COLLEGE STUDENT MENTAL HEALTH PROPOSAL TALKING POINTS

REQUEST
We propose the creation of a federal program with $13.8 billion of funding over 10 years to address the growing mental health crisis among higher education students. The program would support the services, training, and research at colleges and universities that are necessary to alleviate and prevent urgent student mental health challenges, including anxiety, depression, and suicide.

FAST FACTS

• The COVID-19 pandemic exacerbated the college student mental health crisis, particularly among disadvantaged groups. In 2022–23, data indicate that 41 percent of college student screened positive for symptoms of depression, a 20 percentage point increase since 2014. Additionally, 36 percent screened positive for anxiety, a 14 percentage point increase since 2014.

• Over half of current college students (55 percent) who have considered leaving college cited emotional stress as the primary driver, according to a recent national survey. The same report also found that students of color and students seeking associate degrees were disproportionately considering stopping out. Basic-needs insecurity is associated with higher levels of anxiety, stress, and depression. In addition, nearly three in five students reported experiencing food insecurity, housing insecurity, or homelessness, and many more report difficulty meeting other basic needs such as childcare and transportation.

• Close to half (49 percent) of students screened positive for symptoms of anxiety or depression, and only 46 percent of these students had received therapy or counseling in the past year.

• College students have not had the same federal support as K–12 students in addressing mental health. The Garrett Lee Smith Campus Suicide Prevention Grant Program is the only federal program currently available to support college students’ mental and behavioral health services directly. The program recently awarded around $2.3 million to colleges and only offered up to $102,000 to just 25 institutions this year—far less than the scale of the support needed.

PROPOSED SOLUTIONS

The proposed funding would be utilized in the following areas:

• Services: The program could award grants for an array of services, including peer support programs; mental health awareness campaigns; online preventive resources; continuity of care and expansion of counseling center resources, as well as faculty, staff, and student financial support assistance; and partnerships with off-campus mental health care providers.

• Training: Funding could also be allocated to 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:** Investments in research could focus on effective mental health interventions as well as compiling evidence-based practices, surveying students’ mental health challenges, understanding the unique needs of specific student groups, and studying the impact of peer support programs. Funding should be provided for a college- or university-based research center that supports creating the evidence base for campus student mental health interventions.

• **Policies and Procedures:** The U.S. Department of Education should be required—in coordination with the U.S. Department of Health and Human Services—to establish an advisory commission on serving and supporting students with mental health disabilities at institutions of higher education. This commission would provide guidance on evidence-based practices every two years to address student mental health challenges and develop a government diagnostic or planning tool at the college level.