Center for Collegiate Mental Health

(CCMH)

2019 ANNUAL REPORT

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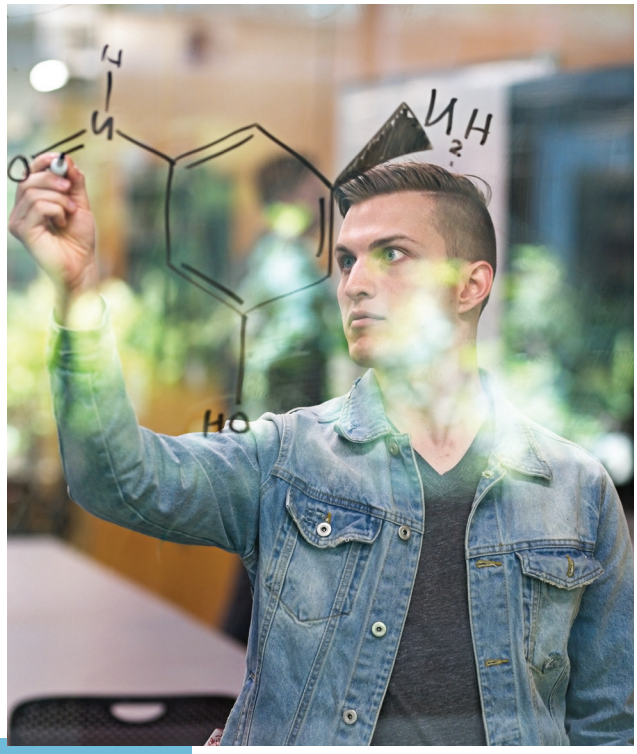

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Acknowledgements

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- Association for University and College Counseling Center Directors (AUCCCD)
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2019 Report Introduction

The 2019 Annual Report summarizes data contributed to CCMH during the 2018-2019 academic year, beginning July 1, 2018 and ending on June 30, 2019. De-identified data were contributed by 163 college and university counseling centers, describing 207,818 unique college students seeking mental health treatment, 4,059 clinicians, and 1,580,951 appointments.

The following are critical to understand when reading this report:

1. **This report describes college students receiving mental health services, NOT the general college student population.**
2. **Year-to-year changes in the number of students in this report are unrelated to changes in counseling center utilization.** These changes are more likely due to the number and type of centers contributing data from one year to the next.
3. This report **is NOT a survey.** The data summarized herein is gathered during routine clinical practice at participating counseling centers, de-identified, then contributed to CCMH.
4. The number of clients will vary by question due to variations in clinical procedure and whether counseling centers choose to administer the particular question.
5. Counseling centers are required to receive Institutional Review Board (IRB) approval at their institution to participate in data contribution to CCMH. Although CCMH maintains membership of over 600 institutional counseling centers, only a percentage of these institutions participate in data contribution.

CHANGES FOR 2019

- **Mental Health Trends:** Beginning in 2019, we have changed the layout of mental health trend graphs by using "sparklines" depicting change over time, along with adding more detail about the lowest/highest values, most recent value, and total change. See pages 13-14.
- **Monthly Trends:** New this year, we present monthly trends throughout the academic year in initial CCAPS scores and CLICC concerns. See pages 16-17.
- **Tabular Breakdowns:** Also starting in 2019, Standardized Data Set items (pages 25 through 32) have been simplified to present "overall" rates, rather than by demographic groups. Item breakdowns by demographic variables continue to be available online at the CCMH Data Navigator (**https://ccmh-data.vmhost.psu.edu/login**).

REMINDERS FROM PRIOR REPORTS

- **2015** – Between Fall 2009 and Spring 2015, counseling center utilization increased by an average of 30-40%, while enrollment increased by only 5%. Increasing demand is primarily characterized by a growing frequency of students with a lifetime prevalence of threat-to-self indicators. These students also used 20-30% more services than students without threat-to-self characteristics.
- **2016** – Between Fall 2010 and Spring 2016, counseling center resources devoted to "rapid access" services increased by 28% on average, whereas resources allocated to "routine treatment" decreased slightly by 7.6%.
- **2017** – Treatment provided by counseling centers was found to be effective in reducing mental health distress, comparable to results from randomized clinical trials. While some students improve quickly with a few sessions of therapy, others need more extended services to achieve the same level of change.
- **2018** – Counseling centers that use a treatment model (students assigned to a counselor when an opening exists) versus an absorption model (clinicians expected to acquire clients for routine care regardless of availability) provided students with more sessions with fewer days in between appointments, as well as demonstrated greater symptom reduction in clients receiving services. Additionally, the question of Electronic Medical Record (EMR) sharing policy between counseling and health center staff was examined. No differences in treatment outcomes were found between centers who share EMRs with health centers compared to those with separate EMRs.

2019 HIGHLIGHTS

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

- To better measure comparable staff levels and related impacts across counseling centers nationally, CCMH developed the Clinical Load Index (CLI) during the 2018-2019 year with support from the Association for University and College Counseling Center Directors (AUCCCD) and International Accreditation of Counseling Services (IACS). The CLI provides each counseling center with a standardized and comparable score that can be thought of as "clients per standardized counselor" (per year) or the "standardized caseload" for the counseling center.
- Findings demonstrated that higher CLI scores are associated with the following:
  - Institutions with larger enrollments and counseling centers that serve more unique students
  - The provision of significantly lower treatment dosages (fewer appointments with more days between appointments)
  - Significantly less improvement in depression, anxiety, and general distress by students receiving treatment

OTHER HIGHLIGHTS

- As assessed by clinicians, anxiety and depression continue to be the most common general or top concerns experienced by students (Page 19). As a general and top concern, anxiety showed a minimal increase in the past year, whereas depression demonstrated a small decrease (Page 15). Notably, trauma, as both a general and top concern, has increased in the past six years and particularly since 2016-2017.
- The self-reported lifetime prevalence rates of "threat to-self" characteristics (non-suicidal self-injury, 28.7%; serious suicidal ideation, 36.7%; and suicide attempts, 10.6%) increased for the ninth year in a row among students receiving counseling services (Page 13). Importantly, 39.6% of students seeking treatment report some suicidal ideation within the last two weeks (Page 13), but clinicians report suicidality as a presenting concern for just over 10% of students (Page 19).
- The rate of prior counseling (56%) has demonstrated an upward trend for the last four years (Page 13). Taken a medication for psychological reasons slightly increased the past year, and hospitalization for mental health concerns somewhat decreased, but overall they have remained relatively flat for the past several years.
- Average rates of student self-reported anxiety and depression increased over the past eight years. In the past two years, eating concerns increased, while family distress increased over the past four years (Page 14). Academic distress, hostility, and substance use have remained flat or slightly decreased over the past several years.

Special Section: Introducing the Clinical Load Index (CLI)

Over the last decade, CCMH has examined increasingly macro-level questions regarding the mental health of college students. This year's special section zooms out again to explore the relationship between staffing of counseling centers and student treatment outcomes.

Starting in 1970, counseling center staffing levels have been guided by what is known as the "recommended staff to student ratio" (**https://iacsinc.org/staff-to-student-ratios/**), or the ratio between counseling center staff and enrolled students. Originally set at one staff member per 1750 enrolled students (1:1750) in 1980, the recommended ratio was gradually adjusted to be a range (1:1000 to 1:1500) depending on contextual factors. The recommended ratio has achieved legislative significance in several states and is widely used. However, as post-secondary education and mental health services have grown and evolved over the last 50 years, the recommended ratio has become an insufficient standard for many smaller institutions and untenable for many large institutions. In addition, the two key assumptions underlying the ratio are no longer reliable:

1. **Utilization:** Whereas the recommended ratio assumes a constant level of utilization across institutions (averaging 11.8% in 2018), the actual percentage of the student body that utilizes mental health services ranges widely from <1% to more than 40% (AUCCCD Directors Annual Survey, 2018).
2. **Clinical Capacity:** The recommended ratio assumes that each staff member will provide the same amount of clinical services, but the actual time that any one staff member devotes to clinical service varies significantly (from 0 to 30 hours/week) depending on role, institutional factors, center size, and administrative complexity.

To better account for these variables and more accurately describe the landscape of staffing levels across counseling centers, CCMH, with support from the Association for University and College Counseling Center Directors (AUCCCD) and International Accreditation of Counseling Services (IACS), methodically developed the Clinical Load Index (CLI) during the 2018-2019 year. A detailed description of the CLI, including a white-paper, and online tools (with peer comparisons) can be found here: **https://ccmh.psu.edu/clinical-load-index/**.

For the purpose of this annual report, readers should understand that the CLI provides each counseling center with a standardized and comparable score that can be thought of as "clients per standardized counselor" (per year) or the "standardized caseload" of the counseling center. The purpose of the CLI is not to recommend a specific score; instead, the CLI distribution describes the landscape of staffing levels that institutions have implemented (in 2017-2018). The findings discussed below illustrate how the CLI can be used to inform college and university leaders seeking to understand and respond to the growing demand for mental health services.

Because CLI scores are a measure of clients per standardized counselor it is important to understand the difference between "students served" at a counselor center and the "need" for mental-health services within the student population at the institution. As a rule, counseling centers are typically operating at full capacity, which means that the number of students served is a proxy for treatment capacity but not population need. As a result, a counseling center that serves a very small proportion of students (and is operating at capacity) could have a low CLI score but not be meeting the needs of the student population.

UNDERSTANDING THE NEED FOR MENTAL HEALTH SERVICES

According to the Centers for Disease Control (CDC), "1 in 5 Americans will experience a mental illness in a given year" (Center for Behavioral Health Statistics and Quality, 2016). Regarding college students specifically, student surveys report that roughly 1 out of 3 students screen positive for a current mental health concern (Healthy Minds Study) or having been diagnosed/treated for a mental health concern in the last 12 months (ACHA-NCHA). Similarly, a 2018 World Health Organization survey of students in eight countries found that roughly 1 out of 3 students screened positive for a mental-health disorder (Auerbach et al., 2018). Collectively, these sources suggest that approximately 20-35% of students might need mental health treatment in a given year.

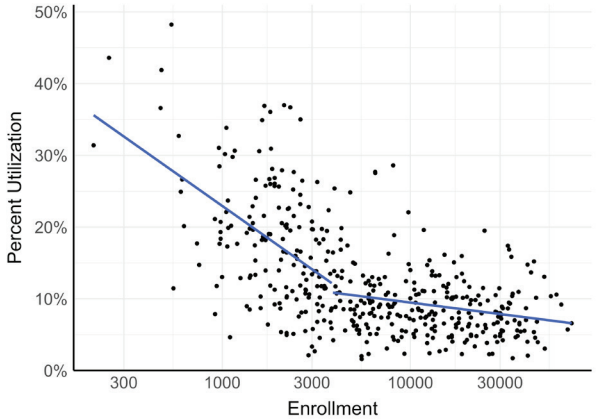
In contrast, CCMH has found that reliance on student self-report may be contributing to exaggerated prevalence rates. As just one example, CCMH found that, 40% of students seeking services nationally report having "thoughts of ending my life" (in the last two weeks) (Page 13). Clinicians, on the other hand, indicate that suicidality is a concern for only 10.3% of the same students (Page 19). In other words, students report the presence of suicidal thoughts at almost four times the rate at which clinicians judge that the thoughts rise to the level of a presenting concern warranting treatment. This differential suggests caution in solely using self-report surveys to determine prevalence or need.

Nevertheless, it seems evident nationally that there is some level of unmet mental health need within the general student population given the prevalence estimates (20-35%) and the average counseling center utilization rates (11.8%). However, it is important to note the percent of students utilizing counseling services at each institution varies tremendously around this average, which is caused by many factors. For example, the chart below illustrates the relationship between school size (enrollment) and the percentage of the student body using the counseling center (percent utilization) across 432 institutions.

PERCENT UTILIZATION BY ENROLLMENT

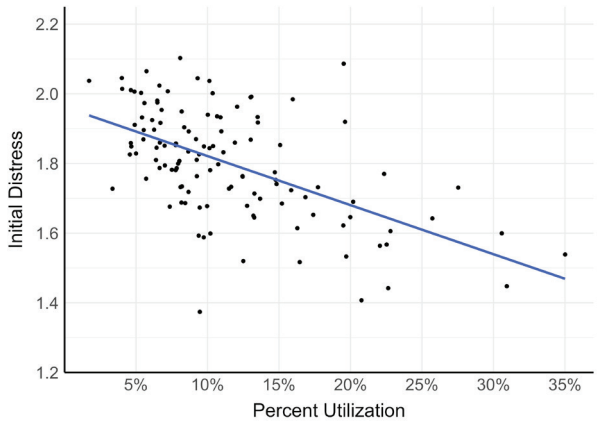
This chart shows that counseling centers at smaller institutions tend to serve a much greater proportion of the student body compared to counseling centers at larger schools. This relationship underscores the apparent difficulty in scaling services for institutions with higher enrollments while also highlighting that demand for services can exceed 40% of the student body.

An additional perspective on need is offered by the next chart, which illustrates the relationship between the percent of the student body served in the counseling center and the average initial distress (CCAPS Distress Index raw score) of students served. The graph to the right is based on 75,580 students from 119 schools.



INITIAL DISTRESS BY PERCENT UTILIZATION

This chart shows that as a counseling center serves a larger proportion of the study body, the average initial distress of students served decreases. This, in turn, suggests that centers serving a smaller percentage of the student body are treating students with higher levels of distress, perhaps focusing services on students with greater needs at the expense of serving students with milder symptoms who could still benefit from treatment.

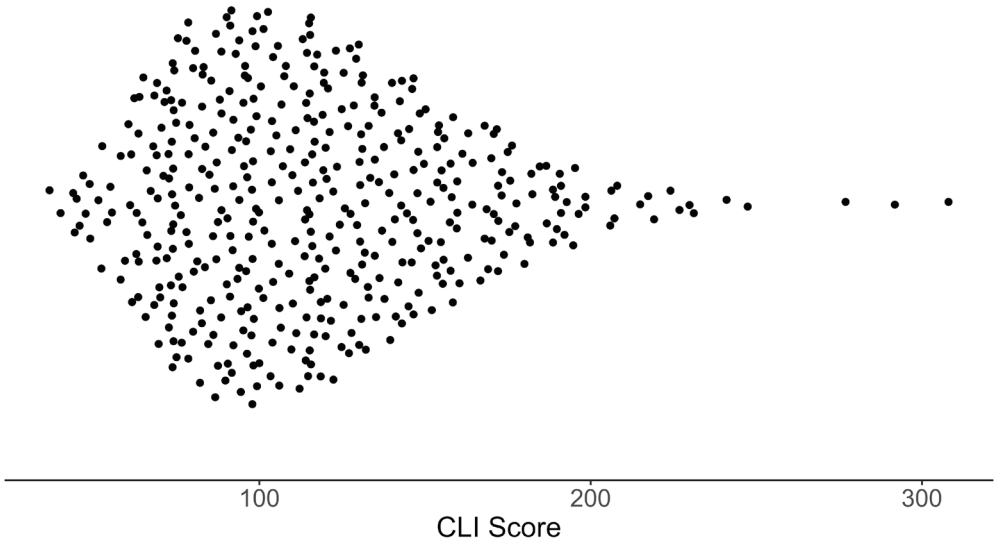


This brief overview of the "need" for mental-health services in higher education suggests that 20-35% of the college student population might be in "need" each year, although this estimate might be somewhat inflated due to the aforementioned problems of reliance on self-report data. In comparison, the national average rate of counseling center utilization is 11.8%, ranging from <1% to more than 40% (AUCCCD Directors Annual Survey, 2018), suggesting some level of unmet need within the college student population. The variation in utilization, a proxy for treatment capacity, makes it clear that colleges and universities are making very different decisions in response to the growing demand/need for mental health services. However, when evaluating the CLI for a given institution, it will be critical for each institution to "mind the gap" between students served and the actual need on campus.

THE LANDSCAPE OF COUNSELING CENTER STAFFING LEVELS

The Clinical Load Index distribution is a snapshot in time, representing the current range of staffing levels across hundreds of counseling centers. For this report, the CLI distribution includes 432 counseling centers during the 2017-2018 year. CLI scores range from 37 to 308 with a mean of 118. As a quick reminder, an individual CLI score can be thought of as the annual "clients per standardized counselor" or the "standardized caseload" of a counseling center. One can easily imagine that the experience of seeking or providing treatment will feel very different in a center where a counselor is responsible for 37 students per year versus 308. Preliminary discussions with a limited number of counseling centers in the CLI distribution suggest that centers with very low CLI scores provide traditional weekly counseling with few usage limits, whereas centers with very high CLI scores function more as crisis and referral operations, providing minimal ongoing care. Centers in the middle employ a range of strategies to balance supply and demand.

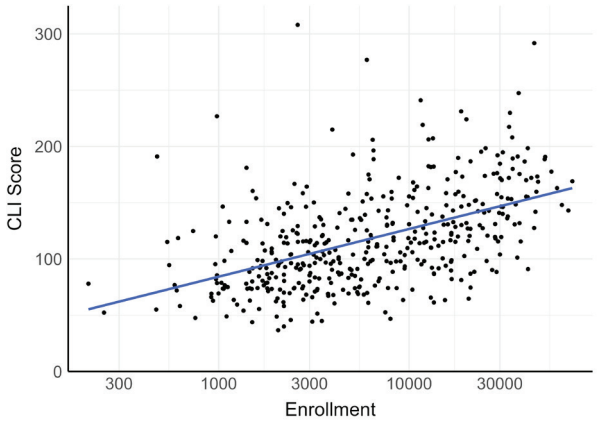
With the CLI distribution established, an individual counseling center can now enter their data points (at the CLI website using Enrollment, Utilization, Clinical Capacity) and then immediately see how their staffing level compares to others in the distribution. The image below represents the full distribution of 432 CLI scores for the 2017-2018 year:



The next step is to explore how CLI scores relate to other variables that impact counseling center staffing and treatment. To begin, the following chart illustrates the relationship between CLI scores and school size (Enrollment):

CLI BY SCHOOL SIZE (ENROLLMENT)

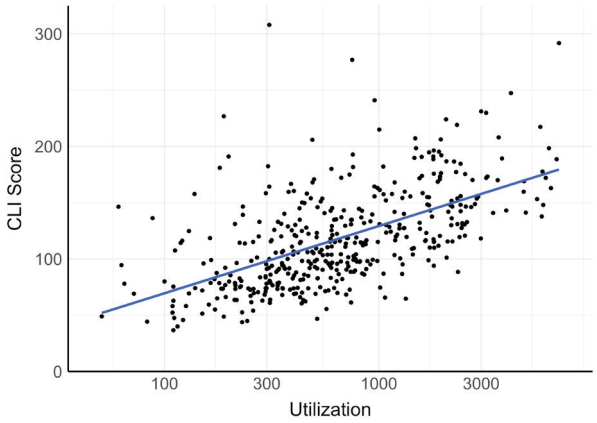
Although variability exists, this chart demonstrates that high CLI scores tend to be associated with larger institutions and low CLI scores tend to be associated with smaller institutions. Similar to the finding related to initial distress by percent utilization (page 7), this relationship reinforces the conclusion that institutions are scaling mental health services in different ways, and that these decisions are partially driven by the size of the school. More specifically, these two charts (Enrollment by Percent Utilization and CLI by School Size) reveal that counseling center clinicians working at larger schools generally have higher annual caseloads, which suggests that institutions with larger enrollments are struggling to maintain the same level of clinical staffing as smaller institutions.



Because we know that the percentage of students who seek services varies across institutions, the next chart illustrates the relationship between CLI and the actual number of students who make an appointment (Utilization):

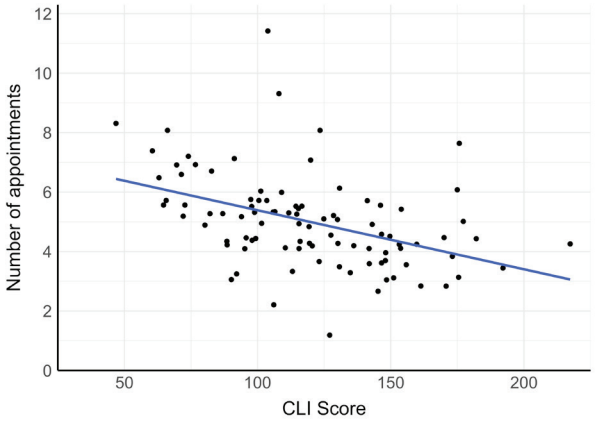
CLI BY COUNSELING CENTER UTILIZATION

Similar to Enrollment by CLI, this chart shows that counseling centers that serve more students (Utilization) tend to have higher CLI scores. Collectively, these results indicate that counselors working within larger institutions and centers tend to carry higher annual caseloads. Additionally, when institutions encounter growing demand for services, larger institutions and centers appear to be asking each "counselor" to serve more students rather than maintaining an optimal staffing/caseload level.

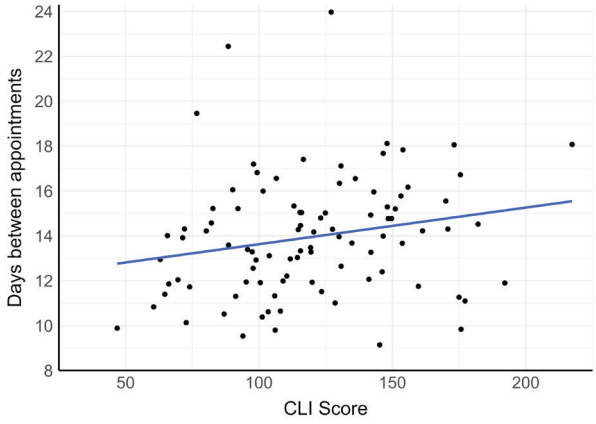


If the annual caseload of a standardized counselor (CLI) tends to rise with enrollment and utilization, does the CLI of a center also impact the types of services students receive? As discussed in our 2017 Annual Report (Center for Collegiate Mental Health, 2017), treatment provided by counseling centers works, but outcomes vary depending on the dosage of treatment provided. To evaluate this we examined how CLI scores relate to the average dosage of treatment provided in each center (number of appointments and days between appointments). For these analyses, CLI scores were combined with treatment outcome data provided by a large, nationally representative sample of 94 counseling centers representing 106,024 students.

AVERAGE NUMBER OF INDIVIDUAL APPOINTMENTS (PER CENTER) BY CLI



AVERAGE DAYS BETWEEN INDIVIDUAL APPOINTMENTS (PER CENTER) BY CLI

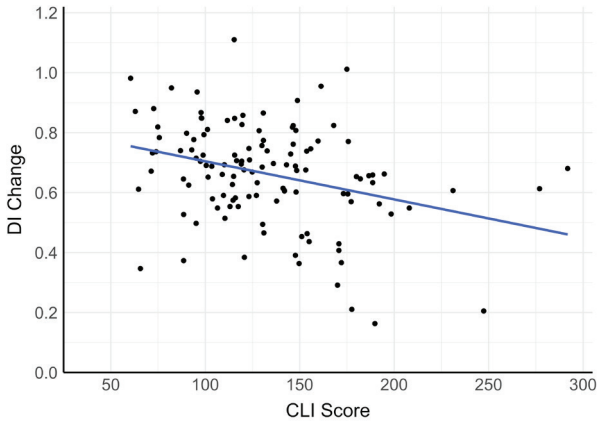


These two charts demonstrate as CLI scores increase, centers provided fewer appointments per student with more days between appointments. In other words, as the CLI (standardized caseload) increases, the average dosage of treatment decreases and becomes diluted. This relationship illustrates an important cost of higher CLI scores: students receive less treatment.

If high CLI scores are associated with reduced quantity and frequency of treatment, are treatment outcomes impacted? To answer this question, a sample of 119 counseling centers representing 23,814 students was used. The relationship between CLI and treatment outcomes is illustrated in the following chart, which displays CLI Scores and average symptom reduction per center, measured by the Distress Index (DI) of the CCAPS-34:

AVERAGE REDUCTION IN DISTRESS (PER CENTER) BY CLI

This chart indicates that clients who receive services in counseling centers with higher CLI scores tend to experience less improvement in distress. In other words, as "clients per standardized counselor" increases, the students treated in the center will, on average, demonstrate less improvement in their symptoms. This relationship was replicated with other CCAPS Subscales including the most common presenting concerns of Depression and Anxiety.



IMPLICATIONS FOR COLLEGES AND UNIVERSITIES

To summarize the findings above, higher CLI scores (i.e., higher annual standardized caseloads) are associated with the following:

1. Institutions with larger enrollments and counseling centers that serve more unique students
2. Provision of significantly lower treatment dosages (fewer appointments with more days between appointments)
3. Significantly less improvement in depression, anxiety, and general distress by students receiving treatment

Although there are many potential implications of these findings and future research needed, institutions should pay attention to the following when deciding how to respond to increasing demand:

1. **Institution Size (Enrollment):** While the relationship between institution size and CLI highlights variability in institutional responses to growing demand, it is important to recognize that smaller institutions are successfully delivering mental health services to a much larger percentage of their student body that are more consistent with the estimated need. While many factors may drive this differential, the priority assigned to mental health services at each institution will need to be considered, and further research will be needed to understand why mental health services are not typically scaled to match institution size at larger institutions. In particular, institutions should seek to understand the "need" for mental-health care on their campus when evaluating treatment capacity, as mental health needs greatly vary by campus.
2. **Impact on Counseling Centers:** Staff working in centers with high CLI scores are likely to experience greater stress as they try to manage more students per counselor with fewer resources. From a systems perspective, counseling centers with high CLI scores are likely to implement a variety of demand-limiters (e.g., scope of service policies, eligibility requirements, treatment limits, reducing non-clinical services, triage, waitlists, prioritizing urgent needs, etc.) and adjustments to the overall mission of the center. It is important to align institutional expectations with staffing levels.
3. **Treatment Dosage, Student Outcomes, and Institutional Philosophy:** As a counseling center's CLI score (standardized caseload) increases, the following impacts will likely be experienced by the counseling center and institution: (a) each clinician in the center will be responsible for more students per year; (b) students will receive smaller doses of diluted treatment (fewer appointments that are scheduled farther apart); and (c) students will show less improvement on average. Centers with very low CLI scores are likely to provide easy access to routine counseling services, whereas centers with very high CLI scores may only be able to operate in a crisis and referral capacity.

The broader implications of the relationship between CLI scores and average treatment outcomes by center should be carefully considered by administrators. These findings replicate well-established research on mental-health treatment dose and response (Hansen, Lambert, & Forman, 2002) and confirm the critical relationship between effective treatment and positive outcomes, which have been largely ignored as institutions have sought to respond to growing demand by emphasizing access at the expense of providing sufficient treatment dosages. While it is reasonable to explore systemic efficiencies in systems (e.g., triage), multiple forms of treatment (e.g., self-help, online help, or single-session treatment), and clinical systems that emphasize urgent care – it is also reasonable to expect institutions to transparently articulate their "philosophy of service" and the policy/funding decisions used to implement the philosophy. If an institution's philosophy of service is that students seeking routine mental-health treatment should be seen quickly and receive sufficient treatment to recover, then the institution will need to support a CLI that enables this desired outcome. However, if an institution's philosophy emphasizes urgent care, brief follow-up, and off-campus referrals for ongoing treatment, then a higher CLI is more reasonable. In both cases, it is critical that institutions are transparent about their philosophy so that counseling centers can adjust service levels accordingly, and realistic stakeholder expectations can be established.

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Recent CCMH Publications

- Bartholomew, T. T., Gundel, B. E., Sullivan, J. W., Pérez-Rojas, A. E., & Lockard, A. J. (2019). Pretreatment counseling experiences, stressors, and support differences between transgender and cisgender university students seeking mental healthcare. *Journal of Clinical Psychology, 75*(6), 933-957. https://doi.org/10.1002/jclp.22742
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Annual Trends

MENTAL HEALTH TRENDS

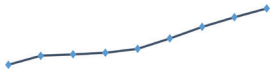
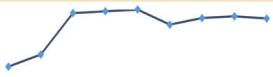
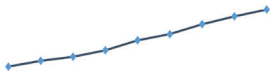
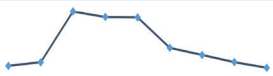
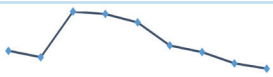
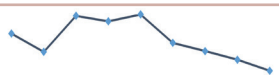
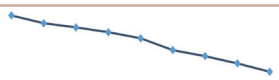
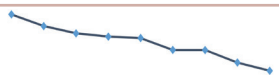
As of this report, CCMH has generated nine annual data sets (2010-2011 through 2018-2019), making it possible to examine numerous years of trends among college students seeking mental health services. To examine trends across key mental health indicators, items from the Mental Health History section of the Standardized Data Set (SDS) were simplified to "Yes" or "No," providing a proxy for the lifetime prevalence of each item. These items may have changed slightly over time; please refer to prior versions of the SDS for specifics. Specifically, the wording for many items changed in 2012, resulting in a larger change in response rate to some items after that year.

Data Sets

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

Year	# of Institutions	# of Clients
2010-2011	97	82,611
2011-2012	120	97,012
2012-2013	132	95,109
2013-2014	140	101,027
2014-2015	139	100,736
2015-2016	139	150,483
2016-2017	147	161,014
2017-2018	152	179,964
2018-2019	163	207,818

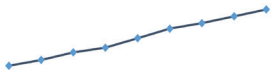
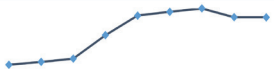
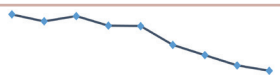
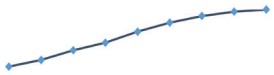
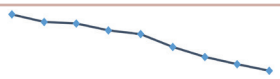
Mental Health Trends (2010–2019)

Item	9-Year Change	2010-2019	Lowest	Highest	2018–2019
Prior Treatment					
Counseling	+10.0%		46.0%	56.0%	56.0%
Medication	+3.5%		31.3%	34.8%	34.8%
Hospitalization	+2.6%		7.2%	10.3%	9.8%
Threat to Self					
Non-Suicidal Self-Injury	+6.9%		21.8%	28.7%	28.7%
Serious Suicidal Ideation	+12.7%		24.0%	36.7%	36.7%
Suicide Attempt(s)	+2.6%		8.0%	10.6%	10.6%
Some Suicidal Ideation (past 2 weeks)	+7.7%		31.9%	39.6%	39.6%
Threat to Others					
Considered causing serious physical injury to another person	-0.1%		7.5%	11.2%	7.5%
Intentionally caused serious injury to another person	-0.5%		1.9%	3.4%	1.9%
Traumatic Experiences					
Had unwanted sexual contact(s) or experience(s)	+4.2%		18.9%	25.0%	25.0%
Experienced harassing, controlling, and/or abusive behavior	+1.6%		32.8%	37.9%	37.9%
Experienced traumatic event	+3.3%		31.0%	41.4%	41.4%
Drug and Alcohol					
Felt the need to reduce alcohol/drug use	+0.6%		25.9%	27.5%	27.5%
Others concerned about alcohol/drug use	-1.4%		15.5%	17.6%	15.5%
Treatment for alcohol/drug use	-2.5%		2.4%	4.9%	2.4%
Binge drinking	-6.2%		37.4%	43.6%	37.4%
Marijuana use	+6.8%		19.1%	25.8%	25.8%

CCAPS TRENDS

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

Trends: Average Subscale Scores (2010 to 2019)

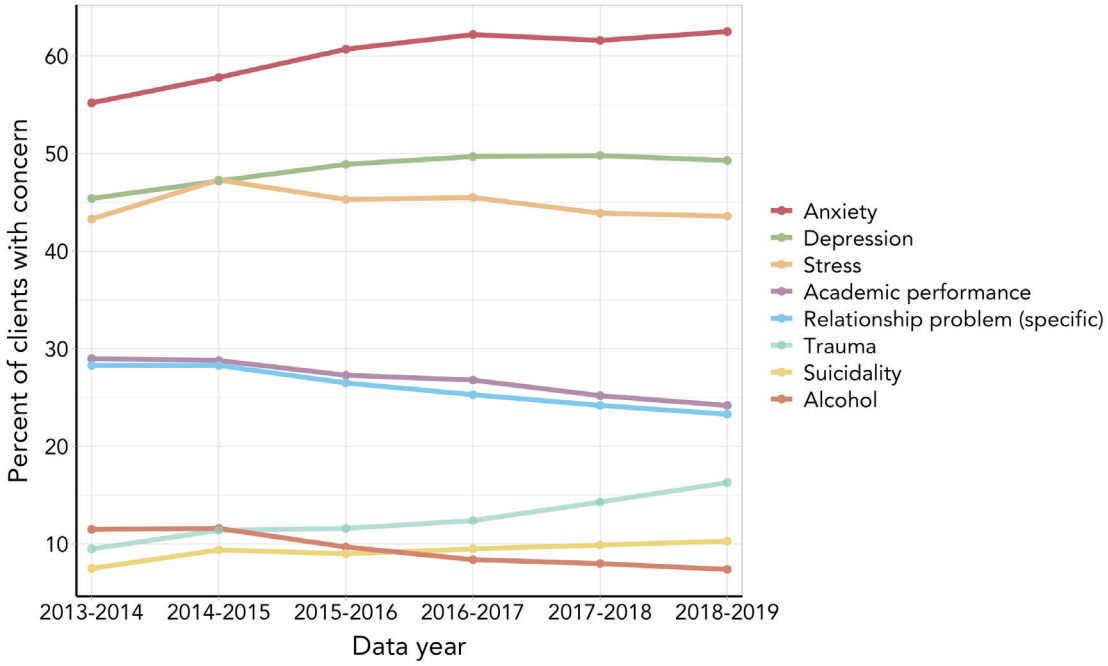
Item	9-Year Change	2010-2019	Lowest	Highest	2018–2019
CCAPS-62					
Depression	+0.22		1.59	1.81	1.81
Generalized Anxiety	+0.25		1.61	1.87	1.87
Social Anxiety	+0.24		1.82	2.05	2.05
Academic Distress	+0.03		1.85	1.89	1.88
Eating Concerns	+0.04		1.00	1.05	1.05
Hostility	-0.05		0.99	1.04	0.99
Substance Use	-0.12		0.65	0.77	0.65
Family Distress	+0.07		1.29	1.36	1.36
CCAPS-34					
Depression	+0.19		1.55	1.74	1.74
Generalized Anxiety	+0.26		1.77	2.03	2.03
Social Anxiety	+0.26		1.77	2.03	2.03
Academic Distress	+0.02		1.92	1.97	1.95
Eating Concerns	+0.04		0.94	0.98	0.98
Hostility	-0.10		0.83	0.93	0.83
Alcohol Use	-0.17		0.56	0.73	0.56
DI	+0.15		1.65	1.80	1.80

CLICC TRENDS

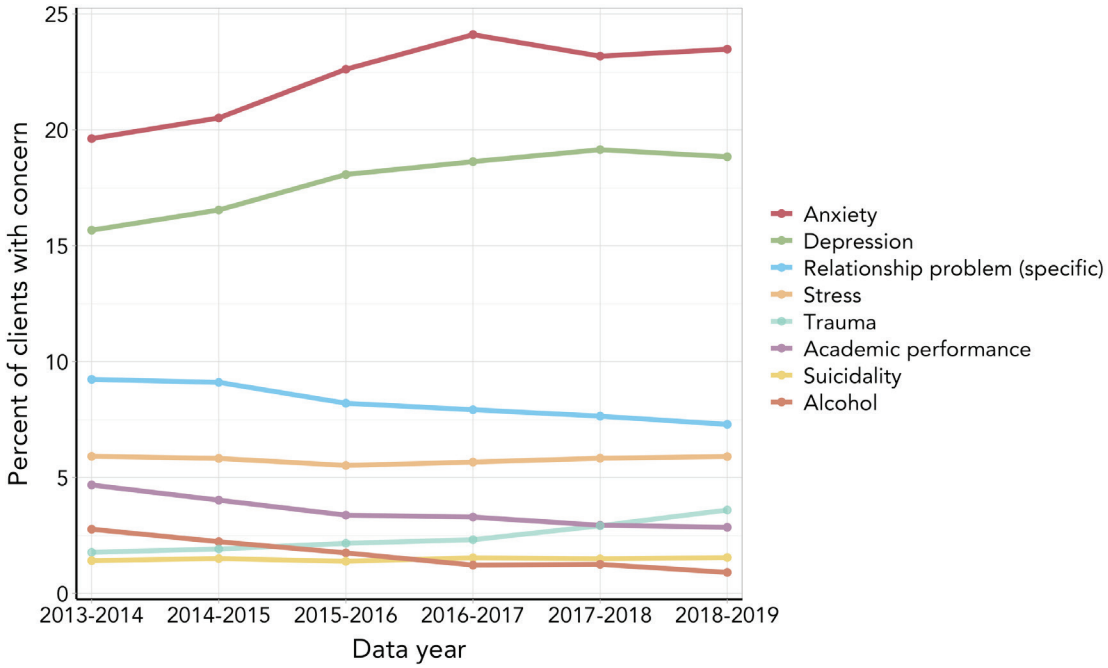
The Clinician Index of Client Concerns (CLICC) captures the presenting concerns of counseling center clients, as assessed by the clinician during an initial appointment. The CLICC includes 54 concerns and asks the clinician (a) to check all that apply and (b) to identify the "top concern" of those selected.

The graphs below display notable trends in some of the CLICC items. Depression and Anxiety demonstrated minimal changes in the past two years after years of increases. Of note, Trauma has increased over the past six years, and particularly since 2016-2017 as both a "check all" and "top concern".

CLICC Trends (Check All That Apply): Percentage of Clients with Each Concern from 2013–2019



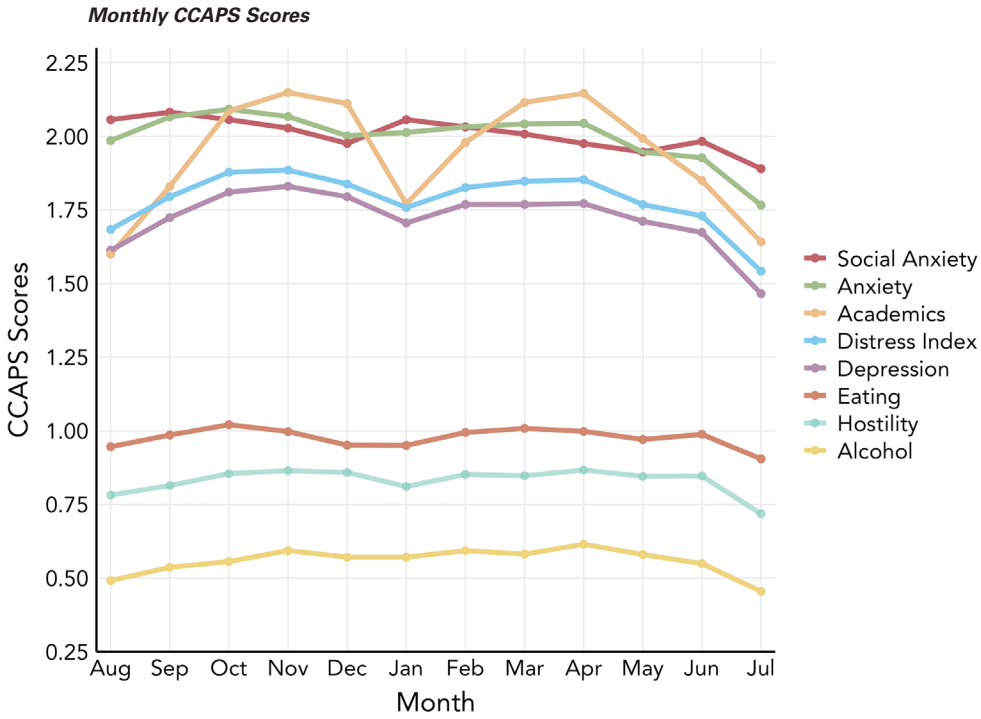
CLICC Trends (Top Concern): Percentage of Clients with Each Concern from 2013–2019



Monthly Trends

CCAPS TRENDS

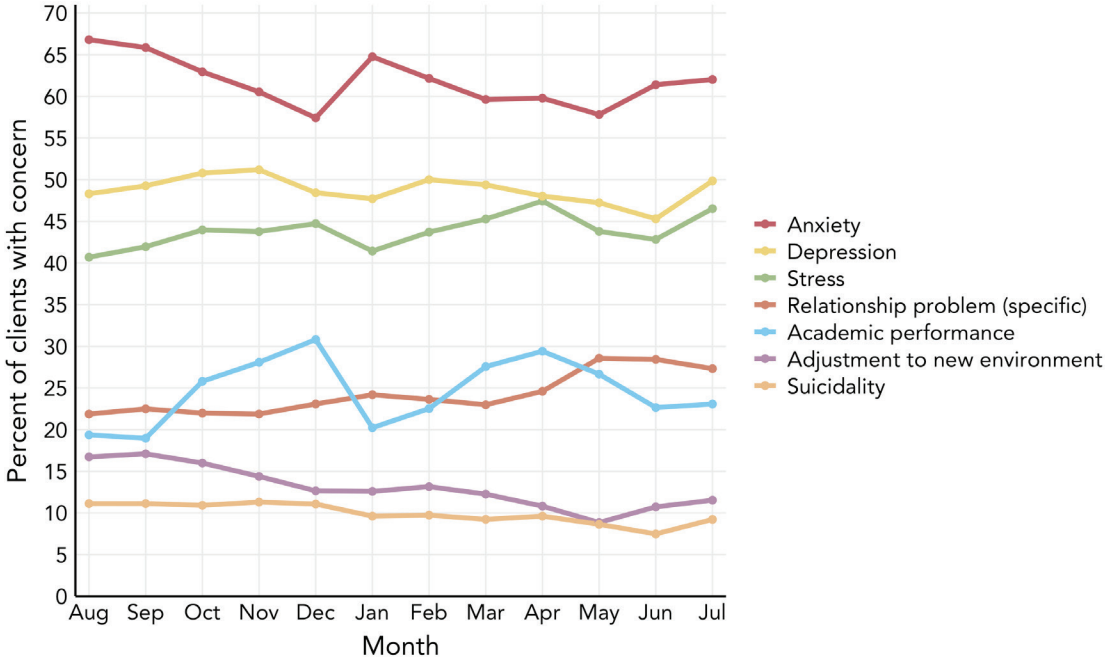
The charts below illustrate the average CCAPS subscale scores of students presenting for treatment during each month across the course of the 2018-2019 academic year. Although all subscales show some fluctuation throughout the year, Academic Distress shows more meaningful increases during times of year that are traditionally more academically stressful.



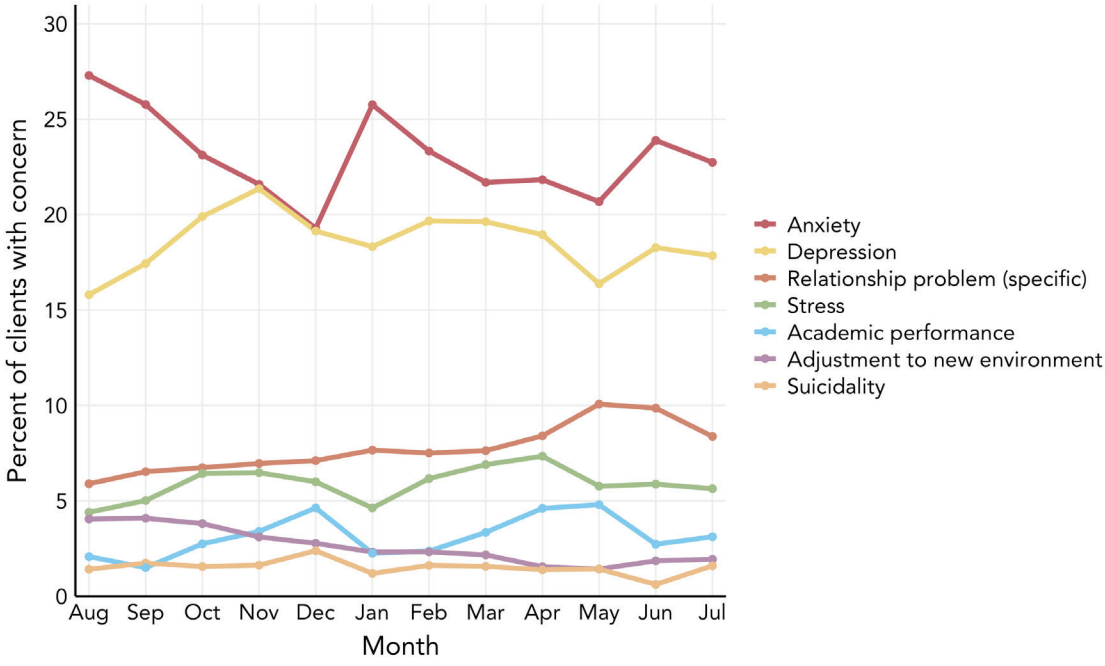
CLICC TRENDS

The charts below illustrate the monthly percentage of clients presenting with different CLICC concerns as a "check all" and a "top concern." Academic performance shows similar patterns to Academic Distress in the CCAPS graph above. Many other concerns also show interesting increases and decreases throughout the academic year.

Monthly CLICC Check All Concerns



Monthly CLICC Top Concerns



Counseling Center Resource Utilization by Students

Data from 2018-2019 was analyzed to determine how counseling center resources were distributed among students seeking services. The following points describe how counseling center appointments were utilized by 192,832 students across participating CCMH centers:

- The most common number of appointments per client per year was one.
- Clients averaged 5.51 total attended appointments of any kind, with a median of 3 appointments, and a range of 1-102 appointments.
- Clients averaged 4.51 attended *Individual Treatment* (initial clinical evaluations and individual counseling) appointments, with a median of 3 attended appointments, and a range of 1-74 attended appointments.
- 20% of clients accounted for 55% of all appointments, averaging 15 appointments.
- 10% of clients accounted for 37% of all appointments, averaging 20 appointments.
- 5% of clients accounted for 23% of all appointments, averaging 25 appointments.
- 1% of clients accounted for 7% of all appointments, averaging 37 appointments.
- 10 clients utilized a total of 876 appointments.

Standardized Data Set (SDS)

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

Clinician Index of Client Concerns (CLICC)

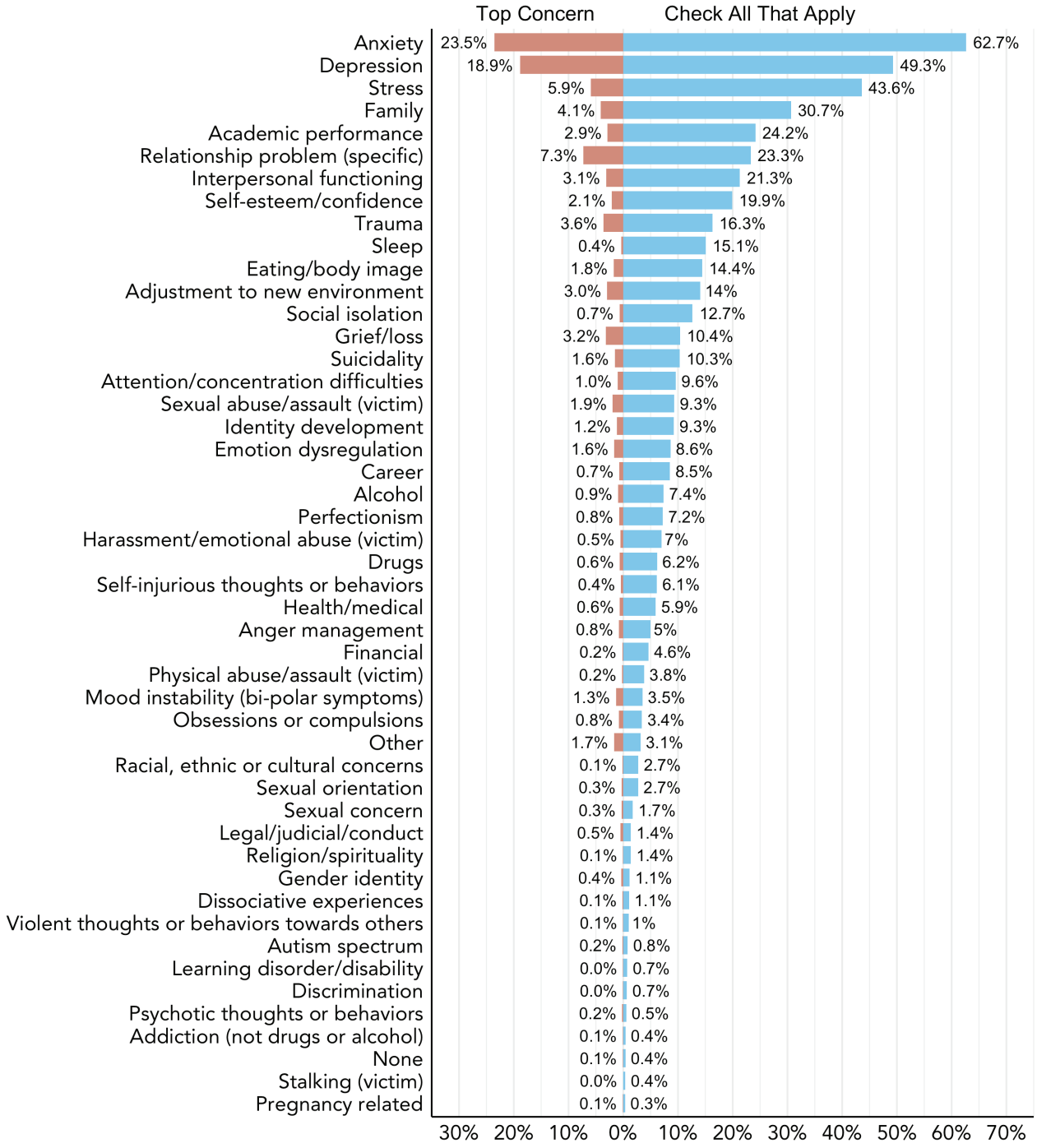
The CLICC was designed by CCMH to capture and facilitate reporting on the most common presenting concerns of counseling center clients, as assessed by the clinician during an initial appointment The resulting data allows individual centers and CCMH to quickly and easily report on the most common client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

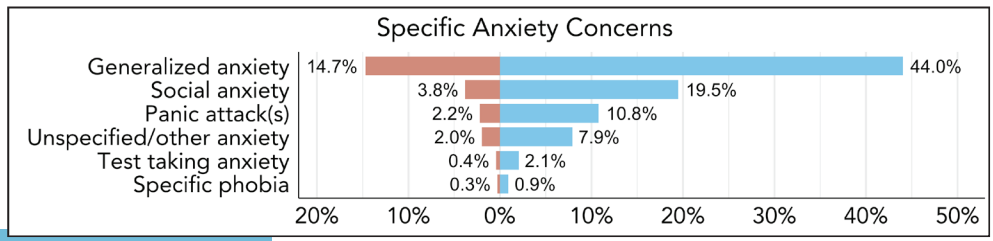
The graph on the next page illustrates the presenting concerns of 82,685 clients during the 2018-2019 academic year. For each client, clinicians are asked to "check all that apply" from the list of CLICC concerns (as one client can have many concurrent concerns). The blue bars on the right portion of the graph illustrate the frequency of each concern regardless of how many other concerns a student experienced.

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

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

CLICC COMBINED TOP CONCERN AND CHECK ALL THAT APPLY



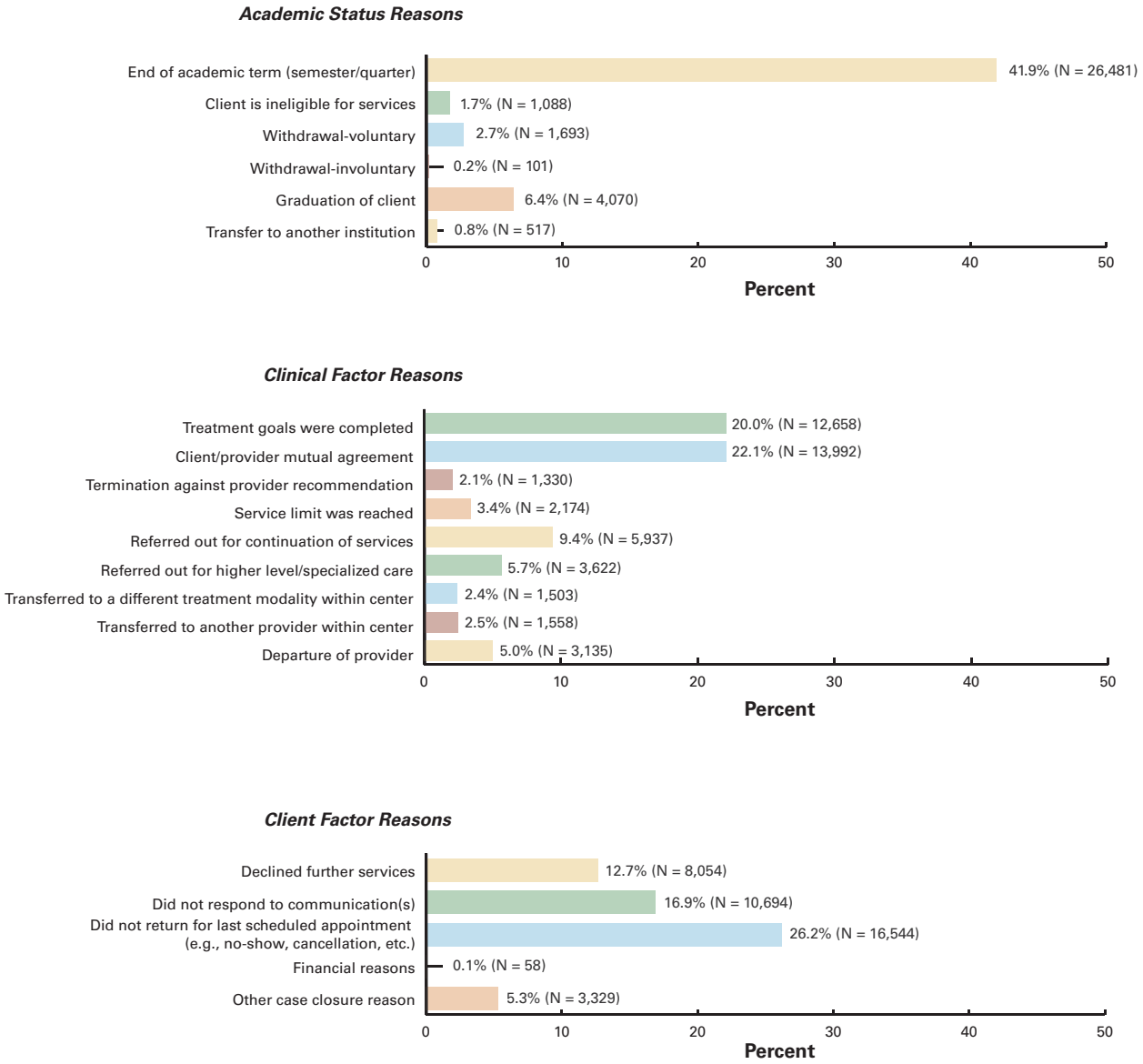


Case Closure Form

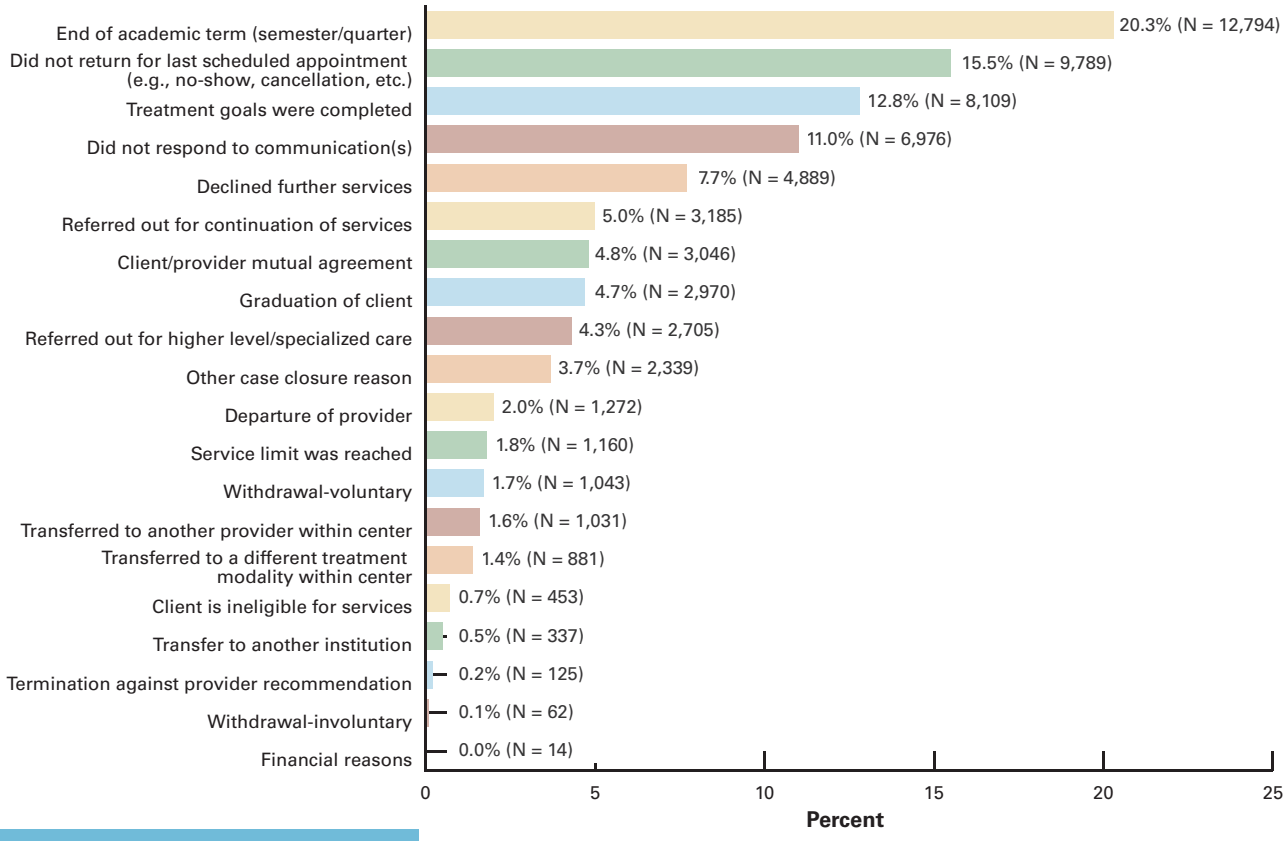
The Case Closure Form captures a wide array of reasons (academic, clinical, and client factors) why services ended, as well as significant events that might have occurred during the course of a student's services. Clinicians are asked to complete this form following the end of their service provision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

REASONS FOR CLOSURE OF CASE

This graph describes the frequency of various reasons why services ended for students who received treatment during the 2018-2019 academic year (*N* = 63,190). Of note, the top two most endorsed reasons for ending of services were the timing of the academic term, followed by the client not returning for their last appointment.



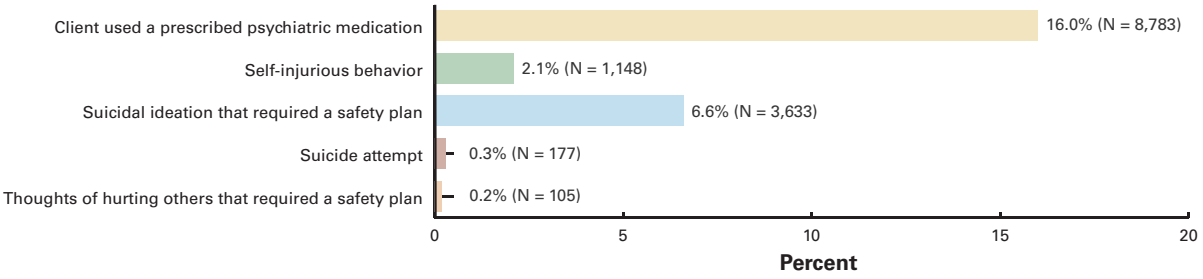
Top Case Closure Reason



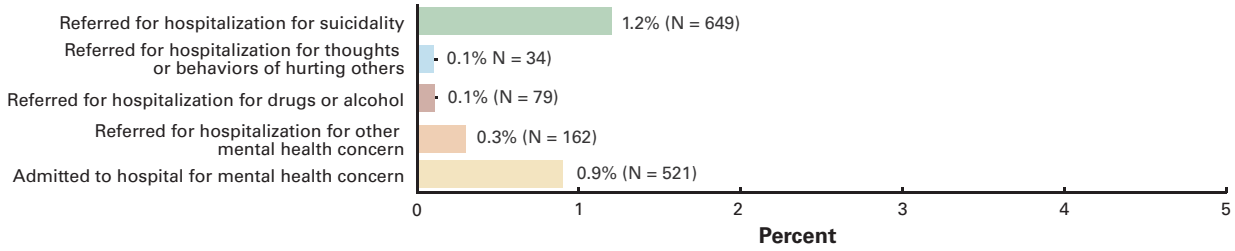
CASE EVENTS

This graph describes the frequency of significant events occurring during a course of services for students during the 2018-2019 academic year (*N*= 54,950).

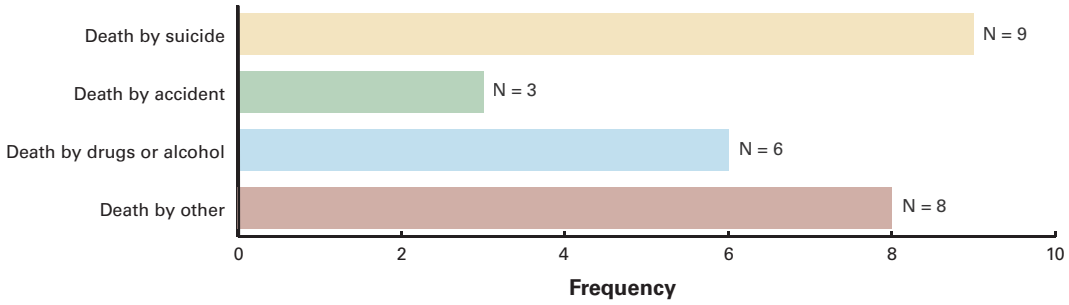
Clinical Events



Hospitalization Events



Client Deaths



Client Demographic Information

The Standardized Data Set (SDS) for client demographic information contains numerous different questions, and the tables below include the item question and number. The SDS has "core" or required items and a larger number of optional items that are typically asked of students seeking services. The number of clients will vary by question due to variations in clinical procedure and whether the center chooses to administer the specific question to students.

What is your gender identity?

SDS 88	Frequency	Percent
Woman	90,150	64.1%
Man	47,499	33.8%
Transgender	987	0.7%
Self-identify	2,062	1.5%

What was your sex at birth?

SDS 90	Frequency	Percent
Female	16,394	65.4%
Male	8,680	34.6%
Intersex	11	<0.1%

Do you consider yourself to be:

SDS 91	Frequency	Percent
Heterosexual/Straight	106,700	77.3%
Lesbian	2,765	2.0%
Gay	4,009	2.9%
Bisexual	15,942	11.5%
Questioning	4,422	3.2%
Self-identify	4,265	3.1%

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

SDS 93	Frequency	Percent
Only with men	7,002	45.3%
Mostly with men	1,522	9.9%
About the same number of men and women	423	2.7%
Mostly with women	510	3.3%
Only with women	3,690	23.9%
I have not had sexual experiences	2,293	14.9%

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

SDS 94	Frequency	Percent
Only attracted to women	4,983	26.2%
Mostly attracted to women	1,264	6.6%
Equally attracted to women and men	1,449	7.6%
Mostly attracted to men	2,784	14.6%
Only attracted to men	7,905	41.5%
Not sure	403	2.1%
I do not experience sexual attraction	260	1.4%

What is your race/ethnicity?

SDS 95	Frequency	Percent
African American/Black	14,434	9.9%
American Indian or Alaska Native	726	0.5%
Asian American/Asian	12,875	8.8%
Hispanic/Latino/a	13,549	9.3%
Native Hawaiian or Pacific Islander	349	0.2%
Multi-racial	7,422	5.1%
White	93,891	64.5%
Self-identify	2,276	1.6%

What is your country of origin?

Country	Frequency
United States	121,287
China	2,343
India	1,885
Mexico	838
Korea, Republic of	559
Puerto Rico	504
Canada	480
Colombia	461
United Kingdom	402
Brazil	385
Philippines	355
Iran, Islamic Republic of	321
Vietnam	308
Pakistan	305
Nigeria	302
Venezuela	281
Bangladesh	266
Russian Federation	247

Country	Frequency
Saudi Arabia	229
Germany	208
Peru	205
Jamaica	203
Taiwan	191
Haiti	179
Afghanistan	165
Turkey	164
Dominican Republic	161
United States Minor Outlying Islands	160
Egypt	152
Cuba	151
Ecuador	151
Japan	138
Nepal	134
Ghana	115
Guatemala	111
Honduras	111

Country	Frequency
France	110
Italy	107
Australia	97
Ukraine	97
Indonesia	93
Lebanon	91
Spain	90
Kenya	89
Argentina	88
Ethiopia	86
Malaysia	86
El Salvador	81
Hong Kong	79
Chile	78
Poland	78
Bolivia	76
Thailand	72
Sri Lanka	71

Countries with less than 70 (0.1%) individuals:

Aland Islands, Albania, Algeria, American Samoa, Andorra, Angola, Antarctica, Antigua and Barbuda, Armenia, Aruba, Austria, Azerbaijan, Bahamas, Bahrain, Barbados, Belarus, Belgium, Belize, Benin, Bermuda, Bosnia and Herzegovina, Botswana, British Indian Ocean Territory, Brunei Darussalam, Bulgaria, Burkina Faso, Burundi, Cambodia, Cameroon, Cape Verde, Cayman Islands, Central African Republic, Chad, Christmas Island, Comoros, Congo, Congo, The Democratic Republic of the, Costa Rica, Cote D'ivoire, Croatia, Cyprus, Czech Republic, Denmark, Dominica, Eritrea, Estonia, Fiji, Finland, French Polynesia, Gabon, Gambia, Georgia, Gibraltar, Greece, Greenland, Grenada, Guam, Guernsey, Guinea, Guyana, Hungary, Iceland, Iraq, Ireland, Israel, Jersey, Jordan, Kazakhstan, Korea, Democratic People's Republic of, Kuwait, Kyrgyzstan, Lao People's Democratic Republic, Latvia, Liberia, Libyan Arab Jamahiriya, Lithuania, Luxembourg, Macao, Macedonia, The Former Yugoslav Republic of, Madagascar, Malawi, Maldives, Mali, Malta, Marshall Islands, Martinique, Mauritius, Moldova, Republic of, Mongolia, Montenegro, Montserrat, Morocco, Mozambique, Myanmar, Namibia, Netherlands, Netherlands Antilles, New Caledonia, New Zealand, Nicaragua, Niger, Northern Mariana Islands, Norway, Oman, Palau, Palestinian Territory, Panama, Papua New Guinea, Paraguay, Portugal, Qatar, Romania, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Samoa, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovakia, Slovenia, Somalia, South Africa, Sudan, Suriname, Swaziland, Sweden, Switzerland, Syrian Arab Republic, Tajikistan, Tanzania, United Republic of, Timor-leste, Togo, Tonga, Trinidad and Tobago, Tunisia, Turkmenistan, Turks and Caicos Islands, Uganda, United Arab Emirates, Uruguay, Uzbekistan, Virgin Islands, British, Virgin Islands, U.S., Yemen, Zambia, Zimbabwe.

Are you an international student?

SDS 32	Frequency	Percent
No	132,455	94.1%
Yes	8,291	5.9%

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

SDS 56	Frequency	Percent
No	106,490	77.4%
Yes	31,038	22.6%

Current academic status:

SDS 37	Frequency	Percent
Freshman/First-year	31,273	21.2%
Sophomore	30,191	20.5%
Junior	33,130	22.5%
Senior	30,457	20.7%
Graduate/Professional degree student	20,527	13.9%
Non-student	261	0.2%
High-school student taking college classes	38	<0.1%
Non-degree student	314	0.2%
Faculty or staff	98	0.1%
Other (please specify)	1,119	0.8%

Graduate or professional degree program:

SDS 39	Frequency	Percent
Post-Baccalaureate	4,180	9.1%
Masters	6,416	13.9%
Doctoral degree	3,775	8.2%
Law	1,058	2.3%
Medical	1,204	2.6%
Pharmacy	256	0.6%
Dental	120	0.3%
Veterinary Medicine	343	0.7%
Not applicable	26,730	57.9%
Other (please specify)	2,097	4.5%

What year are you in your graduate/professional program?

SDS 41	Frequency	Percent
1	8,110	37.1%
2	5,351	24.5%
3	3,270	15.0%
4	3,743	17.1%
5+	1,359	6.2%

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

SDS 46	Frequency	Percent
No	113,373	81.6%
Yes	25,569	18.4%

What kind of housing do you currently have?

SDS 42	Frequency	Percent
On-campus residence hall/ apartment	46,358	36.9%
On/off campus fraternity/sorority house	2,292	1.8%
On/off campus co-operative house	1,140	0.9%
Off-campus apartment/house	74,414	59.3%
Other (please specify)	1,384	1.1%

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

SDS 44	Frequency	Percent
Alone	15,775	12.5%
Spouse, partner, or significant other	12,223	9.7%
Roommates	87,200	69.2%
Children	2,424	1.9%
Parent(s) or guardian(s)	12,236	9.7%
Family (other)	6,000	4.8%
Other	1,502	1.2%

Relationship status:

SDS 33	Frequency	Percent
Single	88,330	61.2%
Serious dating or committed relationships	48,920	33.9%
Civil union, domestic partnership, or equivalent	537	0.4%
Married	5,644	3.9%
Divorced	453	0.3%
Separated	476	0.3%
Widowed	55	<0.1%

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

SDS 48	Frequency	Percent
None	25,917	31.9%
Occasional participation	17,180	21.1%
One regularly attended activity	14,997	18.4%
Two regularly attended activities	12,207	15.0%
Three or more regularly attended activities	11,037	13.6%

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

SDS 1151	Frequency	Percent
No	106,082	91.7%
Yes	9,623	8.3%

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

SDS 1152	Frequency	Percent
No	99,023	85.2%
Yes	17,207	14.8%

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

SDS 1153	Frequency	Percent
No	110,154	96.5%
Yes	4,015	3.5%

Religious or Spiritual Preference:

SDS 97	Frequency	Percent
Agnostic	19,349	14.9%
Atheist	11,765	9.1%
Buddhist	1,190	0.9%
Catholic	18,893	14.6%
Christian	41,450	32.0%
Hindu	1,624	1.3%
Jewish	2,912	2.2%
Muslim	2,327	1.8%
No preference	25,858	20.0%
Self-identify	4,182	3.2%

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

SDS 36	Frequency	Percent
Very important	15,972	15.7%
Important	21,549	21.2%
Neutral	33,484	32.9%
Unimportant	16,008	15.7%
Very unimportant	14,681	14.4%

How would you describe your financial situation right now?

SDS 57	Frequency	Percent
Always stressful	15,759	13.0%
Often stressful	25,562	21.1%
Sometimes stressful	43,255	35.8%
Rarely stressful	26,449	21.9%
Never stressful	9,842	8.1%

How would you describe your financial situation while growing up?

SDS 58	Frequency	Percent
Always stressful	9,052	10.2%
Often stressful	13,502	15.2%
Sometimes stressful	21,478	24.2%
Rarely stressful	25,909	29.2%
Never stressful	18,768	21.2%

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

SDS 1055	Frequency	Percent
0	45,812	41.7%
1-5	6,555	6.0%
6-10	12,890	11.7%
11-15	11,611	10.6%
16-20	14,395	13.1%
21-25	6,978	6.4%
26-30	4,230	3.9%
31-35	2,183	2.0%
36-40	2,428	2.2%
40+	2,733	2.5%

Are you a member of ROTC?

SDS 51	Frequency	Percent
No	86,426	99.2%
Yes	738	0.8%

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

SDS 98	Frequency	Percent
No	144,337	98.6%
Yes	2,003	1.4%

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

SDS 53	Frequency	Percent
No	1,162	71.1%
Yes	472	28.9%

Mental Health History Items

Attended counseling for mental health concerns:

SDS 01	Frequency	Percent
Never	62,205	44.0%
Prior to college	30,788	21.8%
After starting college	26,940	19.1%
Both	21,294	15.1%

Taken a prescribed medication for mental health concerns:

SDS 02	Frequency	Percent
Never	91,003	65.2%
Prior to college	12,252	8.8%
After starting college	18,836	13.5%
Both	17,529	12.6%

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

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

SDS 64	Frequency	Percent
Never	129,892	90.2%
1 time	9,618	6.7%
2-3 times	3,515	2.4%
4-5 times	530	0.4%
More than 5 times	460	0.3%

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

SDS 65	Frequency	Percent
Never	4	<0.1%
Within the last 2 weeks	1,027	7.5%
Within the last month	590	4.3%
Within the last year	2,892	21.2%
Within the last 1-5 years	6,143	45.1%
More than 5 years ago	2,969	21.8%

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

SDS 72	Frequency	Percent
Never	103,186	71.3%
1 time	8,198	5.7%
2-3 times	11,407	7.9%
4-5 times	4,250	2.9%
More than 5 times	17,757	12.3%

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

SDS 73	Frequency	Percent
Never	16	<0.1%
Within the last 2 weeks	4,782	12.1%
Within the last month	3,378	8.5%
Within the last year	8,279	20.9%
Within the last 1-5 years	14,254	36.0%
More than 5 years ago	8,853	22.4%

Seriously considered attempting suicide (how many times):

SDS 74	Frequency	Percent
Never	92,222	63.3%
1 time	18,426	12.7%
2-3 times	19,883	13.7%
4-5 times	4,119	2.8%
More than 5 times	10,979	7.5%

Seriously considered attempting suicide (the last time):

SDS 75	Frequency	Percent
Never	28	0.1%
Within the last 2 weeks	6,953	13.8%
Within the last month	5,020	10.0%
Within the last year	11,397	22.7%
Within the last 1-5 years	18,932	37.6%
More than 5 years ago	7,983	15.9%

Made a suicide attempt (how many times):

SDS 76	Frequency	Percent
Never	128,935	89.4%
1 time	9,790	6.8%
2-3 times	4,381	3.0%
4-5 times	548	0.4%
More than 5 times	606	0.4%

Made a suicide attempt (the last time):

SDS 77	Frequency	Percent
Never	1	<0.1%
Within the last 2 weeks	584	4.0%
Within the last month	404	2.7%
Within the last year	2,120	14.4%
Within the last 1-5 years	7,026	47.8%
More than 5 years ago	4,567	31.1%

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

SDS 78	Frequency	Percent
Never	132,131	92.5%
1 time	3,621	2.5%
2-3 times	4,017	2.8%
4-5 times	764	0.5%
More than 5 times	2,386	1.7%

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

SDS 79	Frequency	Percent
Never	6	<0.1%
Within the last 2 weeks	1,505	14.9%
Within the last month	1,126	11.2%
Within the last year	2,530	25.1%
Within the last 1-5 years	3,220	32.0%
More than 5 years ago	1,691	16.8%

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

SDS 80	Frequency	Percent
Never	138,985	98.1%
1 time	1,341	0.9%
2-3 times	893	0.6%
4-5 times	141	0.1%
More than 5 times	319	0.2%

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

SDS 81	Frequency	Percent
Never	1	<0.1%
Within the last 2 weeks	119	4.8%
Within the last month	117	4.7%
Within the last year	427	17.2%
Within the last 1-5 years	830	33.4%
More than 5 years ago	988	39.8%

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

SDS 82	Frequency	Percent
Never	106,987	75.0%
1 time	19,273	13.5%
2-3 times	11,001	7.7%
4-5 times	1,610	1.1%
More than 5 times	3,820	2.7%

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

SDS 83	Frequency	Percent
Never	4	<0.1%
Within the last 2 weeks	974	2.9%
Within the last month	1,018	3.0%
Within the last year	7,026	21.0%
Within the last 1-5 years	15,003	44.8%
More than 5 years ago	9,452	28.2%

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

SDS 84	Frequency	Percent
Never	89,512	62.1%
1 time	11,376	7.9%
2-3 times	12,433	8.6%
4-5 times	3,323	2.3%
More than 5 times	27,531	19.1%

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

SDS 85	Frequency	Percent
Never	19	<0.1%
Within the last 2 weeks	4,539	9.1%
Within the last month	3,880	7.8%
Within the last year	11,439	22.9%
Within the last 1-5 years	20,114	40.2%
More than 5 years ago	10,002	20.0%

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

SDS 86	Frequency	Percent
Never	81,104	58.6%
1 time	23,734	17.2%
2-3 times	19,701	14.2%
4-5 times	3,519	2.5%
More than 5 times	10,296	7.4%

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

SDS 87	Frequency	Percent
Never	9	<0.1%
Within the last 2 weeks	4,765	8.9%
Within the last month	3,448	6.5%
Within the last year	12,194	22.9%
Within the last 1-5 years	20,187	37.9%
More than 5 years ago	12,686	23.8%

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

SDS 99	Frequency	Percent
Childhood physical abuse	7,311	17.8%
Childhood sexual abuse	6,184	15.1%
Childhood emotional abuse	18,778	45.7%
Physical attack (e.g., mugged, beaten up, shot, stabbed, threatened with a weapon)	4,859	11.8%
Sexual violence (rape or attempted rape, sexually assaulted, stalked, abused by intimate partner, etc.)	14,264	34.7%
Military combat or war zone experience	332	0.8%
Kidnapped or taken hostage	420	1.0%
Serious accident, fire, or explosion (e.g., an industrial, farm, car, plane, or boating accident)	4,514	11.0%
Terrorist attack	275	0.7%
Near drowning	3,556	8.7%
Diagnosed with life threatening illness	1,402	3.4%
Natural disaster (e.g., flood, quake, hurricane, etc.)	2,052	5.0%
Imprisonment or torture	314	0.8%
Animal attack	1,375	3.3%
Other (please specify)	9,827	23.9%

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

SDS 66	Frequency	Percent
Never	96,757	72.5%
1 time	12,996	9.7%
2-3 times	14,202	10.6%
4-5 times	2,569	1.9%
More than 5 times	6,917	5.2%

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

SDS 67	Frequency	Percent
Never	11	<0.1%
Within the last 2 weeks	9,805	28.3%
Within the last month	6,695	19.3%
Within the last year	10,907	31.5%
Within the last 1-5 years	6,302	18.2%
More than 5 years ago	950	2.7%

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

SDS 68	Frequency	Percent
Never	112,409	84.5%
1 time	8,485	6.4%
2-3 times	7,543	5.7%
4-5 times	1,440	1.1%
More than 5 times	3,176	2.4%

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

SDS 69	Frequency	Percent
Never	4	<0.1%
Within the last 2 weeks	3,885	20.1%
Within the last month	3,382	17.5%
Within the last year	6,825	35.4%
Within the last 1-5 years	4,415	22.9%
More than 5 years ago	789	4.1%

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

SDS 70	Frequency	Percent
Never	135,198	97.6%
1 time	2,486	1.8%
2-3 times	578	0.4%
4-5 times	102	0.1%
More than 5 times	206	0.1%

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

SDS 71	Frequency	Percent
Never	4	0.1%
Within the last 2 weeks	246	7.8%
Within the last month	214	6.7%
Within the last year	883	27.8%
Within the last 1-5 years	1,305	41.1%
More than 5 years ago	521	16.4%

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

SDS 19	Frequency	Percent
None	70,688	62.6%
Once	18,997	16.8%
Twice	11,873	10.5%
3 to 5 times	8,824	7.8%
6 to 9 times	1,629	1.4%
10 or more times	903	0.8%

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

SDS 1096	Frequency	Percent
None	92,968	74.2%
Once	7,699	6.1%
Twice	5,507	4.4%
3 to 5 times	7,397	5.9%
6 to 9 times	3,842	3.1%
10 or more times	7,916	6.3%

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

SDS 22	Frequency	Percent
Strongly disagree	9,760	10.2%
Somewhat disagree	15,063	15.8%
Neutral	15,162	15.9%
Somewhat agree	31,178	32.7%
Strongly agree	24,295	25.5%

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

SDS 23	Frequency	Percent
Strongly disagree	6,479	6.7%
Somewhat disagree	11,966	12.4%
Neutral	18,205	18.8%
Somewhat agree	37,868	39.2%
Strongly agree	22,078	22.9%

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

SDS 60	Frequency	Percent
No	131,624	90.7%
Yes	13,433	9.3%

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

SDS 1061	Frequency	Percent
Difficulty hearing	579	3.7%
Difficulty seeing	570	3.7%
Difficulty speaking or language impairment	195	1.3%
Mobility limitation/orthopedic impairment	586	3.8%
Traumatic brain injury	407	2.6%
Specific learning disabilities	1,978	12.8%
ADD or ADHD	6,643	42.9%
Autism spectrum disorder	827	5.3%
Cognitive difficulties or intellectual disability	582	3.8%
Health impairment/condition, including chronic conditions	1,762	11.4%
Psychological or psychiatric condition	4,897	31.7%
Other	2,246	14.5%

Provider Data

The Standardized Data Set includes some basic demographic information about providers (clinicians) at participating counseling centers. The 2018-2019 data set represents 4,058 unique providers. Answer totals may vary by question since some counseling centers do not gather this data on providers or a provider may choose not to answer one or more questions.

Gender

	Frequency	Percent
Male	502	27.5%
Female	1,291	70.7%
Transgender	14	0.8%
Prefer not to answer	19	1.0%

Age

N	Mean	Mode
1,655	40.2	30

Race/Ethnicity

	Frequency	Percent
African-American/Black	176	9.7%
American Indian or Alaskan Native	8	0.4%
Asian American/Asian	144	8.0%
White	1,256	69.4%
Hispanic/Latino/a	121	6.7%
Native Hawaiian or Pacific Islander	4	0.2%
Multi-racial	61	3.4%
Prefer not to answer	14	0.8%
Other	25	1.4%

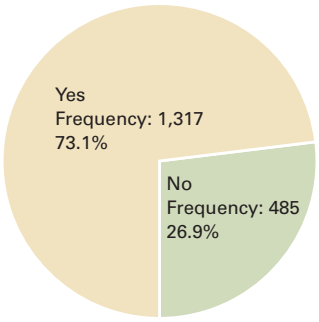
Highest Degree (descending sort)

	Frequency	Percent
Doctor of Philosophy	578	31.9%
Master of Arts	318	17.5%
Doctor of Psychology	251	13.8%
Master of Social Work	209	11.5%
Master of Science	189	10.4%
Master of Education	67	3.7%
Bachelor of Arts	63	3.5%
Bachelor of Science	43	2.4%
Doctor of Medicine	36	2.0%
Other	22	1.2%
Education Specialist	14	0.8%
Nursing (e.g. RN, RNP, PNP)	9	0.5%
Doctor of Education	9	0.5%
Doctor of Osteopathy	4	0.2%
Doctor of Social Work	2	0.1%

Highest Degree-Discipline (descending sort)

	Frequency	Percent
Counseling Psychology	555	33.7%
Clinical Psychology	537	32.6%
Social Work	218	13.2%
Other	134	8.1%
Counselor Education	98	5.9%
Psychiatry	41	2.5%
Marriage and Family Therapist	26	1.6%
Nursing	15	0.9%
Higher Education	10	0.6%
Educational Psychology	8	0.5%
Community Psychology	6	0.4%

Are you licensed under your current degree?



Position Type (descending sort)

	Frequency	Percent
Professional staff member	1,293	71.1%
Master's level trainee	86	4.7%
Doctoral level trainee (not an intern)	92	5.1%
Pre-doctoral intern	180	9.9%
Post-doctoral level (non-psychiatric)	82	4.5%
Psychiatric resident	4	0.2%
Other (please specify)	81	4.5%

Center Information

The information below describes the 163 colleges and universities that contributed data to the 2018-2019 CCMH data set.

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

	Frequency	Percent
Yes	62	38.3%
No	100	61.7%

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

	Frequency	Percent
Yes	78	48.1%
No	84	51.9%

Which services are integrated with your counseling center? (check all that apply)

	Frequency	Percent
Career services	8	4.9%
Disability services	4	2.5%
Drug and alcohol	41	25.3%
Employee assistance	2	1.2%
Learning services	4	2.5%
Health services	17	10.5%
Testing services	20	12.3%
Other	19	11.7%

What psychiatric services are provided by your center?

	Frequency	Percent
None	54	34.2%
Part time, in house	55	34.8%
Full time, in house	24	15.2%
Part time, off campus consultant	13	8.2%
Other	12	7.6%

Does your center have an annual individual psychotherapy limit?

	Frequency	Percent
Yes	58	35.8%
No	104	64.2%

If you answered "yes" to session limit, please enter your individual psychotherapy session limit.

	Frequency	Percent
0	2	3.4%
6	1	1.7%
7	1	1.7%
8	2	3.4%
9	1	1.7%
10	9	15.5%
12	26	44.8%
14	2	3.4%
15	5	8.6%
16	3	5.2%
18	1	1.7%
20	3	5.2%
24	1	1.7%
30	1	1.7%

Check each service for which you charge a standard fee. (Don't check services that are initially free–e.g., first 8 sessions.)

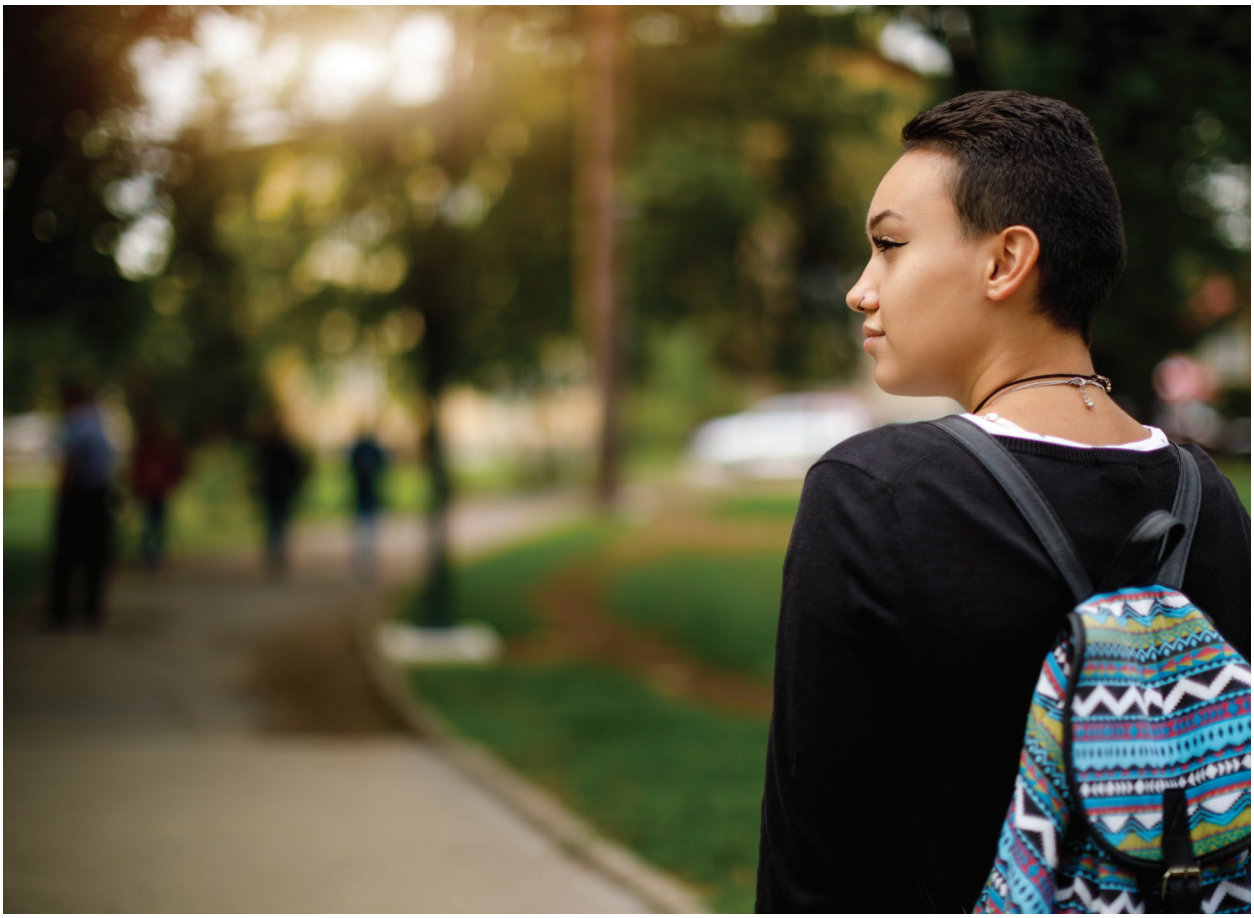
	Frequency	Percent
Psychiatric evaluation (initial meeting)	26	16.0%
Psychiatric follow-up (ongoing client)	26	16.0%
Other	21	13.0%
Formal assessment: Psychological	20	12.3%
Formal assessment: Career	12	7.4%
Formal assessment: Disability	11	6.8%
Individual counseling	10	6.2%
Group counseling	8	4.9%
Intake	4	2.5%

Institutional Data

Data for the 2018-2019 CCMH data set has been contributed by 163 colleges and universities that hold membership with CCMH. Demographics for these institutions are listed below.

	Frequency	Percent
Type of Institution		
Private	55	34.0%
Public	104	64.2%
Combined	3	1.9%
Location of Campus		
Canada	1	0.6%
Midwest (IA, IL, IN, MI, MN, MT, ND, OH, WI)	40	24.7%
Northeast (CT, DE, MA, MD, ME, NJ, NY, PA, RI, VA, VT, WV)	47	29.0%
South (AL, AR, FL, GA, KY, MO, MS, NC, NV, OK, SC, TN, TX)	59	36.4%
West (CA, CO, ID, OR, UT, WA)	15	9.3%
Enrollment		
Under 1,500	4	3.0%
1,501-2,500	14	10.4%
2,501-5,000	12	9.0%
5,001-7,500	10	7.5%
7,501-10,000	11	8.2%
10,001-15,000	21	15.7%
15,001-20,000	15	11.2%
20,001-25,000	15	11.2%
25,001-30,000	8	6.0%
30,001-35,000	11	8.2%
35,001-40,000	5	3.7%
40,001-50,000	6	4.5%
50,001 and over	2	1.5%

	Frequency	Percent
Athletic Division		
None	10	6.3%
Division I	93	58.9%
Division II	26	16.5%
Division III	29	18.4%
Grade Scale		
0-4	159	98.1%
1-5	1	0.6%
0-100	1	0.6%
Other	1	0.6%



Contact Information

Center for Collegiate Mental Health
Penn State University
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University Park, PA 16802

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PennState