



Impact Beyond the Numbers – Student Stories
RE: CSU Counseling Center

Aggregate examples from FY26:

This year we have been working with several students who experience **Generalized Anxiety Disorder and test anxiety** which impact their academic performance. These symptoms were leading to them experiencing break downs during class, which caused embarrassment and class disruption. We **provided individual therapy** to reduce anxiety, **connected them to psychiatry** for medication stabilization, and **helped them register** for appropriate accommodations through ODTs. **With these interventions, the students have been able to better engage in their classes and coursework.**

This year we've been working with several students who **experienced community violence** (ex: gun violence, witnessing racial violence, harassment, kidnapping). Their related trauma symptoms were keeping them from attending their evening classes due to safety concerns. By **providing individual therapy** to **reduce their trauma symptoms** and **build safety supports**, they were able to return to class.

This year we've been working with several students who are **experiencing Substance Use Disorders** (ex: cocaine, meth, kratom, alcohol, cannabis). In particular, many students are experiencing chronic cannabis use to the level that it is impacting their motivation and memory, and thus their academic success. For some of these students, they have also been engaging in nonsuicidal self-injury (ex: cutting). Through **individual therapy** to build alternate coping strategies and reduce their use, their safety is increased and **they are able to better engage toward their career goals.**

This year, we have continued to offer post-hospitalization visits to students who have been recently discharged from a mental health related hospitalization. **The period right after discharge from the hospital is one of the highest risk periods for suicide attempts.** These students are experiencing suicidal ideation and intent, nonsuicidal self-injury (ex: cutting), mania, and psychotic symptoms. **By meeting with them soon after discharge,**

we can support their connection to an ongoing treatment team as well as to any needed on-campus supports.