

## Introduction to the Special Issue

### The Center for Collegiate Mental Health: Practice and Research Working Together

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The authors describe the Center for Collegiate Mental Health (CCMH), a practice–research network of university counseling centers, and introduce the special issue of the *Journal of College Counseling* that features the work of the CCMH. The issue features five studies conducted by the CCMH, all of which were focused on the mental health and treatment needs of culturally diverse college students. The special issue concludes with a commentary by Gordon Nagayama Hall.

Although many college counseling centers gather data about the students they serve and the treatment they provide, the nature and quality of these data vary widely across centers. Thus, it is difficult to synthesize information and generate meaningful answers to questions that are of primary concern to counseling center staff and administrators. To date, the field has lacked a large-scale, nationally representative, coordinated research effort using standardized instruments designed specifically for counseling center clients. Ideally, such an effort would be scientifically rigorous, clinically relevant, and integrated into the routine practice of counseling center functioning. The Center for Collegiate Mental Health (CCMH) was developed specifically with these goals in mind.

### What Is the CCMH?

Beginning in 2004, a number of systematic initiatives involving college counseling centers across the country created the foundation for a large, collaborative research network designed to benefit counseling center personnel, researchers, college administrators, students, and the public. The result, the CCMH, involves the work of experts in psychological research, college student mental illness and its treatment, statistics, information sciences and technology, and industry. Centrally located at Pennsylvania State University (hereinafter referred to as Penn State), the CCMH currently comprises approximately 150 college counseling centers that are committed to participating in a collaborative research network using a common data management system that provides data for both clinical and scientific purposes. Participating counsel-

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ing centers benefit directly from contributing data to the CCMH in that the common data management system provides actionable data to participating centers in a variety of forms (e.g., at an institutional level on an annual basis or at a patient level in real time). The college counseling centers that have committed to the work of the CCMH are located in 36 states and the District of Columbia, and their universities vary in enrollment from less than 1,500 to more than 40,000 students. CCMH counseling centers represent public and private institutions, including land-grant universities, polytechnic institutes, and liberal arts colleges.

In terms of personnel, the CCMH is overseen by a 12-person advisory board consisting of experienced staff members and directors of university counseling centers from around the country. The advisory board is responsible for ensuring that the scientific work of the CCMH meets the clinical, administrative, and training needs of university counseling centers that participate in the research network. The work of the CCMH also is supported by a research team at Penn State, consisting of members of the university counseling center as well as professors and doctoral students in clinical psychology, counseling psychology, information and sciences technology, and educational psychology.

## How Does the CCMH Collect Data?

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Each CCMH counseling center collects standardized data using two instruments as part of routine clinical care. The first of these two instruments is known as the Counseling Center Assessment of Psychological Symptoms (CCAPS). The original version of the CCAPS contained 70 items to which students are asked to respond according to how well the items describe them during the past 2 weeks. Responses are rated on a 5-point Likert-type scale, ranging from 0 (*not at all*) to 4 (*extremely well*). Subsequent factor analyses, retest reliability studies, focus group research, internal consistency estimates, and concurrent validation work revealed eight factors underlying 62 of the 70 items on the CCAPS. Those eight factors measure depression, anxiety, eating concerns, alcohol use, hostility, family distress, social anxiety, and academic distress (see Locke et al., 2011, for specific information about the development and psychometric properties of the CCAPS-62). The CCAPS-62, which is free for use by college counseling centers, is completed by students at intake, and counseling centers are increasingly administering the CCAPS-62 or an abbreviated version, the CCAPS-34, at multiple points during treatment to assess progress and outcome. Online scoring of both the CCAPS-62 and CCAPS-34 is available, and a client profile report is generated depicting client scores on each subscale, associated percentiles, and changes since previous administrations.

The second instrument that students complete during the intake process is the Standardized Data Set (SDS). The SDS contains a large number of demographic items (e.g., gender, sexual orientation, race) and mental health history questions (e.g., previous suicide attempts, medication usage, hospitalizations). CCMH institutions agree to send de-identified, anonymous data

on the SDS and CCAPS from consenting clients to a central, secure location for data storage, analysis, and information dissemination.

## A Pilot Study With a Clinical Population

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As a way to test the infrastructure of the CCMH, a pilot study was conducted during the fall 2008 semester. Data from the SDS and the 70-item version of the CCAPS were gathered from 27,616 students seeking services at 66 CCMH counseling centers. The majority of the students (65%) were women, 35% were men, and 44 identified as transgender. International students comprised 4% of the sample and represented 169 countries. Among domestic students, 8% were African American, 6% were Asian American, 70% were European American, 6% were Latino, 3% were multiethnic, 5% were of some other ethnicity, and 2% did not report their ethnicity. Approximately 18% of the students were in their 1st year of college, 19% were sophomores, 22% were juniors, 23% were seniors, and 15% were graduate students; class standing was not reported by or applicable to 3% of students. Heterosexuals comprised 89% of the sample, 2% were gay, 1% were lesbian, 3% were bisexual, 1% reported questioning their sexual orientation, and 3% opted not to identify their sexual orientation. The sample was predominantly Christian (53%), with 13% of students expressing no religious preference; 10% identifying as agnostic; 5% as atheist; 3% as Jewish; and 1% each as Muslim, Hindu, and Buddhist.

CCAPS-70 and SDS data from the pilot study were sent to Penn State following the conclusion of the fall 2008 semester. The five studies that follow in this issue of the *Journal of College Counseling* (JCC) all used subsamples of the pilot study data. As a way to minimize redundancy, the Method section of each of these five articles refers to the descriptions provided in the current article of the CCAPS, the SDS, and the data collection process from the pilot study.

## A Second Pilot Study With a General Student Population

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To gather CCAPS and SDS data from a nonclinical population, CCMH partnered with Student Affairs Administrators in Higher Education (NASPA) to conduct a survey in spring 2010 of students at 45 colleges and universities. E-mail addresses from a random sample of 94,981 students were provided by schools' registrar offices, and each student was asked to complete the CCAPS-62 and SDS. Incentives for participation, ranging from small gift certificates to electronics (e.g., game consoles), were provided at 31 schools. Most schools sent two reminders to students, after which 22,691 students responded. After missing and invalid responses were accounted for, 18,725 students provided usable SDS and CCAPS data.

The majority of these students (62%) were women, 33% were men, and 27 identified as transgender. There were 542 international students in the sample.

Among domestic students, 581 were Black/African American; 1,230 were Asian/Pacific Islander; 13,563 were European American; 819 were Latino; 158 were Middle Eastern; 605 were multiethnic; and 67 were Native American. Approximately 21% of the students were in their 1st year of college, 20% were sophomores, 24% were juniors, 23% were seniors, and 6% were graduate students. Regarding sexual orientation, 259 students were gay; 123 were lesbian; 533 were bisexual; 14,847 were heterosexual; 96 identified as queer; 940 identified as asexual; 213 reported questioning their sexual orientation; and 586 opted not to identify their sexual orientation. The sample was predominantly Christian (52%), with 10% of students expressing no religious preference; 8% identifying as agnostic; 5% as atheist; 3% as Jewish; and 1% each as Muslim, Hindu, or Buddhist.

## Focus of the Special Issue

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Although the scope of potential research questions that can be addressed with the data gathered by the CCMH is vast (cf. Hayes, Crane, & Locke, 2010), in this special issue of *JCC*, we have chosen to present a series of studies with a common focus on culturally diverse college students. Why have we chosen this focus? To begin, research has shown that university counseling center services may be underutilized by ethnic minority students (Davidson, Yakushka, & Sanford-Martens, 2004); it is important to note, however, that data from this study were gathered from only a single university. Thus, with the multisite data set available from the CCMH pilot study, it is possible to examine a question such as this on a larger, more representative scale. With a large sample, one also can explore research questions on college students whose mental health needs are largely unknown, either because they do not occupy a large segment of the college population (e.g., transgender students, students of color who are sexual minorities) or because they simply have not been studied before (e.g., students who are questioning their sexual orientation). A large, diverse data set also permits study of the specific mental health issues of particular cultural groups, such as eating concerns among women of color.

We hope that you find the special issue informative, thought provoking, and helpful to your work.

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