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U.S. Department of Education

400 Maryland Avenue SW

Washington, DC 20202

Re: ED-2023-OPE-0205-0001, Request for Information Regarding Mental Health in Higher Education

We appreciate the invitation from the U.S. Department of Education (“the Department,” or “ED”) to provide information, research, and suggestions regarding supporting student mental and behavioral health needs and/or substance use disorder in higher education. The Hope Center at Temple University is an action research center committed to improving student basic needs security in higher education, including food, housing, childcare, transportation, as well as access to high-quality, affordable, and consistent mental health resources.

On campuses across the country, mental and behavioral health challenges are persistent and have reached crisis levels. Forthcoming survey data from The Hope Center finds that 39% of students are experiencing clinically significant symptoms of depression and 33% are experiencing anxiety.<sup>1</sup> These findings are consistent with other surveys, including the 2022-23 Healthy Minds Survey which finds that over 4-in-10 (41%) college students are struggling with clinically significant depression, and over 1-in-3 (36%) experience anxiety.<sup>2</sup> They, like other data, suggest a worsening of the problem over recent years.<sup>3</sup> According to a 2022 survey on the mental health crisis in higher education by Gallup and the Lumina Foundation, more than 40% of students currently enrolled in an undergraduate degree program had considered dropping out in the past six months (up from 34% in the first year of the Covid-19 pandemic), with emotional stress and mental health challenges cited more than any other reason.<sup>4</sup>

Addressing mental health challenges in higher education necessitates a comprehensive and coordinated approach within and across institutions, state agencies, and federal policymakers. Improving mental health among our nation’s 19 million college students demands moving beyond strategies focused exclusively on treatment (current funding levels and severe shortages

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<sup>1</sup> Preliminary data from The Hope Center at Temple University. (2024, forthcoming). *Hope Impact Report*. There is significant overlap in these populations, as anxiety and depression often co-occur. Hope Center data suggests that 45% of students are experiencing clinically significant symptoms of anxiety and/or depression.

<sup>2</sup> The Healthy Minds Network. (2023). *The Healthy Minds Study: 2022-2023 Data Report*.

<sup>3</sup> Lipson, S. K., Zhou, S., Abelson, S., Heinze, J., Jirsa, M., Morigney, J., Patterson, A., Singh, M., & Eisenberg, D. (2022). Trends in college student mental health and help-seeking by race/ethnicity: Findings from the national healthy minds study, 2013-2021. *Journal of Affective Disorders*, 306, 138–147. <https://doi.org/10.1016/j.jad.2022.03.038>

<sup>4</sup> Gallup and Lumina Foundation. (2023). *Stressed Out and Stopping Out: The Mental Health Crisis in Higher Education*.

of mental health professionals preclude this as a sole approach) and pursuing evidence-based strategies that promote mental health and prevent mental health problems at a population scale and scope. It also requires acknowledging that mental health challenges do not exist in isolation: any solutions must address the close link between mental and behavioral health challenges and financial or material basic needs insecurity. Nationally representative federal data from ED reveal that more than 4.3 million students in higher education experience food insecurity, and nearly 1.5 million students experience homelessness.<sup>5</sup>

Students facing basic needs challenges are likely to face mental and behavioral health challenges as well. Forthcoming Hope Center data reveal that 72 percent of students who are experiencing mental health symptoms also face basic needs insecurity. Likewise, 53 percent of students facing basic needs insecurity also have anxiety or depression.<sup>6</sup> This is consistent with other studies showing that students experiencing inadequate nutrition, hunger, food insecurity, or other challenges related to poverty may experience higher rates of anxiety, stress, and depression.<sup>7</sup> At the same time, mental health challenges that go untreated can result in students experiencing basic needs insecurity while enrolled in school, and lead to students dropping out of school, reducing their ability to find a self- or family-sustaining job.

This is particularly true at institutions that have traditionally received fewer private and public resources, including community colleges. Examining data from 10 community colleges, one study 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,” and students experiencing both food and housing insecurity had the greatest odds of reporting mental health problems.<sup>8</sup> The availability of mental health resources, or lack thereof, closely corresponds with resource disparities in higher education and racial inequality across our economy: community college students report higher levels of unmet mental health needs relative to those at four-year institutions, as do low-income students, first generation students, and students of color across institutions.<sup>9</sup> Greater investments

<sup>5</sup> McKibben, B., Wu, J., and Abelson, S. (2023, August). [New Federal Data Confirm that College Students Face Significant—and Unacceptable—Basic Needs Insecurity](#). The Hope Center at Temple University; Rates of food insecurity among undergraduates are over twice those of U.S. households overall. During 2020, when the National Postsecondary Student Aid Survey was fielded, 23% of undergraduates, and 12% of graduate students were food insecure. Comparatively, 10.5% of U.S. households were food insecure at some point in 2020. Source: U.S. Department of Agriculture. (2023, October). [Household Food Security in the United States in 2020](#).

<sup>6</sup> Preliminary data from The Hope Center at Temple University. (2024, forthcoming). *Hope Impact Report*.

<sup>7</sup> Martinez, S. M., Frongillo, E. A., Leung, C., & Ritchie, L. (2018). No food for thought: Food insecurity is related to poor mental health and lower academic performance among students in California’s public university system. *Journal of Health Psychology*, 25(12), 1930–1939. <https://doi.org/10.1177/1359105318783028>; Bruening, M., Brennhof, S., van Woerden, I., Todd, M., & Laska, M. (2016). Factors related to the high rates of food insecurity among diverse, urban college freshmen. *Journal of the Academy of Nutrition and Dietetics* 116(9), 1450–1457. <https://doi.org/10.1016/j.jand.2016.04.004>; Coakley, K.E., Cargas, S., Walsh-Dilley, M. et al. Basic Needs Insecurities Are Associated with Anxiety, Depression, and Poor Health Among University Students in the State of New Mexico. *J Community Health* 47, 454–463 (2022). <https://doi.org/10.1007/s10900-022-01073-9>

<sup>8</sup> Broton K.M., Mohebbi M., and Lingo M.D. (2022). Basic Needs Insecurity and Mental Health: Community College Students’ Dual Challenges and Use of Social Support. *Community College Review*, 50(4), 456-482.

<sup>9</sup> Lipson, S., Phillips, M., Winquist, N., Eisenberg, D., and Lattie, E.G.. 2021. “Mental Health Conditions Among Community College Students: A National Study of Prevalence and Use of Treatment Services.” *Psychiatric Services* 72, no. 10 (October):

in anti-poverty programs have been found to improve mental health, including over the long-term.<sup>10</sup> We strongly encourage the Department, as it works to lift up promising practices and provide technical assistance to institutions to prioritize mental health challenges, to pair those efforts with comprehensive strategies to reduce basic needs insecurity.

Addressing this crisis will require a series of comprehensive and intersecting solutions that take the whole student into account. Strategies include surveying students, faculty, and other stakeholders on a range of measures related to mental health, belonging, and basic needs; inventorying the available resources on campus and whether students have consistent, timely access to them; increasing the availability of mental health resources, particularly at under-resourced institutions; evaluating existing programs for their effectiveness; and building comprehensive basic needs supports that help students access all of the financial aid, public benefit, and other resources for which they may be eligible.

### ***Surveying the Scope of Mental Health Challenges and Inventorying Campus Supports***

National data reveal persistent and rising levels of anxiety and depression in higher education. Yet in order to build an ecosystem of support for students, institutions should be regularly collecting data on the levels and types of challenges facing students on campus, and sharing that data widely across departments, student services, and administration. It is essential for institutions to have a granular understanding of the types of students facing the greatest burdens and those most likely to not seek out care; doing so will inform the design of interventions and services that have the greatest chance of success, while ensuring that programs are equitable. In the Hope Center’s basic needs survey, we take a broad view when measuring mental health by not only surveying the prevalence of symptoms and experiences (such as depression, anxiety, stress, disordered eating, and risk of suicide) across student groups, but to also include questions that tap into students’ sense of belonging on campus, self-efficacy, whether they are aware of available resources or services, barriers to accessing those resources, and students’ preferences for different types of mental health supports. Importantly, asking students about mental health in the context of a basic needs survey allows us to examine the relationships among students’ mental and behavioral health challenges and financial or material basic needs insecurity.

The Hope Center also encourages campuses to engage in a comprehensive inventory to assess, understand, and document the basic needs supports and services within an institution. This practice allows campuses to identify strengths in the basic needs support ecosystem, and can promote cross-department collaboration. When paired with basic needs surveys, inventories can help institutions compare the services offered to any unmet student needs, which supports need

1126–1133. <https://doi.org/10.1176/appi.ps.202000437>; Lipson, S.K., Kern, A., Eisenberg, D., and Breland-Noble, A.M.. 2018. “Mental Health Disparities Among College Students of Color.” *Journal of Adolescent Health* 63, no. 3 (September 1): 348–356. <https://doi.org/10.1016/j.jadohealth.2018.04.014>; Olaniyan, M., Magnelia, S., Coca, V., Abeyta, M., Vasquez, M., Harris III, F., & Gadwah-Meaden, C. (2023). *Two pandemics: Racial disparities in basic needs insecurity among college students during the COVID-19 pandemic*. The Hope Center at Temple University. <https://hope.temple.edu/racial-disparities-basic-needs-insecurity-college-students-covid-19-pandemic>

<sup>10</sup> Ridley, M. W., Rao, G., Schilbach, F., & Patel, V. H. (2020). Poverty, depression, and anxiety: Causal evidence and mechanisms (Working Paper No. 27157; Working Paper Series). National Bureau of Economic Research. <https://doi.org/10.3386/w27157>

to be created that do not currently exist, and identify outreach strategies that may be beneficial in connecting students to existing supports.

In working with partner institutions on basic needs inventories, The Hope Center recommends that campuses take stock of a series of questions on health, wellbeing, and mental health specifically, including the availability or existence of:

- Primary healthcare
- Health insurance access assistance
- Disability resources
- Student health fees
- Reproductive healthcare
- In-person counseling/mental health treatment
- Telemental health
- Psychiatrist or licensed prescriber(s)
- The number of sessions and staffing available
- Other mental health-related services

Specifically, institutions should consider the importance of wait times, staffing, the number of sessions generally available to students as a part of any inventory of supports. Crucially, we recommend that institutions treat inventories as a “living document,” and regularly reassess the services provided and how they overlap with needs of the current and future student body.

### ***Investing in Evidence-Based Strategies and Integrating Mental Health Supports into Efforts to Promote Basic Needs Security***

Over the past several years, several promising practices have emerged to help holistically and comprehensively address basic needs insecurity on campus. These include the creation of basic needs centers, benefits hubs, and one-stop offices where students can access and apply to an array of services, public benefits, and financial supports. States including California, Oregon, and Illinois have passed legislation mandating the use of benefits navigators on campus that can help students apply for campus, state, and federal assistance, including support accessing healthcare services.<sup>11</sup> Additionally, ED has explicitly encouraged institutions to leverage financial aid and other data to connect students with public benefits to help defray the cost of college,<sup>12</sup> which could reduce stress and anxiety associated with basic needs insecurity.

Lessons from these types of comprehensive, wraparound efforts are instructive for addressing mental health challenges on campus as well. The Hope Center has partnered with institutions across the country through our Hope Impact Partnerships program to improve the ecosystem of campus supports, including explicit strategies to tackle mental health on campus. For example,

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<sup>11</sup> Hatch, B. (2022, August 19). “[Students Are Struggling with Basic Needs. So Colleges Are Tapping ‘Benefits Navigators.’”](#) *Chronicle of Higher Education*.

<sup>12</sup> Higher Learning Advocates and the National Association of Student Financial Aid Administrators. (2024). [The Numbers Speak for Themselves: Using FAFSA Data to Secure Today’s Students’ Basic Needs](#).

we partnered with the Texas Higher Education Coordinating Board and Meadows Mental Health Policy Institute to provide training and resources to strengthen colleges' mental health efforts and integrate their mental health and basic needs efforts to meet their student success and graduation goals.

This partnership produced an interactive workbook oriented toward *Guiding Frameworks for Postsecondary Mental Health*.<sup>13</sup> This exercise helped map the continuum of mental health supports and services on campus and identify, for example, universal, targeted, and individualized supports according to a public health framework for postsecondary mental health. A toolkit on *Making the Case for Investments in Postsecondary Mental Health* helped colleges identify and communicate unifying priorities and returns on investing in such priorities.<sup>14</sup> A third toolkit helped colleges strategize on how to implement trauma-informed practices through their mental health efforts.<sup>15</sup> This partnership has unearthed several key insights across Texas that are likely relevant to institutions around the country.

For example, institutions have begun to consider innovative approaches to address the mental health personnel shortage. Ninety-eight percent of Texas' 254 counties are wholly or partially designated as mental health professional shortage areas, defined as more than 30,000 residents per clinician.<sup>16</sup> To address this, representatives from West Texas A&M University, Amarillo College, and other partners have discussed a model of partnering across multiple colleges in the Texas panhandle to launch shared mental health clinics, utilizing behavioral health trainees to increase capacity, and rethinking approaches to mental health workforce training.

Other institutions, such as Alamo Colleges – a district of five community colleges across the San Antonio, TX, area – have explicitly included basic needs support as part of a formal mental health strategy. Alamo Colleges' comprehensive mental health initiative, AlamoTHRIVE, involved the co-creation of a strategic plan across all five campuses for policies and practices that support a public health approach to mental health. Recognizing that unmet basic needs can be both a cause of and a response to mental health crises, basic needs grants are also provided to students needing emergency aid for food, housing, and unanticipated financial demands. This comprehensive approach also involves investing in student peer support, extensive training for faculty/staff and students on wellness practices and on counseling and psychiatry services available, and mental health wellness messaging. Through AlamoTHRIVE, the institution has seen a large increase in both the number of students receiving mental health supports as well as the total number of counseling sessions, as well as increased funding for case managers and Psychiatric Mental Health Nurse Practitioners.

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<sup>13</sup> The Hope Center at Temple University and Meadows Mental Health Policy Institute. (2023). [Guiding Frameworks for Postsecondary Mental Health](#)

<sup>14</sup> The Hope Center at Temple University and Meadows Mental Health Policy Institute (2023). [Making the Case for Investments in Postsecondary Mental Health](#).

<sup>15</sup> The Hope Center at Temple University and Meadows Mental Health Policy Institute (2023). [Trauma-Informed Approach and Practices in Higher Education](#).

<sup>16</sup> Simpson, Steven (2023, February 21). "Texas' shortage of mental health care professionals is getting worse." *Texas Tribune*. <https://www.texastribune.org/2023/02/21/texas-mental-health-workforce-shortage/>

Another example is Blue Mountain Community College in Pendleton, OR. Blue Mountain’s Student Resource Center Director oversees all basic needs services, including mental health, which allows for important coordination of services and funding. Through grant funding, they have been able to expand the types of necessities provided through the campus food pantry, as well as an expansion of mental health services. Yet, because high demand exceeded campus mental health providers’ capacity, students on their campus could not access on-campus counseling in a timely manner. So Blue Mountain Community College partnered with a telemental health provider to offer counseling sessions and expand capacity. Furthermore, they are coordinating outreach across basic needs services so that students who seek one type of basic needs support are also given information about other services (e.g., students who visit the food pantry see flyers for counseling services). They also hold resource fairs bringing together employers who are hiring with basic needs and mental health services from campus, the community, and local agencies. These types of coordinated basic needs support efforts demonstrate an ecosystem of care and address the needs of the whole student.

### ***The Need for Greater Federal, State, and Institutional Investment in Mental Health Supports***

While campuses are creating innovative cross-institutional or community partnerships to address mental health and basic needs, there remains a severe lack of resources within higher education to address these twin crises. Even in the context of limited funding, it is essential that mental health investments reach students facing intersecting mental health needs and barriers to accessing resources, including LGBTQ+ students, first-generation students, parenting students, students of color, military-connected students, and adult learners. We applaud the Biden Administration’s FY2024 budget proposals to expand mental health supports, including a School- and Campus-Based Mental Health Service program within the Fund for the Improvement of Postsecondary Education, as well as a Systemwide Holistic Student Supports program that could be used to expand basic needs and mental health supports, and encourage Congress to act on these proposals. Additionally, we encourage ED to leverage programs like the Basic Needs for Postsecondary Students and Postsecondary Student Success Grants to invest in proven strategies that tackle mental health as a part of an overall basic needs strategy.

Unfortunately, outside of these grant programs that often cover a number of important student success priorities, current federal support for campus-based mental health remains mostly limited to the Garrett Lee Smith (GLS) Campus Suicide Prevention Grant program within the Substance Abuse and Mental Health Services Administration (SAMHSA), the only federal program currently available to exclusively support college students' mental and behavioral health services. Grant funding is currently limited to 58 institutions,<sup>17</sup> out of nearly 3,600 public and private non-profit institutions in the U.S., despite the pressing need for greater federal resources. In addition to expanding funding, we recommend that policymakers reform GLS to remove barriers to participation for under-resourced institutions, including an institutional match requirement that currently deters less well-resourced institutions from applying for much-needed grant funding.

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<sup>17</sup> For a list of GLS campus grantees, see [here](#).

In addition, we recommend that ED create, and regularly update, a series of publicly available resources on evidence-based preventative measures and interventions that support students' mental health and basic needs, as well as expand research funding opportunities to improve understanding of what works to support mental health, particularly at the community and organization level. We encourage ED to consider recommendations from a comprehensive review of the evidence-base regarding what works for improving mental health within higher education, authored by Drs. Sara Abelson, Sarah Lipson, and Daniel Eisenberg.<sup>18</sup> In addition to investing in strategies with proven or promising effectiveness (including skill-training interventions, cognitive-behavioral and relaxation interventions, screenings for mental health concerns, and means restriction for suicide prevention – as summarized in a recent brief based on the review published by The Hope Center, American Council on Education, and the Healthy Minds Network), ED should continue to facilitate and invest in the monitoring and evaluation of programs to further the evidence base.<sup>19</sup> Given the documented increase in reported mental health concerns over just the past few years, we strongly encourage researchers, institutions, and ED to regularly update and reassess effectiveness of programs, and regularly communicate those updates to practitioners.

Finally, while we recommend that Congress amend the Higher Education Act to require colleges provide clear and available information to their students on affordable mental health resources and refer struggling students to public benefits to help them address contributing factors to their mental health, we also hope that ED provide guidance on how institutions may utilize existing federal resources, including existing federal grants, to address mental health, as optimal strategies for conducting outreach to students around the availability of on- and off-campus supports. During the height of the pandemic, we appreciated the Department's guidance on how institutions could utilize Higher Education Emergency Relief Fund (HEERF) dollars to support mental health, which included specific institutional examples that could be replicated or later funded with public or philanthropic dollars.<sup>20</sup> While HEERF and other pandemic funding has been exhausted, it would be beneficial for the Department to continue to provide guidance on ways to leverage federal, state, local, and private resources to meet this challenge.

Given the relationship between mental health and material basic needs insecurity, we also recommend that the Department work across agencies to establish data-sharing agreements with all federal agencies that administer public benefits, as authorized by the FAFSA Simplification Act. These include the Departments of Education, Health and Human Services, Agriculture, Treasury, Housing and Urban Development, and with state agencies that administer many federal benefits. These data-sharing agreements will allow agencies and institutions to regularly identify

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<sup>18</sup> Abelson S., Lipson S.K., Eisenberg D. (2022). Mental health in college populations: A multidisciplinary review of what works, evidence gaps, and paths forward. In L.W. Perna (Ed.), *Higher Education: Handbook of Theory & Research*, vol 37. Springer, Cham.

<sup>19</sup> Abelson, S., Lipson, S.K., Kern, A., and Eisenber, D. (2023). [What Works for Improving Mental Health in Higher Education?](#) American Council on Education, The Hope Center at Temple University, and The Healthy Minds Network.

<sup>20</sup> U.S. Department of Education (2022, May 19). [Using Higher Education Emergency Relief Fund \(HEERF\) Institutional Portion Grant Funds to Meet the Mental Health and Substance Use Disorder Needs of Students.](#)

students who could be eligible for support, including SNAP, Medicaid, tax benefits, and others, to alleviate financial burdens that contribute to stress, anxiety, and other challenges.

### ***Conclusion***

We thank the Department for the opportunity to comment on ways to effectively address mental health challenges in higher education.

We believe that students are humans first, and that student success depends on federal, state, and institutional efforts to build a comprehensive set of supports to address both the causes and consequences of the mental health crisis, including students' basic needs. We look forward to working with the Department on this vital issue.

Sincerely,

The Hope Center at Temple University