

Counseling Impact Assessment Report

2021-22



University of Wisconsin System

2021-22 Counseling Impact Assessment Report

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This work would not be possible without the commitment of time and effort from the participating counseling centers and the UW System Counseling Impact Assessment Committee. Special appreciation is extended to UW System Administration for their recognition of this important project and decision to annually fund the work, and to Catalyst at UW-Stout for coordinating data gathering and reporting. Finally, we want to express sincere gratitude to all counseling center staff—service providers, interns, front desk workers, and other support staff—who work tirelessly to meet students in their time of need and provide high-quality services in an often stressful, yet also fulfilling environment. Thank you for all you do.



Foreword

This annual report summarizes results from the eleventh year of data collection by the University of Wisconsin 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.

Telecounseling continued as a service option in all counseling centers during the 2021-2022 academic year and students have continued to support the option that was originally endorsed out of necessity but now provides consistent and efficient access. This report not only highlights student mental health but also touches on challenges system counseling centers face in providing behavioral health services without increased resources and calls attention to the impact on maintaining or recruiting qualified individuals, increasing capacity, and sustaining a healthy workplace environment.

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.

A handwritten signature in black ink, reading '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)	
<ul style="list-style-type: none"> A standard intake form created by the Counseling Impact Assessment Committee and piloted during the 2012-13 academic year 	<ul style="list-style-type: none"> Utilizes items from the Center for Collegiate Mental Health (CCMH), which allows for national comparisons
<ul style="list-style-type: none"> Gathers information about presenting concerns, mental health background, and academic functioning at counseling intake 	<ul style="list-style-type: none"> Consists of varying response scales, depending on type of item
Learning Outcomes and Satisfaction (LOS) Survey	
<ul style="list-style-type: none"> A survey for students who utilize counseling services administered on a semesterly basis 	<ul style="list-style-type: none"> Includes an overall measure of satisfaction with services and impact of counseling on academic and other areas of life functioning
<ul style="list-style-type: none"> Assesses the extent to which clients perceive counseling as helpful in the context of intrapersonal learning (such as stress management) and academic outcomes 	<ul style="list-style-type: none"> 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 = 6,025	LOS - End of Semester n = 1,475
Platteville	8% (486)	9% (134)
Stout	12% (699)	10% (147)
Green Bay	2% (88)	6% (82)
River Falls	7% (435)	5% (77)
Stevens Point	6% (386)	6% (93)
Milwaukee	14% (828)	13% (185)
Parkside	1% (68)	2% (20)
Eau Claire	14% (867)	16% (239)
Oshkosh	11% (636)	7% (106)
Whitewater	9% (517)	10% (143)
La Crosse	14% (850)	15% (225)
Superior	3% (165)	2% (24)

*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

- Counseling Utilization: **Nearly 16,000 students utilized campus counseling services** across the UW System in 2021-22, which represents **a 21% increase from last year**. This rebound in utilization parallels national trends that were predicted as students returned to in-person classes, allowing students to seek help for the well-documented increase in mental health distress experienced during the pandemic.
- Demographics: Female students (58%) are more likely than male students (37%) to attend counseling; however, the gender gap in 2021-22 was the lowest in the past nine years. **Students who identify as transgender or other nonbinary gender label (6%) continue to increase in number**, suggesting increasing willingness to self-identify and seek services. **The percentage of LGBTQ students (31%) and students with disabilities (12%) have risen significantly since tracking began and are greater than national benchmark comparisons**. Students of color (14%) decreased as a proportion of students attending counseling this year but are consistent with proportions in the overall student body.
- Presenting Concerns and Academic Impact: Anxiety (73% of students), Stress (65%), and Depression (63%) continue to dominate the issues for which students seek counseling. All three decreased slightly in prevalence this year. **Concerns with Procrastination/Motivation (48%), Attention/Concentration (43%), Friends (31%), and Eating Concerns (28%) all rose during the pandemic and remain higher than pre-pandemic levels**, consistent with research on impacts of the pandemic on mental health. At the onset of counseling, **fewer students reported having a hard time focusing on academics (47%) than last year** and only 10% reported thinking about leaving school, the lowest since tracking began. This may suggest the return to in-person classes has helped many students improve focus and increase commitment to their education.
- Mental Health History: **UW students attending counseling increasingly report a prior history of mental health treatment**, including counseling (64%), medications (46%), and hospitalization (10%), all of which exceeded the most recent national benchmarks. **Safety risk indicators have also been increasing**: clients with a history of suicidal thoughts (37%), non-suicidal self-injury (33%), and suicide attempts (12%) have increased in recent years and exceed national benchmarks. Taken together, **these trends suggest that UW students seeking counseling have more serious and complex mental health needs than the average across counseling centers nationally**.
- Drug and Alcohol Use/Misuse History: The prevalence of problematic alcohol use history among students attending counseling has remained stable in recent years and is reported by approximately 24% 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 20% in 2021-22**—likely the result of relaxed attitudes related to increasing legalization of recreational marijuana around the country.
- Mental Health Outcomes: On post-counseling surveys, **over 80% of students reported improvements in overall well-being and on the specific issues for which they sought counseling**, consistent with psychotherapy research in other settings. **Some outcome metrics declined slightly this year after a notable improvement last year, when counseling utilization was lower**. This continues to point to a link between timely access to counseling and improved client outcomes.

- Academic Outcomes: On post-counseling surveys, 65% 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 **75% of students who said they were thinking of leaving school prior to counseling indicated that counseling helped them stay in school**. This represents approximately 20,000 students that counseling centers helped retain between 2012 and 2022, **accounting for more than \$19 million annually in saved tuition revenue**.
- Client Satisfaction: UW students report very high satisfaction levels with counseling services, with **over 90% of students attending counseling indicating they would return and recommend services to a friend**. However, like trends in counseling outcomes this year, **some satisfaction indicators related to availability and timeliness of appointments dipped again in 2021-22**, after they had rebounded in 2020-21 when counseling utilization was lower and students could access appointments more easily.
- Personnel/Staffing: After worsening slightly last year, the student-to-counselor ratio recovered slightly in 2021-22, averaging 1,494/1 (the recommended ratio is 1,000/1 in a high utilization environment). A newer metric, **the Clinical Load Index (CLI), reflects average caseload levels, which rose this year from 102 clients per counselor to 110 due to utilization levels increasing**. This could help explain the slight declines in outcome and satisfaction metrics. **Staff retention has also become a concern, with 90% of centers reporting attrition this year, and over 60 positions turning over in the past five years** among just 10 of 13 centers responding to a survey (not including Madison). These data underscore the continued need to attend to adequate staffing levels—in order to both provide high-quality mental health treatment services and attend to staff well-being and retention.
- Looking Ahead: Beginning during the 2022-23 academic year, **the UW System will contract for three years with a telehealth vendor to provide telecounseling and telepsychiatry services as a supplement to campus-based services**, thanks to an American Rescue Plan Act allocation from Governor Tony Evers. This development **holds promise to provide some relief to the treatment access issues highlighted in this and previous reports**, and will be monitored to assess their impact while discussions continue about how to best meet the mental health and wellbeing needs of students over the long-term.

Introduction

Counseling services on university campuses play a critical role in the success of today's 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 crisis intervention, prevention education, skills workshops, and campus consultation, 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. Continuing an emphasis begun last year, the present narrative report focuses 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 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. As shown in Table 3, Nearly 16,000 students utilized campus counseling services across the UW System in 2021-22, representing almost 10% of the overall student population.

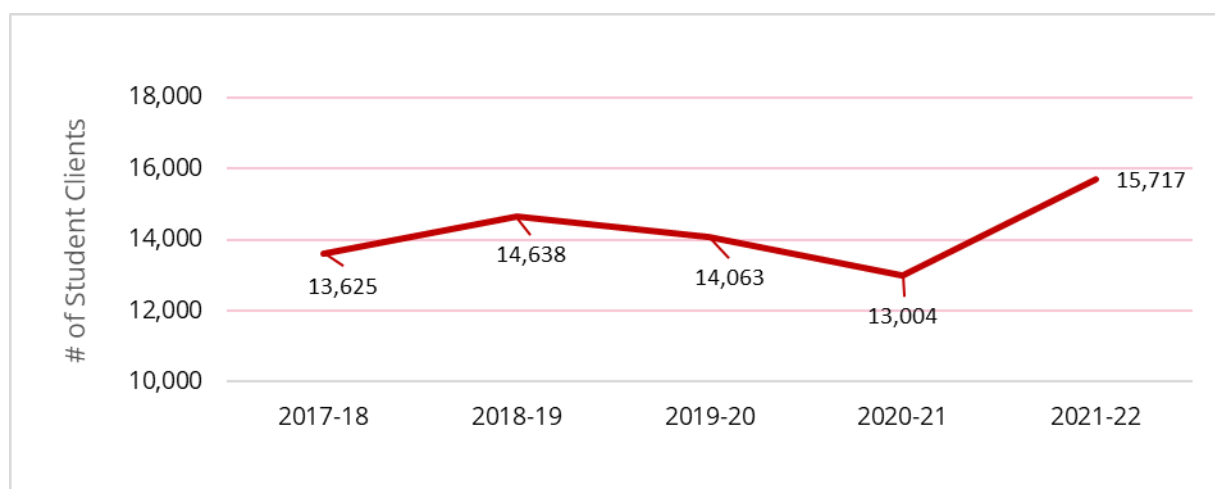
Table 3: Counseling Center Utilization, 2021-22

Total number of clients	Total Institutional Enrollment ¹	Percentage of student population attending counseling
15,717	159,301	9.9%

¹Fall 2021, 10th day headcount (including branch campuses, if applicable)

Figure 1 illustrates the five-year trend in the number of students receiving counseling services. In 2021-22, over 2,700 more students received services compared to the previous year, representing a 21% increase. This was also 7% higher than the previous five-year high that occurred in 2018-19, the last year before the COVID-19 pandemic disrupted access to services. This rebound in utilization parallels national trends that were predicted as students returned to in-person classes, allowing students to seek help for the well-documented increase in mental health distress experienced during the pandemic (Healthy Minds Network, 2021; CCMH, 2021). A campus-by-campus breakdown of counseling utilization over the past five years can be found in Appendix 1.



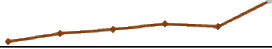

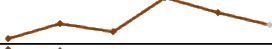
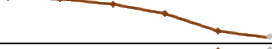
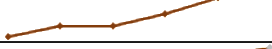
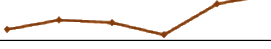
Figure 1: Counseling Center Utilization, Five-Year Trend



As can be seen in Table 4, during 2021-22, centers saw the lowest percentage of female clients (58%) and highest percentage of male clients (37%) noted in the past nine years. This narrowing of the gender gap is a significant shift from last year, when the situation was reversed with the highest percentage of female clients (70%) and lowest percentage of male clients (28%) since tracking began. The reasons for this one-year change are unclear, but this will be an important trend to monitor as it could signal a movement toward gender percentages more closely matching the overall population of UW students (56% female; 44% male this year). This narrower gender gap would run counter to both the latest Center for Collegiate Mental Health (CCMH) benchmark data (67% female; 30% male in the 2020-21) and well-known gender differences in mental health help-seeking among adults. Also, important to note is the increasing number of students identifying as transgender or another nonbinary gender label, which represented 6% of counseling clients in 2021-22. These students report higher levels of mental health symptoms in population surveys (ACHA, 2021) and have been a focus of mental health outreach in recent years. Their increasing numbers suggests greater willingness to self-identify and to seek services.

Some historically excluded and underrepresented populations of students who also report higher levels of mental health symptoms, including Lesbian, Gay, Bisexual and Queer or Questioning (LGBQ) students (31%) and students with disabilities (12%), have been accessing services in greater numbers in recent years. In contrast, students of color (14%) seeking counseling have declined slightly in recent years but remains comparable to percentages of students of color in the overall UW student population (13.9% in 2021-22). The comparable CCMH benchmark for students of color is much higher (35%), which reflects greater levels of racial/ethnic diversity in universities around the U.S. Students with disabilities appear to be overrepresented in counseling, comprising 12% of counseling clients compared to 9% in the national CCMH dataset and 8.3% of the overall UW student population, according to the most recent *Services for Students with Disabilities Annual Report* (UW System, 2022). LGBQ students are also likely overrepresented in counseling, and to a great degree. While no UW System benchmark exists for LGBQ students, a 2021 Gallup 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 31% of UW counseling clients identified as LGBQ this year, a proportion that also exceeds the 29% CCMH benchmark of counseling clients at other U.S. colleges and universities in 2020-21. See Appendix 2 for a complete summary of client demographics and Appendix 4 for the full data on trends displayed in Table 4.

Table 4: Demographic Trend Data

Item	9-Year Change	2012/13 to 2021/22	Lowest	Highest	UW System 2021-2022	CCMH 2020-21
Demographic Trend Data						
Female	-5.3%		58.0%	70.0%	58.0%	67.0%
Male	2.3%		27.5%	37.0%	37.0%	30.0%
Transgender/Self Identify	5.4%		0.6%	6.0%	6.0%	2.0%
White	1.0%		84.0%	86.5%	86.0%	65.0%
Students of Color	1.0%		13.0%	16.2%	14.0%	35.0%
Heterosexual	-18.5%		67.0%	85.5%	67.0%	71.0%
LGBQ	21.2%		9.8%	31.0%	31.0%	29.0%
Registered Disability	4.3%		7.0%	12.0%	12.0%	9.0%

Client Presenting Concerns and Personal Histories

Counseling centers assist students with a wide variety of presenting concerns. Similar to previous years, a large percentage of students in 2021-2022 presented to counseling with their top concerns as anxiety, fears, or worries (73% of students), stress and stress management (65%), and depression, sadness, or mood swings (63%) (see Table 5). Just under half of all clients noted procrastination/ motivation concerns (48%) followed by low self-esteem/self-confidence (44%). Attention (43%) has remained a consistent concern for students over the past two academic years and appears to be one of many secondary stressors of the pandemic experienced by college students. The continued growth in concern about eating behavior for our students should also be noted, as this is consistent with national benchmarking studies and research reporting an increase of eating disorders during and since the pandemic. The rise in concerns related to attention (43%) and friends (31%) also correspond with pandemic-related research suggesting amplified impacts to college students due to increased isolation and instability. Interestingly, fewer clients this year than last reported having a hard time focusing on academics (47% compared to 57% last year) and only 10% reported that they were thinking of leaving school, the lowest since data collection began (see Table 6). This may suggest the return to in-person classes has helped many students improve focus and increase commitment to their education. The full list of presenting concerns and academic impacts can be found in Appendix 2. The full data on trends displayed in Tables 5 and 6 can be found in Appendix 4.

Table 5: Presenting Concerns












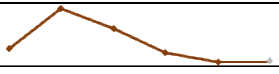
Item	9-Year Change	2012/13 to 2021/22	Lowest	Highest	UW System 2021-2022
Presenting Concerns					
Anxiety	13.1%		59.9%	76.0%	73.0%
Stress	0.3%		59.0%	69.0%	65.0%
Depression	8.9%		54.1%	67.1%	63.0%
Procrastination	12.0%		36.0%	50.0%	48.0%
Low self-esteem	6.5%		37.5%	47.0%	44.0%
Attention	5.6%		30.0%	43.0%	43.0%
Problems related to school or grades	-2.2%		26.0%	45.3%	40.0%
Friends	6.4%		24.6%	32.0%	31.0%
Sleep Difficulties	4.7%		23.3%	31.3%	28.0%
Eating Behavior	12.2%		15.8%	28.0%	28.0%

Table 6: Academic Impact




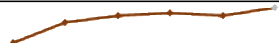

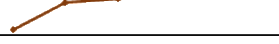
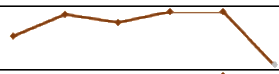

Item	9-Year Change	2012/13 to 2021/22	Lowest	Highest	UW System 2021-2022
I am having a hard time focusing on my academics (<u>agree/strongly agree</u>)	-4.7%		47.0%	57.0%	47.0%
I am thinking about leaving school (<u>agree/strongly agree</u>)	-1.3%		10.0%	15.6%	10.0%

Prior to attending a first appointment, counseling clients are asked several questions about their mental health histories, some of which are summarized in Table 7. To examine trends across key mental health indicators, items from the Client Information Form (CIF) are simplified to “Yes” or “No,” providing a proxy for the lifetime prevalence of each item. 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 reduce stigma to seeking further help.

Consistent with national trends, rates of previous mental health treatment, use of a prescribed medication for mental health concerns, and previous hospitalization for mental health concerns among UW counseling clients have continued to rise over the last nine years. It is important to highlight that, with 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 safety-risk indicators, there have also been concerning increases over the past nine years—in the percentage of students acknowledging a history of non-suicidal self-injury (rising from 20% to 33% of clients), seriously considering suicide (from 24% to 37%) and making one or more suicide attempts (from 7% to 12%). This rise on safety risk indicators also exceeds national benchmark data from CCMH and has

impacted the ways in which counseling centers provide service, hire and train staff, and attend to staff well-being.

Table 7: Mental Health and Alcohol/Drug History

Item	9-Year Change	2012/13 to 2021/22	Lowest	Highest	UW System 2021-2022	CCMH 2020-21
Prior Treatment						
Counseling	16.8%		47.2%	65.0%	64.0%	59.0%
Medication	13.7%		32.3%	47.0%	46.0%	34.0%
Hospitalization	3.8%		6.2%	11.0%	10.0%	8.0%
Threat to Self						
Non-Suicidal Self-Injury	12.9%		20.1%	33.0%	33.0%	27.0%
Serious Suicidal Ideation	13.0%		24.0%	37.0%	37.0%	33.0%
Suicide Attempt(s)	5.4%		6.6%	12.0%	12.0%	9.0%
Drug and Alcohol						
Felt the need to reduce your alcohol or drug use	-1.1%		24.0%	26.0%	24.0%	26.0%
Marijuana Use	5.6%		14.4%	21.0%	20.0%	25.0%

In terms of drug and alcohol history, it is notable that the prevalence of problematic alcohol use history has remained highly stable (24% to 26% of clients) over time and is consistent with national benchmark data. By contrast, the two-week prevalence of marijuana use among counseling clients has risen sharply over nine years (from 14% to 20%) but less so than nationally where the CCMH benchmark is 26% of students. As more states legalize recreational use of marijuana, more accepting attitudes will likely lead to a continued rise in marijuana use prevalence. It is important to note that only a small percentage of clients (6%) identify alcohol or drug use as a presenting concern upon intake, and campus counseling centers generally do not provide a full continuum of substance abuse treatment. Rather, their scope tends to be limited to harm-reduction approaches to address mild to moderate levels of alcohol and other drug misuse, with community referrals made for those in need of more specialized treatment.

Finally, while clinical data collection focuses primarily on the problems and concerns students bring to counseling, it is also important to highlight their strengths. On a question carried over from the COVID-19 pandemic, 88% of students seeking counseling reported they perceived themselves to be resilient, an increase from 83% and 87%, respectively, in the two years prior. This is a testament to our students' ability to persevere even in the face of significant struggles that prompt them to seek care.





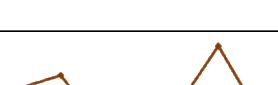
Client Outcomes

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 8 shows that student responses to these statements tend to be overwhelmingly positive. Over the past nine years, between 80% 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 80% 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 annually self-report an increase in well-being from their experiences in counseling, which is consistent with surveys of clients attending outpatient psychotherapy in other settings. As a good summary indicator, over the past nine years, between 83% and 93% of students rated the effectiveness of therapy in a positive manner (that is, good, very good, or excellent). See Appendix 3 for a complete summary of LOS data and Appendix 4 for the full data on trends displayed in Tables 8-10.

Table 8: Interpersonal and Emotional Well-Being Outcomes

Item	9-Year Change	2012/13 to 2021/22	Lowest	Highest	UW System 2021-2022
Client Outcomes: Interpersonal and Emotional Well Being					
I made improvements on the specific issues for which I sought counseling	-1.4%		80.0%	86.0%	82.0%
I am better prepared to work through future concerns and achieve my goals.	2.6%		75.0%	80.2%	79.0%
I increased my ability to think clearly and critically about my problems.	2.2%		74.0%	80.0%	80.0%
Percentage of students who self-reported an increase in well-being from the beginning of services to the end of services.	-2.4%		80.0%	82.4%	80.0%
% of students who rated the effectiveness of therapy in helping students with their problems as good, very good, excellent.	-4.4%		83.0%	93.0%	84.0%

Although these outcome metrics have been consistently positive, some small but meaningful trends merit further comment. As noted in last year's report, on several of the items in Table 8, there existed a slight but persistent decline in students' overall experience with counseling services from 2015 through 2019. These outcome indicators rebounded in 2020 when utilization decreased due to the pandemic and students attending counseling received more service. With a 21% increase in students accessing services this year compared to last, three of the five outcome metrics in Table 8 trended downward again, with one of them—client rating of therapy effectiveness—dropping by several percentage points.





As noted in previous reports, when demand for counseling increases without a parallel increase in staffing, counseling centers make difficult decisions that limit access for students, such as offering fewer or less-frequent appointments to each student and creating waitlists that delay timely access to a first appointment. Research conducted by CCMH (2020) has shown that decreasing treatment "dosage" (the number and frequency of appointments) is associated with decreases in student

improvement on measures of mental health and well-being. This highlights the ongoing need to address counseling access through appropriate staffing levels.

Improvements in well-being often 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 9). The percentage of students who report struggling with academics has ranged from 29% to 38% over time, and the percentage of students who indicate they were thinking about leaving school has 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 64% and 79% indicated that counseling helped them stay in school.

Extrapolating the average percentage of students who were thinking of leaving school (22%) but decided to stay after their experience in counseling (75%), to the approximately 121,000 students attending counseling over the past nine years, we can estimate that counseling centers have helped retain over 2,200 students per year—or just under 20,000 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 approximately \$19 million in saved tuition revenue per year that can be at least partially attributed to having counseling services on campus.

Table 9: Academic Outcomes

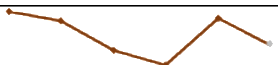
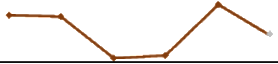

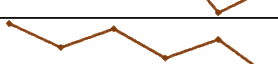

Item	9-Year Change	2012/13 to 2021/22	Lowest	Highest	UW System 2021-2022
Client Outcomes: Academics					
% of students who reported they were struggling academically prior to counseling	-9.0%		29.0%	38.0%	29.0%
Of those who reported struggling academically, the % of students who reported increased focus as a result of counseling.	-1.0%		62.0%	67.0%	65.0%
% 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 % of students who reported that counseling helped them to stay in school.	-14.8%		64.0%	79.0%	64.0%

Client Satisfaction

UW students utilizing counseling have consistently reported high satisfaction with services received on the Learning Outcome and Satisfaction Survey (LOS). Table 10 shows nine-year satisfaction trends for appointment scheduling, access to services, and willingness to return and refer others,

with a range of 81% to 96% of students giving favorable ratings on items assessing these service categories. While client satisfaction levels remain high overall, they declined slightly this year on four of the five key metrics tracked in Table 10. Of particular note, the two items related to appointment scheduling both declined from satisfaction levels approaching 90% in 2020-2021 to 84% in 2021-2022—likely a function of increased utilization impacting appointment availability. As campuses increasingly returned to providing in-person instruction and services in 2021-22, the item assessing the importance of having counseling services on campus increased slightly to 92% of students, validating students’ desire for face-to-face counseling services provided in the campus environment.

Table 10: Client Satisfaction

Item	9-Year Change	2012/13 to 2021/22	Lowest	Highest	UW System 2021-2022
Client Satisfaction					
I was able to get my first appointment in a timely manner	-4.9%		81.0%	88.9%	84.0%
I was able to get follow-up appointments in a timely manner	-1.9%		81.8%	87.0%	84.0%
It is important for me to have counseling services located on campus	-4.4%		90.0%	96.4%	92.0%
I would return to the counseling center again	-2.9%		90.0%	92.9%	90.0%
I would recommend counseling services to a friend	-2.0%		92.0%	94.0%	92.0%

Qualitative data in recent years has substantiated many students’ frustration with initial access and the ability to schedule follow-up counseling appointments. To quote one typical student comment this year: “I feel that my counseling sessions are spaced too far apart. Once a month is not enough and doesn't feel very applicable to my everyday life.” When asked about what could have been improved about their counseling experience, another student shared, “How far apart the appointments are scheduled. I think I would rather have an appointment every week but I know that's not possible with all the students using on-campus counseling.” As noted in previous annual reports, research has shown a link between delayed access to counseling and lower student retention, highlighting the importance of matching the availability of counseling to the level of student demand as much as possible.

To provide a richer context to the quantitative data, a series of questions were asked to garner narrative responses regarding students’ counseling experience. The feedback is 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 2021-22.

What was most helpful about attending counseling?

- “Counseling has really helped me get to the heart of my current issues with co-dependency in past failed relationship(s). I have also found a renewed sense of self-esteem because having a helpful, outside perspective about one's own problems is invaluable to the process of working towards solving said problems.”
- “One time I didn't call back for a while and the counseling center continued to call me to check in to make an appointment and I felt really supported and taken care of when that

happened. I feel like the counseling center doesn't see students as a number...they seem to genuinely care about the well-being of the students."

- "I did group counseling which really helped me because I like being able to hear others and what they are going through to validate them as much as they validate me."
- "The counselor was very skilled. She helped me to gain insights in a way that was a collaborative process. This counseling experience really helped me personally and academically. I am impressed that we have this level of quality counseling available on campus."

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?

- "I wish there was a little more availability with appointments."
- "Being online and having to wait several weeks in-between sessions. Weeks that I felt the worst it seemed like I didn't have an appointment."
- "The time between appointments can sometimes be long."
- "Unfortunately, due to covid we haven't got to meet in person in almost 2 years and I was really hoping to do more EMDR which didn't really work with me virtually."

Suggestions for Improvement.

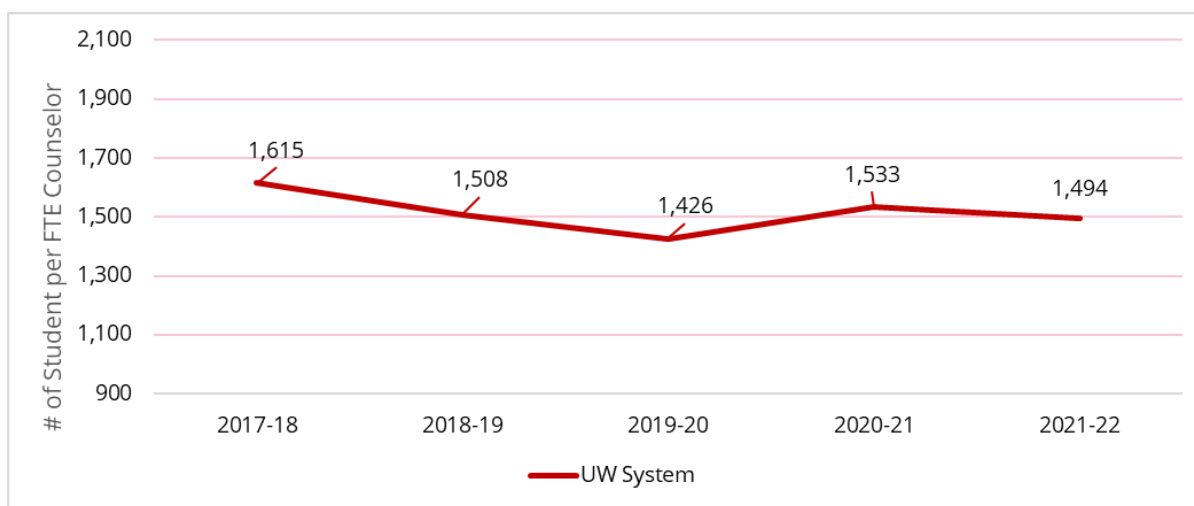
- "Availability and frequency of appointments"
- "I recommend the school hires more counselors so the resource isn't spread so thin and people don't have to wait as long."
- "At the beginning 1 hour is good. But after 3 times, I found maybe 30-40 minutes is more appropriate. So, whether the system could allow the shorter period for the counseling meetings. This could facilitate the efficiency of counseling service. But generally speaking, counseling is really helpful for me. I love it and strongly recommend it to my friends."
- "Hire more counselors and pay them well so they don't quit."
- "I do not like that these appointments are virtual. I had to ask my roommate to leave because there was no other place for me to do the Webex which made me very uncomfortable. I felt like I couldn't say what I wanted to because there isn't as much privacy, [as] there were others still in the hall."

Finally, the LOS retained a few feedback questions that were specific to the COVID-19 pandemic. One item that stands out was related to telecounseling. Students were asked to report the degree to which they would like to have telecounseling services offered in the future, with 69% (up from 56% the year prior) strongly desiring this service, 30% feeling neutral, and no students indicating they do not desire having telecounseling available in the future. While telecounseling was not offered prior to the pandemic, it is clear that students would like to maintain this service delivery option. At the same time, for UW campuses that offered in-person services in 2021-22, centers reported a clear preference among students for attending in-person. Taken together, what students appear to be communicating is that they want options, for in-person counseling when possible and for telecounseling under certain circumstances.

Personnel/Staffing

Mental health professionals working in UW System Counseling Centers include licensed psychologists, counselors, social workers, and marriage and family therapists. 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 a one year rise in the ratio last year, the ratio recovered slightly in 2021-22 to an average of one counselor for every 1,494 students—just meeting the upper limit of the minimum recommended ratio, and nearly 500 students above the lower ratio of 1:1,000 that has become the preferred minimum standard given the increase in utilization of counseling services over the last several years.

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 seven-year trend of students to counselors by campus. This year, seven of 13 counseling centers met the 1:1,500 minimum ratio; and only three met the 1:1,000 preferred minimum ratio (with four others getting close to meeting this standard). As state funding has dwindled as a proportion of UW institutional budgets in recent decades, counseling centers turned to segregated fees as a primary source of service funding. While this has helped many campuses improve staffing levels, it has also resulted in unequal funding levels and staffing discrepancies systemwide because segregated fees are subject to individual institutional priorities and approval processes. The UW System behavioral health initiative has recognized these inequities and highlighted them as an important issue to address.

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 the last decade. 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 lower levels of improvement in student emotional well-being and academic outcomes that are delineated elsewhere in this report.

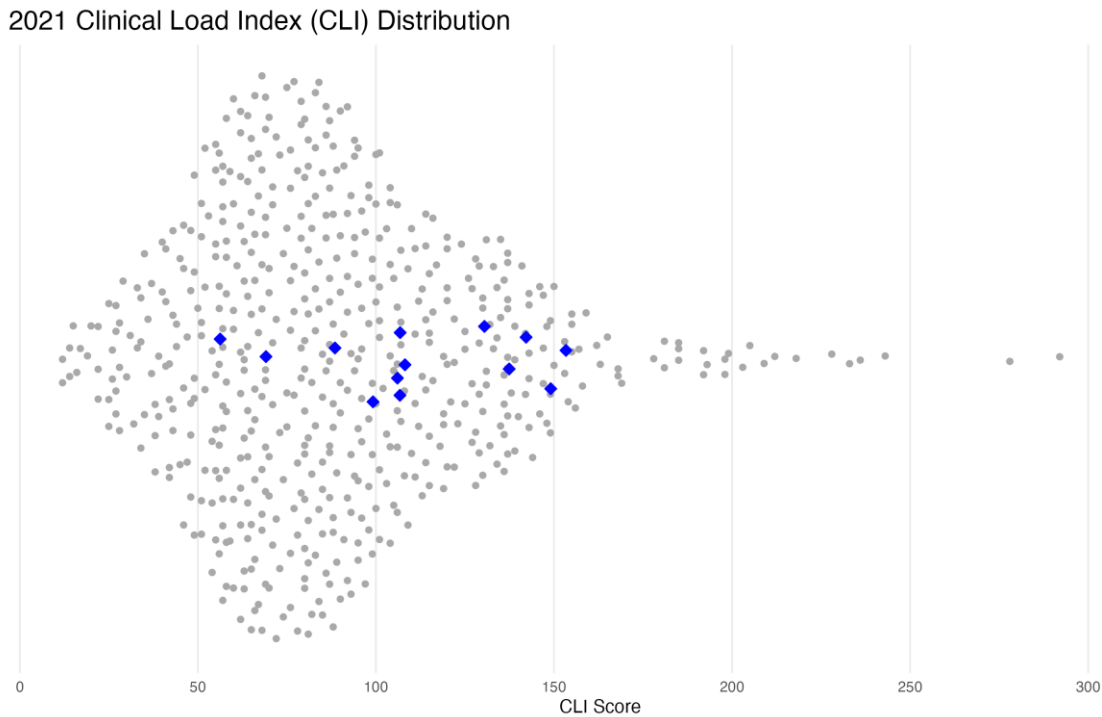
Table 11: Seven-Year Trend: Ratio of Students to Counselors by University

Campus	2015	2016	2017	2018	2019	2020	2021	Trend
Eau Claire	1599	1526	1312	1544	1100	1205	1084	
Green Bay	1983	2816	2840	2224	1944	2847	2041	
LaCrosse	1706	1573	1566	1568	1229	1190	984	
Madison	1636	981	951	830	708	867	902	
Milwaukee	2952	2252	2187	2134	1991	2747	2002	
Oshkosh	1441	1356	1349	1403	1105	1647	997	
Parkside	2224	2138	2084	2045	2150	2250	2072	
Platteville	2543	2177	1739	1616	1475	1678	1067	
River Falls	1554	1598	1595	1344	1291	1323	1021	
Stevens Point	1434	1443	1212	1145	1512	1848	1641	
Stout	1558	1697	1364	1270	949	1107	1672	
Superior	1321	1577	947	918	1339	1011	1044	
Whitewater	1737	1626	1855	1558	1751	1454	2901	

An additional metric used to provide perspective on appropriate staffing and service levels for counseling centers is the Clinical Load Index (CLI), developed in in partnership between the Center for Collegiate Mental Health (CCMH), the International Association of Counseling Services (IACS), and the Association for University and College Counseling Center Directors (AUCCCD). The CLI is a standardized metric that is most easily thought of as the average annual caseload for a full-time counselor at a given center. Instead of focusing exclusively on full-time equivalent (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 score that describes the relationship between the supply and demand for counseling at any given center.

Figure 3 shows the CLI distribution for UW counseling centers (represented by blue dots) during the 2021-22 academic year, compared to the 2020-21 national reference group of campuses collected by CCMH (represented by gray dots). The average CLI score reported by CCMH in 2020-21 was 90 (which translates to 90 students seen by each full-time counselor, per year). This compares to an average CLI of 110 across UW System counseling centers in 2021-22, which is an increase from 102 last year. 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 coincides with declines in client satisfaction and outcomes.

Figure 3: Clinical Load Index (CLI) Distribution



Both student-to-counselor ratios and the CLI provide important ways of monitoring our ability to provide quality mental health treatment services on our campuses. These two metrics can continue to inform ongoing efforts to reach more favorable and equitable staffing levels to better serve the needs of our students in the future.

Staff Retention

In response to anecdotal reports across UW campuses and nationally in the past year, counseling center directors were surveyed for this year's annual report to explore growing concerns about counselor retention and difficulties filling open positions. Ten of the 13 directors completed the survey, which did not include UW-Madison, the UW university with the largest number of counseling staff. Among the 10 responding centers, four of them reported losing three or more counseling staff within the last year, and only two centers reported that all clinical staff were retained. With nine of 10 (90%) centers reporting the loss of at least one counselor, this level of attrition exceeds that reported in a national survey of counseling center directors in 2021 (AUCCCD, 2021), in which 60% of centers reported losing one or more staff members during the previous academic year.

Expanding the exploration of turnover beyond a single year, the 10 centers responding to the UW survey reported losing a total of 61 counseling staff in the last five years. Three schools reported losing 10 or more counselors each during this time period, and only two schools have been able to retain all their clinical staff. It should also be noted that turnover has impacted the director ranks. Eight of 13 director positions have turned over in the last five years, with only three being to retirement. These survey results appear to confirm the anecdotal reports of concern about professional staff turnover in UW counseling centers.

When asked about the impact losing staff has on centers, one director commented that “a lot of institutional and mental health knowledge and experience [has been] lost through job turnover.” Another director noted that nine counselors and administrators left their office since fall 2020, leaving them short-staffed by as many as five counselors at any given time. For remaining staff members and administrators, tremendous time has needed to be redirected toward recruitment, onboarding, and training, which further impacts client service, increases staff stress, and creates risk of burnout.

Compounding the impact of staff turnover, directors also noted that recruiting and hiring has become more challenging because candidate pools have shrunk and starting salaries are not competitive. As a result, many recent hires are new graduates who require two years of clinical supervision to become licensed to practice independently, which redirects senior staff time away from direct service hours. In sum, high turnover rates are negatively impacting the ability of our centers to provide the desired amount or quality of care to students and the campus community.

When asked about the reasons counseling staff are leaving, the top three answers given were 1) low salary, 2) work conditions (such as hectic schedules, heavy client load, severity of cases, lack of support), and 3) outside promotions. Salary was also identified as the primary barrier to hiring new clinicians. According to our survey, the average starting salary for masters-level counselors at UW System counseling centers in the last year was \$52,616. The Association for University and College Counseling Center Directors (AUCCCD) 2021 survey noted the average salary for counselors in their first year in the position at public universities was \$59,336 and the average salary for counselors in the Midwest was \$58,528. This shows that, on average, the UW System schools are not currently offering competitive salaries when compared to peer universities. Additionally, many of the clinicians that leave are not going to other universities, but rather to the private sector where the average pay for mental health counselors is about \$10,000 higher than what it is for counselors in the UW System (UWSA HR director, personal communication, based on U.S. Department of Labor and Statistics data for Wisconsin).

Directors have implemented several strategies to help improve retention, including offering some work-from-home days, prioritizing wellness, building a positive and affirming workplace environment, and advocating for salary increases. These efforts will continue, but until workload and compensation levels can be improved, turnover may continue to be a challenge.

Conclusion

This report documents both the successes and challenges of providing mental health counseling services on UW System campuses. The data presented—both quantitative and qualitative—strongly supports the contributions of counseling services to student success. It also makes clear that the challenges to providing adequate service levels are growing every year, due to ever-increasing demand for services, greater complexity of student needs, and most recently issues with recruitment, retention, and pay levels for staff.

As noted in last year's report, there is growing recognition that counseling centers cannot solely be responsible for the mental health and well-being of students. The UW System behavioral health initiative continues to support a three-pronged public health framework that focuses on prevention, early intervention, and treatment/crisis response to support student mental health and well-being. Counseling centers historically have contributed to all three, but in an era of high utilization and limited staffing, they have increasingly been forced to narrow their focus to the treatment and crisis response portions of their mission. If counseling centers are going to continue to be leaders in holistic mental

health and well-being efforts, they must be adequately funded and staffed not only to meet students' most critical treatment needs, but also to contribute to wider campus well-being efforts. By working together with other staff, faculty, and administrators, counseling centers should continue to play a key role in establishing cultures of well-being on our campuses, in support of student success.

Finally, it is important to share a preview of an important development that will impact the availability of mental health treatment services for UW students in the near future. As this report was being written, the UW System pursued a request for proposals (RFP) to contract with a telehealth vendor to provide telecounseling and telepsychiatry services as a supplement to campus-based services on 12 of 13 UW campuses (excluding Madison, which has pursued its own contract). This will be a three-year pilot project funded by an American Rescue Plan Act allocation to the UW System from Governor Tony Evers. This development holds promise to provide some relief to the treatment access issues highlighted in this and previous reports. With services expected to go live in Spring 2023, we hope to share some early results on the impact of these supplemental services in the 2022-23 annual report.

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Appendices

Appendix 1: Number and Percentage of Students Attending Counseling, by Campus

Campus	Total Counseling Clients					% of Total Enrollment 2021-22	5-year Change in Utilization
	2017-18	2018-19	2019-20	2020-21	2021-22		
Eau Claire	1,031	1,140	1,206	910	1,162	11.0%	12.7%
Green Bay	418	440	509	391	528	5.4%	26.3%
La Crosse	1,011	1,018	996	742	1,091	10.6%	7.9%
Madison	4,908	5,658	4,600	5,523	6,689	14.0%	36.3%
Milwaukee	1,322	1,401	1,564	1,150	1,546	6.4%	16.9%
Oshkosh	1,281	1,280	1,348	1,401	1,401	13.4%	9.4%
Parkside	199	169	277	139	144	3.5%	-27.6%
Platteville	452	522	596	390	531	9.0%	17.5%
River Falls	468	529	558	387	524	9.7%	12.0%
Stevens Point	629	652	495	483	534	6.5%	-15.1%
Stout	734	758	781	537	694	9.0%	-5.4%
Superior	268	165	185	160	150	5.7%	-44.0%
Whitewater	904	906	948	791	723	6.3%	-20.0%
TOTAL	13,625	14,638	14,063	13,004	15,717	9.9%	15.4%

Appendix 2: 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 2021-22 results of the CIF are presented below, with benchmark comparisons to national counseling center data collected by CCMH during the 2020-21 academic year (the most recent available).

CIF Client Demographics

	Counseling Clients (n = 6,025)	UW System Population (n=162,980)	CCMH (n =153,233)
Academic Status (%) (n = 5,931)			
Freshman/ First-year	25%	19%	17%
Sophomore	21%	17%	19%
Junior	23%	17%	22%
Senior	24%	24%	21%
Graduate/Professional Degree	6%	8%	20%
Other	2%	16%	1%
Gender Identity (%) (n = 5,931)			
Woman	58%	44%	67%
Man	37%	56%	30%
Transgender	1%	-%	2%
Self-identify	5%	-%	1%
Race/Ethnicity (%) (n = 5,904)			
White	86%	75%	64%
Asian American/ Asian	3%	3%	10%
Multi-racial	3%	3%	5%
Hispanic/ Latino(a)	5%	7%	10%
African American/Black	3%	3%	9%
American Indian or Alaskan Native	<1%	<1%	<1%
Self-identify	<1%	1%	2%
Native Hawaiian or Pacific Islander	1%	<1%	<1%
Sexual Orientation (%) (n = 5,865)			
Heterosexual	67%	-%	71%
Bisexual	16%	-%	13%
Self-identify	6%	-%	1%
Questioning	4%	-%	4%
Lesbian	3%	-%	2%
Gay	2%	-%	3%
GPA [Mean (SD)]	3.23 (.71)	-	-
International Student (% Yes)	2%	5%	6%
First Generation Student (% Yes)	25%	30%	23%
Age [Mean (Mode)]	21.36 (3.22)	21-24 AVG	21.87 (3.90)
US Military Service (% Yes)	2%	2%	2%

	Counseling Clients (n = 6,025)	UW System Population (n=162,980)	CCMH (n =153,233)
Traumatic/Stressful Military Experience [% Yes (n)]	1% (96)	-% (-)	32% (0)
Student Athlete (% Yes)	20%	0%	26%
Transfer Student (% Yes)	20%	4%	16%

	System Survey (n = 6,025)	CCMH (n = 153,233)
Current Housing (%)	(n = 5,096)	
On-campus residence hall/apartment	48%	28%
Off-campus apartment/house	50%	68%
On/off-campus co-operative housing	1%	1%
On/off-campus fraternity/sorority house	<1%	2%
Other	1%	2%
Who Do You Live With (%)	(n = 5,985)	
Roommate(s)	68%	60%
Alone	17%	17%
Spouse, partner, or significant other	10%	12%
Parent(s) or guardian(s)	10%	12%
Family other	4%	7%
Children	1%	2%
Other	1%	2%
Relationship Status (%)	(n = 5,904)	
Single	58%	60%
Serious dating or committed relationship	33%	35%
Married	2%	5%
Divorced	<1%	<1%
Civil union, domestic partnership, or equivalent	6%	<1%
Widowed	<1%	<1%
Separated	<1%	<1%
Current Financial Situation	(n = 5,867)	
Always stressful	11%	10%
Often stressful	23%	19%
Sometimes stressful	39%	37%
Rarely stressful	21%	25%
Never stressful	6%	9%
Registered Disability (% Yes)	12%	9%
If yes, which category - check all that apply (%)		
Attention Deficit/Hyperactivity Disorder	46%	43%
Difficulty Hearing	4%	3%
Specific Learning Disability	16%	13%
Mobility Impairments	3%	3%
Health Impairment/Condition	8%	12%
Psychological Disorder/Condition	26%	30%

	System Survey (n = 6,025)	CCMH (n = 153,233)
Visual Impairments/Difficulty Seeing	2%	3%
Traumatic Brain Injury	1%	3%
Cognitive Difficulties/Intellectual Disability	2%	4%
Difficulty Speaking/Language Impairment	<1%	1%
Autism Spectrum Disorder	7%	5%
Other	18%	16%
Religious/Spiritual Preference (%) (n = 5,143)		
Christian	22%	32%
Catholic	11%	13%
Agnostic	14%	16%
Atheist	9%	9%
Self-identify	3%	4%
Buddhist	1%	1%
Jewish	1%	2%
Muslim	7%	2%
Hindu	1%	2%
No preference	31%	19%
Hours of Work Per Week (%) (n = 3,659)		
0	37%	40%
1-5	5%	6%
6-10	13%	11%
11-15	11%	10%
16-20	17%	14%
21-25	7%	7%
26-30	4%	4%
31-35	1%	2%
36-40	1%	3%
40+	2%	3%

Client Reported Presenting Concerns - % Reporting Yes

Items	Counseling Clients (n = 6,025)
Anxiety/fears/worries (other than academic)	73%
Stress/stress management	65%
Depression/sadness/mood swings	63%
Procrastination/motivation	48%
Low self-esteem/confidence	44%
Attention/concentration	43%
Problems related to school or grades	40%
Friends/roommates/dating concerns	31%

Items	Counseling Clients (n = 6,025)
Eating behavior/weight problems/eating disorders/body image	28%
Sleep difficulties	28%
Shyness/social discomfort	23%
Anger/irritability	20%
Choice of major/career	17%
Grief/loss	12%
Marital/couple/family concerns	12%
Physical symptoms/health (headaches, stomachaches, pain)	11%
Childhood abuse (physical, emotional, sexual)	10%
Sexual assault/dating violence/stalking/harassment	7%
Alcohol/drug use	6%
Self-injury (cutting, hitting, burning)	5%
Sexual orientation	5%
Gender identity	4%
Other	3%
Seeing/hearing things others don't	2%
Cultural adjustment	2%
Bullying/harassment	2%
Prejudice/discrimination	1%
Urge to injure/harm someone else	1%

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	47%	23%	30%	3.64 (5809)
I am thinking of leaving school	78%	12%	10%	2.24 (5798)
My academic motivation and/or attendance are suffering	40%	20%	40%	3.98 (5807)
I am having a hard time focusing on my academics	30%	23%	47%	4.42 (5807)

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%	7%	3%	< 1%	<1%	10% (574)	8% (8104)
Felt the need to reduce your alcohol or drug use	76%	8%	10%	2%	5%	24% (1444)	26% (22186)
Others expressed concern about your alcohol or drug use	88%	5%	5%	1%	2%	12% (527)	13% (11267)
Received treatment for alcohol or drug use	98%	1%	<1%	< 1%	<1%	2% (113)	2% (1674)
Purposely injured yourself w/o suicidal intent (such as cutting, hitting, burning, etc.)	68%	9%	7%	3%	13%	32% (1623)	27% (26173)
Seriously considered attempting suicide	64%	12%	14%	4%	7%	36% (1843)	33% (31950)
Made a suicide attempt	88%	7%	4%	1%	1%	12% (602)	9% (9093)
Considered causing serious physical injury to another person	96%	2%	2%	< 1%	1%	5% (197)	5% (4996)
Intentionally caused serious physical injury to another	99%	1%	<1%	< 1%	<1%	1% (73)	1% (1147)
Someone had sexual contact with you w/o your consent	69%	13%	10%	2%	6%	31% (1822)	27% (25024)
Experienced harassing, controlling, and/or abusive behavior from another person (such as friend, family member, partner, or authority figure)	61%	6%	8%	3%	22%	41% (2250)	39% (36563)
Experienced a traumatic event that caused you to feel intense fear, helplessness, or horror	55%	17%	16%	4%	9%	44% (570)	42% (38997)

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%	25%	20%	19%	64% (3814)	59% (56507)
Taken a prescribed medication for mental health concerns	53%	13%	15%	20%	48% (2815)	34% (32703)

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?	80%	5%	4%	5%	3%	4%	20% (1067)	25% (20632)

Appendix 3: 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 = 1,475)
Academic Status (%)	(n = 1284)
Freshman/First year	278 (22%)
Sophomore	283 (22%)
Junior	270 (21%)
Senior	324 (25%)
Graduate/professional degree student	105 (8%)
Other	24 (2%)
Gender Identity (%)	(n = 1285)
Woman	961 (75%)
Man	231 (18%)
Transgender	21 (1%)
Self-identify	72 (5%)
Race/Ethnicity (%)	(n = 1280)
African American/Black	22 (2%)
American Indian/Alaskan Native	- (<1%)
Asian American/Asian	55 (4%)
Hispanic/Latino(a)	52 (4%)
Native Hawaiian/Pacific Islander	- (<1%)
Multiracial	39 (3%)
White	1098 (86%)
Self-identify	10 (1%)
Age [Mean (SD)]	21 (3.98)
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.	7%	10%	82%	4.17 (1453)
I have started to live a healthier lifestyle in at least one area (such as sleep, diet, exercise, alcohol/drug use).	9%	21%	70%	3.90 (1406)
I have improved my ability to manage stress.	11%	23%	66%	3.74 (1433)
I am better prepared to work through future concerns and achieve my goals.	8%	13%	79%	4.01 (1437)
I increased my self-confidence and/or self-esteem.	12%	26%	63%	3.74 (1423)
The counseling process helped me understand cultural, family, ethnic, and/or community differences.	13%	32%	54%	3.68 (1247)
I have gained a greater understanding of myself or a clearer sense of identity.	9%	16%	74%	4.00 (1404)
I increased my ability to think clearly and critically about my problems.	8%	14%	80%	4.03 (1429)
I improved my communication skills.	9%	22%	69%	3.91 (1403)
Total Subscale	10%	20%	71%	3.91 (1475)

Counseling Satisfaction

Items	SD/Disagree	Neutral	Agree/SA	System Mean (n)
The office staff were helpful in providing information and direction.	5%	9%	86%	4.23 (1303)
This counselor displayed sensitivity/acceptance to individual differences (such as culture, gender, ethnicity, etc.).	2%	4%	94%	4.58 (1360)
This counselor helped me clarify my concerns and provide guidance.	4%	6%	90%	4.43 (1389)
This counselor supported me in making my own decisions and reaching my personal goals.	4%	8%	88%	4.43 (1382)
The counseling environment was warm and inviting.	3%	5%	92%	4.52 (1365)
It is important for me to have counseling services located on campus.	2%	6%	92%	4.63 (1353)
I would return to the counseling center again.	5%	5%	90%	4.53 (1369)

Items	SD/Disagree	Neutral	Agree/SA	System Mean (n)
I would recommend counseling services to a friend.	4%	4%	92%	4.59 (1375)
Total Subscale	4%	6%	91%	4.44 (1475)

Academic Outcomes

Items	SD/Disagree	Neutral	Agree/SA	System Mean (n)
Counseling has increased my academic motivation and/or class attendance.	21%	38%	41%	3.26 (1299)
Counseling has helped me to focus better on my academics.	16%	34%	51%	3.44 (1328)
Counseling has helped with my academic performance.	17%	38%	45%	3.36 (1311)
Counseling has helped me stay at school.	18%	34%	48%	3.43 (1247)
Total Subscale	18%	36%	46%	3.37 (1475)

Retrospective Academic Functioning Items

Items	SD/Disagree	Neutral	Agree/SA	System Mean (n)
Prior to counseling, I was struggling with my academics.	48%	16%	36%	2.81 (1407)
Prior to counseling, I was thinking of leaving school.	70%	11%	19%	2.20 (1400)

Appointment Availability

Item	SD/Disagree	Neutral	Agree/SA	System Mean (n)
I was able to get my first appointment in a timely manner.	10%	6%	84%	4.21 (1383)
I was able to get follow-up appointments in a timely manner.	8%	8%	84%	4.26 (1336)

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 (<i>n</i>)
Overall effectiveness of counseling in helping with my problems.	5%	11%	37%	33%	14%	3.40 (1385)
Overall quality of the services I received.	3%	7%	21%	37%	33%	3.90 (1386)

Retrospective Ratings of Well-Being

Item	Poor	Fair	Good	Very Good	Excellent	System Mean (<i>n</i>)
My level of well-being when I started counseling.	38%	46%	13%	3%	1%	1.83 (1385)
My level of well-being now.	5%	21%	47%	25%	3%	3.01 (1385)

Perceived Change in Well-Being from Start of Counseling

	Decline	No change	Improvement
System Survey % (1385)	2% (25)	19% (259)	80% (1101)

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 (<i>n</i>)
Counseling has increased my academic motivation and/or class attendance.	Struggling	65 (13%)	124 (25%)	304 (62%)	3.65 (493)
	Not Struggling	200 (25%)	365 (46%)	231 (29%)	3.03 (796)
	Total (average)				3.26 (1299)

Counseling has helped me to focus better on my academics.	Struggling	61 (12%)	114 (22%)	322 (65%)	3.71 (497)
	Not Struggling	150 (18%)	328 (40%)	338 (41%)	3.27 (816)
	Total (average)				3.44 (1328)
Counseling has helped with my academic performance.	Struggling	56 (11%)	131 (26%)	(61%)	3.70 (496)
	Not Struggling	165 (21%)	365 (45%)	274 (34%)	3.16 (804)
	Total (average)				3.36 (1311)
Counseling has helped me stay at school.	Struggling	49 (10%)	122 (26%)	302 (64%)	3.76 (473)
	Not Struggling	167 (22%)	298 (39%)	300 (39%)	3.22 (765)
	Total (average)				3.43 (1247)

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	22 (8%)	39 (15%)	204 (77%)	4.04 (265)
Not Thinking of Leaving	195 (20%)	380 (40%)	396 (41%)	3.26 (971)
TOTAL (Average)	18%	34%	48%	3.43 (1247)

Appendix 4: CIF and LOS Survey Trend Data Tables

Demographics

Item	2012-13	2014-15	2016-17	2018-19	2020-21	2021-22
Female	63.3%	65.6%	66.9%	64.0%	70.0%	58.0%
Male	34.7%	32.7%	30.9%	33.0%	27.5%	37.0%
Transgender/Self Identify	0.6%	1.7%	2.2%	3.0%	2.5%	6.0%
White	85.0%	86.0%	86.5%	84.0%	85.0%	86.0%
Students of Color	13.0%	14.1%	13.5%	16.2%	15.0%	14.0%
Heterosexual	85.5%	84.6%	82.6%	78.0%	70.0%	67.0%
LGBTQ	9.8%	15.4%	15.4%	22.0%	30.0%	31.0%
Registered Disability	7.7%	8.8%	8.5%	7.0%	10.9%	12.0%

Presenting Concerns

Item	2012-13	2014-15	2016-17	2018-19	2020-21	2021-22
Anxiety/fears/worries (other than academic)	59.9%	65.4%	73.3%	61.0%	76.0%	73.0%
Stress/stress management	64.7%	66.7%	68.3%	59.0%	69.0%	65.0%
Depression/sadness/mood swings	54.1%	64.1%	67.1%	58.0%	66.0%	63.0%
Procrastination/motivation	36.0%	42.1%	45.9%	38.0%	50.0%	48.0%
Low self-esteem/confidence	37.5%	42.3%	46.3%	39.0%	47.0%	44.0%
Attention/concentration	37.4%	38.2%	38.9%	30.0%	41.0%	43.0%
Problems related to school or grades	42.2%	45.3%	44.7%	26.0%	40.0%	40.0%
Friends/roommates/dating concerns	24.6%	29.9%	29.7%	26.0%	32.0%	31.0%
Sleep difficulties	23.3%	29.4%	31.3%	26.0%	30.0%	28.0%
Eating behavior	15.8%	20.3%	21.0%	20.0%	26.0%	28.0%
Item	2012-13	2014-15	2016-17	2018-19	2020-21	2021-22
I am having a hard time focusing on my academics (agree/strongly agree).	51.7%	52.2%	53.6%	50.0%	57.0%	47.0%
I am thinking about leaving school (agree/strongly agree).	11.3%	15.6%	13.5%	11.0%	10.0%	10.0%

Mental Health History

Item	2012-13	2014-15	2016-17	2018-19	2020-21	2021-22
Prior Treatment						
Counseling	47.2%	52.5%	55.7%	57.0%	65.0%	64.0%
Medication	32.3%	39.9%	42.2%	40.0%	47.0%	46.0%
Hospitalization	6.2%	9.9%	10.0%	10.0%	11.0%	10.0%
Threat to Self						
Non-Suicidal Self-Injury	20.1%	27.6%	30.2%	31.0%	30.0%	33.0%
Serious Suicidal Ideation	24.0%	34.0%	35.7%	34.0%	36.0%	37.0%
Suicide Attempt(s)	6.6%	10.7%	11.4%	12.0%	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%	24.0%
Marijuana Use	14.4%	17.3%	18.5%	20.0%	21.0%	20.0%

Client Outcomes: Interpersonal and Emotional Well-Being

Item	2012-13	2014-15	2016-17	2018-19	2020-21	2021-22
I made improvements on the specific issues for which I sought counseling.	83.4%	86.0%	82.0%	80.0%	83.0%	82.0%
I am better prepared to work through future concerns and achieve my goals.	76.4%	80.2%	76.8%	75.0%	78.0%	79.0%
I increased my ability to think clearly and critically about my problems.	77.8%	78.7%	76.3%	74.0%	79.0%	80.0%
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%	80.0%
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%	84.0%

Client Outcomes: Academics

Item	2012-13	2014-15	2016-17	2018-19	2020-21	2021-22
Percentage of students who reported they were struggling.	38.0%	36.0%	38.0%	36.0%	37.0%	29.0%
Percentage of students who reported increased focus as a result of receiving services.	66.0%	63.0%	62.0%	64.0%	67.0%	65.0%

Item	2012-13	2014-15	2016-17	2018-19	2020-21	2021-22
Percentage of students who reported they were thinking of leaving school before receiving services.	25.0%	22.0%	21.0%	21.0%	21.0%	64.0%
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%	21.0%

Client Satisfaction

Item	2012-13	2014-15	2016-17	2018-19	2020-21	2021-22
I was able to get my first appointment in a timely manner.	88.9%	87.5%	83.1%	81.0%	88.0%	84.0%
I was able to get follow-up appointments in a timely manner.	85.9%	85.8%	81.8%	82.0%	87.0%	84.0%
It is important for me to have counseling services located on campus.	96.4%	95.5%	96.0%	95.0%	90.0%	92.0%
I would return to the counseling center again.	92.9%	91.6%	92.6%	91.0%	92.0%	90.0%
I would recommend counseling services to a friend.	94.0%	93.6%	93.3%	92.0%	94.0%	92.0%