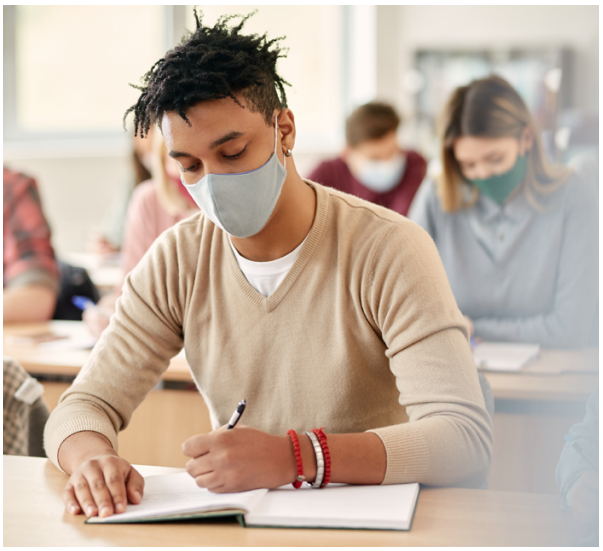
CCMH
CENTER FOR COLLEGIATE MENTAL HEALTH

2021 ANNUAL REPORT

bringing science and practice together.

PennState Student Affairs | Center for Collegiate Mental Health

Table of Contents



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- Collaborative efforts of more than 650 university and college counseling centers
- Association for University and College Counseling Center Directors (AUCCCD)
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- Penn State University Counseling and Psychological Services

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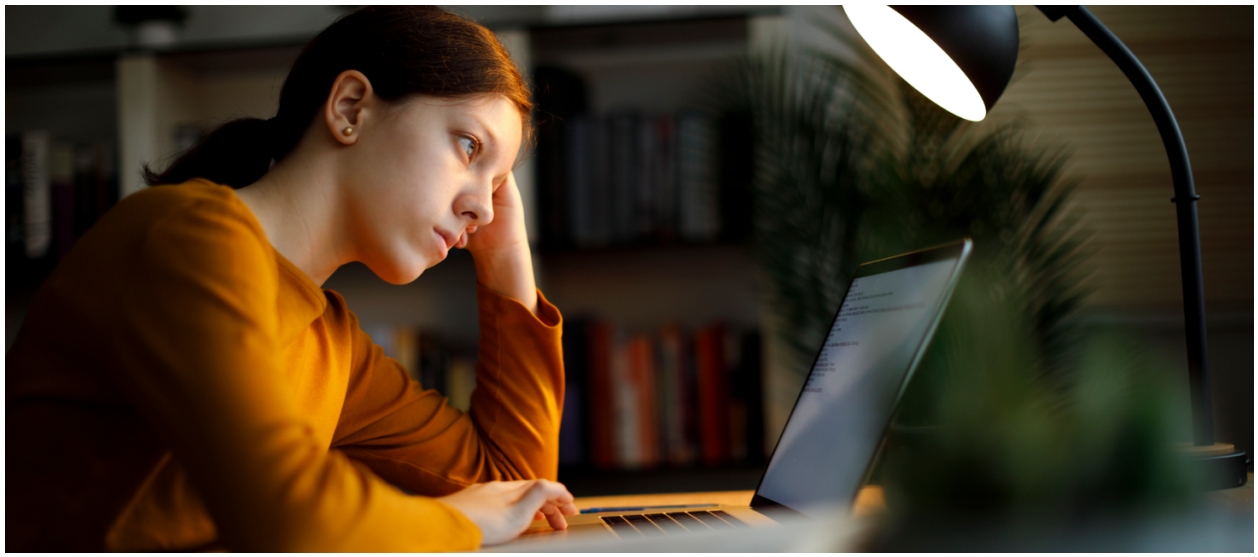

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2021 Report Introduction

The 2021 Annual Report summarizes data contributed to CCMH during the 2020-2021 academic year, beginning July 1, 2020 and ending on June 30, 2021. De-identified data were contributed by 180 college and university counseling centers, describing 153,233 unique college students seeking mental health treatment, 4,043 clinicians, and 1,135,520 appointments.

The following are critical to understand when reading this report:

1. **This report describes college students seeking 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 fluctuate 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 contribute client data to CCMH. Although CCMH maintains membership of over 600 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.

CHANGES FOR 2021

Based on feedback from the CCMH Advisory Board, CCMH members, and students receiving counseling services, the "Hostility" subscale was renamed to "Frustration/Anger" to better capture the interpretation and meaning of the items within the subscale. No items within the subscale were modified or removed.

REMINDERS FROM PRIOR REPORTS

- **2015** – Increasing Demand: Between Fall 2009 and Spring 2015, counseling center utilization increased by an average of 30-40%, while institutional 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 varied 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 HIGHLIGHTS

The following are key findings and implications contained in this year's report:

The CLI 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. The CLI was designed to provide a more accurate and consistently comparable metric that describes the landscape of staffing levels rather than offering a single recommendation.

In the 2019 Annual Report, higher CLI scores were associated with fewer appointments that were scheduled further apart, as well as less improvement in symptoms. However, there have been ongoing questions whether High CLI centers are able to maintain and prioritize the care for students with high intensity clinical concerns, despite the institutional decisions to allocate fewer resources to counseling center staffing levels overall. Thus, for the current 2021 Annual Report, 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.

Colleges and universities operating High CLI centers cannot simultaneously assume that students with high-risk and intensive needs will be prioritized and receive comparable levels of care to students who are treated at Low CLI centers. Institutions must understand the profound consequences of making the administrative choice to implement a High CLI center, including the potential incongruency with the expressed mission and goals of the institution that might emphasize support services for these groups of students. 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.

OTHER HIGHLIGHTS

- Depression and Generalized Anxiety leveled off in 2020-2021 after steadily increasing for years. Eating and Family Distress increased slightly, while Academic Distress demonstrated a substantial increase compared to the prior year.
- After years of steady increases, the lifetime prevalence rates of "threat-to-self" characteristics (non-suicidal self-injury, serious suicidal ideation, and suicide attempts) significantly decreased during 2020-2021.
- After consistently increasing over the past eight years, all prior treatment characteristics (counseling, medication, hospitalization) decreased in 2020-2021.
- Anxiety continues to be the most common "check all" and "top most" presenting concern assessed by clinicians on the CLICC. Stress increased to become the second most common "check all," followed by Depression, which leveled off in 2020-2021. As "top most" concerns, Anxiety and Depression have been diverging since 2017-2018, with Anxiety increasing in frequency and Depression decreasing. This trend continued in 2020-2021, with even more substantial changes compared to previous years. After steadily declining since 2013-2014, Academic Performance "check all" increased during the 2020-2021 academic year.
- The average length of individual treatment increased from 4.35 appointments in 2019-2020 to 5.22 in 2020-2021, an increase of 20%.

2021 Annual Report Special Section

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 stakeholder 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).

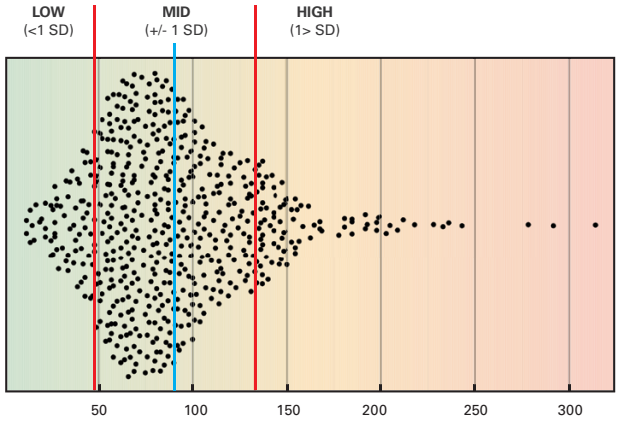
CLI scores can be conceptually thought of as the "average annual caseload" for a "standardized counselor" within a counseling center, or the average number of clients a typical full-time counselor would see in a year at that center. Because of the standardized/annual/aggregate nature of CLI scores, the 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 and allows institutions to align service goals with staffing levels.
- The CLI does not include psychiatry or dedicated case-management because these are still 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 or staffing related to different center missions (e.g., comprehensive counseling center, training center, integrated, etc.).

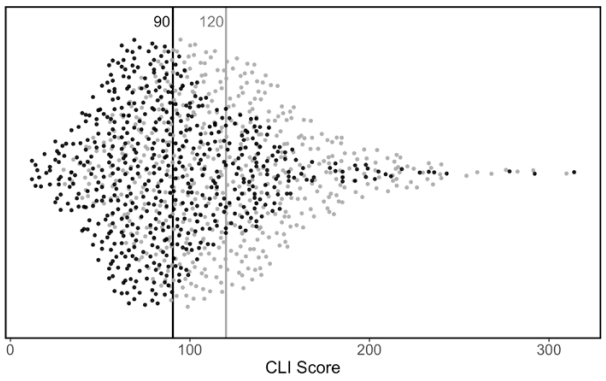
2020-2021 CLI DISTRIBUTION

To accompany this Annual Report, CCMH updated the CLI distribution based on new data from 565 CCMH member institutions during the 2020-2021 Academic Year (7/1/2020 to 6/30/2021). Complete details about the 2020-2021 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 640 member centers, CCMH staff carefully audited hundreds of centers via phone and email to confirm/adjust data for accuracy. A total of 75 centers were excluded due to missing data, incomplete audits, or unique/temporary staffing situations. The following describes the CLI distribution for 2020-2021:

- N = 565
- Range = 12-314
- Mean = 90
- Median = 84
- Standard Deviation = 43
- Zones:
  - Low: 12 to 48
  - Mid: 48 to 133
  - High: 133 to 310



CHANGES IN THE CLINICAL LOAD INDEX (CLI) DISTRIBUTION FROM 2018-2019 TO 2020-2021

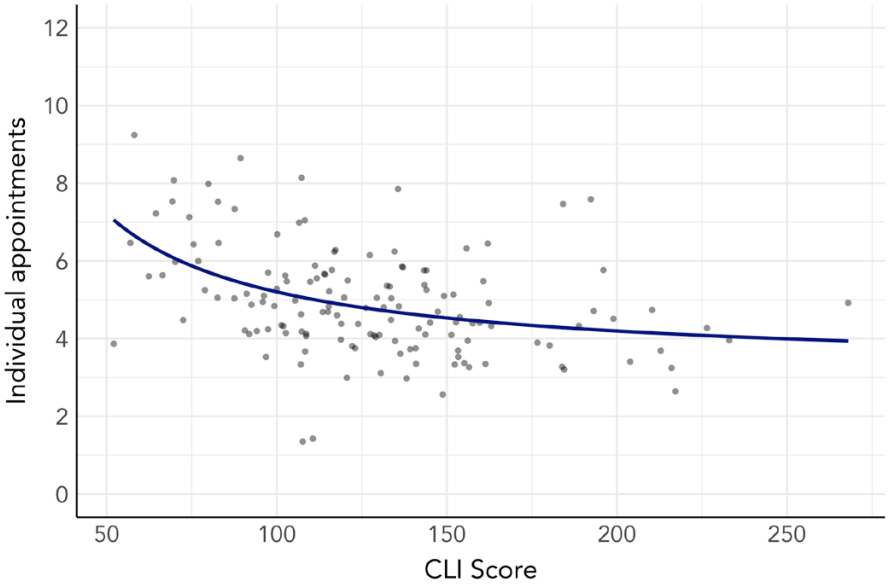


While the overall shape of the CLI distribution remained the same from 2018-2019 to 2020-2021, the mean, median, minimum/maximum, and zones significantly shifted. The primary reasons for these changes are the well documented declines in counseling center usage (utilization) and staff changes (clinical capacity) that occurred in some centers during 2020-2021. Specifically, 86% of centers experienced a decrease in utilization, while only 48% of centers reported a decrease in clinical capacity. This suggests that the changes in the CLI were primarily driven by the reduction in students seeking care at college counseling centers in 2020-2021. While a decline in utilization occurred in the average center, it should be noted that some centers did experience an increase in students served from 2019-2020 to 2020-2021. Given the decades of annual increases in demand for counseling services that were evident prior to the onset of COVID-19, the decrease in utilization in 2020-2021 is almost certainly an anomaly caused by the reduction in residential living, interstate license laws related to service provision, students seeking care at home or choosing not to receive care, and known barriers to tele-health (preference for in-person, limited private space, etc.).

A NEW EXAMINATION OF THE RELATIONSHIP BETWEEN CLI AND TREATMENT DOSE

Using data from 2017-2018, the 2019 Annual Report discovered that higher CLI scores or "average annual caseloads" were associated with reduced quantity (fewer sessions per student) and frequency (appointments scheduled further apart) of treatment, as well as less improvement in symptoms. In the current 2021 Annual Report, data were utilized from approximately 180,000 clients seen at 146 centers in 2018-2019. The figure below replicates the findings from the 2019 Annual Report that higher CLI scores are associated with substantially lower treatment dosages. Additionally, this graph provides a more nuanced view of how CLI is related to the amount of treatment received by students. CLI scores have a profound negative association with the amount of treatment provided between scores of 50 and 150, with a more modest decline in dose as the CLI increases from 150 to 250. Using the Low and High CLI zones established in the 2020 Annual Report, this figure demonstrates that the average center in the Low CLI zone (below 73) provided 36% more care than the average center in the High CLI zone (above 167). While this figure clearly shows the negative effect on the average student seeking services, there are remaining questions about how these impacts are felt by clients with specific critical needs that are often emphasized by institutions.

Average Number of Individual Appointments (per center) by CLI



CLI AND THE AMOUNT OF TREATMENT RECEIVED BY STUDENTS WITH HIGH INTENSITY NEEDS

There have been ongoing questions about whether High CLI centers are able to maintain and prioritize the care for students with high intensity and critical needs (e.g., students with suicidality, sexual assault survivors, students with a registered disability, and first generation students), despite the institutional decisions to allocate less resources to counseling center staffing levels.

The following areas were investigated to address these questions:

1. Do students with key high intensity needs that are emphasized by institutions (e.g., students with threat-to-self characteristics, sexual assault survivors, students with a registered disability, first generation students) receive the same amount of treatment (attended individual counseling appointments) at Low CLI and High CLI centers?
2. Do students with other low, moderate, and high intensity presenting concerns experience similar amounts of care at Low CLI and High CLI centers?

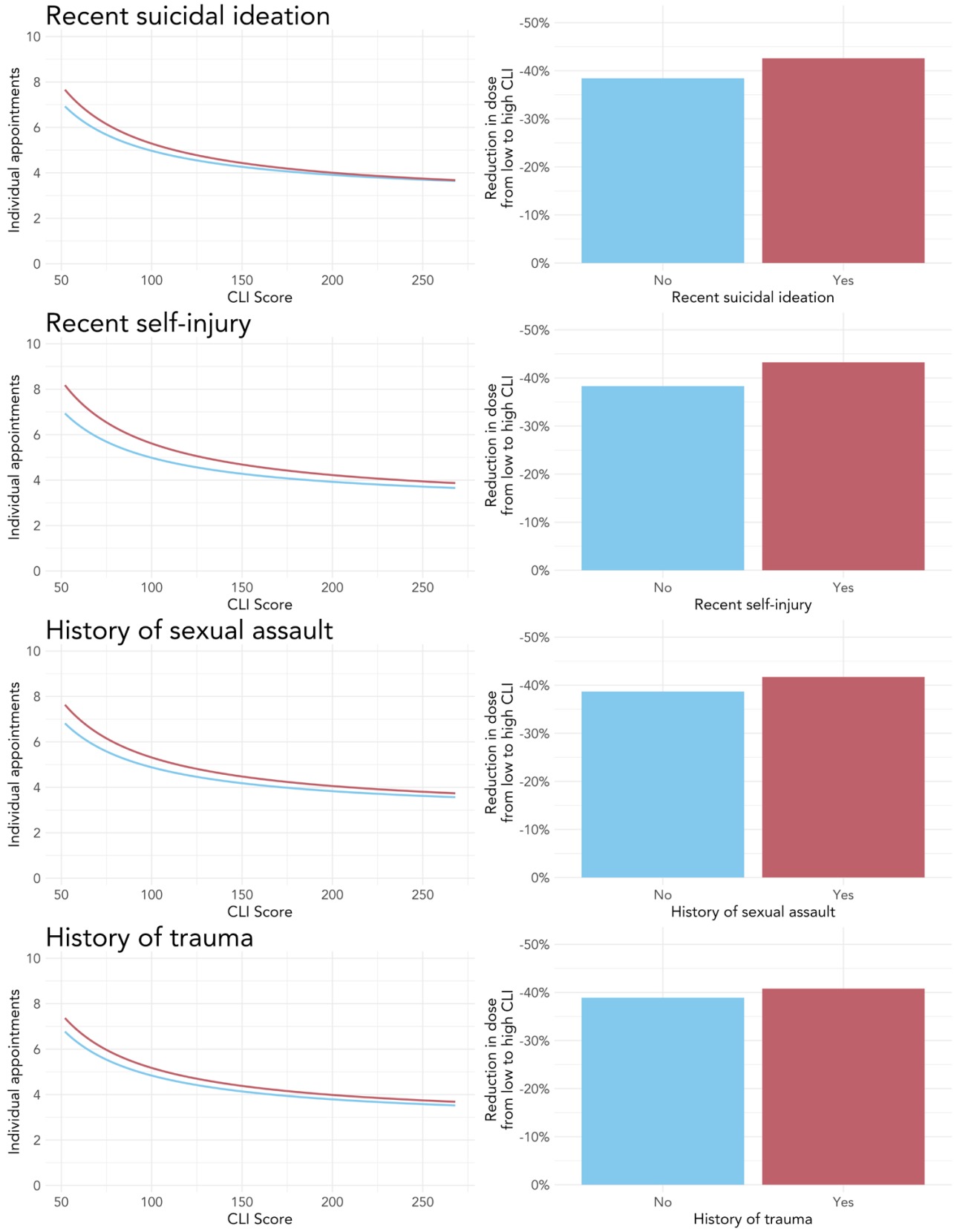
Data from 2018-2019 were used to answer these questions due to the aforementioned temporary impact of COVID-19 on counseling center utilization during the past two years of data collection.

Relationship Between CLI and Treatment Dosage for Students with Threat-to-Self, Sexual Assault/Trauma, and Other Intensive Needs

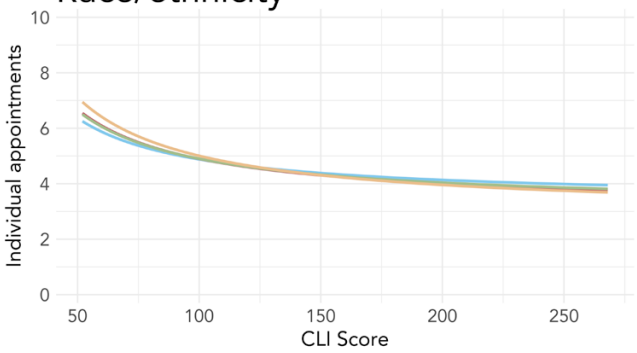
Data from 130,000 students seen at 130 counseling centers were used to examine the association between annual counselor caseloads (CLI) and the amount of treatment received by students with significant suicidal ideation, recent self-injurious behavior, survivors of sexual assault/trauma, and students with identities that may require additional support services (Race/ethnicity, Gender identity, Registered disability, and First-generation student).

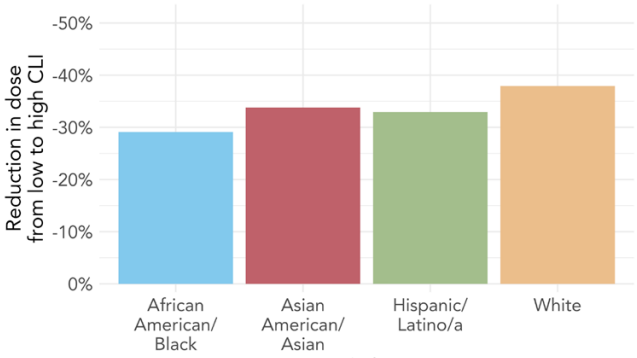
The figures on pages 9 and 10 display two perspectives that describe the relationship between annual counselor caseloads and the amount of treatment received by these groups of students. For each concern and identity, the line graphs on the left portion of the figure display the negative association between the CLI and the average number of individual counseling appointments received. The bar graphs on the right show the average percent reduction in treatment for students who received services at High CLI centers (above 167) compared to Low CLI centers (below 73), which are defined using the Low and High CLI zones from the 2018-2019 CLI data.

Together, the graphs show that students with threat-to-self characteristics, histories of sexual assault/trauma, and identities with additional support needs, on average, received significantly less treatment as the CLI increased. This involved a substantial percent reduction in the amount services received by students whose needs are often prioritized by institutions, including those with recent serious suicidal ideation (-43%), recent self-injury (-43%), histories of sexual assault (-42%) and trauma (-41%), transgender identity (-48%), registered disability (-45%), first-generation identity (-34%), and various racial/ethnic identities (-29% to -38%).


Recent suicidal ideation
Individual appointments
CLI Score
Reduction in dose from low to high CLI
Recent suicidal ideation
No
Yes
Recent self-injury
History of sexual assault
History of trauma

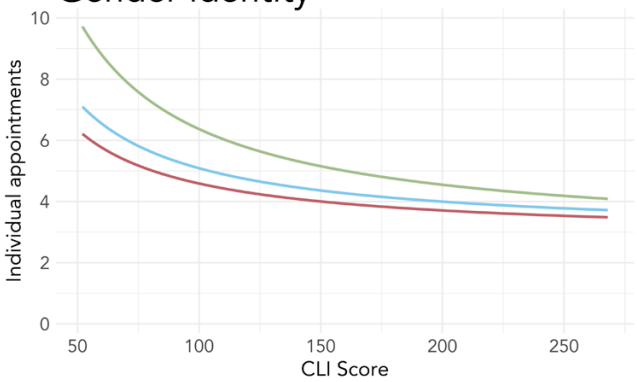
Race/ethnicity



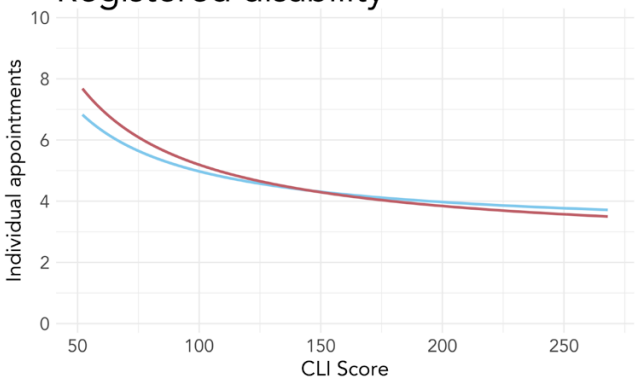


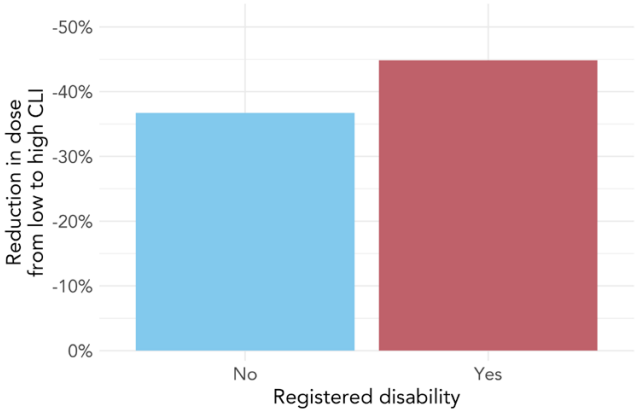
(Additional racial/ethnic identites were not included due to low sample sizes)

Gender identity

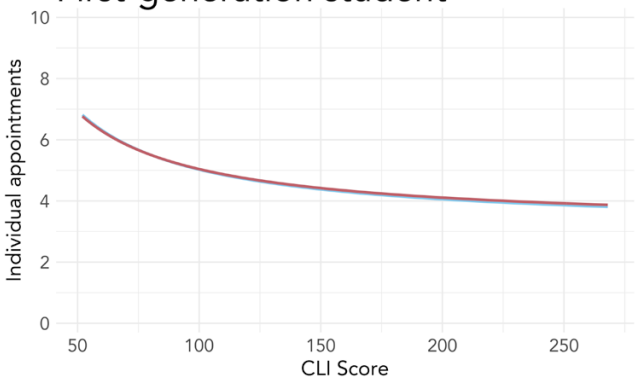


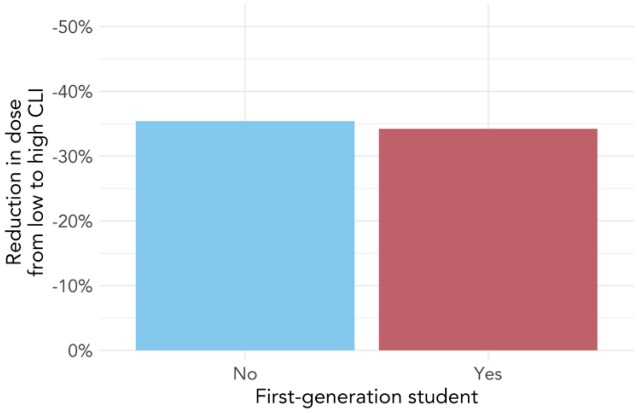
Registered disability





First-generation student

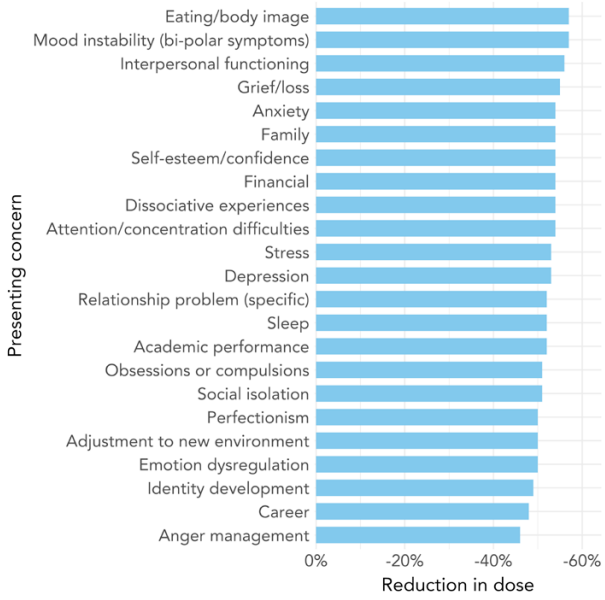




Relationship Between CLI and Treatment Dose for Students with Other Presenting Concerns

CCMH examined the association between annual counselor caseloads and the amount of treatment received by students entering services with additional presenting concerns identified by therapists. The data included a subset of approximately 80,000 clients from 97 centers that shared Clinician Index of Client Concerns (CLICC) data. The concerns examined included a sample of the most common presenting problems that represent a wide range of intensity and severity levels.

Results showed that *all* presenting concerns examined received significantly less treatment, on average, at High CLI compared to Low CLI centers. The average decrease in treatment ranged from 46% to 57%, which included the following presenting concerns:



CONCLUSIONS AND NEXT STEPS

Over the last two decades, college counseling services have experienced a well documented soaring demand for services, while the capacity to treat the growing number of students seeking care has not been equivalently increased. CCMH has demonstrated that this trend has led to consequences for counseling centers, including models shifting from traditional treatment to short-term crisis support and rising caseloads of clinicians, which are both associated with reduced treatment and less effective care (see Annual Reports 2015–2020). This trend has caused distress for nearly all stakeholders and generalized assertions that institutions are experiencing a mental health "crisis." Responses have ranged from claims that the demand for mental health services will never be met (and ergo we should not try) to attempts at providing professional services to every student who seeks care.

CCMH developed the CLI to better measure this impact, which provides the "average annual caseload" of a "standardized counselor" at each center. This year's 2021 Annual Report is the third consecutive report that advances the understanding of how the CLI is associated with center practices and outcomes.

The results demonstrate that centers with lower annual counselor caseloads have increased capacity to provide more treatment, on average, to students across all presenting concerns and identities, including those with critical needs that are often prioritized by institutions (e.g., students with suicidality, sexual assault survivors, students with a registered disability, and first generation students). Conversely, centers with higher caseloads will likely struggle to offer more care to students with safety concerns and high intensity needs. Thus, providers working at centers with higher caseloads will encounter considerably more challenges managing the care of students with any elevated need, likely having to rely on adjunctive services and external resources outside of the institution to aid in the treatment.

It is very important to note that the current findings are averages across large groups of centers and students, thus, neither every center nor student will experience the same trend described in this report. Moreover, while students with safety issues and additional support needs might have generally received less services at centers with higher CLI scores, their treatment needs might have been met through other channels. The 2020 Annual Report found that High CLI centers were more likely to have case management and adjunctive support services to meet student needs. Therefore, these centers might have been more likely to refer students with more intensive needs to external providers or offer alternative care options within the center (walk-in groups at counseling center, etc.).

Based on the updated findings from this 2021 Annual Report, it is important for centers and institutions to evaluate and be transparent about the services they can realistically provide students, particularly in light of new findings that High CLI enters provide less treatment, on average, to all groups of students. Colleges and universities operating High CLI centers cannot simultaneously assume that students with high-risk and intensive needs will be prioritized and receive equivalent levels of care to students treated at Low CLI centers. Institutions must understand the profound consequences of making the administrative choice to implement a High CLI center, including the potential incongruency with the expressed mission and goals of the institution that might highlight support services for these populations. For example, many colleges and

universities with High CLI centers might emphasize and advertise a host of services available for students, including suicide prevention and response, trauma informed education and care aligned with federal guidance, and gender diverse care and related support services, yet this report discovered students in need of these services received 41% to 48% less care in those centers. The findings show 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. For specific recommended steps to create better alignment between current levels of staffing at counseling centers, stakeholder expectations, and institutional messaging related to services available, please review the 2020 Annual Report.

Finally, these findings raise significant and important questions about the consequences of high caseloads on the counselors providing services. When counseling center staff repeatedly encounter scenarios where they deliver reduced care to students with high intensity needs, this can have a significant negative psychological effect on those providers, including burnout, compassion fatigue, and moral injury. In the future, these impacts on providers should be carefully evaluated within counseling center staff.

Publications

- Bartholomew, T. T., Robbins, K. A., Valdivia-Jauregui, L., Lockard, A. J., Pérez-Rojas, A. E., & Keum, B. T. (2021). **Center effects, therapist effects, and international student clients' drop out from psychotherapy.** *Journal of Counseling Psychology.* Advance online publication.
- Kilcullen, J.R., Scofield, B.E., Cummins, A.L., & Carr, B.M. (2021). **Collegiate athlete mental health: Comparing treatment-seeking student-athletes and non-athletes on service utilization, clinical presentation, and outcomes.** *Sport, Exercise, and Performance Psychology.* Advance online publication.
- Markin, R., McCarthy, K., & Hayes, J.A. (2021). **Young pregnant clients in college or university counseling centers: Environmental and symptom experiences.** *Counselling and Psychotherapy Research,* 21, 768-780.
- Niileksela, C.R., Ghosh, A., & Janis, R. (2021). **The dose effect and good enough level models of change for specific psychological concerns.** *The Journal of Consulting and Clinical Psychology,* 89(3), 200–213.
- O'Shea, A., Kilcullen, J. R., Hayes, J., & Scofield, B. (2021). **Examining the effectiveness of campus counseling for college students with disabilities.** *Rehabilitation Psychology,* 66(3), 300–310.
- Pottschmidt, N. R., Castonguay, L. G., Janis, R. A., Carney, D. M., Kilcullen, J. R., Davis, K. A., & Scofield, B. E. (2021). **Client-therapist convergence on sleep difficulty and its impact on treatment outcomes.** *Psychotherapy Research.* DOI: 10.1080/10503307.2021.1995068

Annual Trends

MENTAL HEALTH TRENDS

As of this report, CCMH has generated 11 annual data sets (2010-2011 through 2020-2021), 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 specifics. 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

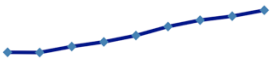
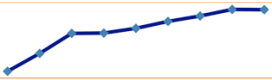
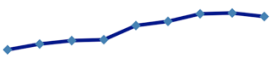
The below table summarizes the amount of data contributed to CCMH over the past 11 academic years. It is important to note the annual changes in number of clients merely reflect an increase in data that has been contributed by counseling centers and not an increase in utilization of counseling center services.

Year	# of Institutions	# 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

Mental Health Trends (2010 to 2021)

Several mental health trends shifted during 2020-2021, likely a consequence of the COVID-19 pandemic. Most notably, rates of prior treatment (counseling, medication, hospitalization) decreased after years of consistent increases. Additionally, rates of reported threat-to-self decreased during 2020-2021 after consistently rising over the past eight years. These declines might be explained by the following reasons: (1) students with prior treatment and threat-to-self histories may have been more likely to return to a prior therapist at home during remote instruction periods; (2) a greater portion of students without a treatment history may have sought care due to stressors related to the onset the pandemic; and (3) students who otherwise would have not sought in-person services might have received care due to the accessibility of remote services.

Mental Health Trends (2012–2021)

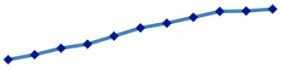
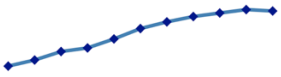
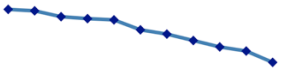
Item	9-Year Change	2012-2021	Lowest	Highest	2020–2021
Prior Treatment					
Counseling	+10.8%		47.8%	59.5%	58.6%
Medication	+1.6%		32.4%	36.1%	34.1%
Hospitalization	-2.0%		8.1%	10.3%	8.1%
Threat-to-Self					
Non-Suicidal Self-Injury	+3.7%		23.0%	29.1%	26.7%
Serious Suicidal Ideation	+2.9%		30.1%	36.9%	33.0%
Serious Suicidal Ideation (last month)	-0.9%		6.1%	8.2%	6.1%
Suicide Attempt(s)	+0.7%		8.7%	10.9%	9.4%
Some Suicidal Ideation (past 2 weeks)	+1.1%		33.9%	39.6%	35.1%
Threat-to-Others					
Considered causing serious physical injury to another person	-5.9%		5.3%	11.2%	5.3%
Intentionally caused serious injury to another person	-2.2%		1.2%	3.4%	1.2%
Traumatic Experiences					
Had unwanted sexual contact(s) or experience(s)	+7.9%		18.9%	26.9%	26.9%
Experienced harassing, controlling, and/or abusive behavior	+5.4%		32.8%	38.7%	38.6%
Experienced traumatic event	+11.6%		31.0%	42.6%	42.6%
Drug and Alcohol					
Felt the need to reduce alcohol/drug use	-1.5%		25.6%	27.5%	25.6%
Others concerned about alcohol/drug use	-4.5%		13.0%	17.6%	13.0%
Treatment for alcohol/drug use	-2.6%		1.8%	4.4%	1.8%
Binge drinking	-8.8%		32.7%	41.5%	32.7%
Marijuana use	+4.5%		19.1%	26.0%	25.3%

CCAPS TRENDS

The Counseling Center Assessment of Psychological Symptoms (CCAPS) is a multidimensional assessment and outcome-monitoring instrument used by CCMH counseling centers. The frequency and clinical timing of CCAPS administration varies by counseling center. Students respond to the items on a five-point Likert scale from 0 (*not at all like me*) to 4 (*extremely like me*). The following charts provide information regarding trends in student self-reported distress upon entry to counseling services as indicated by the CCAPS subscales.

After steadily rising for the past 11 years, both Depression and Generalized Anxiety flattened during 2020-2021, while Eating Concerns and Family Distress slightly increased. The rise in Family Distress might be related to the pandemic, as many students had to unexpectedly reside with their families for longer periods of time, which could have increased opportunities for conflict and discordance. Additionally, the rise of Eating Concerns could have been affected by changes in the routines of physical activities, food access limitations and supply shortages, increases in social isolation, and the surge in relationship conflicts, including with family. Most notably, Academic Distress substantially increased from the prior year. It is possible that the increase in Academic Distress was associated with the abrupt shift to remote learning, which might have negatively interfered with many students' learning styles, motivation and attention levels, and access to campus academic resources.

Trends: Average Subscale Scores (2010 to 2021)

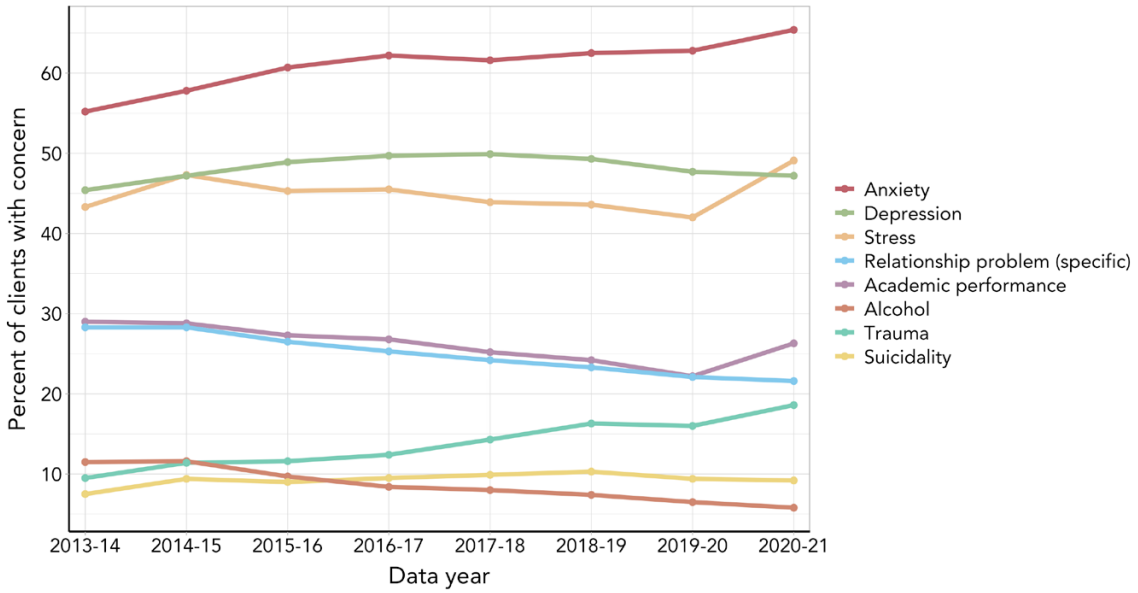
Item	11-Year Change	2010-2021	Lowest	Highest	2020–2021
CCAPS-62					
Depression	+0.23		1.59	1.82	1.82
Generalized Anxiety	+0.27		1.61	1.89	1.89
Social Anxiety	+0.25		1.82	2.07	2.06
Academic Distress	+0.19		1.85	2.04	2.04
Eating Concerns	+0.11		1.00	1.12	1.12
Hostility	-0.08		0.96	1.04	0.96
Substance Use	-0.18		0.59	0.77	0.59
Family Distress	+0.12		1.29	1.42	1.42
CCAPS-34					
Depression	+0.16		1.55	1.74	1.71
Generalized Anxiety	+0.27		1.77	2.05	2.03
Social Anxiety	+0.26		1.77	2.05	2.04
Academic Distress	+0.18		1.92	2.10	2.10
Eating Concerns	+0.12		0.94	1.07	1.07
Hostility	-0.13		0.79	0.93	0.79
Alcohol Use	-0.24		0.49	0.73	0.49
Distress Index	+0.18		1.65	1.83	1.83

CLICC TRENDS

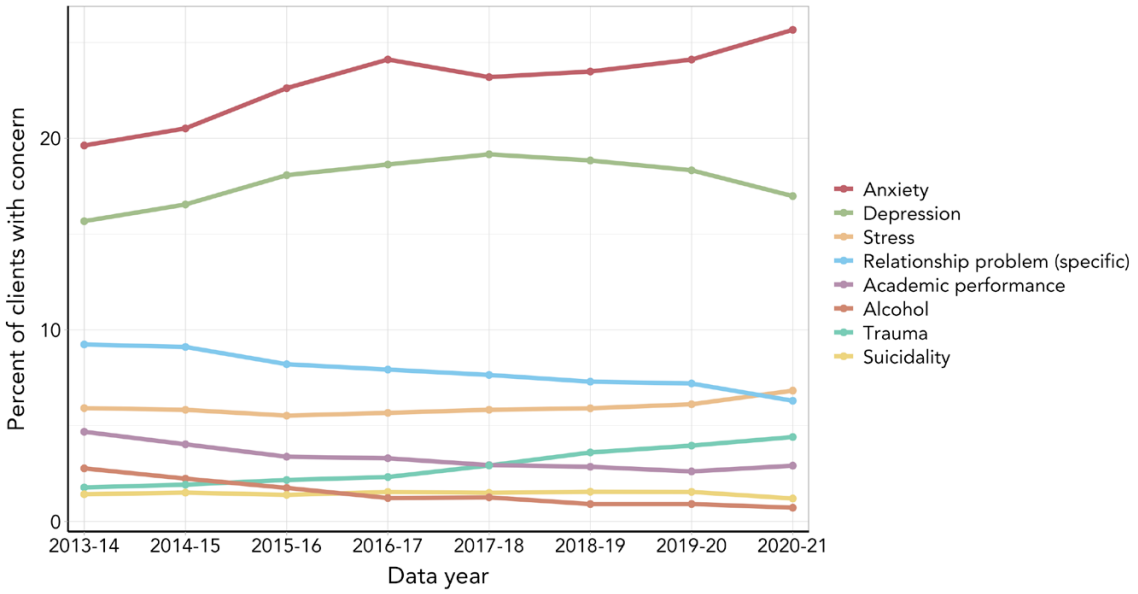
The Clinician Index of Client Concerns (CLICC) captures the presenting concerns of counseling center clients, as assessed by the clinician during an initial appointment. The CLICC includes 54 concerns and asks the clinician (a) to check all that apply and (b) to identify the "top concern" of those selected.

The graphs below demonstrate notable trends in some of the CLICC items. Both Stress and Academic Performance showed increases in 2020-2021 after trending downward in recent years. When considering only clients' top concerns, Anxiety and Depression have been diverging since 2017-2018, with Anxiety increasing in frequency and Depression declining. This trend continued in 2020-2021, which revealed a more substantial change compared to previous years.

CLICC Trends (Check All That Apply): Percentage of Clients with Each Concern from 2013–2021



CLICC Trends (Top Concern): Percentage of Clients with Each Concern from 2013–2021



Appointment Statistics

In 2020-2021, CCMH continued to gather utilization information and began to collect data related to the appointment length (in minutes), mode of treatment delivery, and wait time. Findings from each appointment variable will be outlined in the following sections.

UTILIZATION

Data from 2020-2021 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 142,779 students across participating CCMH centers:

- The most common number of appointments per client per year is one.
- Clients averaged 6.56 total attended appointments of any kind (i.e., screenings/evaluations/assessment, individual/couples/group therapy, case management, psychiatric), with a median of 4 appointments, and a range of 1-124 appointments.
- Clients averaged 5.22 attended *Individual Treatment (*initial clinical evaluations and individual counseling) appointments, with a median of 4 attended appointments, and a range of 1-98 attended appointments.
- 20% of clients accounted for 57% of all appointments, averaging 17 appointments.
- 10% of clients accounted for 37% of all appointments, averaging 22 appointments.
- 5% of clients accounted for 24% of all appointments, averaging 28 appointments.
- 1% of clients accounted for 7% of all appointments, averaging 43 appointments.
- 10 clients utilized a total of 1,037 appointments.

APPOINTMENT LENGTH

Appointment length 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. Over two-thirds of all appointment types were 60 minutes. Only 9.3% of appointments were over 60 minutes in length.

Appointment Length (Minutes)	N	Percent
15	51,782	5.7%
30	118,099	13.1%
45	38,646	4.3%
60	610,101	67.6%
90	71,309	7.9%
120	12,722	1.4%

APPOINTMENT MODE

In 2020, CCMH added the ability to assign a mode of delivery to appointments (In person, Video, Audio, or Text). This information was provided for 322,054 attended appointments in the 2020-2021 data. The mode of treatment delivery for those appointments is displayed below.

Mode	Frequency	Percent
In person	7,264	2.3%
Audio	29,799	9.3%
Video	267,603	83.1%
Text	17,388	5.4%

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 from105,895 students who sought care in 2020-2021.

	Business Days	Calendar Days
Brief Screening/Walk-In	1.40	1.91
Initial Clinical Evaluation	3.42	4.74

Approximately 29% of students were seen for their first appointment (Brief Screening/Walk-In or Initial Clinical Evaluation) of the year on the same day it was scheduled, while 86% 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)

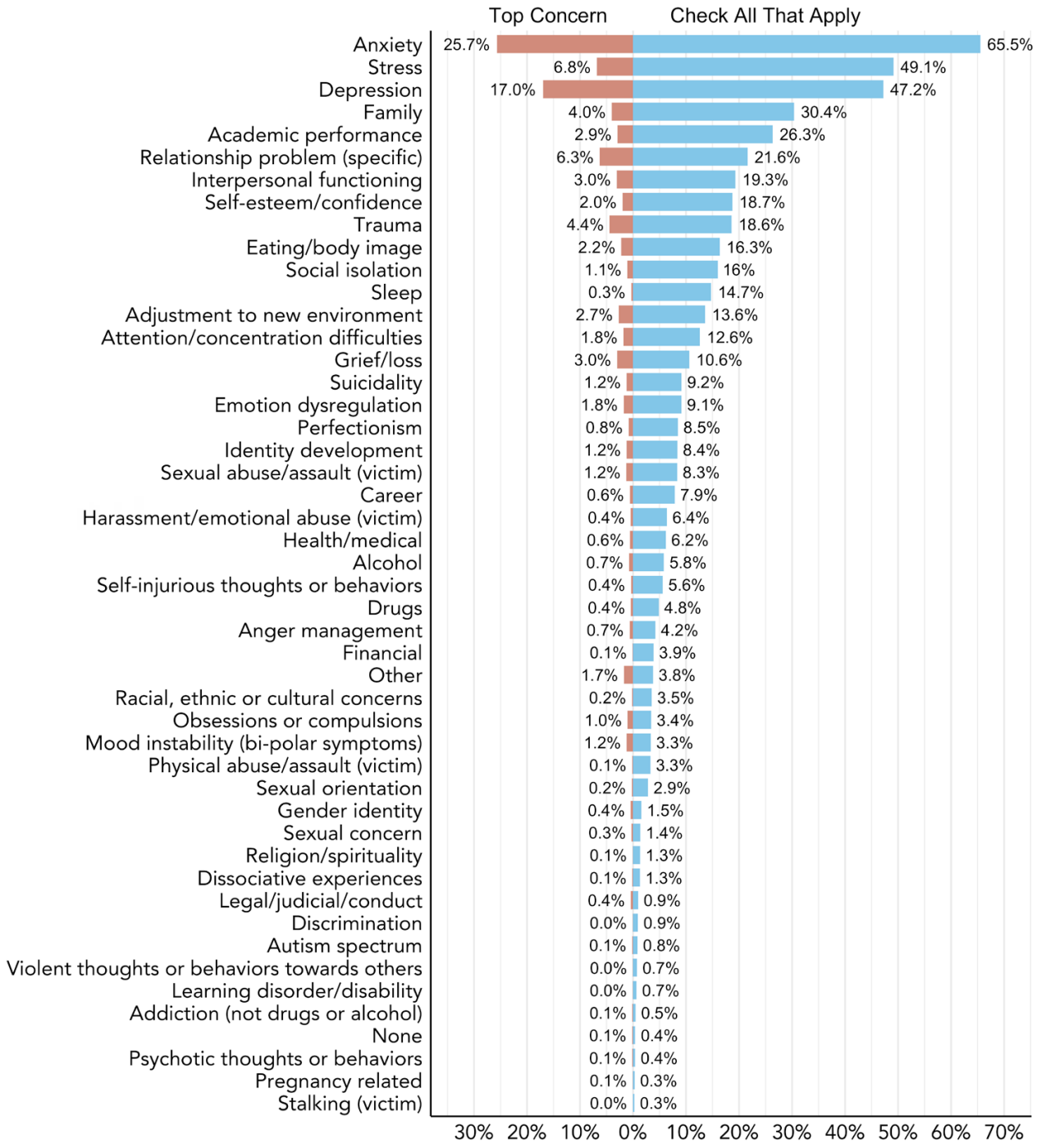
The CLICC was designed by CCMH to capture and facilitate reporting on the most common presenting concerns of counseling center clients, as assessed by the clinician during an initial appointment. The resulting data allows individual centers and CCMH to quickly and easily report on the most common client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

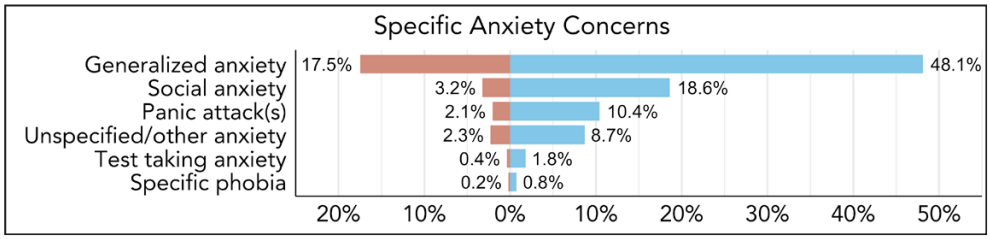
The graph on the next page illustrates the presenting concerns of 55,156 clients during the 2020-2021 academic year. For each client, clinicians are asked to "check all that apply" from the list of CLICC concerns (as one client can have many concurrent concerns). The blue bars on the right portion of 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.

Taken together, the two bars highlight the proportion of clients who were experiencing each concern in general (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 a concern, it was the *top* concern for far fewer clients. On the other hand, few clients had Relationship problem (specific) endorsed as a concern, but of those clients, a higher proportion 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



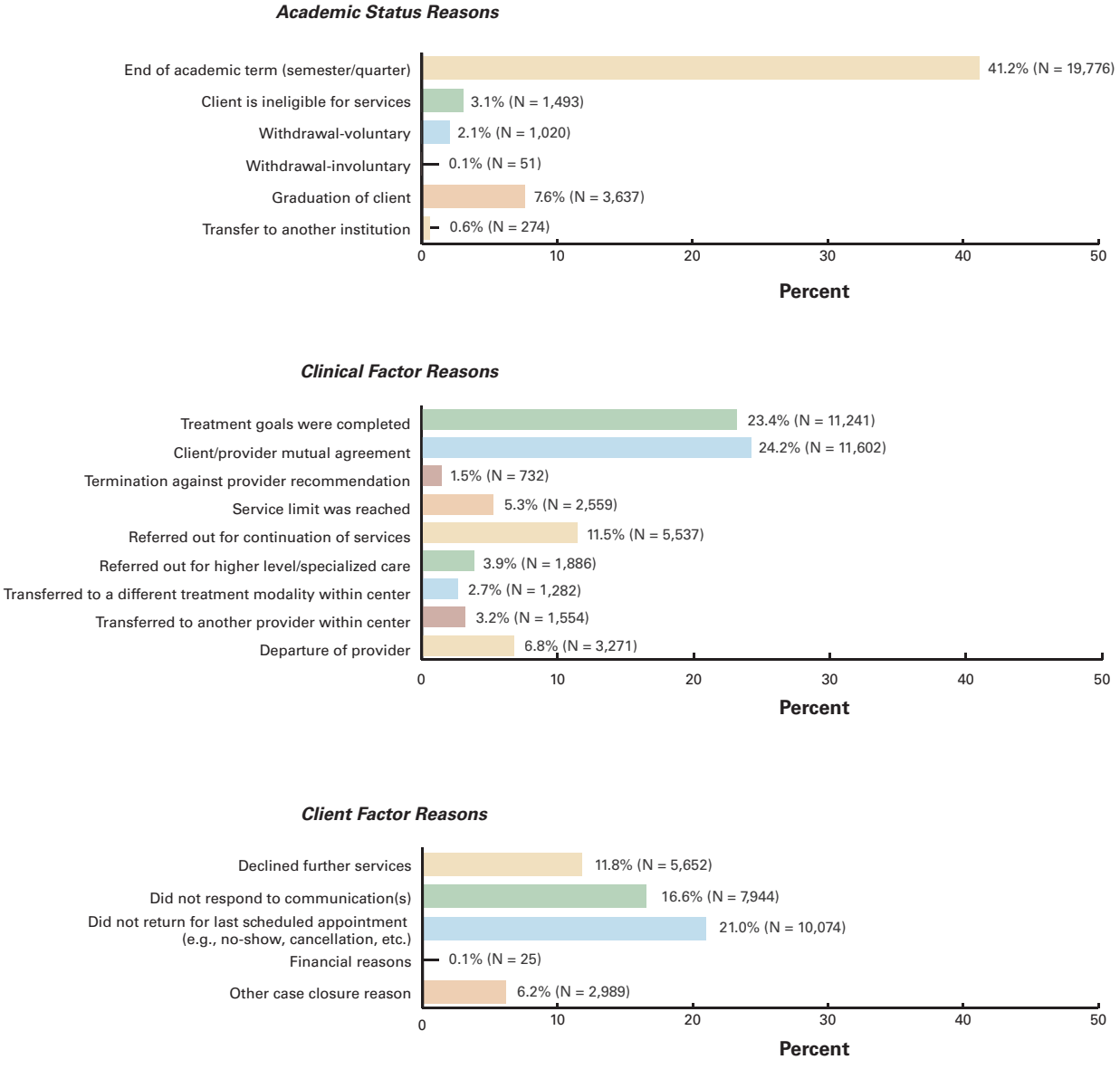


CASE CLOSURE FORM

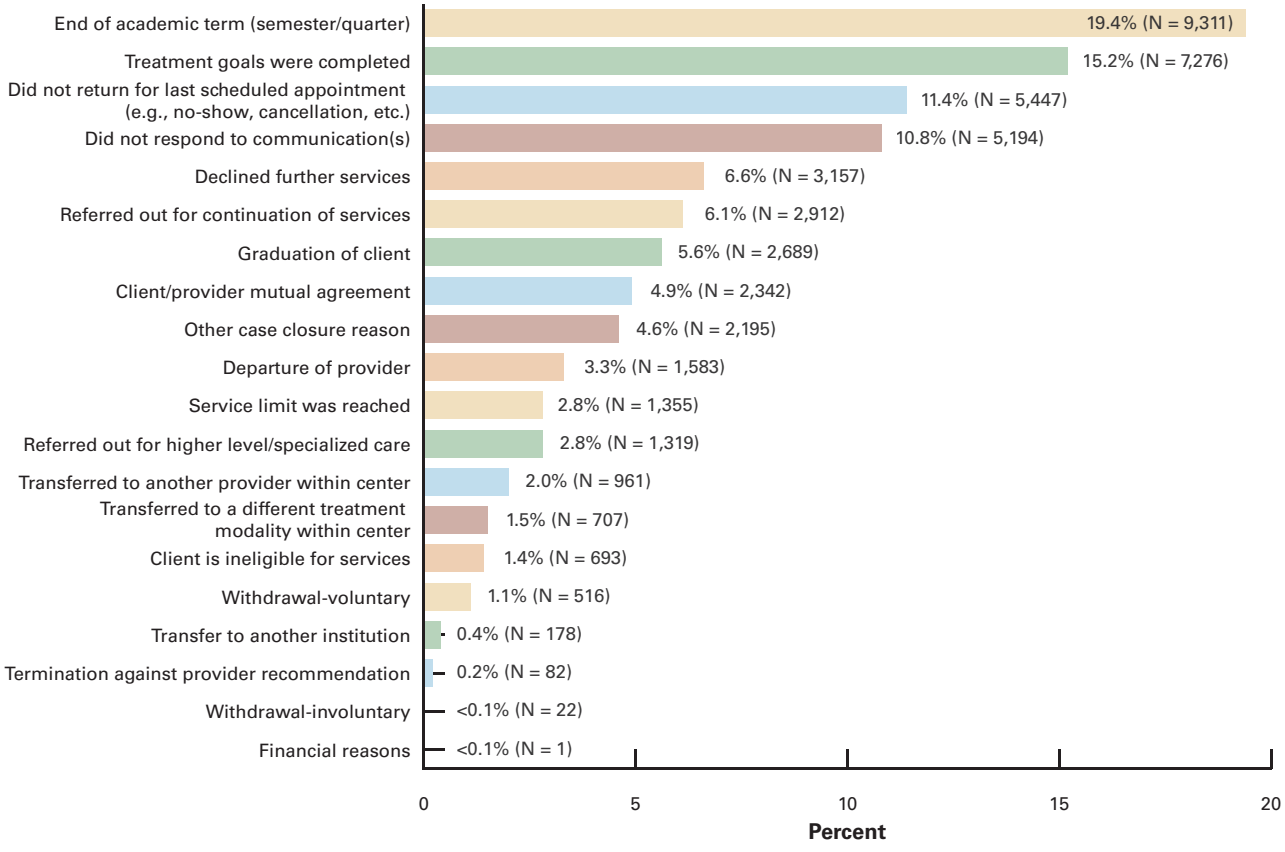
The Case Closure Form captures a wide array of reasons (academic, clinical, and client factors) why services ended, as well as significant events that might have occurred during the course of a student's services. Clinicians are asked to complete this form following the end of their service provision 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 2020-2021 academic year (*N* = 47,963). Of note, the top three most endorsed reasons for ending of services were the timing of the academic term, followed by client/provider mutual agreement and treatment goals being completed.

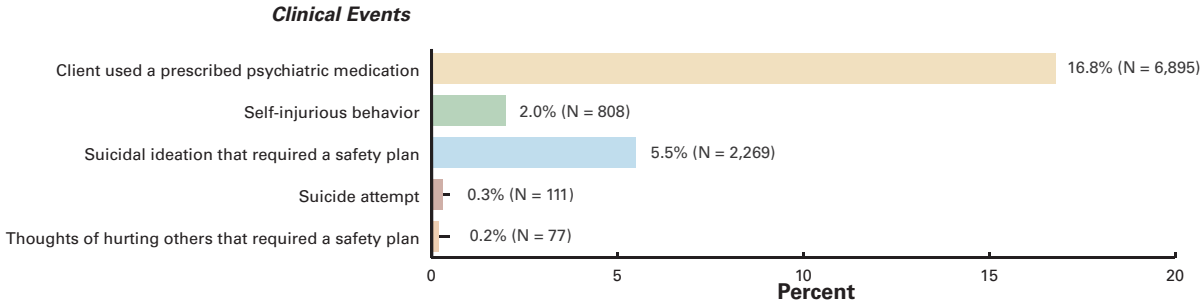


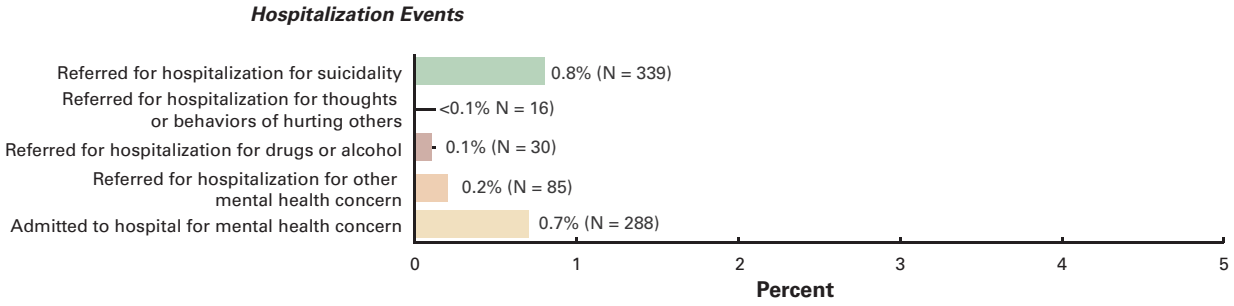
Top Case Closure Reason

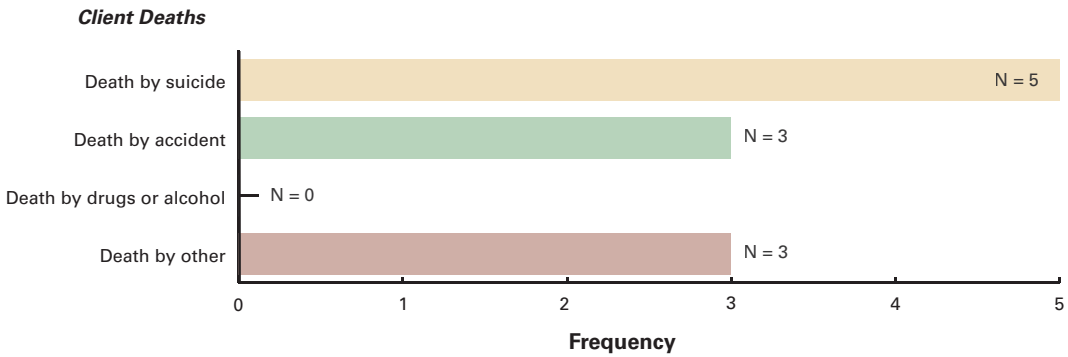


Case Events

This graph describes the frequency of significant events occurring during a course of services for students during the 2020-2021 academic year (*N*= 40,982).





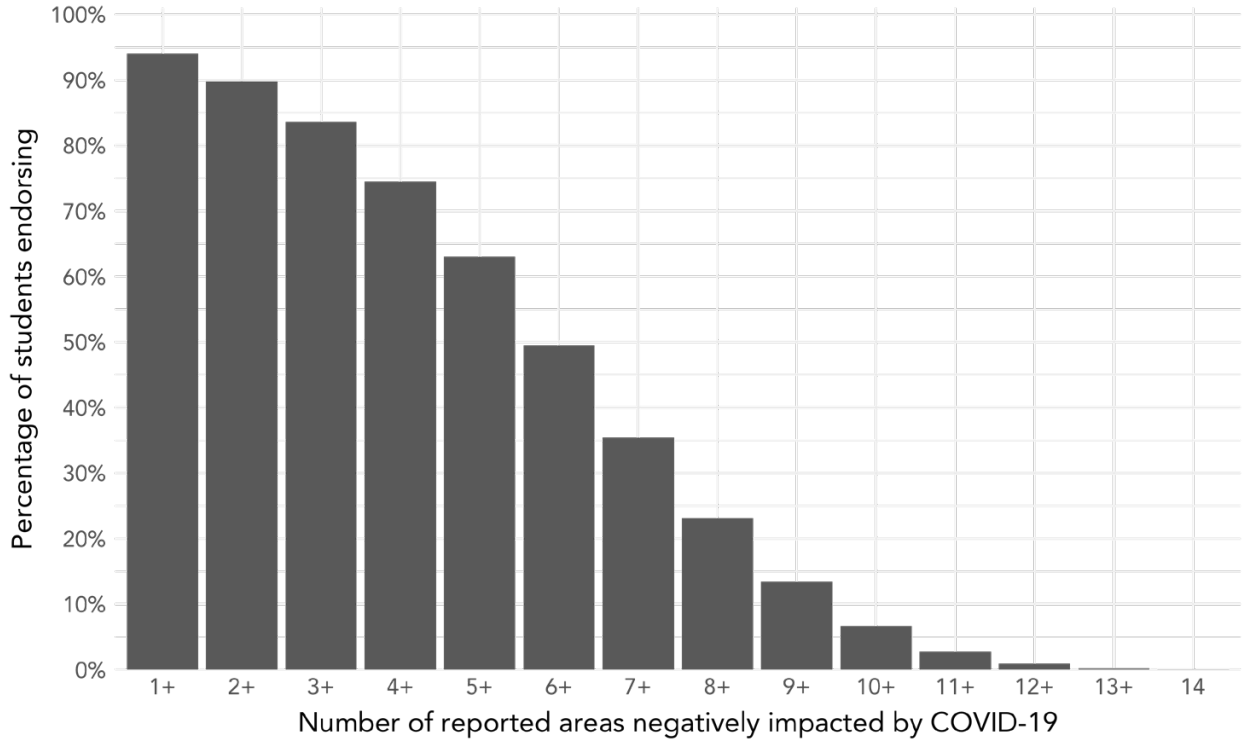


COVID-19 IMPACT ITEMS

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

SDS 102 (N = 98,218)	Frequency	Percent
No	63,772	68.1%
Yes	29,918	31.9%

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, 94% of students endorsed at least one area impacted by COVID-19, and 90% endorsed multiple areas being affected.



SDS 100 (N = 98,218)	Frequency	Percent
Mental health	71,111	72.4%
Motivation or focus	67,835	69.1%
Loneliness or isolation	65,546	66.7%
Academics	65,258	66.4%
Missed experiences or opportunities	59,886	61.0%
Relationships (Significant other, friends, family)	43,290	44.1%
Career/Employment	41,390	42.1%
Financial	33,709	34.3%
Health concerns (others)	29,230	29.8%
Health concerns (self)	26,207	26.7%
Grief/loss of someone	11,358	11.6%
Food or housing insecurity	8,308	8.5%
Discrimination/Harassment	2,790	2.8%
Other (please specify)	1,304	1.3%

CLIENT DEMOGRAPHIC INFORMATION

The Standardized Data Set (SDS) for client demographic information contains numerous different questions, and the tables below include the item text and number. The SDS has "core" or required items and a larger number of optional items that are typically asked of students seeking services. Because counseling centers vary in the types of questions they ask, the total number of responses varies by question.

What is your gender identity?

SDS 88 (N = 97,804)	Frequency	Percent
Woman	65,483	67.0%
Transgender woman	300	0.3%
Man	29,042	29.7%
Transgender man	417	0.4%
Non-binary	1,866	1.9%
Self-identify	696	0.7%

What was your sex at birth?

SDS 90 (N = 23,117)	Frequency	Percent
Female	15,733	68.1%
Male	7,375	31.9%
Intersex	9	<0.1%

Do you consider yourself to be:

SDS 91 (N = 93,112)	Frequency	Percent
Asexual	1,871	2.0%
Bisexual	12,278	13.2%
Gay	2,712	2.9%
Heterosexual/Straight	65,956	70.8%
Lesbian	1,924	2.1%
Pansexual	2,122	2.3%
Queer	1,938	2.1%
Questioning	3,371	3.6%
Self-identify	940	1.0%

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

SDS 93 (N = 10,011)	Frequency	Percent
Only with men	4,692	46.9%
Mostly with men	1,076	10.7%
About the same number of men and women	295	2.9%
Mostly with women	283	2.8%
Only with women	2,184	21.8%
I have not had sexual experiences	1,481	14.8%

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

SDS 94 (N = 12,940)	Frequency	Percent
Only attracted to women	3,062	23.7%
Mostly attracted to women	866	6.7%
Equally attracted to women and men	1,268	9.8%
Mostly attracted to men	2,066	16.0%
Only attracted to men	5,171	40.0%
Not sure	340	2.6%
I do not experience sexual attraction	167	1.3%

What is your race/ethnicity?

SDS 95 (N = 98,451)	Frequency	Percent
African American/Black	8,761	8.9%
American Indian or Alaskan Native	489	0.5%
Asian American/Asian	9,589	9.7%
Hispanic/Latino/a	9,448	9.6%
Native Hawaiian or Pacific Islander	194	0.2%
Multi-racial	4,813	4.9%
White	63,531	64.5%
Self-identify	1,626	1.7%

What is your country of origin?

Country	Frequency
United States	82,597
India	1,547
China	1,498
Mexico	602
Korea, Republic of	379
Canada	336
Puerto Rico	303
Colombia	276
Brazil	246
Philippines	242

Country	Frequency
United Kingdom	217
Vietnam	217
Bangladesh	216
Pakistan	209
Iran, Islamic Republic of	204
Venezuela	203
Nigeria	193
Peru	162
Russian Federation	156
Taiwan	131

Country	Frequency
Jamaica	128
Germany	125
Turkey	122
Haiti	108
Saudi Arabia	104
Ecuador	103
Nepal	103
Dominican Republic	98
Japan	96

Countries with less than 900 (0.1%) individuals:

Afghanistan; Aland Islands; Albania; Algeria; American Samoa; Angola; 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; Chile; Christmas Island; Comoros; Congo; Congo, The Democratic Republic of the; Costa Rica; Cote D'ivoire; Croatia; Cuba; Cyprus; Czech Republic; Denmark; Dominica; Egypt; El Salvador; Equatorial Guinea; Eritrea; Estonia; Ethiopia; Fiji; Finland; France; Gabon; Gambia; Georgia; Ghana; Greece; Grenada; Guadeloupe; Guam; Guatemala; Guinea; Guyana; Honduras; Hong Kong; Hungary; Iceland; Indonesia; Iraq; Ireland; Isle of Man; Israel; Italy; Jersey; Jordan; Kazakhstan; Kenya; Korea, Democratic People's Republic of; Kuwait; Kyrgyzstan; Lao People's Democratic Republic; Latvia; Lebanon; Liberia; Libyan Arab Jamahiriya; Lithuania; Luxembourg; Macedonia, The Former Yugoslav Republic of; Madagascar; Malawi; Malaysia; Mali; Marshall Islands; Mauritania; Mauritius; Micronesia, Federated States of; Moldova, Republic of; Mongolia; Montenegro; Montserrat; Morocco; Mozambique; Myanmar; Namibia; Netherlands; Netherlands Antilles; New Zealand; Nicaragua; Niger; Northern Mariana Islands; Norway; Obsolete: Palestinian Territory: Occupied; Oman; Palestinian Territory; Panama; Paraguay; Poland; Portugal; Qatar; Romania; Rwanda; Saint Kitts and Nevis; Saint Lucia; Saint Vincent and the Grenadines; Samoa; Senegal; Serbia; Sierra Leone; Singapore; Slovakia; Somalia; South Africa; Spain; Sri Lanka; Sudan; Suriname; Swaziland; Sweden; Switzerland; Syrian Arab Republic; Tajikistan; Tanzania, United Republic of; Thailand; Timor-leste; Togo; Tonga; Trinidad and Tobago; Tunisia; Turkmenistan; Turks and Caicos Islands; Uganda; Ukraine; United Arab Emirates; United States Minor Outlying Islands; Uruguay; Uzbekistan; Virgin Islands, U.S.; Yemen; Zambia; Zimbabwe

Are you an international student?

SDS 32 (N = 97,937)	Frequency	Percent
No	92,041	94.0%
Yes	5,896	6.0%

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

SDS 56 (N = 94,807)	Frequency	Percent
No	73,347	77.4%
Yes	21,460	22.6%

Current academic status:

SDS 37 (N = 99,242)	Frequency	Percent
Freshman/First-year	16,690	16.8%
Sophomore	18,631	18.8%
Junior	22,166	22.3%
Senior	21,068	21.2%
Graduate/Professional degree student	19,554	19.7%
Non-student	190	0.2%
High-school student taking college classes	11	<0.1%
Non-degree student	161	0.2%
Faculty or staff	78	0.1%
Other (please specify)	693	0.7%

Graduate or professional degree program:

SDS 39 (N = 32,669)	Frequency	Percent
Post-Baccalaureate	2,131	6.5%
Masters	5,488	16.8%
Doctoral degree	3,436	10.5%
Law	802	2.5%
Medical	1,051	3.2%
Pharmacy	235	0.7%
Dental	106	0.3%
Veterinary Medicine	393	1.2%
Not applicable	17,554	53.7%
Other (please specify)	1,473	4.5%

What year are you in your graduate/professional program?

SDS 41 (N = 16,270)	Frequency	Percent
1	6,109	37.5%
2	4,137	25.4%
3	2,508	15.4%
4	2,511	15.4%
5+	1,005	6.2%

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

SDS 46 (N = 93,242)	Frequency	Percent
No	78,111	83.8%
Yes	15,131	16.2%

What kind of housing do you currently have?

SDS 42 (N = 83,015)	Frequency	Percent
On-campus residence hall/ apartment	22,989	27.7%
On/off campus fraternity/sorority house	1,401	1.7%
On/off campus co-operative house	628	0.8%
Off-campus apartment/house	56,308	67.8%
Other (please specify)	1,689	2.0%

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

SDS 44 (N = 84022)	Frequency	Percent
Alone	14,159	16.9%
Spouse, partner, or significant other	10,036	11.9%
Roommates	50,558	60.2%
Children	1,959	2.3%
Parent(s) or guardian(s)	10,229	12.2%
Family (other)	5,632	6.7%
Other	1,235	1.5%

Relationship status:

SDS 33 (N = 95,516)	Frequency	Percent
Single	56,451	59.1%
Serious dating or committed relationships	33,599	35.2%
Civil union, domestic partnership, or equivalent	413	0.4%
Married	4,412	4.6%
Divorced	304	0.3%
Separated	308	0.3%
Widowed	29	<0.1%

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

SDS 48 (N = 46,176)	Frequency	Percent
None	18,643	40.4%
Occasional participation	9,210	19.9%
One regularly attended activity	7,383	16.0%
Two regularly attended activities	5,624	12.2%
Three or more regularly attended activities	5,316	11.5%

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

SDS 1151 (N = 70,750)	Frequency	Percent
No	68,102	96.3%
Yes	2,648	3.7%

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

SDS 1152 (N = 70,823)	Frequency	Percent
No	62,747	88.6%
Yes	8,076	11.4%

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

SDS 1153 (N = 70,506)	Frequency	Percent
No	67,721	96.0%
Yes	2,785	4.0%

Religious or Spiritual Preference:

SDS 97 (N = 87,761)	Frequency	Percent
Agnostic	14,224	16.2%
Atheist	8,213	9.4%
Buddhist	699	0.8%
Catholic	11,212	12.8%
Christian	28,127	32.0%
Hindu	1,321	1.5%
Jewish	1,947	2.2%
Muslim	1,568	1.8%
No preference	17,047	19.4%
Self-identify	3,403	3.9%

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

SDS 36 (N = 66,402)	Frequency	Percent
Very important	11,002	16.6%
Important	14,137	21.3%
Neutral	21,123	31.8%
Unimportant	10,475	15.8%
Very unimportant	9,665	14.6%

How would you describe your financial situation right now?

SDS 57 (N = 79,383)	Frequency	Percent
Always stressful	7,885	9.9%
Often stressful	14,890	18.8%
Sometimes stressful	29,149	36.7%
Rarely stressful	20,071	25.3%
Never stressful	7,388	9.3%

How would you describe your financial situation while growing up?

SDS 58 (N = 56,453)	Frequency	Percent
Always stressful	6,020	10.7%
Often stressful	8,672	15.4%
Sometimes stressful	13,412	23.8%
Rarely stressful	16,392	29.0%
Never stressful	11,957	21.2%

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

SDS 1055 (N = 70,861)	Frequency	Percent
0	28,375	40.0%
1-5	4,312	6.1%
6-10	7,643	10.8%
11-15	6,957	9.8%
16-20	9,788	13.8%
21-25	4,728	6.7%
26-30	3,027	4.3%
31-35	1,524	2.2%
36-40	2,151	3.0%
40+	2,356	3.3%

Are you a member of ROTC?

SDS 51 (N = 54,405)	Frequency	Percent
No	53,819	98.9%
Yes	586	1.1%

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

SDS 98 (N = 96,312)	Frequency	Percent
No	95,222	98.9%
Yes	1,090	1.1%

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

SDS 53 (N = 862)	Frequency	Percent
No	583	67.6%
Yes	279	32.4%

MENTAL HEALTH HISTORY ITEMS

Attended counseling for mental health concerns:

SDS 01 (N = 96,392)	Frequency	Percent
Never	39,885	41.4%
Prior to college	18,899	19.6%
After starting college	21,809	22.6%
Both	15,799	16.4%

Taken a prescribed medication for mental health concerns:

SDS 02 (N = 96,043)	Frequency	Percent
Never	63,340	65.9%
Prior to college	7,561	7.9%
After starting college	14,066	14.6%
Both	11,076	11.5%

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 = 100,163)	Frequency	Percent
Never	92,059	91.9%
1 time	5,574	5.6%
2-3 times	1,979	2.0%
4-5 times	321	0.3%
More than 5 times	230	0.2%

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

SDS 65 (N = 7,886)	Frequency	Percent
Within the last 2 weeks	534	6.8%
Within the last month	234	3.0%
Within the last year	1,291	16.4%
Within the last 1-5 years	3,689	46.8%
More than 5 years ago	2,138	27.1%

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

SDS 72 (N = 97,936)	Frequency	Percent
Never	71,763	73.3%
1 time	4,790	4.9%
2-3 times	7,120	7.3%
4-5 times	2,794	2.9%
More than 5 times	11,469	11.7%

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

SDS 73 (N = 25,466)	Frequency	Percent
Never	1	<0.1%
Within the last 2 weeks	2,928	11.5%
Within the last month	1,930	7.6%
Within the last year	4,962	19.5%
Within the last 1-5 years	8,843	34.7%
More than 5 years ago	6,802	26.7%

Seriously considered attempting suicide (how many times):

SDS 74 (N = 96,839)	Frequency	Percent
Never	64,889	67.0%
1 time	11,267	11.6%
2-3 times	12,040	12.4%
4-5 times	2,446	2.5%
More than 5 times	6,197	6.4%

Seriously considered attempting suicide (the last time):

SDS 75 (N = 31,032)	Frequency	Percent
Never	3	<0.1%
Within the last 2 weeks	3,378	10.9%
Within the last month	2,537	8.2%
Within the last year	6,506	21.0%
Within the last 1-5 years	12,511	40.3%
More than 5 years ago	6,097	19.6%

Made a suicide attempt (how many times):

SDS 76 (N = 96,599)	Frequency	Percent
Never	87,506	90.6%
1 time	5,825	6.0%
2-3 times	2,599	2.7%
4-5 times	302	0.3%
More than 5 times	367	0.4%

Made a suicide attempt (the last time):

SDS 77 (N = 9,028)	Frequency	Percent
Never	2	<0.1%
Within the last 2 weeks	273	3.0%
Within the last month	190	2.1%
Within the last year	1,023	11.3%
Within the last 1-5 years	4,158	46.1%
More than 5 years ago	3,382	37.5%

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

SDS 78 (N = 94,528)	Frequency	Percent
Never	89,532	94.7%
1 time	1,700	1.8%
2-3 times	1,780	1.9%
4-5 times	342	0.4%
More than 5 times	1,174	1.2%

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

SDS 79 (N = 4,765)	Frequency	Percent
Never	3	0.1%
Within the last 2 weeks	583	12.2%
Within the last month	485	10.2%
Within the last year	1,116	23.4%
Within the last 1-5 years	1,666	35.0%
More than 5 years ago	912	19.1%

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

SDS 80 (N = 93,658)	Frequency	Percent
Never	92,511	98.8%
1 time	551	0.6%
2-3 times	390	0.4%
4-5 times	66	0.1%
More than 5 times	140	0.1%

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

SDS 81 (N = 1,085)	Frequency	Percent
Never	1	0.1%
Within the last 2 weeks	41	3.8%
Within the last month	36	3.3%
Within the last year	146	13.5%
Within the last 1-5 years	352	32.4%
More than 5 years ago	509	46.9%

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 = 93,026)	Frequency	Percent
Never	68,002	73.1%
1 time	12,711	13.7%
2-3 times	8,179	8.8%
4-5 times	1,341	1.4%
More than 5 times	2,793	3.0%

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 = 24,193)	Frequency	Percent
Never	2	<0.1%
Within the last 2 weeks	425	1.8%
Within the last month	539	2.2%
Within the last year	4,148	17.1%
Within the last 1-5 years	11,760	48.6%
More than 5 years ago	7,319	30.3%

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

SDS 84 (N = 94,662)	Frequency	Percent
Never	58,099	61.4%
1 time	6,852	7.2%
2-3 times	7,973	8.4%
4-5 times	2,262	2.4%
More than 5 times	19,476	20.6%

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

SDS 85 (N = 34,662)	Frequency	Percent
Never	3	<0.1%
Within the last 2 weeks	2,981	8.6%
Within the last month	2,422	7.0%
Within the last year	7,573	21.8%
Within the last 1-5 years	14,566	42.0%
More than 5 years ago	7,117	20.5%

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

SDS 86 (N = 91,618)	Frequency	Percent
Never	52,621	57.4%
1 time	14,883	16.2%
2-3 times	13,708	15.0%
4-5 times	2,575	2.8%
More than 5 times	7,831	8.5%

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

SDS 87 (N = 37,107)	Frequency	Percent
Never	7	<0.1%
Within the last 2 weeks	2,638	7.1%
Within the last month	2,015	5.4%
Within the last year	7,591	20.5%
Within the last 1-5 years	15,305	41.2%
More than 5 years ago	9,551	25.7%

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

SDS 99 (N = 28004)	Frequency	Percent
Childhood physical abuse	5,055	18.1%
Childhood sexual abuse	4,266	15.2%
Childhood emotional abuse	14,249	50.9%
Physical attack (e.g., mugged, beaten up, shot, stabbed, threatened with a weapon)	2,877	10.3%
Sexual violence (rape or attempted rape, sexually assaulted, stalked, abused by intimate partner, etc.)	10,093	36.0%
Military combat or war zone experience	180	0.6%
Kidnapped or taken hostage	278	1.0%
Serious accident, fire, or explosion (e.g., an industrial, farm, car, plane, or boating accident)	2,889	10.3%
Terrorist attack	159	0.6%
Near drowning	2,163	7.7%
Diagnosed with life threatening illness	897	3.2%
Natural disaster (e.g., flood, quake, hurricane, etc.)	1,446	5.2%
Imprisonment or torture	141	0.5%
Animal attack	835	3.0%
Other (please specify)	7,220	25.8%

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

SDS 66 (N = 86,797)	Frequency	Percent
Never	64,611	74.4%
1 time	7,452	8.6%
2-3 times	8,856	10.2%
4-5 times	1,509	1.7%
More than 5 times	4,369	5.0%

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

SDS 67 (N = 21,684)	Frequency	Percent
Never	2	<0.1%
Within the last 2 weeks	5,999	27.7%
Within the last month	3,967	18.3%
Within the last year	6,590	30.4%
Within the last 1-5 years	4,463	20.6%
More than 5 years ago	663	3.1%

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

SDS 68 (N = 86,633)	Frequency	Percent
Never	75,366	87.0%
1 time	4,582	5.3%
2-3 times	4,297	5.0%
4-5 times	702	0.8%
More than 5 times	1,686	1.9%

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

SDS 69 (N = 10,859)	Frequency	Percent
Never	1	<0.1%
Within the last 2 weeks	1,939	17.9%
Within the last month	1,660	15.3%
Within the last year	3,630	33.4%
Within the last 1-5 years	3,062	28.2%
More than 5 years ago	567	5.2%

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

SDS 70 (N = 92,471)	Frequency	Percent
Never	90,797	98.2%
1 time	1,186	1.3%
2-3 times	342	0.4%
4-5 times	44	<0.1%
More than 5 times	102	0.1%

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

SDS 71 (N = 1,611)	Frequency	Percent
Within the last 2 weeks	111	6.9%
Within the last month	68	4.2%
Within the last year	322	20.0%
Within the last 1-5 years	753	46.7%
More than 5 years ago	357	22.2%

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 = 72,156)	Frequency	Percent
None	48,562	67.3%
Once	10,856	15.0%
Twice	6,552	9.1%
3 to 5 times	4,804	6.7%
6 to 9 times	901	1.2%
10 or more times	481	0.7%

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

SDS 1096 (N = 81,520)	Frequency	Percent
None	60,888	74.7%
Once	4,439	5.4%
Twice	3,342	4.1%
3 to 5 times	4,844	5.9%
6 to 9 times	2,578	3.2%
10 or more times	5,429	6.7%

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

SDS 22 (N = 67,196)	Frequency	Percent
Strongly disagree	7,813	11.6%
Somewhat disagree	12,143	18.1%
Neutral	10,923	16.3%
Somewhat agree	21,979	32.7%
Strongly agree	14,338	21.3%

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 = 69,002)	Frequency	Percent
Strongly disagree	3,869	5.6%
Somewhat disagree	8,324	12.1%
Neutral	11,838	17.2%
Somewhat agree	28,578	41.4%
Strongly agree	16,393	23.8%

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

SDS 60 (N = 94,676)	Frequency	Percent
No	85,877	90.7%
Yes	8,799	9.3%

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 = 8966)	Frequency	Percent
Difficulty hearing	270	3.0%
Difficulty seeing	235	2.6%
Difficulty speaking or language impairment	70	0.8%
Mobility limitation/orthopedic impairment	294	3.3%
Traumatic brain injury	241	2.7%
Specific learning disabilities	1,129	12.6%
ADD or ADHD	3,824	42.7%
Autism spectrum disorder	479	5.3%
Cognitive difficulties or intellectual disability	325	3.6%
Health impairment/condition, including chronic conditions	1,072	12.0%
Psychological or psychiatric condition	2,722	30.4%
Other	1,434	16.0%

PROVIDER DATA

The Standardized Data Set includes some basic demographic information about providers (clinicians) at participating counseling centers. The 2020-2021 data set represents 1,815 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
Male	414	26.5%
Female	1,135	72.8%
Transgender	0	0.0%
Prefer not to answer	11	0.7%

Age

N	Mean	Mode
1,645	39.8	31

Race/Ethnicity

	Frequency	Percent
African-American/Black	189	12.0%
American Indian or Alaskan Native	8	0.5%
Asian American/Asian	111	7.1%
White	1,022	65.1%
Hispanic/Latino/a	121	7.7%
Native Hawaiian or Pacific Islander	5	0.3%
Multi-racial	66	4.2%
Prefer not to answer	13	0.8%
Other	36	2.3%

Highest Degree (descending sort)

	Frequency	Percent
Doctor of Philosophy	450	28.6%
Master of Arts	264	16.8%
Doctor of Psychology	226	14.4%
Master of Social Work	201	12.8%
Master of Science	197	12.5%
Master of Education	71	4.5%
Bachelor of Arts	53	3.4%
Doctor of Medicine	40	2.5%
Bachelor of Science	32	2.0%
Other	12	0.8%
Education Specialist	11	0.7%
Nursing (e.g., RN, RNP, PNP)	8	0.5%
Doctor of Education	5	0.3%
Doctor of Osteopathy	2	0.1%
Doctor of Social Work	1	0.1%

Highest Degree-Discipline (descending sort)

	Frequency	Percent
Clinical Psychology	467	29.8%
Counseling Psychology	438	28.0%
Social Work	208	13.3%
Mental Health Counseling/Clinical Mental Health Counseling	162	10.3%
Other	109	7.0%
Counselor Education	75	4.8%
Psychiatry	39	2.5%
Marriage and Family Therapist	34	2.2%
Higher Education	12	0.8%
Nursing	11	0.7%
Educational Psychology	6	0.4%
Community Psychology	5	0.3%
Health Education	1	0.1%

Are you licensed under your current degree?

	Frequency	Percent
No	490	27.4%
Yes	1,300	72.6%

Position Type (descending sort)

	Frequency	Percent
Professional staff member	1,142	72.4%
Master's level trainee	72	4.6%
Doctoral level trainee (not an intern)	72	4.6%
Pre-doctoral intern	158	10.0%
Post-doctoral level (non-psychiatric)	65	4.1%
Psychiatric resident	10	0.6%
Other (please specify)	59	3.7%

CENTER DATA

The information below describes the 661 colleges and universities that renewed membership or became CCMH members for the 2021-2022 academic year.

Utilization: The total number of students with at least 1 attended appointment between July 1st and June 30th. The average enrollment is 833.

	Frequency	Percent
under 151	84	14.9%
151-200	28	5.0%
201-300	74	13.1%
301-350	30	5.3%
306-400	23	4.1%
401-500	46	8.1%
501-600	40	7.1%
601-700	32	5.7%
701-850	37	6.5%
851-1000	27	4.8%
1001-1200	18	3.2%
1201-1500	30	5.3%
1501-2000	45	8.0%
2001-3000	29	5.1%
3001+	22	3.9%

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 9.2%.

	Frequency	Percent
less than 5%	155	27.4%
5-7%	124	21.9%
7-10	111	19.6%
10-12%	43	7.6%
12-15%	45	8.0%
15-20%	41	7.3%
20-30%	34	6.0%
more than 30%	12	2.1%

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)	52	9.2%
49-72 (2-3 Standardized Counselors)	73	12.9%
73-96 (3-4 Standardized Counselors)	56	9.9%
97-120 (4-5 Standardized Counselors)	54	9.6%
121-144 (5-6 Standardized Counselors)	54	9.6%
145-168 (6-7 Standardized Counselors)	38	6.7%
167-192 (7-8 Standardized Counselors)	42	7.4%
193-240 (7-9 Standardized Counselors)	39	6.9%
241-312 (9-13 Standardized Counselors)	51	9.0%
313-432 (13-18 Standardized Counselors)	54	9.6%
over 433 (18+ Standardized Counselors)	52	9.2%

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

	Frequency	Percent
No	506	76.6%
Yes	155	23.4%

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

	Frequency	Percent
No	500	75.6%
Yes	161	24.4%

Is the director of your center a member of AUCCCD?

	Frequency	Percent
No	135	20.4%
Yes	526	79.6%

Does your center have session limits for individual counseling?

	Frequency	Percent
No	403	65.5%
Yes	212	34.5%

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

	Frequency	Percent
No	473	71.6%
Yes	188	28.4%

Do you have dedicated staff at your center who provide psychiatric services?

	Frequency	Percent
No	432	65.4%
Yes	229	34.6%

Do you have dedicated staff at your center who provide case management services?

	Frequency	Percent
No	434	65.7%
Yes	227	34.3%

Does your center have a contract with a third-party vendor for psychiatric services?

	Frequency	Percent
No	500	75.6%
Yes	161	24.4%

Does your center have a contract with a third-party vendor for individual counseling?

	Frequency	Percent
No	579	87.6%
Yes	82	12.4%

Does your center have a contract with a third-party vendor for coaching services?

	Frequency	Percent
No	632	95.6%
Yes	29	4.4%

Does your center have a contract with a third-party vendor for crisis services?

	Frequency	Percent
No	410	62.0%
Yes	251	38.0%

Does your center have any other contracts with a third-party vendor?

	Frequency	Percent
No	498	75.3%
Yes	163	24.6%

INSTITUTIONAL DATA

Data for the 2020-2021 CCMH data set has been contributed by 661 colleges and universities that hold membership with CCMH. Demographics for these institutions are listed below.

Institutional Enrollment: The total number of students enrolled at the institution who are eligible for services. The average utilization is 12,671.

	Frequency	Percent
under 1,501	72	12.7%
1,501-2,500	60	10.6%
2,501-5,000	80	14.2%
5,001-7,500	65	11.5%
7,501-10,000	51	9.0%
10,001-15,000	68	12.0%
15,001-20,000	51	9.0%
20,001-25,000	29	5.1%
25,001-30,000	27	4.8%
30,001-35,000	20	3.5%
35,001-45,000	22	3.9%
45,001+	20	3.5%

Public or Private

	Frequency	Percent
Combined	2	0.3%
Private	254	38.4%
Public	405	61.3%

Type of institution (Check all)

	Frequency	Percent
4-year College/University	592	90%
2-year College/University	44	7%
Religious-Affiliated School	40	6%
Health Professional School	31	5%
Community College	29	4%
Other	25	4%
STEM Institution	20	3%
Creative Focus	11	2%
Historically Black College/ University (HBCU)	7	1%
Tribal	1	0%

Location of Campus

	Frequency	Percent
International	22	3.4%
Midwest (IA, IL, IN, MI, MN, MT, ND, NE, OH, SD, WI)	132	20.0%
Northeast (CT, DE, MA, MD, ME, NH, NJ, NY, PA, RI, VA, VT, WV)	229	34.6%
South (AL, AR, FL, GA, KS, KY, LA, MO, MS, NC, NM, NV, OK, SC, TN, TX)	175	26.5%
West (AK, AZ, CA, CO, HI, ID, OR, UT, WA, WY)	103	15.6%

Athletic Division

	Frequency	Percent
Division I	247	37.5%
Division II	96	14.5%
Division III	179	27.1%
None	138	20.9%

Contact Information

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