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A Guide for Evaluating Mental Health Programs on Community College Campuses

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About This Guide

This guide was prepared by the Texas Schools Project (TSP) at The University of Texas at Dallas, in collaboration with EdWordian, LLC. The analysis and recommendations reflect applied research and practitioner engagement conducted by the project team.



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Participating Institutions

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This guide is intended as a practical resource to support reflection, discussion, and local evaluation efforts.

Users are responsible for applying the information in ways that align with local context, capacity, and professional standards.

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Recent estimates show that a significant proportion of college students report struggling with their mental health.ⁱ The COVID-19 pandemic, which forced many students into social isolation, contributed to notable increases in the numbers of students reporting anxiety and depression, and low levels of resilience and coping. Despite recent evidence showing declines in reported student mental health challenges since the pandemic,ⁱⁱ many students continue to struggle – particularly those from marginalized backgrounds

Substantial evidence demonstrating that poor mental health is a key determinant of lower rates of success in college has motivated higher education institutions to experiment with strategies and programs to address the mental challenges of their students.ⁱⁱⁱ This is especially true for community colleges, which have historically provided limited mental health support services relative to four-year colleges, but disproportionately enroll traditionally underserved students with lower levels of access to medical care.^{iv}

Today, it is common to observe community colleges offering mental health counseling,

peer support groups, and basic needs support to offset the stress caused by broader problems, like housing, economic, and food insecurity.^v Set against the expansion of mental health services coupled with efforts to use resources more efficiently, community colleges have a strong interest in understanding the extent to which mental health interventions generate meaningful returns. Nevertheless, college personnel who implement and are most familiar with student-facing supports may not have the training or expertise to evaluate these services on their own.

This guide is an effort to address this challenge. It provides community college administrators and staff with a roadmap for designing evaluations that yield evidence-based insights into the effectiveness of their mental health programs and can help identify areas where those programs may be falling short. In this guide, we highlight the experiences of three Texas community colleges participating in a technical assistance project, Building Community College Research Capacity to Evaluate Mental Health Initiatives, to illustrate how a community college may carry out an evaluation of a mental health service.

Building Community College Research Capacity to Evaluate Mental Health Initiatives

This project provided technical assistance (TA) to three Texas community colleges - Alamo College - Northwest Vista, Amarillo College, and North Central Texas College - to help them evaluate the strengths and weaknesses of a selected mental health service. The TA, offered between June 2024 and June 2025, was designed to help each participating college learn how to conduct a program evaluation, support and guide each college's evaluation of a selected mental health service, and facilitate learning and collaboration through a community of practice. Colleges participated in four virtual, group TA sessions that followed the key steps for planning and conducting a program evaluation. In addition to the group TA sessions, colleges received individualized coaching and participated in a final in-person convening to present their findings.

Steps to Evaluate a Mental Health Service

The remainder of this guide describes seven steps to carry out an evaluation of a college-based mental health service, from identifying the service to study, through developing research questions, collecting and analyzing data, and communicating the findings. The guide includes illustrative examples from the three colleges that participated in the TA project. The guide also provides information on federal and state student privacy laws that should be considered when conducting research.

Step 1: Consider Which Mental Health Service to Assess

Many community colleges today implement a suite of services to support student mental

health. These include psychoeducational programming, gatekeeper trainings, and mental health counseling, among others.^{vi}

When selecting a mental health service for evaluation, it is important to ensure that it meets several key criteria. First, it should be well established—that is, it should have been implemented for at least several years. Interventions often encounter implementation challenges in their early stages, making it difficult to determine whether observed outcomes are due to the service itself or to poor implementation. Second, it should be considered a priority for evaluation. This prioritization may depend on factors such as the amount of institutional resources dedicated to the intervention or the degree to which students participate in it.



Alamo College – Northwest Vista: Sensory Safe Space

Since 2023, the Student Advocacy and Resource Center has operated a “Sensory Safe Space,” which offers students various types of mental health tools and equipment to help them manage stress, anxiety, and depression, including fidget tools, art supplies, sensory and tactile items, mental health books, weighted blankets and plushies, and noise-reducing and noise-canceling headphones.



Amarillo College and North Central Texas College: TimelyCare

To meet increased demand for mental health services, Amarillo College and NCTC contracted with Timely Care, a virtual health and well-being platform, to provide around the clock medical and mental health support, and self-care content to enrolled students. Amarillo partnered with Timely Care in 2022, and approximately 2,700 students registered for services across the following three academic years. NCTC did so in 2021 and saw student registrations rise every year to more than one thousand in the 2024 school year.

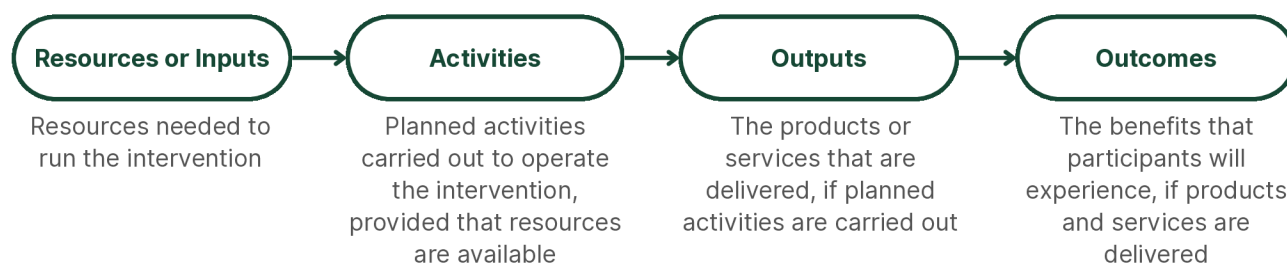
Pro Tip: Consider including staff from your college’s Office of Institutional Research on your evaluation team. These staff have experience navigating institutional data systems, retrieving and analyzing administrative data, and presenting results to college leadership in compelling ways.

Step 2: Develop a Logic Model

To conduct an evaluation that will yield meaningful results, it is important to understand how the selected mental health service works – what the intervention hopes to achieve, but also how it is designed to be effective. Developing a logic model can help community colleges clarify the outcomes the

mental health intervention is intended to change, and the mechanisms by which those changes occur. Logic models include four key sequential components: (1) the resources invested in an intervention (i.e., inputs), (2) the activities undertaken to implement the intervention, (3) the outputs the activities generate, and (4) the outcomes the intervention is expected to influence. All logic models include underlying assumptions about the conditions that are necessary for an intervention to work. Figure 1 shows a basic logic model. These assumptions often relate to the institution’s capacity to carry out the intervention and the extent to which students, staff, and faculty are aware of it.

Figure 1. A Basic Logic Model



Source: W.K.Kellog Foundation, 1998.

Examples of Logic Models

TimelyCare and the Sensory Safe Space—the two interventions selected for evaluation in the TA project—are resourced differently, operate in distinct ways, and use different mechanisms to improve student health. As one example, TimelyCare is web-based, requiring Amarillo College and North Central Texas College to invest in IT support to integrate TimelyCare and student enrollment data systems. The Sensory Safe Space, on the other hand, did not require such an investment since services were delivered in person and on campus. This illustrates that the logic models describing these

interventions will vary, though they may resemble each other in some ways. For example, all three colleges articulated that campus leadership invested significant financial and human resources to initiate each intervention.

Within the context of evaluating a mental health service, community colleges, as postsecondary education institutions, should consider the extent to which students benefit mentally but also academically from their efforts. Research documents that, for many students, good mental health is a precursor for their postsecondary success.^{vii} Examining

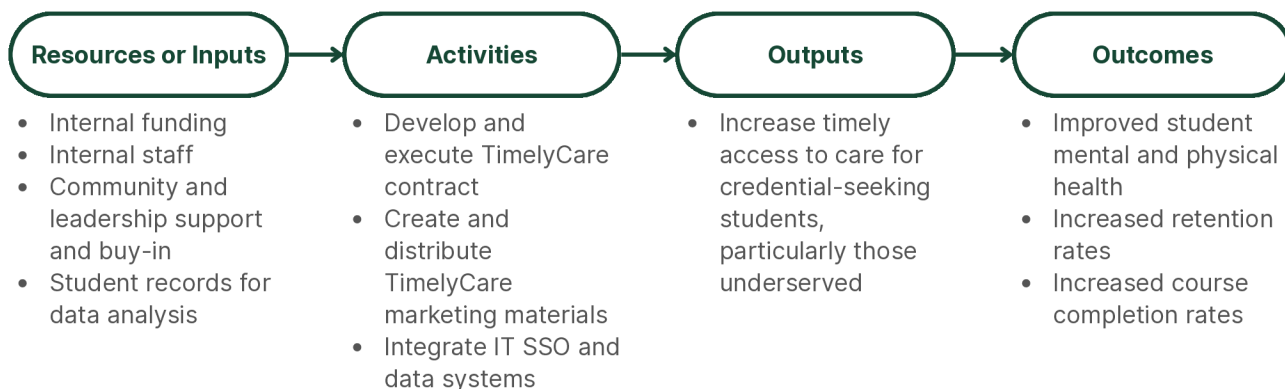
whether the positive mental health gains students experience translate into improved academic outcomes is critical for institutional investment decisions, particularly in states

that have shifted from enrollment-based to performance-based funding models.

The logic model for TimelyCare is shown in Figure 2 below.

Figure 2. Logic Model for TimelyCare Developed by Amarillo College

The figure below displays a snapshot of a logic model developed by Amarillo College that delineates the resources, activities, outputs, and outcomes associated with its implementation of TimelyCare services.



Step 3: Determine Evaluation Questions

Once a logic model is developed and there is a clear understanding of how the intervention is intended to work, the next step is to determine the questions that will guide the evaluation.

In an evaluation, questions can generally be grouped into two categories: (1) implementation questions, which focus on how resources are allocated and how effectively the program is carried out; and outcomes questions, which examine the extent to which a program benefits participants.

Questions focused on resources and implementation could include:

- Do administrators and staff have the capacity needed to implement the intervention effectively?
- How aware are students of the intervention? How was the intervention promoted to students?

- Did college staff receive adequate training to implement the intervention?
- How frequently are students using the services offered through the mental health initiative?
- How and when are students able to access the intervention? Are there barriers to access?

Questions focused on examining outcomes could include:

- Do students who receive mental health services attend class at higher rates than their peers who don't receive mental health services?
- Are students who participate in mental health services reporting higher levels of mental well-being?
- Do students receive lower scores on the PHQ-9 or GAD-7 after they receive mental health services?^{viii}
- Do students who participate, complete courses at higher rates than their non-participating peers?

Answering both implementation and outcomes questions can highlight opportunities to better allocate resources and strengthen implementation, and provide insights into the effectiveness of the target intervention. It can also help community colleges better understand the conclusions

drawn from outcomes questions. Results showing that students did not benefit from the intervention could stem from insufficient resources or poor program implementation rather than reflect the actual efficacy of the program.



Amarillo College: TimelyCare

Below are some of the questions Amarillo Community College asked that drove their evaluation of TimelyCare.

Questions that measure implementation

1. Does TimelyCare increase student access and utilization of primary care, mental health, and student support services (e.g., TalkNow, scheduling counseling and medical care, peer support)?
2. Does TimelyCare increase student access to and utilization of primary care, mental health, and student support services for underserved student populations (e.g., economically disadvantaged students)?

Questions that measure outcomes

1. To what extent is access to TimelyCare services associated with improved mental health outcomes (e.g., lower levels of distress)?
2. To what extent is access to TimelyCare services associated with improved academic outcomes (e.g., retention, transfer, graduation)?

Step 4: Identify the Data and Measures to be Used for the Evaluation


When designing an evaluation, most start by broadly conceptualizing the topics they want to study. These topics are typically selected because they help leadership evaluate the extent to which their investments generate returns and identify ways to optimize those returns. For example, a community college that has invested in teletherapy services for students will want to know the extent to which students are aware of and using the services. If evidence shows that only a small proportion of at-risk students are taking advantage of this service, community college

staff may need to rethink their advertising strategy, since any effectiveness would rely on utilization.

Collecting data that can yield such insights requires evaluators to translate or “operationalize” these topics into measurable indicators. In this stage of designing the evaluation, consider asking: What kinds of indicators could be used to measure what I care about?

In the example of the community college examining students’ use of teletherapy, it is conceivable that utilization could be measured in various ways. Evaluators should

ask themselves: How do I define utilization? What does utilization look like to me? For example, does the college believe that the services can benefit the broad student population or is it more important for a select targeted group of students to use them? Referring to existing data capturing the use of teletherapy could help colleges answer this question. For example, records from the teletherapy provider may include an indicator on the number of students who participated in at least one teletherapy session in the past month. They may also include an indicator of how many students attended multiple therapy sessions in the past month. Colleges should consider the extent to which existing indicators meaningfully contribute to their understanding of the topic. What will this indicator reveal—and what will it leave out? Ultimately, how will this indicator shape what we know about our intervention? Answering this question can help colleges determine if additional data, beyond what are already available to them, are needed.

 **Pro Tip:** Today, many community colleges routinely collect data for the purposes of meeting performance metrics, assessing the costs of delivering higher education, and tracking the utilization of student supports (e.g., advising, financial aid). For example, if a community college already administers a needs assessment to all incoming students at the beginning of the semester, it could add a brief set of questions gauging students' awareness of the intervention. Using existing data can aid in defining measures and can also lower evaluation costs.

In situations where a college needs to collect

new data, it is recommended that it uses measures that have been tested for reliability and validity. Measures that have undergone rigorous testing provide greater confidence that the data gathering tool (e.g., a scale to measure satisfaction, test, or interview protocol) is measuring what it is intended to measure. Student mental health records may not include an overall measure of student mental well-being. A college interested in measuring mental well-being may consider administering the Mental Health Continuum–Short Form, a validated data collection tool that measures positive mental health across three key dimensions: emotional well-being, psychological well-being, and social well-being.^{viii}

What level of data is needed to address my research questions?

Known as the “unit of analysis” in research, this question can help to clarify whether an evaluation seeks to share information about individuals (e.g., students), groups (e.g., classes), programs (e.g., TRIO), institutional departments (e.g., financial aid office), or institutions (e.g., campus). Identifying the level of data needed to answer a question guides evaluators toward the specific sources and types of information necessary to produce valid findings. For example, a college may ask this type of evaluation question: “To what extent does participating in teletherapy improve student mental health outcomes?” Answering this question would require student-level data that capture, at a minimum, whether a student participated in teletherapy and at least one indicator measuring their mental health.



North Central Texas College: TimelyCare Awareness Survey

Staff from North Central Texas College were interested in broadly understanding the extent to which their students were aware of TimelyCare and the services it offered. Since the college had not collected this information before, staff developed a six-question survey to assess students' awareness of TimelyCare. The survey first asked whether students knew what TimelyCare was. Students who indicated familiarity were then asked to identify the types of services TimelyCare offers, when those services are available, whether they come at a cost, and how they learned about TimelyCare.

Step 5: Collect and Access Data

Once colleges have determined how they will measure their topics or constructs, the next step is to begin data collection.

Collecting New Data

With the expansion of mental health services (e.g., teletherapy) and the addition of new supports (e.g., gatekeeper trainings), most data systems have not kept pace with capturing mental health information. Consequently, community colleges will likely face the need to collect new data. Below we list a range of issues that colleges ought to consider as they plan and implement data collection efforts.

Sampling strategy and sample size

In situations where it is not feasible or necessary to collect data from all students, faculty, or staff, colleges gather information from a sample instead. How a college selects its sample will depend on the objectives of the study. On the one hand, a random sampling strategy should be used when the objective is to generalize results from the sample to a broader population. For instance, let's say that a college wanted to learn about the mental health needs of its entire student population, but could not conduct a census because of costs. Alternatively, it could administer a survey to a random sample of students to capture this information. In

general, larger samples (i.e. greater than 30) increase the confidence that the results reflect the characteristics of the population. On the other hand, a purposive sampling strategy is more appropriate when the goal is to gain a deeper understanding of the experiences and perspectives of individuals affected by a phenomenon. For example, if a college wanted to understand the short- and long-term benefits of participating in peer support programs from the student perspective, it could invite participants who have been involved in the program for varying lengths of time to a series of focus groups to examine how their behaviors and outcomes changed.

Recruitment

The strategies evaluators employ to recruit students, faculty, or staff for data collection may shape the conclusions drawn from the study. These strategies can encourage or discourage participation, or may fail to gain the person's attention entirely. Colleges participating in the TA study mentioned that recruiting students through email did not yield high response rates. North Central Texas College, a community college participating in the TA project, suggested that a potentially more effective recruitment strategy could be through Canvas, a LMS platform, because it allows faculty to send

pop-up messages when students log in to their classes, making it less likely that students will overlook an invitation. Colleges should capitalize on strategies proven to enhance recruitment and outreach; this includes using social media and LMS platforms, and actively involving faculty.^x

Participant incentives

Research demonstrates that response rates increase when individuals know they will be financially compensated for their participation. When preparing the budget for the evaluation, try to allocate resources for participant incentives, such as a gift card to be raffled among participants.


Pilot testing your data gathering tool

No survey questionnaire or focus group protocol is perfect as a first draft. Pilot testing your data-gathering tool offers an opportunity to identify questions that are unclear or confusing, can be misinterpreted, or discourage individuals from participating. Pilot testing can also help determine whether there are potential challenges with administering the tool to your research sample.

Relying on Existing Data

It is common for community colleges to use separate systems to store different types of data, and for those systems not to be integrated with each other. Beyond the data that colleges routinely collect on their own, many have data sharing agreements with government agencies and external organizations to give them access to external information about the behaviors and outcomes of their students. Given the complexity of the data infrastructure of community colleges, evaluators ought to determine where their needed indicators reside if they are relying on existing data. The college's Office of Institutional Research (or

its equivalent) may be a useful resource in identifying the files and data systems that contain the data you need. Research staff can also clarify how many years or semesters of data are available, if the evaluation is examining changes over time in resource allocation, or students' awareness or utilization of available mental health supports.

 **Pro Tip:** Assess whether certain files can be linked (e.g., student enrollment data, student survey data, student support utilization). Linking requires a variable, or set of variables, that can reliably match records across files. These linking variables may include college ID numbers or student names and addresses. By linking student records across different data files, colleges can break down the data to determine the extent to which students are benefiting equally from the service and whether some are disproportionately unaware of or unable to access the service. To comply with federal and state privacy laws, all direct and indirect identifiers should be removed before data analysis begins.

It should be noted that federal and state laws may prevent the analysis of certain data if the data disclose protected individual health or education records. To comply with federal or state privacy laws, you should:

- discuss with your college's IRB office or equivalent department to understand how HIPAA, FERPA, the Common Rule, and state privacy laws apply to your efforts to evaluate your selected mental health initiative.
- develop and document procedures to properly de-identify student-level education and mental health records. HIPAA and FERPA enumerate identifiers that must be removed to protect student / patient privacy (for

example, name, SSN, telephone number, email address, place of birth).

- develop a data sharing plan that delineates (1) oversight of data, (2)

responsibilities of all parties with data access, and (3) restrictions on data sharing and reidentification of individuals.

Key Federal Laws Protecting Student and Patient Privacy

- **Health Insurance Portability and Accountability Act (HIPAA):** Enacted in 1996, HIPAA is a federal law to protect the privacy of patient health information, including individually identifiable health information in any form, such as oral communications as well as written or electronically transmitted information. HIPAA applies to any health care provider working on or off campus (e.g. doctor, nurse, licensed professional counselor).
- **Family Educational Rights and Privacy Act (FERPA):** Enacted in 1974, FERPA is a federal law that protects the privacy of students' personal records, including files, documents, or other materials that contain information directly related to a student and are maintained by an educational agency or institution. This includes health information in an education record. FERPA applies to an education institution that receives funds under any program administered by the U.S. Secretary of Education.
- **Common Rule:** Also known as Federal Policy for the Protection of Human Subjects, it provides additional protections to individuals who provide private data for research.

Key Texas Laws Protecting Student and Patient Privacy

- **Texas Medical Records Privacy Act:** TMRPA is a state law that governs the privacy and security of medical records and generally provides protections that are broader than federal standards.
- **Texas Identity Theft Enforcement and Protection Act:** This act regulates the collection, use, and protection of sensitive personal information and outlines requirements for notifying individuals in the event of a data breach.
- **Texas Student Privacy Act:** Texas lawmakers passed House Bill 2087 in 2017 to protect the personally identifiable information of students that is used in connection with online websites and services for a school purpose.



Amarillo College: Merging Student TimelyCare and Enrollment and Completion Records

Prior to participating in the TA project, Amarillo College and TimelyCare entered a data sharing agreement (DSA) that allowed college staff to examine the extent to which utilizing mental health services through TimelyCare related to mental health outcomes, and short and long-term academic outcomes. Under the agreement, TimelyCare and college research staff integrated individual student records from several data sources, including files on service utilization, mental health indicators (e.g., depression and anxiety measures), demographic characteristics, enrollment, credential completion, and upward transfer. The data analyzed for Amarillo College's evaluation were de-identified and stripped of any elements that could increase the risk of reidentification, in compliance with FERPA, HIPAA, and state privacy laws.

Step 6: Analyze the Data

Once you have collected and gained access to your data, you can begin to analyze them.

Describe the sample

It is important to clearly understand who is represented in your sample, especially when your data do not include all the individuals you wanted to study. For instance, you might have sent out a survey to faculty to assess the extent to which they participated in mandatory gatekeeper trainings and found them useful in identifying students in need of mental health support. Since the survey was optional, not all faculty may have responded. Examining the characteristics of your respondents allows you to gauge how well your sample reflects the broader population you want to understand. If the characteristics of the sample do not reflect the characteristics of the population, then the findings must clearly state that they are not generalizable to the faculty population as a whole. In addition, when you use administrative data that cover all enrolled students, it's important to describe the academic and demographic makeup of the overall student population. This helps you see whether the students who know about and use the services look similar to the overall student population.

Create snapshots of the data to answer your questions

After you have described your sample, you will next examine the data that will answer your research questions. An important step is to review the descriptive frequencies in the data. Returning to our previous example, evaluators could start by determining what percentage of faculty participated in gatekeeper trainings and then break that figure down by relevant faculty characteristics—such as department,

tenure status, or courseload—to better understand who is engaging with the training. If you wish to conduct analyses that extend beyond descriptive measures, more advanced statistical techniques can be used to examine patterns and relationships in the data. For example, if you want to explore whether participating in gatekeeper trainings is associated with being an adjunct faculty member, you could calculate a correlation to determine the direction and strength of that relationship. This will help you determine whether adjunct faculty members are more or less likely to take part in these trainings relative to their non-adjunct peers.

Interpretation

In any analysis, making sense of the findings is a critical next step in determining what is important and where to focus your attention. If your results indicate that psychology department faculty were more likely to participate in gatekeeper trainings than other faculty, evaluators may want to investigate why. Does the psychology department require its faculty to take the training? Do faculty, particularly faculty from other departments, feel comfortable acting on the information provided in the training? Although colleges may lack the resources to conduct additional data collection, informally testing hypotheses through discussions with college staff can yield valuable insights that could inform actionable steps.



Amarillo College: An Analytic Snapshot of TimelyCare Service Utilization and Retention

Amarillo College’s evaluation found that only 7.6% of students from its target population used TimelyCare services, considerably lower than the 35.3% registration rate among the target population with the exception of MedicalNow, a 24/7 virtual primary care service. The analysis also revealed that students using MedicalNow were significantly more likely to be retained while utilizing the service, particularly first-generation students, part-time students, student parents, and transfer students. Utilization of other TimelyCare services was too low to determine if it was positively associated with student success.

Causation vs. Correlation

A common mistake when reviewing research findings is assuming that a correlation automatically means one factor caused another. A correlation simply shows that two things are associated with each other. Causation, however, means that one factor directly leads to a change in another—and proving that requires much stronger evidence. For example, if you find that students using teletherapy have lower grades than students who do not, this does not necessarily mean that teletherapy caused their lower performance. Students who seek teletherapy may also be dealing with other challenges—such as food insecurity or stress—that can affect their grades, more so than non-participants. For teletherapy to be identified as the sole cause of changes in student success, students would need to be randomly assigned to receive it. Only then could the evaluation discount other factors that could contribute to improvements in student success.

Step 7: Communicate Findings to Stakeholders

The final step is to share the evaluation results with stakeholder groups. Consider the evaluation results and which stakeholders have an interest in those results. Stakeholder groups may include the college’s leadership, the board of trustees, counselors, and faculty, among others. Who needs to know about the results, and who might have an interest in knowing the results?

Drawing from descriptive information on the mental health service itself, the components of the logic model, and the evaluation results, develop key messages in plain language. Then, consider any goals for each audience and if the key messages should be tailored. Is

the objective simply to make them aware of the evaluation, or to have them act in some way? For example, if the evaluation results show that students are still largely unaware of the mental health services, it may be a good strategy to ask stakeholder groups to partner in scaling up communications to students. Or, if the evaluation shows that the services are beneficial to students, it may be appropriate to advocate for continued funding. Still, following best practices, research findings should not contain any language that implies causality when causal methods (such as a randomized controlled trial) are not used.

Next, consider using various formats to communicate key takeaways from the evaluation, such as a one-page summary, a PowerPoint presentation, and/or a brief email. Presenting results visually by including one or two graphics—such as bar charts or pie charts—can make the findings easier to understand. No matter the format used, be sure to include a description of the program, the goals of the evaluation, and a set of

recommendations for both the next evaluation and for improving the program itself.

Once the messages and materials are prepared, develop a sequence and schedule for sharing with the stakeholder groups. Include in the schedule some dates in the future for following up on any proposed action steps.



North Central Texas College's Dissemination Strategy

The NCTC team identified three stakeholder groups to share their evaluation results with: (1) the Board of Trustees, (2) dual credit coordinators at feeder high schools, and (3) faculty. The Board of Trustees had allocated significant resources to contract with TimelyCare for online student support services. Dual credit coordinators and faculty were also recognized as key stakeholders due to their critical role in informing students about the TimelyCare services. The NCTC team decided to share the full evaluation results with all stakeholder groups via oral presentations in meetings, while tailoring the messaging around the implications to suit each group's interests and roles. For example, the NCTC team determined that they would discuss strategies that dual credit coordinators and faculty could implement to increase the awareness of TimelyCare services (e.g., recommending that dual credit coordinators make TimelyCare a talking point in discussions with high school students and their parents, and encouraging faculty to add information about TimelyCare in their syllabi).

Lessons Learned by Participating Colleges

Through participation in the TA project, colleges discovered ways in which they would have strengthened their evaluation if given the chance to do it again. Below are some of the key lessons they learned.

Use communication mediums that are difficult for students to ignore

North Central Texas College and Alamo Northwest College administered student surveys, and both experienced low response rates. This is likely because students ignored emails requesting their participation in their

college's evaluation. For any evaluator, it is important to acknowledge that students are inundated with information to such an extent that many disregard messages that do not have immediate consequences for them. To ensure this issue does not compromise the quality of the evaluation, colleges should consider strategies that make data collection efforts more difficult for students to ignore. For example, instead of sending an email with a survey link to the students, colleges may want to work directly with faculty to administer the survey in class. Colleges may also consider leveraging pop-up features within the LMS to notify students of

opportunities to participate in studies aimed at improving the quality of services they receive. For example, Canvas, the LMS used by North Central Texas College, is designed to deploy notices immediately when a student logs on to their class. While students should always have the choice to participate in a study, that choice should be informed rather than the result of ignored or missed communications.

Design brief surveys that are accessible on both computers and mobile devices

Research consistently shows that shorter surveys tend to yield higher response rates and better-quality data. In conducting their evaluation, the Northwest Vista College evaluation team determined that the length of their survey likely deterred some students from taking it. For the next evaluation, they plan to create a shorter survey—5–7 minutes in length and accessible on multiple platforms—to improve response rates and data quality.

Notes

ⁱ National College Health Assessment, American College Health Association, 2021.

ⁱⁱ University of Michigan School of Public Health. (2025, September 9). *Nation's largest student mental health study finds sustained improvements across key measures*. <https://sph.umich.edu/news/2025posts/college-student-mental-health-third-consecutive-year-improvement.html> and https://healthymindsnetwork.org/wp-content/uploads/2025/09/2024-2025_HMS-National-Data-Report_Student.pdf

ⁱⁱⁱ Abelson, S., Lipson, S.K., & Eisenberg, D (2022). Mental health in college populations: A multidisciplinary review of what works,

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^{iv} Lipson, S. K., Phillips, M. V., Winkquist, N., Eisenberg, D., & Lattie, E. G. (2021). Mental health conditions among community college students: A national study of prevalence and use of treatment services. *Psychiatric services*, 72(10), 1126-1133.

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^{vi} Kosiewicz et al, 2024

^{vii} Abelson, Lipson, & Eisenberg, 2022

^{viii} The GAD-7 is a seven-item instrument used to measure the severity of Generalized Anxiety Disorder. The PHQ-9 is a 9-item self-report questionnaire used to screen for depression and assess its severity.

^{ix} Keyes, C.L.M., Wissing, M., Potgieter, J.P., Temane, M., Kruger, A., & van Rooy, S. (2008). Evaluation of the mental health continuum-short form (MHC-SF) in Setswana-speaking South Africans. *Clinical Psychology & Psychotherapy*, 15(3), 181-192.

^x Uy, L., Safwan, N., Ahmad, R., Uddenberg, E. R., Karam, J., Hurtado Andrade, M. D., Sykes, N. J., Faubion, S. S., & Shufelt, C. L. (2025). Research recruitment strategies in the digital era: Opportunities and challenges of social media. *Contemporary Clinical Trials*, 108033.

^{xi} MedicalNow is a service that offers students access to urgent care 24/7. Scheduled Counseling allows students to schedule an appointment with a licensed professional counselor of their preference.