Executive Summary
Mental Health and Student Counseling Data
10/11/2023

This packet represents information from the following resources:
1. American College Health Association/National College Health Assessment III
2. Counseling and Testing Services (Student Counseling) Outcome Data
3. Mental Health Services Focus Group

From these resources, the Assessment Team and Student Counseling offers the following recommended actions based on evidence from each assessment.

American College Health Association/National College Health Assessment III
1. Counseling Center Usage
   a. UNT graduate students report lower usage of the counseling center than their peers nationally. Recommendation: *Recommendation:* Increase promotion of mental health services to graduate students. Collaborate with graduate school to offer monthly mental health education workshops and promotion of mental health services.[1]
   b. UNT female students report higher usage of the counseling center than their male UNT peers. For context, female students report more acute symptoms than their male peers, therefore, will and do use UNT Student Counseling at higher rates than their male peers. *Recommendation:* Continue to provide programming geared towards male identified students. Establish partnership with Fraternity Life to increase promotion of services to male identified students.
2. Depression
   a. Undergraduate female students (38%) were statistically significantly (Pearson Chi-Square 17.464; p-value, <.001) more likely to report that depression negatively impacted their performance in a class compared to their male peers (19%). *Recommendation:* this data aligns with national data that show females report higher rates of depression than their male peers. Females experience 1.5-3 times higher rates of depression than males beginning in adolescence. For generalized anxiety disorder, females are twice as likely to experience than males. Student Counseling will continue to provide care for female students who seek out mental health services for depression and continue to educate male students about mental health services available.
3. Stress
   a. Undergraduate Asian students were statistically significant (Pearson Chi-Square 13.194; p-value, .004) in reporting that stress either negatively impacted their academic performance (25%) or delayed their progress towards their degree (11.4%). Although not statistically significant, 42.2% of undergraduate Hispanic students reported high levels of stress negatively impacting their academics. *Recommendation:* Student Counseling will continue to provide targeted programming to all students, especially students of color including identity-based workshops, groups, and mental health resources. The center will also continue to promote Togetherall, a safe, anonymous, online peer community to support students' mental health.
4. Anxiety
   a. Both undergraduate (45%) and graduate (25%) females report higher rates of anxiety diagnoses than their UNT male peers. In addition, undergraduate females report higher rates of diagnosed anxiety than their national peers. *Recommendation:* this data aligns with national data that show females report higher rates of anxiety than their male peers. Student Counseling will continue to provide care for

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[1] Student Counseling offered a variety of programs in FY23 and had very few students attended these events.

female students who seek out mental health services for anxiety and continue to educate male students about mental health services available.

Counseling and Testing Services (Student Counseling) Outcome Data

1. Decrease Academic Distress
   a. At Student Counseling, the pre/posttest results for Academic Distress (AD) in FY22 are lower than the national average. However, data for FY23 shows that progress was made in this area since last year and now shows a score above the national average. Ideally, you want to see AD decrease as counseling sessions progress. ***Recommendation:*** To address elevated academic distress, Student Counseling refers to the learning center, which offers tutoring, supplemental instruction, and time management workshops. Counseling and Testing Services also works with students to ensure they have all the accommodations and resources they need to be successful.
2. Employee Retention
   a. Counseling centers across the nation struggle to retain qualified, experienced staff. Counseling staff are paid low wages in higher education, including staff at Student Counseling, and have challenged workloads. Based on the 2020 consultants program review, Student Counseling increased staff by 6 positions (in 2020 they had 17 positions and now there are 23 positions). ***Recommendation:*** Student Counseling continues to advocate for increased salaries to compare with private practice and local school district pay. They will rely heavily on the UNT market study taking place in Fall 2023.

Mental Health Services Focus Group

As it appears on the surface, this study was about student perceptions of the Student Counseling center. As a result, we have the following ***recommendations:***

1. Division of Student Affairs (DSA) Assessment collaborates with Data Analytics and Institutional Research (DAIR) to co-create a study and continue the conversation about student perceptions of Student Counseling.
   a. Conduct a Net promoter score1 study.
      i. Rate how likely students are to recommend Student Counseling to a peer. Respondents giving marks of 9 or 10 are promoters, Student Counseling's most devoted customers. Those scoring their experience 7 or 8 are passives, and those scoring it from 0 to 6 are detractors. NPS is the percentage of promoters minus the percentage of detractors.
   b. Redo the focus groups to get feedback on promoters and detractors.
      i. Only if there is a clear question and a clear focus should the focus groups be redone. A clear research question will allow the data team to construct focused questions that collect accurate data.
   c. Conduct a short follow up survey of non- Student Counseling users to understand common reasons for not utilizing/engaging while simultaneously marketing/educating the community on the services available.

ACHA/NCHA III Survey

The ACHA/NCHA III Survey supports the health of the campus community by fulfilling the academic mission, supporting short- and long-term health behaviors, and gaining a current profile of health trends within the campus community.

Report Focus

The Wellness team met in early Fall 2023 to discuss areas of focus for the ACHA/NCHA III survey. The team selected six areas of focus:

A. Mental Health
   a. Stress
   b. Depression
   c. ADHD
   d. Anxiety
B. Campus Safety
C. Food Insecurity
D. HIV Testing
E. Sleep
F. Sense of Belonging
G. Loneliness

For this purpose of this report, we will focus on only the **Student Counseling and Mental Health data** (Stress, Depression, ADHD, and Anxiety)[2] from three data sources:

1. NCHA UNT Student Survey Data
2. NCHA National Aggregate Survey Data
3. UNT Student Counseling Descriptive Statistics and Outcome Data (as a proxy comparison)

Methods

Initially, the data team from ACHA compiled results for UNT using aggregate percentages for each question by gender. Because the Wellness team wanted to see how the questions varied by other demographic areas, the Division of Student Affairs (DSA) Student Services Assessment department disaggregated the data first to check if the survey demographics were representative of the UNT overall population. Then the DSA Student Services Assessment team met with the Wellness team to narrow our focus for the report.

All areas were disaggregated by demographic data of interest to the group (undergraduate vs. graduate; FTICs; ethnicity; gender; international). Descriptive statistics were collected for each of the areas of focus. Then the research team took a rough look at the percentages and ran crosstabs for variables of interest to the Wellness team and to test certain hypotheses speculated from the descriptive statistics to look for statistical significance.

NCHA Survey stats:

- 777 total variables collected in the survey
- N=608 respondents
- Response rate was 5.8% from a sample of 11,000 students

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[2] These data are also collected in 2 other locations at UNT: Student Health

For other aggregate UNT data for all questions, please refer to the reports titled: University of North Texas Executive Summary Spring 2023 and University of North Institutional Data Spring 2023. Not all NCHA questions were analyzed in this report, only those listed as an area of focus.

NCHA Survey Representation

We first explored the survey to look for representation. We split by classification (undergraduates v. graduate students), gender, and ethnicity to see if the survey responses are representative of the larger UNT population.

- **Representative by classification:** The survey population (68% undergraduate; 31% graduate) was representative of the UNT student population (71% undergraduate; 29% graduate) and the national sample (71% undergraduate; 28% graduate) by classification.
- **Not representative by gender:** there were huge discrepancies between gender percentages between ACHA/NCHA survey respondents and the UNT overall population. Females make up 54.2% of all undergraduate students, yet make up 68.75% of undergraduate survey respondents, a 15% difference. Any inferential statistics shared in this report should be couched with this difference in mind.
- **Not fully representative by race:** When race/ethnicity data is disaggregated, the following is true for survey data representation seen in Figure 3: The survey data is not representative of the UNT population nor of the National Data by Hispanic or Latino/a/x (-16% & -8%, respectively), Black or African American (-10%), Asian or Asian American (-10%), and White students (-23%). All other race/ethnicity categories were representative.

Focus Area Findings

Tests for statistical significance were ran for all focus areas by demographics of interest. In addition to the descriptive statistics, this report only covers information that showed to be statistically significant for report length purposes.

A. Mental Health

OUTCOME DATA: UNT STUDENT COUNSELING

To fully understand the state of mental health at UNT, we must triangulate the NCHA results with data from our Student Counseling Center. Even though the NCHA data show elevated self-reports of psychological symptoms by our students, the UNT Counseling Center has an impressive track record of reducing psychological symptoms at rates much higher than their peer centers, nationally.

The UNT Student Counseling Center is measured by national standards set forth by the Counseling Center Assessment of Psychological Symptoms-62 (CCAPS). The CCAPS assesses the UNT Student Counseling Center's average change on the CCAPS' subscales to a national sample of 297 counseling centers representing 227,676 clients. Figure 2 is one example of the outcome data that comes from CCAPS.

Figure 2. Pre-Posttest Change in Symptoms of Students Receiving Services at the Student Counseling Center
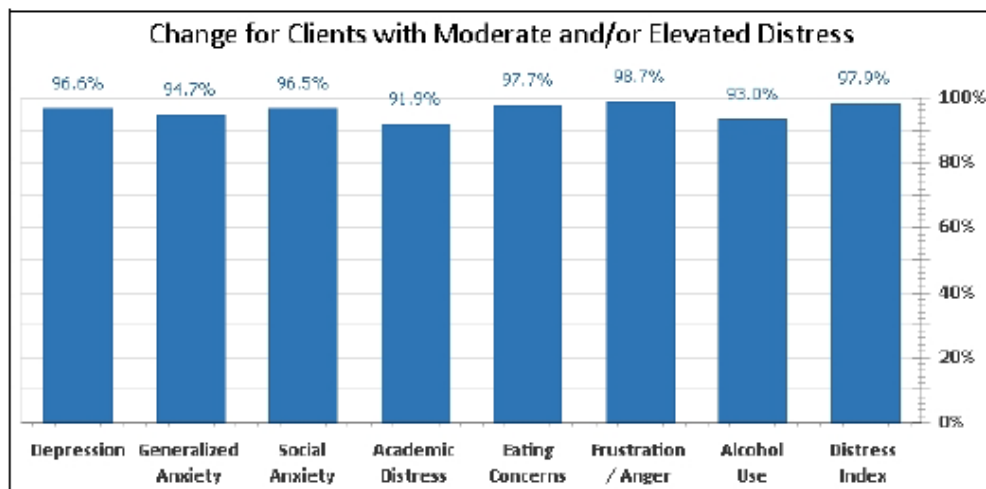
For example, in the chart above measuring distress symptoms (moderate + elevated), UNT Student Counseling Center's average change for Depression is at the 96th percentile. This means that the Center's change on the Depression subscale is greater than the change achieved by 96% of counseling centers in the national sample (for clients whose initial distress was at least moderate and/or elevated). When looking across the chart at all types of psychological distress, the UNT Student Counseling Center far outperforms their peers in the national sample in helping students manage psychological symptoms.

For other examples of UNT Student Counseling outcome data, see the one-pager titled, "Counseling & Testing Services: Student Counseling, July 31, 2023," in this mental health packet. Student Counseling Center staff take this data seriously and will continue to alter and modify care to meet the needs of all students within their scope of practice.

UNT Togetherall Data

Togetherall, a safe, anonymous, online peer community to support students' mental health that connects at risk and hard to reach individuals that don't typically access traditional services. Of all UNT students who have signed up for this services, Black, Indigenous, People of Color (BIPOC) account for 67% of Togetherall users. In addition, 8% of students identify as trans or non-binary. Of these UNT Togetherall students, 57% are not seeking any formal mental health support, but they might be seeking other sources of support in their communities.

a. General Student Counseling Center Use

Figure 1. NCHA Results for Psychological and Mental Health Services

	Have you ever received psychological or mental health services?								NATIONAL OVERALL
	UNDERGRADUATE				GRADUATE				
	FEMALE	MALE	CAMPUS OVERALL	NATIONAL UNDERGRADUATE	FEMALE	MALE	CAMPUS OVERALL	NATIONAL GRADUATE	
YES	59.19%	40.80%	53.40%	53.41%	33.94%	30.67%	46.72%	61.78%	55.77%
NO	40.81%	59.20%	46.60%	46.59%	66.06%	69.33%	53.28%	38.22%	44.23%
				n					
YES	161	51	212	29454	37	23	278	12961	43133
NO	111	74	185	25690	72	52	317	8017	34211
	272	125	397	55144	109	75	595	20978	77344

- Females (59%) report seeking mental health services on campus more than their male peers (41%).
- Undergraduates utilize mental health services consistent with national self-report data. However, graduate students at UNT report using the counseling center at drastically lower rates than their national peers. Without knowing why, we speculate this could be due to the stigma of seeking mental health counseling among our international graduate student population, which was overrepresented in graduate responses to this survey.

b. Depression

Main Finding: Students reporting that depression impacted their class performance is statistically significant by gender.

Figure 3. NCHA Results for Depression Symptoms

	Have you ever been diagnosed by a healthcare or mental health professional with any of the following ongoing or chronic conditions? Depression (for example: Major depression, persistent depressive disorder, disruptive mood disorder)								NATIONAL OVERALL
	UNDERGRADUATE				GRADUATE				
	FEMALE	MALE	CAMPUS OVERALL	NATIONAL UNDERGRADUATE	FEMALE	MALE	CAMPUS OVERALL	NATIONAL GRADUATE	
YES	42.07%	19.35%	34.94%	28.38%	16.82%	12.68%	15.17%	26.61%	27.95%
NO	57.93%	80.65%	65.06%	71.62%	83.18%	87.32%	84.83%	73.39%	72.05%
				n					
YES	114	24	138	15551	18	9	27	5531	21430
NO	157	100	257	39244	89	62	151	15255	55252
	271	124	395	54795	107	71	178	20786	76682

- Undergraduate females report higher rates of depression diagnoses than their male undergraduate peers.
- Undergraduate female students (38%) were statistically significantly (Pearson Chi-Square 17.464; p-value, <.001) more likely to report that depression negatively impacted their performance in a class compared to their male peers (19%).

c. Stress

Main Finding: Students self-reporting that stress negatively impacted their academic performance was statistically significant by race.

Undergraduate Asian students were statistically significant (Pearson Chi-Square 13.194; p-value, .004) in reporting that stress either negatively impacted their academic performance (25%) or delayed their progress towards their degree (11.4%).

Although not statistically significant, 42.2% of undergraduate Hispanic students reported high levels of stress negatively impacting their academics.

Figure 4. NCHA Results for Stress Symptoms

	Within the last 30 days, how would you rate the overall level of stress you have experienced?								NATIONAL OVERALL
	UNDERGRADUATE				GRADUATE				
	FEMALE	MALE	CAMPUS OVERALL	NATIONAL UNDERGRADUATE	FEMALE	MALE	CAMPUS OVERALL	NATIONAL GRADUATE	
NO STRESS	0.36%	3.20%	1.24%	1.32%	3.67%	8.11%	5.43%	1.57%	1.41%
LOW STRESS	13.82%	28.00%	18.16%	19.84%	16.51%	27.03%	20.65%	22.18%	20.56%
MODERATE	40.36%	39.20%	40.30%	49.92%	52.29%	43.24%	48.91%	49.51%	49.74%
HIGH	45.45%	29.60%	40.30%	28.92%	27.52%	21.62%	25.00%	26.73%	28.29%
					n				
NO STRESS	1	4	5	727	4	6	10	330	1093
LOW STRESS	38	35	73	10946	18	20	38	4656	15909
MODERATE	111	49	162	27540	57	32	90	10391	38492
HIGH	125	37	162	15952	30	16	46	5611	21897
	275	125	402	55165	109	74	184	20988	77391

d. ADHD

Figure 5. NCHA Results for ADHD Symptoms

	Do you have any of the following? Attention-Deficit/Hyperactivity Disorder (ADD or ADHD)								NATIONAL OVERALL
	UNDERGRADUATE				GRADUATE				
	FEMALE	MALE	CAMPUS OVERALL	NATIONAL UNDERGRADUATE	FEMALE	MALE	CAMPUS OVERALL	NATIONAL GRADUATE	
YES	27.31%	21.60%	25.51%	16.85%	9.43%	11.27%	10.17%	13.34%	15.89%
NO	72.69%	78.40%	74.49%	83.15%	90.57%	88.73%	89.83%	86.66%	84.11%
					n				
YES	74	27	101	9236	10	8	18	2777	12195
NO	197	98	295	45585	96	63	159	18046	64540
	271	125	396	54821	106	71	177	20823	76735

- Undergraduate men (22%) and women (27%) both reported rates of ADD or ADHD diagnoses higher than their national peers (17%).

e. Anxiety

Main Finding: Students reporting that anxiety impacted their class performance is statistically significant by gender.

Figure 6. NCHA Results for Anxiety Symptoms

	Have you ever been diagnosed by a healthcare or mental health professional with any of the following ongoing or chronic conditions? Anxiety (for example: Generalized Anxiety, Social Anxiety, Panic Disorder, Specific Phobia)								NATIONAL OVERALL
	UNDERGRADUATE				GRADUATE				
	FEMALE	MALE	CAMPUS OVERALL	NATIONAL UNDERGRADUATE	FEMALE	MALE	CAMPUS OVERALL	NATIONAL GRADUATE	
YES	45.39%	21.60%	37.88%	36.10%	25.47%	15.49%	21.47%	35.08%	35.84%
NO	54.61%	78.40%	62.12%	63.90%	74.53%	84.51%	78.53%	64.92%	64.16%
					n				
YES	123	27	150	19791	27	11	38	7299	27505
NO	148	98	246	35037	79	60	139	13507	49229
	271	125	396	54828	106	71	177	20806	76734

- Both undergraduate (45%) and graduate (25%) females report higher rates of anxiety diagnoses than their UNT male peers. In addition, undergraduate females report higher rates of diagnosed anxiety than their national peers.
- Undergraduate females (38%) were statistically significantly more likely (Pearson Chi-Square 14.819; p-value, .002) to report that anxiety has negatively impacted their performance in class than their male peers (26%). Overall, 34% of both undergraduate males and females reported that anxiety impacted class performance.

Overall Recommendations for American College Health Association/National College Health Assessment III Data

The following recommendations take into consideration that the UNT Student Counseling Center closely mirrors national percentages of intake for psychological symptoms. Although several areas of the UNT NCHA data are elevated higher than our national peers in this report, counseling centers across the nation, including UNT Student Counseling, are not experiencing drastic changes to the numbers or percentages of students they serve for psychological symptoms.

1. Counseling Center Usage
    a. UNT graduate students report lower usage of the counseling center than their peers nationally. Recommendation: Increase promotion of mental health services to graduate students. Collaborate with graduate school to offer monthly mental health education workshops and promotion of mental health services.[3]
    b. UNT female students report higher usage of the counseling center than their male UNT peers. For context, female students report more acute symptoms than their male peers, therefore, will and do use UNT Student Counseling at higher rates than their male peers. Recommendation: Continue to provide programming geared towards male identified students. Establish partnership with Fraternity Life to increase promotion of services to male identified students.
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[3] Student Counseling offered a variety of programs in FY23 and had very few students attended these events.

UNT | DIVISION OF STUDENT AFFAIRS
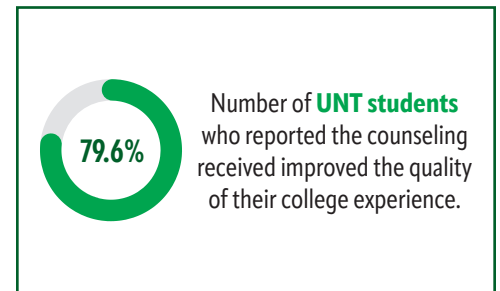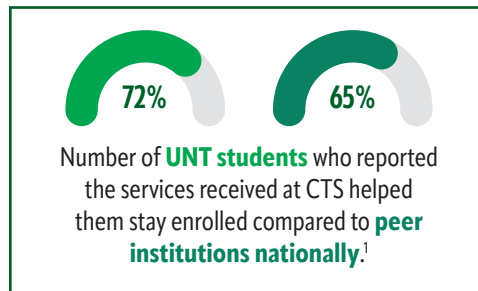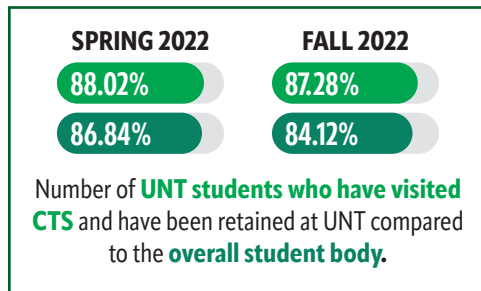
COUNSELING & TESTING SERVICES

STUDENT COUNSELING

JULY 31, 2023

Counseling and Testing Services (CTS) consists of two inter-related parts: the **Counseling Center** and **Testing Services**. They support the academic success and general well-being of UNT students through professional mental health counseling, career counseling, consultation, educational programs, and self-help resources as well as a referral services.

They consult with students, parents, faculty, and staff who may be concerned about a UNT student (while still respecting the confidentiality of their clients). With client permission, they often work closely with physicians and psychiatrists, the Dean of Students, Office of Disability Access, and many other helpful resources to provide the best overall care.

■ RETENTION

SPRING 2022	FALL 2022
88.02%	87.28%
86.84%	84.12%

Number of **UNT students who have visited CTS** and have been retained at UNT compared to the **overall student body.**

72%   **65%**

Number of **UNT students** who reported the services received at CTS helped them stay enrolled compared to **peer institutions nationally.**[1]

79.6%   Number of **UNT students** who reported the counseling received improved the quality of their college experience.

As seen in the visuals above, CTS is above the national and UNT averages on overall student retention metrics. Not only does CTS have a high retention rate for students who access their services, but they are above the national retention average when students are asked if CTS services helped them stay enrolled. Almost 80% of students who received CTS services experienced improvement in the quality of their college experience.

■ NO WAITLIST

Even as the demands for mental health services increase across the nation, UNT's counseling services show positive outcomes, and no waitlist for students. Student Counseling at UNT joins 66.3% of counseling centers in the nation[2] that do not have a waitlist. To eliminate waitlists experienced prior to 2016, CTS adjusted their clinical model and has not had a waitlist since. Counseling and Testing leadership also increased staff in 2019 after feedback from professional consultants,[3] which influences the lack of waiting lists.

■ OUTCOME DATA

A recent article in the Chronicle of Higher Education[4] explored the root causes of campus counseling centers not meeting student needs due to lager caseloads, low pay, and increased mental health services demands.

According to a recent report,[5] universities have lost focus on "the critical relationship between effective treatment and positive outcomes," by responding to access issues over diagnosis treatment and tracking. In the Titanium database for storing data and case notes for all UNT students' mental health visits, CTS is measured against 297 other counseling centers representing more than 227,000 students. Therefore, when CTS receives outcome results, they are compared with all 297 peers to measure successes and gaps in services. Most often, CTS outcomes show higher change scores than the national average between pre and post assessment.

1 Association for University and College Counseling Directors Annual Survey

2 AUCCCD Director Survey 2018

3 Recommendations from Oakley and Associates Consulting, LLC February 2020

4 Brown, Sarah. (2020). *Students Are Showing Up at Counseling Centers in Droves. But They Don't Always Get the Treatment They Need.* The Chronicle of Higher Education.

5 Center for Collegiate Mental Health. (2020, January). 2019 Annual Report (Publication No. STA 20-244).

44% reported SI at pre-treatment

75% reduced SI score post-treatment

11% reported THO at pre-treatment

88% reduced THO score post-treatment

For example, 44% of CTS clients reported at least some suicidal ideation (SI) at pre-treatment. Of those, 75% decreased their SI score at post treatment.

In addition, 11% of CTS clients reported at least some thoughts of hurting others (THO) at pre-treatment. Of those, 88% decreased their THO score at post treatment.

UTILIZATION

According to an annual survey[6] colleges and universities serve only 11.8% of the overall student population on average. Although CTS serves only 8% of the overall UNT student population, their utilization[7] numbers are consistent with national averages. Less than 3%[8] of centers nationwide have utilization numbers over 4,000. Therefore, UNT's 3,600 students that have utilized services is consistent and at level with most counseling centers in the nation.

AREAS FOR GROWTH

Academic Distress (AD) is a measure tracked during counseling sessions focused on confidence in academic success, concentration for academic work, and keeping up with schoolwork. At CTS, the pre/posttest results for AD are lower than the national average. Ideally, you want to see AD decrease as counseling sessions progress. To address elevated academic distress, CTS refers to the learning center, which offers tutoring, supplemental instruction, and time management workshops. Counseling and Testing Services also works with students to ensure they have all the accommodations and resources they need to be successful.

EMPLOYEE RETENTION

Counseling centers across the nation struggle to retain qualified, experienced staff. The AUCCCD survey reported 51.8% of centers across the nation had one or more counseling center positions turnover during the past year . Staff are paid low wages in higher education, including staff at CTS, and have challenged workloads.

Counseling and Testing Services continues to center attention on outcome data and program assessment to ensure students are served the same or better than their peers nationwide among the growing demand for mental health services.

Contact Bethany Evans, Psy.D., Executive Director for Counseling and Testing at **Bethany.evans@unt.edu** for more information.

[6] The Association for University and College Counseling Center Directors Annual Survey 2018. Retrieved at 2018 AUCCCD Survey-PUBLIC-Oct 15-REVISED
[7] Definition - Utilization should include all clients with at least one attended appointment between July 1st and June 30th
[8] Center for Collegiate Mental Health – Retrieved at Utilization instructions 2023.pdf (psu.edu)
[9] AUCCCD Director Survey 2018

MENTAL HEALTH SERVICES FOCUS GROUP

REPORT WRITTEN BY STUDENT SERVICES ASSESSMENT

MAY 3, 2023

■ EXECUTIVE SUMMARY

The focus groups' purpose was to obtain feedback from students who have and have not used Counseling and Testing Services (CTS). The administration was curious to know what students knew about available services, how quickly their needs were met, and how they were treated and supported when receiving these services.

A traditional approach to focus groups was employed to obtain data from students. The facilitators were from the University Marketing, Communication and Brand Strategy office. Focus groups were scheduled and conducted throughout the day on May 3, 2023. The facilitators provided a copy of the session notes and general comments on the content.

Findings from the focus groups were split into two overarching categories:

1. *CTS Correspondence and Communication with Students*
2. *Attitudes, Perceptions, and Opinions of CTS*

■ CONCLUSION

This project was not a follow up or a lead-in to a mixed-methods study. Qualitative analysis is not a generalizable method, therefore the findings here should only represent the attitudes of students who participated in this study. Although the feedback on CTS was positive overall, the limitations of this project are substantial enough to consider other options for collecting similar data.

■ OUTCOME DATA

As it appears on the surface, this study was about student perceptions of the CTS. As a result, we have the following recommendations:

1. **Division of Student Affairs (DSA) Assessment** collaborates with **Data Analytics and Institutional Research (DAIR)** to co-create a study and continue the conversation about student perceptions of CTS.
2. Conduct a Net promoter score[1] study.
   a. Rate how likely students are to recommend CTS to a peer. Respondents giving marks of 9 or 10 are promoters, CTS's most devoted customers. Those scoring their experience 7 or 8 are passives, and those scoring it from 0 to 6 are detractors. NPS is the percentage of promoters minus the percentage of detractors.
3. Redo the focus groups to get feedback on promoters and detractors.
   a. Only if there is a clear question and a clear focus should the focus groups be redone. A clear research question will allow the data team to construct focused questions that collect accurate data.
4. Conduct a short follow up survey of non-CTS users to understand common reasons for not utilizing/engaging while simultaneously marketing/educating the community on the services available.

DSA Assessment will provide a one-pager of outcome and output data to accompany this report that answers these questions but that also goes beyond satisfaction to measuring student growth through symptom reduction.

[1] Harvard Business Review

INTRODUCTION

Counseling and Testing Services (CTS) consists of two interrelated parts: the Counseling Center and Testing Services. They support the academic success and general well-being of UNT (UNIVERSITY OF NORTH TEXAS) students through professional counseling, career counseling, consultation, educational programs, and self-help resources as well as referral services.

They consult with students, parents, faculty, and staff who may be concerned about a UNT student (while still respecting the confidentiality of their clients). With client permission, they often work closely with physicians and psychiatrists, the Dean of Students, Office of Disability Access, and many other helpful resources to provide the best overall care. Testing Services provides a wide range of services including traditional admissions testing, computer-based testing, career testing, and other tests.

FOCUS GROUP PURPOSE

The focus groups' purpose was to obtain feedback from students who have and have not used CTS (although the questions only focused on counseling services). The administration was curious to know what students knew about available services, how quickly their needs were met, and how they were treated and supported when receiving these services.

METHODS

A traditional approach to focus groups was employed to obtain data from students. The facilitators were from the University Marketing, Communication and Brand Strategy office. They created a list of questions to ask students listed at the end of this report. Focus groups were scheduled and conducted throughout the day on May 3, 2023. The facilitators provided a copy of the session notes and general comments on the content.

We coded the session notes in the absence of transcripts and recordings. The notes were transferred to an excel document and coded line by line using two coding methods: sentiment and content coding. The codes were then tallied. We counted code frequency and then used the line-by-line coding to create a coding book. The code book was negotiated between two coders and then analyzed for larger themes. We then met to negotiate themes and validate the overarching themes relevant to the facilitator notes. Comments in the notes about students speaking for friends or others were not coded. Focus groups are to collect attitudes, opinions, and beliefs from only those present in the session.

FINDINGS

When discussing findings, positive responses to CTS services were coded using a sentiment analysis based on the words written in the notes. For example, words like "great," "good," "friendly," and "prompt" were coded as positive. Adversely, words such as "long wait," "no (referring to call backs, availability, etc.)," "confusing," and "difficult" were coded as negative.

TABLE 1

TOTAL PARTICIPANTS	UNCLEAR; N=20-21
Number of participants who have received services	Unclear
Number of participants who have not received services	Unclear
Number of participants who are aware that UNT offers counseling and other services that support mental health	N=18
Number of participants who are NOT aware that UNT offers counseling and other services that support mental health	N=3
Of the participants who were aware of CTS resources, number of services recalled during focus groups	N=44
Number of students who said they would participate in mental health peer support programs	N=10
Number of students who said they would participate in telehealth options	N=11

CTS CORRESPONDENCE AND COMMUNICATION

Of the participants, 18 had visited the website. Of all students who visited the website, 9 comments about the website were positive and 14 were negative. Of the positive comments, students mentioned that the website was easy to navigate and find information, clear, and provided helpful information. Of the negative comments, students claimed that the service listings were confusing, the phone number was hard to find, and that there was too much information to sort through.

Participants who called the CTS to ask questions or book an appointment were overwhelmingly satisfied with their interactions (positive experience – N=16 v. negative experience – N=3). Students unhappy with their experience calling the CTS shared that they had to get call backs and that availability was scarce. Yet, most students found calling the CTS to be an effortless process. They mentioned that staff were friendly with "polite vibes," had good customer service, had "good, fast, and convenient turnaround," and had their needs met.

Most students had not tried emailing for scheduling or questions. Of the ones who did, 6 participants had a positive experience and 3 had a negative experience. Of the positive experiences, students claimed that correspondence was friendly, timely, and met their needs. On the other hand, students did not have luck emailing and had longer wait response times.

Lastly, students provided feedback on how to make scheduling easier. They offered the following suggestions:

1. Create an app
2. Adding CTS scheduling into Navigate
3. Online scheduling options – one student mentioned "easier online scheduling," but the CTS does not provide online scheduling as an option. They will have this option for the 2023-2024 school year.
4. Texting

ATTITUDES, PERCEPTIONS, AND OPINIONS OF CTS

When asked if participants would recommend CTS services to a friend, two separate statements in the notes stated, "many" and "most" of the students who had counseling would recommend it to friends making it difficult for us to precisely count how many students would recommend the center. Students had more positive opinions (N=11) of the CTS than negative (N=7). Most negative experiences left students wanting more sessions than were allowed, but CTS does not have an "allowed" number of sessions. The number of sessions is based on individual need. Other negative comments were because they felt the counselors were entry-level in experience and were paid as such. One statement from the notes summed up several students' positive experiences at the CTS: "One student had heard that the service wasn't good and not to bother going, but she did it anyway and found the experience was much better than what she'd heard. Feels like some reputation isn't deserved and people are bad mouthing without knowing." Many positive interactions discussed feeling great bonds with counselors and that, "UNT cares a lot about mental health crises."

LIMITATIONS

Focus groups should focus on 8-10 clearly written questions so as not to need too much probing. These sessions had too many questions, which takes away from students' ability to go deep into the content.

From the notes and the sign in sheet, we are unsure how many people attended and of these what the distinction was between students who have and have not utilized Counseling and Testing Center (CTS) services. On page one, there are findings representative of a poll ("No x 3; Yes x 18"), which makes us think 21 students attended, yet only 20 students signed in.

The interviews were not recorded or transcribed to our knowledge. Transcriptions are helpful to pull direct quotes from students and to also check the notes taken in the session. Transcripts also help with rigorous coding and quality checking the analysis. Without these pieces of data, it is difficult to get a broader picture and nuance of the feedback shared. This analysis is limited to extracting meaning from facilitator notes.

Verbal consent was not mentioned in the original document with the session notes, which is an important part of the facilitation process, regardless of IRB (Institutional Review Board) approval. Consent statements should be a part of every activity where sensitive information is shared and should be written down in the interview guide to introduce the questions. Written consent is the gold standard.

The focus group facilitators should have been knowledgeable of CTS services and communicated those throughout the focus group when getting feedback. There are other clinics on campus that provide mental health services to UNT students. In these

notes, there are several points of feedback that should not be attributed to the CTS, but to other organizations providing more specified mental health services to our students. For example, on page 2 of the original document with the notes, students mentioned that there were many different phone numbers, and they could not find the right one. Counseling Services only has one phone number, and it is very clearly posted on their site. This is a comment for other mental health services that have many calling options. Lastly, one student stated, "One person said wait time depends on what your schedule is online vs in person, could be sooner if you're more flexible." The CTS does not offer online scheduling, so this student comment was not aimed at CTS. If the students would have been prompted when they made a comment to make sure their feedback was aimed at services provided by CTS, the notes would be easier to code and attribute specifically to CTS feedback.

Some questions were not clearly aimed at CTS but were more about mental health in general. Some feedback was not applicable to the CTS, so it seemed to take away from the main purpose of the focus groups.

CONCLUSION

This project was not a follow up or a lead-in to a mixed-methods study. Qualitative analysis is not a generalizable method, therefore the findings here should only represent the attitudes of students who participated in this study. Although the feedback on CTS was positive overall, the limitations of this project are substantial enough to consider other options for collecting similar data.

ATTITUDES, PERCEPTIONS, AND OPINIONS OF CTS

As it appears on the surface, this study was about student perceptions of the CTS. As a result, we have the following recommendations:

1. Division of Student Affairs (DSA) Assessment collaborates with DAIR to co-create a study and continue the conversation about student perceptions of CTS.
2. Conduct a Net promoter score[2] study.
   a. Rate how likely students are to recommend CTS to a peer. Respondents giving marks of 9 or 10 are promoters, CTS's most devoted customers. Those scoring their experience 7 or 8 are passives, and those scoring it from 0 to 6 are detractors. NPS is the percentage of promoters minus the percentage of detractors.
3. Redo the focus groups to get feedback on promoters and detractors.
   a. Only if there is a clear question and a clear focus should the focus groups be redone. A clear research question will allow the data team to construct focused questions that collect accurate data.
4. Conduct a short follow up survey of non-CTS users to understand common reasons for not utilizing/engaging while simultaneously marketing/educating the community on the services available.

We will provide a one-pager of outcome and output data to accompany this report that answers these questions but that also goes beyond satisfaction to measuring student growth through symptom reduction.

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[2] Harvard Business Review

APPENDIX A

■ INTERVIEW GUIDE:

1. Are you aware that UNT offers counseling and other services to support mental health? What services are you aware of?

2. Have you tried to find the counseling center, or other services online? Was it easy? What challenges did you have? What impressions did you have about the services as you looked for them online?

3. Have you tried calling the center? What were you calling for? Did you get through easily? What did you think of the customer service? Were you offered services? Were your needs met?

4. Have you tried emailing for services? What services were you looking for? Did you get an email back? Promptly? What did you think of the customer service? Were your needs met?

5. Is there a different way you'd like to have available to schedule services?

6. If any used/sought services – How long did you have to wait to be seen? Did you receive the services you were expecting? How could they have been better? Would you recommend them to friends?

7. Have you heard friends or others talk about services available on campus? What are they saying?

8. Does the Counseling Center – mental health services on campus – have a good reputation? What do you base your opinion on?

9. What services to support mental health would you like to see on campus?

10. Would you participate in mental health peer support programs offered through the center?

11. Would you participate in telehealth options?

12. What off-campus mental health services do you use?

13. How do you improve your own mental health?

14. Anything else to add?