



ENGAGING STATE POLICYMAKERS TO SUPPORT COLLEGE STUDENT MENTAL HEALTH: A Resource Guide for Campus Leaders

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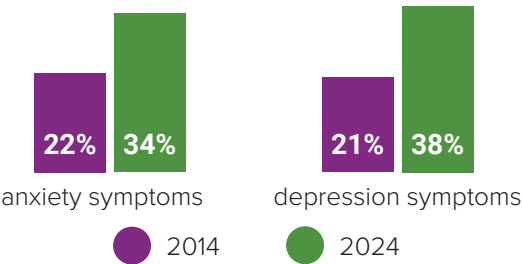


INTRODUCTION

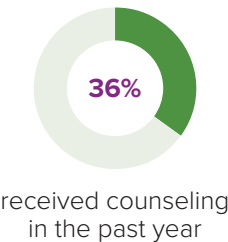
College student mental health is a top concern of institutional leaders, staff, and policymakers (Bloomquist and Peisach 2025). College students are reporting mental health challenges at a growing and alarming rate across the United States. Trends in college student mental health point to increases in anxiety and depression symptoms over the past decade, and recent data cements this concern.

In 2014, 22 percent of survey respondents reported anxiety symptoms; by 2024, that rate had risen to 34 percent (Healthy Minds Network 2014; Healthy Minds Network 2024). Depression symptoms nearly doubled during this period, from 21 percent in 2014 to 38 percent in 2024 (Healthy Minds Network 2014; Healthy Minds Network 2024). By 2024, 36 percent of all students had received counseling or treatment for their mental or emotional health in the past year (Healthy Minds Network 2024).

Anxiety and Depression in College Students



Students Who Received Counseling or Treatment



Beyond concerns for personal well-being, research points to how mental health impacts academic performance and student success. Among students who reported mental health difficulties, over 80 percent said that their mental health or emotional difficulties had impacted their academic performance for one to six days over the preceding month, and a little over one in five indicated that their academic performance was negatively affected for six or more days during that time period (Healthy Minds Network 2024). According to Gallup and Lumina Foundation’s State of Higher Education study (2024), well over half of current college students (64 percent) had considered leaving college; emotional stress or mental health concerns were cited as the primary reasons.

Colleges and universities are diligently responding to meet the surging demand for mental health services, but more resources are needed to meet this challenge. Almost half (47 percent) of college students had struggled with clinically significant symptoms of anxiety or depression, but fewer than half of these students had mental health counseling or therapy in the past year (Healthy Minds Network 2024). Unless meaningful interventions are implemented, additional data indicate that this issue will persist. A recent Centers for Disease Control and Prevention report found that 40 percent of high school students indicated that they struggled with persistent feelings of sadness or hopelessness—and many of these students will go on to enroll in college (CDC 2024).

With mental health challenges persisting across campuses, there is clear value for institutions to engage with state-level policymakers in support of efforts to address student mental health. Because meeting states' student mental health needs is also a priority for many state leaders, policymakers are potentially strong allies to help campuses fill gaps in resources (NCSL Task Force on Higher Education 2024). State governments are able to provide policy responses that are attuned to the needs of their constituents, and the ACE Mental Health Coalition encourages partnership with governors, legislators, and system offices to make meaningful progress on college student mental health outcomes.¹ As college student mental health continues to be an important priority for institutions, opportunity is rife for leaders to make the case to their state legislatures and policymakers on how they would utilize state resources to address student mental health challenges on their campuses.

PURPOSE OF THE TOOLKIT

This toolkit is designed to equip institutional leaders, staff, and students with the knowledge and resources that are needed to advocate for increased state support and funding for college student mental health. While institutions have varying resources and data for advocacy, the toolkit provides communication guidance, relevant resources, and talking points for engaging with state policymakers.

It also offers specific examples that illustrate how campuses have partnered with states to find innovative solutions. Several institutions have implemented strategies that can be adapted, scaled, and tailored to other campus-specific contexts. In doing so, ACE Mental Health Coalition members hope to catalyze meaningful engagement with state policymakers to improve student outcomes.

DATA TOOLS TO INFORM ADVOCACY EFFORTS

As in other areas of state higher education policy, institutions will need varying levels of support from state governments based on a range of factors. Leaders should assess their campus-based resources and analyze their needs based on their institution's specific context. To assist leaders in making a stronger case for additional investment in student mental health support at their institutions, several data tools and resources are provided herein.

Framing increased financial support to student mental health as an economic and workforce investment may be an effective advocacy tool (Lipson et al. 2019). The Healthy Minds Network maintains an online [Return on Investment Calculator for College Mental Health Services and Programs](#) to help leaders assess how their campus's mental health resources provide an economic return for students and their communities. The return on investment (ROI) is based on evidence that links poor mental health with higher rates of dropping out and stopping out of college—meaning students who leave college for periods of time with the intention of reenrolling, which often delays degree attainment. State-level investments in evidence-based mental health programs can improve persistence and retention, in turn resulting in retained tuition dollars and increased lifetime earnings that may otherwise have been lost. By using a

¹ The ACE Mental Health Coalition includes Active Minds, the American College Health Association, the American Council on Education, the American Psychological Association, the Association of Jesuit Colleges and Universities, the American Association of State Colleges and Universities, the Association for University and College Counseling Center Directors, the Healthy Minds Network, Today's Students Coalition (formerly Higher Learning Advocates), The Hope Center for Student Basic Needs, and The JED Foundation.

combination of institutional characteristics such as enrollment size, retention rates, and details on programs and services, leaders can estimate how their proposed mental health resources will provide improved economic outcomes for both their students and their institution. For states that aim to expand their workforce and meet economic development goals, the ROI calculator enables institutions to make the case that support for campus mental health is not just a health intervention—rather, it is a strategic investment in the future labor market and the economy.

Before engaging with policymakers, it is also helpful to conduct campus-wide reviews and assessments of existing resources (Chessman et al. 2023). Implementing surveys such as the [National College Health Assessment](#), the [Healthy Minds Study—Student Survey](#), or [The Hope Center’s Student Basic Needs Survey](#) can provide up-to-date data on the status of student mental health on your campus. Other resources, such as the [Wellbeing Improvement Survey for Higher Education Settings](#), provide institutions with no-cost, timely, and actionable tools to collect data to adapt and improve institutional structures, norms, and processes. The [Wellness Culture and Environment Support Scale](#) from the National Consortium for Building Healthy Academic Communities is another quick, low-cost option that can be administered to faculty, staff, or students to gauge campus well-being and culture. The [Well-Being Assessment](#) from the American College Health Association aids university offices and staff in crafting focused, impactful, and evidence-based initiatives to bolster student well-being.

These tools provide valuable data on mental health trends and service utilization, identify disparity in supports, and ascertain accessibility gaps to discern campus-specific needs. These assessments will establish data foundations for institutions and make a clear and convincing case to state policymakers.

COMMUNICATION TOOLS TO ADVOCATE FOR STATE-LEVEL STUDENT MENTAL HEALTH

Institutional leaders play an important role in advocating for student mental health by shaping effective messaging and fostering strategic partnerships with policymakers. The tools and resources provided in the preceding section can provide stakeholders with salient and relevant data on the campus community. In addition, a well-structured communications approach can help state leaders to recognize the importance of college student mental health and to prioritize these issues in legislative and funding agendas. To assist with state-level engagement, the following three talking points can be adapted in advocating for student mental health.

TALKING POINT 1: THE CASE FOR INVESTING IN COLLEGE STUDENT MENTAL HEALTH

Data show that student depression, anxiety, and serious thoughts of suicide are on the rise, and almost half of students have reported feelings of loneliness (Chessman and Bourque 2025). Mental health challenges hinder students’ academic success, and these concerns are compounded by basic needs insecurity, limited access to counseling, and inadequate funding. Without proper support, these issues will create long-term academic and economic setbacks. Investing in college student mental health is essential for improving student outcomes and strengthening the future workforce.

Background Points

- **Rising mental health challenges.** The COVID-19 pandemic exacerbated college student mental health problems, particularly among disadvantaged groups.
 - › In 2021–22, data indicated that 44 percent of college students had screened as positive for symptoms of depression, a 23 percentage point increase since 2014 (Healthy Minds Network 2022; Healthy Minds Network 2014). Additionally, 37 percent of college students had screened as positive for anxiety, a 15

percentage point increase since 2014. There have been some slight decreases (38 percent and 24 percent respectively) reported in 2023–24, which indicates a slight improvement after the COVID-19 pandemic (Healthy Minds Network 2024).

- › In 2021–22, over half (52 percent) of college students had screened as positive for symptoms of anxiety or depression, and 40 percent of these students had not received therapy or counseling or medication in the past year (Healthy Minds Network 2022). These rates had slightly improved in 2023–24 (47 percent and 39 percent, respectively), but a serious treatment gap remains that must be addressed (Healthy Minds Network 2024).
- › In spring 2021, nearly one in four students (24 percent) indicated that they were under serious psychological distress, according to the validated Kessler 6 Psychological Distress Scale (ACHA 2021). This decreased in spring 2024 to 20 percent of students who reported that they had experienced serious psychological distress. Despite this 4 percentage point improvement, one in five students reported that they still seriously struggled with their psychological well-being (ACHA 2024).
- **Mental health is a key driver of college attrition.** Over half (55 percent) of current college students who had considered leaving college cited emotional stress as the primary driver, according to a recent national survey (Gallup and Lumina Foundation 2023). The same report also found that students of color and students who were seeking associate degrees had disproportionately considering stopping out.
 - › *The Hope Center 2023–2024 Student Basic Needs Survey Report* states that 54 percent of students named mental health as one of their reasons for stopping out. Furthermore, 39 percent of students who had previously stopped out reported that improvement in their mental or physical health contributed to their ability to reenroll (The Hope Center for Student Basic Needs 2025a).
- **Basic-needs insecurity is associated with higher levels of anxiety, stress, and depression.**
 - › Among students who experienced anxiety and depression, 71 percent also experienced basic needs insecurity related to food and housing (The Hope Center for Student Basic Needs 2025a). A recent study underscored that students who had experienced food and housing insecurity were significantly more likely to report mental health problems, and that likelihood is positively associated with severity of material hardship (Broton et al. 2022).
 - › Basic needs insecurity is particularly acute among underserved populations. Black or African American, Indigenous, LGBTQ+, and parenting students in particular face disproportionately high rates of challenges related to food insecurity, housing insecurity, homelessness, and mental health (The Hope Center for Student Basic Needs 2025a).

Key Takeaway

To maximize the benefits of mental health investments, state policymakers should work with institution leaders to implement targeted strategies that enhance campus mental health efforts, resources, and accessibility for all students.

- Many states currently partner with institutions to offer innovative, proactive, and preventative solutions that focus on college student mental health.
- State-directed resources can address mental health professional workforce shortages, expand statewide partnerships and taskforces, create prevention and intervention programs and services, and streamline student access to financial support such as basic needs benefits.



TALKING POINT 2: ADDRESSING COLLEGE STUDENT MENTAL HEALTH THROUGH STATE FUNDING

State policymakers have a critical opportunity to address college student mental health by allocating state funding toward essential services, prevention, training, and research at colleges and universities.

To ensure that college students receive the necessary mental health support for academic success, state policymakers should consider allocating funding to the following key areas:

- **Services:** Programs that support an array of services—including campus counseling centers, community partnerships, digital solutions, crisis/after-hours capacity, and student insurance access and coverage—need funding and investments. Campus leaders can also support services that reduce the need for treatment, such as peer support, evidence-based prevention programs, skill-based mindfulness programs, and awareness campaigns.
- **Training:** Funding is needed for programs that focus on essential mental health training and education in faculty development, specialized training for working with diverse student populations, mental health emergency response training, and education for police departments in trauma-informed approaches.
- **Research and Data Collection:** States have a role to play in helping colleges and universities to understand student needs, current institutional practices, [effective approaches for improving student mental health](#), and effective implementation strategies.² They can invest in evaluations to identify effective mental health interventions, research to compile evidence-based practices, and data collection on students' mental health challenges, as well as in the unique needs of specific student groups. State funding could be provided for a college- or university-based research center that supports the creation of the evidence base for campus student mental health interventions with a specific focus on the institutional and campus communities across the state. Additionally, states may want to invest in technical assistance that can help colleges and universities to access the student mental health evidence-base, evaluate program effectiveness, and teach faculty and staff how to implement and scale student support. This will allow for scalable interventions at the state level and enable state resources to be directed to programs and services that work.

² See Sara Abelson, Sarah Ketchen Lipson, and Daniel Eisenberg, [What Works for Improving Mental Health in Higher Education](#) (American Council on Education 2023), as well as the accompanying webinar, [“What Works for Improving Mental Health in Higher Education?”](#) for further information.

Background Points

- **Mental health challenges are a leading factor in higher dropout rates, lower academic performance, and diminished reenrollment and college attainment.**
 - › Well over half of current college students (64 percent) who had considered leaving college cited emotional stress and mental health concerns as the primary driver (Gallup and Lumina Foundation 2024).
 - › The same survey found that over half of both unenrolled traditional-aged and nontraditional-aged students cited mental health and emotional stress as a main reason they were not enrolled in higher education (Gallup and Lumina Foundation 2024).
 - › Needs are not uniform across institutions. Colleges serve increasingly diverse student bodies and include students who have been previously overlooked in student services. These students are adult learners, veterans and military-affiliated learners, transfer students, student-parents, and full-time working students—each have distinct mental health needs that institutions are actively working to address.
- **Addressing college student mental health can provide a return on investment for the state and its institutions.**
 - › State support for student mental health can help more people to complete college, which ultimately leads to better economic opportunities and higher earnings.
 - › Lower college completion rates harm the state by leading to a smaller, less-skilled workforce, which in turn reduces overall economic productivity and innovation. A less-educated workforce also translates into lower earnings and a reduced tax base.

TALKING POINT 3: FACILITATE THE USE OF TELEHEALTH TO ADDRESS GAPS IN ACCESS TO BEHAVIORAL HEALTH SERVICES

To address college student mental health, state policymakers should facilitate the use of telehealth that is focused on behavioral health—often referred to as telemental health or teletherapy—as a tool for institutions of higher education to use in delivering behavioral health services. This could mean authorizing health care providers to engage in interstate provision of behavioral telehealth services for students who are enrolled at institutions of higher education. Another strategy could be for institutions to identify which states most of their out-of-state students come from and then work to build compacts with those states.

Background Points

- **Many college students face significant barriers to accessing in-person treatment outside of their campus settings.** An article published in the American Psychological Association's *Monitor on Psychology* explains that teletherapy is just as effective as traditional, in-person therapy for a wide range of mental health problems, including depression and anxiety (Abrams 2020). Yet many students—particularly those who attend colleges and universities in rural and underserved areas—face real barriers to accessing treatment, including but not limited to long travel distances or lack of transportation outside of their campus settings.
- **Teletherapy provides benefits for students that they may not have with on campus therapy.** A key benefit of teletherapy is that it provides flexibility and options for students with specific needs who fall out of the services provided with in-person, on-campus care (Roy 2023). External teletherapy vendors can also supply services for mental health on campuses where there is no counseling center (Roy 2023). Students with specific needs may also find enhanced options with teletherapy. For example, a student veteran in search of a therapist or counselor who is also a veteran is more likely to connect with a provider from this background through teletherapy than if they were only able to access in-person care at their on-campus facility. States can make investments in different types of teletherapy services to help institutions better serve their students, such as access to 24-7 specialty services, meditation apps, chatbots, and other types of services

(e.g., telepsychiatry) that are not currently offered on campus. This would broaden the array and types of providers available to students in their state and would allow students to select the best fit for their mental health needs.

- **Waivers that enable medically needed care across state lines have expired.** During the COVID-19 pandemic, nearly every state instituted an emergency waiver to facilitate interstate care (Cubanski et al. 2023). Institutions relied on those waivers to ensure continuity of behavioral health care for students who were away from campus and unable to access campus counseling services through telehealth. Unfortunately, these waivers have expired, leaving many college students without access to medically necessary behavioral health care. Telehealth access to campus mental health services remains a critical need for students who are seeking treatment for depression, anxiety, and other mental health conditions.
- **Remove barriers to access medically needed care.** Many students encounter disruption in their behavioral health treatment when they leave campus during breaks, participate in remote educational programs, or need to find a new behavioral health-care provider due to licensing restrictions that prevent clinicians from practicing across state lines (Roy 2023). States should adopt professional licensure compacts that enable behavioral health treatment across state lines via telehealth.
- **Support student retention.** In the absence of federal action on college student mental health, states have taken action on mental health in support of student success. Many states already allow interstate teletherapy through existing mechanisms such as PSYPACT, which is currently in place in 42 states and the District of Columbia; further, five more states have introduced legislation to join the agreement (PSYPACT, n.d.). Permitting colleges and universities to provide interstate teletherapy will address a unique challenge faced by students who are experiencing a behavioral health crisis, and it may also improve retention and graduation rates among affected students. Importantly, this flexibility will also help to ensure continuity of care for students who have established therapeutic relationships with campus mental health providers outside of the academic year throughout the course of their education.

STATE-LEVEL ADVOCACY EXAMPLES AND SCALABLE OPPORTUNITIES

With increased attention to student mental health at both the federal and state levels, college and university leaders are well positioned to build upon these efforts. By leveraging existing state legislation and initiatives as examples and frameworks to guide advocacy strategies, institution leaders can effectively work with their boards, system offices, and state policymakers to address student mental health. Sustaining mental health initiatives amid constrained budgets remains a significant obstacle for states and institutions. While federal support for campus mental health remains insufficient, state leaders must fill the void to proactively address the student mental health epidemic and create meaningful and lasting solutions. The following state-level advocacy examples can inform your work.

EXPANDING ACCESS TO MENTAL HEALTH SERVICES

Several states have allocated support and funding to improve students' access to mental health services and resources. In 2019, Illinois passed the Mental Health Early Action on Campus Act, which was intended to address gaps in mental health services on college campuses across Illinois—including both two- and four-year institutions—through training, peer support, and community-campus partnerships (Illinois General Assembly 2019). In 2024, New York Governor Kathy Hochul signed the Student Lifeline Act, which requires degree-granting higher education institutions to inform students, faculty, and staff about New York's 988 Suicide and Crisis Lifeline (Governor Kathy Hochul 2024). In 2024, New Jersey Lieutenant Governor Tahesha L. Way and Secretary of Higher Education Brian K. Bridges announced the renewal of its first-in-the-nation partnership with Uwill that provides New Jersey college students with free, 24-7 access to mental health and wellness support and currently serves students at 45 eligible higher education institutions in the state (Uwill 2024).

GROWING THE PIPELINE OF MENTAL HEALTHCARE PROFESSIONALS IN THE STATE

Expanding mental health services requires addressing state shortages of mental health professionals. In recent years, some states have enacted policies that extend loan forgiveness to those who pursue degrees to be a mental health professional. States with currently enacted laws include Alaska, California, Minnesota, North Carolina, New York, and Michigan (NASPA 2024). In 2022, the Virginia General Assembly appropriated funds to support a student mental health workforce pilot at institutions of higher education. This pilot has been continuing at current funding levels for FY 2025 and FY 2026 (SCHEV 2024). Since 2020, more states have proposed legislation to offer student loan forgiveness or scholarships for mental health professionals, often centering on providing services in underrepresented specialties such as alcohol and substance use disorder treatment as well as care for individuals with intellectual disabilities. Other states—including California, Illinois, New York, Oregon, and South Dakota—have proposed legislation to create scholarships for career pathways and degree specialization in mental health (NASPA 2024).

Local partnerships have also proven to be impactful. The Foundation for the Los Angeles Community Colleges has created an initiative to support community college students who are pursuing healthcare careers (Hidalgo 2024). The foundation supported the program by raising \$4 million from outside funders. This funding allowed Los Angeles Community College District (LACCD) to finance a guaranteed basic income program, Building Outstanding Opportunities for Students to Thrive. The program will provide \$3 million to eligible LACCD students who are pursuing health careers with the aim of addressing health-care labor shortages in addition to helping students with financial insecurity (Hidalgo 2024).

STREAMLINING STUDENT ACCESS TO FINANCIAL SUPPORT AND REDUCING BASIC NEEDS INSECURITY

Poverty—including its associated hardships, such as food and housing insecurity—has been identified as both a cause and a correlate of mental health problems. A 2023–24 report found that 59 percent of students experienced at least one form of basic needs insecurity related to food or housing (The Hope Center for Student Basic Needs 2025a). A growing number of studies have documented an association between food insecurity, housing insecurity, and mental health problems among college students. Researchers who examined data from 10 community colleges found that “students who experience basic needs insecurity are substantively and significantly more likely than their materially secure peers to report depression, anxiety, and suicidal ideation, planning, or attempt” (Broton et al. 2022).

Further, connecting students with financial resources such as emergency aid, public benefits, and state assistance can help alleviate mental health challenges caused by basic needs insecurity (Bruening et al. 2016; Broton et al. 2022). In response, states have identified and are pursuing many policy opportunities to reduce student basic needs insecurity (Today’s Students Coalition 2024; Coakley et al. 2022). States have been exploring data-sharing arrangements across state agencies and institutions that would enable reliable identification of eligible students and improve outreach efforts for benefits such as Medicaid, health insurance, and the Supplemental Nutrition Assistance Program. The Pennsylvania Department of Education created PA MASLOW, which works to integrate mental health into basic needs support and ensure that mental health care is accessible and destigmatized for all students (Commonwealth of Pennsylvania 2024).

EXPANDING STATE-LEVEL SOLUTIONS FOR INTERSTATE TELEMENTAL HEALTH SERVICES

States should explore policies that enable the interstate provision of telehealth services for students who are enrolled in U.S. colleges and universities from health-care providers who are licensed in a U.S. state or territory or through an interstate licensure compact. Telemental health access is an especially important consideration in the continuity of care for students (American Council on Education 2025). Some legislatures propose a permanent expansion to allow out-of-state practitioners to offer behavioral telehealth services in all states, while others propose to join interstate



compacts to allow practice in other states that have adopted the compact. In 2023, Kentucky, New York, Washington, and Wisconsin all considered legislation related to students being able to access telehealth and virtual mental health services both on and off campus (NASPA 2024).

INCREASING STATE FUNDING

State appropriations play a crucial role in funding and addressing student mental health service shortage. Allocating resources through state budget appropriations ensures that institutions of higher education can provide critical campus mental health programs and initiatives. In 2024, South Louisiana Community College (SoLAcc) received \$477,937 in funding from the Louisiana Department of Health (South Louisiana Community College 2024). This grant, facilitated by the Louisiana Board of Regents and the Louisiana Community and Technical College System, will help SoLAcc to significantly enhance mental health services, increase education and outreach, expand the pipeline of behavioral health professionals, and promote the Medicaid Unwind campaign. To meet needs exacerbated by the COVID-19 pandemic, New Jersey officials worked with telehealth platform Uwill to provide free around-the-clock online mental health services, such as therapy sessions, to college students (Bauer-Wolf 2023). It was funded through \$10 million in one-time federal pandemic relief dollars given to the state; in 2023, Uwill received \$4 million for the first year of the contract, and the state has the option to renew it for two successive one-year terms. Additionally, in 2024, the Massachusetts Governor Maura Healy and Lieutenant Governor Kim Driscoll issued through the Behavioral Health Trust Fund \$12.4 million to 37 colleges and universities in support of behavioral health students completing unpaid internships and field placements (Commonwealth of Massachusetts 2024). These grants are for undergraduate and graduate-level students who are pursuing careers to treat mental health or substance use disorders and are part of the state's efforts to grow the behavioral health workforce in Massachusetts.

COORDINATING STATE-LEVEL ADVOCACY PARTNERSHIPS

Establishing a statewide mental health task force can improve coordination and policy development efforts. Some states have been able to do so without legislation, as was the case in Texas. The Texas Higher Education Coordinating Board established a statewide coalition to develop a statewide strategic plan that will address mental health challenges at the state's public institutions (Chawla et al. 2025). Other states have chosen to pursue a legislative route—such as Oregon, for example, where lawmakers approved Senate Bill 231 in 2017 to establish a statewide task force on student mental health support (Oregon State Legislature 2017).

Other statewide coordination efforts, including in states such as Tennessee and Colorado, have also established advisory committees or working groups to focus on policies and procedures to improve education about mental health issues and suicide prevention (NASPA 2024). Maryland Senate Bill 263, enacted into law, established a mental health committee within the state's higher education commission and identified members that reflect the state's institutional diversity (Maryland General Assembly 2023). The legislation described who should be on the 16-person committee and specified a range of representatives—including leadership from a public historically Black university, a private liberal arts college, and a university system; three student representatives; and various other directors and practitioners with mental health expertise and roles on campus.

CONCLUSION

Addressing student mental health is not just a counseling center issue. It is a state-wide issue that requires state attention and support. Legislative action and sustained investment are necessary to create lasting impact. Though institutions play a critical role in supporting student mental health, they cannot address these problems alone. State policymakers must prioritize sustainable funding that can expand access and support other initiatives to enhance students' success and well-being.

Institutional leaders, campus staff, faculty, and students play essential roles in shaping state-level policies, strategies, and resources to effectively address college students' mental health epidemic. By leveraging state-level advocacy, institutional leaders can partner with policymakers to create state-wide support for college student mental health that enhances mental health access, promotes student success, and advances state policy priorities.

RESOURCES

STATE MENTAL HEALTH ADVOCACY COALITIONS AND NETWORKS

In planning for your state-level mental health advocacy, consider connecting with the following coalitions and networks. These organizations can support and strengthen your efforts through collaboration, shared resources, and potential strategic partnerships.

- **Active Minds chapters** are student-led groups based at high schools, colleges, and universities “that lead conversation, culture change, and advocacy throughout their communities. These powerhouse student groups are working hard to serve the needs of their communities and create cultures that are more supportive of mental health through policy change, promotion of services, awareness and community-building events, social connection events, and more” (Active Minds 2025). Active Minds chapters include students who have a passion for supporting mental health. They have access to a suite of robust resources, ideas, professional expertise, and networks of peers.
- **Hope Impact Partnerships (HIP)** accelerates the work of institutions are “already doing to improve student persistence and graduation rates and advance equity goals. Through HIP, [institutions] will use real-time data to assess students’ basic needs, campus policies, and programs, while receiving support to analyze, plan, and take action to improve students’ basic needs security and well-being” (The Hope Center for Student Basic Needs 2025b).
- **The Jed Foundation (JED)** is a nonprofit dedicated to protecting teen and young adult mental health and preventing suicide. Using an evidence-based approach, JED partners with colleges, universities, schools and youth-focused organizations to assess needs, develop strategic plans, and implement supportive programs and policies. They also advocate for mental health policy, engage communities, and raise awareness to promote student well-being.
- **Mental Health America** is a nonprofit that provides support for those who are looking to support mental health. It offers resources, youth leadership programs, advocacy and policy, various ways to be involved, and services for those who may need mental health support.
- **National Alliance on Mental Illness** is the largest grassroots mental health organization and was developed to support the mental health of all Americans. There is an alliance of 600 local affiliates and 40 state organizations that work to raise awareness and provide support around mental health. They have education programs, help shape national public policy, and hold public awareness events.
- **Inseparable** works across state systems to identify policy opportunities; collaborate with governors, legislature, and candidates; provide policymakers with information; and advocate for mental health change in local communities. Their efforts at the K–12 level can help inform and build efforts for higher education; in particular, Inseparable creates state report cards that can help institutions advocate for mental health causes based on state K–12 data.

SURVEYS FOR STUDENT MENTAL HEALTH AND WELL-BEING ASSESSMENT

Institutions may want to consider the following surveys to measure the mental health of their students.

The Healthy Minds Study Survey (Healthy Minds Network)

ACHA Well-Being Assessment (American College Health Association)

National College Health Assessment (American College Health Association)

Wellness Culture and Environment Support Scale (National Consortium for Building Healthy Academic Communities)

Wellbeing Improvement Survey for Higher Education Settings (The Action Network for Equitable Wellbeing)

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