Counseling Impact Assessment Report

2020-21

UW | UNIVERSITY OF WISCONSIN SYSTEM

University of Wisconsin System

2020-21 Counseling Impact Assessment Report

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Acknowledgements

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Foreword

This Annual Report summarizes results from the tenth year of data collection by the University of Wisconsin (UW) System Counseling Impact Assessment Project, overseen by a systemwide committee of the same name. The project tracks a core set of common data elements across UW System counseling centers, for the purposes of providing benchmark data for each campus and to allow for system-level analyses of counseling utilization and impact. Incremental progress has been made each year in establishing a systematic and sustainable assessment process that both serves day-to-day clinical needs of counseling center professionals and helps them evaluate and improve upon their work. By moving thoughtfully and systematically, we hope to continue to strengthen the ways in which we assess our work, for the betterment of the clients we serve.

An addition to this year's report is the incorporation of trend data over the lifespan of the project. We have now gathered 10 years of client feedback on the impact of services received through the Learning Outcomes and Satisfaction (LOS) survey and nine years of client demographic and background data through the Client Information Form (CIF). This annual report attempts to summarize this data in a way that is accessible and helpful to both counseling center professionals and their constituents in understanding our work.

During the 2020-2021 academic year, the impact from the COVID-19 pandemic was widespread. Counseling Centers adjusted and revised services with a focus on quality and impact. Questions were added to the LOS survey to obtain information regarding utilization and interest in telecounseling services, as well as to assess the impact of the pandemic on important mental health factors.

As noted in the Acknowledgements, this work would not be possible without the commitment of time and effort from individual campuses and UW System partners. We hope the resulting report proves thought-provoking to readers and provides a useful context for them to understand our evolving needs and consider ways to continue supporting the mental health and well-being of our student body.

Deirdre Dalsing

Deirdre Dalsing, UW-Platteville
Committee Chair

Methods

The current report summarizes data collected across 12 institutions within the University of Wisconsin System.***** The report uses two primary sources of data collection, which are summarized in the table below. In addition to these two primary sources of data, counseling center directors responded to survey questions to inform the *Utilization* and *Personnel/Staffing* sections of this report.

Table 1: Measures

Client Information Form (CIF)	
▪ A standard intake form created by the Counseling Impact Assessment Committee and piloted during the 2012-13 academic year	▪ Utilizes items from the Center for Collegiate Mental Health (CCMH), which allows for national comparisons
▪ Gathers information about presenting concerns, mental health background, and academic functioning at counseling intake	▪ Consists of varying response scales, depending on type of item
Learning Outcomes and Satisfaction (LOS) Survey	
▪ A survey for students who utilize counseling services administered on a semesterly basis	▪ Includes an overall measure of satisfaction with services and impact of counseling on academic and other areas of life functioning
▪ Assesses the extent to which clients perceive counseling as helpful in the context of intrapersonal learning (e.g., stress management) and academic outcomes	▪ Consists of the response scales Disagree (1) to Strongly Agree (5) and Poor (1) to Excellent (5)

Campuses collect CIF data as part of routine clinical practice when clients first request services. This data is shared in a deidentified manner with Catalyst at the end of the academic year and aggregated for reporting purposes. LOS surveys are administered at the end of each semester.

Table 2: Participation by UW Institution

	CIF – Intake *n = 4,772*	LOS - End of Semester *n = 1,261*
UW-Platteville	7% (317)	12% (148)
UW-Stout	9% (409)	12% (151)
UW-Green Bay	1% (35)	4% (56)
UW-River Falls	6% (305)	4% (47)
UW-Stevens Point	6% (298)	5% (63)
UW-Milwaukee	12% (581)	12% (156)
UW Parkside	1% (63)	2% (27)
UW-Eau Claire	18% (858)	20% (251)
UW Oshkosh	13% (605)	4% (48)
UW-Whitewater	12% (583)	12% (150)
UW-La Crosse	13% (595)	11% (135)
UW-Superior	3% (123)	2% (29)

*Note: UW-Madison did not participate in the two primary sources of data collection, the CIF and LOS. It did, however, submit data points for *Utilization* and *Personnel/Staffing* sections of this report.

Executive Summary

- <u>Counseling Utilization</u>: **Over 13,000 students utilized campus counseling services** across the UW System in 2020-21, which represents **a 7.5% decrease from last year.** The decrease is believed to be related to access issues during the pandemic and is concerning because of several reports documenting increased mental health distress among students during the pandemic.

- <u>Demographics</u>: Female students (70%) are more likely than male students (28%) to attend counseling, and the gap widened during this pandemic year. Students who identify as transgender or other nonbinary gender label (2.5%) represent an increasing number of counseling clients. **The percentage of LGBTQ students (30%) has increased significantly since tracking began and is greater than a national benchmark comparison.** Students of color and students with disabilities have also been growing as a proportion of students attending counseling.

- <u>Presenting Concerns and Academic Impact</u>: **Anxiety (76% of students), Stress (66%), and Depression (66%) continue to dominate the issues for which students seek counseling**. All three increased in prevalence this year, as did concerns with Procrastination/Motivation (47%) and Attention/Concentration (41%), consistent with surveys of college student mental health during the pandemic. At the onset of counseling, **more students reported having a hard time focusing on academics (57%) than in previous years** and fewer students (10%) reported thinking about leaving school.

- <u>Mental Health History</u>: **UW students attending counseling increasingly report a prior history of mental health treatment**, including counseling (65%), medications (47%), and hospitalization (11%), all of which exceeded the most recent national benchmarks. Clients with a history of suicidal thoughts (37%), non-suicidal self-injury (29%), and suicide attempts (11%) have also increased in recent years, consistent with national benchmarks.

- <u>Drug and Alcohol Use/Misuse History</u>: The prevalence of problematic alcohol use history among students attending counseling has remained stable in recent years and is reported by approximately 25% of counseling clients. However, **the 14-day prevalence of marijuana use has increased significantly over time, from 14% of counseling clients in 2012-13 to 21% in 2020-21**—likely the result of relaxed attitudes related to increasing legalization around the country.

- <u>Mental Health Outcomes</u>: On post-counseling surveys, **over 80% of students reported improvements in overall well-being** and on the specific issues for which they sought counseling. These percentages **rebounded this year after at least a five-year decline that coincided with drastic increases in counseling utilization.** The rebound is believed to be due to greater availability of counseling appointments due to pandemic-related reductions in overall utilization this year.

- <u>Academic Outcomes</u>: On post-counseling surveys, 2/3 (67%) of counseling clients who reported struggling academically said that they experienced an increase in academic focus as a result of counseling. Over the past eight years, approximately **78% of students who said they were thinking of leaving school prior to counseling indicated that counseling helped them stay in school.** This represents at least 18,000 students that counseling centers helped retain between 2012 and 2021, **accounting for more than $19 million annually in saved tuition revenue.**

- Client Satisfaction: UW students have historically reported very high satisfaction levels with counseling services. For example, consistently **over 90% of students attending counseling indicate they would return and recommend services to a friend.** However, like trends in counseling outcomes, some satisfaction indicators—in particular, items related to availability and timeliness of appointments—were declining for several years before rebounding in 2020-21, likely due to pre-pandemic increases in utilization.

- COVID-19 Impacts: **The vast majority of counseling clients reported that the pandemic negatively impacted their stress levels (81%), yet most of them also perceived themselves to be resilient (87%).** This suggests that, even among students reporting significant struggles, they continue to feel able to persevere. Ninety-eight percent (98%) of clients completing surveys reported that most or all their sessions were completed through telecounseling this year, and **most felt that telecounseling positively impacted their well-being (88%).**

- Personnel/Staffing: After several years of gradual improvement, **the student-to-counselor ratio worsened slightly this year, averaging 1,533/1 (recommended ratio is 1,000/1 in a high utilization environment).** A new metric, the Clinical Load Index (CLI), was added as a standardized metric for looking at the relationship between supply and demand for counseling services. **With counseling utilization expected to rebound to pre-pandemic levels or greater in 2021-22, the need to address staffing shortages is expected to become even more critical.**

Introduction

Counseling services on university campuses play an increasingly vital role in the success of students, as mental health issues have become more normalized and students continue to seek services in record numbers. From the core services of individual and group counseling, to the equally important work of prevention education, skills workshops, campus consultation, and crisis intervention, counseling center professionals strive to be responsive to the evolving mental health and well-being needs of their campus communities.

This report shares the latest data from the Counseling Impact Assessment Project (CIAP), initiated by UW System counseling directors in 2010 to provide a systematic way to track trends, assess their work, and engage in ongoing quality improvement. Recent annual reports have focused primarily on presenting aggregate data without much context or interpretation for the reader. That has served counseling professionals well to help them evaluate their work; however, it has been less helpful to the wider audience that has begun to pay more attention to the mental health needs of students. In response, this year the CIAP committee decided to bring back a narrative report and to focus on broad trends observed on some of the most critical data points since the inception of the project. We hope that this will provide the reader with a sense not only of the most recent academic year, but also of the evolution of counseling center work over approximately the past decade.

Client Utilization and Demographics

Confidential and free counseling services are available to all UW students as a part of tuition and fees paid at each institution. Over 13,000 students utilized campus counseling services across the UW System in 2020-21, which represents a 7.5% decrease from last year. Figure 1 illustrates the most recent five-year trend in counseling center utilization. As reported in the 2019-20 annual report, UW System counseling centers experienced a 55% increase in students accessing counseling services between 2009-10 and 2019-20, despite declining enrollment systemwide. Utilization dipped slightly in 2019-20 and again in 2020-21 as universities and students adjusted to the COVID-19 pandemic. Despite the tremendous effort by counseling centers to continue serving students, the transition to offering services in a primarily remote, telecounseling environment clearly reduced access for some students. This decline in utilization parallels national trends documented by the Center for Collegiate Mental Health (CCMH, 2021), and raises a concern about unmet student need in light of several reports documenting increased mental health distress among students during the pandemic (Health Minds, 2021; CCMH, 2021).

Figure 1: Counseling Center Utilization
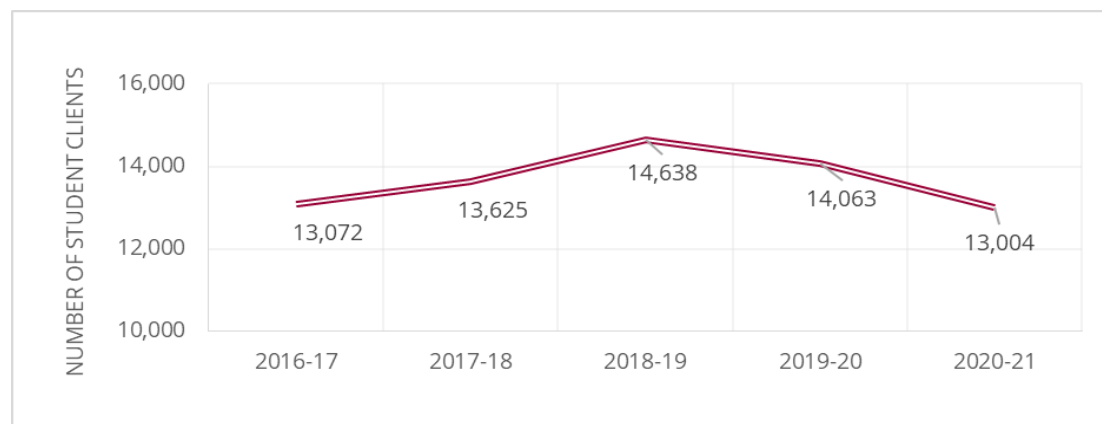
As can be seen in Table 3, consistently over time counseling clients are more likely to be female (70% in 2020-21) than male (28%), with the gap widening during this pandemic year. The population of all UW students also skews female (55% vs. 45%), but to a lesser degree. This reflects well-known gender differences in mental health help-seeking and is similar to benchmark data from CCMH (65% female; 33% female in the 2019-20 academic year). Of note is that increasing numbers of students identify as transgender or other nonbinary gender label (2.5% in 2020-21). These students report higher levels of mental health symptoms in population surveys (American College Health Association, 2021) and have been a focus of mental health outreach in recent years.

Other marginalized populations of students who also report higher levels of mental health symptoms—including students of color (15%), LGBTQ students (30%), and students with disabilities (10.9%)—have also been accessing services in greater numbers in recent years. The proportion of students of color seeking counseling is comparable to percentages of underrepresented minority students in the population at UW comprehensive institutions (14.6% in 2020-21), but lower than the CCMH benchmark of universities around the U.S., which includes more diverse campuses. Students with disabilities appear to be overrepresented in counseling, comprising 11% of counseling clients compared to 6.6% of the overall student population according to the most recent UW System Disability Services Annual Report (2021). LGBTQ students are also likely overrepresented in counseling—and to a great degree. While no UW System benchmark exists for LGBTQ students, a 2021 Gallop poll of Generation Z (into which most current college students fall) indicated that just over 15% identify as non-heterosexual. It is therefore remarkable that 30% of UW counseling clients identified as LGBTQ this year, a proportion that also far exceeds the 22% CCMH benchmark of counseling clients at other U.S colleges and universities in 2019-20.

Table 3: Demographic Trend Data

Item	8-Year Change	2012-2020	Lowest	Highest	UW System 2020-21	CCMH 2019-20
Female	6.7%		63.3%	70.0%	70.0%	64.8%
Male	-7.2%		27.5%	34.7%	27.5%	32.6%
Transgender/Self Identify	1.9%		0.6%	3.0%	2.5%	2.5%
White	No Change		84.0%	86.5%	85.0%	64.7%
Students of Color	2.0%		13.0%	16.2%	15.0%	35.3%
Heterosexual	-15.5%		70.0%	85.5%	70.0%	74.7%
LGBTQ	20.2%		9.8%	30.0%	30.0%	21.9%
Registered Disability	3.2%		7.0%	10.9%	10.9%	10.0%

Client Presenting Concerns and Personal Histories

Counseling centers assist students with a wide variety of presenting concerns. Similar to previous years, a large number of students in 2020-21 presented to counseling with their top concerns as anxiety, fears, or worries (76%), stress and stress management (69%), and depression, sadness, or mood swings (66%) (see Table 4). Half of all clients noted procrastination/motivation concerns (50%) followed by low self-esteem/self-confidence (47%). Additionally, attention/concentration (41%) and friends/roommates/dating concerns (32%) remained prevalent. It is also notable that over half of all clients (57%) agreed or strongly agreed at the beginning of counseling that they were having trouble

focusing on academics (see Table 5), regardless of their presenting concerns, and almost half (47%) noted their academic motivation and/or attendance was suffering. The full list of presenting concerns and academic impact questions can be found in Appendix 1.

Table 4: Presenting Concerns

Item	8-Year Change	2012-2020	Lowest	Highest	UW System 2020-21
Anxiety, Fears, Worries	16.1%		59.9%	76.0%	76.0%
Stress & Stress Management	4.3%		59.0%	69.0%	69.0%
Depression, Sadness, Mood Swings	11.9%		54.1%	67.1%	66.0%
Procrastination/Motivation	14.0%		36.0%	50.0%	50.0%
Low Self-Esteem/Self-Confidence	9.5%		37.5%	47.0%	47.0%
Attention/Concentration	3.6%		30.0%	41.0%	41.0%
Problems related to School or Grades	-2.2%		26.0%	45.3%	40.0%
Friends	7.4%		24.6%	32.0%	32.0%
Sleep Difficulties	6.7%		23.3%	31.3%	30.0%
Eating Behavior	10.2%		15.8%	26.0%	26.0%

Table 5: Academic Impact

Item	8-Year Change	2012-2020	Lowest	Highest	UW System 2020-21
I am having a hard time focusing on my academics (agree/strongly agree)	5.3%		50.0%	57.0%	57.0%
I am thinking about leaving school (agree/strongly agree)	-1.3%		10.0%	15.6%	10.0%

In terms of trends over time in presenting concerns, Table 4 depicts a fairly steady increase over the last eight years in counseling clients reporting anxiety and depression, consistent with national trends, as well as the correlated issues of procrastination/motivation and low self-esteem/self-confidence. Notable changes in academic impact during 2020-2021 shown in Table 5—likely impacted by COVID-19—were that more students reported they were having a hard time focusing on academics, and fewer reported that they were thinking about leaving school. The impact on academics is consistent with national surveys during the pandemic that consistently reported more students were having difficulty concentrating and staying focused with the shift to online/remote learning environments.

Prior to attending a first appointment, counseling clients are asked several questions about their past mental health histories, some of which are summarized in Table 6. National trends for almost two decades have suggested that increasing numbers of students come to college with a history of counseling/mental health needs, and that the types of issues they bring with them have become more serious and/or complex in nature. This is one of many phenomena believed to contribute to increased utilization of counseling services on college campuses, as prior help-seeking may increase the ability to attend college among students with mental health needs and also reduce stigma to seeking further help.

Consistent with these national trends, among UW counseling clients there has been an increase over the past eight years in students presenting to counseling centers with a previous history of mental health treatment (from 47% in 2012-13 to 65% in 2020-21), reporting that they have taken a prescribed medication for mental health concerns (from 32% to 47%), and having been previously hospitalized for mental health concerns (from 6% to 11%). On each of these prior treatment indicators, counseling clients in the UW System exceed national averages from the most recent CCMH dataset, suggesting we have a higher treatment-seeking student body at UW institutions than nationally. On indicators of students posing a threat to themselves, there have also been concerning increases over the past eight years—in the proportion acknowledging a history of non-suicidal self-injury (from 20% to 30%), seriously considering suicide (from 24% to 36%) and making one or more suicide attempts (from 7% to 12%). These percentages are consistent with national benchmark data from CCMH.

Table 6: Mental Health and Alcohol/Drug History

Item	8-Year Change	2012-2020	Lowest	Highest	UW System 2020-21	CCMH 2019-20
Prior Treatment						
Counseling	17.8%		47.2%	65.0%	65.0%	59.5%
Medication	14.7%		32.3%	47.0%	47.0%	36.1%
Hospitalization	4.8%		6.2%	11.0%	11.0%	9.9%
Threat to Self						
Non-Suicidal Self-Injury	9.9%		20.1%	31.0%	30.0%	29.1%
Serious Suicidal Ideation	12.0%		24.0%	36.0%	36.0%	36.9%
Suicide Attempt(s)	5.4%		6.6%	12.0%	12.0%	10.9%
Drug and Alcohol						
Felt the need to reduce your alcohol or drug use	0.9%		25.1%	26.0%	26.0%	27.4%
Marijuana Use	6.6%		14.4%	21.0%	21.0%	26.0%
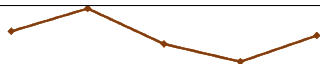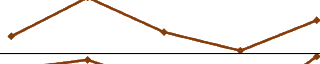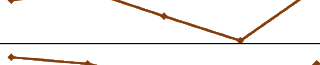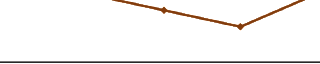
In terms of drug and alcohol history, it is notable that the prevalence of problematic alcohol use history appears to have remained stable in recent years (25% to 26%) and is consistent with benchmark data. However, the proportion of students reporting marijuana use in the past 2 weeks has increased sharply (from 14% to 21%), as laws permitting recreational use of marijuana in some states have contributed to more accepting attitudes nationwide. Note that the CCMH benchmark for marijuana use is even higher (26%), which is likely because it includes data from counseling centers in states where recreational marijuana use is legal. Despite these percentages of alcohol and marijuana use/misuse, only 7% of counseling clients checked alcohol or drug use as one of the presenting concerns they wanted to address in counseling.

Client Outcomes

To assess the impact of counseling on student intrapersonal learning and emotional well-being, the Learning Outcome and Satisfaction (LOS) survey looks at several key self-report indicators. Intrapersonal learning is assessed by items such as "I made improvements on the specific issues for which I sought counseling," "I am better prepared to work through future concerns and achieve my

goals," and "I increased my ability to think clearly and critically about my problems." Data presented in Table 7 shows that student responses to these statements tend to be overwhelmingly positive. Over the past eight years, between 83% and 86% of counseling clients reported that they made improvement on specific issues that brought them to counseling; between 75% and 80% felt better prepared to work through future concerns and to achieve their goals; and between 74% and 79% of students felt they increased their ability to think clearly and critically about their problems. To assess the impact of counseling on emotional well-being, students were asked to assess their level of well-being both prior to and after attending counseling. Between 80% and 82% of students self-reported an increase in well-being from their experiences with counseling services, which is consistent with surveys of clients attending outpatient psychotherapy in other settings. Overall, over the past eight years, between 83% and 93% of students rated the effectiveness of therapy in a positive manner (i.e., good, very good, or excellent), with the highest ratings occurring in 2020-21.

Table 7: Interpersonal and Emotional Well-Being Outcomes

Item	8-Year Change	2012-2020	Lowest	Highest	UW System 2020-21
Client Outcomes: Interpersonal and Emotional Well Being					
I made improvements on the specific issues for which I sought counseling	No Change		80.0%	86.0%	83.0%
I am better prepared to work through future concerns and achieve my goals.	1.6%		75.0%	80.2%	78.0%
I increased my ability to think clearly and critically about my poblems.	1.2%		74.0%	79.0%	79.0%
Percentage of students who self-reported an increase in well-being from the beginning of services to the end of services.	No Change		80.0%	82.4%	82.0%
Percentage of students who rated effectiveness of counseling in helping with their problems: good, very good, or excellent.	4.6%		83.0%	93.0%	93.0%

Although these outcome metrics have been consistently positive, there are some small but meaningful trends that merit further comment. On several of the items in Table 7, there exists a slight but persistent decline in students overall experience with counseling services from 2015 through 2019. As noted in prior annual reports, student utilization of counseling services in the UW System and nationally was increasing by 30% to 40% during that time period. At the same time, counseling center resources on many UW campuses decreased, were stagnant, or increased only modestly. To meet the increased demand with scarce resources, counseling centers were forced to make difficult decisions that limited access for students, such as offering fewer or less-frequent appointments to each student and creating waitlists that delayed timely access to a first appointment. Research conducted by CCMH (2020) has shown that decreasing treatment "dosage" (i.e., the number and frequency of appointments) is associated with decreases in student improvement on measures of mental health and well-being. In this context, a positive outcome of decreased counseling utilization in 2020-21 was that counseling centers were able to see students for more sessions with less time between sessions, which led to improvements in well-being and the self-reported effectiveness of counseling.

Improvements in well-being translate into academic improvements. Research into human cognition clearly demonstrates that mental health issues can impact the ability to focus as well as the ability to process and encode information, all of which are necessary to be academically successful. To assess the impact of counseling services on academic outcomes, students who sought counseling were

asked if they were struggling with academics and/or thinking about leaving school (see Table 8). The percentage of students who report struggling with academics has ranged from 36% to 38% each year, and the percentage of students who indicate they were thinking about leaving school ranged from 21% to 25%. Of the students who indicated they were struggling academically, between 62% and 67% reported increased focus on academics as a result of counseling, and of the students who indicated they were thinking about leaving school, between 72% and 79% indicated that counseling helped them stay in school.

Extrapolating the average percentage of students who were thinking of leaving school (22%) but were influenced through counseling to stay (78%) to the approximately 105,000 students attending counseling over the past eight years, we can estimate that counseling centers have helped retain at least 2,200 students per year—or approximately 18,000 total—who otherwise might have left because their mental health was significantly impacting their ability to be a successful student. Assuming an average undergraduate resident tuition rate across the System of $8,550, this accounts for at least $19 million in saved tuition revenue per year that can be at least partially attributed to having counseling services on campus.

Table 8: Academic Outcomes

Item	8-Year Change	2012-2020	Lowest	Highest	UW System 2020-21
Client Outcomes: Academics					
Percentage of students who reported they were struggling academically prior to counseling.	-1.0%		36.0%	38.0%	37.0%
Of those who reported struggling academically, the % of students who reported increased academic focus as a result of counseling.	1.0%		62.0%	67.0%	67.0%
Percentage of students who reported they were thinking of leaving school prior to counseling.	-4.0%		21.0%	25.0%	21.0%
Of those who reported they were thinking of leaving school, the percentage of students who reported that counseling helped them to stay in school.	-1.8%		76.0%	79.0%	77.0%

Client Satisfaction

UW students who have utilized counseling have consistently reported high satisfaction with services received. Table 9 shows eight-year satisfaction trends for appointment scheduling, access to services, and willingness to return and refer others, with 81% to 96% of students giving favorable ratings on items related to these categories.

While satisfaction levels remain high overall, they have been declining in recent years prior to 2020-21, coinciding with increased utilization of counseling outlined earlier in this report. Like the trend on outcome indicators, as more students accessed counseling without a parallel increase of personnel or financial resources for additional services, students reported having a less positive experience with counseling. Of particular note are two LOS items related to appointment scheduling, both of which declined from satisfaction levels nearing 90% to as low as 81% in 2018-19, before rebounding in 2020-21. It is likely no coincidence that the rebound observed this year comes while
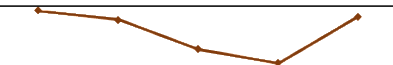
overall utilization decreased, which meant that students were not waiting as long for intake or follow-up appointments.

Qualitative data in recent years has also highlighted student frustration with initial access and the ability to schedule follow-up appointments, with students sharing comments such as "I was lucky enough to get my first appointment the same week that I called due to someone cancelling, but two of my friends had to wait almost a month for their first appointment after calling." Another student shared "It took a while to get the first appointment. I do understand that it's a highly desired service. However, I contacted the counseling center at a time I felt I was very low and was unable to get an appointment until about a month later." Prior research has shown a link between delayed access to counseling when needed and lower student retention, highlighting the need to match the availability of counseling to the level of student demand to the greatest degree possible.

Finally, it is notable that student agreement with the statement that it is important to have counseling services located on campus has consistently been above 90%, although it declined in 2020-21. This one-year dip is likely attributable to the fact that very few students attended in-person counseling this year as they were introduced to telecounseling as a new modality for receiving services. See Appendix 2 for more complete client satisfaction data from 2020-21.

Table 9: Client Satisfaction

Item	8-Year Change	2012-2020	Lowest	Highest	UW System 2020-21
Client Satisfaction					
I was able to get my first appointment in a timely manner.	-0.9%		81.0%	88.9%	88.0%
I was able to get follow-up appointments in a timely manner.	1.1%		81.8%	87.0%	87.0%
It is important for me to have counseling services located on campus.	-6.4%		90.0%	96.4%	90.0%
I would return to the counseling center again.	-0.9%		91.0%	92.9%	92.0%
I would recommend counseling services to a friend.	0.0%		92.0%	94.0%	94.0%

To augment quantitative feedback, the LOS survey asks a series of questions requiring narrative responses about students' experience with counseling. These are shared with individual counselors and reviewed at the center level as part of ongoing quality improvement discussions. Below is a sample of some impacts—often perceived as life changing—that students shared about their experience in counseling in 2020-21.

What was most helpful about attending counseling?

- "When you internalize your feelings for so long, it's hard to see what you're going through in any other perspective. I have learned so much about myself and the mental health issues that I've been having. Talking with my counselor has helped me to rationalize, accept, cope, and grow from the feelings that I have, and I'm not sure where I would be right now mentally if I hadn't made the call to the counseling center."
- "At one point, I became so stressed out about my academic career and my life that I had muscle aches, trouble focusing, couldn't get out of bed, and struggled with thoughts of suicide. My counselor assured me that everything I was feeling was valid, that I was not the

only one struggling and that trauma from my past was also impacting how my brain decoded information. Although I still struggle with my mental health issues, I know now that it is ok to feel the way that I feel, that it is passing, to appreciate and savor the little things, and I can and will be happy."

- "I was able to grow and find myself through the service. I am glad that I have started this otherwise I would not be alive."

Students also shared what they perceived as less helpful and were asked to make suggestions for improvement. While the most common response to these questions was that nothing was unhelpful, the most frequent substantive responses to these questions related to appointment availability and expanding services to better meet student demand. Below are a few examples:

What was least helpful?

- "The only problem I found so far was that it took a long time to get an appointment. It took me more than three weeks to book an appointment and another three weeks for a follow-up. I understand that's not the counselors' fault as there are only so many to go around, but being able to talk to someone sooner would have definitely helped with some of my more immediate struggles."
- "Appointments are every two weeks instead of once a week. There is a great demand for counseling services and students would benefit from more appointments."
- "The time between appointments is very long. I wish we could make appointments closer together."

Suggestions for Improvement.

- "Do not limit our sessions. I have established a great relationship with my counselor, and I am very disappointed about losing it. In addition, I've been attending university counseling services because my insurance has poor coverage in my home area and no coverage at school, so I will be left with nothing when my sessions expire."
- "Expand the services! I think they are so helpful and need to stay and continue growing."
- "Please hire more counselors and psychiatrists."

COVID-19 Impacts

In response to the COVID-19 pandemic, the LOS survey added an additional section beginning Spring 2020 to measure students' perceptions related to the impact of the pandemic on their well-being and the impact of services offered during this time.

Several national surveys have reported that the COVID-19 pandemic had a negative impact on individuals' mental health and well-being. On the LOS survey, students were asked to rate the impact of the COVID-19 pandemic on their sleep and stress levels. Table 10 shows that most students seeking counseling during this year felt that the pandemic negatively impacted their stress (81%). Additionally, 60% reported a negative impact on their sleep. Greater levels of stress and more difficulties with sleep likely contributed to other increases in mental health and academic concerns noted earlier in this report, such as higher anxiety and greater difficulties with motivation and focus on academics. In addition to reporting negative impacts on sleep and stress, it is important to note that 87% of students also reported they perceived themselves to be resilient. This is a testament to

our students and suggests that, even among students reporting significant struggles, they continue to feel able to persevere.

As shown in Table 10, the percentage of students who indicated they received counseling during the COVID-19 pandemic was 39% during 2019-2020 and 97% during 2020-2021. Additionally, the percentage of students who reported that most or all their sessions were completed through telecounseling was 74% in 2019-2020 and 98% in 2020-2021. These percentages suggest that counseling access decreased at the onset of the pandemic in Spring 2020 as both students and centers adjusted to remote environments and telecounseling for the safety of clients and providers. This required training in telecounseling for staff, adjustments to policies and procedures, and ensuring that video conference platforms conformed to the highest privacy standards. The higher percentages of students reporting telecounseling in 2020-21 suggest that centers rebounded successfully to continue offering service in this new modality.

Table 10: COVID-19 Pandemic Questions

Item	2019-20	2020-21
Students reporting negative impact on stress levels.	78.0%	81.0%
Students reported that the pandemic negatively impacted their sleep.	64.0%	60.0%
Students reporting high levels of resiliency.	83.0%	87.0%
Students who received counseling during the pandemic.	39.0%	97.0%
Students for whom most/all appointments were telecounseling.	74.0%	98.0%
Students who strongly desire telecounseling offered in future.	45.0%	56.0%
Percentage of students who report that telecounseling impacted them in the following areas		
Helped in completing school work during the pandemic.	61.0%	54.0%
Positively impacted their wellbeing during the pandemic.	91.0%	88.0%
Provided adequate strategies for self-care.	86.0%	85.0%
Helpful in supporting wellbeing during the pandemic.	77.0%	84.0%

Students were also asked to report the degree of positive outcomes received from utilizing counseling services during COVID-19. Students overwhelmingly agreed that telecounseling positively impacted their well-being during the pandemic (88%). Additionally, most students agreed that their time in counseling provided them with adequate strategies for self-care (85% responding yes). These high marks support the higher levels of satisfaction students reported with counseling this past year and the positive impact that telecounseling had on supporting student well-being and assisting them with coping with stressful events.

Since telecounseling was not an option prior to the pandemic, centers wanted to know how students felt about this service modality. Students were asked to report the degree to which they would like to have telecounseling services offered in the future, with 56% strongly desiring this service, 25% feeling neutral, and only 6% of students indicated they do not desire having telecounseling available in the future. In narrative responses, many students commented on preferring in-person therapy over telecounseling, but also wanting telecounseling as an additional option since it increases accessibility to care, flexibility, and comfort for many students.

Personnel/Staffing

The number of professional staff relative to campus enrollment is a critical indicator of a counseling center's ability to provide timely and effective services. This annual report has been tracking the ratio of students to counselors over the course of several years. According to the International Association of Counseling Services (IACS) *Standards for University and College Counseling Services (*2020), "Every effort should be made to maintain minimum staffing ratios in the range of one FTE professional staff member (excluding trainees) for every 1,000-1,500 students, depending on services offered and other campus mental health agencies." Figure 2 displays the average ratio of students to counselors across the UW System over the past five academic years. After several years of gradual improvement, the student-to-counselor ratio worsened slightly this year. Communication with counseling directors indicates that this was largely due to hiring freezes implemented during the pandemic that prevented them from filling open positions.

Figure 2: Five-Year Trend: Ratio of Students to Counselors
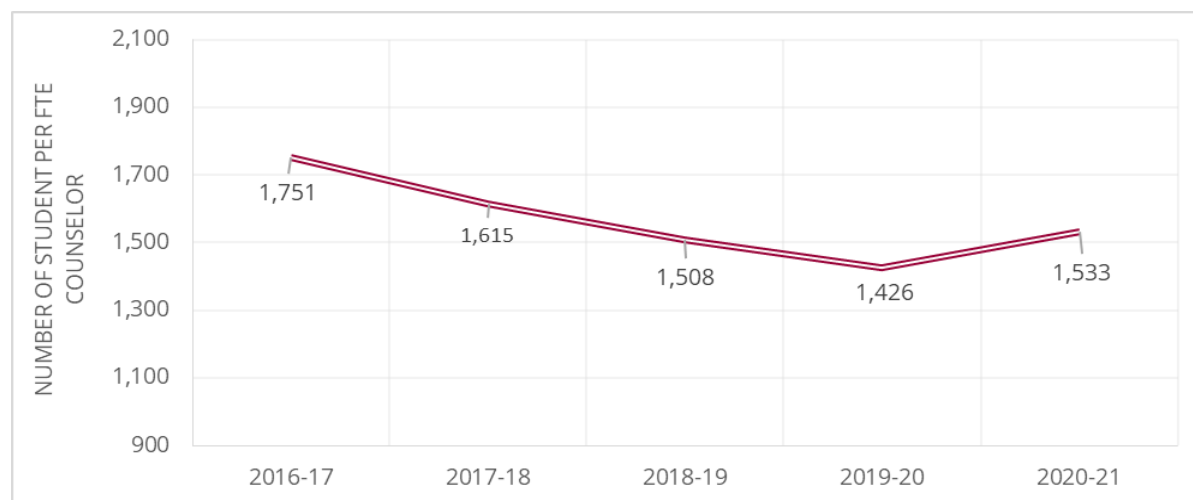
To illustrate the variability of the counselor-to-student ratio across the UW System, Table 11 displays the five-year trend of students to counselors by campus. This year, eight of 13 met the 1:1,500 minimum ratio; and only 1 met the 1:1,000 recommended ratio (with two others being very close)**.** Taking a closer look at the campuses with the highest ratio of students per full-time equivalent (FTE) counselor, it is also notable that some of our most racially and ethnically diverse campuses have the worst staffing ratios, highlighting inequities across the System. As state funding has dwindled as a proportion of UW institutional budgets in recent decades, counseling centers have increasingly turned to segregated fees to fund services. This leads to unequal funding levels across campuses because segregated fees are subject to individual institutional priorities and approval processes.

In spring 2020, a Systemwide behavioral health workgroup recommended that all UW campuses work toward the 1:1,000 ratio considering the significant spike in utilization seen in recent years. Without this level of staffing, campuses are forced to make decisions that place limits on the access and quality of services provided, which contribute to drops in satisfaction and outcomes that are delineated elsewhere in this report. With support from the Board of Regents and President Tommy Thompson, a $10 million behavioral health priority was proposed in the System biennial budget to begin to rectify the staffing challenges and inequities. Unfortunately, the priority did not make it to the final budget passed by the legislature, delaying any System-level response to the staffing issue.

Table 11: Five-Year Trend: Ratio of Students to Counselors by University

Campus	2015	2016	2017	2018	2019	2020	Trend
Eau Claire	1,599	1,526	1,312	1,544	1,100	1,048	
Green Bay	1,983	2,816	2,840	2,224	1,944	2,222	
La Crosse	1,706	1,573	1,566	1,568	1,229	1,190	
Madison	1,636	981	951	830	708	867	
Milwaukee	2,952	2,252	2,187	2,134	1,991	2,747	
Oshkosh	1,441	1,356	1,349	1,403	1,105	1,647	
Parkside	2,224	2,138	2,084	2,045	2,150	2,250	
Platteville	2,543	2,177	1,739	1,616	1,475	1,445	
River Falls	1,554	1,598	1,595	1,344	1,291	1,323	
Stevens Point	1,434	1,443	1,212	1,145	1,512	1,622	
Stout	1,558	1,697	1,364	1,270	949	1,107	
Superior	1,321	1,577	947	918	1,339	1,011	
Whitewater	1,737	1,626	1,855	1,558	1,751	1,454	

This year's report introduces a new metric to provide another perspective on appropriate staffing and service levels for counseling centers. Over the past few years, the Center for Collegiate Mental Health (CCMH), in partnership with the International Association of Counseling Services (IACS) and the Association for University and College Counseling Center Directors (AUCCCD) developed the Clinical Load Index (CLI) as "a reliable, comparable, and intuitive distribution of staffing levels that can be used to inform decisions about the resourcing of mental health services in colleges and universities" (CCMH, 2019). Instead of focusing exclusively on FTE staffing levels, the CLI takes into account the actual number of students seeking services (counseling center utilization), and the amount of "clinical capacity" (weekly appointment availability) to calculate a standardized score that describes the relationship between the supply and demand for counseling at any given center. The CLI may be thought of as the "standardized annual caseload" for a full-time counselor having a typical number of appointments available per week.

Figure 3 shows the CLI distribution for UW counseling centers (represented by blue dots) during the 2020-21 academic year, compared to the 2018-19 national reference group of campuses collected by CCMH (represented by gray dots). The average CLI score reported by CCMH in 2018-19 was 119 (which translates to 119 students seen by each full-time counselor, per year). This compares to an average CLI of 102 across UW System counseling centers in 2020-21. It is important to note that, because utilization declined across the system this year, and our CLI scores are plotted against a pre-pandemic reference group, the CLI average for UW System looks artificially good this year and will almost certainly be higher when in-person services once again become the norm.

Figure 3: Clinical Load Index (CLI) Distribution
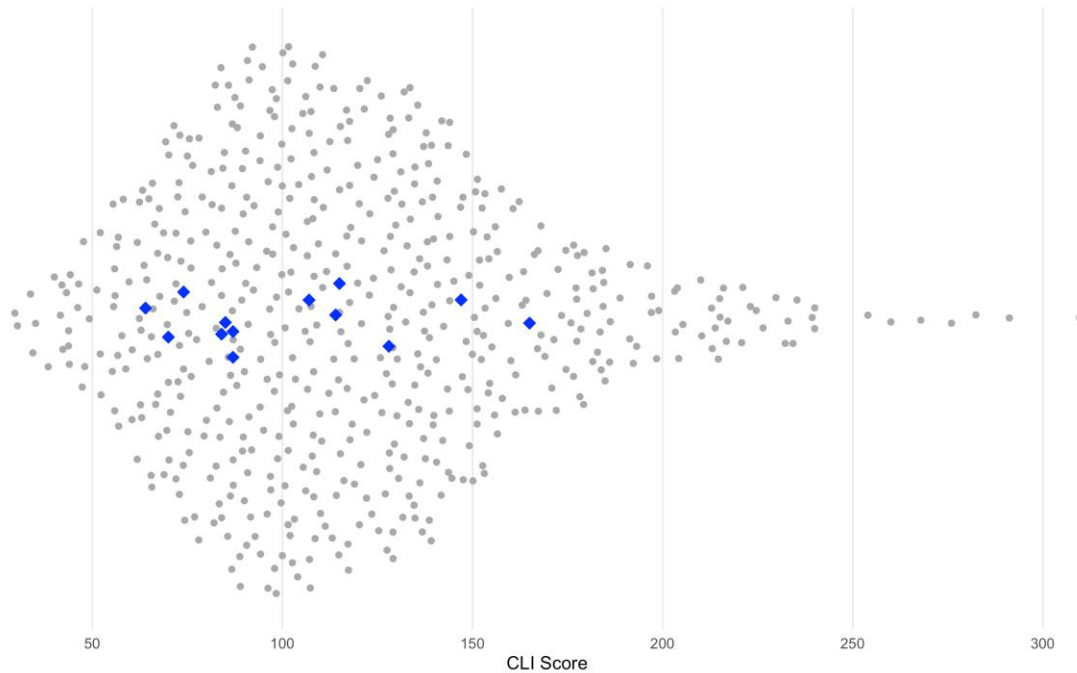
CCMH (2020) research has documented that higher CLI scores are associated with lower treatment dosages (fewer and less frequent appointments) which are, in turn, associated with less improvement in symptoms of common concerns like depression, anxiety, and general distress. This research is consistent with data presented in this report, showing that higher utilization in recent years coincided with declines in client satisfaction and outcomes, which rebounded this year when utilization (and average CLI score) was lower.

Both student to counselor ratios and the Clinical Load Index provide important ways of monitoring our ability to provide basic behavioral health treatment services on our campuses. It is hoped that these two metrics will inform ongoing efforts to reach more favorable and equitable staffing levels to better serve the needs of our students.

Conclusion

Meeting students in their time of need is both highly fulfilling and emotionally demanding work. This report documents both the successes and challenges of providing mental health counseling services on UW System campuses, and the data presented—both quantitative and qualitive—strongly supports the contributions of counseling services to student success.

UW System counseling centers provide a wide range of high-quality intervention, prevention, and consultation services thanks to the combined efforts of creative and talented teams who take very seriously their relationship to the academic mission of the university. As noted in the introduction, counseling centers have long been central to overall behavioral health efforts in higher education and have received increasing attention as student behavioral health has gained wider attention nationally and locally.

Coinciding with this trend is the recognition that counseling centers cannot solely be responsible for the mental health and well-being of students. In the three-tier public health framework underlying the UW System behavioral health initiative, counseling centers represent a critical component of Tier 1: treatment and crisis intervention services. Equally worthy of attention are Tier 2 (targeted populations) and Tier 3 (overall well-being initiatives), in which counseling centers can play a role alongside the wider campus community to establish cultures of well-being on our campuses.

Comprehensive public health approaches will continue to be necessary to ensure that student mental health and well-being is prioritized by administrators, faculty, and staff alike. Counseling centers are well-suited to take a lead role in these efforts as long as the resources necessary to do this work continue to be evaluated and adjusted to meet the evolving needs of students and our campus communities.

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Appendices

Appendix 1: Client Information Form (CIF)

Designed to measure client characteristics and history, the CIF consists of a presenting concerns checklist, four items assessing intake academic functioning, and the standard demographic and personal history items established by the Center for Collegiate Mental Health (CCMH). The 2020-21 results of the CIF are presented below, with benchmark comparisons to national counseling center data collected by CCMH during the 2019-20 academic year (the most recent available).

CIF Client Demographics

	Counseling Clients (n = 4,772)	UW System Population (n = 164,766)	CCMH (n=185,440)
Academic Status (%)	(*n* = 4,102)		
Freshman/First-year	21%	18%	21%
Sophomore	22%	18%	21%
Junior	24%	18%	22%
Senior	26%	24%	21%
Graduate/Professional Degree	7%	15%	5%
Other	1%	7%	1%
Gender Identity (%)	(*n* = 4,686)		
Woman	70%	55%	65%
Man	28%	45%	33%
Transgender	< 1%	-	1%
Self-identify	2%	-	2%
Race/Ethnicity (%)	(*n* = 4,690)		
White	85%	76%	65%
Asian American/Asian	4%	5%	9%
Multiracial	3%	3%	5%
Hispanic/Latino(a)	5%	7%	10%
African American/Black	3%	3%	10%
American Indian or Alaskan Native	< 1%	< 1%	< 1%
Self-identify		-	2%
Native Hawaiian or Pacific Islander	< 1%	< 1%	< 1%
Sexual Orientation (%)	(*n* = 4,564)		
Heterosexual	70%	-	75%
Bisexual	16%	-	13%
Self-identify	6%	-	3%
Questioning	4%	-	4%
Lesbian	3%	-	2%
Gay	2%	-	3%
GPA [Mean (SD)]	2.64 (1.40)	-	-

	Counseling Clients (n = 4,772)	UW System Population (n = 164,766)	CCMH (n=185,440)
International Student (% Yes)	1%	5%	6%
First-Generation Student (% Yes)	23%	31%	23%
Age [Mean (Mode)	21.22 (21)	21-24 AVG	21.87 (21)
US Military Service (% Yes)	2%		1%
Traumatic/Stressful Military Experience [% Yes (n)]	< 1% (27)	-	31% (404)
Student Athlete (% Yes)	17.5%	-	26%
Transfer Student (% Yes)	18%	14%	18%

	System Survey (n = 4,772)	CCMH (n = 185,440)
Current Housing (%)	*(n* = 4,120)	
On-campus residence hall/apartment	42%	37%
Off-campus apartment/house	54%	60%
On-/off-campus co-operative housing	< 1%	1%
On-/off-campus fraternity/sorority house	< 1%	2%
Other	2%	1%
Who Do You Live With (%)		
Roommate(s)	55%	69%
Alone	19%	13%
Spouse, partner, or significant other	11%	10%
Parent(s) or guardian(s)	12%	10%
Family other	5%	5%
Children	1%	2%
Other	1%	1%
Relationship Status (%)		
Single	56%	62%
Serious dating or committed relationship	42%	34%
Married	1.6%	4%
Divorced	< 1%	<1%
Civil union, domestic partnership, or equivalent	< 1%	<1%
Widowed	0%	<1%
Separated	< 1%	<1%
Current Financial Situation		
Always stressful	12%	13%
Often stressful	23%	21%
Sometimes stressful	39%	35%
Rarely stressful	20%	22%
Never stressful	6%	9%
Registered Disability (% Yes)	10.9%	10%
If yes, which category - check all that apply (%)		
Attention Deficit/Hyperactivity disorder	37%	42%

	System Survey (n = 4,772)	CCMH (n = 185,440)
Difficulty Hearing	< 1%	3%
Specific Learning Disability	14%	13%
Mobility Impairments	< 1%	4%
Neurological Disorder	--	--
Health Impairment/Condition	< 1%	11%
Psychological Disorder/Condition	29%	32%
Visual Impairments/Difficulty Seeing	3%	3%
Traumatic Brain Injury	< 1%	3%
Cognitive Difficulties/Intellectual Disability	2%	4%
Difficulty Speaking/Language Impairment	< 1%	1%
Autism Spectrum Disorder	4%	6%
Other	15%	16%
Religious/Spiritual Preference (%)		
Christian	30%	32%
Catholic	15%	14%
Agnostic	17%	15%
Atheist	10%	9%
Self-identify	5%	3%
Buddhist	< 1%	<1%
Jewish	< 1%	2%
Muslim	< 1%	2%
Hindu	< 1%	1%
No preference	23%	20%
Hours of Work Per Week (%)		
0	31%	42%
1-5	10%	6%
6-10	12%	12%
11-15	13%	11%
16-20	15%	13%
21-25	9%	6%
26-30	4%	4%
31-35	2%	2%
36-40	2%	2%
40+	1%	2%

Client Reported Presenting Concerns - % Reporting Yes

Items	Counseling Clients (n = 4,772)
Anxiety/fears/worries (other than academic)	76%
Stress/stress management	69%
Depression/sadness/mood swings	66%

Items	Counseling Clients (n = 4,772)
Low self-esteem/confidence	47%
Procrastination/motivation	50%
Attention/concentration	41%
Friends/roommates/dating concerns	32%
Sleep difficulties	30%
Problems related to school or grades	40%
Choice of major/career	17%
Shyness/social discomfort	21%
Eating behavior/weight problems/eating disorders/image	26%
Anger/irritability	23%
Marital/couple/family concerns	13%
Grief/loss	14%
Physical symptoms/health (headaches, stomachaches, pain)	12%
Alcohol/drug use	7%
Self-injury (cutting, hitting, burning)	6%
Childhood abuse (physical, emotional, sexual)	11%
Sexual assault/dating violence/stalking/harassment	7%
Sexual orientation	5%
Gender Identity	3%
Seeing/hearing things others don't	2%
Cultural adjustment	1%
Urge to injure/harm someone else	1%
Bullying/harassment	1%
Prejudice/discrimination	2%
Other	4%

Students were asked to report the degree to which their academics were being negatively impacted by their mental health. Students responded to each item on a scale from 1 (Strongly Disagree - SD) to 5 (Strongly Agree - SA).

Academic Outcomes

Subscale Item	SD/Disagree	Neutral	Agree/SA	System Mean (n)
I am struggling with my academics.	43%	23%	34%	3.80 (4,626)
I am thinking of leaving school.	77%	13%	10%	2.22 (4,615)
My academic motivation and/or attendance are suffering.	35%	19%	47%	4.25 (4,615)

Subscale Item	SD/Disagree	Neutral	Agree/SA	System Mean (n)
I am having a hard time focusing on my academics.	24%	19%	57%	4.73 (4,614)

For the items below, students were asked to report the frequency with which they have had various experiences in their lifetime. The System and CCMH columns represent the percentages of students who reported having the experiences at least one time.

Mental Health History Items

Items	Never	1 Time	2-3 Times	4-5 Times	More than 5 Times	System % (n)	CCMH % (n)
Been hospitalized for mental health concerns.	90%	6%	3%	< 1%	1%	10% (465)	9% (12,304)
Felt the need to reduce your alcohol or drug use.	75%	8%	10%	2%	6%	26% (1,180)	27% (19,891)
Others expressed concern about your alcohol or drug use.	86%	5%	5%	1%	2%	13% (646)	15% (17,062)
Received treatment for alcohol or drug use.	95%	2%	1%	< 1%	2%	5% (218)	2% (2,703)
Purposely injured yourself w/o suicidal intent (e.g., cutting, hitting, burning, etc.).	71%	5%	8%	3%	14%	30% (1,200)	29% (35,342)
Seriously considered attempting suicide.	64%	13%	13%	3%	7%	36% (1,493)	37% (45,190)
Made a suicide attempt.	88%	7%	3%	1%	1%	12% (496)	11% (13,198)
Considered causing serious physical injury to another person.	95%	2%	1%	< 1%	2%	5% (224)	7% (8,535)
Intentionally caused serious physical injury to another.	96%	1%	1%	< 1%	1%	3% (149)	2% (1,920)
Someone had sexual contact with you w/o your consent.	72%	13%	9%	2%	5%	29% (1,306)	26% (30,635)
Experienced harassing, controlling, and/or abusive behavior from another person (e.g., friend, family member, partner, or authority figure).	60%	6%	8%	3%	23%	40% (1,881)	39% (46,480)
Experienced a traumatic event that caused you to feel intense fear, helplessness, or horror.	57%	16%	14%	3%	10%	43% (875)	43% (48,995)

Extended Mental Health History Items

Items	Never	Prior to College	After Starting College	Both	System % (*n*)	CCMH % (n)
Attended counseling for mental health concerns.	36%	24%	21%	20%	65% (3,048)	60% (70,278)
Taken a prescribed medication for mental health concerns.	54%	12%	17%	18%	47% (2,178)	36% (42,131)

Reported Marijuana Use

Items	None	Once	Twice	3 to 5 Times	6 to 9 Times	10 or More Times	System % (*n*)	CCMH % (n)
Think back over the last two weeks. How many times have you used marijuana?	79%	5%	4%	5%	2%	6%	21% (994)	26% (27,521)

Appendix 2: Learning Outcomes and Satisfaction Survey (LOS)

The Learning Outcomes and Satisfaction (LOS) Survey is the standard outcome measure created by the Counseling Impact Assessment Committee in 2011. Administered to clients at the end of the semester, the LOS is designed to measure the extent to which clients believe that counseling helped them to make improvements on intrapersonal skills, academic functioning, and well-being, as well as their satisfaction with services. The LOS contains three subscales: the Intrapersonal Learning Outcomes Subscale, the Client Satisfaction Subscale, and the Academic Outcomes Subscale. Additional items that do not factor onto the three subscales are presented separately. The 2020-21 results of the LOS are presented below with all client LOS entries included.

LOS Demographic Data

	System Survey (n = 1,261)
Academic Status (%)	(n = 1,064)
Freshman/First year	205 (19%)
Sophomore	194 (18%)
Junior	266 (25%)
Senior	275 (26%)
Graduate/professional degree student	107 (10%)

	System Survey (n = 1,261)
Other	17 (2%)
Gender Identity (%)	(n = 1,063)
Woman	811 (76%)
Man	191 (18%)
Transgender	23 (2%)
Self-identify	38 (4%)
Race/Ethnicity (%)	(n = 1,063)
African American/Black	17 (2%)
American Indian/Alaskan Native	6 (1%)
Asian American/Asian	41 (4%)
Hispanic/Latino(a)	38 (4%)
Native Hawaiian/Pacific Islander	1 (< 1%)
Multiracial	41 (4%)
White	911 (86%)
Self-identify	8 (1%)
Age [Mean (*SD*)]	21.93 (4.13)
Number of Sessions [Mode]	5

For the tables below, students were asked to report their level of agreement with statements on a scale from 1 (Strongly Disagree - SD) to 5 (Strongly Agree - SA).

Lifestyle and Self-Efficacy

Subscale Items	SD/Disagree	Neutral	Agree/SA	System Mean (n)
I made improvements on the specific issues for which I sought counseling.	6%	11%	83%	4.12 (1,191)
I have started to live a healthier lifestyle in at least one area (e.g., sleep, diet, exercise, alcohol/drug use).	7%	21%	72%	3.90 (1,178)
I have improved my ability to manage stress.	8%	24%	68%	3.80 (1,185)
I am better prepared to work through future concerns and achieve my goals.	6%	16%	78%	3.99 (1,187)
I increased my self-confidence and/or self-esteem.	10%	28%	62%	3.74 (1,184)
The counseling process helped me understand cultural, family, ethnic, and/or community differences.	12%	34%	53%	3.63 (1,121)
I have gained a greater understanding of myself or a clearer sense of identity.	7%	16%	76%	3.99 (1,181)
I increased my ability to think clearly and critically about my problems.	5%	16%	79%	4.03 (1,186)
I improved my communication skills.	7%	24%	69%	3.86 (1,176)

Subscale Items	SD/Disagree	Neutral	Agree/SA	System Mean (n)
Total Subscale	**7.4%**	**20.7%**	**71%**	**3.90 (1,194)**

Counseling Satisfaction

Items	SD/Disagree	Neutral	Agree/SA	System Mean (*n*)
The office staff were helpful in providing information and direction.	2%	11%	86%	4.22 (1,097)
This counselor displayed sensitivity/acceptance to individual differences (e.g., culture, gender, ethnicity, etc.).	2%	3%	95%	4.59 (1,131)
This counselor helped me clarify my concerns and provide guidance.	4%	4%	92%	4.44 (1,137)
This counselor supported me in making my own decisions and reaching my personal goals.	2%	5%	92%	4.47 (1,132)
The counseling environment was warm and inviting.	3%	6%	91%	4.47 (1,122)
It is important for me to have counseling services located on campus.	3%	7%	90%	4.55 (1,121)
I would return to the counseling center again.	4%	4%	92%	4.56 (1,131)
I would recommend counseling services to a friend.	4%	3%	94%	4.61 (1,135)
Total Subscale	**3.6%**	**6%**	**86.6%**	**4.49 (1,143)**

Academic Outcomes

Items	SD/Disagree	Neutral	Agree/SA	System Mean (*n*)
Counseling has increased my academic motivation and/or class attendance.	19%	41%	40%	3.25 (1,139)
Counseling has helped me to focus better on my academics.	16%	34%	51%	3.44 (1,160)
Counseling has helped with my academic performance.	16%	40%	43%	3.33 (1,154)
Counseling has helped me stay at school.	18%	38%	45%	3.39 (1,119)
Total Subscale	**17.3%**	**38%**	**44.7%**	**3.37 (1,169)**

Retrospective Academic Functioning Items

Items	SD/Disagree	Neutral	Agree/SA	System Mean (n)
Prior to counseling, I was struggling with my academics.	46%	17%	37%	2.86 (1,181)
Prior to counseling, I was thinking of leaving school.	67%	11%	21%	2.25 (1,177)

Appointment Availability

Item	SD/Disagree	Neutral	Agree/SA	System Mean (n)
I was able to get my first appointment in a timely manner.	7%	5%	88%	4.34 (1,136)
I was able to get follow-up appointments in a timely manner.	7%	7%	87%	4.32 (1,131)

For the tables below, students were asked to respond to each item on a scale from 1 (Poor) to 5 (Excellent).

Overall Satisfaction

Item	Poor	Fair	Good	Very Good	Excellent	System Mean (n)
Overall effectiveness of counseling in helping with my problems.	4%	8%	35%	34%	18%	3.53 (1,141)
Overall quality of the services I received.	3%	4%	18%	35%	40%	4.05 (1,141)

Retrospective Ratings of Well-Being

Item	Poor	Fair	Good	Very Good	Excellent	System Mean (n)
My level of well-being when I started counseling.	40%	43%	15%	2%	1%	1.81 (1,140)
My level of well-being now.	3%	18%	47%	29%	3%	3.11 (1,139)

Perceived Change in Well-Being from Start of Counseling

	Decline	No change	Improvement
System Survey % (1139)	2% (17)	17% (189)	82% (933)

For the table below, students were separated by those who reported that they were or were not struggling with their academics prior to counseling to compare how counseling affected academic performance for each group. Students responded to each item on a scale from 1 (Strongly Disagree - SD) to 5 (Strongly Agree - SA).

Effectiveness of Counseling Support

Scale Items		SD/Disagree	Neutral	Agree/SA	Overall System Mean (*n*)
Counseling has increased my academic motivation and/or class attendance.	Struggling	49 (11%)	129 (30%)	255 (59%)	3.63 (433)
	Not Struggling	170 (24%)	334 (47%)	200 (28%)	3.02 (704)
	Total (average)				**3.25 (1,139)**
Counseling has helped me to focus better on my academics.	Struggling	46 (11%)	97 (22%)	292 (67%)	3.76 (435)
	Not Struggling	134 (19%)	292 (40%)	296 (41%)	3.25 (722)
	Total (average)				**3.44 (1,160)**
Counseling has helped with my academic performance.	Struggling	48 (11%)	122 (28%)	268 (61%)	3.68 (438)
	Not Struggling	140 (20%)	342 (48%)	232 (33%)	3.12 (714)
	Total (average)				**3.33 (1,154)**
Counseling has helped me stay at school.	Struggling	45 (11%)	106 (25%)	272 (64%)	3.82 (423)
	Not Struggling	156 (22%)	314 (45%)	226 (32%)	3.12 (696)

Scale Items		SD/Disagree	Neutral	Agree/SA	Overall System Mean (*n*)
	Total (average)				**3.39 (1,119)**

For the table below, students were separated by those who reported that they were or were not thinking of leaving school at the beginning of counseling to compare whether counseling services impacted retention. Students responded to each item on a scale from 1 (Strongly Disagree - SD) to 5 (Strongly Agree - SA).

Effect of Counseling on Academic Retention

Counseling has helped me stay at school.	SD/Disagree	Neutral	Agree/SA	System Mean (*n*)
Thinking of Leaving	25 (10%)	33 (13%)	195 (77%)	4.01 (253)
Not Thinking of Leaving	176 (20%)	387 (45%)	301 (35%)	3.20 (864)
TOTAL (Average)	**18%**	**38%**	**45%**	**3.39 (1,119)**

Appendix 3: COVID-19 Counseling Services Outcomes

The Learning Outcomes and Satisfaction (LOS) Survey had an additional section created in Spring 2020 to measure the students' perceptions of the response and services offered during the pandemic. Students were asked to respond to a series of questions related to whether they received counseling services during the COVID-19 pandemic and the degree to which they were impacted by COVID-19 related events.

Counseling Attendance

Did you receive counseling during the COVID-19 pandemic?	**% (n)**
Yes	96.60% (922)
No	3.40% (32)

Platform Utilized for Counseling

Which closely describes the counseling services you received?	**% Reporting**
Most or all counseling appointments were in-person.	<1.00%
About an even split between in-person and telehealth appointments.	1.20%

Which closely describes the counseling services you received?	% Reporting
Most or all counseling appointments were telehealth appointments.	97.90%

Telecounseling Outcomes

Subscale Item	SD/Disagree	Neutral	Agree/SA	System Mean (n)
Helped me in completing my schoolwork.	8.80%	37.70%	53.50%	3.79 (877)
Positively impacted my well-being during the pandemic.	4.40%	7.40%	88.10%	4.80 (874)
Helpful in supporting my wellbeing.	4.80%	11.10%	84.20%	4.74 (558)

Appeal for Telecounseling

For the item below, students responded on a scale from 1 (Do Not Desire) to 5 (Strongly Desire).

Subscale Item	Do Not Desire	Neutral	Strongly Desire	System Mean (n)
Telehealth should be offered in the future	5.80%	25.00%	56.00%	3.03 (859)

Online Self-Care Resource Use

How often did you access online resources on the counseling website?	% Reporting
Daily	< 1.00%
A few times a week	2.60%
Once a week	14.70%
A few times a month	25.20%
Once a month	10.70%
A few times a year	19.30%
Never	27.00%

Self-Care Strategies

For the item below, students responded on a scale from 1 (Definitely No) to 5 (Definitely Yes).

Subscale Item	No	Neutral	Yes	System Mean (n)
Has your time in counseling provided you with adequate strategies for self-care?	4.40%	10.20%	85.40%	1.86 (888)

For the items below, students responded on a scale from 1 (Negatively Impacted) to 5 (Positively Impacted).

Pandemic Outcomes on Mental Health

Subscale Item	Negatively Impacted	Did not Change	Positively Impacted	System Mean (n)
How would you rate the impact of the pandemic crisis on your sleep?	59.60%	27.90%	16.10%	3.68 (890)
How would you rate the impact of the pandemic crisis on your stress levels?	80.80%	4.90%	14.30%	4.14 (890)

Personal Resilience

For the item below, students responded on a scale from 1 (Extremely Non-Resilient) to 5 (Extremely Resilient).

Subscale Item	Not Resilient	Resilient	System Mean (n)
How would you rate your personal resilience?	12.70%	87.30%	3.48 (888)

Perceived Support

For the items below, students responded on a scale from 1 (Definitely No) to 5 (Definitely Yes).

Subscale Item	No	Might or Might Not	Yes	System Mean (n)
Have you felt supported during this time?	8.30%	12.90%	78.80%	2.99 (889)
Do you feel you have adequate support services available to you currently	5.10%	9.90%	85.10%	3.16 (887)

Appendix 4: CIF and LOS Survey Trend Data Tables

Demographics

Item	2012-13	2014-15	2016-17	2018-19	2020-21
Female	63.3%	65.6%	66.9%	64.0%	70.0%
Male	34.7%	32.7%	30.9%	33.0%	27.5%
Transgender/Self Identify	0.6%	1.7%	2.2%	3.0%	2.5%
White	85.0%	86.0%	86.5%	84.0%	85.0%
Students of Color	13.0%	14.1%	13.5%	16.2%	15.0%
Heterosexual	85.5%	84.6%	82.6%	78.0%	70.0%
LGBTQ	9.8%	15.4%	15.4%	22.0%	30.0%
Registered Disability	7.7%	8.8%	8.5%	7.0%	10.9%

Presenting Concerns

Item	2012-13	2014-15	2016-17	2018-19	2020-21
Anxiety/fears/worries (other than academic)	59.9%	65.4%	73.3%	61.0%	76.0%
Stress/stress management	64.7%	66.7%	68.3%	59.0%	69.0%
Depression/sadness/mood swings	54.1%	64.1%	67.1%	58.0%	66.0%
Procrastination/motivation	36.0%	42.1%	45.9%	38.0%	50.0%
Low self-esteem/confidence	37.5%	42.3%	46.3%	39.0%	47.0%
Attention/concentration	37.4%	38.2%	38.9%	30.0%	41.0%
Problems related to school or grades	42.2%	45.3%	44.7%	26.0%	40.0%
Friends/roommates/dating concerns	24.6%	29.9%	29.7%	26.0%	32.0%
Sleep difficulties	23.3%	29.4%	31.3%	26.0%	30.0%
Eating behavior	15.8%	20.3%	21.0%	20.0%	26.0%
Item	**2012-13**	**2014-15**	**2016-17**	**2018-19**	**2020-21**
I am having a hard time focusing on my academics (agree/strongly agree).	51.7%	52.2%	53.6%	50.0%	57.0%
I am thinking about leaving school (agree/strongly agree).	11.3%	15.6%	13.5%	11.0%	10.0%

Mental Health History

Item	2012-13	2014-15	2016-17	2018-19	2020-21
Prior Treatment					
Counseling	47.2%	52.5%	55.7%	57.0%	65.0%
Medication	32.3%	39.9%	42.2%	40.0%	47.0%
Hospitalization	6.2%	9.9%	10.0%	10.0%	11.0%
Threat to Self					
Non-Suicidal Self-Injury	20.1%	27.6%	30.2%	31.0%	30.0%
Serious Suicidal Ideation	24.0%	34.0%	35.7%	34.0%	36.0%
Suicide Attempt(s)	6.6%	10.7%	11.4%	12.0%	12.0%
Drug and Alcohol					
Felt the need to reduce your alcohol or drug use	25.1%	25.9%	25.6%	26.0%	26.0%
Marijuana Use	14.4%	17.3%	18.5%	20.0%	21.0%

Client Outcomes: Interpersonal and Emotional Well-being

Item	2012-13	2014-15	2016-17	2018-19	2020-21
I made improvements on the specific issues for which I sought counseling	83.4%	86.0%	82.0%	80.0%	83.0%
I am better prepared to work through future concerns and achieve my goals.	76.4%	80.2%	76.8%	75.0%	78.0%

Item	2012-13	2014-15	2016-17	2018-19	2020-21
I increased my ability to think clearly and critically about my problems.	77.8%	78.7%	76.3%	74.0%	79.0%
Percentage of students who self-reported an increase in well-being from the beginning of services to the end of services.	82.4%	82.0%	81.0%	80.0%	82.0%
Percentage of students who rated the effectiveness of therapy in helping students with their problems as good, very good, excellent.	88.4%	90.0%	83.0%	85.0%	93.0%

Client Outcomes: Academics

Item	2012-13	2014-15	2016-17	2018-19	2020-21
Percentage of students who reported they were struggling.	38.0%	36.0%	38.0%	36.0%	37.0%
Percentage of students who reported increased focus as a result of receiving services.	66.0%	63.0%	62.0%	64.0%	67.0%
Percentage of students who reported they were thinking of leaving school before receiving services.	25.0%	22.0%	21.0%	21.0%	21.0%
Percentage of students who reported the counseling services they received helped them to stay in school.	78.8%	77.0%	79.0%	76.0%	77.0%

Client Satisfaction

Item	2012-13	2014-15	2016-17	2018-19	2020-21
I was able to get my first appointment in a timely manner.	88.9%	87.5%	83.1%	81.0%	88.0%
I was able to get follow-up appointments in a timely manner.	85.9%	85.8%	81.8%	82.0%	87.0%
It is important for me to have counseling services located on campus.	96.4%	95.5%	96.0%	95.0%	90.0%
I would return to the counseling center again.	92.9%	91.6%	92.6%	91.0%	92.0%
I would recommend counseling services to a friend.	94.0%	93.6%	93.3%	92.0%	94.0%