
| More than 5 times | 186 | 0.2% |

Intentionally caused serious physical injury to another (the last time):

| SDS 81 (N = 1,523) | Frequency | Percent |
|---------------------------|-----------|---------|
| Within the last 2 weeks | 63 | 4.1% |
| Within the last month | 63 | 4.1% |
| Within the last year | 214 | 14.1% |
| Within the last 1-5 years | 517 | 33.9% |
| More than 5 years ago | 666 | 43.7% |

Someone had sexual contact with you without your consent (e.g., you were afraid to stop what was happening, passed out, drugged, drunk, incapacitated, asleep, threatened or physically forced) (how many times):

| SDS 82 (N = 112,082) | Frequency | Percent |
|----------------------|-----------|---------|
| Never | 81,513 | 72.7% |
| 1 time | 14,926 | 13.3% |
| 2-3 times | 10,205 | 9.1% |
| 4-5 times | 1,671 | 1.5% |
| More than 5 times | 3,767 | 3.4% |

Someone had sexual contact with you without your consent (e.g., you were afraid to stop what was happening, passed out, drugged, drunk, incapacitated, asleep, threatened or physically forced) (the last time):

| SDS 83 (N = 29,379) | Frequency | Percent |
|---------------------------|-----------|---------|
| Never | 2 | <0.1% |
| Within the last 2 weeks | 688 | 2.3% |
| Within the last month | 806 | 2.7% |
| Within the last year | 5,614 | 19.1% |
| Within the last 1-5 years | 13,473 | 45.9% |
| More than 5 years ago | 8,796 | 29.9% |

Experienced harassing, controlling, and/or abusive behavior from another person (e.g., friend, family member, partner, authority figure) (how many times):

| SDS 84 (N = 113,715) | Frequency | Percent |
|----------------------|-----------|---------|
| Never | 68,902 | 60.6% |
| 1 time | 7,921 | 7.0% |
| 2-3 times | 9,997 | 8.8% |
| 4-5 times | 2,833 | 2.5% |
| More than 5 times | 24,062 | 21.2% |

Experienced harassing, controlling, and/or abusive behavior from another person (e.g., friend, family member, partner, authority figure) (the last time):

| SDS 85 (N = 42,314) | Frequency | Percent |
|---------------------------|-----------|---------|
| Never | 1 | <0.1% |
| Within the last 2 weeks | 3,403 | 8.0% |
| Within the last month | 3,195 | 7.6% |
| Within the last year | 9,457 | 22.3% |
| Within the last 1-5 years | 17,401 | 41.1% |
| More than 5 years ago | 8,857 | 20.9% |

Experienced a traumatic event that caused you to feel intense fear, helplessness, or horror (how many times):

| SDS 86 (N = 109,824) | Frequency | Percent |
|----------------------|-----------|---------|
| Never | 58,476 | 53.2% |
| 1 time | 17,936 | 16.3% |
| 2-3 times | 18,212 | 16.6% |
| 4-5 times | 3,706 | 3.4% |
| More than 5 times | 11,494 | 10.5% |

Experienced a traumatic event that caused you to feel intense fear, helplessness, or horror (the last time):

| SDS 87 (N = 48,450) | Frequency | Percent |
|---------------------------|-----------|---------|
| Within the last 2 weeks | 3,774 | 7.8% |
| Within the last month | 3,034 | 6.3% |
| Within the last year | 10,577 | 21.8% |
| Within the last 1-5 years | 19,612 | 40.5% |
| More than 5 years ago | 11,453 | 23.6% |

Please select the traumatic event(s) you have experienced:

| SDS 99 (N = 39,553) | Frequency | Percent |
|---------------------------------------------------------------------------------------------------------|-----------|---------|
| Childhood physical abuse | 7,849 | 19.8% |
| Childhood sexual abuse | 5,889 | 14.9% |
| Childhood emotional abuse | 21,350 | 54.0% |
| Physical attack (e.g., mugged, beaten up, shot, stabbed, threatened with a weapon) | 4,093 | 10.3% |
| Sexual violence (rape or attempted rape, sexually assaulted, stalked, abused by intimate partner, etc.) | 14,013 | 35.4% |
| Military combat or war zone experience | 260 | 0.7% |
| Kidnapped or taken hostage | 386 | 1.0% |
| Serious accident, fire, or explosion (e.g., an industrial, farm, car, plane, or boating accident) | 3,845 | 9.7% |
| Terrorist attack | 220 | 0.6% |
| Near drowning | 3,167 | 8.0% |
| Diagnosed with life threatening illness | 1,305 | 3.3% |
| Natural disaster (e.g., flood, quake, hurricane, etc.) | 1,867 | 4.7% |
| Imprisonment or torture | 258 | 0.7% |
| Animal attack | 1,213 | 3.1% |
| Other (please specify) | 10,348 | 26.2% |

Felt the need to reduce your alcohol or drug use (how many times):

| SDS 66 (N = 106,448) | Frequency | Percent |
|----------------------|-----------|---------|
| Never | 78,605 | 73.8% |
| 1 time | 9,240 | 8.7% |
| 2-3 times | 10,744 | 10.1% |
| 4-5 times | 1,968 | 1.8% |
| More than 5 times | 5,891 | 5.5% |

Felt the need to reduce your alcohol or drug use (the last time):

| SDS 67 (N = 27,031) | Frequency | Percent |
|---------------------------|-----------|---------|
| Never | 1 | <0.1% |
| Within the last 2 weeks | 7,714 | 28.5% |
| Within the last month | 5,267 | 19.5% |
| Within the last year | 8,473 | 31.3% |
| Within the last 1-5 years | 4,818 | 17.8% |
| More than 5 years ago | 758 | 2.8% |

Others have expressed concern about your alcohol or drug use (how many times):

| SDS 68 (N = 106,385) | Frequency | Percent |
|----------------------|-----------|---------|
| Never | 92,024 | 86.5% |
| 1 time | 5,797 | 5.4% |
| 2-3 times | 5,282 | 5.0% |
| 4-5 times | 992 | 0.9% |
| More than 5 times | 2,290 | 2.2% |

Others have expressed concern about your alcohol or drug use (the last time):

| SDS 69 (N = 13,887) | Frequency | Percent |
|---------------------------|-----------|---------|
| Never | 2 | <0.1% |
| Within the last 2 weeks | 2,652 | 19.1% |
| Within the last month | 2,271 | 16.4% |
| Within the last year | 4,995 | 36.0% |
| Within the last 1-5 years | 3,304 | 23.8% |
| More than 5 years ago | 663 | 4.8% |

Received treatment for alcohol or drug use (how many times):

| SDS 70 (N = 111,093) | Frequency | Percent |
|----------------------|-----------|---------|
| Never | 109,122 | 98.2% |
| 1 time | 1,441 | 1.3% |
| 2-3 times | 334 | 0.3% |
| 4-5 times | 61 | 0.1% |
| More than 5 times | 135 | 0.1% |

Received treatment for alcohol or drug use (the last time):

| SDS 71 (N = 1,880) | Frequency | Percent |
|---------------------------|-----------|---------|
| Within the last 2 weeks | 182 | 9.7% |
| Within the last month | 98 | 5.2% |
| Within the last year | 461 | 24.5% |
| Within the last 1-5 years | 765 | 40.7% |
| More than 5 years ago | 374 | 19.9% |

Think back over the last two weeks. How many times have you had five or more drinks in a row (for males) OR four or more drinks in a row (for females)? (A drink is a bottle of beer, a glass of wine, a wine cooler, a shot glass of liquor, or a mixed drink):

| SDS 19 (N = 86,533) | Frequency | Percent |
|---------------------|-----------|---------|
| None | 58,293 | 67.4% |
| Once | 13,201 | 15.3% |
| Twice | 8,140 | 9.4% |
| 3 to 5 times | 5,550 | 6.4% |
| 6 to 9 times | 951 | 1.1% |
| 10 or more times | 398 | 0.5% |

Think back over the last two weeks. How many times have you used marijuana?

| SDS 1096 (N = 97,277) | Frequency | Percent |
|-----------------------|-----------|---------|
| None | 72,445 | 74.5% |
| Once | 5,516 | 5.7% |
| Twice | 4,304 | 4.4% |
| 3 to 5 times | 5,812 | 6.0% |
| 6 to 9 times | 3,005 | 3.1% |
| 10 or more times | 6,195 | 6.4% |

Please indicate how much you agree with the statement: “I get the emotional help and support I need from my family”:

| SDS 22 (N = 82,146) | Frequency | Percent |
|---------------------|-----------|---------|
| Strongly disagree | 9,504 | 11.6% |
| Somewhat disagree | 13,904 | 16.9% |
| Neutral | 14,141 | 17.2% |
| Somewhat agree | 26,148 | 31.8% |
| Strongly agree | 18,449 | 22.5% |

Please indicate how much you agree with the statement: “I get the emotional help and support I need from my social network (e.g., friends, acquaintances)”:

| SDS 23 (N = 82,504) | Frequency | Percent |
|---------------------|-----------|---------|
| Strongly disagree | 5,127 | 6.2% |
| Somewhat disagree | 9,929 | 12.0% |
| Neutral | 15,896 | 19.3% |
| Somewhat agree | 32,500 | 39.4% |
| Strongly agree | 19,052 | 23.1% |

Are you registered with the office for disability services on this campus as having a documented and diagnosed disability?

| SDS 60 (N = 111,913) | Frequency | Percent |
|----------------------|-----------|---------|
| No | 98,819 | 88.3% |
| Yes | 13,094 | 11.7% |

If you selected “Yes” for the previous question, please indicate which category of disability you are registered for (check all that apply):

| SDS 1061 (N = 12,853) | Frequency | Percent |
|-----------------------------------------------------------|-----------|---------|
| Difficulty hearing | 408 | 3.2% |
| Difficulty seeing | 317 | 2.5% |
| Difficulty speaking or language impairment | 139 | 1.1% |
| Mobility limitation/orthopedic impairment | 470 | 3.7% |
| Traumatic brain injury | 299 | 2.3% |
| Specific learning disabilities | 1,674 | 13.0% |
| ADD or ADHD | 6,395 | 49.8% |
| Autism spectrum disorder | 1,077 | 8.4% |
| Cognitive difficulties or intellectual disability | 519 | 4.0% |
| Health impairment/condition, including chronic conditions | 1,551 | 12.1% |
| Psychological or psychiatric condition | 3,869 | 30.1% |
| Other | 1,861 | 14.5% |

In the past 6 months, have you experienced discrimination or unfair treatment due to any of the following parts of your identity?

| SDS 111-116 (N = 50,561) | Frequency | Percent |
|------------------------------|-----------|---------|
| Disability | 1,380 | 2.8% |
| Gender | 5,166 | 10.3% |
| Nationality/County of Origin | 1,872 | 3.7% |
| Race/Ethnicity/Culture | 4,613 | 9.2% |
| Religion | 1,351 | 2.7% |
| Sexual Orientation | 3,026 | 6.0% |

COVID IMPACT ITEMS

Are your reasons for seeking services in any way related to the COVID-19 pandemic and related events?

| SDS 102 (N = 106,917) | Frequency | Percent |
|-----------------------|-----------|---------|
| No | 93,555 | 91.8% |
| Yes | 8,338 | 8.2% |

Which area(s) of your life have been negatively impacted by COVID-19? (check all that apply)

When asked to endorse negative impacts from COVID-19, 85% of students endorsed at least one impacted area impacted by COVID-19, and 77% endorsed multiple areas being affected.

| SDS 100 (N = 106,917) | Frequency | Percent |
|----------------------------------------------------|-----------|---------|
| Mental health | 64,125 | 60.0% |
| Academics | 58,219 | 54.5% |
| Loneliness or isolation | 56,365 | 52.7% |
| Motivation or focus | 53,806 | 50.3% |
| Missed experiences or opportunities | 52,040 | 48.7% |
| Relationships (Significant other, friends, family) | 31,341 | 29.3% |
| Financial | 27,127 | 25.4% |
| Career/Employment | 25,046 | 23.4% |
| Health concerns (self) | 20,843 | 19.5% |
| Health concerns (others) | 19,927 | 18.6% |
| Grief/loss of someone | 14,438 | 13.5% |
| Food or housing insecurity | 7,310 | 6.8% |
| Discrimination/Harassment | 2,974 | 2.8% |
| Other (please specify) | 1,068 | 1.0% |

How many times have you had COVID-19?

| SDS 103 (N = 21,708) | Frequency | Percent |
|---------------------------------|-----------|---------|
| 1 time | 9,789 | 45.1% |
| 2-3 times | 4,194 | 19.3% |
| 4-5 times | 155 | 0.7% |
| More than 5 times | 21 | 0.1% |
| I don't think I've had COVID-19 | 7,549 | 34.8% |

PROVIDER DATA

The Standardized Data Set includes some basic demographic information about providers (clinicians) at participating counseling centers. The 2022-2023 data set represents 1,997 unique providers. Answer totals may vary by question since some counseling centers do not gather this data on providers or a provider may choose not to answer one or more questions.

Gender

| | Frequency | Percent |
|----------------------|-----------|---------|
| Woman | 1,420 | 71.4% |
| Transgender woman | 6 | 0.3% |
| Man | 495 | 24.9% |
| Transgender man | 9 | 0.5% |
| Non-binary | 42 | 2.1% |
| Prefer not to answer | 16 | 0.8% |

Age

| N | Mean | Mode |
|-------|------|------|
| 1,804 | 39.1 | 32 |

Race/Ethnicity

| | Frequency | Percent |
|-------------------------------------|-----------|---------|
| African-American/Black | 251 | 12.7% |
| American Indian or Alaskan Native | 11 | 0.6% |
| Asian American/Asian | 159 | 8.0% |
| White | 1,281 | 64.7% |
| Hispanic/Latino/a | 138 | 7.0% |
| Native Hawaiian or Pacific Islander | 6 | 0.3% |
| Multi-racial | 91 | 4.6% |
| Prefer not to answer | 17 | 0.9% |
| Other | 27 | 1.4% |

Highest Degree (descending sort)

| | Frequency | Percent |
|-----------------------------|-----------|---------|
| Doctor of Philosophy | 457 | 23.1% |
| Master of Arts | 340 | 17.2% |
| Master of Social Work | 306 | 15.4% |
| Master of Science | 301 | 15.2% |
| Doctor of Psychology | 243 | 12.3% |
| Master of Education | 90 | 4.5% |
| Bachelor of Science | 65 | 3.3% |
| Doctor of Medicine | 44 | 2.2% |
| Bachelor of Arts | 42 | 2.1% |
| Other | 32 | 1.6% |
| Doctor of Osteopathy | 17 | 0.9% |
| Education Specialist | 16 | 0.8% |
| Nursing (e.g. RN, RNP, PNP) | 15 | 0.8% |
| Doctor of Education | 11 | 0.6% |
| Doctor of Social Work | 3 | 0.2% |

Highest Degree-Discipline (descending sort)

| | Frequency | Percent |
|------------------------------------------------------------|-----------|---------|
| Clinical Psychology | 526 | 26.7% |
| Counseling Psychology | 447 | 22.7% |
| Social Work | 320 | 16.2% |
| Mental Health Counseling/Clinical Mental Health Counseling | 294 | 14.9% |
| Other | 131 | 6.6% |
| Counselor Education | 98 | 5.0% |
| Psychiatry | 56 | 2.8% |
| Marriage and Family Therapist | 51 | 2.6% |
| Nursing | 21 | 1.1% |
| Higher Education | 13 | 0.7% |
| Educational Psychology | 10 | 0.5% |
| Health Education | 2 | 0.1% |
| Community Psychology | 1 | 0.1% |

Are you licensed under your current degree?

| | Frequency | Percent |
|-----|-----------|---------|
| Yes | 1,442 | 73.2% |
| No | 529 | 26.8% |

Position Type (descending sort)

| | Frequency | Percent |
|----------------------------------------|-----------|---------|
| Professional staff member | 1,434 | 72.1% |
| Master's level trainee | 125 | 6.3% |
| Doctoral level trainee (not an intern) | 72 | 3.6% |
| Pre-doctoral intern | 187 | 9.4% |
| Post-doctoral level (non-psychiatric) | 71 | 3.6% |
| Psychiatric resident | 19 | 1.0% |
| Other (please specify) | 81 | 4.1% |

CENTER DATA

The information below describes the 735 colleges and universities that renewed membership or became CCMH members for the 2022-2023 academic year.

Utilization: The total number of students with at least 1 attended appointment between July 1st and June 30th. The average utilization is 895.

| | Frequency | Percent |
|-----------|-----------|---------|
| under 151 | 56 | 8.6% |
| 151-200 | 39 | 6.0% |
| 201-300 | 71 | 10.9% |
| 301-350 | 36 | 5.5% |
| 351-400 | 29 | 4.4% |
| 401-500 | 73 | 11.2% |
| 501-600 | 52 | 8.0% |
| 601-700 | 29 | 4.4% |
| 701-850 | 53 | 8.1% |
| 851-1000 | 30 | 4.6% |
| 1001-1200 | 35 | 5.4% |
| 1201-1500 | 39 | 6.0% |
| 1501-2000 | 45 | 6.9% |
| 2001-3000 | 37 | 5.7% |
| 3001+ | 30 | 4.6% |

Percent Utilization: The proportion (%) of enrolled/eligible students who attended at least 1 appointment in the counseling center between July 1st and June 30th. The average percent utilization was 11.0%.

| | Frequency | Percent |
|---------------|-----------|---------|
| less than 5% | 106 | 16.2% |
| 5-7% | 127 | 19.4% |
| 7-10 | 137 | 20.9% |
| 10-12% | 75 | 11.5% |
| 12-15% | 71 | 10.9% |
| 15-20% | 51 | 7.8% |
| 20-30% | 71 | 10.9% |
| more than 30% | 16 | 2.4% |

Clinical Capacity: The total number of contracted/expected clinical hours for a typical/busy week when the center is fully staffed (not including case management and psychiatric services). One Standardized Counselor represents one block of 24 clinical hours per week. The average clinical capacity is 199.

| | Frequency | Percent |
|---------------------------------------------|-----------|---------|
| 48 or less (0-2 Standardized Counselors) | 44 | 6.7% |
| 49-72 (2-3 Standardized Counselors) | 85 | 13.0% |
| 73-96 (3-4 Standardized Counselors) | 74 | 11.3% |
| 97-120 (4-5 Standardized Counselors) | 69 | 10.6% |
| 121-144 (5-6 Standardized Counselors) | 56 | 8.6% |
| 145-168 (6-7 Standardized Counselors) | 60 | 9.2% |
| 169-192 (7-8 Standardized Counselors) | 34 | 5.2% |
| 193-240 (7-9 Standardized Counselors) | 62 | 9.5% |
| 241-312 (9-13 Standardized Counselors) | 53 | 8.1% |
| 313-432 (13-18 Standardized Counselors) | 54 | 8.3% |
| over 433 (18+ Standardized Counselors) | 63 | 9.6% |

Does your counseling center currently have an APA accredited pre-doctoral training program?

| | Frequency | Percent |
|-----|-----------|---------|
| No | 578 | 78.6% |
| Yes | 157 | 21.4% |

Is your counseling center currently accredited by IACS (International Accreditation of Counseling Services)?

| | Frequency | Percent |
|-----|-----------|---------|
| No | 565 | 76.9% |
| Yes | 170 | 23.1% |

Is the director of your center a member of AUCCCD?

| | Frequency | Percent |
|-----|-----------|---------|
| No | 137 | 18.6% |
| Yes | 598 | 81.4% |

THIRD-PARTY CONTRACTED VENDORS

Does your center have a contract with a third-party vendor for individual counseling (i.e., Mantra, TimelyMD, UWill, Talkspace)?

| | Frequency | Percent |
|-----|-----------|---------|
| No | 493 | 67.1% |
| Yes | 242 | 32.9% |

Does your center have a contract with a third-party vendor for psychiatric services (i.e., Mantra, TimelyMD)?

| | Frequency | Percent |
|-----|-----------|---------|
| No | 580 | 78.9% |
| Yes | 155 | 21.1% |

Does your center have a contract with a third-party vendor for intensive outpatient services (i.e. Charlie Health)?

| | Frequency | Percent |
|-----|-----------|---------|
| No | 729 | 99.2% |
| Yes | 6 | 0.8% |

Does your center have a contract with a third-party vendor for peer support (i.e., TogetherAll)?

| | Frequency | Percent |
|-----|-----------|---------|
| No | 624 | 84.9% |
| Yes | 111 | 15.1% |

Does your center have a contract with a third-party vendor for wellness (i.e., WellTrack Boost, TAO, Calm, HeadSpace)?

| | Frequency | Percent |
|-----|-----------|---------|
| No | 511 | 69.5% |
| Yes | 224 | 30.5% |

Does your center have a contract with a third-party vendor for coaching (i.e., Ginger)?

| | Frequency | Percent |
|-----|-----------|---------|
| No | 705 | 95.9% |
| Yes | 30 | 4.1% |

Does your center contract with any of the following vendors for crisis/after hours (i.e., ProtoCall)?

| | Frequency | Percent |
|-----|-----------|---------|
| No | 337 | 45.9% |
| Yes | 398 | 54.1% |

Does your center have a contract with a third-party vendor for referral services (i.e., ThrivingCampus, Shrink Space, WellTrack Connect)?

| | Frequency | Percent |
|-----|-----------|---------|
| No | 569 | 77.4% |
| Yes | 166 | 22.6% |

Does your center have a contract with a third-party vendor for mental health screening (i.e., MindWise)?

| | Frequency | Percent |
|-----|-----------|---------|
| No | 631 | 85.9% |
| Yes | 104 | 14.1% |

CLINICAL CHARACTERISTICS

Does your center have session limits for individual counseling?

| | Frequency | Percent |
|-----|-----------|---------|
| No | 461 | 62.7% |
| Yes | 274 | 37.3% |

Does your center use an annual contracting process to define each staff member's responsibilities, including the number of clinical hours?

| | Frequency | Percent |
|-----|-----------|---------|
| No | 532 | 72.4% |
| Yes | 203 | 27.6% |

We have regular extended hours (open until at least 7-8pm on some weekdays and/or weekend hours).

| | Frequency | Percent |
|-------|-----------|---------|
| False | 608 | 82.7% |
| True | 127 | 17.3% |

Routine individual counseling appointments usually occur weekly.

| | Frequency | Percent |
|-------|-----------|---------|
| False | 347 | 47.2% |
| True | 388 | 52.8% |

We retain the most severe and chronic cases and do not routinely refer them to external services.

| | Frequency | Percent |
|-------|-----------|---------|
| False | 532 | 72.4% |
| True | 203 | 27.6% |

We retain almost all students who seek services and do not routinely refer them to external services.

| | Frequency | Percent |
|-------|-----------|---------|
| False | 298 | 40.5% |
| True | 437 | 59.5% |

After-hours crisis services are primarily handled by counseling center staff (i.e., not by a 3rd party such as ProtoCall).

| | Frequency | Percent |
|-------|-----------|---------|
| False | 535 | 72.8% |
| True | 200 | 27.2% |

We have some form of "counselor on duty" during business hours.

| | Frequency | Percent |
|-------|-----------|---------|
| False | 121 | 16.5% |
| True | 613 | 83.5% |

Staff are required to provide a specified number of initial contacts each week (e.g., triage, intake, crisis).

| | Frequency | Percent |
|-------|-----------|---------|
| False | 388 | 52.9% |
| True | 346 | 47.1% |

Staff are required to absorb a specified number of new clients into their caseload per week (regardless of current caseload).

| | Frequency | Percent |
|-------|-----------|---------|
| False | 577 | 78.5% |
| True | 158 | 21.5% |

Staff are expected to have a specified number of attended appointment hours per week (i.e., not just scheduled appointments).

| | Frequency | Percent |
|-------|-----------|---------|
| False | 613 | 83.4% |
| True | 122 | 16.6% |

We have one or more staff who focus on community referrals (e.g., case/care manager, referral coordinator).

| | Frequency | Percent |
|-------|-----------|---------|
| False | 448 | 61.0% |
| True | 287 | 39.0% |

A student's first clinical contact is usually a full (45-60 min) assessment.

| | Frequency | Percent |
|-------|-----------|---------|
| False | 263 | 35.8% |
| True | 472 | 64.2% |

Clinicians in our center regularly engage in remote work (i.e., working from home on a scheduled basis as opposed to occasionally working from home as needed).

| | Frequency | Percent |
|-------|-----------|---------|
| False | 422 | 57.4% |
| True | 313 | 42.6% |

INSTITUTIONAL DATA

Institutional Enrollment: The total number of students enrolled at the institution who are eligible for services. The average enrollment is 11,719.

| | Frequency | Percent |
|---------------|-----------|---------|
| under 1,501 | 78 | 11.9% |
| 1,501-2,500 | 82 | 12.5% |
| 2,501-5,000 | 116 | 17.7% |
| 5,001-7,500 | 68 | 10.4% |
| 7,501-10,000 | 63 | 9.6% |
| 10,001-15,000 | 72 | 11.0% |
| 15,001-20,000 | 53 | 8.1% |
| 20,001-25,000 | 37 | 5.7% |
| 25,001-30,000 | 21 | 3.2% |
| 30,001-35,000 | 18 | 2.8% |
| 35,001-45,000 | 25 | 3.8% |
| 45,001+ | 21 | 3.2% |

Public or Private

| | Frequency | Percent |
|----------|-----------|---------|
| Combined | 3 | 0.4% |
| Private | 303 | 41.2% |
| Public | 429 | 58.4% |

Type of institution (Check all)

| | Frequency | Percent |
|-----------------------------------------------|-----------|---------|
| 4-year College/University | 661 | 90% |
| Religious-Affiliated School | 47 | 6% |
| 2-year College/University | 42 | 6% |
| Health Professional School | 37 | 5% |
| Community College | 34 | 5% |
| STEM Institution | 34 | 5% |
| Other | 20 | 3% |
| Creative Focus | 13 | 2% |
| Historically Black College/ University (HBCU) | 6 | 1% |
| Tribal | 1 | 0% |

Location of Campus

| | Frequency | Percent |
|------------------------------------------------------------------------|-----------|---------|
| Canada | 11 | 1.5% |
| International | 14 | 1.9% |
| Midwest (IA, IL, IN, MI, MN, MT, ND, NE, OH, SD, WI) | 158 | 21.5% |
| Northeast (CT, DE, MA, MD, ME, NH, NJ, NY, PA, RI, VA, VT, WV) | 249 | 33.9% |
| South (AL, AR, FL, GA, KS, KY, LA, MO, MS, NC, NM, NV, OK, SC, TN, TX) | 187 | 25.5% |
| West (AK, AZ, CA, CO, HI, ID, OR, UT, WA, WY) | 115 | 15.7% |

Athletic Division

| | Frequency | Percent |
|--------------|-----------|---------|
| Division I | 262 | 35.6% |
| Division II | 116 | 15.8% |
| Division III | 206 | 28.0% |
| None | 151 | 20.5% |

Contact Information

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PennState