

CRITICAL CONSIDERATIONS

BEFORE CONTRACTING WITH

A TELETHERAPY VENDOR



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The rise in the number of college students who are struggling with mental health concerns has been well documented. The Healthy Minds Study data from 2013 to 2021 indicated that the number of college students with depression had increased by 135 percent, those with anxiety had risen by 110 percent, and students struggling with one or more mental health concerns had doubled (Lipson et al. 2022), to name just three startling statistics.

It is not surprising that there is a corresponding increase in students visiting their college counseling center—one study indicated a 90 percent increase in the number of students who were seeking counseling services on campus (LeViness et al. 2020). Moreover, the acuity of concerns is escalating, including suicidal thinking, suicide attempts, and traumatic experiences (Center for Collegiate Mental Health 2023).

Notably, the Healthy Minds Study also revealed significant differences among specific populations in the prevalence of mental health problems and treatment, with non-White students having higher rates of anxiety, depression, suicidal ideation, and other mental health problems than White students and White students having higher rates of eating disorders and suicidal ideation. Further, non-White students access care at their college counseling center at significantly lower rates than White students (Primm 2018). In other words, when addressing this mental health crisis on campus, we must consider not only who we serve but also how to best meet their needs.

Many colleges have hired additional counselors, but most institutions are still struggling to keep up with demand (Abrams 2020a). As a result, a host of teletherapy vendors have entered the market and are looking to fill the gap. For the purposes of this brief, teletherapy is remote, digital communication with a therapist that often takes place via video call. While other tools are often associated with telehealth overall, this brief will focus on those services that offer communication with another person.

TYPES OF TELEHEALTH AND TELETHERAPY

Due to the impact of COVID-19, the increase in service demand, and the acuity of mental health issues on campus, an increasing number of colleges and universities are offering a teletherapy option to their students and, in some cases, to their faculty and staff as well. While this brief focuses primarily on that type of platform, there are many online mental health apps that have been developed that do not involve direct interaction with a licensed therapist. Some of these options are free and some are subscription based. They range from mindfulness apps on a smartphone to manual, self-guided online cognitive behavioral therapy programs. In many cases, teletherapy vendors include some of these features as part of their overall offerings.

A sampling of these offerings follows:¹

Online apps allow students to track their moods and behaviors; provide guided meditations; administer mental health screenings; enable access to online communities for support; and offer a variety of resources, including material on common mental health issues such as anxiety, depression, and eating disorders as well as information on where to go for help. Some of the more popular apps, such as Headspace and Calm, focus on mindfulness and offer experiences that can range from 10 minutes to an hour.

Chatbots are computer programs that communicate with students via text or voice activated technology. This format responds to key words and phrases with resources cued by artificial intelligence to direct students to resources and activities. An example of an automated chatbot is Woebot, which can identify users' moods from emojis, distinguish possible distorted thoughts underlying moods, and suggest more helpful thoughts.

Neither online apps nor chatbots involve communication with a live therapist. Instead, artificial intelligence responds to students' key words and phrases by offering support and resources.

Text therapy allows students and licensed therapists to communicate via text messaging. Some text therapy vendors provide 24-7 texting in real time, while others may respond at preset times or appointments throughout the day. The latter format may result in the student having to wait for a response for some period of time.

Teletherapy provides students with individual therapy with a licensed therapist contracted with the teletherapy platform (usually a clinical social worker, psychologist, or licensed counselor) via the phone or through a video platform. Appointments are usually 50 minutes, which is similar to in-person counseling sessions.

Telepsychiatry provides psychiatric evaluation, therapy, patient education, and medication management with a licensed psychiatrist. (Unlike psychologists and counselors, psychiatrists can prescribe medication in addition to providing counseling.) Many colleges do not have psychiatrists or psychiatric nurse practitioners on staff, so students are often referred to the surrounding community for prescribing and managing psychiatric medication. The referral process is often challenging, as there may be very few psychiatric providers in the community—especially in rural areas—and wait times and cost can be prohibitive. For these reasons, telepsychiatry can be a valuable option for many campuses.

1 See the [appendix](#) for additional resources.

The COVID-19 pandemic both increased demand for teletherapy and normalized its online delivery model. For many students who returned home during the pandemic, teletherapy provided access to virtual care that they may otherwise have been unable to receive. A report from the Association for University and College Counseling Center Directors noted that in 2019–20, prior to the pandemic, counseling centers conducted an average of 17 teletherapy sessions, while in 2020–21 that number increased to 1,164 sessions (Gorman et al. 2021). Teletherapy is understandably appealing to any campus that has overwhelming demand, but it is particularly salient for institutions that don't have counseling centers.

But the variety of services teletherapy vendors offer—from chatbots to virtual therapy—can be overwhelming, particularly when the stakes for students' mental health are higher than ever. This brief offers a roadmap for campus leaders who are considering teletherapy providers or looking for ways to meet student demand. It weighs the benefits and drawbacks, outlines key factors each campus should consider, briefly reviews the types of related telehealth, and raises essential questions and concerns to bring to potential vendors.

PROS AND CONS OF TELETHERAPY

Benefits of Teletherapy

A report by the American Psychological Association shows that teletherapy is *just as effective as traditional, in-person therapy* for a wide range of mental health problems, including depression and anxiety—the two most prevalent mental health struggles reported by college students (Abrams 2020b). And in a review of studies published in *World Journal of Psychiatry*, patients who received mental health treatment through video teletherapy platforms reported high levels of satisfaction (Chakrabarti 2015). When exploring teletherapy options, campus leaders can be reasonably confident that teletherapy is an effective option for addressing student mental health.

The addition of an outsourced teletherapy service often *reduces wait time* for appointments, a critical need on many campuses. Many teletherapy services offer on-demand services with little or no wait time to speak with a licensed therapist. For example, a prominent teletherapy vendor reported that average wait times on their platform are just three to seven minutes, as compared with upwards of two weeks or longer at many college counseling centers (TimelyCare 2023). Most outsourced teletherapy services also offer *24-7 access to care*, which often suits students' busy or untraditional schedules. For students who work or have other daytime responsibilities, around-the-clock access may determine if they receive care at all. Indeed, a prominent teletherapy vendor reports that almost 40 percent of their visits occur after hours (TimelyCare 2023).

In addition to *24-7 access to care*, teletherapy also allows students to *continue their treatment during the summer and other breaks* while they are away from campus and when counseling centers are often closed. Additionally, many teletherapy vendors have providers who are licensed in states across the country—and some globally—which eliminates the problem of licensing restrictions that can prevent clinicians from offering services across state lines.

Further, students have reported that teletherapy options make accessing care *more convenient* or even possible (Hadler et al. 2021). They can engage in teletherapy in the privacy of their own room when it is convenient for them, and traditional-age, digital-native students generally feel comfortable with this format. Teletherapy and telepsychiatry can provide convenient access to care for students that is otherwise unavailable at their institution. The convenience factor is particularly advantageous for institutions in rural communities that have few mental health providers within a reasonable distance from campus.

While the stigma around mental health is on the decline among young people, it does still exist, especially in certain populations and cultures. Engaging in counseling through teletherapy *minimizes the stigma* that some students feel when accessing care. For some, having to physically go to the counseling center can be a barrier, whereas engaging in therapy in the privacy and safety of their own space is a viable option.

Institutions with student parents, military-connected students, LGBTQ+ students, or international students can benefit from the *breadth of experiences and backgrounds* of telehealth providers, which would be difficult to achieve both in person and on campus. For example, a student military veteran may be able to find a provider who also has a military background, while a student undergoing a gender transition may be able to meet with a provider who is best equipped to relate to that experience. Additionally, many counseling centers have difficulty hiring clinicians from various racial, ethnic, and other types of backgrounds to meet the needs of their diverse student body. Oftentimes, students note that they do not seek help at their college counseling center because there are no providers who look like them. Teletherapy platforms address this concern by providing clinicians who have diverse identities to best match the students they serve.

Drawbacks of Teletherapy

When considering using a teletherapy vendor, college administrators have expressed *concerns about confidentiality and privacy*. Confidentiality is central in psychotherapy and is the foundation upon which trust is established between the student and the therapist. When treatment is being conducted online, risks of hacks and privacy leaks must be considered, as is the case with any online service.

In addition, *internet access can be unstable*, making connection to a teletherapy provider potentially unreliable. If a student is in crisis, a dropped connection leaves a student who is experiencing an acute issue without access to their provider. Unreliable internet access can be found everywhere but is particularly of issue in rural or developing areas. High-speed internet is also a level of service many students cannot afford. Related, some students may have *difficulty finding a private space* to speak with a teletherapy provider.

An online medium also *limits observation of body language* that is possible during traditional in-person therapy. Body language can help therapists gain a better understanding of clients' moods and behaviors as well as when they may be in crisis.

Depending on the institution's budget for mental health, the *cost of teletherapy platforms can be prohibitive*, ranging from tens of thousands of dollars to hundreds of thousands of dollars depending on the size of the student population and the type of services offered (Anderson 2020). Some institutions contract with the teletherapy vendor to offer services at no cost to the students, while others charge students a fee to access care. A prominent teletherapy vendor reports that the rate of utilization is 20 percent when students are charged a fee versus 70 percent when the service is free.

Another challenge when selecting a teletherapy vendor is understanding the level of *experience and qualifications* of the providers. While some platforms have seasoned, licensed clinicians, others may have far less experienced or qualified providers. And unlike college counseling center clinicians, teletherapy providers may not be trained in understanding college students, their struggles, their developmental stage, or the dynamics of their individual campus. For this reason, it is important to identify meaningful metrics that track outcomes and students' experiences with providers, analyze those metrics, and then course correct as needed.

Finally, if a student is in crisis, clinicians are *limited in how precisely they can respond* with local resources and provide direct assistance when remote. Knowing how and where to access emergency services for students in crisis when not on campus—or even in the state—can be a major challenge. And unless an agreement exists between the teletherapy service and the college's counseling center to share information in the event of an emergency, the college may remain *unaware of students who are in crisis*. Further, it can be even more

challenging for those colleges that do not have a counseling center on campus, as it is often unclear who the college contact would be. An emergency contact person at the college must be identified so that the college is prepared in the event of a student presenting emergently to an outside teletherapy provider.

CAMPUS-SPECIFIC CONSIDERATIONS

Teletherapy is an effective tool for many institutions when managing student mental health, but not all institutions have the same needs. When considering investing in a teletherapy service, it is important to first determine the level of need and whether students would use the service. A formal needs assessment of what counseling services are offered on campus is a good first step, and it should include determining where there may be gaps and surveying students about their needs and wants.

The Association for University and College Counseling Center Directors' 2021 survey found that most campus counseling centers saw about 15 percent of the student body and the average wait time for an appointment was five days (Gorman et al. 2021). If an institution is seeing significantly higher numbers or—more tellingly—the wait times for nonemergency appointments are long, then a teletherapy provider may assist in closing key gaps. While no one number determines acceptable wait times, a student in crisis should be seen within 24 hours, even if it is just for a triage appointment or evaluation. Making sure students have access to a crisis hotline is also critical for crisis situations (e.g., 988, a national suicide and crisis hotline).

For those institutions who have counseling centers on campus, these questions can indicate whether a telehealth vendor could help increase capacity or improve the experience of specific populations. A negative response may indicate that a campus could benefit from utilizing teletherapy.

Is the clinician-to-student ratio within a normal range?

The International Accreditation of Counseling Services recommends that college counseling centers have a minimum of one FTE professional (excluding trainees) for every 1,000–1,500 students.

Does the counseling center offer services outside of normal business hours?

The results of a student survey can be helpful in determining if there is a need for after-hours care and whether students would access it.

Does the counseling center provide 24-7 on-call services for mental health crises and emergencies?

It is imperative that some staff on campus provide 24-7 on-call service if the college does not contract with an outside service to do so. Student affairs staff often serve as the frontline staff with counseling and health center staff as backup.

Does the counseling center provide services during the summer and during breaks? If the counseling center provides services during these times, what is the capacity? Is there a demand for more services during these periods?

If students live on campus during the summer and during breaks, it is important to provide access to care from either on-campus professionals or outside vendors.

Is the clinical staff diverse—by race, ethnicity, gender, sexual orientation, etc.?

Comparing student body demographics with those of the counseling center staff can be a good start. Many students who are traditionally marginalized are less likely to access care at their counseling center when the staff doesn't look like them or understand their culture.

Does the counseling or health service offer psychiatric evaluations, prescribe psychiatric medications, or offer medication management? If yes, what is the wait time for these?

For those institutions that offer psychiatric services on campus, an analysis of the counseling center utilization data for psychiatric appointments will be most helpful in making an informed decision as to whether current available services are meeting student demand. If psychiatric services are not available on campus, telepsychiatry can be a valuable option for filling that gap.

WHEN YOU'VE DETERMINED A TELETHERAPY PROVIDER WOULD BE BENEFICIAL

Once an institution has identified that a teletherapy option could increase capacity, it is critical to first evaluate if students will use it. In addition to thoroughly answering the questions above, a survey of the student body and corresponding focus groups can be helpful. While gathering students' perspectives, it is important to ask not only whether they are likely to use teletherapy but also about their motivations and preferences.

If the institution opts to do a survey, it is essential to collect demographic information, especially related to students' identities. Disaggregating this information will help in identifying potential gaps in service for underserved students who may be looking to utilize the counseling center and its services. Focus groups should be conducted with students who have various needs and identities to better understand what the students are looking for and how the institution can match those expectations.

Consider these potential questions, which can be used for either a survey or corresponding focus groups.

If the institution *has a counseling center*:

Have you ever tried to use the counseling center on campus?

If not, why not? Provide response options, such as:

- Appointment wait times are too long.
- The hours at the counseling center are not convenient.
- The staff is not diverse—there are no clinicians who look like me.
- I feel uncomfortable going to the counseling center because I'm afraid someone may see me enter the building or the waiting room.
- I haven't sought counseling on campus.
- I haven't felt like I needed counseling.
- Other

Develop questions that collect demographic information to ensure students with different needs and identities are represented. Consider collecting the following information:

- Race and ethnicity
- Gender (give students options outside the man-woman binary; for example, include nonbinary, transgender, and agender, or allow respondents to self-identify)
- Sexual orientation
- First-generation college student status
- Deferred Action for Childhood Arrivals (DACA) or undocumented status
- Student parent or student with dependents
- Veteran or military status



If *counseling services are not offered on campus*, in addition to the demographic questions above:

Have you ever been in therapy or counseling or are you currently in counseling or therapy?

Would you like to engage in counseling or therapy?

Are there barriers that may prevent you from engaging in counseling? Consider including the following options.

- Finances
 - Is there a fee per session that feels manageable?
- Time
 - Do you lack time?
 - Do you need available hours outside the typical 9:00 a.m. to 5:00 p.m. hours of operation?
- Stigma
 - What is the origin of the stigma for you? Are you worried about lack of understanding from peers, family, yourself, your workplace, faculty, staff, or the community?
- Would you prefer a provider who is like you (racially, ethnically, other identity)?
- What are other barriers that may prevent you from taking advantage of counseling or therapy?

For institutions with or without services, the survey should also ask students whether they would use teletherapy and why or why not, as well as their level of satisfaction with the service if they had previously used teletherapy. The survey should describe the variety of platforms that are being considered for implementation (online apps, chatbots, text therapy, video or phone therapy, telepsychiatry) and ask students which ones they would be most likely to use. Rank order may be helpful. A list of potential platforms or approaches is listed in the next section.

Lastly, each campus with a counseling center or staff must determine how much teletherapy to offer relative to on-campus counseling services. While teletherapy can augment the services a campus offers, it is likely not a one-to-one replacement for in-person services. Counseling centers and their staff understand the climate of the student population and can promote additional wellness resources that the institution offers. Additionally, counseling centers are better prepared to respond to students in crisis. The exact amount of in-person support versus teletherapy will vary from campus to campus, but the goal should be a balance between both.

VENDOR ASSESSMENT

Once a decision has been made that a teletherapy option is a viable choice, institutions will need to find a vendor that meets the needs of the institution. With the rise of the virtual mental health space, choosing a teletherapy vendor has become increasingly complex. The volume of potential vendors and the variety of services can make the assessment process feel overwhelming. Yet the best perspective for decision-making is that of an individual campus. Institutions should consider their specific data on the metrics, assessments, and surveys noted in this brief to determine the campus's individual needs.

The following questions can help an institution to assess a good fit between its student population and a vendor:

Based on institutional data, what areas are not being served?

Specific populations, times, or services should be considered and compared with the offerings of the teletherapy vendor to find the best match. For example, does a campus need additional psychiatry services, or does it need reduced wait times for all services?

Are all clinicians who may be providing clinical services licensed?

The United States requires that professional counselors must be licensed in order to legally practice. Professional licensure protects the public by enforcing standards that restrict practice to qualified individuals who have met specific qualifications through education, work experience, and exams. When considering a teletherapy vendor, it is important to verify that all providers who counsel students are licensed.

Some vendors may supply coaches to students. These individuals are trained to assist students, and research suggests they are positive supports (Jeannotte, Hutchinson, and Kellerman 2021), especially for those populations more likely to utilize a coach than a counselor for cultural reasons. That said, coaches are not necessarily professionally licensed to be counselors or therapists in clinical terms, and it is important to distinguish between the two offerings.

Does the platform ensure confidentiality and is it Health Insurance Portability and Accountability Act (HIPAA) compliant?

In order for students to feel comfortable and safe accessing counseling, confidentiality is of utmost importance. It is important to confirm that the teletherapy vendor is HIPAA compliant and maintains confidentiality of records accordingly.

Are all clinicians trained to understand college student concerns and the developmental challenges of this age group?

While most clinicians are trained to treat the majority of mental health concerns, clinicians who treat college students are specifically knowledgeable in the developmental stage of college students, familiar with the challenges they may face, and aware of what challenges they may have to navigate on campus.

Does the platform meet the needs of the diverse student body by including clinicians who are racially, ethnically, or otherwise diverse?

Students report that they are more likely to access care when the therapist looks like them and understands their culture. Thus, it is important to ask for the demographic breakdown and specialties of the providers from the vendors under consideration in order to ensure access to a diverse group of practitioners.

Does the platform include clinicians who are licensed in states across the country?

It is important to confirm that the teletherapy vendor has providers in multiple states—and preferably in every state in the U.S.—to ensure that students receive care from a licensed provider regardless of their physical location.

Does the platform offer the desired modality (e.g., online apps, chatbots, text, video and phone therapy, or telepsychiatry)?

Students vary in their preference for treatment modalities, so it is helpful to choose a platform that best meets students' preferences (as determined by responses to the student survey and focus groups).

Teletherapy vendors can also supply other services like chatbots, texting options, mental health support programs, peer support, online tools, and other resources.

Does the vendor provide an increase in capacity during high stress times of the academic calendar, including midterms and finals?

Most college counseling centers see a spike in utilization during these times, so it can be particularly helpful if the teletherapy vendor can increase capacity during these peak periods.

Do other campus customers speak well of the specific aspects of the vendor's services the institution would utilize?

Asking other colleges and universities who are utilizing the services of the vendor about successes and pain points can narrow the field of potential teletherapy candidates or circumvent similar issues with the same vendor.

A final but very important consideration is to determine the type of partnership the college wishes to have with the mental health vendor—specifically the level of collaboration between the college (specifically, the college's counseling center, if applicable) and the vendor. The partnership can range from vendors that operate completely independently and share no information with the college to established agreements to share information in the event of a crisis or emergency.

In some cases, the college will have regularly scheduled meetings with vendors to discuss concerns, utilization rates (numbers of users and average number of sessions per student), and outcome data. More detailed topics during these meetings could include the response time of the vendor, providers who students are most likely to access, and the student experience. Some campuses will ask for or independently implement satisfaction surveys to better understand what can be improved.

Many vendors work with colleges to tailor their services according to what the institution prefers. At a minimum, most colleges request data on the utilization rate, and colleges opt for being notified in the event of an emergency or crisis so that they can support the student and notify their emergency contact if indicated. Colleges must find a balance between receiving too much detailed information and not receiving information they would otherwise act on. For example, knowing that a student is receiving counseling to help with a

break-up from a partner is not useful outside the aggregate. On the other hand, knowing that a roommate is causing undue levels of distress could be acted on by the student affairs or housing departments.

It is also important for the institution to share timely and relevant information from campus with the vendor—such as student deaths, racial violence, or other events that would affect the mental health of students. Ultimately, institutions should choose a vendor that will both provide and receive the level of information the college or university is most comfortable with through a communication channel that works for both parties.

The counseling center—if the institution has one—will be the office that is most likely to interface with the vendor, so it is important for the counseling center staff to weigh in on the type of partnership and level of information sharing that they believe will best serve students. Some colleges that do not have counseling centers on campus employ case managers, often within the dean of students' office, for this role. In the absence of a counseling center or a case management office, the dean of students or the vice president of student affairs will likely determine the type of partnership the college requires with the teletherapy vendor.

Finally, it is important that students are well-informed regarding the level of information that teletherapy providers will share with the college and under what circumstances. To help students to feel as comfortable sharing information with a teletherapy provider as they might with a counselor on campus, students should be told both in what form (e.g., in aggregate and on what topics) and when specific information about them would be shared (e.g., when the possibility for harm arises).

The current landscape suggests that teletherapy is here to stay and can be a useful and effective offering for colleges to consider. While traditional in-person, group, and individual therapy are excellent treatment choices, teletherapy options can provide services and support to those who may never access in-person counseling or are more comfortable with a digital option. Providing a variety of treatment options can allow colleges to reach the largest number of students and best support their mental health.

APPENDIX OF TELETHERAPY VENDORS

These vendors are listed as resources, and inclusion herein is not an endorsement of any kind. Institutions will need to discern which vendor can best serve their campus size, student profile, and the unique needs of their community.

- AllOne Health Student Assistance Program
- BetterHelp
- BetterMynd
- AbleTo/Joyable
- Care Solace
- Christie Campus Health
- TELUS Health (for faculty and staff)
- My SSP (for students)
- Mantra Health
- META
- Oasis
- Protocall
- Sanvello
- Sibly
- SilverCloud by Amwell
- TalkCampus
- TalkSpace
- TAO Connect
- TimelyCare
- Togetherall (mental health peer support)
- UWill
- WellConnect

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