Measuring Acuity and Complexity at Presentation for Care in a College Counseling Center
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Introduction
The increasing volume of students seeking treatment at college counseling centers is well documented. High acuity students and those presenting with intensive needs also strain our systems, often requiring more time and resources. Time spent caring for these students is not fully captured by numbers of students served. Potential negative impacts of inadequate resources to address acuity include worse clinical outcomes and staff burn-out. We measured some indicators of illness severity and complexity at presentation to care to help inform strategic planning. Our effort included the development of an Acuity Measures questionnaire to capture a more comprehensive range of illness severity factors.

Methodology
- **Population:** Students presenting to the University of Virginia Counseling and Psychological Services (CAPS) between Oct. 2021 and Dec. 2022.
- **Data source:** An IRB-approved de-identified database linking multiple clinical and academic datasets, including our electronic health record, Medicat.
- **Process:**
  - To measure acuity, we collected data related to severity and risk at three entry-to-care/intake points.
  - We devised an Acuity Measures tool: a yes/no questionnaire completed by the provider listing 23 factors or diagnoses associated with higher acuity.
- **Intake Points and Measures:**
  - **Initial Phone Assessment (IPA):** AUDIT-C (screening tool for problematic alcohol use); 5 suicidal ideation/homicidal ideation risk questions
  - **Intake:** Counseling Center Assessment of Psychological Symptoms (CCAPS) Suicidal Ideation item
  - **Psychiatric Evaluation:** Acuity Measures; PHQ-9 (depression); GAD-7 (anxiety); MDQ score (bipolar); CUDIT-R score (cannabis use)

Discussion
- Between Oct. 2021 and Dec. 2022, CAPS saw 2,636 unique students for an initial phone screening, 1,195 unique students for a psychotherapy intake appointment and 384 unique students for an initial psychiatric evaluation.
- Our data supports what we are experiencing anecdotally: a significant number of students are presenting for care with high levels of clinical acuity and complexity.
  - IPA: approximately 50% of students scored in the positive range on the AUDIT-C, suggesting problematic alcohol use (figure 1)
  - IPA: 43% of student reported having had suicidal thoughts in the past and 12% endorsed current thoughts of death or suicide
  - Intake: 33% of students endorsed “I have thoughts of ending my life” (the CCAPS suicidal ideation item)
- Psychiatric Evaluation: significant levels of anxiety, depression, and bipolar symptoms as evidenced by moderate to severe or positive PHQ-9, GAD-7 and MDQ scores (figure 2)
- Psychiatric Evaluation: Acuity Measures captured significant numbers of students presenting for care with substantial mental health histories, including suicide attempts, self-injury, hospitalizations and prior medication trials. In addition, 45% endorsed significant prior trauma (table 1)

Conclusion
- Assessing and treating students with higher acuity and complexity can be significantly more time-consuming and challenging.
- Caseload sizes and volume do not adequately capture the time (and specialized skills) necessary to meet the needs of a particular clinical population.
- Identifying and tracking relevant acuity-related measures can help in identifying specific staffing needs and advocating for appropriate resources.