

Reduction in Students' Mental Health Barriers

Counseling and Psychological Services (CAPS) – Division of Student Affairs

Step 1: Student Learning Outcome

Students will be able to successfully overcome mental health-related barriers to completing their educational goals in a timely manner.

Step 2: Methods and Measures

Counseling Center Assessment of Psychological Symptoms-62 (CCAPS-62, Locke et al., 2011) was created to identify common challenges to healthy college student development and assess clinical constructs and their influence on one another, including academic distress. The measure assesses the following domains: 1) depression, 2) generalized anxiety, 3) social anxiety, 4) academic distress, 5) eating concerns, 6) family distress, 7) hostility, and 8) substance abuse.

All students who utilize Counseling and Psychological Services (CAPS) will complete a CCAPS-62 during their first appointment and a shortened version, CCAPS-34, on a repeated measures basis to allow for patterns of distress in different areas to emerge over time and is intended to help both therapists and students recognize and appreciate progress they have made – or become aware of and address lack of progress or worsening of symptoms. A sample of students will include data for at least two-time points, and some will have complete data for all time points, e.g., Intake (Baseline), Session 3 (First Administration), Session 6 (Second Administration), and Session 9 (Third Administration).

Step 3: Criteria for Success

75% of the students will demonstrate a decrease in symptoms of 1) substance abuse, 2) depression, 3) anxiety, 4) hostility, and 5) academic distress.

Step 4: Results

Included in this study were responses from 776 students who completed a total of 2218 CCAPS surveys during this period. Results revealed that CAPS demonstrated an overall decrease in students' symptomology and achieved its goal of at least 75% of students utilizing services will see a decrease in symptoms. Results across domains are as follows:

- 1) Substance Use: Students' mean score demonstrated decreases over the course of treatment: Scores were 0.4376 at intake; 0.3080 at the third session; 0.2201 at the sixth session; and 0.1860 at the ninth session.
- 2) Depression: Students' mean score demonstrated steady decreases over the course of treatment: Scores were 1.8814 at intake; 1.4927 at the third session; 1.3821 at the sixth session; and 1.3586 at the ninth session.

- 3) Anxiety: Students' mean score demonstrated a down and up elevation over the course of treatment: Scores were 2.0290 at intake; 1.8604 at the third session; 1.7363 at the sixth session; and 1.7653 at the ninth session.
- 4) Hostility: Students' mean Hostility standard score demonstrated steady decreases over the course of treatment: Scores were 1.1392 at intake; 0.7777 at the third session; 0.6521 at the sixth session; and 0.5913 at the ninth session.
- 5) Academic Distress: Students' mean score demonstrated a down and up elevation over the course of treatment: Scores were 2.1084 at intake; 2.0290 at the third session; 1.9196 at the sixth session; and 1.9703 at the ninth session.

Compared to baseline data, scores revealed students presenting to CAPS for treatment have a higher rate of symptomology than in previous years. This increase in severity has significant and profound impacts on the services provided for students and how it relates to training and clinical readiness for CAPS staff.

In addition, when comparing data with national data (CCMH, 2020), two trends were noticed: 1) CSUF data mirrors the national data. More specifically, on all scales, it matches the national trends with increasing or decreasing subscales, which is even true for alcohol use decreasing as a national trend seen in college counseling centers; 2) Overall, CSUF students have higher rates of symptomatology on the CCAPS than the national average. More specifically, CSUF students were higher on all subscales except for anxiety and alcohol use. Understanding that overall, the students who present to CAPS have higher rates of psychopathology than the national average will help inform future programming.

Step 5: Improvement Actions

After reviewing the data from this study and national trends, we have two improvement actions. Given the high rates of trauma that students experienced during the COVID pandemic, CAPS plans on providing more training on trauma, which is most likely showing up in the distress scales. Second, the data for substance use is suspect. CAPS plans to increase the amount of substance abuse education on campus to our students to reach these students. Lastly, CAPS plans to use this data when planning services for students in the coming year.