

# College Student Mental Health in the Post-COVID Era: Education and Workforce-Aligned Solutions Needed in New England

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## Key Takeaways

- **Almost two-thirds (64%) of students who are considering dropping out of college cited emotional stress or personal mental health challenges as the reason**—more than twice the percentage of those who cite the cost of attendance—according to Gallup and Lumina Foundation's 2024 *State of Higher Education* report.
- The mental health crisis disproportionately impacts students of color. According to the Healthy Minds Network's 2022-2023 Survey, on average, **45% of students of color experienced depression**, compared to 41% of White students (Eisenberg et al., 2023).
- There is a critical lack of diversity in the health provider workforce. As of 2021, **75% of early career mental health professionals were White**, according to the American Psychological Association.
- Higher education institutions and state policymakers should act in concert to address this crisis. **This brief contains seven recommendations for leaders in higher education and government**, including conducting campus mental health needs assessments with an emphasis on the experiences of students of color; ensuring campus mental health centers are adequately resourced; providing mental health training opportunities for faculty and students; increasing funding for campus-based mental health centers to prevent provider burnout; bolstering financial aid and mentoring programs with a particular focus on students of color; and increasing scholarship and loan forgiveness opportunities for students pursuing mental health careers.

## Background

### *Effects of the COVID-19 pandemic on college student mental health*

The COVID-19 pandemic and subsequent years elevated urgency around addressing the high rates of mental health challenges facing college students, both in the U.S. and internationally (Pasupathi et al., 2022; McLafferty et al., 2023). Multiple recent surveys have uncovered alarming levels of mental health challenges among college students, including—but not limited to—the following:

- Healthy Minds Network's 2023 annual survey of more than 76,000 college students (both undergraduate and graduate) reported an all-time high for depression, with approximately 44% of students experiencing "any depression," **double the rate of 22% from 2007**, the first year that the survey was administered (Healthy Minds Network, 2007-2023).
- The American College Health Association's (ACHA) 2023 national survey of over 18,000 undergraduate students found that 23% of undergraduates were experiencing serious

psychological distress, 28% screened positively for suicidal ideation or behavior, 53% were experiencing loneliness, and 79% experienced moderate or severe stress in the past 30 days (American College Health Association, 2023). Notably, **students' stress levels are comparable to those of returning-combat troops** (Lim et al., 2022).

- Gallup and Lumina's 2023 survey of 14,000 U.S. adults--including current college students, adults who stopped out of college, and adults who never enrolled--found that among current students who had considered dropping out of college in the past month, over half (54%) cited emotional stress as the primary reason and 43% cited personal mental health reasons. For comparison, less than a third (31%) cited the cost of the degree or credential program and a quarter (24%) cited the difficulty of the coursework (Gallup, 2024).

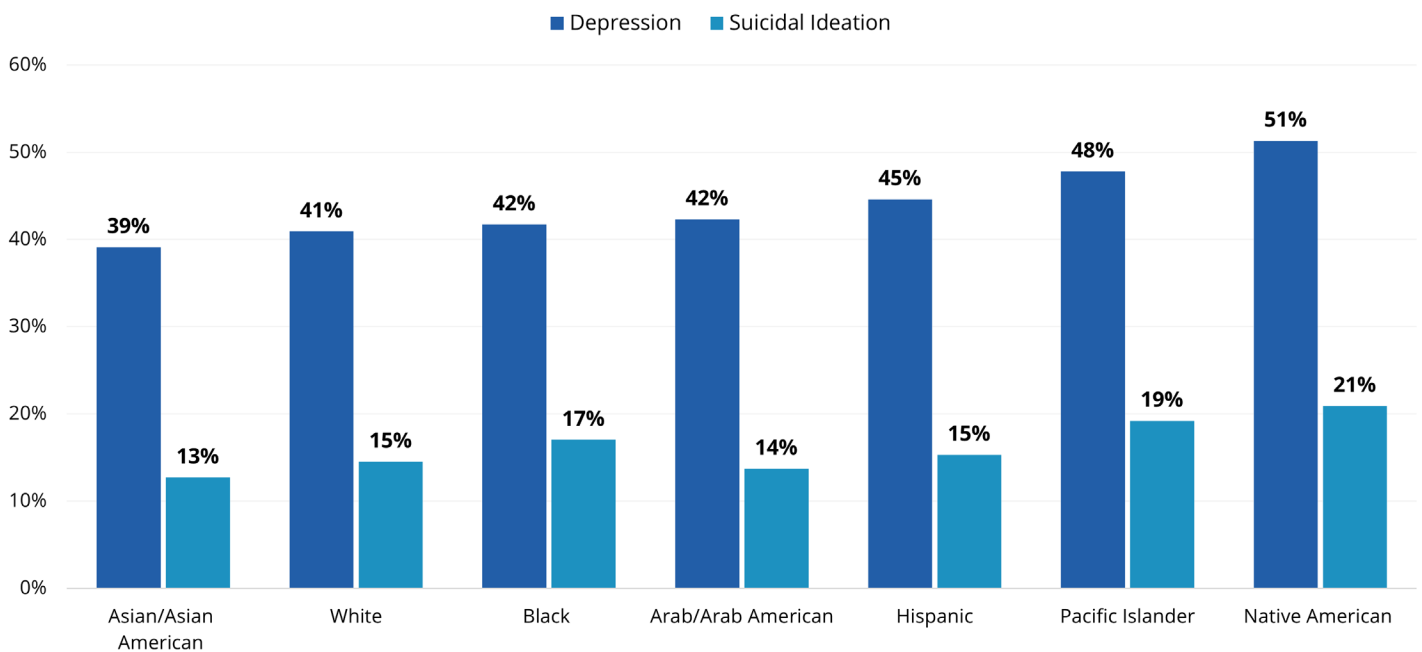
### Student Mental Health Disparities by Race

According to Healthy Minds Network data from 2023, students of color disproportionately experienced mental health challenges:

**Depression:** Native American students experienced depression at the highest rate of any group at over half (51%). They were closely followed by Pacific Islander students (47.8%), Hispanic students (44.6%) and Black students (42%).

**Suicidal Ideation:** The trends for suicidal ideation closely mirrored depression, with 21% of Native American students contemplating suicide, 19% of Pacific Islander students, 17% of Black students and 15% of Hispanic students.

**Figure 1: College Students Who Reported Experiencing Depression and Suicidal Ideation Within Each Racial/Ethnic Group, 2023**



Note: Survey respondents included undergraduate and graduate students across the U.S. Percentages represent within group reported rates of depression and suicidal ideation. Data is reproduced with permission from the Healthy Minds Network, 2023.

Meanwhile, the same survey tracked students' self-reported "help-seeking" behavior—activities students engage in to improve their mental health, such as seeking knowledge or scheduling an appointment with a mental health provider. Students of color engaged in help-seeking at lower rates than their White peers. For instance, of students diagnosed with anxiety or depression, 64% of White students reported taking medication and/or going to therapy, compared to 47% of Black students. Prior research has identified stigma—both personal and perceived public stigma—as being a barrier to help-seeking, especially for students of color, male students and those from low-income backgrounds (Eisenberg et al, 2009).

Moreover, students of color experience mental health struggles at disproportionate rates for multiple reasons, including (but not limited to) the persistent stress of being a minority student on predominantly White campuses (Owen et al., 2021) and experiencing higher rates of basic needs insecurity than their White peers (Olaniyan et al., 2023). Likewise, prior research has identified barriers that students of color face to utilizing campus mental health support services such as financial constraints, wellness centers' lack of flexible hours/evening availability, and, in some cases, cultural stigma related to seeking support for mental health challenges (Miranda et al., 2015). In addition to the unique challenges facing students of color, various factors contribute to elevated levels of stress. For instance, institutions' restrictive leave of absence policies can deter students from leveraging much-needed time off to care for their mental health (Ye et al., 2023).

### *Barriers to Diversity Within the Provider Pipeline*

Receiving mental health support from a provider who shares patients' racial or ethnic background has been connected to greater patient satisfaction and likelihood to continue treatment (Meyer & Zane, 2013; Nicolaidis, 2011). However, according to the American Psychological Association's 2021 survey findings, 75% of early career health service psychologists identify as White (American Psychological Association, 2022). The Center for Collegiate Mental Health's 2022 annual report notes slightly more diversity among collegiate mental health providers: out of approximately 1,800 providers surveyed, 64% identified as White (Center for Collegiate Mental Health, 2023). By contrast, less than half (47%) of all students enrolled in postsecondary institutions in fall 2022 identified as White, revealing a clear misalignment between students' service needs and available provider diversity (National Center for Education Statistics, 2022).

There are many possible reasons for the lack of diversity among mental health care providers, particularly since the COVID pandemic. These include burnout, experiencing race-based stress while interacting with patients, expectations to perform emotional labor to support patients experiencing race-based stress, and heightened workloads; for instance, being expected to lead anti-racism trainings for staff (Kirk et al., 2023; Miu & Moore, 2021).

Additionally, university counselors reported experiencing extreme stress during the COVID pandemic due to heightened student demand for services, and counselors' needs went unmet by university administrators as counseling departments remained understaffed (Knight, 2024). According to the Association for University and College Counseling Center Directors' annual survey, the top three reported reasons for leaving a university counseling center in 2022 were low wages, poor working conditions, and permanently leaving the counseling field (Gorman et al., 2022, p. 53).

This is in addition to well-documented barriers experienced by students of color in their counselor training programs, including isolation and lack of robust support from peers, faculty, and alumni (Henfield et al., 2013; Baker et al., 2015). Creating supportive environments through mentoring is a proven method of increasing student retention, particularly when students can be mentored by individuals of shared racial/ethnic/cultural backgrounds (Reynolds et al., 2023; Chan et al., 2015).

In terms of financing post-graduate education, research suggests that high-achieving students of color from low-income backgrounds are less likely than their high-income peers to pursue graduate education unless they are offered a competitive financial aid package (Perez & Gong, 2005). Given that communities of color are disproportionately represented among low-income students in higher education due to a history of discriminatory policies (Congressional Budget Office, 1992; Vargas & Dancy, 2023), it is reasonable to assume that high-achieving students of color may be more likely to pursue post-graduate studies in a mental health field if they receive robust financial aid packages. One example of such a program is the federal Substance Abuse and Mental Health Services Administration’s (SAMHSA) Minority Fellowship Program, in which approximately 400 fellows are selected annually to receive financial aid and mentoring support to pursue a master’s or doctorate in a behavioral health field (SAMHSA, 2023). In addition to scholarship aid, loan forgiveness programs—if well-advertised to underrepresented student groups—are an effective tool for recruitment (Poldosky & Kini, 2016).

### *New England Context*

Data from the six New England states—Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont—emulate broader national trends in terms of underrepresentation of people of color in mental health occupations, especially compared to the diversity of the overall enrolled student population. According to Lightcast, just 21% of psychiatrists, clinical and counseling psychologists, and other psychologists in New England were people of color in 2021.<sup>1</sup> Meanwhile, in the same year, 46% of enrolled students in New England identified as Black/African American, Hispanic/Latino, Asian, American Indian/Alaska Native, Native Hawaiian/Pacific Islander, or two or more races.<sup>2</sup>

**In New England,**

**79% of Providers Identified as White | 21% Identified as a Person of Color**

*Psychiatrists, clinical and counseling psychologists, other psychologists (Lightcast, 2021)*

**compared to**

**54% White Students | 46% Students of Color**

*Fall enrollment, inclusive of undergraduate and graduate (IPEDS, 2021)*

<sup>1</sup> CIP Codes 19-3039, 29-1223 and 19-3033. Report: Occupation Overview. Occupation race/ethnicity breakdown.

<sup>2</sup> Integrated Postsecondary Education Data System (IPEDS) Fall 2021 Enrollment Race/Ethnicity for all Title IV institutions in New England. Percentages were calculated by combining enrollment among all races, excluding race/ethnicity unknown and “White” to find the “students of color” percentage and calculating White from the remaining total (excluding race/ethnicity unknown from all totals).

## Institutional Strategies Beyond Counseling Centers

To improve students' experience with and uptake of mental health services on campus, the RAND Institute recommends that institutions administer an audit or needs assessment to understand how the institution can reduce redundancy of services, improve integration of holistic supports (i.e., for students' mental health and other basic needs like housing, transportation, food and childcare), elevate already-successful approaches used on the campus, and identify areas where services can do a better job of reaching high-risk student populations (Sontag-Padilla et al., 2023).

In addition to leveraging counseling centers, natural on-campus helpers can expand capacity to assist students in crisis: training in psychological first aid and suicide prevention among faculty and fellow students (e.g., residence life staff) has been shown to significantly improve trainees' ability to support individuals in acute crisis (Wang et al., 2021; Ross et al., 2021). Additionally, peer-led mental health support groups, such as Active Minds, effectively reduce stigma and increase helping behaviors among college students towards their peers (Sontag-Padilla et al., 2018).

Although institutions have increasingly partnered with third-party teletherapy companies to meet the growing student demand for mental health services (Matherly, 2024), little direct evidence yet exists proving the effectiveness of "digital mental health interventions" on college campuses, including how they meet the needs of diverse student populations and institution types (Abelson et al., 2024).

Higher education institutions, cities and states in New England have employed a variety of strategies to address the epidemic of college student mental health concerns, both during and after the pandemic.

### Figure 2: Examples of Recent Actions in New England to Address the Student Mental Health Crisis and Workforce Shortage

Municipal investment to diversify the mental health workforce	In March 2024, the City of Boston allocated \$21 million to increase mental health care access for Boston Public Schools students and the diversity of school-based mental health providers. A portion will support the University of Massachusetts Boston in expanding training services among students from diverse backgrounds. Local hospitals, community-based organizations serving youth of color, and other youth-facing service providers also benefited from the funds with the goal of increasing providers' cultural competency (Boston Public Health Commission, 2024).
Mental health training for university practitioners	In April 2024, Harvard Graduate School of Education launched a virtual institute called <i>Mental Health in Higher Education: A Theory-to-Practice Approach for Student Well-Being</i> for higher education practitioners focused on building, expanding, or enhancing mental health support services based on current research and theory (Harvard University, n.d.).
State-based loan forgiveness for mental health workers	In 2023, Connecticut introduced a bill offering reimbursement of student loans for people who are in fields relating to mental health, nursing, teaching, or social services. If H.B. 6901 passes, people who live in Connecticut and go to schools within the state could access this reimbursement program (Connecticut General Assembly, 2023).

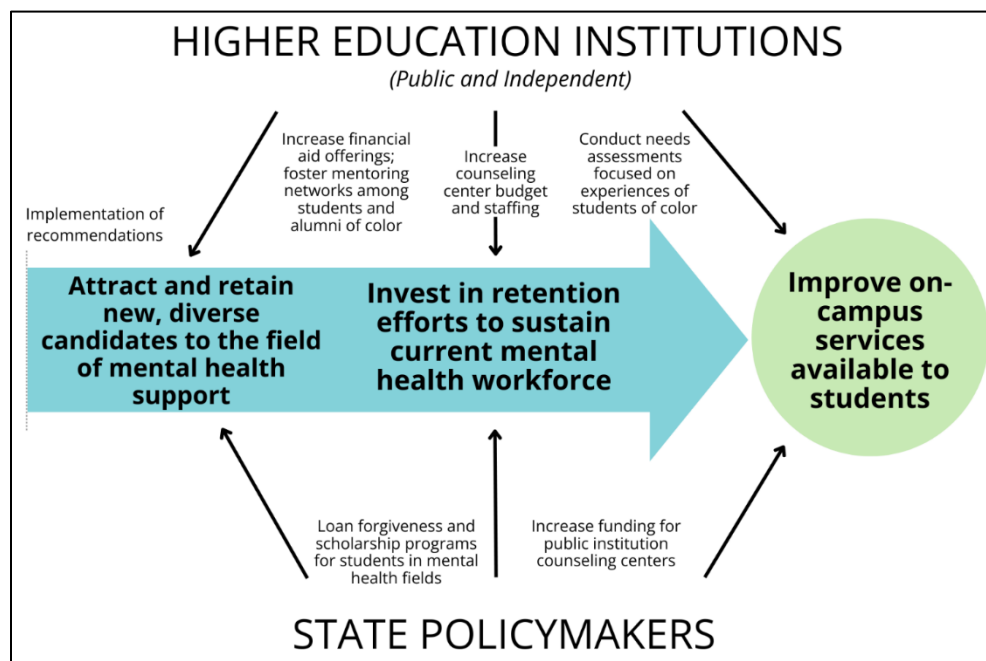
Furthermore, during the 2023 legislative session, state policymakers introduced at least 17 bills across the six New England states focused on mental health. New Hampshire enacted three mental health-related bills, allocating just under \$6 million toward various services for the 2024 fiscal year (Ali et al., 2024). Some bills focused on strengthening existing campus resources, such as Massachusetts H. 2081: An Act to Better Coordinate Suicide Prevention Services, Behavioral Health Crisis Care and Emergency Services through 988 Implementation, which implements a suicide hotline that operates 24 hours a day, seven days a week throughout the state. Others focused on building new campus resources, such as Connecticut H. 5027, An Act Requiring the Establishment of Student Health Services at the Regional Campuses of the University of Connecticut. Still others focused on strengthening the mental health workforce by reducing licensure barriers (Maine L.D. 997 and Massachusetts H.B. 271), and just one state focused on increasing the diversity of the mental health workforce (Vermont H. 362).

Thus, the region has begun to address the current mental health crisis in ways that can positively impact student mental health through a combination of institution-level efforts as well as legislation in each of the six states. States and institutions should build on these efforts to ensure mental health systems are serving the region’s students of color, who experience mental health challenges at high rates; work towards developing a sustainable, racially diverse mental health workforce to ensure students have access to providers of similar backgrounds; and strengthen on-campus support systems available.

## Recommendations for the Region

To address the mental health crisis on college campuses in New England, states and institutions—both public and independent—can employ a multifaceted and coordinated approach addressing the following objectives:

- Attract and retain new, diverse candidates to the field of mental health support.
- Invest in retention efforts aimed at the current mental health workforce, especially for providers of color; and
- Improve on-campus services available to students, particularly students of color.



## **Attract and retain new, diverse students to the field of mental health support**

1. *Institutions (public and independent) should bolster financial aid and mentoring programs with a particular focus on students of color to increase the diversity of the mental health provider workforce.* Institutions can strengthen pathways to the mental health field through a variety of strategies, including (but not limited to):
  - Creating and/or increasing financial aid and scholarship opportunities for students from racially diverse or other underrepresented backgrounds.
  - Creating or strengthening existing peer-to-peer, faculty-student and alumni mentoring programs particularly aimed at students of color enrolled in mental health master's and doctoral programs.
2. *States should increase scholarship opportunities for students pursuing postsecondary credentials related to mental health with an added focus on increasing participation among students from historically marginalized communities.* To meet the demand for high-demand fields, states have historically created scholarships to incentivize postsecondary participation.<sup>3</sup> Leveraging this strategy, states should intentionally create scholarship opportunities for students from historically underrepresented and culturally diverse backgrounds pursuing undergraduate, master's or doctoral degrees in a mental health field. Incentivizing students to pursue academic programs in mental health provision via scholarships, potentially modeled after the federal SAMHSA Minority Fellowship Program, can help facilitate access and success for underrepresented students entering mental health training programs, particularly if paired with mentorship programs.

## **Invest in retention efforts to sustain the current mental health workforce**

3. *States should offer comprehensive loan forgiveness programs for students pursuing mental health-focused careers.* State legislators can play a critical role in the financial well-being of mental health providers by reducing the debt burden of individuals who practice within the state. Profession-specific loan forgiveness programs, such as Connecticut's H.B. 6901, can help to alleviate recent graduates' debt burden, improve provider well-being, and bolster the mental health workforce of the state.
4. *Institutions (public and independent) should prioritize increasing funding for counseling centers to improve retention.* Increasing funds for counseling centers and their staff in the annual budgeting processes, at least enough to align student demand with provider capacity on campus, should become an institutional priority. Investing in adequate staffing and ensuring providers of color are not tasked with additional diversity, equity and inclusion training responsibilities can improve working conditions, mitigate provider burnout, and eliminate expectations that providers of color shoulder additional workloads related to training with the goal of retaining providers, especially those from diverse backgrounds.

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<sup>3</sup> For instance, Vermont's 802 Opportunity Grant ensures financial assistance for students entering over 30 fields of study designated as "high-demand [and] high-pay," like Information Technology (Vermont Student Assistance Corporation, 2024).

## Improve on-campus services available to students

5. *Institutions (public and independent) should conduct campus mental health needs assessments with an emphasis on the experiences of students of color.* New England colleges and universities should conduct a survey of students' experiences and needs related to accessing mental health services on their campus. Assessments should be collected so that results can be disaggregated related to race, ethnicity, and other priority student demographics for the institution (e.g., gender, LGBTQ+ status, disability status, student-parents, veterans). Campus leaders can look to established survey instruments such as the American College Health Association's (ACHA) National College Health Assessment, the Higher Education Data Sharing Consortium (HEDS) climate surveys, or established tools. Survey results should be leveraged to improve the integration and reach of services, especially to high-risk student populations. For institutions already conducting mental health-focused surveys, ensuring data collection occurs at regular intervals (e.g., annually) and is disaggregated by student demographic characteristics will provide critical information about the institution's progress toward improving student mental health outcomes each academic year.
6. *States should ensure public campus mental health centers are adequately resourced, especially at institutions serving large populations of students of color, such as community colleges.* State policymakers should work to allocate funds to support campus mental health centers, particularly at institutions with financial constraints, such as community colleges. Because of psychiatrist workforce shortages and rising mental health challenges, demand for college counseling center services has exceeded capacity (Satiani et al., 2018; Bruns et al., 2023). State funding opportunities would provide a critical stream of support for staffing needs, improve working conditions for currently employed staff, and expand capacity to meet student demand for services.
7. *Institutions (public and independent) should equip faculty, non-counseling-center staff, and student leaders with the language and tools to support students in crisis.* For instance, institutions can require suicide prevention and psychological first aid training for faculty, staff and residence life leaders on an annual basis. They can also sponsor and support peer-led mental health groups on campus, including Active Minds or similar organizations, and require that mental health trainings include culturally-specific dimensions to ensure they benefit the region's diverse student populations. Given the effectiveness of these interventions in reducing stigma and increasing awareness of mental health symptoms, these practices can be strategically incorporated to supplement the support offered by college counseling centers.

## Conclusion

Given the severity of the mental health crisis on college campuses, and the lack of a cure-all solution, higher education and government leaders may feel unsure about how to make a positive impact. Our recommendations were developed in partnership with an undergraduate student intern at the New England Board of Higher Education, in part to bring awareness to the ways in which mental health challenges have permeated the student experience in higher education, especially since the COVID pandemic. We feel it is critical for higher education and government leaders to center student voices in



decision-making and implementation processes related to increasing access to, and quality of, mental health care for this population.

These recommendations are intended as a starting place for leaders to break down this complex issue into actionable components:

- Increasing access to, and quality of, on-campus supports (implemented with an equity lens).
- Investing in retention efforts among the current mental health workforce; and
- Building/strengthening workforce pipelines among populations from diverse backgrounds.

Another goal of this brief is to provide examples of specific actions that leaders can take to contribute to a long-term strategy of fostering thriving campus environments that support *all* students' well-being. Higher education institutions and state policymakers should work in concert, as coordinated efforts from both sectors can improve institutional capacity to meet the mental health needs of today's college students.

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For questions, comments, or ideas, please contact [policy@nebhe.org](mailto:policy@nebhe.org).

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