

# **SIX CONSIDERATIONS FOR STUDENT MENTAL HEALTH IN HIGHER EDUCATION FOR THE 2023–24 ACADEMIC YEAR**



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## INTRODUCTION

The challenges surrounding the mental health of college and university students continue to be prevalent for institutional leaders. These concerns have risen quickly in the past decade—the Centers for Disease Control and Prevention reported that suicide is currently the second leading cause of death among college-aged students (CDC 2023)—and they’ve worsened during the COVID-19 pandemic. Data on the general student population from the Healthy Minds Study document an increase from 20 percent in 2014 to 41 percent in 2022 in the share of students who reported symptoms of depression, as well as a rise from 20 percent to 36 percent in those who reported symptoms of anxiety (Healthy Minds Network 2023). In 2020–21, more than 60 percent of college students met the assessment criteria for at least one mental health problem (Lipson et al. 2022).

The student mental health crisis is not just a counseling center issue. It is a campus-wide issue, and higher education cannot hire its way out of it—there are not enough counselors and not enough funds. Thankfully, there are a number of ways to support students before they need therapy.

This brief outlines six key areas related to mental health that deserve more attention and consideration, and it offers higher education leaders insights and guidance on how to best support the higher education ecosystem and the nation as we work to address the complex issue of student mental health.

## REALIZE THE IMPACT OF COUNSELING CENTER STAFFING AND ADDRESS TURNOVER.

Staffing levels have been a limitation of counseling centers, but the pandemic highlighted the cracks in an already overworked system. Reduced social stigma around mental health issues led to campuses expanding services and outreach before 2020, and the pandemic then created its own caseload strain (Hotaling 2023). Further, counseling centers saw many employees leave higher education as part of the “great resignation”; 60 percent of counseling centers indicated that they had experienced staff turnover—10 percentage points higher than pre-pandemic levels (Gorman et al. 2021). Exiting counselors pursued private practice or counseling work in other sectors due to the ability to make more money and to have the autonomy to dictate their caseloads.

Some of the common reasons for employee burnout—such as the lack of competitive salaries and the addition of work from unfilled positions (Sallee 2022)—apply to counseling center staff, but these professionals also have had to make the unenviable decision about how they meet demand with the surge of students requesting care. Some say the environment created by these decisions has compromised the quality and efficacy of clinical care and is in opposition to the reasons why many counselors entered the field in the first place (Rosenbaum and Webb 2023).

The organization and reporting structure of college counseling centers is also changing. Many centers are being reimagined to better meet student mental health needs; on some campuses, this shift meant removing the counseling center director (Alonso 2023). The impetus to make this change is often good—expanded services can demand a leader without a counseling background. But counseling directors are a valuable resource; they oversee counselors and their workloads and advise on especially stressful cases.

Leaders need to consider how to best meet student needs while also creating an environment for counselors that maximizes retention. Part of this may involve rethinking how services are delivered, which requires an analysis of how students are utilizing those services. For example, to ease the burden of counselors meeting with students with nonclinical issues, institutions may want to hire case managers who can meet with students and direct them to appropriate services to best meet their needs. Also, benchmarking salaries against local and national data, focusing on staff retention, offering supplemental care services through different modalities (e.g., teletherapy, memorandums of understanding with community resources), and assessing staff caseloads using the [Clinical Load Index](#) tool can help alleviate burnout and retain counseling center staff (Hotaling 2023).

## CULTIVATE DEGREE PATHWAYS FOR ASPIRING MENTAL HEALTH PROFESSIONALS, ESPECIALLY FOR STUDENTS OF COLOR AND LGBTQ+ STUDENTS.

In addition to counseling center staff and directors turning over more frequently, there is also a shortage of mental health providers in the United States (Phillips 2023). The current estimate is that more than 100,000 mental health professionals are required to ensure needs in primary and secondary schools will be met (St. George 2023). Over 8,000 counselors are necessary to facilitate the needs of general communities (HRSA 2023; Counts 2023). This dearth is even more pronounced in communities of color and for those who identify as LGBTQ+. Colleges and universities have a key role to play in training and teaching the next generation of therapists and clinicians because many institutions offer degree programs that prepare future counselors for different career pathways.

College and university leaders can help create pathways and programs to encourage college students to contemplate counseling careers. Leaders should consider developing programs that encourage students from historically underserved backgrounds to explore the pathway and offer incentives (e.g., aid, scholarships, grants) to pursue this as a viable career option. Leaders may also want to think about ways to reduce the time to degree completion so that students earn their master's degrees more quickly than the typical six to seven years. These approaches will benefit institutions that are looking to staff counseling centers and provide services and support for the greater mental health of the country.

## **BUILD UPON POSITIVE MOVEMENT AT THE FEDERAL AND STATE LEVELS THAT SUPPORTS STUDENT MENTAL HEALTH.**

As millions of students head back to college this fall, the mental health and well-being of young people remains a top priority for the Biden-Harris administration as well as for state higher education system leaders and governors' offices.

The Biden-Harris administration has had mental health at the forefront of its policy agenda. Higher education has directly benefitted from recent federal actions on mental health, such as:

- The Department of Education issued guidance to institutions on how to use their Higher Education Emergency Relief Fund dollars to address mental health needs exacerbated by the COVID-19 pandemic
- The Biden-Harris administration allocated nearly \$100 million for continued support for mental health and student well-being through the Safer Communities Act, which will help train and place mental health providers at colleges and universities (U.S. Department of Education 2023; The White House 2022)
- The Department of Education responded to a spate of bomb threats against Historically Black Colleges and Universities by providing grants to assist affected institutions in dealing with the associated trauma

State system leaders and governors' offices are addressing the mental health crises with different strategies. For example, the [University System of Georgia](#) launched a comprehensive mental health effort; one of the first initiatives was the implementation of a teletherapy provider to ensure every student has access to care when they need it. To serve college and university students directly, the state of Utah has been working with its public higher education institutions to implement a mobile crisis unit, unveil an anti-stigma campaign, and develop crisis-worker coursework and a certification program (Cortez 2021).

With all the attention that mental health is receiving at the federal and state levels, college and university leaders are well positioned to build upon these efforts and use them as examples of essential support as they work with their boards, system offices, and other policymakers to address student mental health. Leaders need to reach out to their institution's lobbyists and state representatives to learn how they are advocating for mental health in higher education as well as to encourage their continued support and advocacy.

## **IMPLEMENT EVIDENCE-BASED PRACTICES ON CAMPUS, AND DOCUMENT AND ASSESS THEIR IMPACT.**

Colleges and universities need to select and invest in evidence-based practices to proactively address and support student mental health. What sounds easy in practice can actually be very challenging, however, because the student mental health landscape offers a wide variety of solutions, interventions, and programs—



but not all of these have evidence of effectiveness. Moreover, the evidence is scattered across different academic disciplines. The American Council on Education's brief *What Works for Improving Mental Health in Higher Education* addresses this challenge. Based on a comprehensive, multidisciplinary, and in-depth review (Abelson, Lipson, and Eisenberg 2022), this open-access brief shares various strategies for addressing college student mental health—those with proven effectiveness, promising evidence, and proven *ineffectiveness* (Abelson, Lipson, and Eisenberg 2023).

Different methods and resources exist that campuses can use to assess various programs, services, or interventions' effectiveness and impact on mental health. Campus-wide measurements such as the *Healthy Minds Study* and the *National College Health Assessment* are good periodic measures to help understand general campus mental health. The *Wellbeing Improvement Survey for Higher Education Settings* (WISHES) provides institutions with a no-cost, timely, and actionable tool to collect data in order to adapt and improve institutional structures, norms, and processes (ANEW 2023). The *Wellness Culture and Environment Scale* is also a short, no-cost option that can be administered to faculty, staff, and students to gauge campus well-being and culture. When utilizing any of these assessments, it is essential to disaggregate the data by demographic groups (e.g., first-generation students, LGBTQ+ students, students of color) to identify student groups who may be struggling and need extra support. This will also help to highlight barriers that students may be experiencing so they can be addressed.

Before leaders sign a contract with a third party offering a solution to address mental health on campus, it is important to ask what evidence on the effectiveness of the solution exists. Additionally, leaders should confirm that staff are collecting pre- and post-intervention data to help contribute to the evidence base, ensure that the institution is realizing a return on investment of its resources, and verify that student mental health is ultimately benefiting.

## FOCUS ON PUBLIC HEALTH- AND TRAUMA-INFORMED APPROACHES TO ADDRESS THE MENTAL HEALTH CRISIS.

College and university leaders need to use both public health- and trauma-informed approaches to proactively identify ways to effectively address student mental health.

Proposed solutions for mental health issues on campus have historically been reactive in nature and addressed mental health in a one-off approach that did not examine the root causes of the issues. A public health-informed approach encompasses strategies to promote healthy lifestyles as well as ways to identify, prevent, and respond to concerns through prevention, intervention, and postvention. The focus is not only on addressing a student when in crisis but also on putting systems and structures in place to support students so that they are less likely to reach crisis. The JED Foundation's *JED Campus model* is a good example of how a public health-informed approach can address systemic and other issues on campus.

Institutions also need to consider a trauma-informed approach to mental health. Students are indicating a rise in traumatic incidents before coming to college (Center for Collegiate Mental Health 2023), and many have collective trauma from the COVID-19 pandemic. With the recognition that behavioral symptoms are a direct result of coping with adverse experiences, leaders can engage with trauma-informed professionals to frame solutions, resources, and training for faculty, staff, and students (CDC 2021). Faculty and staff do not need to be therapists to practice trauma-informed care and leadership. Cultivating psychological safety, promoting collaboration and empowerment, and practicing empathy are just a few ways that leaders, faculty, and staff can take a trauma-informed approach to supporting students (Lynch 2022).



Leaders must acknowledge that a student's ability to learn and academically advance depends greatly on their mental health. One-off approaches, such as an online education module or hiring more staff in the counseling center, do not systematically address the issues that impact student mental health. Taking the evidence base into account along with public health- and trauma-informed strategies can encourage leaders to rethink how to build resilient and adaptive structures on campuses that address the root of student mental health concerns.

## **ANTICIPATE THAT INCOMING TRADITIONAL-AGED STUDENTS AND THEIR PARENTS WILL ASK ABOUT AND EXPECT THERE TO BE MENTAL HEALTH SUPPORT ON CAMPUS.**

The K–12 student population who is struggling with mental health right now will matriculate into the higher education ecosystem. In 2022, Mental Health America found that 15.1 percent of youth ages 12 to 17 experienced a major depressive episode in the past year and up to 19 percent have experienced major depression (Reinert, Nguyen, and Fritze 2021).

During earliest months of the COVID-19 pandemic, the Centers for Disease Control and Prevention found that the proportion of mental health-related emergency department visits for people ages 12 to 17 increased by 31 percent from the 2019 level (Leeb et al. 2020). The pandemic altered the K–12 student experience, with recent high school graduates having started shortly before or as the pandemic began. Now, 12 percent of 12th-grade students reported that the pandemic has affected their thoughts on whether to attend college (Bobek and Schnieders 2023).

The current cohort of ninth graders, who began middle school early in the pandemic, has similarly experienced tremendous disruption through the transition to high school; as a result, an increased number of schools and districts provided a variety of mental health resources. This increase in services and resources at the K–12 level means that college and university leaders need to be proactive about meeting the needs and expectations of incoming students and their parents.

There are many options for institutional leaders as they navigate students' and parents' expectations. First, deliberate efforts should be made to ensure that current and future mental health resources, supports, and staff reflect an understanding of pandemic-related mental health concerns, even across academic departments and institutional units. Second, institutional leaders can begin outreach efforts and partnerships with K–12 institutions and counseling units to understand the unique challenges and new variables that come with this incoming generation of students. Additionally, leaders can help educate their community about how and when it is appropriate to refer students to mental health resources. Finally, college and university leaders should explore ways to make mental health resources a seamless and integral part of the college experience—particularly during the first-year experience—rather than siloed to the counseling center or a singular location on campus.

## CONCLUSION

Mental health is not just a counseling center issue—it's a campus-wide issue. Everyone has a role to play in addressing and supporting mental health on campus, including faculty, staff, and students. As leaders reflect on the aforementioned considerations, helping current and future students flourish so that they can be academically successful and mentally healthy community members is central to it all.



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