UW System Counseling Impact Committee
Fredi Giesler, MSW, Ph.D.

July 31, 2018

Annual Report: University of Wisconsin System Counseling Impact Assessment

Counseling helped me **Forward** understand what I needed in order to seek out methods of helping myself, including feeling more accepting towards medication.

-Counseling Center Client

Counseling centers have become a vital resource on university campuses today. Over the last 25 years increased awareness of mental health issues, improvements in psychiatric medications, and increased personal experience with therapy among the current college population have brought a greater need for counseling services into the university campus setting (Harrar,Affspring & Long, 2010; Meilman, 2017; Watkins, Hunt & Eisenberg, 2011). Shootings and suicides on college campuses have increased public awareness of the importance of attending to mental health issues (Castillo & Schwartz, 2013; Brunner, Wallace, Reymann, Sellers & McCabe, 2014; Rosenbaum & Liebert, 2015). Providing effective and efficient services to students with mental health needs is not only critical or valuable to the individual students involved, but research suggests that it is crucial to the university itself due to a correlation between student mental health concerns, therapy provided, and student retention rates (Osberg, 2004; Harrar et al., 2010).

UW System Counseling Centers address these important issues and the University of Wisconsin (UW) System Counseling Impact Assessment Annual Report summarizes the outcomes from counseling center user data collected during the 2017-2018 academic year. These common measures collect data from counseling centers across the UW System, and allow for a system-level analysis of counseling utilization and impact. These data are used to understand the impact that counseling center services have on student retention and success and is employed to improve service delivery. This report builds on the results of seven years of data collection and assessment.

This project enjoys the support of UW System Administration, and staff at eleven of the UW System campus Counseling Centers. The UW-System Counseling Impact Committee provides guidance and oversight for this evaluation and communicates regularly with the UWSystem Counseling Center Directors.

2017-2018 Counseling Impact Assessment Committee Members

Deirdre Dalsing, UW Plattville , Chair of the the Counseling Impact Assessment Committee

John Achter- UW-Stout,

Sandy Cox- UW-Oshkosh,

Paul Dupont - UW-Milwaukee,

Chasidy Faith- UW-Stout,

Stacey Gerken- UW-Stevens Point,

Amy Henniges- UW-Green Bay,

Leslie Wartgow- UW-Oshkosh.

The most helpful thing about the Counseling Center was learning: "Techniques about anxiety, stress management, and mindfulness."
-*Counseling Center Client*

Executive Summary

Ten UW campuses participated in this evaluation and a few of the two-year campuses also provided information. Client information is available on 3,068 Counseling Center participants. Most of these individuals did not complete the follow-up survey at the end of the semester. The majority of participants were white (86%), undergraduate (97%) women (71%). Over half (54%) of the participants lived on campus and over one-third (36%) struggled financially. Counseling center participants were overwhelmingly satisfied (80-95%) with the services received at the counseling center. Access to services was the greatest challenge and the counseling center staff offer the greatest strength.

Most participants identified multiple reasons for seeking counseling services, with an overwhelming number (45%) identifying anxiety as their primary counseling concern. Depression (36%), Stress (34%) and academic performance (21%) were also important motivators to seek mental health support. A small percentage (14%) of participants were thinking of leaving school at the time they sought counseling services. Following counseling, nearly half (43.57%) reported that counseling helped them to remain enrolled in college regardless if they were initially thinking of leaving. Participating in counseling helped them to decide to remain.

Just over one-quarter (27%) of participants had engaged in counseling prior to seeking counseling services on campus and one-third of these participants were also taking medication to help them cope with their mental health concerns prior to entering college. Using counseling resources is becoming increasingly common and important for academic success. Normalization of the availability of counseling services can better support incoming students and establish a sense of caring and support for all students.

Generally, participants at UW System Counseling Centers are similar to students across the nation. There are some minor differences in the overall picture of students using counseling center services, but the trends are consistent. Anxiety, depression, stress and relationship problems are the common reasons that students seek assistance and these trends have been consistent over the past five years. Attempted suicide has been on the rise among college students and this is an area for continued counseling center priority.

Most (68-76%) participants reported that they learned new skills to better manage their mental health challenges and their lives were improved by participating in counseling services. Most notably, participants reported improved academic outcomes. Prior to seeking counseling, nearly one-third (31.93%) of survey participants were struggling academically. Counseling helped over one third

(37.85%) of survey participants to improve their motivation and class attendance; nearly half (42.36%) improved their academic performance, and half (49.22%) of the survey participants improved their ability to focus on their academics.

UW Counseling Centers are struggling to secure adequate resources to serve students. Having access to a counselor is the greatest identified area for improvement. Research has shown that adequate counseling services are essential to retaining student enrollments and this need is great on the UW campuses. Resources also need to be available to effectively and efficiently evaluate counseling center services. The Counseling Center data collection systems used are inconsistent across campuses and this results in data errors, missing data, and inaccurate results. Attention needs to be paid to this challenge in order to ensure that the impact of counseling services is accurately reported.

Note: Results provided in this report are offered to the best of my ability, based on the data provided by each independent counseling center. Every efforts was made to report accurate and complete information.

Fredi Giesler, MSW, Ph.D.

Principle Investigator

Full Report

University of Wisconsin System Counseling Impact Assessment

Prepared by Fredi Giesler, MSW, Ph.D., David LaBlanc BS & Carolyn Butzen BS

Introduction

The UW System Counseling Impact Assessment Project was launched in 2010 in order to monitor mental health service outcomes system-wide. This report summarizes data collected during the 2017-2018 academic year. Three measures were used: an intake-form (Client Information Form; CIF), an assessment of client satisfaction and learning (Learning Outcomes and Satisfaction Survey; LOSS), and a symptom questionnaire (Counseling Center Assessment of Psychological Symptoms; CCAPS-34).

✦ Client Information Form (CIF)- The CIF is comprised of 58 multiple or forced-choice response questions and includes demographic questions regarding personal characteristics, educational status, household composition, and financial resources. This measure was created by the Center for Collegiate Mental Health and is updated annually to reflect changes in the current college student population. This measure identifies the participant's history of mental health issues, current symptoms and presenting problems. Not all UW campuses provided information on each survey item.

✦ Learning Outcomes and Satisfaction Survey (LOSS)- The LOSS is comprised of 35 forcedchoice response questions, three open-ended questions and includes basic demographic questions about personal characteristics. This measure was created by the Counseling Impact Committee and examines the participant's outcomes relevant to skills gained and college retention. Additionally, this measure examines the participant's perception of satisfaction with the services provided at the Counseling Center.

✦ Counseling Center Assessment of Psychological Symptoms (CCAPS-34)- The CCAPS-34 is a 34-item, Likert-type response questionnaire that examines mental health concerns commonly identified in the college student population. This measure includes eight sub-scales: depression, generalized anxiety, social anxiety, academic distress, eating concerns, hostility, and alcohol use. Each sub-scale is comprised of 3-5 items. Sub-scale scores are averaged and then

compared to standardized cut-scores. This measure was created by the Center for Collegiate Mental Health.

Data from ten campuses and 3068 student participants is reported. See Table 1 for the details of the data sources. Data is from complete surveys. Other campus participants include Parkside, Superior, Waukesha, Sheboygan and the Southern Region Colleges.

Table 1: Participation by UW Campus

Campus	CIF	CCAPS-34	LOSS
Eau Claire	639	281	281
Green Bay	110	60	60
La Crosse	495	154	154
Milwaukee	0	71	71
Oshkosh	537	126	126
Platteville	298	87	87
River Falls	298	37	37
Stevens Point	0	129	129
Stout	216	176	176
Whitewater	408	150	150
Other	68	17	17
Total	3068	1288	1288

CIF Results 2017-2018

The Client Information Form (CIF) was created by the Center for Collegiate Mental Health (CCMH), and is a common intake form designed to measure client characteristics and history. The CIF consists of a presenting concern checklist, four items assessing intake academic functioning, and standard demographic and personal history items. If a client had multiple CIF entries, the first was used.

CIF Demographic Summary

Table 2 provides a summary of the demographic make-up of the Counseling Center participants compared to the overall make-up of the UW System student body and the CCMH national sample of students completing the CIF. It is important to note that in both the UW Counseling Center data and in the CCMH data there are a significant number of missing responses. The number of survey participants varies widely by variable. This makes it very difficult to draw conclusions from the results. There are more first and second year students in the UW Counseling Center sample when compared to the overall UW System and to the CCMH survey sample. Data was consistently provided by the UW Counseling Centers on a limited set of variables. The variables with the most complete data are presented here. The maximum number of UW Counseling Center survey participants is 3,068.

Table 2: Participant Demographic Details[1]

Demographic Variables	UW System Counseling Centers	UW System Campuses (2016 head count)	CCMH N=161,014
Academic Status: Freshman Sophomore Junior Senior Graduate	N=2,508 27.27% (n=684) 25.52% (n=640) 21.37% (n=536) 21.65% (n=5430 2.55% (n=64)	N=175,825 20.2% (n=35,483) 18.3% (n=32,199) 17% (n=29,895) 24.1% (n=42,448) 11% (n=19,413)	N=108,332 21.2% (n=22,966) 20.9% (n=22,641) 22.3% (n=24,158) 20.5% (n=22,208) 13.8% (n=14,950)
Average GPA	3.10	N/A	N/A
Female	70.99% (n=2,156)	53.6% (n=94,167)	63.7% (n=71,095)
White	86.23% (n=2,598)	79.2% (n=139,327)	67.2% (n=73,654)
International Students	1.54% (n=45)	5.2% (n=9,159)	5.8% (n=6,070)
First Generation	11.38% (n=344)	N/A	21.9% (n=21,449)
Heterosexual	81.43% (n=2,376)	N/A	81.1% (n=84,509)
On-campus Housing	54.24% (n=1,369)	N/A	37.4% (n=33,145)
Committed Relationship/ Domestic Partner/ Married	39.23% (n=987)	N/A	37.5% (n=39,721)

---

[1] The number of respondents for each CCMH question varies considerably

Financial Status Always/ Often Stressful	35.81% (n=1,078)	N/A	24.3% (n=13,921)
Identified Disability	5.54% (n=170)	N/A	8.8% (n=9,255)

CIF Academic Functioning

Table 3: CIF Academic Functioning

Indicator	Total Responses	Percentage who Agree
Struggling with academics	749	16.02% (n=120)
Thinking of leaving school	1358	13.55% (n=184)
Academic motivation/attendance are suffering	1998	35.69% (n=713)
Having a hard time focusing on academics	1700	47.18% (n=802)

Complete data was not available for this set of questions, consequently intergroup comparison were not computed. CCMH did not provide the national results of this set of questions in their annual report. Based on the available data, it appears that mental health issues are impacting student's ability to focus on course work (12.5%, n=194) and be motivated to engage in their classes (10.44%, n=162). Fewer participants noted that they were thinking of leaving college on the CIF, than on the LOSS (see below). They may be a result of the low response rate on the CIF.

CIF Presenting Concerns

Table 4: CIF Presenting Concerns

Presenting Concerns	UW System Counseling Centers N=1552	CCMH N=161,264
Anxiety	45.49% (n=706)	23.3%
Depression	35.63% (n=553)	18.8%
Relationship Problems	7.28% (n=113)	7.6%
Stress	33.76% (n=524)	5%
Family	3.87% (n=60)	4.2%
Academic Performance	20.55% (n=319)	2.8%
Grief/loss	4.96% (n=77)	3.1%

Substance abuse	3.29% (n=51)	1.7%

Participants identified as many presenting concerns as they wanted from a list of 34 options. In some cases the presenting concern was derived from the open ended question "What is your main reason for visiting the Counseling Center?" While the percentages are generally higher for the UW Counseling Centers than for the national data set, the trends are very similar. Family concerns may be included in relationship issues due to the way the question is phrased in the survey. Of specific note, are identified concerns related to sexual assault (3.16%, n=49) and suicide ideation (4.5%, n=69).

CIF Mental Health History

Recent research suggests that one-third to one-half of college students experience feelings of depression during their college career (Harrar et al., 2010; Castillo & Schwartz, 2013). As many at 20 percent of college students experience alcohol use disorders (Castillo & Schwartz, 2013). However, only a fraction of students in distress actually seek counseling services, suggesting that there is a much larger number of students who are in need of, or would benefit from, counseling services that have not even tried to reach out (Harrar et al., 2010).

Table 5: CIF Mental Health History

	UW System Counseling Centers CCMH N=3,018	N=102,668
Used counseling prior to coming to college	26.47% (n=799)	20.9%
Use of medication to support mental health	44.47% (n=1342)	34.4%
Diagnosed disability	5.33% (n=161)	8.8%
Substance abuse problem (n=1,000)	5.4% (n=54)	3.1%

Just over one-quarter (27.37%) of the women and just under one-quarter (23%) of the men who used the counseling center had a prior history of using counseling services. Of those who used medication to help manage their mental health, 61.7% (n=493) had used counseling prior to coming to college. This finding has important implications for medication and symptom management.

There were 265 (20.45%) Counseling Center participants who reported having used marijuana in the two weeks prior to coming to the Counseling Center. Of these participants, 58 (21.89%) reported using marijuana ten or more times during this period of time. The response rate for the questions related to substance abuse is quite low. However, of those who responded, the percentage of UW System students who identified alcohol or drug use as a problem is higher than the national sample.

CCAPS-34 Results 2017-2018

The CCAPS-34 is designed to measure psychological well-being across eight domains on a 5-point, Likert-type scale ("Not at all like me" to "Extremely like me"). Responses are based on the respondents feelings over the most recent two-weeks. Sub-scale scores are calculated so that a higher mean is equivalent to increased distress, with the summary Distress Index derived from multiple items across several sub-scales (CCMH, 2018). The CCAPS-34 is completed at the end of the semester or when counseling services end. Data was available for 358 participants. It is suspected that clients who did not voluntarily seek services did not complete this portion of the survey.

Table 6: CCAPS-34 Sub-scales

Sub-scale	Mean Score	Cut Score	Number Elevated	Percent Elevated
Depression	2.98	2.7	217	60.8%
General Anxiety	3.68	2.7	299	83.4%
Social Anxiety	3.42	3.5	183	51%
Academic Distress	3.32	3.5	139	38.9%
Eating Concerns	2.34	2.8	134	37.5%
Hostility	1.99	2.43	97	27.2%
Substance Abuse	1.73	2.4	69	19.4%
Summary Distress	3.03	3.15	180	50.3%

The data on substance abuse is likely limited to those participants who voluntarily recognize that they have a problem with drugs or alcohol. However, these results are consistent with national data trends (CCMH, 2018). The data on depression and general anxiety seem to consistently reflect results of other campus counseling center studies (CCMH, 2018). The presenting concerns noted in the CIF survey are consistent with the results of the CCAP-34 reported at the end of the semester. The primary concerns are anxiety, depression, stress and academic performance. Since the questions are not identical it is difficult to provide a statistical comparison.

LOSS Results 2017-2018

The Learning Outcomes and Satisfaction Survey (LOSS) is a common measure created by the Counseling Impact Assessment Committee in 2011 and is completed at the end of the semester or end of treatment services. This survey is designed to measure the extent to which clients believe that counseling helped them to make improvements on interpersonal skills, academic functioning, and general well being. LOSS also measures client satisfaction with services. This measure has three sub-scales: 1) Intra-personal Learning Outcomes, 2) Client Satisfaction, and 3) Academic Outcomes.

Helpful About Counseling

Table 7: LOSS Demographics

Variable	N= 1234	Percent/ Average
Academic Status	Freshman (n=277)	22.45%
	Sophomore (n=275	22.29%
	Junior (n=309	25.04%
	Senior (n=265)	21.47%
	Graduate (n=93)	7.54%
Women	n= 945	76.58%
White	n= 1089	88.32%
Age	n= 998	21.52 average
Number of	1-4 (n=504)	40.97% sessions
	5-9 (n=485) 39.43% 10+ (n=241)	19.59%

Most of those who completed the survey were white, women. There is a fairly even distribution across academic status, with fewer graduate students completing the survey. The number of reported counseling sessions is generally fewer than 10. However, this may be influenced by the number of sessions available to students each semester.

Table 8: Intra-personal Learning Outcomes

Counseling Learning Outcome	N= 1285	Percentage
Counseling improved issue of concern	n= 1060	82.49%
Counseling improved ability to manage issues in the future	n= 981	76.46%
Counseling helped to think more clearly	n= 1009	78.64%
Counseling improved ability to manage stress	n= 870	67.7%
Counseling helped to improve self-confidence and self-esteem	n= 791	61.6%
Counseling helped to facilitate a healthy life style	n= 903	70.27%
Counseling improved communication skills	n= 830	64.69%
Counseling improved understanding/acceptance of self	n= 961	74.84%
Counseling improved understanding of personal culture	n= 566	44.04%

A great majority of the survey participants agreed that participating in counseling improved their well being in a number of areas, including the issue for which they sought counseling services.

Not Helpful
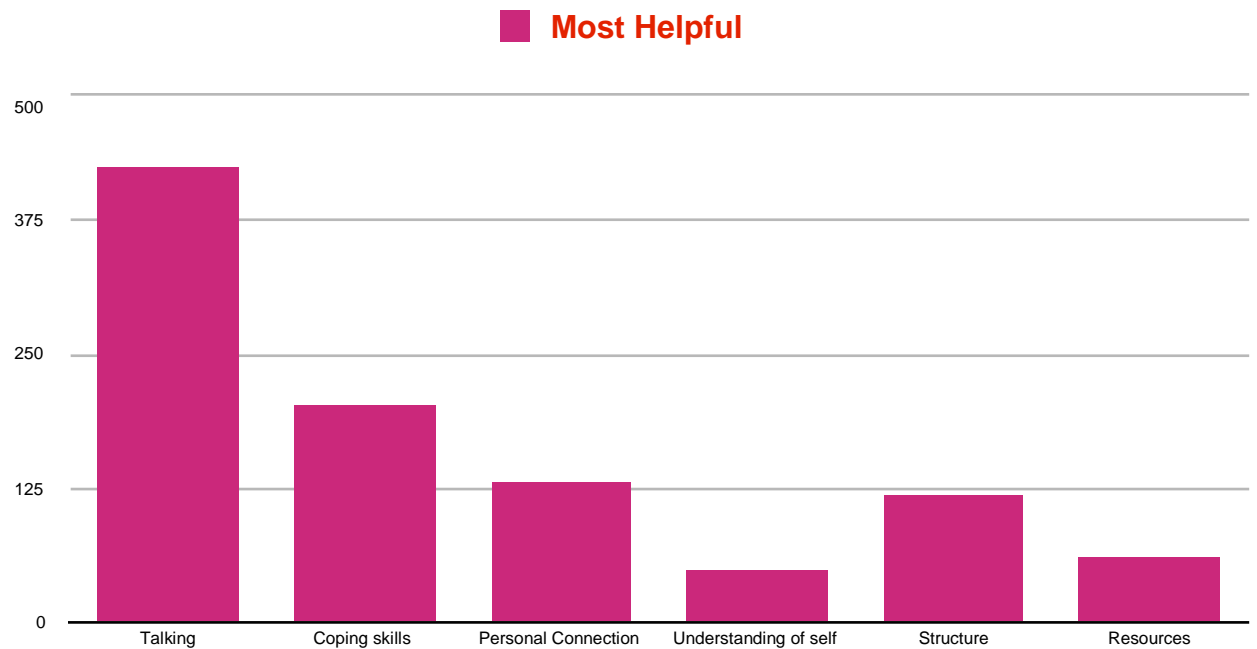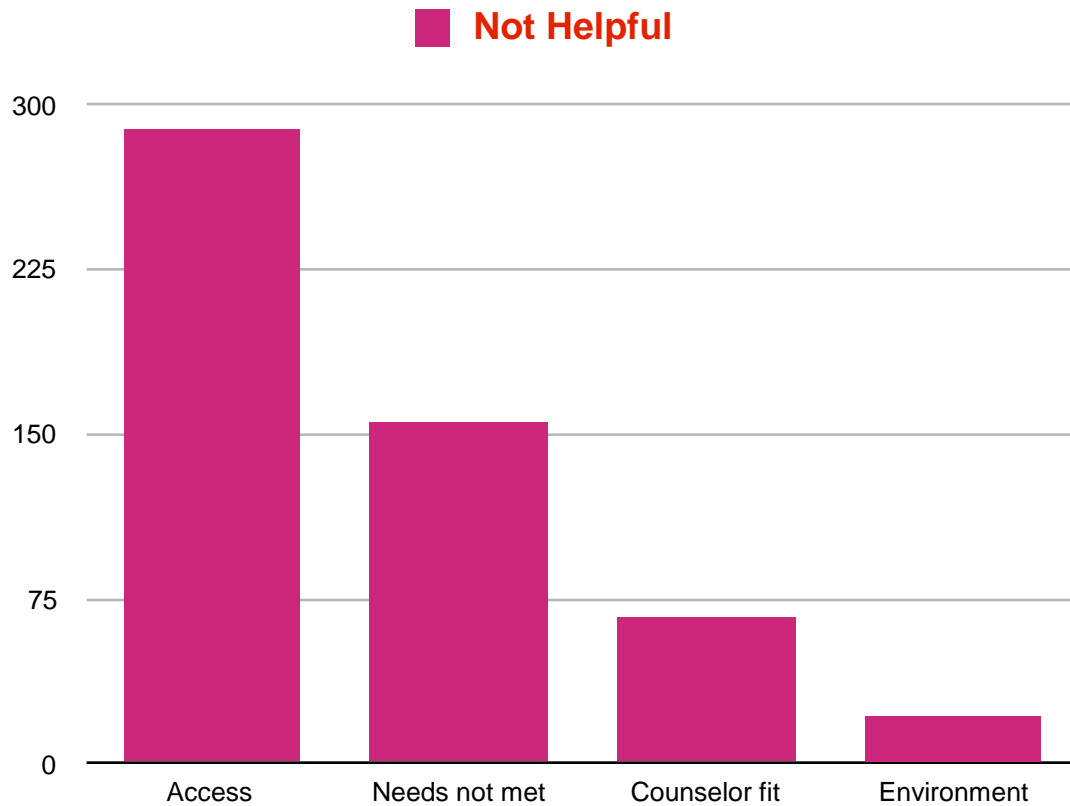
Table 9: Participant Satisfaction

Counseling Service	N=1286	Percentage
Counselor was sensitive to participant needs	n=1200	93.31%
Counselor clarified concerns and provided guidance	n=1141	88.86%
Counselor facilitated independent decision-making to reach goals	n=1144	89.03%
The office staff was helpful	n=1164	90.51%
The counseling environment was inviting	n=1181	91.84%
Was able to get the first appointment in a timely manner	n=1055	82.04%
Was able to get a follow-up appointment in a timely manner	n=1035	80.48%
It is important to have the counseling services on campus	n=1227	95.49%
Would use the counseling center services again	n=1179	91.68%
Would recommend the counseling center services to others	n=1195	93.07%

There was overwhelming agreement among survey participants that the counseling center services were satisfactory and that this service is a vital component of the resources on campus.

Table 10: Academic Outcomes

Academic Challenge	N=1286	Percentage
Prior to counseling was thinking of leaving college	n=275	21.42%
Counseling helped to remain at college	n=559	43.57%
Prior to counseling was struggling academically	n=410	31.93%
Counseling improved academic motivation/class attendance	n=486	37.85%
Counseling improved academic performance	n=543	42.36%
Counseling improved academic focus	n=632	49.22%

While most survey participants were not thinking of quitting college prior to seeking counseling, participating in counseling did enrolled in college improved academic outcomes and helped nearly half of the participants remain.

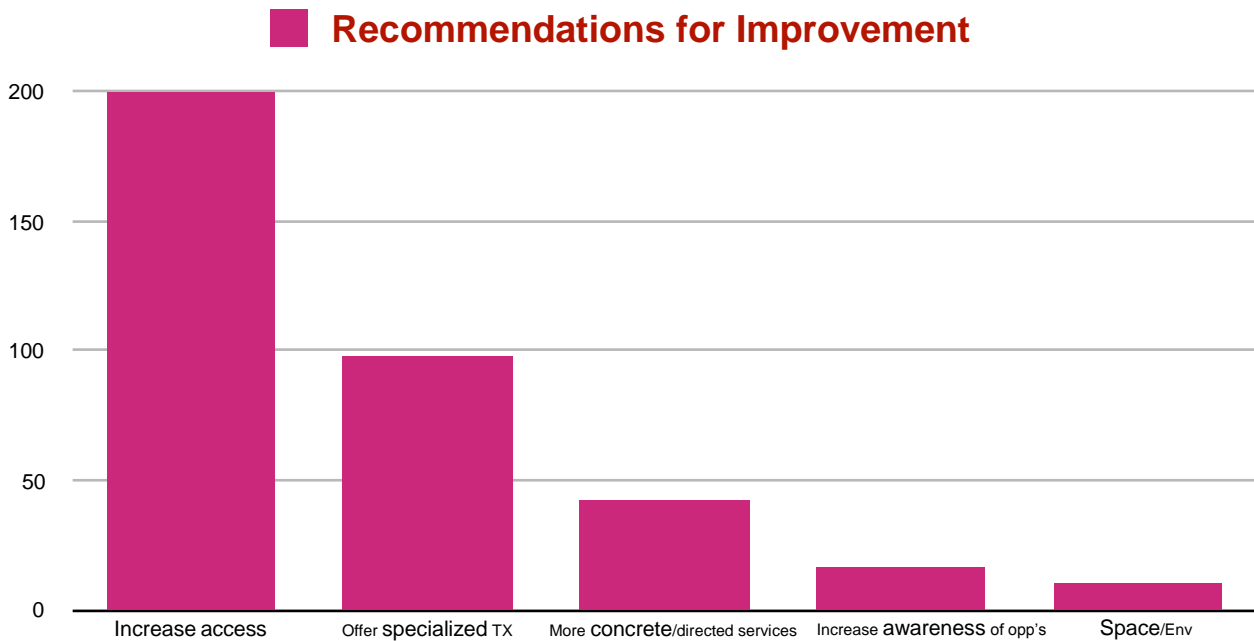## "Now I know when I should turn to meditation/mindfulness/etc.

-Counseling Center Client

Recommendations for Improvement

Table 11: Improved Coping Skills due to Counseling

Skills Gained (ability to…)	N=1266	Percentage
Cope with future challenges	n=812	64.55%
Maintain wellness	n=858	67.93%
Improve self-care	n=779	61.53%
Engage in mindfulness practice	n=813	64.22%
Experience joy and flourish	n=760	60.03%
Improve quality of life	n=865	68.49%

Approximately two-thirds of the survey participants reported gaining new skills and abilities to improve their wellbeing due to participating in counseling on campus. Counseling also helped over two-thirds (68.35%, n=866) of the survey participants to experience an improved quality of life.

A majority of respondents (58.09%, n=732, $X2=1155.44$, $p<.01$) who gained Mindfulness practice skills also noted that they were better prepared to work through future concerns and achieve their goals. Just over one-third (34.23%, n=432, $X2=317.96$, $p<.01$) of respondents who gained Mindfulness practice skills also noted that counseling had helped them remain at college. Of those students who were thinking of leaving college prior to counseling, 14% (n=178) agreed that participating in counseling improved their quality of life ($X2=19.73$, $p<.10$). While this result is only approaching statistical significance, it is important to note the relationship between participating in counseling and having the ability to be successful at college.

A majority (77.6%) of participants provided comments on the LOSS survey. Most of the comments were positive. Nearly half (44.5%) of participants found the opportunity to have someone to talk to was the most helpful aspect of counseling services. A small number (23, 2.4%) of participants commented that nothing had been helpful at the time when they took the survey. Participants found that gaining new
coping skills, developing a personal connection with their counselor, the structure of the counseling environment, and the resources they received were also very helpful.

Nearly two-thirds (64%) of the participants provided comments to the question regarding aspects of counseling that were not helpful. One-third (262) of these comments were not related to problems or concerns. The most frequently noted concern was getting access to counseling (55% of comments related to this concern). This included issues related to long wait times for appointments, cancellations, short appointment times, and counselor turn-over.

While 624 participants responded to the question regarding suggestions for improvement, only 367 offered any specific suggestions for improvement. This represents 30% of the participants who answered the survey. Of this group, the most common (54.5%) recommendation was better access to counseling services, including increased hours and the availability of more counselors. This recommendation supports the comments made about challenges to counseling success. Additionally, 26.7% (n=98) suggested improved treatment services. This recommendation included better trained counselors as well as specific intervention approaches. There were a few suggestions about the data collection tools. These issues will be addressed in the recommendations.

Summary

Some researchers have attributed the increase in demand for student counseling services to the characteristics of the millennial generation, which makes up a large proportion of today's college student population (Rosenbaum & Liebert, 2015; Watkins et al., 2011). Millennials are described as ethnically diverse, achievement based, focused on income and monetary success, and often the product of a very heavily supervised and structured upbringing (Brunner et al., 2014; Watkins et al., 2011). They grew up as "trophy" kids, being pushed by their parents to compete and succeed (Brunner et al., 2014). They need clear guidelines and feedback and prefer to be evaluated by what they accomplish (Brunner et al., 2014). They also focus very heavily on peer relationships, as popularity is viewed as a form of success (Brunner et al., 2014). This may leave those who have difficulty meeting high academic standards as well as those who struggle to maintain positive peer connections feeling like they have failed or are deficient in some way (Brunner et al., 2014).

College is a unique phase in life where many young people experience freedom to make decisions like they have never had before, and are living in a community where their education, work, professional, social, and living environment are all very closely entwined (Osberg, 2004). For many students college is their first experience with adult-level responsibilities: living independently of parents and family, paying for living expenses, and in some cases relocating to a city with which they were previously unfamiliar (Watkins et al, 2011; Osberg, 2004). With greater responsibility comes added stress. Students acknowledge that academic tension, loneliness, relationships, and financial strain contribute to feeling anxious and depressed (Osberg, 2004).

 Research has found a positive correlation between the amount of counseling received and student retention (Osberg, 2004). Students who received between one and seven counseling sessions

had a 14 percent higher retention rate than those who sought counseling but were not able to get in (Osberg, 2004). Because the primary goal of colleges and universities is to educate students, adequate mental health services on campus are supportive to that goal by allowing students the opportunity to clear their minds and address hindrances to their learning (Osberg, 2004). When students are able to work through challenges and stay enrolled, it not only pays the university back through continued tuition from those individuals, it allows for a greater number of students to graduate and succeed (Osberg, 2004; Brunner et al., 2014). Prior to receiving counseling, 21.4% of the participants in this impact assessment reported that they were considering leaving college. However, after receiving counseling 74.5% of these students reported that counseling helped them stay in college. This a statistically significant and meaningful result of UW System Counseling Center services.

Recommendations

Research indicates that improvements to college counseling centers not only benefits the individual students involved, but profits the university by increasing academic performance, graduation rates, and student retention rates (Osberg, 2004; Harrar et al., 2010; Brunner et al., 2014). These results are supported by this impact assessment. Having immediate and on-going access to a counselor helped students remain enrolled in college. Consequently, having an adequate number of qualified counselors is critical for student retention. A majority of counseling centers are staffed with professionals that hold doctoral degrees, either in counseling or clinical psychology (Stone, Vespia & Kanz, 2000). Most intake interviews are conducted by psychologists, but at larger universities a significantly higher number of intake assessments and diagnoses were made by qualified social workers and graduate interns (Stone et al., 2010). UW System Counseling Centers use this variety of professionals to complete intake assessments and may want to consider the opportunity to use additional professionals from a variety of mental health disciplines to meet counseling center needs.

Higher Education (Brunner et al., 2014). The core mission of college counseling centers is to provide psychotherapy and counseling, and often includes significant collaboration between college counseling centers and other campus/community resources (Brunner et al., 2014). Collaboration is an important activity on the UW campuses as well. Counseling center staff collaborate with professors, resident hall staff, health centers, athletic programs, and campus safety. Counseling centers may want to consider broadening their collaboration and outreach to meet student needs.

I was able to discuss my problems with someone who wasn't going to judge me. She takes the time to really listen to me and what I have to say, and she offers advice that is useful and practical. [Counselor] was an individual who was genuinely concerned and helped me through the hardest struggle of my life.

-Counseling Center Client

Most college counseling centers use structured intake interviews, which inquire about substance use, medications, family history, presenting problem, psychiatric history, social life, and suicidal history (Stone et al., 2000). These issues are well documented in the measures used in this

impact assessment, however, there is a lack of uniformity in the data that is collected on each campus and used to evaluate the impact of counseling services. The Counseling Impact Committee is encouraged to standardize the data that is collected across campuses who are participating in the impact assessment. This will reduce the costs of evaluation and reporting and allow the UW System to compare outcomes across campuses. Additionally, it is recommended that the open-ended questions regarding strengths, challenges and recommendations be revised to a rank order, forced-choice format. This would streamline the survey and make the analysis process more efficient.

References

2016-17 Fact book: University of Wisconsin System statistics and general Information. (2017). Retrieved from https://www.wisconsin.edu/download/publications(2)/Fact-Book.pdf

Brunner, J. L., Wallace, D. L., Reymann, L. S., Sellers, J., & McCabe, A. G. (2014). College counseling today: Contemporary students and how counseling centers meet their needs. Journal of College Student Psychotherapy, 28, 257-324. doi:10.1080/87568225.2014.948770

Castillo, L. G., & Schwartz, S. J. (2013). Introduction to the special issue on college student mental health. Journal of Clinical Psychology, 69(4), 291-297. doi:10.1002/jclp.21972

CCMH. (2017, August, 2017). *Center for Collegiate Mental Health Standardized Data Set (SDS)*. Data set manual. (U. Ed. STA 17-21). Penn State University, University Park, PA.

Center for collegiate mental health 2017 annual report (STA 18-166). (2018). Retrieved from University Park, PA: ccmh.psu.edu

Harrar, W. R., Affsprung, E. H., & Long, J. C. (2010). Assessing campus counseling needs. *Journal of College Student Psychotherapy, 24*(3), 233-240. doi:10.1080/87568225.2010.486303

Meilman, P. W. (2016). Pressures we face in running counseling centers on college and university campuses. *Journal of College Student Psychotherapy, 30*(1), 7-11. doi: 10.1080/87568225.2016.1105641

Osberg, T. M. (2004). A business case for increasing college mental health services. Behavioral Health Management, 24(5), 33-36.

Rosenbaum, P. J., & Liebert, H. (2015). Reframing the conversation on college student mental health. *Journal of College Student Psychotherapy, 29*(3), 179-196. doi: 10.1080/87568225.2015.1045780

Stone, G. L., Vespia, K. M., & Kanz, J. E. (2000). How good is mental health care on campuses? Journal of Counseling Psychology, 47(4), 498-510. doi:10.1037//0022-0167.47.4.498

Watkins, D. C., Hunt, J. B., & Eisenberg, D. (2011). Increased demand for mental health services on college campuses: Perspectives from administrators. *Qualitative Social Work, 11*(3), 319– 337. doi:10.1177/1473325011401468

Contributors

David LeBlanc, UW Oshkosh Professional Counseling graduate student

Carolyn Butzen, Psychology major, 2018 UW Oshkosh graduate