



**AMERICAN
PSYCHOLOGICAL
ASSOCIATION**

February 23, 2024

Dr. Nasser Paydar
Assistant Secretary for Postsecondary Education
U.S. Department of Education
Office of Postsecondary Education
400 Maryland Avenue, SW
Washington, DC 20202

RE: Request for Information Regarding Mental Health and Substance Use Disorder Needs in Higher Education – Docket No. ED-2023-OPE-0205

Dear Assistant Secretary Paydar,

On behalf of the American Psychological Association (APA), we are writing to offer public comments on the Request for Information Regarding Mental Health and Substance Use Disorder Needs in Higher Education, published in the Federal Register by the Department of Education on January 25, 2024, [Docket No. ED-2023-OPE-0205](#). APA is the nation's largest scientific and professional nonprofit organization representing the discipline and profession of psychology, as well as over 157,000 members and affiliates who are clinicians, researchers, educators, consultants, and students in psychological science.

APA strongly appreciates the Department of Education's interest in addressing the mental health needs of college students. Doing so is critical to their education, future workforce participation, and ability to thrive as fully functioning, well-adjusted, and productive members of society. Our response will focus on providing resources and best practices, along with additional recommendations for the Department to consider as it seeks to improve efforts to assist institutions of higher education in meeting their students' mental health needs.

College can be a formative time in many people's lives. It is a time of learning and discovery, where acquired experiences and relationships can shape people's futures. However, for many students—even those who have very successful college experiences—this can also be an especially trying time. Many are facing unique sets of circumstances and pressures. Some are living on their own, away from homes and support systems, perhaps even in a different state or country. Others are interacting with new and different groups and people, looking for a sense of community in an overwhelming environment. And others still are balancing competing demands of young adulthood such as working and relationships, while also facing significant pressures to succeed academically.

Many students are already presenting on college campuses with a variety of mental health concerns. In 2022, about 1 in 5 adolescents had major depressive disorder, but less than half received any treatment, with teenagers of color having the lowest treatment rates.^{i iii} About a third of Gen Z—people born between 1997 and 2011—rate their mental health and emotional well-being as either “poor” or “only fair.”ⁱⁱⁱ In 2021, nearly half of high school students said they were consistently sad and hopeless, which was especially pronounced among female students, Hispanic and multiracial students, and LGBTQ+ students.^{iv} Roughly 1 in 5 high school students considered suicide in 2021, with female and LGBTQ+ students reporting particularly high levels of suicidality.^v

College Students Face Increasing Mental Health Challenges

Although the mental health of college students has long been an area of concern, over the past several years, data show that it has been steadily deteriorating, with anxiety, depression, loneliness, and serious thoughts of suicide at record levels.^{vi} Young adults, age 18 to 25, are reporting feelings of anxiety and depression twice as frequently as teenagers.^{vii} There are many factors that can contribute to the mental health challenges college students face, including academics and future career prospects; finances; family, peer, and faculty relationships; social media and technology; campus and community violence; sexual harassment; various forms of discrimination; basic needs insecurity such as inadequate nutrition, hunger, lack of affordable childcare, and insecure housing; politics; and the overall state of the world. Chronic stress—defined as a consistent sense of feeling pressured and overwhelmed over a long period of time—is another significant contributing factor to students’ mental health concerns, with about 56 percent of students having experienced it in college.^{viii} Increases in stress, anxiety, and depression are also negatively impacting academic performance.^{ix} Over half of current college students who have considered stopping out cite stress as the reason why, while nearly two-thirds of those who have never enrolled in higher education cite stress as a key deterrent.^{xi}

In addition, data continue to show increased rates of trauma and suicidality among college-aged youth. Suicide is the second leading cause of death for young people ages 12 to 24.^{xii} Almost half of students who attended college counseling sessions report having experienced trauma, mainly in the form of childhood emotional abuse and sexual violence, which has seen a 10 percent increase since 2012.^{xiii} Data also indicates that young adults between the ages of 17 and 24, particularly those enrolled in college, are at highest risk of developing Substance Use Disorders (SUDs).^{xiv}

Underrepresented and Marginalized Students Experience Higher Rates of Mental Health Concerns

Between 2010 and 2020, suicide rates among Black youth—which includes young people through age 24—nearly doubled, which represents the most significant increase as compared to other demographic groups.^{xv} American Indian and Alaska Native young adults have the highest suicide rate across all racial groups, almost twice as high as the overall national average.^{xvi} Nearly half of LGBTQ+ youth seriously considered suicide in the last year, a trend that increases among multiracial LGBTQ+ youth.^{xvii} While about 54 percent of straight, cisgender colleges students rate their mental health as “good or excellent,” less than four in ten LGBTQ+ students say the same.^{xix}

Data show that college students of color, LGBTQ+ students, and students from other underrepresented groups who have experienced discrimination have more severe mental health symptoms than their peers who have not been subject to discrimination.^{xx} Much of this is further compounded by recently passed laws across a number of states, prohibiting public colleges and universities from engaging in Diversity, Equity, and Inclusion initiatives and targeting LGBTQ+ rights.^{xxi} ^{xxii}

Mental health concerns are not only exacerbated among students from racially and ethnically minoritized populations and LGBTQ+ students, but also among other marginalized groups including those living in underserved areas and those from lower socioeconomic status backgrounds. Youth living in rural areas are almost twice as likely to die by suicide than those who live in large urban locales.^{xxiii} Low-income college students exhibit higher rates of mental health challenges than their more affluent peers.^{xxiv} Furthermore, as more non-traditional students—such as those who are older, first-generation, veterans, students who are parenting or caregiving, international students, students with disabilities—are attending college, they, too, have unique mental health needs and challenges that must be addressed.

Colleges Are Doing More, but Need More Support

Faced with such overwhelming data, colleges and universities are prioritizing mental health services, where and when they can. In 2023, the overwhelming majority of college presidents recognized that mental health is a concern on their campuses, and nearly 80 percent reported increasing their investment in mental health care over the past year.^{xxv} However, most still believe there is significant room for improvement in their institution's ability to effectively respond to student mental health needs.

Although as a whole, students are now getting more help than in the past, data continue to show that majorities of college students, including those with a mental health condition, are not receiving any type of care, with treatment gaps especially severe among underserved students.^{xxvi xxvii} Lack of resources, including funding, particularly among historically underfunded institutions such as Minority-Serving Institutions and community colleges, are a significant factor contributing to barriers in access to mental health care on college campuses. Demand often exceeds capacity, with large increases in students seeking services, creating waiting lists of several weeks and leaving many campus counseling centers overwhelmed.^{xxviii} Such demand, without a requisite increase in resources, contributes to burnout among campus mental health providers, leading to increased turnover rates.

Many institutions of higher education are rightfully looking beyond the campus counseling center as the only source for mental health and wellness on campus. Many are beginning to view mental health and well-being as a campus-wide priority and are embedding it in other areas of campus life. A recent survey of faculty found that 76 percent view supporting students' mental health as a job expectation, which aligns with students' own beliefs about professors' responsibility to help students struggling with their mental health.^{xxix xxx} Many students also see advisers, administrators, residential life staff, and peers as playing a role. A majority of faculty members nationwide report having had interactions with students regarding their mental health over the past 12 months; however, less than 30 percent of professors have received evidence-based training from their institutions on how to have such discussions and only half believe that they could recognize a student in emotional distress and have the knowledge and resources to help them appropriately.^{xxxi xxxii}

With all of this in mind, APA offers the following responses to the questions posed in the Request for Information, which are based on evidence gathered from psychologists working to address student mental health on college campuses, particularly at University at Albany, State University of New York and Boston University. This information can serve as a resource to the Department as it looks to collaborate on effective methods for meeting the behavioral health needs of college students.

Successful Interventions

1. What metrics have you used to define success in supporting behavioral health (mental health and/or substance use disorders) for all students?

To ensure a comprehensive public health-informed approach, assessments should be conducted at both the population and individual levels. Assessment measures could include the following:

Population-level assessments:

- [National College Health Assessment, American College Health Association](#)
- [CORE Survey on Alcohol and Drug Use](#)
- Institutional annual student health surveys

Individual-level assessments:

- [Patient Health Questionnaire \(PHQ-9\)](#)

- [Brief Assessment of Recovery Capital \(BARC-10\)](#)
- [Generalized Anxiety Disorder 7-item \(GAD-7\)](#)
- Screening and follow-up measures for depression, anxiety, and risk for suicide.
- Screening and follow-up measures assessing alcohol and other substance use, associated negative consequences and protected behavioral strategies.

Additional metrics include:

- Student death rates
- Critical incident rates
- Alcohol and other drug policy violations
- Residence hall incident reports
- Counseling Center consultation records
- Significant changes in attendance or class participation
- Rates of stopping out or requesting time off

2. Does your institution (or the institution you support or attend) have a school-wide mental health and well-being strategy (a universal prevention strategy)? If so, please describe this strategy. To what extent were/are students engaged as partners in the design and implementation of these strategies?

In recent years, training and practice across a variety of mental health fields have taken more of a population health approach to treatment. APA, in particular, is committed to these efforts.^{xxxiii} Population health focuses on improving the health, equity, safety, and well-being of entire populations, including individuals within those populations, and aims to address the cultural, economic, systemic, historical, environmental, relational, and occupational contexts that influence health status, well-being, and functioning across an individual's lifespan. This includes an increased focus on preventative measures, in both mental health care and substance misuse, that improve the behavioral health and lives of individuals and entire communities.^{xxxiv}

To successfully meet the varied mental health and wellness needs of their students, college campuses must also adopt this type of approach and work to make mental health and wellness a campus-wide priority. Institutions must continue to place a premium on understanding and addressing the needs of the whole student, the college campus, and the broader community.

For example, over the past three decades, the University of Albany has been implementing a Comprehensive Prevention Strategy based on a population health approach, which includes students as critical stakeholders within this model. Based on this model, [guidelines](#) have been produced for college and university professionals working in the mental health and substance use prevention and intervention spaces.

3. How do you conduct universal assessments of your student body (or support institutions in their assessments) to determine their behavioral health needs?

Institutions have developed annual surveys, which assess mental health concerns, substance use, and stressors such as food and financial insecurity. The surveys also contain questions addressing flourishing and resilience. Surveys are typically administered in class to undergraduate students and online to graduate students, which has often resulted in higher response rates and improved accuracy of data concerning student concerns and strengths. In addition, institutions also use nationally recognized surveys, such as [Healthy Minds](#).

4. In what ways is your assessment inclusive of diverse student populations, including culturally and linguistically inclusive and identity-safe practices?

A good example of such an approach is the University of Albany's [Project ACCESS \(Achieving College Completion Through Engaged Support Services\)](#), which is supported by grant funding from the Substance Abuse and Mental Health Services Administration (SAMHSA). With equity-focused pillars as a centerpiece, Project ACCESS has helped to prevent substance use and mental health-related risks among college students from underserved racial and ethnic communities, thus opening doors to higher education opportunities, continued progress toward advanced study and entry into the prevention workforce, and enhanced health and quality of life.

The program implements an innovative prevention navigation approach by involving students with lived experience as prevention navigators; diversifying the substance use prevention workforce by supporting the training and career development of prevention navigators; addressing social determinants of health; obtaining community support and buy-in through advisory committees that are representative of service providers and recipients; improving data collection and dissemination; and using a strengths-and-resilience-based approach.

Their prevention navigation model embeds trained prevention navigators, who are themselves college students from underserved communities with lived experience, across campus to provide timely and responsive education, well-being assessments, and referral to on-campus and community services. Student prevention navigators are trained in the implementation of prevention and early intervention strategies, and each navigator participates in weekly group supervision and individual supervision from project directors. To date, Project ACCESS prevention navigators have been instrumental in reaching and engaging their fellow students experiencing health disparities and promoting their behavioral health, academic success, and enhanced quality of life.

5. What strategies or interventions do you believe have most improved behavioral health outcomes among students on your campus or the campuses you support, including systems-level interventions, population level interventions, interventions for high-risk students, or clinical interventions for students with mental health disorders? Please provide any accompanying evidence that informs your belief (e.g., summaries of local outcomes data, locally conducted evaluation studies). Please also share the campus or external resources (e.g., outside funding, digital mental health applications) that were necessary for implementation, including whether cost-sharing by the student was necessary (for example, from co-payments made by the student or billing the student's insurance).

The University of Albany's **STEPS Comprehensive Alcohol Screening and Brief Intervention Program** has developed and tested effective evidence-based interventions that demonstrated significant reductions in a variety of risk behaviors. It aims to reduce alcohol use frequency and quantity as well as the negative consequences associated with alcohol use among college students. Based on the Brief Alcohol Screening and Intervention for College Students (BASICS) model, STEPS is designed to meet the distinct and complex needs of three groups of college students: first-year students, student-athletes, and students seeking health and counseling services for presenting problems unrelated to alcohol or other substance use. In 2009, the program received grant funding from the Department of Education to help enhance and disseminate information to institutions of higher education on a national scale.

Along with receiving national recognition from the American College Health Association, the National Association of Student Personnel Administrators, and the National Association of Alcohol and Drug Abuse Directors, in 2013 the STEPS program was listed in SAMHSA's National Registry of Evidence-

based programs and Practices (NREPP). The purpose of NREPP is to help the public learn more about available evidence-based programs and practices and determine which of these may best meet their needs.

Additionally, Boston University employs [peer/ally trainings](#) as well as [training on overdose prevention](#), including on Naloxone, which have demonstrated their effectiveness.^{xxxv}

6. What steps have you taken to help ensure that all students are aware of, and can easily access (including in ways that protect their privacy), mental health and substance use disorder supports? What steps have you taken to educate and train relevant staff (e.g., faculty, coaches, housing/resident directors) about student behavioral health supports? How have you tailored outreach activities to meet the specific needs of particular student populations?

The University of Albany's Project ACCESS prevention navigators are embedded across campus locations where students naturally congregate, such as the campus advising center, center for intercultural engagement, and gender and sexuality resource center. The evidence-based strategies implemented by prevention navigators include:

- Educational strategies/workshops, such as trainings on overdose prevention, STD prevention, the relationship between substance use and mental health, mindfulness, and information on health insurance/coverage.
- Screening and assessment strategies, including Screening, Brief Intervention, and Referral to Treatment (SBIRT), motivational interviewing, and timely referral/warm handoffs to on-and-off-campus providers.
- Follow-up strategies, including initial "well-being check-ins" when the student arrives on campus the summer prior to the first year of college and follow-up meetings at the end of the summer program.

The program also conducts periodic assessments to better understand student needs and offer the most comprehensive array of services to our students, which has resulted in improved health literacy and more timely delivery of services to students at moderate or high risk.

7. What steps have you taken to encourage students to seek mental health and substance use disorder support, including any specific activities to address stigma? For students, what barriers or fears do you or your peers have with engaging with behavioral health treatment at your institution and to what extent, if any, has your institution sought to address these fears and barriers?

Peer-led interventions reduce stigma around mental health conditions and seeking care, especially when delivered by those who themselves have experienced and successfully addressed their own mental health challenges.^{xxxvi} However, peer support providers must receive training and supervision from qualified mental health and/or substance use professionals. For example, Project ACCESS program directors, who are experienced licensed psychologists with extensive training in evidence-based prevention and intervention strategies, provide training and ongoing supervision to student prevention navigators. In addition to addressing the essential training components associated with ethical conduct, confidentiality, disclosure and boundary-setting, and crisis management, student prevention navigators are trained in the delivery of the evidence-based practices described in response to question 6.

Normalizing the seeking of care for mental health and substance use is another strong stigma reduction strategy. At Boston University, campus collegiate recovery programs give in-class presentations in all health-related courses to reduce campus stigma on substance use.

8. What steps have you or the institutions you support taken to tailor behavioral health interventions to the specific needs of particular student populations, including students from

underserved communities and primarily off-campus populations, if applicable? What evidence (e.g., summaries of local outcomes data, locally conducted evaluation studies) suggests these interventions are effective? If not already provided above, please consider including any evidence here.

To ensure that all services and interventions delivered by Project ACCESS meet the needs of a diverse campus, students from the target population comprise a Project ACCESS Student Advisory Board. It provides ongoing student feedback and guidance regarding next steps and needs, and works on strategies to build upon and further disseminate Project ACCESS' peer-to-peer approach.

Project ACCESS collects both process and outcome data, at the aggregate and individual level, to evaluate its progress and provide the timeliest follow-up interventions tailored to students' individual needs. Data provide clear evidence of engagement in Project ACCESS, as well as increases in knowledge regarding substance use and mental health disorders and changes in attitudes and behavioral intent regarding seeking treatment:

- During the summer of 2022, Project ACCESS prevention navigators reached all incoming first-year students with baseline and follow-up assessments, well-being check-ins and outreach efforts.
- All students in the Summer 2022 Intensive Educational Opportunities Program received Naloxone training from the New York State Office of Addiction Services and Supports, and 256 Naloxone kits and Fentanyl test strips were distributed to these students.
- At the end of the Educational Opportunities Program Intensive Summer 2022 program:
 - 80 percent of student participants reported that they learned "quite a bit" or "a lot" about risky alcohol and substance use.
 - 75 percent of student participants reported that they knew where to go in their hometown regarding a drug or alcohol problem.
 - 83 percent of student participants reported that they knew where to go near the University at Albany to see a professional if needed.

9. What actions or partnerships have you formed (or helped institutions form) (e.g., with parents/guardians, law enforcement to prevent unintentional harm to students in distress) to ensure continuity of care for students with mental health disorders as they transition to, between, and from college? What steps have you taken to involve parents/guardians in the event of an emergent behavioral health concern? Have you encountered challenges (for example, privacy concerns or other challenges/barriers) or developed successful strategies to engage parents/guardians to ensure continuity of care and services for students entering with behavioral health disorders, or those with previously undetected, undertreated, or untreated behavioral health concerns?

Project ACCESS work has engaged a variety of campus and community partners, including by inviting them to join their advisory board. This has been essential for quality improvement efforts and the expansion of quality services for students. Some examples of campus and community partners include the collegiate recovery program, counseling and psychological services, gender and sexuality resource center, peer assistance program, student health services, State Department of Health, State Office of Addiction Services and Supports, and Planned Parenthood.

10. How is your institution ensuring that college students have access to health insurance and access to comprehensive behavioral health care?

Project ACCESS developed a health insurance workshop delivered in classrooms and other settings in which students are provided information on the health insurance process and their specific health insurance plans. Students who do not have health insurance are connected with insurance resources and

programs. States with expanded Medicaid eligibility have often simplified the connection of eligible students to mental health services.

11. What steps have you taken to ensure that students with mental health disabilities receive academic accommodations and other reasonable modifications under the Americans with Disabilities Act of 1990 and section 504 of the Rehabilitation Act of 1973 to give them each a meaningful opportunity to participate in and benefit from the school's academic and non-academic programs? How have you integrated your disability services offices into initiatives to develop strategies to meet the mental health needs of students on your campus? What steps have you taken to address any bias—by professors, staff, or other students—against students with mental health disabilities?

Several campuses report having offices that focus on providing reasonable accommodations to students, along with policies to support medical withdrawals associated with mental health and substance use-related concerns that are consistent with the ADA. We also recommend that, in meeting the mental health needs of their students with disabilities, campus-affiliated clinicians consult [APA's guidelines for the assessment and intervention of people with disabilities](#).

12. What kinds of trauma-focused services or supports are you providing to students who may have experienced trauma?

As more college students report experiencing trauma, college counseling centers are hiring mental health professionals with expertise in treating trauma, offering post-traumatic stress disorder treatment, ensuring that all their services, from initial consultation to the layout of a center's waiting room, are trauma-informed. Additionally, institutions are looking for ways to embed trauma-informed practices throughout campus activities, including in classrooms and lecture halls through trauma-informed pedagogy, which calls upon professors to recognize that their students may have past traumas that affect their ability to succeed in class.^{xxxvii}

13. What efforts have you taken to develop, enhance, or implement suicide prevention and postvention plans? Which of these efforts do you believe have been most strongly associated with reductions in suicide attempts and completions on your campus (or the campuses you support)? Please provide any accompanying evidence that informs your belief (e.g., summaries of local outcomes data, locally conducted evaluation studies). What is the process of connecting students to on and off-campus suicide prevention/postvention supports?

A suicide on campus can be a traumatic event for the entire campus community. The [Higher Education Mental Health Alliance's postvention guide](#) is an excellent resource for colleges and universities looking to implement or update postvention plans. Postvention efforts should effectively help those impacted by suicide deal with current trauma and grief; stabilize the campus community by restoring a semblance of order and routine; prevent or at least limit the risk of further suicides; facilitate understanding and help the campus community process what has occurred; avoid institutionalizing grief; and allow for learning from current postvention efforts to improve future prevention, postvention, and response policies.

Another useful resource is [The JED Foundation's Comprehensive Approach to Mental Health Promotion and Suicide Prevention for Colleges and Universities](#), which addresses four major thematic areas that reflect a population health approach: (1) promoting resilience and protective factors; (2) encouraging early intervention practices; (3) ensuring access to clinical services, including mental health support, substance misuse services, and crisis management procedures; and (4) implementing environmental safety and means restriction.

The University at Albany was among the first cohort of colleges and universities to adopt JED's model in 2013. As part of this work, the university also developed a model comprehensive mental health crisis response protocol, policies for medical withdrawal, and an early intervention program to respond in a timely manner to resident students who have attempted or contemplated suicide. This includes programs recognized as models by the Center for Substance Abuse Prevention (CSAP) and the Department of Education.

14. If applicable, please describe if your IHE or an IHE you support has received a Garrett Lee Smith Campus Suicide Prevention Grant from SAMHSA, please describe how these funds have been used to support suicide prevention efforts.

SAMHSA's Garrett Lee Smith (GLS) Campus Suicide Prevention Grant Program is the only federal program solely dedicated to comprehensively addressing suicide prevention and mental health at institutions of higher education. The University at Albany was among the first cohort of campuses to receive GLS funding, which they have since received three additional times. This has allowed them to advance their suicide prevention and substance use prevention efforts, leading to increased capacity to launch and sustain several national model programs that have been disseminated to other campuses across the country.

These interventions resulted in significant increases in access to vital mental health and substance use prevention services for students, educated members of the campus community, and developed training programs to teach campus community members how to talk with students in distress. Over the years, the GLS Campus Grant funds have been transformative for the university and potentially lifesaving for the thousands of students who have benefited from grant-funded initiatives. Without these federal funds, the reach of their services would be significantly compromised during a time when enrollments are challenging to sustain and grow.

However, despite its evidence of success and the demonstrated needs across college campuses, GLS remains a small program that is only able to fund a fraction of institutions, nationwide. Its campus-based grant is currently funded at just \$8.5 million in FY 2023. APA encourages the Department to work with its partners in SAMHSA to increase funding for this critical program. In addition, SAMHSA should use the authority already granted to the Secretary to waive the institutional, dollar-for-dollar matching requirement under GLS for traditionally under-resourced institutions, such as Minority-Serving Institutions and community colleges.

15. How have you provided support for the mental health of your faculty, staff, graduate students, and post-doctoral students? Please describe any prevention strategies, assessment approaches, and interventions and how these supports addressed unique workforce challenges that emerged as a result of the COVID-19 pandemic? What evidence (e.g., summaries of local outcomes data, locally conducted evaluation studies) suggests these practices are effective?

While most professors want to support the mental health and well-being of their students and are eager to receive additional training to be able to properly do so, as with campus counseling center staff, burnout is high among faculty members.^{xxxviii} Many also face their own mental health challenges, and for some, the toll of supporting students' mental health impacts their own.^{xxxix} In addition, the burden of supporting the mental health of students disproportionately falls on female faculty, transgendered faculty, and faculty of color.^{xl} Data from the K-12 level show the importance of educator well-being for the well-being of the students, as well as their academic success.^{xli}

Institutions are seeing a growing number of employee requests for mental health accommodations, yet most do not have the infrastructure in place to support staff mental health needs. In cases where supports for faculty and staff are available, they tend to be much less visible than those for students. While most colleges and universities offer an Employee Assistance Program with short-term counseling and referrals to providers, faculty and staff members might hear about the program only once, when they start a job. About half of faculty believe that their institutions should do more to support the psychological well-being of staff.^{xliii} [APA](#) and the [Centre for Innovation in Campus Mental Health](#) have several resources to support faculty and staff mental health.

Graduate students also have significant mental health challenges of their own. They are more than three times more likely than the average American to experience mental health disorders and depression.^{xliii} Due to the nature and structure of graduate education, which can often be isolating, time consuming, and financially unstable, graduate students have their own unique mental health needs that are often different from the undergraduate population. [APA's Guidelines on Equitable and Respectful Treatment of Students in Graduate Psychology Programs](#) include direction for institutions on addressing the mental health needs of graduate students. The [Council of Graduate Schools and the JED Foundation](#) also released a set of recommendations for campuses on graduate student mental health.

16. What has your institution (or the institutions you support) done to ensure students have access to qualified and well-resourced mental health and substance use disorder professionals? What has been effective in addressing any challenges with hiring, developing, and retaining these professionals, including increasing the diversity of professionals?

College counseling centers are facing hiring challenges, burnout and exhaustion among existing staff, and increased staff turnover, including among counseling center directors.^{xliv} Much of this is not exclusive to college campuses, as the U.S. continues to face a serious nationwide shortage of mental and behavioral health care providers, including psychologists, which is projected to worsen significantly by 2030, particularly in rural communities.^{xlv xlvii} It is estimated that 158 million U.S. residents—nearly half of the U.S. population—live in a mental health workforce shortage area.^{xlviii}

The [Association for University and College Counseling Center Directors](#) recently released a report underscoring how harmful persistent underfunding has been to the ability of campus counseling centers to fully deliver services. The report includes recommendations for supporting the mental health needs of campuses in the short term, such as hiring and retaining more clinicians and case managers and embedding them in academic and other student spaces across campus; as well as in the long term, such as scaling up additional resources and putting them in closer proximity to students and creating an overarching sense that the entire campus community must take responsibility for students mental health and wellness.

In addition, many campus counseling centers also serve as training sites for master's and doctoral psychology students, offering practicum, internship, and postdoctoral training opportunities. Under the supervision of counseling center staff, they are delivering critical, culturally competent, and trauma-informed services to address the behavioral health concerns exhibited by students. Continuing to support these internships is an important avenue for both training the next generation of psychologists and utilizing the skills of these already highly trained interns and trainees to bolster the counseling center workforce and address campus mental health needs.

17. What steps have you (or institutions you support or attend) taken to decrease wait times for counseling centers and other available on-campus treatment options and services? Please provide any accompanying evidence including baseline data.

In addition to what is already mentioned above in response to Question 16, appointment availability for mental health services is an area of needed attention for institutions of higher education. Wide discrepancies in the availability of timely care exist.^{xlix} Telehealth is a tool some institutions employ to decrease wait-times and expand service options. Twelve percent of students report using telehealth, either with an on-campus or community provider.^l In addition, some students received a referral to an off-campus mental health professional, while others have used mental health hotlines for more urgent needs.

18. What kinds of peer support related to behavioral health, if any, have you implemented on your campus?

As previously mentioned, peer-led interventions can be a useful tool as part of a full complement of on-campus mental health supports, so long as peer support providers are properly trained and supervised. An explanatory example of such a program is the University of Albany's [Middle Earth Peer Assistance Program](#). This nationally recognized program is one of the first campus-based, student-staffed and professionally supervised mental health hotline services. It has been designated as a model program by the Department of Education and SAMHSA.^{li}

19. What role has your State played in helping to address mental health and substance use disorder needs on your campus, including through introducing and/or passing legislation, increasing funding, and engaging in State-wide initiatives?

Examples of states that have recently launched innovative work to address campus mental health and SUD include the following:

- In 2023, [New Jersey launched a new partnership](#) designed to provide enhanced mental health services to all students attending all 44 colleges and universities in the state.
- In 2023, the City University of New York System launched [CUNY CARES](#), a three-year pilot program intended to help students more easily access health care, mental health resources, food and housing, both on campus and in their surrounding communities.
- In 2021-22, the [State University of New York dedicated \\$24 million in COVID-relief funding](#) to expand mental health and wellness programs. In 2024, New York also invested an additional [\\$10 million for mental health services on SUNY campuses](#). The legislature is also considering legislation to promote Naloxone access across all institutions within the SUNY system.
- In 2021, [Connecticut initiated a \\$2.7 million program](#) to help higher education institutions improve their mental health services.

Choosing and Implementing Interventions

20. What resources (e.g., financial, staffing, technical) have you found to be most helpful in choosing and implementing evidence-based strategies to address mental health and substance use disorder needs on your campus (or the campuses you support)? For example, have you utilized SAMHSA's Evidence-based Guidebook "Prevention and Treatment of Anxiety, Depression, and Suicidal Thoughts and Behaviors Among College Students"?

In addition to the resources already mentioned throughout this document, other resources to consider are:

- [APA health advisory on social media use in adolescence](#)
- The Society of Counseling Psychology (APA Division 17) resources on [suicide prevention](#) and [PTSD](#)
- [Collegiate Recovery Community Replication Curriculum](#)
- [The Jed Foundation's Jed Campus Program](#)
- The Steve Fund: [Equity in Mental Health on Campus initiative](#)

- **The Trevor Project:** [Suicide Risk and Access to Care Among LGBTQ College Students](#)
- **NCAA:** [Mental Health Best Practices: Understanding and Supporting Student-Athlete Mental Health](#)

21. What support would be helpful in choosing and implementing strategies to address behavioral health needs on your campus?

While increases in funding are not a silver bullet and will not address every issue associated with lack of access to college mental health services, the persistent lack of funding, including at the federal level, has been a barrier to meeting the needs elucidated throughout this document. Increased funding would allow institutions of higher education to invest in much of what has been discussed on these pages:

- Provide more resources for counseling centers to explore different models of care depending on their level of staffing, service utilization, and campus mental health needs.
- Support and provide resources to counseling centers as they develop strategic partnerships with off-campus entities offering mental health and substance use care.
- Increase campus-wide mental health awareness.
- Improve peer support programs.
- Develop and expand online mental health resources and tools.
- Connect students with financial supports and public benefits that may help reduce mental health challenges brought on by financial and basic needs insecurity.
- Provide faculty training on recognizing mental health concerns among students and delivering appropriate support and intervention.
- Support the development and implementation of training programs that specifically address the unique mental health needs of various student populations.

22. Reflecting on the challenges presented by the COVID–19 pandemic, how has your institution adapted or refined its pandemic preparedness strategies to specifically address the mental health and well-being of students?

Since the pandemic, the most ubiquitous change that most institutions of higher education have maintained or continued is to offer telehealth services or other virtual forms of treatment for students.

Role of the Department

23. How can the Department best support ongoing efforts inclusive and exclusive of additional funding? What are the preferred methods for collaboration and sustainable partnerships between the Department and behavioral health experts?

As a federal agency with jurisdiction over most educational settings, the Department of Education has the power to influence and create policy. As mentioned above, there is a dire need for much more federal funding for college mental health services. APA supports the proposed \$150 million for college mental health through the Fund for the Improvement of Postsecondary Education (FIPSE) as part of the President’s FY 2024 request and urges the Department to continue including this provision in future budget requests. Like several school-based mental health grants overseen by the Department, we encourage you to support the creation of a permanent college campus-based mental health service program within FIPSE.

In addition to funding, the Department should:

- Establish a center of excellence on addressing mental health and substance use-related concerns in higher education.

- Establish an advisory commission on serving and supporting student mental health and substance use needs in higher education.
- Develop a compendium or registry of evidence-based and evidence-informed practices.

Lastly, the Department should work with interagency partners to:

- Advocate for increased funding for the Garrett Lee Smith (GLS) Campus Suicide Prevention Grant Program.
- Establish better data-sharing across agencies and institutions to more reliably help institutions identify and provide outreach to students who are eligible for benefits like Medicaid and SNAP.
- Conduct more research on the mental health needs of college students. There is a lot less research on mental health of this age group, especially as compared to children and adolescents.

24. What unmet needs remain and what barriers have institutions encountered in providing mental health and substance use disorder support for their students? How can the Department assist in helping to meet these needs and overcome barriers?

One of the most significant barriers to both growing and diversifying the mental health workforce writ large, including on college campuses, is the cost of obtaining a graduate degree, which is a requirement for licensure for a career in mental health. To finance their education, most graduate students have few options other than to borrow. Health service psychologists graduate with an average debt between \$95,000 and \$160,000 from their graduate degree alone, and close to half of doctoral-level psychologists rely on loans or their own funds to pay for graduate school, which takes an average of 5-6 years to complete.^{lii} The prospect of adding further debt often serves as a disincentive to the pursuit of advanced degrees. Research also shows that debt affects career choice, reducing the probability that qualified professionals will pursue lower-paying but high-demand public service careers, including in rural and underserved communities.^{liii}

APA strongly commends the Department's work over the past few years to improve the Public Service Loan Forgiveness and Income-Driven Repayment (IDR) programs. This has been life-changing for many borrowers, including psychologists with student loan debt. However, more can be done to make borrowing more affordable, including the elimination of all instances of interest capitalization and origination fees on all federal student loans, as well as the reinstatement of access to Direct Subsidized Loans for graduate students. We recognize that these changes are statutory, but we urge the Department to work with partners in Congress to make these changes in law, most of which have bipartisan support. In addition, we encourage the Department to make additional changes that are within its purview, including to further streamline IDR by eliminating the arbitrary distinction in time to repayment between graduate and undergraduate students, as well as to finalize its plans for more broad-based student loan cancellation.

Black graduate degree holders have nearly double the amount of graduate school debt than their White counterparts.^{liv} This is true across all fields, but data show that low-income students and students of color working toward doctoral psychology degrees also significantly rely on student loans.^{lv} While the psychology workforce has been steadily diversifying over the last several years, the field overall still remains primarily White.^{lvi} Higher student loan debt further impedes workforce diversity, including in mental and behavioral health care fields.^{lvii} The Department should consider supporting several proposals that would help students of color and low-income students finance degrees in the mental and behavioral health care fields, without taking on additional student loan debt:

- **Support graduate programs at Minority-Serving Institutions (MSIs) that educate and train mental health professionals.** With more resources, Historically Black Colleges and Universities and other MSIs, including Hispanic-Serving Institutions and Tribal Colleges and Universities, can be education and training hubs for psychologists and other mental health providers of color,

thereby helping to diversify the mental health care workforce. The Department should support efforts in Congress to authorize a grant program to help these institutions build and grow graduate programs in the mental health fields, including psychology. In addition, more grant funding should be made available directly for students pursuing careers in mental health care at these institutions, including for those in doctoral psychology degree programs.

- **Allow Pell Grants to be used for graduate study.** National data show that a growing number of graduate students received Pell Grants as undergraduates, with a significant portion remaining income-eligible without fully exhausting the maximum amount of Pell semesters available under current law.^{lviii} Allowing Pell to be used towards a graduate degree, including in psychology, would decrease the need to take on additional debt and advance the purpose of the program by providing access to economically disadvantaged and historically underrepresented populations, building a more diverse and representative workforce, including in the mental health care fields.

25. Are there any resources you would like the Department to provide?

It would be extremely helpful to colleges and universities for the Department to provide the following:

- Informational briefs addressing current and emerging issues related to student mental health and substance use.
- A webinar or podcast series featuring leading experts in mental health and substance use prevention and intervention addressing current issues.
- An annual national convening to support information dissemination and networking among college and university professionals.

26. If the Department were to hold a convening or other event, what specific topics or information would be most helpful to include in supporting institutions and the work of the field?

It would be important to address the following topic areas:

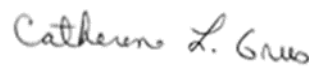
- Highlighting emerging issues affecting college students.
- Highlighting the importance of looking comprehensively at the intersectionality of mental health, risk for suicide, substance use, and violence.
- Highlighting model programs at colleges and universities addressing risk for suicide, mental health, and substance use prevention and intervention.

APA appreciates the opportunity to provide public comments. If we can be of further assistance, please contact Kenneth Polishchuk, Senior Director for Congressional and Federal Relations & Education Policy Lead, at kpolishchuk@apa.org.

Sincerely,



Katherine B. McGuire
Chief Advocacy Officer



Catherine Grus, PhD
Chief Education Officer

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