COUNSELING & CAREER DEVELOPMENT TRENDS REPORT

Challenges, opportunities, & recommendations for addressing student mental health needs at GRCC

June 15, 2023

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MESSAGE FROM THE DIRECTOR

The past three years have brought many changes to Counseling and Career Development (CCD) as well as the broader community; COVID-19 global pandemic caused shifts in operations and interactions, which led not only to challenges but revealed new opportunities. The introduction of tele-mental health services in 2020 expanded access and enabled counselors to provide mental health support remotely, during an unprecedented time of uncertainty and disruption.

Overall, CCD is seeing rising utilization, acuity, and shifts in demographics amid declining college enrollment at GRCC; our data show that CCD clients are presenting with increasing levels of initial distress across all symptom categories assessed compared to national averages. Our clients at GRCC are increasingly complex and dynamic and present with concerning trends in threats towards others, threats to self, traumatic histories, and complex mental health treatment histories. Data show CCD has seen steady growth in utilization, often from historically minoritized and first generation students, as well as those who identify as TGNB+ and LGBTQ+ and who report being registered with Disability Support Services. These factors are significant to understanding the role and function of CCD as well as the value and role of counseling centers on college campuses in retaining students with complex needs.

We have incredible opportunities to forge a new path forward to developing a college counseling model that best serves the needs of GRCC students, so our students can focus on being the best students they can be. We have an opportunity to explore more deeply the impact of mental health supports on retention and enrollment, as well as develop innovative approaches to prevention, outreach, and education. All of these efforts can help create alignment between institutional values and the very valuable work of caring for students across the GRCC campus community.

Over the last three years, CCD faculty have continued to provide mental health services to the greatest and highest degree possible despite numerous challenges. We continue to rise to these challenges in ways that reveal many of our strengths.

After spending my first year and a half listening to students, faculty, and staff, learning, and reviewing data and national trends, a clear need emerged to evaluate GRCC's own connections between mental health and academic success. The first step was to gather information and use the data to explore and assess needs, priorities, and progress (ACE).

I believe that in order to operate and serve students at our highest potential, we need

transparency and accountability in our work, student-centered and trauma-informed approaches to operations, and broad support from all levels within the institution. This is an opportunity to take a strategic look at student mental health support.

This report would not be possible without the tremendous data compilation and visualization work of Dr. Emily Nisley.

Melissa Ware, LMSW

INTRODUCTION & MEASURES

This report covers CCD operations during the past three years, from 2020-2021 through 2022-2023 (in progress), utilizing a July 1-June 30 timeframe for consistency with national comparison data.

This report highlights several dimensions of care: utilization, clinical services, our clients, outcomes, trends and recommendations for the future. The report does some side-by-side comparison between national trends and local (GRCC) trends.

About data collection and outcome measures:

Counseling Center Assessment of Psychological Symptoms

Since 2017, CCD faculty have administered the Counseling Center Assessment of Psychological Symptoms (CCAPS) measures to student clients at their initial and follow-up appointments. This provides data regarding student clients' initial and subsequent distress levels across categories such as depression, anxiety, academic distress, and more. That information is used in assessment, treatment planning, and evaluation with clients. Aggregated CCAPS data is used to examine trends in client concerns and outcomes at the program level, and is compared with national data from the Center for Collegiate Mental Health (CCMH), to which member counseling centers (including CCD) contribute anonymous data with local IRB approval.

Standardized Data Set

Since Fall 2020, CCD has gathered additional standardized data through student client questionnaires such as the Standardized Data Set (SDS) and counselor-completed forms such as the Clinician Index of Client Concerns (CLICC), enabled by our 2020 implementation of Titanium Schedule (an electronic medical record system widely-used in college counseling centers). This data regarding client appointments, demographics, mental health treatment history, harm risk factors, presenting concerns, and more is used in individual work with clients and in examining characteristics and outcomes of CCD student clients collectively. Like the CCAPS data, it is also contributed in anonymous form to CCMH, which then shares national data through Annual Reports and other publications, facilitating comparison of local and national client and center characteristics, outcomes, and trends.

ABOUT COUNSELING & CAREER DEVELOPMENT

CCD is available to help students adjust to college and achieve mental and emotional well-being. CCD is the primary campus provider of free and confidential therapy services to help GRCC students manage mental health, personal, career, and academic challenges.

CCD is currently staffed by two counseling faculty (a licensed social worker and a licensed psychologist) and a full-time APSS employee. A third counseling faculty position is currently open and was recently posted.

CCD serves the entire student community by providing same-day urgent consultations (two crisis appointments are held daily), short-term personal and career counseling, consultations, presentations, psycho-educational workshops and groups, referrals, and other resources. Eligibility for counseling is determined by enrollment status; only currently enrolled students are eligible for services.

KEY ACCOMPLISHMENTS & NOTABLE EVENTS

1. **Titanium:** With IT support, CCD procured an electronic medical record system, Titanium, in Summer 2020. Counseling faculty configured it for CCD use, and it was implemented in Fall 2020. This afforded new opportunities for standardized data collection and analysis and provided secure means for students to complete client forms online and for counselors to more securely create, maintain, and access confidential client files and other clinical information. Such functions were particularly vital to enabling CCD to provide telemental health services.
2. **Telemental Health Services:** In 2020, CCD counselors earned Telemental Health Training Certifications, selected a HIPAA-compliant telehealth video conferencing platform, doxy.me, and, in Fall 2020, began providing telemental health counseling services to student clients.
3. **IRB Approval:** IRB approval received to contribute anonymized data to the Center for Collegiate Mental Health, which receives data from over 750 colleges and universities nationally. The Center for Collegiate Mental Health is "a multidisciplinary, member-driven, Practice-Research-Network (PRN) focused on providing accurate and up-to-date information on the mental health of today's college students" (CCMH, 2023).
4. **Hire of FT APSS:** In November of 2021, an APSS position was added to Counseling and Career Development.

5. **Hire of new Program Director:** December 2021, Counseling and Career Development hired Melissa Ware, LMSW to lead the program.
6. **Online scheduling:** In Fall 2022, CCD launched an online scheduling option for students interested in counseling.
7. **Psychiatric partnership with Corewell Health:** During the 2021-2022 academic year, CCD entered a partnership between GRCC and Corewell Health to provide access to psychiatric services at no cost to CCD clients.
8. **Satisfaction Survey development**: Winter of '23 CCD launched its first client satisfaction survey which asks participants to rate their experiences and services received. This is a part of an overall effort to evaluate and monitor the quality of services.
9. **Introduction of brief, 3-session groups:** CCD offered three unique three-session workshops, each of which was developed with cognitive behavioral approaches. During the academic year 2022-2023, 31 hours of groups/workshops were offered. A separate Lunch and Learn Series was offered during the Winter '23 semester.
10. **CCD participation in MHICC study:** In 2022, The Mental Health Improvement through Community Colleges (MHICC) study, led by the University of Michigan School of Public Health, Blue Cross Blue Shield-MI Foundation, and Michigan Department of Health and Human Services, aims to "shed light on the availability and accessibility of mental health services" for individuals attending community colleges across Michigan. GRCC was one of the many community colleges that participated in the study. (see also: Mental Health Improvement through Community Colleges-MHICC information/powerpoint)
11. **Student Advisory Council:** In 2023, CCD Program Director began advertising and recruiting GRCC students to serve on an 'advisory board' for Counseling and Career Development. Over twenty students expressed interest and the Student Advisory Council currently has 8 active members. Recruitment will be ongoing, beginning again in Fall '23.
12. **Leadership in Action:** *CLS 155: Leadership in Action* course will be piloted in Fall '23 to promote leadership development through the lens of student wellness and mental health. Those taking the course will receive a certification in Peer Education.

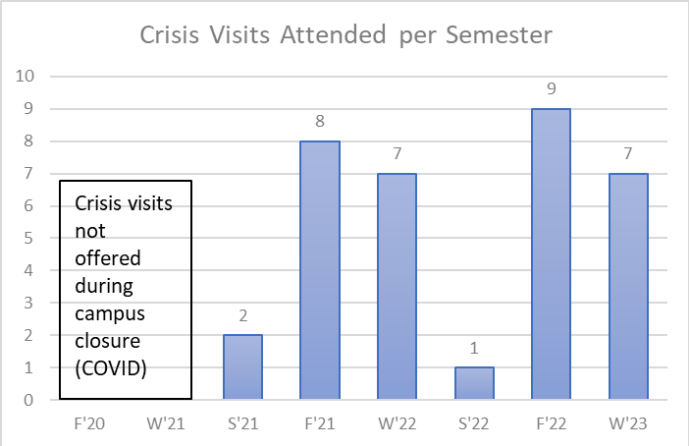
UTILIZATION TRENDS

Utilization Summary						
	2020-2021	Change from prior year	2021-2022	Change from prior year	2022-2023 (thru 5/31 + projected thru 6/30)	Change from prior year (est.)
Unique Clients Served	89	Specific data not available. Utilization dropped significantly in '20-'21 (common nationwide that year) & sessions per client increased.	235	+164.0%	219	-6.8%
Appointments Attended	429		901	+110.0%	882	-2.1%
Avg # of individual appointments attended per client	4.82		3.83	-20.5%	4.03	+5.2%

Career Counseling vs. Personal Counseling Utilization Trends						
	2020-2021	Change from prior year	2021-2022	Change from prior year	2022-2023 (thru 5/31)	Change from prior year
Frequency of "Career" ID'd by counselor as top concern at screening	23	N/A; Screening appts & Clinician Index of Client Concerns use began in '20-'21	60	+160.9%	33	*
Frequency of any other concern ID'd by counselor as top concern at screening	63		175	+177.8%	167	*
Clients served in career counseling (post-screening)	17	Specific data not available. Utilization dropped significantly in '20-'21 (common nationwide that year).	44	+158.8%	26	*
Clients served in personal counseling (post-screening)	53		122	+130.2%	117	*
Career appts attended (post-screening)	42		97	+131.0%	46	*
Personal appts attended (post-screening)	297		553	+86.2%	554	*

*To be calculated at the end of the current data year (June 30)

Crisis Service Utilization Trends



While most student clients are seen in CCD by appointment, urgent needs requiring prompt attention exist for students. In an effort to meet those needs while maintaining scheduled appointments and being staffed with just two counseling faculty, CCD reserves an hour each weekday morning and afternoon for urgent consultations. This time is intended to provide same-day assessment and crisis intervention for students who are confronting current or recent traumatic crises, life-threatening circumstances, and serious mental health concerns.

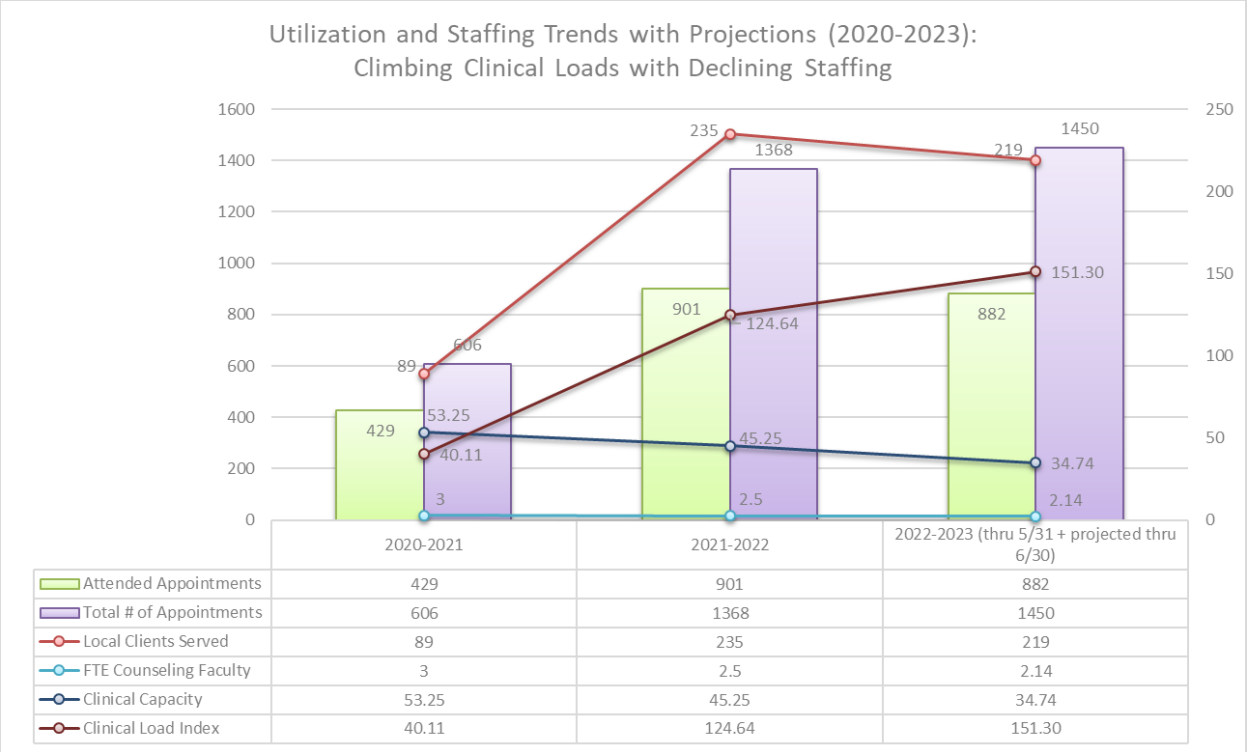
Examples of such issues include but are not limited to suicidal thoughts, thoughts about harming another person, recent assault or abuse, other safety concerns regarding self or others, the recent death of a loved one, or hallucinations. (Medical emergencies and other immediately life-threatening situations should be directed to GRCC Police.)

Defining adequate crisis services is very necessary and recommended as a critical next step for stakeholders at GRCC. In alignment with SAMSHA best-practice recommendations, GRCC must prioritize suicide prevention. As a necessary element to suicide prevention, *determine what scope of same day urgent crisis care CCD should provide for the institution*.

According to SAMHSA, or the Substance Use and Mental Health Services Administration, National Guidelines for Behavioral Health Crisis Care: “the true test of whether there is adequate capacity to meet the needs of the community is by assessing whether individuals are able to access needed services in a timely manner” (SAMHSA).

Our task as an institution is to define what approach(es) we want to take to mitigate risk and what resources we need to have on campus to ensure a safe environment.

Utilization vs. Staffing Trends



An individual *CLI (Clinical Load Index)* score can be thought of as "clients per standardized counselor" (per year) or the "standardized caseload of the counseling center" (Clinical Load Index, CCMH). CCMH standardized counselor = 24 clinical hours/week. A 24 clinical hour work week provides for timely documentation, outreach, consultation, psychiatric or other referrals, case management, meetings, college service and other administrative or ancillary duties.

Clinical Capacity refers to "the total number of contracted/expected clinical hours for a typical/busy week when the center is fully staffed (not including case management and psychiatric services)" (Clinical Load Index, CCMH).

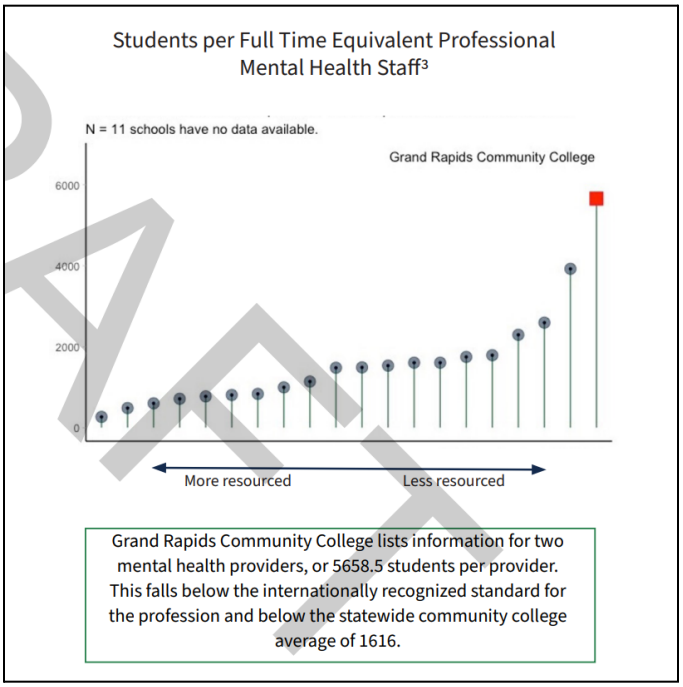
CCMH reports "the CLI helps to shift the question that institutions should be asking from "How many staff should we have?" to "What experiences do we want students to have when they seek counseling services?" This reframe helps centers and institutions better align messaging regarding current service capabilities based on staffing levels with stakeholder and institutional expectations of those services" (CCMH, 2022, p. 6).

CCD is currently operating at a ***High CLI,*** and findings suggest that "Colleges and universities operating High CLI centers cannot simultaneously assume that students with

high-risk and intensive needs will be prioritized and receive equivalent levels of care to students treated at Low CLI centers. Institutions must understand the profound consequences of making the administrative choice to implement a High CLI center, including the potential incongruency with the expressed mission and goals of the institution that might highlight support services for these populations" (CCMH).

Student to Counselor Ratio Benchmarking

This is a snapshot of the Mental Health in Community Colleges (MHICC) draft report that measured school resource availability, perceived student access and community resources among community colleges in Michigan. Principal researcher Dr. Shawna Smith and Research Assistant Alex Amman reported that the final draft will be available to community college participants, sometime in early summer '23.



The report shows that GRCC is the least resourced community college counseling center in Michigan based on enrollment data and 2 existing staff.

High student to counselor ratio limits the ability of counseling centers to take best practice approaches to be innovative in outreach, programming and service delivery, often required to reach students most at risk. Integration in other areas of the college is essential to expanding our reach and serving a larger portion of the student population, as well as intentionally marketing and promoting mental health services.

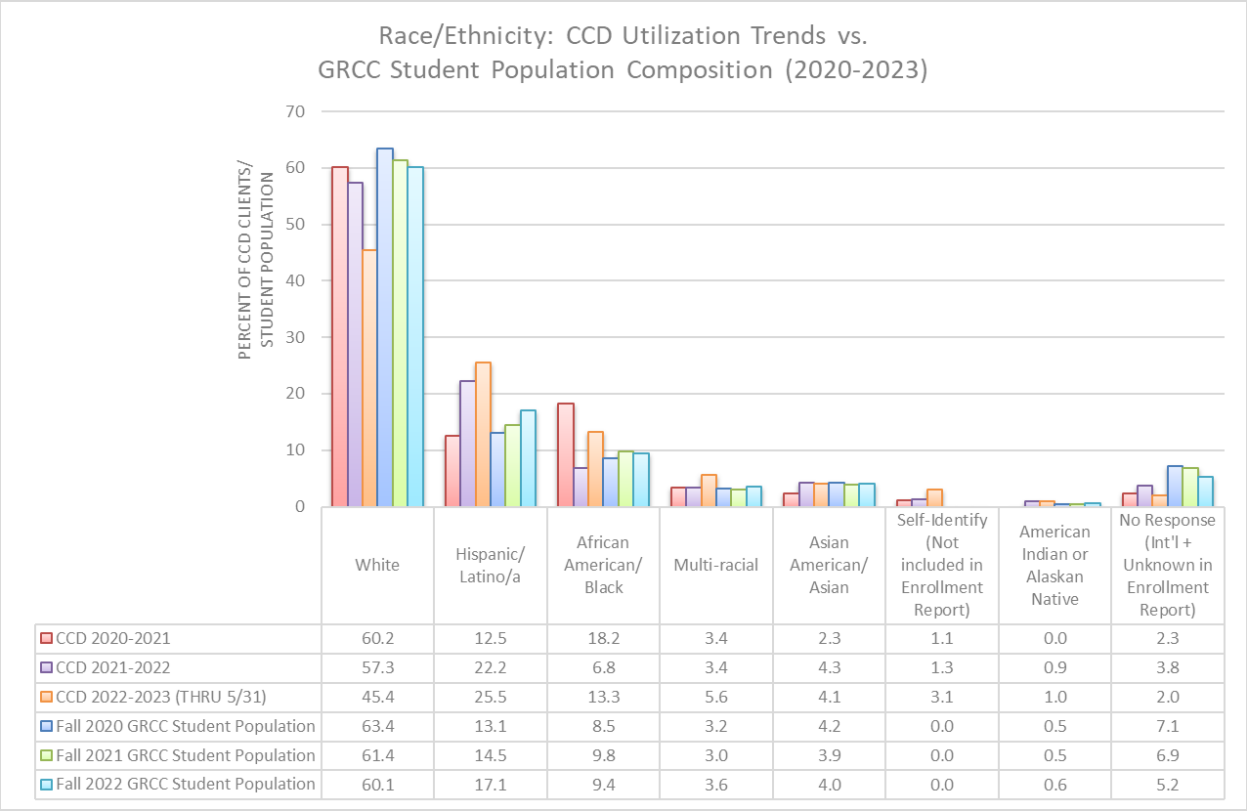
High student to counselor ratios create missed opportunities to play a greater role in the retention and persistence of students. Out of the 27 community colleges that list mental health providers, 17 have more than 1; *GRCC is an outlier and the least resourced community college counseling center in Michigan*.

CCD CLIENT DEMOGRAPHICS: WHO SEEKS SERVICES?

CCD is seeing trends of increasing utilization by LGBTQ+ students, Hispanic/Latino/a students, multiracial students, and Native American students. Utilization by African American/Black students increased over the past year, though it remains lower in the current year to date compared to 2020-2021.

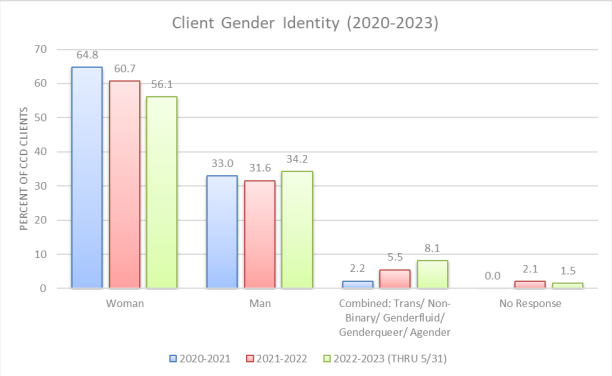
In the current year to date, each minority racial/ethnic identity group accounts for a percentage of CCD clients equivalent to or greater than the group's percentage of the GRCC student population in Fall 2022.

Race/Ethnicity

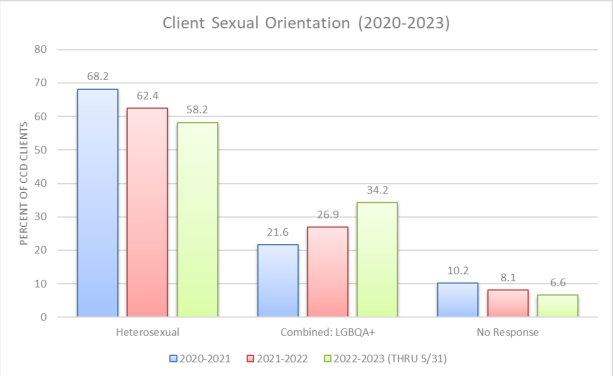


	White	Hispanic/ Latino/a	African American/ Black	Multi-racial	Asian American/ Asian	Self-Identify (Not included in Enrollment Report)	American Indian or Alaskan Native	No Response (Int'l + Unknown in Enrollment Report)
CCD 2020-2021	60.2	12.5	18.2	3.4	2.3	1.1	0.0	2.3
CCD 2021-2022	57.3	22.2	6.8	3.4	4.3	1.3	0.9	3.8
CCD 2022-2023 (THRU 5/31)	45.4	25.5	13.3	5.6	4.1	3.1	1.0	2.0
Fall 2020 GRCC Student Population	63.4	13.1	8.5	3.2	4.2	0.0	0.5	7.1
Fall 2021 GRCC Student Population	61.4	14.5	9.8	3.0	3.9	0.0	0.5	6.9
Fall 2022 GRCC Student Population	60.1	17.1	9.4	3.6	4.0	0.0	0.6	5.2

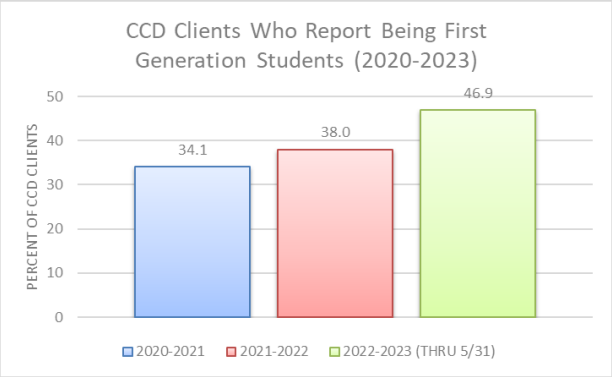
Gender Identity



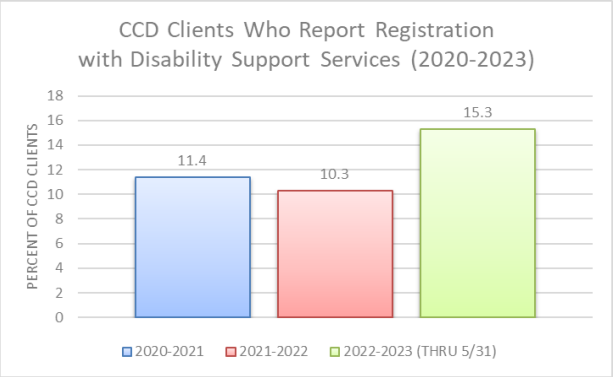
Sexual Orientation



First Generation Status

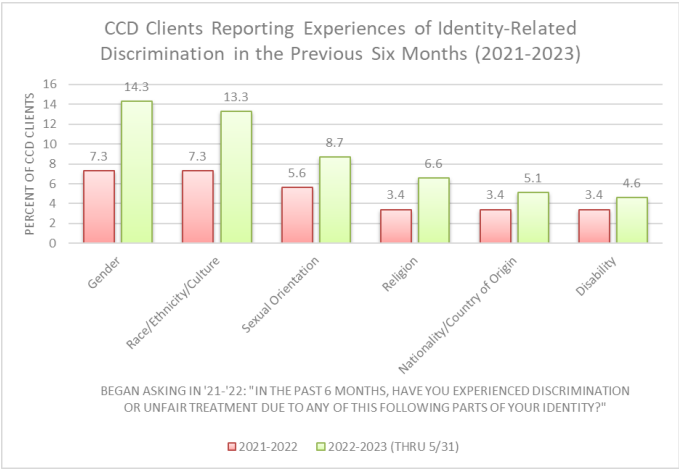


Disability Support Services Registration



Experiences of Discrimination

Beginning in July 2021, CCMH added new items to the Standardized Data Set (SDS) questionnaire that ask whether students "experienced discrimination or unfair treatment due to any of the following parts of their identity in the past 6 months: (1) disability; (2) gender; (3) nationality/ country of origin; (4) race/ethnicity/ culture; (5) religion; (6) and sexual orientation" (CCMH).



According to CCMH, "student clients who reported experiences of discrimination in the past six months, compared to those who did not, were substantially more distressed in all areas except Alcohol Use" (2023).

Demographics, Discrimination and Withdrawal Risk

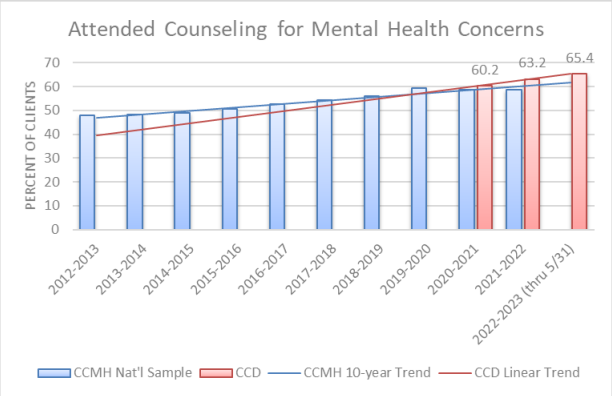
According to CCMH, there are *several demographic/identity factors associated with above average rates of academic withdrawal*; those include clients with diverse gender identities (e.g., trans, non-binary, self-identify), those with minority sexual orientation identities, and those who are registered with disability support services (2023). These groups are increasingly utilizing CCD services, see graphs above.

CCMH also reported on the intersectional aspect that "distress levels increase as student clients report discrimination in more areas of their identity."

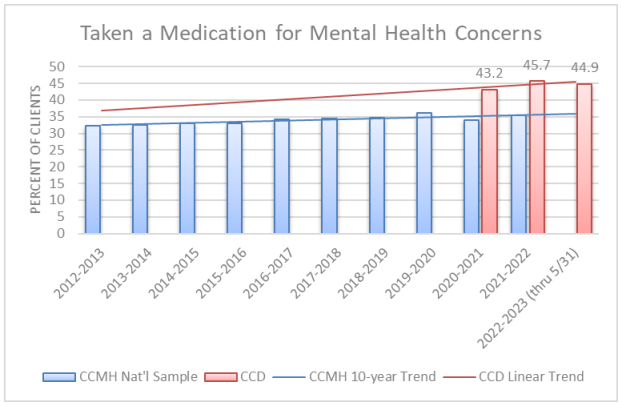
Additionally, CCMH reports "clients with minority identities (race/ethnicity, gender identity, sexual orientation) are significantly more likely to seek mental health treatment with discrimination as a presenting concern compared to those with majority identities" (2023).

MENTAL HEALTH TREATMENT HISTORY TRENDS

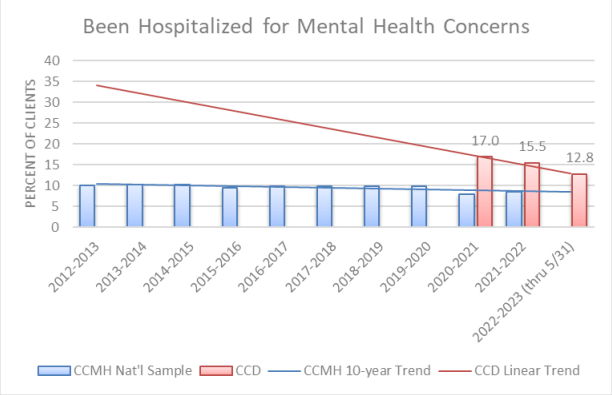
Increasing Rates of Prior Counseling for Mental Health, Above Nat'l Average



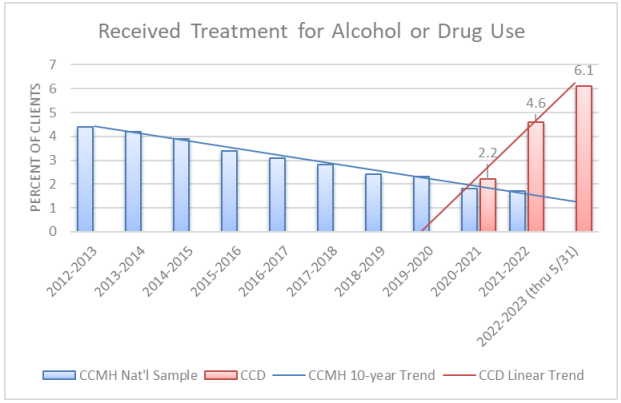
Increasing Rates of Medication Use for Mental Health, Above Nat'l Average



Declining Rates of Past Mental Health Hospitalization, Still Above Nat'l Average



Increasing Rates of Past Alcohol & Drug Treatment, Inverse of Nat'l Trend



- GRCC students who utilize counseling services have mental health and substance use treatment histories that significantly exceed national averages
- GRCC students who access counseling services have increased rates of medication use, prior counseling, and past alcohol and drug treatment
- CCD clients who report previous treatment for drugs and alcohol reverse of the national trend, sharply increasing
- CCD clients who report a history of previous hospitalization remain higher than the national average

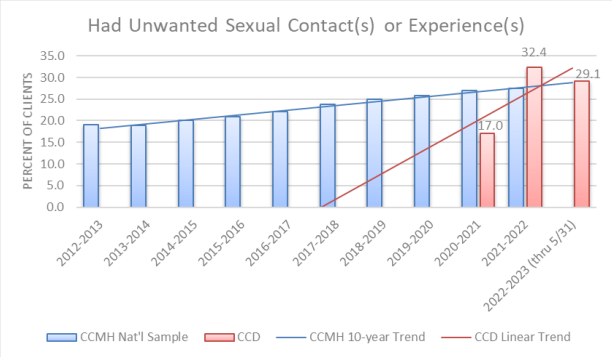
According to the 2022 Annual Report, CCMH analyzed what pre-treatment client factors were associated with withdrawal from school and noted: "The two strongest relationships were histories of a psychiatric hospitalization and alcohol/other drug (AOD) treatment, both of which had withdrawal rates (5.1%) of nearly twice the average

student (2.8%)" (CCMH, 2022, p.11) For CCD, reported history of psychiatric hospitalization and alcohol/other drug treatment are higher than national averages, with alcohol/other drug treatment sharply increasing, the reverse of the national trend (see page 13).

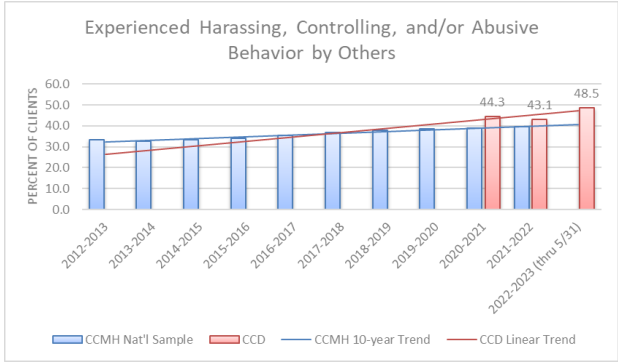
There are opportunities for the institution to further mitigate risk by providing harm reduction and AOD health promotion, prevention & resources for students. As it exists, there is not a coordinated alcohol, tobacco and other drug use prevention effort that is charged to a representative group of stakeholders at the institution. Collaborative teaming around how to best support, educate and create promotion and prevention strategies based on a continuum of care framework is strongly recommended.

TRENDS IN TRAUMATIC EXPERIENCE HISTORIES

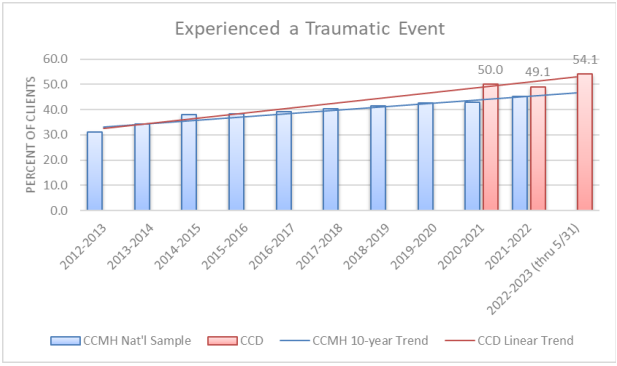
Increasing Trend in Histories of Unwanted Sexual Contact(s) or Experience(s)



Increasing Rates of Harassment, Control, & Abuse by Others, Above Nat'l Average



Increasing Rates of Traumatic Experiences, Above Nat'l Average



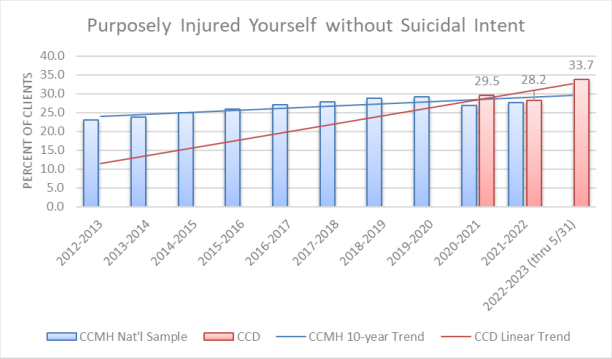
- Rates of traumatic experiences reported by CCD clients exceed national averages
- Trends in CCD clients who report a history of unwanted sexual contact or

experiences sharply increasing

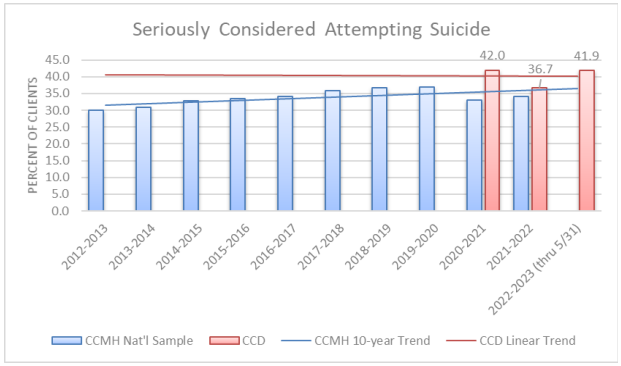
- Nationally, history of trauma is reported to have the largest 10-year increase of all mental health histories reported, per [CCMH 2022 Annual Report]

TRENDS IN RISK OF HARM TO SELF & OTHERS

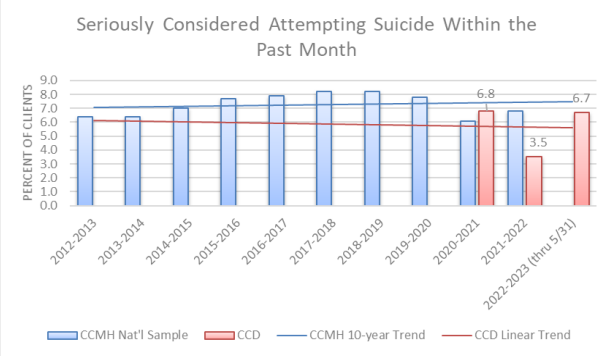
Increasing Rates of Non-Suicidal Self-Injury History, Above Nat'l Average



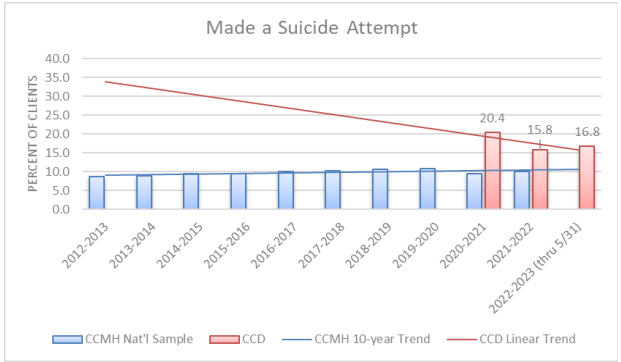
Rates of Serious Suicidality History Above Nat'l Average



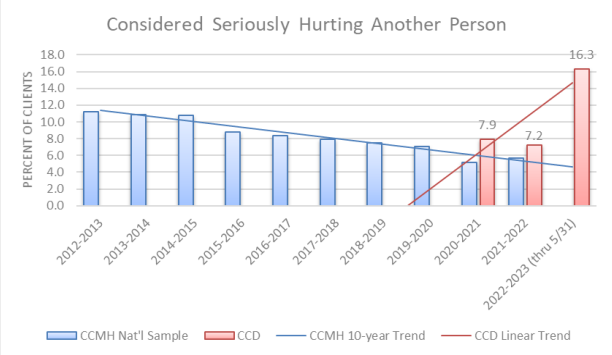
Rate of Serious Suicidal Ideation within the Past Month Rebounds After 21-22 Drop



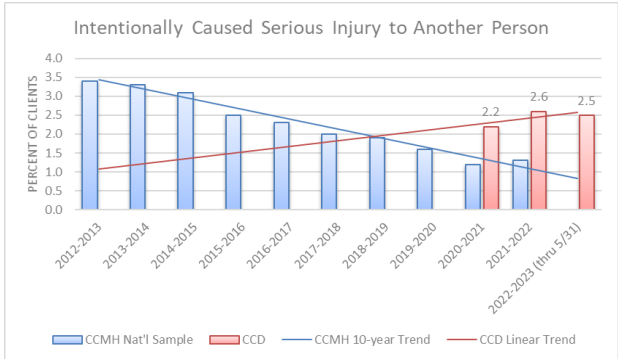
Rates of Suicide Attempt History Declining, But Are Much Higher than Nat'l Avg



Rates of History of Serious Thoughts of Harm to Others Sharply Increased This Year



Increasing Trend in History of Intentional Harm to Others, Inverse of Nat'l Trend



- Serious consideration MUST be given to the increasing trends in several areas: traumatic experiences, and trends in risk of harm to self and others
- So far in 2022-2023, for CCD clients, the *increase in serious thoughts of harm to others is up over 100%* from the prior year
- CCD clients who report a history of intentionally causing serious injury to another person are on the rise, while national trends declining
- Rates of serious suicidal ideation, those who seriously considered attempting suicide in the past month, spiked during 2022-2023 AY, after a drop in 2021-2022; 17.5% of CCD clients reported a previous suicide attempt
- Clients who report seriously considering suicide at 42.1% so far during AY 2022-2023, well above the national average
- Chronic factors (mental health histories) such as a reported histories of psychiatric hospitalization, alcohol and other drug treatment, psychotropic medication use, serious suicidality, threats to others, self-injury, and previous suicide attempt "demonstrated higher than average rates of withdrawal" (CCMH, 2023).

CCD currently has multiple client acuity factors that increase risk and correspond to higher rates of withdrawal. Many of these risk factors pose challenges to successful persistence and academic engagement necessary for completion. There appears to be a "perfect storm" of factors that contribute to an increase in risk; declining staffing, increase in caseloads, and higher acuity (suicide, thoughts of seriously hurting others, mental health histories, trauma, and identity-related discrimination) which elevate risk and lead to poorer outcomes for students.

Acknowledging these factors is a key component of assessing risk and preventing harm; the work to promote wellness and keep students safe must be supported by GRCC administration, and done in collaboration and cooperation with the broader GRCC community.

Once promoting safety, increasing health-seeking behaviors and mitigating risk are prioritized, we can begin to take a giant step toward keeping students well and safe.

PRESENTING CONCERNS, SYMPTOMS, & INITIAL DISTRESS TRENDS

Following each screening appointment, counselors complete a Clinician Index of Client Concerns (CLICC) form. Using this checklist of common presenting concerns, counselors select all those which they assess to be the client's primary concerns.

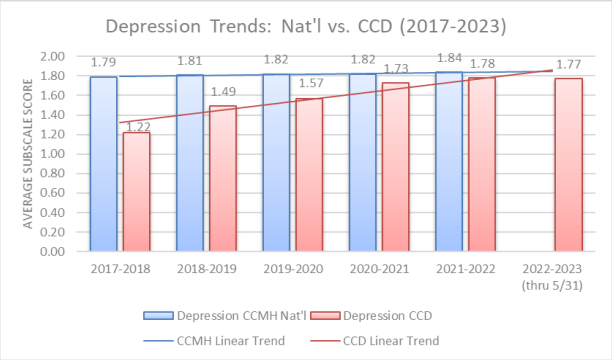
Most Frequent Concerns Identified by Counselors at Initial Appointments					
2020-2021		2021-2022		2022-2023 (Through 5/26)	
Concern	% of Clients	Concern	% of Clients	Concern	% of Clients
Stress	36.0	Anxiety	47.7	Anxiety	50.3
Anxiety	34.9	Depression	40.4	Depression	44.7
Depression	33.7	Career	33.2	Academic Performance	31.7
Career	32.6	Academic Performance	31.5	Family	29.1
Family	19.8	Stress	23.8	Stress	26.1
Academic Performance	18.6	Family	17.9	Career	22.6
Interpersonal Functioning	15.1	Relationship Problem	12.3	Trauma	20.1
Relationship Problem	14.0	Trauma	11.9	Relationship Problem	19.6
Social Isolation	11.6	Attention/ Concentration Difficulties	11.5	Interpersonal Functioning	11.6
Adjustment to a New Environment	11.6	Self-esteem/Confidence	9.4	Adjustment to a New Environment	8.0
Self-esteem/Confidence	11.6	Eating/Body Image	8.9	Attention/ Concentration Difficulties	8.0
Eating/Body Image	10.5	Interpersonal Functioning	8.9	Financial	7.5
Grief/Loss	10.5	Grief/Loss	8.1	Mood Instability (bipolar symptoms)	7.5
Trauma	9.3	Sleep	7.2	Eating/Body Image	7.5
Attention/Concentration Difficulties	7.0	Suicidality	6.8	Grief/Loss	7.0
Sleep	7.0	Health/Medical	5.5	Self-Esteem/Confidence	7.0
Health/Medical	5.8	Other	5.1	Emotion Dysregulation	6.5
Perfectionism	5.8	Adjustment to a New Environment	4.7	Suicidality	5.5

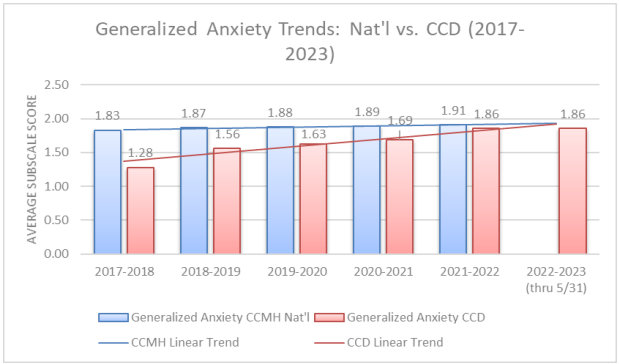
From amongst the primary concerns identified, counselors also identify the "top" concern for each client.

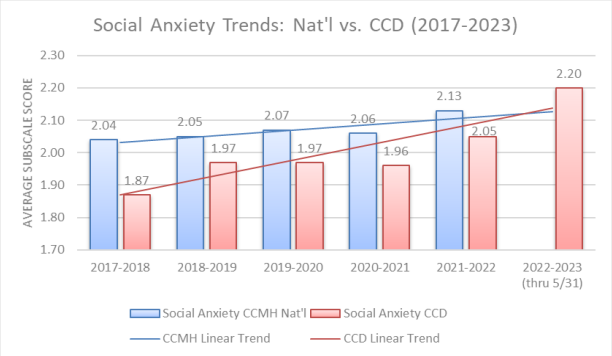
Most Frequent **Top** Concerns Identified by Counselors at Initial Appointments					
2020-2021		2021-2022		2022-2023 (Through 5/26)	
Concern	% of Clients	Concern	% of Clients	Concern	% of Clients
Career	26.7	Career	25.5	Depression	17.6
Depression	11.8	Anxiety	17.1	Anxiety	16.6
Anxiety	10.5	Depression	16.6	Career	16.6
Academic Performance	7.0	Stress	6.0	Stress	6.0
Stress	7.0	Relationship Problem	4.3	Family	5.5
Relationship Problem	5.8	Academic Performance	3.8	Relationship Problem	5.5
Interpersonal Functioning	3.5	Grief/Loss	3.8	Interpersonal Functioning	5.0
Self-esteem/Confidence	3.5	Other	3.8	Academic Performance	4.0
Trauma	3.5	Interpersonal Functioning	3.0	Trauma	4.0
Family	2.3	Family	3.0	Grief/Loss	3.0
Identity Development	2.3	Anger Management	2.1	Mood Instability (bipolar symptoms)	2.5
Suicidality	2.3	Suicidality	2.1	Adjustment to a New Environment	2.0
Perfectionism	2.3			Anger Management	2.0

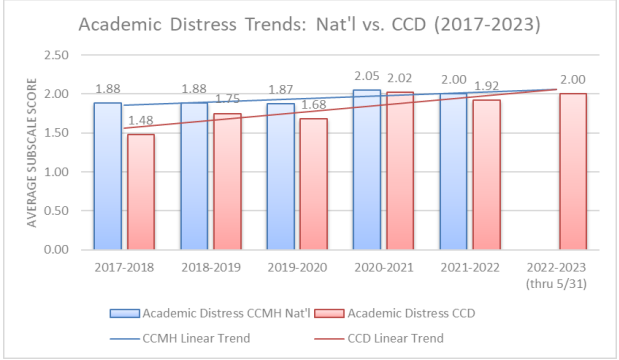
Most Frequently Endorsed Symptoms (CCAPS-62) at Initial Appointments					
2020-2021	%	2021-2022	%	2022-2023 (Through 5/26)	%
It's hard to stay motivated for my classes	86.1	It's hard to stay motivated for my classes	89.6	My thoughts are racing	88.1
My thoughts are racing	82.7	I become anxious when I have to speak in front of audiences	86.7	I feel isolated and alone	86.1
I am not able to concentrate as well as usual	81.5	My thoughts are racing	85.7	I become anxious when I have to speak in front of audiences	86.1
I feel disconnected from myself	80.5	There are many things I am afraid of	84.5	I have sleep difficulties	85.0
I don't enjoy being around other people as much as I used to	80.4	I feel disconnected from myself	84.4	I feel uncomfortable around people I don't know	84.6
I am shy around others	79.3	I feel uncomfortable around people I don't know	84.1	I feel disconnected from myself	83.6
I feel isolated and alone	79.2	I am shy around others	82.7	My family gets on my nerves	83.4
My family gets on my nerves	79.2	I feel self conscious around others	82.7	I feel tense	83.1
There are many things I am afraid of	78.1	My family gets on my nerves	80.6	I am shy around others	83.0
I become anxious when I have to speak in front of audiences	78.1	I have sleep difficulties	80.1	It's hard to stay motivated for my classes	83.0
I have sleep difficulties	78.1	I feel tense	79.4	There are many things I am afraid of	83.0

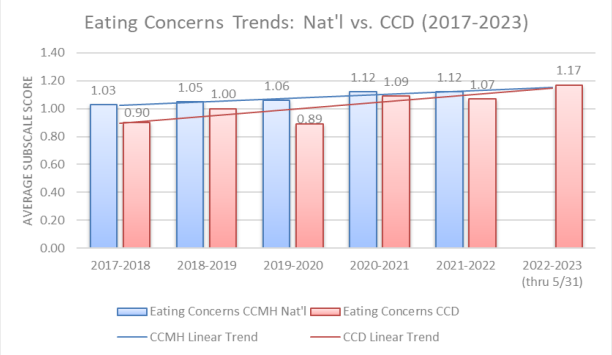
CCD Clients Are Presenting With Increasing Levels of Initial Distress Across All Symptom Categories Assessed (CCAPS 62)

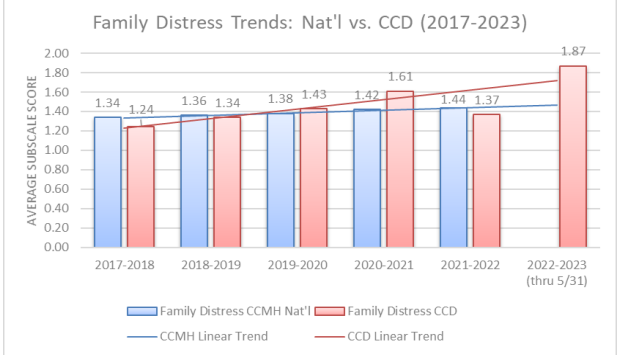


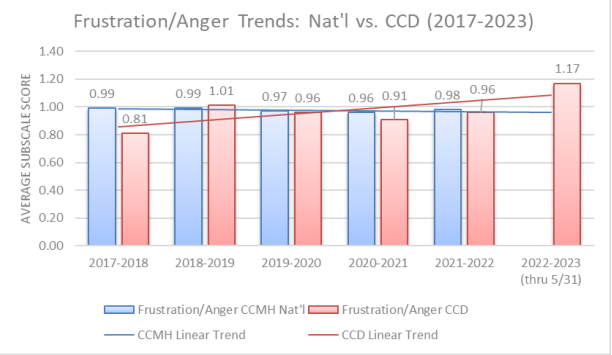


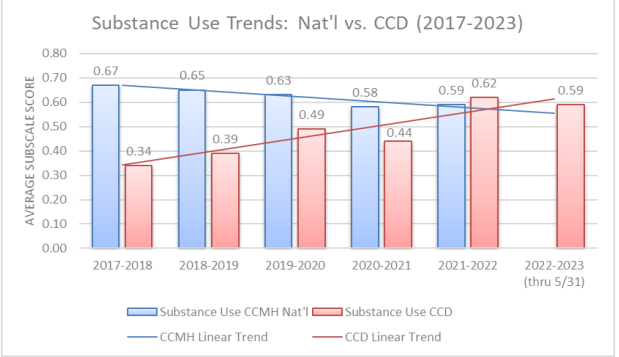


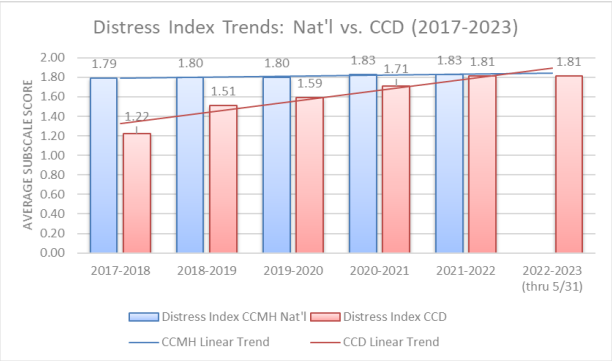












- CCD clients' average initial distress levels across *all 8 domains*-Depression, Generalized Anxiety, Social Anxiety, Academic Distress, Frustration/Anger, Family Distress, Eating Concerns, and Substance Use-are increasing and doing so at a steeper pace than national averages over the same time period
- Frustration/Anger and Substance Use initial distress levels are increasing, in reverse of national trends
- So far in 2022-2023, significant increases in distress are seen in the areas of Eating Concerns, Family Distress, Social Anxiety, and Frustration/Anger (up from 2021-2022)

The 2022 CCMH Annual Report showed that "clients who withdrew from school began treatment with higher levels of Academic Distress, Depression, Generalized Anxiety, Social Anxiety, Frustration/Anger, and overall distress. Furthermore, clients who persisted in school during treatment experienced more improvement in symptoms across all areas of distress" (CCMH, 2022, p. 14).

COUNSELING OUTCOMES

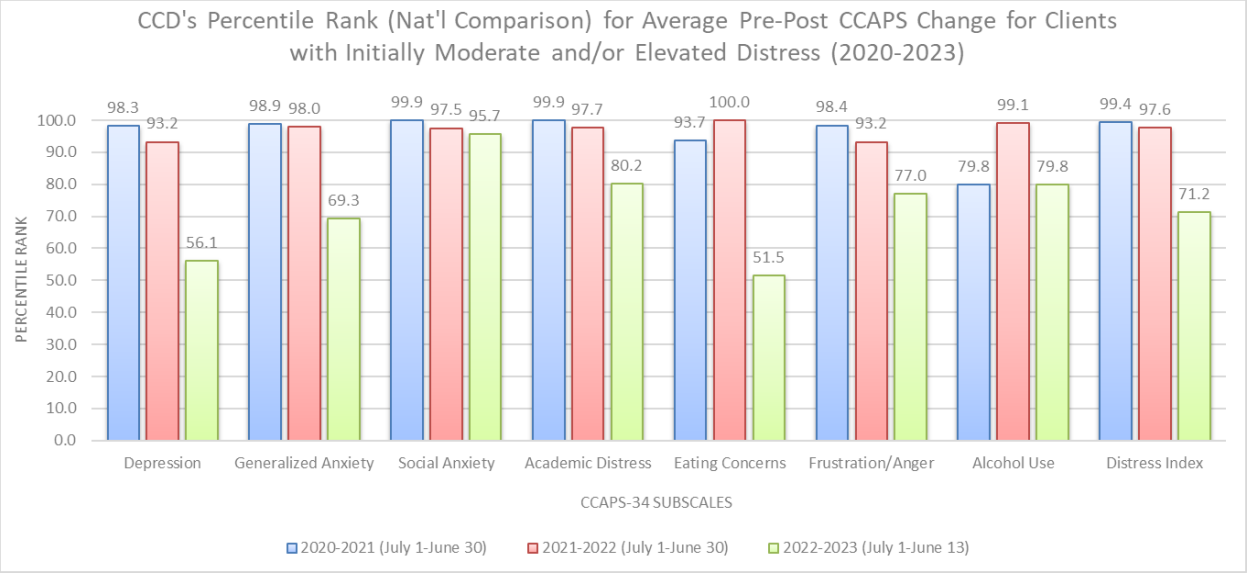
CCD examines pre- to post-treatment changes in CCAPS scores as a counseling outcome measure at the program level. Each year, we use a CCMH reporting tool to calculate the difference between our clients' average pre-treatment and post-treatment scores, giving us the average decrease in score. Those figures are presented in the following chart, with larger numbers indicating a greater degree of improvement.

Average Pre-Post Change in CCAPS Subscale Scores for Clients with Initially Moderate and/or Elevated Distress Who Were Seen Two or More Times: CCD vs. Nat'l Average								
CCAPS 34 Subscales	CCD 17-18	CCD 18-19	CCD 19-20	CCD 20-21	CCD 21-22	CCD 22-23 (to 6/13)	CCMH Nat'l Sample	CCD Trend
Depression	0.54	0.57	0.65	0.88	0.77	.54	0.56	
Generalized Anxiety	0.49	0.46	0.60	0.80	0.77	.53	0.49	
Social Anxiety	0.46	0.42	0.46	0.63	0.51	.48	0.32	
Academic Distress	0.54	0.66	0.41	0.80	0.63	.46	0.36	
Eating Concerns	0.52	0.54	0.55	0.71	1.00	.47	0.49	
Frustration/ Anger	0.63	0.67	0.68	0.89	0.79	.67	0.60	
Alcohol	0.85	0.81	0.68	0.70	0.99	.70	0.58	
Overall Distress	0.46	0.54	0.61	0.78	0.70	.49	0.45	
Avg. CCAPS/ client (approx. = to # of appts)	3.6	3.7	3.6	6.2	5.2	5.1	4.5	
Legend:								
Less Improvement than National Average			Improvement Equal to National Average			Greater Improvement than National Average		

A second approach for considering CCD's counseling outcomes on a program level is through comparisons to those achieved at other CCMH-participating college counseling centers. The following chart presents CCD's national percentile ranks for average pre-post CCAPS score change (2020-2023). Each percentile score indicates the percentage of centers which CCD outperformed in terms of average CCAPS score change. For most categories of distress, CCD's percentile rank declined (i.e., CCD outperformed a smaller

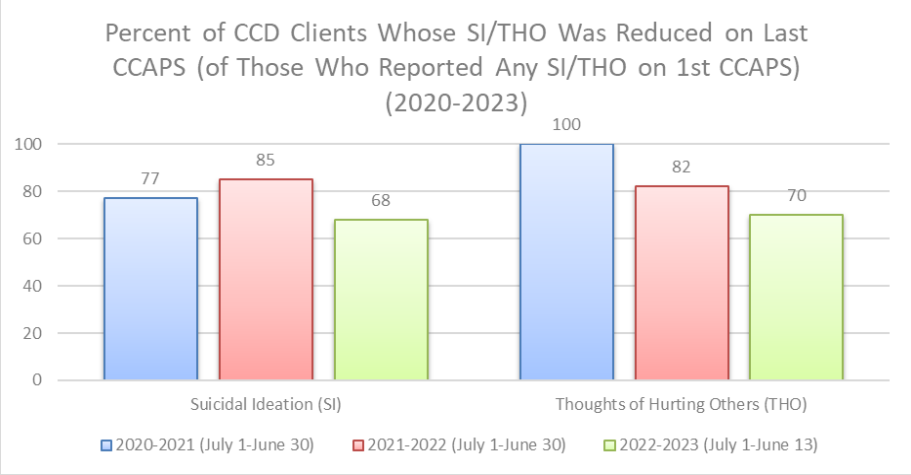
percentage of other counseling centers each year) from 2020 to 2023.

CCD's National Percentile Rank for Pre-Post Change In Decline



Also included in the pre-post reports are statistics on the percentage of clients who initially reported any suicidal ideation (SI) and/or thoughts of hurting others (THO) and whose corresponding scores were lower at their last CCAPS administration. The chart shows drops from 2020 to 2023 in the percentages of students whose SI and/or THO improved.

Pre-Post Change in Suicidal Ideation & Thoughts of Hurting Others



Any of the pre-post outcomes may improve somewhat by the end of the 22-23 data year (June 30).

For 2022-2023 thus far, we know that CCD clients who have been seen for two or more times, their pre-post change improvement is at a rate higher than national averages in 6 out of 8 domains. Conversely, Depression and Eating Concerns are showing less improvement than the national average.

There are many considerations that contribute to counseling outcomes; evaluating these factors is a necessary part of taking a look at the overall effectiveness of treatment and understanding what may influence a client's overall well being. These factors can include but are not limited to: increase in acuity, rising risk factors, events that occur during the course of treatment, decreased staffing, client motivation, empathy, therapeutic alliance, counselor experience, modality and a variety of other variables. Looking at what variables correspond to improvement and/or poorer outcomes, or pre-post change is an ongoing departmental priority. The most significant decline in pre-post outcomes was in 2022-2023, when we concurrently experienced a decrease in clinical staffing; it is reasonable to hypothesize that with increases to staffing, we might again achieve counseling outcomes well above national averages, as in prior years.

RISK AND PROTECTIVE FACTORS: SAFETY, WITHDRAWAL FROM SCHOOL, AND KEY TAKEAWAYS

Overall, there are many encouraging factors that suggest that CCD plays a vital role in student success. We saw encouraging increases in BIPOC, non-binary, and LGBTQ+ students accessing CCD services. For BIPOC groups, these rates of utilization are equivalent to or outpace the groups' percentages in the GRCC population. We know what challenges our unique population of students face on their path to success.

We have seen encouraging growth in utilization of CCD services among students who identify as first generation college students, as well as those who attest to receiving services from Disability Support. We are reaching student groups that have several intersectional dimensions to their identities. In a report from the American Council on Education on "What Works for Improving Mental Health in Higher Education," there are specific populations that face higher levels of unmet needs: students of color, first generation, and low-income (ACE, 2023).

While there are many positive elements to our work, we also see several concerning and serious trends around risk and characteristics that correspond to higher withdrawal rates.

Rising risk factors, traumatic experiences and reported identity related discrimination, coupled with rising utilization and limited resources create a call to action regarding student mental health. In conversations with student groups from Student Government to the Collegiate have chosen to focus on mental health and prioritize the conversation about supporting our students; community college life post-pandemic has highlighted factors that influence overall well-being, carrying with it many "academic and non-academic consequences." We know that "community college students have higher levels of unmet mental health needs when compared with students at four-year institutions" (ACE).

We have an opportunity to set the bar high among our community college networks and develop a system of support that plays a fundamental role in retention and persistence. A Gallup-Lumina report published in 2022 revealed that "two-thirds of adults seeking associate degrees who have considered taking a break from college cited emotional stress," and "mental health was cited twice as often" as the cost of attendance, the pandemic or difficulty with coursework, as the top reason for dropping out (Lumina).

The time is now. Many opportunities for improvement are within reach: CCD needs a clear organizational framework and can greatly benefit from the support of leadership as we strive to make data-informed decisions, especially as it relates to student safety and well-being.

RECOMMENDATIONS

Recommendations are outlined in three areas: institutional, departmental/clinical, and opportunities, and are driven by the best-practice suggestions for mitigating risk and furthering the conversation about GRCC student mental health.

Institutional

1. **Adopt the following recommendations from AUCCCD's 2023 report**, Navigating a Way Forward for Mental Health Services in Higher Education. This framework can help shape a college-wide conversation around mental health.
    a. Identify key stakeholders who should be involved in developing a campus wide plan, coordinated and led by an individual who has the most familiarity with the resources, needs and realities of mental health concerns
    b. Define institutional identity around mental health, including developing a

campus-wide strategic plan that defines the institution's approach and how that approach will be resourced

c. Clarify what demand they want to meet and what resources are needed for that demand
d. Measure resources relative to utilization and to specific goals relevant to the institution
e. Identify or develop a clinical services model for their center that does not attempt to meet every demand but rather chooses the demand to be met
f. Assess what third-party services would be consistent with institutional goals and be realistic about what those services can provide, and assess efficacy on an ongoing basis
g. Align messaging and resourcing consistent with a defined approach to mental health, and communicate that to all campus constituents, especially students and parents
h. Utilize additional salary databases when determining counseling center staff compensation, such that the institution is competitive with all options available to providers
i. Evaluate workplace culture and identify options for flexibility and autonomy for staff clinicians to increase retention and decrease burnout

2. Review of #1 above, **considering the Clinical Load Index (CLI)**; per CCMH, " the CLI helps to shift the question that institutions should be asking from "How many staff should we have?" to *"What experiences do we want students to have when they seek counseling services?"* This reframe helps centers and institutions better align messaging regarding current service capabilities based on staffing levels with stakeholder and institutional expectations of those services" (CCMH, 2022, p. 6).
3. **Review RAND Corporation's Report** Supporting Mental Health Needs of Community College Students which highlights 5 "lessons learned and implications" briefly described here:
    a. Lesson 1: Community colleges in our study are implementing multilevel mental health supports, though most lack a clear organizing framework.
    b. Lesson 2: Community colleges have expanded the reach of their mental health supports through integration in the broader college environment.
    c. Lesson 3: Strong leadership support and broad buy-in from staff to prioritize student mental health is important.
    d. Lesson 4: Community colleges struggle to meet students' mental health needs because of limited resources.

    e. Lesson 5: Financial support for student mental health should extend beyond postsecondary institutions.
4. **Participation in Healthy Minds study** through the University of Michigan: "The Healthy Minds Network annual web-based survey study examining mental health, service utilization, and related issues among undergraduate and graduate students" (https://healthymindsnetwork.org/hms/)
5. **Adopt a suicide prevention framework** such as Zero Suicide or a Red Folder Campaign; consider a comprehensive approach as recommended by the Suicide Prevention Resource Center:
    a. Promote social networks and connectedness
    b. Improve access to mental health services on and off campus
    c. Identify and assist students who may be at risk for suicide
    d. Be prepared to respond when a suicide death occurs; **develop a postvention plan at GRCC**
6. **Consider the role of Counseling and Career Development on retention & persistence**, and return on investment calculator for college mental health services and programs (https://umich.qualtrics.com/jfe/form/SV_6xN9QUSlFtgtRQh)
7. **Support & prioritize IACS (International Accreditation of Counseling Services) accreditation of CCD** (https://iacsinc.org/) and begin the process during 2023-2024 AY. Based on the current IACS listing of accredited counseling centers, *GRCC is poised to be one of the first, if not the first, accredited community colleges in the nation.*
8. Serious **consideration must be given to the staff-to-student ratio of CCD** given that the data shows "likely consequences" when the ratio increases beyond the upper limits: (IACS)
    a. The waiting list will increase
    b. Difficulty providing services to students experiencing increasingly more severe psychological issues
    c. Liability risks to the counseling center and university increases
    d. The support for the academic success of students is decreased
    e. Counseling centers are less available to help support the campus community
9. **Consider a health fee to help support CCD**
10. In line with the recommendations listed in #1; **consider a name change** that more succinctly reflects the values, vision, and mission of the department and

institutional values, as well as uses student-friendly language to explain our role. For example, in lieu of Counseling and Career Development, Counseling and Wellness Center, or Counseling and Psychological Services.

11. **Regular and consistent communication between senior leadership and CCD**

Departmental/Clinical

1. Adopt a Stepped-Care approach to mental health services at GRCC, if that model supports institutional recommendations described above, with also, #2 below
2. Add *5 FT mental health counselors* that would allow CCD to operate closer to the internationally recognized industry standard of caseload based on enrollment. Additional capacity would allow for the effective implementation of a stepped care approach, comprehensive suicide prevention programming, outreach, training, group therapy, AOD prevention, peer listeners/educators and wellness programming, faculty support, and Lakeshore campus presence. An increased capacity allows for targeted mental health support that goes beyond individual counseling and into wrap-around supports that promote client self-advocacy and allows for a more appropriate match of services to client needs.
3. Re-eval of CCD budget to include funds for events, passive programming, Pearson's clinical assessments, resources for students, etc. The majority of the current budget is allotted for operational expenses: memberships and the cost of maintaining the electronic medical record, community referral search tool (Thriving Campus), and the secure tele-health platform
4. Institutional support for training/intern program within CCD
5. Develop a performance improvement/quality control process
    a. Program Director is working on a policies and procedure manual for CCD
    b. Consider supervision challenges for a confidential, clinical program

Upcoming Initiatives/Opportunities

1. Continued development of peer education framework: CCD Program Director is working with the Student Advisory Council to train and promote peer educators around mental health and wellness.
2. Roll out faculty toolkit to support FT and adjunct faculty in supporting students.
3. Explore community partnerships with local mental health providers
4. Continued partnership with U of M School of Public Health MHICC team (Mental Health in Community Colleges)