



TIMELYCARE AND COLLEGE PULSE

The Activation Gap

*What students need to take
a first step toward support*

FALL 2026

College students n=1,159 |
High school students n=362





About this study

TimelyCare and College Pulse asked more than 1,500 college and high school students what they do when struggling with well-being, what prevents them from reaching out for support and what would make it easier to take a first step toward support. The study shows a gap that campus leaders know well: offering support services is only part of the job. Students also need a first step that feels helpful at the moment.

This report follows how students move from acknowledging their personal challenges to deciding whether to seek support. We call the distance between knowing that support exists and using it the *activation gap*, and we identify specific steps schools can take to narrow it.

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THE FINDINGS AT A GLANCE

Executive Summary

Most students know the familiar exchange: someone asks how they are, and they say they are fine. In the past 30 days, 68% of college students and 80% of high school students say they told someone they were “fine” or “okay” when, by their own account, they were not. Among college students who describe their overall experience as “doing okay” or “getting by,” that figure rises to 78%. A reassuring answer rarely tells the whole story about whether a student can use support.

Students may know support is available without seeing it as something they need. The distance between knowing about support and using it is what this report calls the *activation gap*. While 92% of college students know their school offers at least one of the eight types of student support the survey listed, 59% have used at least one support service. When students were asked the primary reason for not using a campus well-being resource, they most often said they would rather handle the situation themselves. Others said their concern did not feel serious enough or they did not know where to start.

Most students’ first step toward support is informal. When something feels off with their well-being, 56% of college students say they would first talk with a friend, family member or peer. Only 4% say they would first book counseling or therapy. Given a choice between a resource available immediately and one officially recommended by their school, 79% choose the support service that is available now.

This creates an opportunity for tools that students can start using on their own, paired with clear, trusted guidance on the best time to connect with a specialist. Among college students, 83% say a low-pressure first step would help them decide whether to talk to someone and 77% want a resource to tell them when to connect with a professional. TimelyCare’s Connected Care for Every Student model addresses this range of needs, bridging self-guided tools with human care.

The distance between knowing about support and using it

92%

of college students know their school offers at least one of the eight types of student support

59%

have used at least one support service



Key findings

35%

A school check-in may not show how students are really doing.

Only 35% of college students say they would answer honestly if their school sent a short, private digital check-in.

71%

Knowing about counseling is far more common than using it.

Among college students, 71% know counseling or therapy is available through their school; 18% say they have used it.

66%

Most students say they would try a school-provided online resource.

After reading a description of a proposed resource, 66% of college students and 74% of high school students say they would be likely to try it.

22%

More than one in five college students has considered stopping out, transferring or leaving.

In the past six months, 22% of college students have seriously considered stopping out, transferring or leaving their current college or university.

All percentages are weighted. Awareness and use of counseling are separate measures, so the difference between them is not a count of unmet need. The pages that follow distinguish what students report from the implications institutions may choose to test.



WHAT STUDENTS DISCLOSE

When Students Say They Are Fine

In our spring 2026 report, *What Students Aren't Telling Us*, students who said they were doing "okay" were often dealing with challenges they hadn't disclosed. This study asks a related, more everyday question: how often do students say they are fine when they are not?

Said fine or okay when they were not in the past 30 days

College students



High school students



Q2b. Yes once or more than once. Weighted percentages; raw bases: college 1,159, high school 362. Bar scale: 0 to 100%.

For many students, this was not a one-time answer: in the past 30 days, 42% of college students and 51% of high school students told someone more than once that they were fine or okay when they were not.

Clinical insight: Many times the answer depends on who is asking the question and what setting the student is in.

Students who say they are getting by may still need support

Right now, 58% of college students describe their overall college experience as "doing okay" or "getting by." Within that group, 78% have said they were fine when they were not, and 27% say they are struggling with some things but managing on their own.



58%

of college students describe their overall college experience as “doing okay” or “getting by.”

Within that group,

78%

have said they were fine when they were not

Within that group,

27%

say they are struggling with some things but managing on their own

A student can be getting through the day and still have a problem they would like help with. These answers do not mean every student who says “okay” is in crisis. They do mean that a single status question will miss some of what students are dealing with.

For campus support teams, the task is to let students explore help without first having to say they are struggling.

Sources: Q1, Q2 and Q2b. The doing-okay/getting-by subgroup includes 679 college respondents. Differences between the college and high school samples do not show how an individual student changes over time.



CLOSING THE ACTIVATION GAP

Make support easy to explore without requiring students to admit that they are struggling. A single status question will miss some of what students are dealing with, so offering low-barrier entry points to support is key to closing the activation gap.



CANDOR AND PRIVACY

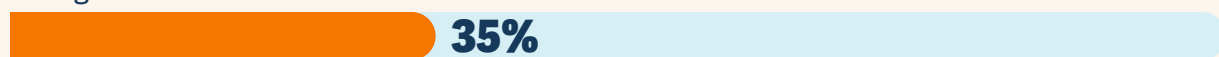
A Check-In May Miss the Full Story

A short, private digital check-in from a school can open a conversation with a student, but it won't show the full picture if the student hesitates to answer candidly or skips it entirely.

Clinical insight: Providing options without requiring that the student think of the options on their own is one way students are able to confirm or deny risk concerns. Clinical staff can guide a student in the process of answering questions to identify deeper concerns and the complex factors contributing to their current difficulties.

Would answer a private school digital check-in honestly

College students



High school students



Q24b. Answer honestly. Hypothetical short private digital check-in. Raw bases: college 1,159, high school 362. Bar scale: 0 to 100%.

Among college students, 33% say they would answer a check-in "but not fully honestly," and 24% say they would ignore it. A response rate alone would not show how many students felt able to say how they were really doing.



Clinical insight: Students have fear and hesitate when it comes to the unknown, and that includes not knowing who is going to have access to their information and how telling the truth about how they feel or what they are going through could affect them. Professional and graduate students, for example, say they fear information “getting out” and hurting their pursuit of a profession or the completion of their education, including students pursuing law degrees and nursing, medical and teaching programs. These students are less likely to be comfortable being 100% forthcoming.

Privacy shapes the decision to respond

Privacy concerns also shape whether students use school support: 45% of college students and 59% of high school students worry their school could see when they use certain well-being resources. Among high school students, 17% say they would not be comfortable with anyone knowing they had used a school well-being tool.

45%

of college students

59%

of high school students

worry their school could see when they use certain well-being resources

A school can address that uncertainty directly: explain who can see a check-in response, what happens next and what private ways students have to seek help.

Sources: Q24b, Q16_1 and HS2. Agreement combines somewhat and strongly agree. The privacy questions measure students’ concerns, not what any school can see. The spring report’s positive response to proactive outreach is a different measure and is not directly comparable to hypothetical candor.

CLOSING THE ACTIVATION GAP

Address privacy concerns directly: clearly communicate who can see check-in responses, what happens next and what completely private paths students have to seek help when using digital tools.





AWARENESS AND BARRIERS

The Gap Between Awareness and Action

Most college students know at least one form of school support exists: 92% say they are aware of one or more of the listed resources. Fifty-nine percent say they have used at least one. The list spans academic help, basic-needs support and health resources, so these figures cover more than mental health support.

Clinical insight: Some students are simply not thinking about resources in the moments they need them most. That is why it is important to ensure there are reminders everywhere.

Counseling or therapy awareness and reported use

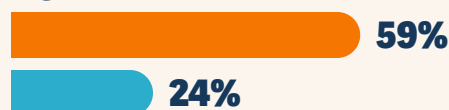
■ **Aware** ■ **Used**

POPULATION

College students



High school students



Q3 and Q4. All-student denominators include routed nonusers. Raw bases: college 1,159, high school 362. Nonuse does not by itself establish unmet need.





Clinical insight: Many students have concerns about information being reported to parents or about peers finding out that they are seeking support. A number of students have said they waited to go away to college before reporting abuse, neglect and other traumatic experiences in their lives, planning to get help for themselves and at times for siblings and others in their home. Away at college, they cannot “get in trouble” or face consequences for telling family secrets, which the adults in their lives have often told them never to report or seek help for.

Why students hesitate

When asked to choose the biggest reason they might not use a school well-being resource, college students most often say they would rather handle it themselves. The next answers are more varied. That is why the ranking matters more than any one percentage.

Reasons college students might not use a campus well-being resource

REASON	SHARE
I would rather handle it myself	20%
My concern does not feel serious enough	12%
I do not know where to start	9%
I forget about it when I need it	8%
I do not think it would help	7%
It feels like too much effort	7%
I worry about privacy	6%

Q6. Students chose one answer. Weighted percentages; raw college base 1,159. The table shows the seven highest-ranked named reasons; the remaining named reasons are 5% or less. Eleven percent chose ‘None of these,’ which would rank third if included. Ranks are descriptive.





A separate question asked students to rate each barrier. **Not knowing where to start (46%)**, the effort of taking a first step (45%) and feeling the concern was not serious enough (44%) were all moderate or major barriers for many college students.

Moderate or major barriers for many college students

46%

Not knowing where to start

45%

The effort of taking a first step

44%

Feeling the concern was not serious enough

Students who said they had not taken a well-being step in the past 30 days, or were unsure whether they had, were asked what had held them back. Their leading reasons were thinking they could handle it themselves (20%), not having time (17%), feeling it was not serious enough (13%), feeling too overwhelmed to start (11%) and not wanting to talk to someone (8%). A first step needs to fit practical student schedules and daily routines.

Clinical insight: The overwhelming task of following up with resources, attending meetings such as intake meetings, filling out paperwork and finding the “right” resources can seem like a hard and complex process, so some students choose not to seek help at all. Many do not feel up to talking or interacting with others, even those who are available to offer help and support.

Sources: Q3, Q4, Q5, Q6 and Q10. Q6 asks all college respondents for one possible reason they might not use a campus well-being resource. Q5 rates barriers separately. Q10 asks those who answered “No” or “Not sure” about taking a well-being step in the past 30 days (raw n=449). These percentages answer different questions.

CLOSING THE ACTIVATION GAP

Design a first step that fits into practical student schedules and daily routines, overcoming key barriers such as lack of time, feeling overwhelmed or believing a concern isn’t serious enough.



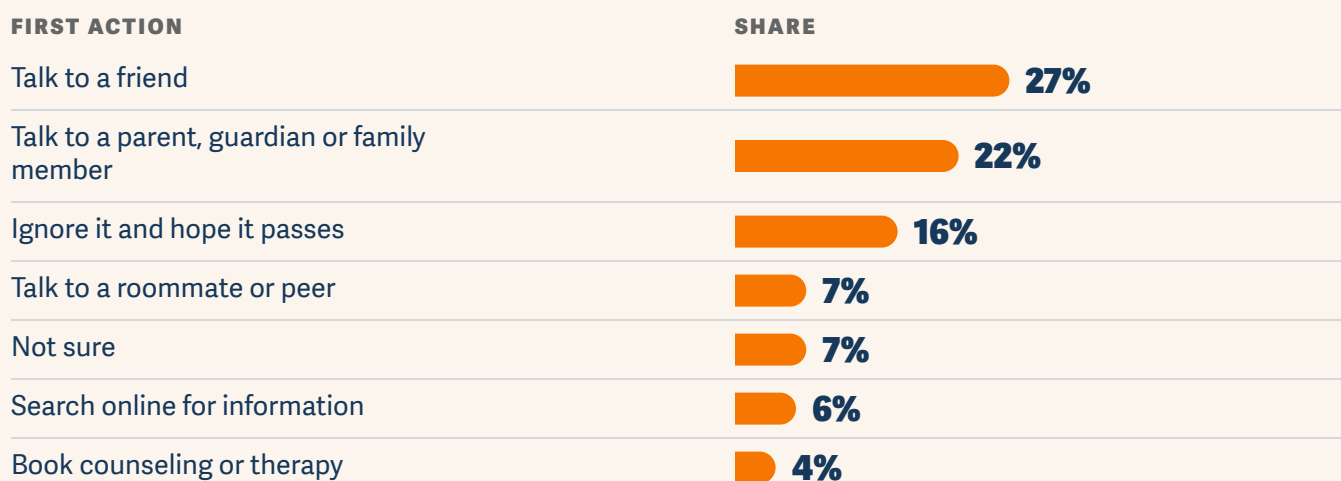
MAKING SUPPORT APPROACHABLE

What Students Do First When Something Feels Off

When something feels off with their well-being, most students say they would first turn to someone they know. Talking with a friend, family member or peer is the first choice of 56% of college students and 49% of high school students. Booking counseling or therapy ranks seventh among the college options at 4%. Sixteen percent in each group say they would ignore the feeling and hope it passes.

The question asks for a first move, not the whole path to care. A friend may help a student decide what to do next. The aim is to give students a useful option at that moment, whether they want to work through something on their own or talk with a person.

What college students would do first



Q7. One response. Weighted percentages; raw college base 1,159. The table shows the seven highest-ranked options of 13.

Clinical insight: Booking counseling or therapy can seem impossible and overwhelming, so the student either takes no action at all or reaches out to familiar options, although they know these choices may not provide the outcomes they need.



What students choose when offered two ways to begin

Immediate availability over school recommendation



Start on my own over someone reaching out to guide me



Private use over talking to a real person



Q12_1, Q12_3 and Q12_2. Separate two-option comparisons; raw college base 1,159. The three shares must not be combined into one group. Bar scale: 0 to 100%.

Given two ways to begin, 79% of college students choose immediate availability over an official school recommendation, 70% choose starting on their own over someone reaching out and 59% choose private use over talking to a person. These are preferences for a first step. In another question, goal setting leads the easiest options (40%), followed by browsing topics and private self-assessment (29% each).

Clinical insight: There are many students who do nothing and attempt to “just deal with it.” They don’t trust anyone, and there is a level of fear and shame that cripples their every decision. They may have had bad experiences with seeking help in the past that have forever tainted their view of help-seeking and cause them not to trust the systems in place.

Sources: Q7, Q11 and Q12. Q11 allowed up to three selections.

CLOSING THE ACTIVATION GAP

Provide immediate, low-pressure and private self-guided options as first points of contact, aligning with students’ strong preference to start on their own before connecting with a person.



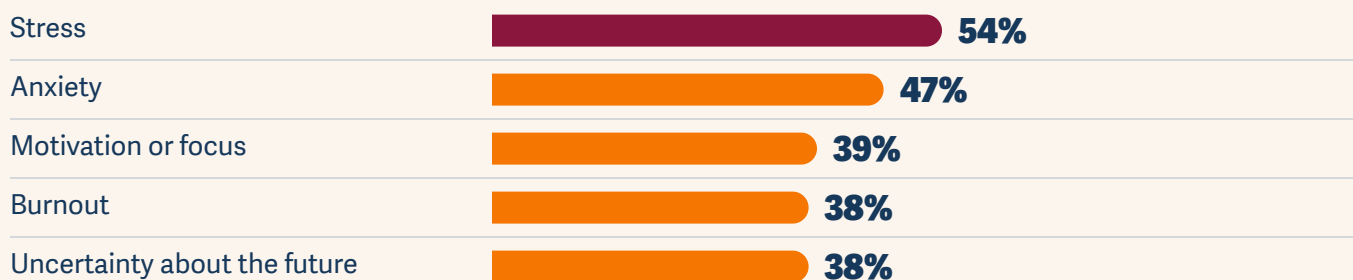


RELEVANCE IN STUDENTS' OWN TERMS

Everyday Concerns: Why Stress and Anxiety Shape the First Step

A student may look for help with stress, sleep or trouble focusing long before they look for a named service. We asked which topics would make a well-being resource feel relevant.

Five most selected topics that would make a resource relevant



Q13. College students could select up to five topics; raw base 1,159. Ranks use unrounded weighted estimates, so equal printed percentages can have different ranks. Selections describe relevance, not diagnoses or reasons for treatment. Bar scale: 0 to 100%.

Stress and anxiety are the most selected topics, followed by motivation or focus, burnout and uncertainty about the future. These are familiar problems a student can recognize in their own words.

Clinical insight: These topics are all related: in most cases, students are experiencing a combination of multiple topics listed here at one time. The point at which they finally seek help is in many cases tied to recognizing they may lose something significant if they do not get help. They may lose a relationship or friendship, may not be able to play a sport, may have to drop out or stop out of school, or may see their career or job at risk.



Start with the problem students recognize

A resource can meet a student where they are: “I can’t sleep,” “I can’t focus,” or “I don’t know what comes next.” From there, it can offer choices, such as a short exercise, a goal, a self-assessment or a conversation.

“I can’t sleep”

“I can’t focus”

“I don’t know
what comes
next”

For student support professionals, this is a simple test of your outreach: would a student recognize their own problem in the words you use? The topic ranking can help schools describe support in ways that feel relevant before a student has decided what kind of help they need.

Source: Q13. Topic selections describe relevance to the respondent, not service utilization.

CLOSING THE ACTIVATION GAP

Frame outreach around everyday problems students recognize in their own words, such as stress, focus and sleep, rather than named clinical services. This meets them where they are before they decide what kind of help they need.





AI AND THE TRANSITION BEYOND HIGH SCHOOL

High School Students Bring a Different Perspective

High school students often share the same interest in an easy first step to support, but they are approaching a different transition. Their answers sit beside the college findings but come from a separate sample: they describe high school students today, not how those students will feel once they reach college.

Comfortable using AI-enabled tools for well-being guidance

College students



High school students



Q16_2. Somewhat or strongly agree. Raw bases: college 1,159, high school 362. Comfort is not a measure of trust in a particular tool or of its benefit. Bar scale: 0 to 100%.

High school students were also asked about prior use of AI: 59% say they have used a general-purpose AI assistant at least once for emotional support, stress or personal advice. That usage question was part of the high school survey; the college survey asked about comfort with AI-enabled tools instead.

Comfort with AI-enabled guidance is higher among high school students (66%) than college students (37%). That difference says something about how carefully a resource needs to be introduced.





Support matters before students arrive

When choosing a college, 64% of high school students say free mental health support would matter. Yet only 25% feel very prepared to handle stress and their mental health independently after high school. Schools have a chance to explain available support before students need it.

The newest college cohort offers another clue. Among respondents expecting to graduate in 2030, 62% say they know where to turn for support and 73% say they would be likely to try a hypothetical school-provided online resource. Students saw one of two descriptions of the resource, emphasizing either mental-health support or skills and self-management. Both included help understanding their concerns and connecting with further support.

Sources: Q16_2, HS4b, HS1 and HS5 for high school students; Q22_2 and Q17 by expected graduation year for college students. These are stated views, not observed enrollment or service use.



When choosing a college,

64%

of high school students say free mental health support would matter

25%

of high school students feel very prepared to handle stress and their mental health independently after high school

CLOSING THE ACTIVATION GAP

Introduce available mental health support early, before students arrive on campus. Spotlight your programs as a key factor in college selection and to help build confidence during the transition from high school.



THE PROMISE AND LIMITS OF SELF-GUIDED SUPPORT

A First Step That Connects to the Right Support

Students want to begin getting support at their own pace, without pressure, and they want guidance on when to seek more help. Schools can offer more than one next step, such as information or a skill students can use right away, peer or professional support and a clear way to connect with a person when they are ready.

What students want from a first step toward support

■ College ■ High school

STATEMENT AGREED WITH

A low-pressure first step would help me decide whether to talk to someone



I would want a resource to clearly tell me when to connect with a professional



Q20_1 and Q20_3. Somewhat or strongly agree. Raw bases: college 1,159, high school 362. The survey asked about a hypothetical first step, not actual use.





Clinical insight: In the process of getting support or seeking help, students are more likely to continue to engage when each step is simplified and there is easily accessible support that is effortless to employ at any time.

After reading a description of a proposed online resource, 66% of college students and 74% of high school students say they would be likely to try it if they were dealing with stress, loneliness, low motivation, sleep struggles or feeling overwhelmed. That is a useful sign of interest in a resource that lets students take charge of their own well-being, starting without an appointment.

After reading a description of a proposed online resource,

66%

of college students

74%

of high school students

say they would be likely to try it

What matters next is whether the resource helps students make sense of their concern and find the right kind of support for it. Tracking how students use the resource once it is available will show whether it does.

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The first step toward support must be easy. Low to no friction. Simple and uncomplicated.

Seli Fakorzi

Director of Mental Health and Client Liaison
TimelyCare



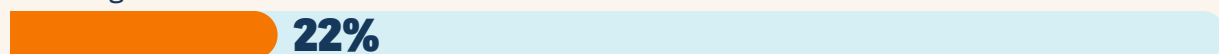
IMPLICATIONS FOR INSTITUTIONAL LEADERS

Well-Being Shapes the College Experience

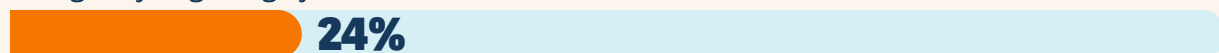
In the six months before the survey, which ran from late August to early September 2026, 22% of college students seriously considered stopping out (taking time away from enrollment), transferring or leaving their current college or university. That share is 24% among students who say they are “doing okay” or “getting by” and 12% among those who say they are “thriving.”

Seriously considered stopping out, transferring or leaving

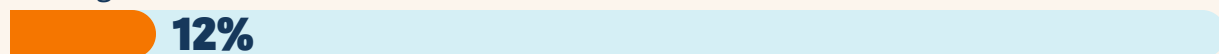
All college students



Doing okay or getting by



Thriving



Q23 by Q1. Past six months. Raw bases: all college 1,159; doing okay/getting by 679; thriving 371. These are overlapping groups. Answers measure consideration, not departures. Bar scale: 0 to 100%.

Students who appear to be getting by may still be questioning whether they can stay. This result gives student success leaders another reason to offer support before a problem becomes visible in a crisis or a withdrawal.



Clinical insight: Presenting options to students before they have to reach out for support and ask questions on their own is a more proactive approach, and a welcome one in many cases. Students in many cases want to have the conversation, but they may not be ready to be the ones who reach out to the proper support offices right away.

“

In some cases, students may feel like support or resources are available to them, but what happens if they need support again in the near future? Is the process of help-seeking sustainable over time? The compounded pressures of needing basic needs support along with mental health support can be overwhelming and can exacerbate symptoms of depression, anxiety and stress. Students worry that getting help today may not eliminate the need for support three or six months from now.

Seli Fakorzi

Director of Mental Health and Client Liaison
TimelyCare

Build support into the channels students already use

College students most often select school email over a recommendation from an educator or advisor as the place they would notice or use a well-being resource (20% versus 9%). Other leading choices among college students are word of mouth from another student (18%) and social media (16%). High school students lean the other way: 24% select a teacher, counselor or coach recommendation and 9% select school email.

College students

20%

select school email as the place they would notice or use a well-being resource

High school students

24%

select a teacher, counselor or coach recommendation as the place they would notice or use a well-being resource



From awareness to action

For campus leaders, the work is straightforward. Describe support in language students recognize. Make the first step easy to find and easy to use. Explain what happens if a student wants more help. A private check-in can be one invitation, provided students understand who sees their response and what follows.

TimelyCare's Connected Care for Every Student model responds to that need. It brings self-guided options and human support together on one path: a student can start with a resource that is useful on its own and move to a person when that is the right next step. The survey findings describe the student needs this approach is designed to meet.

Sources: Q23, Q1 and Q15. The leaving item combines stopping out, transferring and leaving college; it is not an attrition forecast. Channel results are stated preferences, not observed use.



About Us and Methodology

TimelyCare

TimelyCare delivers connected virtual care built for education, helping K-12 schools, districts, colleges and universities ensure every student has the support they need to live well. Trusted by 800+ campuses and learning communities, TimelyCare surrounds students with support at all levels of need, from everyday well-being and skill-building to on-demand emotional support, coaching, counseling, psychiatry, medical care, basic needs assistance and crisis support. With URAC accreditations in Telehealth and AI in Health Care, a clinically governed provider network, peer-reviewed outcomes research and audited care quality, TimelyCare helps institutions reach students earlier, connect them to the right support and foster healthier learning communities.

COLLEGE PULSE

College Pulse is a survey research and analytics company dedicated to understanding the attitudes, preferences and behaviors of today's college students. College Pulse offers custom data-driven marketing and research solutions, utilizing its unique American College Student Panel™ that includes over one million college students and recent alumni from more than 1,500 two- and four-year colleges and universities in all 50 states.

For more information, visit collegepulse.com or College Pulse's official X account, @CollegeInsights.

Methodology

This survey was conducted online by College Pulse on behalf of TimelyCare. Surveys were completed by 1,159 undergraduate students between August 28 and September 4, 2026, and by 362 high school students between September 3 and September 11, 2026. The college sample includes students at two- and four-year institutions.

College and high school results were weighted and are reported separately. College figures use a combined undergraduate weight covering students at two- and four-year institutions. A post-stratification adjustment was applied to the high school sample based on grade, race and ethnicity and Census region. High school benchmarks were drawn from the Centers for Disease Control and Prevention's Youth Risk Behavior Survey and National Center for Education Statistics enrollment data.

Percentages are rounded to the nearest whole number and may not total 100% because of rounding. Questions allowing more than one response may total more than 100%. The survey uses nonprobability online samples. A conventional margin of sampling error is not reported.

For more information about our methodology, visit collegepulse.com/methodology.

To run a study at your school or benchmark against peer schools, contact College Pulse at research@collegepulse.com.






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COLLEGE PULSE



Explore the full survey results at
data.collegepulse.com/timelycare-2026