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# Understanding How Texas Community College Campuses Are Supporting Student Mental Health



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# About This Report

Rising rates of individuals with mental health issues in the United States have policymakers, education officials, and medical professionals worried about the need for additional support for struggling college students—and the ability of higher education institutions to provide it (Leshner and Scherer, 2021). For some, pursuing a postsecondary education may exacerbate existing mental health challenges and, for others, it may heighten their risk of mental distress (Hartley, 2011; Shankar and Park, 2016), in turn affecting their ability to succeed in college. The coronavirus disease 2019 (COVID-19) pandemic only served to exacerbate this worry; students grappled not only with COVID-19 risk mitigation measures (e.g., physical isolation) but also with potential economic strains, grief and loss, fear, and other negative outcomes that put them at greater risk of facing negative mental health impacts from the pandemic. Without adequate mental health supports and resources, students with mental health challenges are at risk for a variety of potentially serious and lasting consequences.

In recognition of this problem, many colleges have designed and implemented a variety of interventions to ensure that mental health issues do not interfere with students' abilities to persist and succeed in college. In many cases, colleges have begun to integrate mental health supports into wider efforts to proactively connect students with relevant supports to help them address academic and nonacademic challenges. However, some colleges—particularly community colleges—continue to face challenges, such as insufficient resources and capacity to treat mental illness, that prevent them from adequately addressing students' mental health needs. Additionally, federal, state, and college officials lack research about promising campus- and system-level efforts underway at community colleges, and how those efforts are integrated with wider efforts to support student success.

To address this knowledge gap, we present findings from a descriptive study of ten community colleges in Texas that are working to address student mental health at their institutions. We document the strategies and supports that those colleges have implemented to support student mental health, how the colleges are working to integrate these approaches into the organizational fabric of the colleges, and key challenges to supporting student mental health in a community college setting. We offer a set of recommendations for decisionmakers who are interested in addressing student mental health on community college campuses.

This report was conducted by RAND Education and Labor as the lead partner, with participation and input from RAND Health Care and Social and Economic Well-Being. The research team represented a partnership among the University of Texas at Dallas and the RAND Corporation.

The opinions expressed in this report are the authors' alone and do not represent the views of the Trellis Foundation.

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## RAND Education and Labor

This study was undertaken by RAND Education and Labor, a division of the RAND Corporation that conducts research on early childhood through postsecondary education programs, workforce development, and programs and policies affecting workers, entrepreneurship, and financial literacy and decision-making. The research reported here was supported by the Trellis Foundation through a grant to the University of Texas, Dallas.

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# Summary

Rising rates of individuals with mental health issues in the United States have policymakers, education officials, and medical professionals worried about the need for additional support for struggling college students—and the ability of schools to provide it (Leshner and Scherer, 2021). Although the transition to and academic demands of college are stressful for many, the stress for some students may exacerbate existing mental health challenges and, for some, heighten risk for the onset of new problems (Hartley, 2011; Shankar and Park, 2016), in turn impacting their ability to succeed in college. The coronavirus disease 2019 (COVID-19) pandemic only served to exacerbate this worry: Students grappled not only with COVID-19 risk mitigation measures (e.g., physical isolation) but also with potential economic strains, grief and loss, fear, and other negative outcomes that put students at greater risk of facing negative mental health impacts from the pandemic. Without adequate mental health supports and resources, students with mental health challenges are at risk for a variety of potentially serious and lasting consequences.

In recognition of this problem, many colleges have designed and implemented a variety of interventions to ensure that mental health issues do not interfere with students' abilities to persist and succeed in college. In many cases, colleges have begun to integrate mental health supports into wider efforts to proactively connect students with relevant supports to help them address academic and nonacademic challenges that could derail their academic success if left unaddressed. However, some colleges—particularly community colleges—continue to face challenges, such as insufficient resources and capacity to support mental health, that prevent them from adequately addressing students' mental health needs. Additionally, federal, state, and college officials lack research guidance about the adequacy of campus- and system-level efforts underway at community colleges, and how those efforts are integrated with wider efforts to support student success.

To address this knowledge gap, in this report, we share a descriptive study of ten community colleges in Texas that are working to address student mental health at their institutions. We document the strategies and supports that these colleges have implemented to support student mental health, particularly the mental health of marginalized and minoritized students; how they are working to integrate these approaches into organizational fabrics; and key challenges to supporting student mental health in a community college setting. Specifically, the study was designed to address the following research questions:

1. To what extent are Texas community colleges implementing a public health approach to support student mental health?
2. What efforts are Texas community colleges engaging in to support student mental health?
3. How are Texas community colleges integrating these efforts into their organizations?
4. What are the challenges facing Texas community colleges as they grapple with increased demand for student mental health support?

## Approach

Our study included ten out of 50 public community colleges in Texas. Drawing on college-level data from the Integrated Postsecondary Education Data System to inform our recruitment efforts, we recruited ten colleges that are representative of community colleges in Texas on a variety of dimensions, including urbanicity, socio-demographic characteristics of students, and the number of students enrolled. Between October 2022 and March 2023, we conducted semistructured interviews with representatives from each of the ten colleges (16 interviews with 28 individuals: 19 mental health counselors or implementers of mental health programs and nine administrators). We analyzed the interview data using a combination of deductive approaches (comparing data against findings from the existing research base) and inductive approaches (identifying themes and patterns that could not be categorized by a priori knowledge).

## Key Findings

Our findings were as follows:

- Colleges have implemented a wide variety of strategies to promote student mental health, prevent the onset of mental illness, and connect students to and deliver treatment services; however, some support strategies were not evidence-based, and few targeted students who were at elevated risk for mental illness.
- Colleges did not formally use a public health approach to mental health, although most programs and resources reflected a holistic, college-wide approach to addressing mental health needs.
- Strategies to support student mental health were integrated within organizational structures (e.g., behavioral intervention teams), organizational processes (e.g., student programming, course content delivery), and organizational cultures (e.g., the shared belief that student mental health was important). Nevertheless, mental health supports were not fully integrated into instruction and assessment, the physical environment of the campus, or policymaking decisions.
- Colleges reported a variety of challenges impeding their efforts to support student mental health. Many students and faculty are unaware of available mental health resources and supports at their colleges. The stigma associated with mental health care is still pervasive. Colleges have limited capacities to meet the diversity of mental health needs present in their student populations. Institutional response to growing student mental health needs has been slow. Finally, the absence of consistent mental health funding streams jeopardizes the sustainability and scaling of institutional investments that support student mental health.

## Recommendations

Based on findings from the study, we make four recommendations for community colleges and policymakers in Texas and across the United States to consider when strategizing on how best to address student mental health needs:

1. Develop a formal, comprehensive plan to expand evidence-based supports for student mental health.
2. Develop a communication plan that repeatedly disseminates information about mental health resources to increase student awareness of those resources.
3. Develop and formalize agreements with external health providers to ensure that the wide diversity of student mental health needs is met.
4. Develop a sustainable funding model to support institutional efforts to address student mental health.

Together, our findings highlight the need for continued investment in scalable solutions to address the ongoing challenges that community colleges experience when attempting to support student mental health on their campuses. Given the dearth of large-scale and rigorous evaluations on system- and campus-level efforts to address student mental health at community colleges, future research is needed to identify and evaluate ongoing efforts and address major gaps in the understanding of student mental health supports in community colleges.

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# Introduction

Across the United States, college students are struggling with their mental health. Estimates indicate that close to two-thirds of U.S. college students in the 2020–2021 academic year met the criteria for one or more mental health problems, a marked increase of 50 percent since 2013 (Lipson et al., 2022). Although research suggests that community college and four-year college students experience mental health problems at similar rates (Lipson et al., 2021), community colleges have far fewer resources to address students' mental health needs (Katz and Davison, 2014) and serve higher proportions of traditionally underserved students (Ma and Baum, 2016).

Studies show that students with untreated mental health challenges and disorders have lower rates of success in school, a concern that is increasingly echoed by government officials and college leaders across the country, particularly in the context of advancing higher education equity (Leshner and Scherer, 2021; White House, 2022). For instance, college students with untreated mental disorders (e.g., anxiety, depression, bipolar) are less likely to enroll in, persist at, or complete college relative to students without such symptoms (Breslau et al., 2008; Collins and Mowbray, 2005; Hartley, 2011; Shankar and Park, 2016). Experiencing mental distress can also disrupt sleep, make concentrating more difficult, and lead to disengagement, all of which negatively affect achievement and one's chances of reaching critical milestones necessary to complete college (Eisenberg, Golberstein, and Hunt, 2009). Together, this research suggests that protecting and supporting student mental health has the potential to not only boost college performance and completion, but also can advance mental health equity and bridge persistent disparities in college completion in the United States.

The connection between mental health and academic outcomes leaves policymakers and college administrators with an important question to answer: How are colleges addressing the mental health challenges reported by their students? Despite the urgency of this question, little research has examined how colleges—in particular community colleges—are broadly addressing the mental health needs of their students. Community colleges present a significant but often overlooked area of opportunity for educators, policymakers, and researchers to find effective ways to protect mental health, particularly for students who have been historically underserved and have disproportionately experienced adverse life events (Kivlighan et al., 2021; Mahdavi et al., 2023; Schwitzer et al., 2018). As open-access, lower-cost institutions, community colleges have increasingly become the main point of entry for students who have historically encountered barriers to accessing higher education (e.g., cost, preparation, management of competing responsibilities) (Boggs, 2011; Buckwalter and Togila, 2019). Even though community colleges enroll students with the greatest needs, these colleges also face significant resource constraints (Century Foundation, 2019). For these reasons, proposed solutions for community colleges to better support student mental health must be sensitive to these resource constraints and responsive to the unique characteristics and circumstances of their student populations.

In a 2023 RAND study examining how community colleges—considered innovators in supporting student mental health by the Jed Foundation and Active Mind—addressed student mental health needs (henceforth *the national study*), researchers found that these colleges offered a wide variety of mental health supports and services; however, most lacked a clear organizing strategy or framework for those efforts, and financial challenges limited the support offered to students (Sontag-Padilla et al., 2023). Despite these challenges, the authors highlighted several opportunities for community colleges to improve the implementation and effectiveness of student mental health support systems, including enhanced leadership support, use of guiding frameworks and data-driven decisionmaking, and cross-disciplinary collaboration to support planning and implementation (Sontag-Padilla et al., 2023).

Aligned with the priorities of the funder, the Trelis Foundation, which focuses on improving postsecondary attainment for low-income students and students of color in Texas, this report builds on the findings from the national study. We use a representative sample of Texas community colleges in an effort to broaden our understanding of institutional mental health efforts, their organizational integration into community college operations, and the challenges that these colleges face in meeting student mental health needs. Specifically, in this report, we focus on the following four research questions:

1. To what extent are Texas community colleges implementing a public health approach to support student mental health?
2. What efforts are Texas community colleges engaging in to support student mental health?
3. How are Texas community colleges organizationally integrating these efforts?
4. What are the challenges facing Texas community colleges as they grapple with increased demand for student mental health support?

In the next chapter (Chapter 2), we define mental health and describe the frameworks used to examine mental health supports in community colleges and those efforts' integration into larger efforts to support students' success. In addition, we provide an overview of the evidence on the effectiveness of efforts that seek to promote mental health and reduce the incidence of mental health disorders among college students. In Chapter 3, we discuss the methods that we used to collect and analyze our data. In Chapter 4, we share our findings. In Chapter 5, we offer recommendations that decisionmakers could consider implementing to improve the mental health of community college students, particularly marginalized and minoritized students.

# Frameworks and Evidence for Addressing Mental Health in Community College Settings

Research demonstrates that many mental health disorders are, in part, preventable (Furber et al., 2015). Without treatment, students with mental illness are at higher risk for stopping or dropping out from college, substance abuse, and lower lifetime earnings (Alonso et al., 2018; Arria et al., 2013; Breslau et al., 2008; Bruffaerts et al., 2018; Collins and Mowbray, 2005; Druss et al., 2009; Keyes et al., 2012). Colleges can be a critical lifeline to necessary mental health supports and resources for students, particularly for those with limited access to community and private mental health care services.

In this chapter, we provide a research-based definition of mental health and describe the public health approach to mental health. We also discuss the guiding principles underlying efforts across community colleges to integrate student academic and nonacademic supports into organizational structures, processes, and cultures in an effort to improve student success in college. To end, we provide a high-level overview of the existing evidence base on supporting student mental health at institutions of higher education.

## Defining Mental Health

Although no single definition of *mental health* exists (Haymovitz et al., 2022; Tudor, 1995), public health and mental health researchers assert that it is defined by both the presence and the absence of mental illness and mental well-being (Keyes, 2002). *Mental illness* is defined as clinically significant disturbances in thinking, emotional regulation, and behavior and refers to mental health disorders, including depression, bipolar disorder, anxiety, and schizophrenia (World Health Organization, 2022). *Mental well-being* constitutes three parts: (1) emotional well-being (e.g., a state of happiness), (2) effective functioning for individual fulfillment, and (3) effective functioning in society (Keyes, 2002; Westerhof and Keyes, 2010). Optimal mental health, thought of in this way, is more than just the absence of mental illness; it also depends on the individual's ability to experience happiness, realize their own potential, feel a sense of belonging, and make valuable contributions to their community (Westerhof and Keyes, 2010). A robust evidence base shows that students who experience symptoms of mental illness or poor mental well-being fare worse in school relative to students who do not experience such symptoms (Bücker et al., 2018; Eisenberg, Golberstein, and Hunt, 2009; Murray-Harvey, 2010).

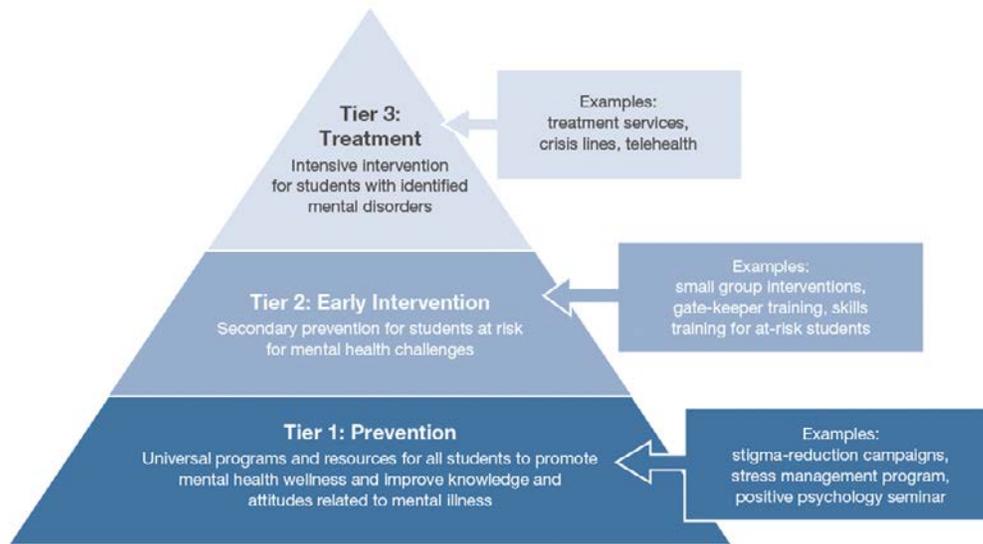
## A Public Health Approach to Student Mental Health

The public health approach to mental health is focused on optimizing mental health for all individuals (Miles et al., 2010). Efforts guided by this approach primarily invest in promoting positive mental well-being and preventing the onset of mental illness for all individuals, while also treating individuals with more-severe mental health problems and illness. It is theorized that environments and conditions conducive to optimal mental health and strategies that address the determinants of mental health problems significantly reduce the risk of an individual developing a mental illness (Mrazek and Haggerty, 1994; Miles et al., 2010).

Since the introduction of the public health approach to mental health, researchers have developed several frameworks to help educational institutions, primarily public schools, address student mental health needs. These frameworks, specifically the Public Health Prevention Framework (Hosman, Jané-Llopis, and Saxena, 2004; Mrazek and Haggerty, 1994), suggest that colleges should implement a full continuum of mental health supports and services that match the mental health needs of their students. Specifically, these frameworks recommend that colleges (1) invest in implementing school-wide efforts to broadly promote student mental health, (2) target programming to help students at elevated risk of mental illness address and manage that risk, and (3) provide treatment options for those with more-severe mental health symptoms and conditions. Across these efforts, colleges are also called on to address underlying factors that positively or negatively affect mental health.

In this study, we specifically drew on the Public Health Prevention Framework (Fox et al., 2003; Fox et al., 2009; Hosman, Jané-Llopis, and Saxena, 2004; Mrazek and Haggerty, 1994; O'Connell, Boat, and Warner, 2009) to examine the extent to which Texas community colleges used a public health approach to support student mental health and to identify and categorize the types of efforts they implemented to address student mental health needs. Figure 2.1 offers a visual depiction of this framework, which conceptualizes mental health supports across three tiers. Tier 1 provides universal supports to promote mental well-being for all students (e.g., creating a positive and inclusive school environment). Tier 2 provides targeted support for students at elevated risk for mental illness (e.g., peer-mentorship programs for students of color; lesbian, gay, bisexual, transgender, and queer [LGBTQ] students; economically disadvantaged students) or those who are showing early symptoms of mental distress (e.g., small group intervention for students with early signs of depression and anxiety). Tier 3 offers treatment services for students showing symptoms of mental illness or with a diagnosed disorder (McIntosh and Goodman, 2016). This framework allowed us to identify whether Texas community colleges offered a full continuum of mental health supports to their students. We note that in this report, we broadly focus on the availability of programs, supports, and services rather than the use and effectiveness of specific types of therapeutic treatments used by counselors (e.g., cognitive behavioral therapy).

Figure 2.1. Public Health Prevention Framework



SOURCES: Adapted from Fox et al., 2009; and Abelson, Ketchen Lipson, and Eisenberg, 2022.

## Organizational Integration: Guiding Principles to Improve Impact and Access to Mental Health Supports in Community College Settings

As more community colleges invest in expanding their provision of mental health supports, many are also working toward integrating student academic and nonacademic supports into their organizational systems to improve and narrow gaps in college completion (Broton and Goldrick-Rab, 2018; Daugherty, Johnston, and Berglund, 2020; Feygin et al., 2022; Karp et al., 2021). Growing evidence demonstrates that weaving student supports into a community college’s core organizational functions and processes can generate larger improvements in student success than efforts that require students—particularly students with less exposure to the college environment—to navigate a disconnected web of student supports and services (Hodara, Gandhi, and Yoon, 2017; Karp et al., 2021; Miller et al., 2020; Patel and Valenzuela, 2013; Scrivener et al., 2015). Engaging in the organizational integration of student supports (or what is sometimes referred to as *holistic advising* or *holistic support systems* in the field of higher education) requires a variety of stakeholders, including college faculty, administrators, and staff, to collaborate and coordinate efforts to address student needs and help students make seamless and timely connections with appropriate supports (Barki and Pinsonneault, 2005; Karp et al., 2021).

Community colleges vary in the ways that they have integrated student supports into their operations; research demonstrates that these efforts have changed (1) organizational structures (e.g., organizational departments or teams), (2) organizational processes (e.g., resource allocation), and (3) organizational cultures (e.g., shared values, stakeholder attitudes) (Karp et al., 2021). For example, many community colleges now have a staff *navigator* whose role is to assess student needs (both academic and nonacademic, including mental health needs), connect students to relevant supports, and help students build supportive relationships on campus (Feygin et al., 2022). Other colleges have

adopted technology-based student success–management systems to facilitate the identification of students in need of early intervention and the delivery of personalized supports (Feygin et al., 2022). Historically, organizational integration of mental health supports and resources has focused on the integration of counseling and behavioral health services (American College Health Association, 2010) and school-based health clinics in the primary and secondary education settings. However, efforts informed by the Interconnected Systems Framework have drawn attention to the importance of involving multiple stakeholders in coordinating student mental health supports and in decisions affecting the allocation of resources and the implementation of those supports in public schools (Weist et al., 2022; Eber et al., 2020). Evidence from the national study suggests that focusing on ways to integrate mental health supports into the broader campus environment (e.g., class curriculum, training faculty to support students’ struggling with mental health challenges) through (1) changes in academic environments (e.g., integration into curricula or syllabi), (2) staff education, (3) the colocation of services (e.g., with basic needs hubs, in academic advising centers), (4) the establishment of cross-disciplinary task forces, and (5) more explicit referral and screening processes may serve as key facilitators of connecting students to needed supports and fostering a supportive campus environment (Sontag-Padilla et al., 2023).

Despite evidence suggesting that organizationally integrating student supports helps students stay academically engaged and complete college, there is little research examining how community colleges are specifically integrating mental health supports into their organizational structures, processes, and cultures.

## **Existing Evidence of the Effectiveness of Mental Health Prevention Interventions for Community College Students**

Although the mental health field has made significant progress in the treatment and prevention of mental illness, the translation of these findings into tangible real-world impacts has been slow (Patel et al., 2018). Existing evidence recommends psychotherapies and pharmacotherapies as first-line treatments for mental disorders; however, a recent meta-analysis suggests that the efficacy of both types of treatment for mental disorders may be overestimated (Leichsenring et al., 2022), partially because of variability in methodological rigor (e.g., use of randomized controlled trials, large sample size, expansion of research in particular disorders), publication bias, and other shortcomings in study design. To address these shortcomings and better support mental health in the United States, researchers and practitioners have advocated for major changes in mindset and strategy to prevent mental illness (Patel et al., 2018). These strategy changes include both the refinement of existing treatment approaches and strategies to address challenges in access and engagement with appropriate supports and resources, as well as changes to policy, public health, and social structures (Leichsenring et al., 2022; Patel et al., 2018).

In a 2022 review of evidence that examined the effectiveness of prevention efforts designed to improve student mental health, Abelson, Lipson, and Eisenberg (2022) presented a mixed, if not inconclusive, picture of what works and what does not in the college setting. Abelson and colleagues noted that drawing more conclusive findings would require researchers to conduct more causal research that draws on representative student samples and evaluates efforts against a more common

set of outcomes. Gaps aside, extant research documents that a wide range of interventions are used to support collegiate student mental health and that these efforts have expanded with time (Abelson, Lipson, and Eisenberg, 2022; Buchanan, 2012; Conley, Durlak, and Kirsch, 2015; Conley et al., 2016; Conley et al., 2017; Huang et al., 2018; Reavley and Jorm, 2010; Regehr, Glancy, and Pitts, 2013; Shiralkar et al., 2013; Winzer et al., 2018; Yager and O’Dea, 2008). These interventions focus on different student populations and address a variety of factors affecting mental health, including those found at the individual, interpersonal, campus, and broader policy levels (Abelson, Lipson, and Eisenberg, 2022). For instance, studies have found that higher education institutions implement efforts to change what students know about mental health conditions (e.g., depression, suicide ideation), train faculty and staff to identify emotionally distressed students (e.g., gatekeeper training), and create campus environments that are inclusive and welcoming for all students (Abelson, Lipson, and Eisenberg, 2022). Existing evidence suggests that some efforts are more effective than others in improving student mental health and reducing risks associated with poor mental health outcomes. A 2022 review of research evaluating the effectiveness of mental health promotion and early intervention efforts in higher education highlighted several promising efforts emerging from existing research (Abelson, Lipson, and Eisenberg, 2022):

- Supervised skills trainings: *Skills trainings*, which include a supervised practice component, instruct students to develop coping strategies and skills to deter negative mental health outcomes. Supervised skills trainings focus on cognitive restructuring, relaxation, mindfulness, and conflict resolution, among other coping strategies, and have been shown to improve social-emotional adjustment, quality of relationships, and support-seeking behaviors (Conley, Durlak, and Kirsch, 2015). For such outcomes as depression, anxiety, stress, and general psychological distress, interventions with supervised skills practice generate larger improvements than interventions without a supervised practice component (Conley, Durlak, and Kirsch, 2015).
- Peer interventions: *Peer interventions*, which vary in terms of goals and design components, may involve peer educators (1) modeling healthy behavior, (2) sharing information on mental health promotion, (3) referring peers demonstrating distress to available supports, and (4) providing feedback to assist students in meeting their health-related goals. Studies have found that peer interventions improve a variety of factors affecting mental health and well-being, including perceived knowledge of mental health resources, stigma, and helping behaviors (Sontag-Padilla et al., 2018); loneliness (Mattanah et al., 2012); and body dissatisfaction (Stice et al., 2006). In addition to benefits for recipients of these efforts, research also suggests that there are also positive outcomes for peer educators, including increased health-promotion knowledge, attitudes, and behaviors (Badura et al., 2000; Dubovi and Sawyer, 2019; Heys and Wawrzynski, 2013; Newton and Ender, 2010; Wawrzynski and Lemon, 2021; Wawrzynski, LoConte, and Straker, 2011).
- Universal screenings: *Universal screenings* are used to identify students with emerging symptoms of mental illness. Typically, universal screenings are used by colleges to connect students with resources and counseling services on or off campus. Research demonstrates that the administration of universal screenings was associated with improved treatment

engagement and clinical outcomes (Brown and Grumet, 2009; Gould et al., 2009; Husky et al., 2011) and increased rates of referral acceptance and follow-up (Robinson et al., 2013).

- Means-restriction interventions: These interventions are designed to reduce suicide risk by restricting access to guns, drugs, and areas where there is potential for jumping or hanging. Although research that studies means-restriction efforts in the context of higher education is limited (Fernandez et al., 2016), a large body of evidence in other settings elevates means-restriction interventions as one of the few suicide prevention strategies with demonstrated effectiveness (Cimini and Rivero, 2019; Hawton, 2007; Mann et al., 2005; Sarchiapone et al., 2011; Zalsman et al., 2016).
- Interventions fostering inclusive campus environments: Colleges can foster inclusive campus environments in two ways: (1) developing and implementing diversity, equity and inclusion (DEI) policies and (2) administering efforts to increase belongingness. DEI policies in college settings are designed to create environments that protect and uplift marginalized and minoritized students, faculty, and staff. Research suggests that policies that foster inclusivity, such as policies that address harassment, were associated with fewer experiences of discrimination and victimization and improved student safety (Goodenow, Szachala, and Westheimer, 2006; Hatzenbuehler and Keyes, 2013; Kosciw et al., 2014; Kull et al., 2016). Additionally, institutional efforts to increase a student's "feeling of being integrated into the college environment, sharing expectations and values of the college community" (Gilken and Johnson, 2019, p. 33) were positively correlated with mental health (Fink, 2014), behavioral adjustment (Georgiades, Boyle, and Fife, 2013), and academic motivation and achievement (Cham et al., 2014; Freeman, Anderman, and Jensen, 2007) and were particularly effective at reducing inequities in mental well-being by race and ethnicity (Brady et al., 2020; Walton and Cohen, 2011).
- Interventions embedding mental health supports in college courses: These interventions promote mental health by integrating mental health content and curricula into coursework and changing pedagogical and assessment practices to protect student mental health. A small base of causal research demonstrates that these interventions enhanced mental well-being, reduced stress, and improved stress management skills (Bloodgood et al., 2009; Conley, Travers, and Bryant, 2013; Reed et al., 2011; Rohe et al., 2006).

Despite this emerging evidence base, other efforts are less effective at best and ineffective at worst (Abelson, Lipson, and Eisenberg 2022). For example, psychoeducational interventions or efforts aimed at improving mental health literacy have produced marginal, short-lived mental health improvements, despite their wide implementation across college campuses (Mehta et al., 2015; Yamaguchi et al., 2013). Gatekeeper trainings have shown to improve the knowledge, attitudes, self-efficacy, and intentions of trainees but concerningly do not alter actions taken by participants to provide support to students in distress (Indelicato et al., 2011; McLean and Swanbrow Becker, 2018; Mitchell et al., 2013; Morse and Schulze, 2013; Tompkins and Witt, 2009; Wolitzky-Taylor et al., 2020). Research is severely limited on the effectiveness of other mental health interventions used to protect college student mental health, including identity support, coaching, family outreach, school-wide interventions to address stigma, and policies affecting policing and access to external resources, such as financial aid (Abelson, Lipson, and Eisenberg, 2022). Expanding what we know about how

colleges address student mental health is crucial to better addressing mental health needs in the United States, particularly within community college settings where access to and engagement with mental health resources may be limited by several individual and institutional factors (e.g., competing work, family, and education needs; fewer campus resources; economic strain) (Abelson, Lipson, and Eisenberg, 2022).

## Contributions of This Report

Despite evidence suggesting that there is utility in a public health approach to mental health and organizational-integration approaches to bolster student mental health, college leaders and government officials lack a clear understanding of the strategies employed by community colleges to support student mental health and the challenges that officials face as they work to address rising rates of mental illness and distress among college students.

To address these knowledge gaps, the Trellis Foundation funded the University of Texas, Dallas, and RAND to conduct a study examining how a sample of Texas community colleges support student mental health as part of larger efforts to improve and reduce equity gaps in college completion. Informed by the Public Health Prevention Framework and by studies examining (1) organizational change in higher education, (2) research on the organizational integration of nonacademic student supports into community colleges, and (3) insights from the national study, we asked the following research questions:

1. To what extent are Texas community colleges implementing a public health approach to support student mental health?
2. What efforts are Texas community colleges engaging in to support student mental health?
3. How are Texas community colleges organizationally integrating these efforts?
4. What are the challenges facing Texas community colleges as they grapple with increased demand for student mental health support?

Unlike the community colleges participating in the national study that were selected based on demonstrated leadership in supporting student mental health, we focused on a representative sample of community colleges in Texas to align with the priorities of the funder. Given that Texas has one of the largest and most diverse community colleges systems in the United States (e.g., diverse urbanicity, racial and ethnic backgrounds, local economic and geopolitical contexts),<sup>1</sup> findings from this study have the potential to illuminate strategies applicable to not only Texas colleges but also other states and college systems. Understanding how community colleges are supporting student mental health needs—specifically the needs of students of color—in the Texas context can lend valuable policy and research insights into where community colleges are investing resources to address student mental health, especially in settings in which access to affordable healthcare is limited.

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<sup>1</sup> Texas's 50 community colleges enroll close to 700,000 students, who are predominantly people of color and people of low socioeconomic status (Texas Higher Education Data, undated). Additionally, Texas has one of the country's highest percentages of uninsured residents (18 percent) (Grubbs and Wright, 2020), and it is predicted that the state will experience significant physician shortages, particularly in the field of psychiatry, through 2032 (Texas Department of State Health Services, undated).

# Methods

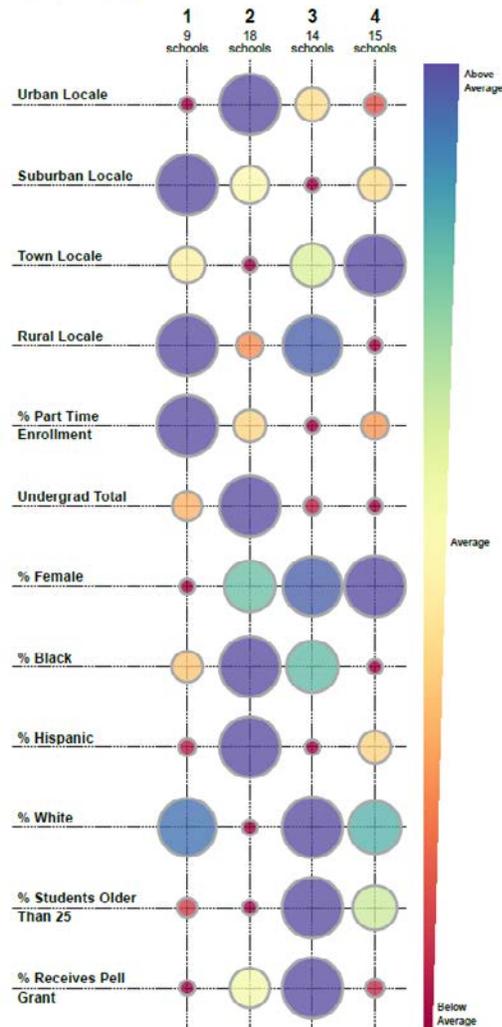
In this chapter, we describe our sampling strategy, data collection efforts, and analytic approach to address the existing knowledge gap of methods to support student mental health on community college campuses.

## Sample

Our study included ten out of 50 public community colleges that operate within the state of Texas. We selected these community colleges using a strategy developed by Tipton and Olsen (2018); this strategy is designed to increase the external validity of qualitative findings. This probabilistic sampling strategy used publicly available institutional data from the Integrated Postsecondary Education Data System to pool together community colleges into four relatively homogenous groups. Community colleges within each group shared similar characteristics relative to (1) the degree of their urbanicity, (2) the demographic characteristics of their student population, and (3) the size of their student population. Figure 3.1 provides a visual representation of the characteristics defining each group as follows:

- **Group 1 (nine community colleges):** size = small; location = suburban or rural; student population = above average percentage of part-time students and predominately White
- **Group 2 (12 community colleges):** size = large; location = urban; student population = above average numbers of students of color
- **Group 3 (14 community colleges):** size = small; location = town and rural; student population = predominately White students, students older than 25, and recipients of Pell Grants
- **Group 4 (15 community colleges):** size = small; location = town; student population = predominantly female and White.

Figure 3.1. Characteristics Defining Community College Groups



SOURCE: Uses data from the Integrated Post-Secondary Data set for colleges and universities, which were run through Generalizer software (Tipton and Miller, 2024).

NOTE: The discrepancy between the number of colleges reported in Group 2 in the text (12) and Figure 3.1 (18) can be attributed to the way that colleges report data to the federal government. The Generalizer (Tipton and Miller, 2024), the tool that we used to produce this figure, draws on IPEDS data. At the time we generated this figure, campuses belonging to a Texas community college district reported separately to the U.S. Department of Education. However, this district had recently consolidated its campuses, shifted toward operating under a more centralized governance structure. For this reason, we treated these campuses as a single community college district in our description of the number of colleges categorized into each group.

To ensure the sample’s representativeness, community colleges in each group were randomly ranked. We sent recruitment emails to roughly three community colleges with the highest rankings from each group after Texas Association of Community Colleges (TACC) staff introduced the study to administrators participating in the Texas Pathways Institute, a forum dedicated to scaling the guided pathways model. If representatives from recruited community colleges declined to participate in the study or did not respond to recruitment emails, we reached out to representatives at the

community colleges that were located next in the rankings within each group, provided that these community college representatives were not asked to participate in another study that the research team was conducting in Texas. We did this to reduce the burden of participating in this research study. Of the 25 community colleges that we contacted to participate in the study, ten agreed. Participating community colleges were fairly evenly distributed across the four groups: Two were categorized into Group 1, two were categorized into Group 2, four were categorized into Group 3, and two were categorized into Group 4. The results give us insights into how Texas community colleges with different student populations and that operate in different local contexts are engaging to promote student mental health and prevent mental health problems in their student populations.

## Data Collection

We used two instruments to collect data from each participating college. Our primary source of data came from semistructured interviews conducted with 23 mental health counselors and 21 college administrators across the ten colleges. Mental health counselors and administrators who participated in the study were selected because they (1) made college- or campus-wide decisions affecting student mental health support programming at the college or campus level, (2) provided direct counseling, behavioral health, or basic needs services to students, (3) supported the implementation of campus-wide programming or efforts designed to support student mental health and student success initiatives, or (4) did some combination of these activities. Institutional representatives who liaised with TACC through the Guided Pathways initiative supported the study's recruitment efforts. The interview protocol (see Appendix A) was used to examine (1) the extent to which colleges used a public health approach to support mental health, (2) how colleges were intervening to support student mental health and organizationally integrating these supports, and (3) the challenges that these colleges faced in improving the mental health of their student populations. All interviews were recorded and transcribed. We also administered an online survey prior to conducting the interviews to collect institution-level descriptive information for the purposes of probing counselors and administrators during interviews and data triangulation. The survey protocol (see Appendix B) provided a broad, surface-level understanding of the array of mental health supports from sampled colleges, including programming and resources seeking to bolster student physical, academic, and emotional well-being (e.g., resources to manage chronic health conditions, programming to help students file for government support); mechanisms to flag students who show emotional distress (e.g., gatekeeper trainings); and institution-wide policies addressing student mental health (e.g., leave of absence policies for students suffering from emotional distress).<sup>2</sup>

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<sup>2</sup> Survey data are not reported because of concerns about reliability. We asked one person from each college to complete the pre-interview survey. However, in probing survey responses during the interviews, it became clear that respondents were not always sure about the meaning of the survey questions and responses or did not have the knowledge to answer the questions with certainty (and answered to the best of their knowledge). In a few cases, more than one person from a college completed the survey, but the responses were not consistent. For these reasons, we chose not to include survey data in the findings.

## Data Analysis

We employed a combination of inductive and deductive analytic approaches (i.e., hybrid coding approach; Miles, Huberman, and Saldaña, 2013) to address our four research questions. To answer the first research question, (i.e., what overarching sets of principles guide Texas community colleges in their efforts to support student mental health?), we assessed the extent to which administrators and counselors (1) conceptualized mental health as a combination of mental illness and mental well-being, (2) recognized the primary role of prevention to promote student mental health, and (3) acknowledged that a variety of individual, relationship, institutional, and societal factors affect mental health. To answer the second research question (i.e., what efforts are Texas community colleges engaging in to support student mental health), we first inductively determined the goal of each mental health support effort identified by the colleges and then applied the Public Health Prevention Framework (Figure 2.1) to categorize mental health support efforts according to tier of support: prevention efforts (Tier 1), early intervention efforts (Tier 2), and treatment services (Tier 3). To answer the third research question (i.e., how Texas community colleges are organizationally integrating these efforts), we examined how community colleges integrated mental health supports into the broader college environment. Specifically, we first categorized efforts based on three key dimensions: organizational structures and policies (i.e., departments and staffing affecting how the community colleges carry out their missions), organizational processes (i.e., tasks and tools that administrators, faculty, and staff used to carry out their institution's mission), and organizational culture (i.e., systems of shared values, norms, and standards shaped by the institution's history, leadership, and environment). For example, if a college representative reported that the college provided faculty psychoeducational material to incorporate into course content, we would categorize this effort as integrating student mental health support into classroom organizational processes. We concluded our analysis by using an inductive approach to identify challenges facing community colleges in their efforts to support student mental health (i.e., what the challenges are facing these colleges).

We used the constant comparative method to identify (1) the extent to which the sampled community colleges adopted a public health approach to support mental health, (2) how colleges intervened to support student mental health, (3) how colleges organizationally integrated mental health supports, and (4) the challenges these colleges faced when trying to meet student mental health needs.

We began to analyze data at the onset of data collection. During data collection, we took notes and met routinely to discuss our initial inferences but also to reconcile disagreements and achieve consensus surrounding the definitions of specific analytic codes used to categorize the data. In addition, different researchers on the team independently coded the data to answer the study's research questions. After completing data coding, the research team convened again to reconcile disagreements and determine the salient themes and patterns emerging from the data. Finally, researchers reviewed the write up of the findings to ensure that it accurately reflected the data that were collected. All procedures were reviewed and approved by the University of Texas, Dallas' Institutional Review Board.

# Findings

In this chapter, we present key findings from interviews with community college administrators and counselors organized by the four research questions. First, we describe to what extent Texas community colleges are using a public health approach to guide their efforts to support student mental health. We then distill the specific programs, initiatives, and strategies used to support student mental health according to the Public Health Prevention Framework. Next, we examine how these efforts are integrated in the organizational structures and policies, processes, and cultures of these colleges. We end by cataloging the prevailing challenges reported by administrators and counselors as they try to address their student mental health challenges.

## To What Extent Are Texas Community Colleges Implementing a Public Health Approach to Support Student Mental Health?

Administrators and counselors from most of the sampled colleges struggled to articulate whether or not their college uses a public health approach to support student mental health. Some interviewees were quick to acknowledge that an official plan did not exist (“I don’t know if we have a direct plan”), while others indicated that their approach was guided by the unique needs of the individual students on their campuses (“It’s really just a matter of identifying really what they’re lacking in”). Others focused on the specific therapeutic approaches used to treat students seeking counseling support (“We’re developing treatment plans for, like, a solution-focused approach in which we want to work on just to a small problem”).

Across these articulations, interviewees did not differentiate between mental illness and mental well-being when discussing principles for supporting student mental health. However, collectively, interviewees acknowledged that mental health supports should include environments that promote mental health, target specific programming and supports for those at risk of poor mental health or showing emotional distress, and provide treatment; they also recognized the complex interplay of individual, relationship, institutional, and societal factors that affect mental health. However, it was clear that the efforts that colleges reported implementing to support student mental health were guided by an implicit and holistic principle to support a broad array of student mental health needs. Across all colleges, this principle was informed by (1) initiatives undertaken by nonprofit organizations working to support and protect student mental health (e.g., Jed Foundation, Active Minds, Trellis Foundation) and improve student success (e.g., Achieve the Dream), (2) administrators’ understandings of the factors affecting student mental health (e.g., lack of basic needs, history of mental illness), and (3) their administrators’ expertise working in the community college sector.

Specifically, this principle—through the efforts that these colleges implemented—inherently recognized that supporting student mental health entailed not only broadening student access to therapeutic, psychiatric, and diagnostic services and resources but also identifying students showing early symptoms of distress and creating campus-level conditions that could promote positive mental health and prevent the onset of mental illness and distress. This principle also entailed addressing factors known to influence students’ mental health states, such as food insecurity, difficulty accessing mental health supports, and beliefs about mental illness. For example, as we discuss in more detail in the following section, colleges reported investing in campus-wide strategies to inform students of mental health resources, offering services to meet the basic needs of struggling students (e.g., clothes closet, food pantry), and using technology to report students showing signs of emotional distress.

Many colleges also discussed the notion of *constant touch*, underscoring the idea that supporting student mental health should involve a wide array of college employees (e.g., college faculty, staff) and students. For instance, one administrator shared:

And it’s those constant touches with students and trying to, and I think [administrator A] and [administrator B] and our counseling and advising team have tried to be strategic in how we’re touching students, you know, and part of that’s through our case management model where even if it’s not a counselor like C or T that are helping them. (College administrator)

For some colleges, interviewees explicitly noted that it should be the responsibility of employees to support student mental health. For example, leadership at one college made gatekeeper training mandatory for new employees: “Everyone is required . . . it’s called student mental health awareness, intervention and referral. It’s part of our mandatory training for every year.” At another college, there was an effort to have “mandatory suicide gatekeeper training and mandatory mental health first aid for all of student services.” In many cases, it was evident that faculty and academic affairs staff were being asked to display attitudes and traits typical of student support staff (e.g., sensitive, open, caring) and take on some of the responsibilities of connecting students to nonacademic supports.

## What Efforts Are Texas Community Colleges Engaging in to Support Student Mental Health?

To better understand ways in which community colleges support student mental health on a spectrum from health to wellness, we drew on the Public Health Prevention Framework to organize our findings. Drawing on our interviews with each community college, we elevate common practices across institutions and discuss specific mental health efforts focusing on one of three tiers of support: Tier 1 (i.e., efforts designed to promote mental health for all students), Tier 2 (i.e., efforts designed to provide early intervention for students at risk of mental illness or showing early signs of mental distress), and Tier 3 (i.e., efforts designed to treat students diagnosed with mental disorders or showing severe mental health symptoms)

## Tier 1: Universal Prevention Efforts

All participating colleges implemented a variety of universal supports to promote mental health. Broadly, most of these supports aimed to (1) increase student awareness about campus resources to support students' mental health and educate them broadly about mental health, (2) destigmatize help-seeking and mental health challenges, and (3) foster campus inclusivity and belongingness.

### Resource Awareness and Psychoeducational Programming

Interviewees noted that many students were not aware of the mental health supports and resources available to them on campus. As one administrator said: "It's amazing, we have a host of services on this campus and it's still amazing to me how many students don't—aren't fully aware." To address this lack of awareness, sampled colleges prioritized efforts to increase knowledge of available mental health supports. Counselors and administrators reported providing basic information about the location of counseling services, hours of counseling services, and ways to contact the counselors (e.g., email, Zoom, scheduling an appointment via a website); information about different mental health supports specific to their campuses; information about resources in their communities; and national resources, such as the suicide hotline. Sampled colleges disseminated this information using several strategies, including tabling at campus events; organizing campus events, workshops, and presentations; providing online resources; distributing pamphlets, flyers, and brochures; and using social media (e.g., Instagram accounts). Many of these dissemination strategies were integrated into classrooms and other campus programming (see the "Organizational Process" integration section).

Sampled colleges also invested in psychoeducational efforts to provide students with information about specific topics related to mental health and enhance students' skills for coping with stress. For example, most counselors reported delivering presentations or partnering with other organizations to provide information to students about specific mental health conditions—such as depression and anxiety—and topics related to mental health, such as sexual assault, domestic violence, and suicide prevention. They also provided information about healthy relationships, stress management strategies, and positive health behaviors (e.g., exercise). Many of the counselors and administrators reported tailoring psychoeducational efforts and events to meet existing student needs.

If we've had a shooting in the area close to the school, which we've had . . . we want to know how the students are feeling about those types of things. So, teachers might, say [counselor name], I need you to come in for a 15-minute brief seminar talk. Ask questions. See how the students are doing, seeing if they are ready to be here . . . we do those regularly, weekly, and sometimes daily. It just depends on what's happening.  
(College counselor)

Many colleges also sought to align psychoeducational programming with national mental health awareness months or during specific times of the semester when students may need additional emotional support. For example, many of the mental health topics counselors touched on aligned with various mental health awareness months or weeks during the year (e.g., suicide prevention [September], sexual assault [May], and mental health [April]). Additionally, many campuses reported teaching stress reduction techniques around finals week:

We do, like, a take a break event on all of our campuses that encourages self-care, stress reduction techniques and stuff like that. So, we usually have tables out that have coloring sheets, you can make stress balls, and we've got journaling, prompts, affirmations . . . timely care information, you know, so just a variety of different things. Our grand campus has hula hoops and does nature walks with [students] also as just part of encouraging like exercise and movement. (College counselor)

## Stigma-Reduction Efforts

In addition to psychoeducational and resource awareness efforts, most sampled colleges reported engaging in efforts to destigmatize negative perceptions of mental illness and help-seeking (e.g., getting therapy, talking to a peer or faculty member about seeking help for a mental health challenges). Stigma-reduction efforts took on many forms, including sharing information about the pervasiveness of mental health disorders and symptoms. For instance, an administrator at one campus reported sharing high-level findings from the Trellis Student Mental Wellness Survey with their students, faculty, and staff to address misperceptions about the toll of mental health challenges among college students:

What we share out is that, for instance, 38 percent (or two in every five respondents) indicated that they are experiencing major depressive disorder or 46 percent indicated that they were experiencing generalized anxiety disorder and really just trying to share that information out to our students [and] send it to our student allies, as well as all of our employees and faculty, that we have people that have mental health issues. It's normal. It's trying to normalize it. (Campus administrator)

Some interviewees said that having non-mental health professionals share their own experiences with mental health challenges and support-seeking with students helped to destigmatize mental illness and normalize the need to ask for help. One administrator noted that counselors appreciated non-mental health faculty talking openly with their students about their mental health challenges because this provided another platform to empower students to talk about their problems and seek help.

Other stigma-reduction efforts involved promoting positive perceptions of counselors and counseling staff among students. These efforts included enhancing the visibility of counselors and counseling staff to increase perceptions of their approachability, friendliness, and safety. For example, one administrator stated:

We're really working hard to be visible at basketball games, at all events on campus and stuff, so that [students] can see that our, our staff and faculty are there, and they can reach out to us . . . that we're a safe place." (College counselor)

One counselor talked about aiming to be the "friendliest me," and another said they wanted students to know that "hey, we're not scary."

These efforts also included hiring more diverse mental health professionals to increase the diversity of staff and better reflect the racial, gender and cultural backgrounds of their students. Finally, these efforts included programming at colleges that was used to demonstrate to students that the administrators and counseling staff understand what students are experiencing and validate student experiences. In addition to mental health, one administrator discussed how they were trying to normalize help-seeking in general for all kinds of need.

Are you having a dispute with your landlord and need a lawyer? We'll get over to the legal clinic. You know? Do you have food insecurity, housing, insecurity, utility issues? You know we're rolling up our sleeves and we're finding the solutions to those things and getting our students to them. (Campus administrator)

At one campus, in conjunction with other destigmatization efforts, one counselor put effort into working around stigma to provide supports. This counselor mentioned making pamphlets and putting together campus activities to provide information about promoting positive mental health and well-being but not explicitly saying that this was the purpose of the suggested behaviors or activities. For example, the pamphlets promoted such activities as karaoke, mindfulness, and exercise, but they did not explicitly link those activities to mental health support.

## Interventions to Foster Inclusive Campus Environments

Most colleges actively sought to enhance students' sense of belonging and well-being through the establishment of what several interviewees referred to a "culture of care" or a "culture of nurturing" on campuses. For instance, some administrators and counselors noted that their colleges aimed to foster a culture of care through an open-door policy designed to make students feel welcomed by staff and faculty on campus; interviewees from this campus even noted that the college president abided by this open-door policy and endorsed the culture of care on campus. Programming to promote this culture included hosting activities on campus for students to participate in, such as game nights, talent shows, arts and crafts, and cookie decorating. An administrator at one campus reported that a lot of money and effort had been put into creating a "robust student life program" to keep students engaged on campus. At another campus, signs were posted indicating that students are worthy and welcome on campus.

## Tier 2: Early Intervention for Students at Risk

Within Tier 2, sampled colleges primarily focused on identifying students in need of mental health assistance and connecting students with appropriate support services. Broadly, these services included wraparound services (a combination of academic and nonacademic supports), counseling, and external support services for students whose needs exceed the capacity of the college (e.g., long-term care, psychiatric care, housing support, LGBTQ resource center).

## Identifying Students in Need of Early Intervention

Most of the sampled colleges reported using some type of system or strategy to identify students at risk for mental health challenges or suicide; these systems rely heavily on identification and referrals by faculty, staff, and other students.

**Gatekeeper and related mental health training:** To help faculty, staff, and students identify students in need of mental health supports, most colleges provided gatekeeper trainings (e.g., Ask About Suicide [ASK] and Question, Persuade, Refer suicide prevention trainings), mental health literacy trainings (e.g., mental health first aid), and other less formal trainings designed by counselors. These trainings were typically introduced in professional development opportunities or incorporated

into faculty and staff orientations. Colleges commonly relied on campus counselors who were trained by outside organizations (e.g., Texas Suicide Prevention Collaborative) for a fee to organize and deliver gatekeeper training. Beyond informing how to identify emotionally distressed students, trainings also instructed participants on how to use their college's student referral system (described in the next section). While administrators and counselors relayed the importance of gatekeeper trainings as mechanisms to prevent mental illness, time constraints faced by faculty and staff forced some colleges to make these trainings voluntary rather than a requirement. To address this barrier, one college was considering using a shorter gatekeeper training in lieu of mental health first aid, which takes eight hours to complete, and another was considering requiring only support staff to participate.

**Mental health screenings:** A minority of sampled colleges used universal screening to identify students who might benefit from early intervention. These screening tools included evidence-based questionnaires (e.g., Counseling Center Assessment of Psychological Symptoms [CCAPS] Screen) and college-wide, institution-developed surveys that captured a variety of academic and nonacademic information on enrolled students. For example, two colleges used the National Association for Behavioral Intervention and Threat Assessment (NaBITA) Risk Rubric to assess the emotional health of students and assess whether those students needed a wider base of support services (e.g., financial aid, basic needs, academic support). Officials at this college explained that these determinations were made based on whether the student's score met specific point thresholds of the NaBITA Risk Rubric scale. At two colleges, officials deployed student surveys to all incoming and returning students to gauge their basic and mental health needs, and, specifically, as one administrator put it, asked "to see if [students] said anything about the mental health piece of their life." At one college, the inclusion of questions gauging the quality of student's mental health stemmed from efforts to support students during the COVID-19 pandemic. Finally, at another college, the counseling center offered students the opportunity to assess for symptoms of depression once during the fall semester and for symptoms of anxiety once during the spring semester. It was unclear the extent to which students were required to participate in these efforts; therefore, it is possible that some in need of early intervention may have been missed.

### *Reporting and Connecting Students with Mental Health Supports*

Most sampled community colleges used technology to reduce the burden on non-mental health faculty and staff of navigating complex student support systems and to provide aid to students in distress. A dean of counseling services, who frequently attended faculty meetings to increase mental health resource awareness, captured the essence of why colleges leveraged technology to inform staff about a student in need of support:

I don't need you to diagnose. I don't need you, as a faculty member, to determine whether or not this is, you know, a situation that needs counseling, discipline, or Title 9. Just report it. Let us figure that out so taking the stress away from them having to identify if this is a person that needs help . . . then just hey, I got the student. This is what came up. It didn't sit right with me or I was just worried about what they said. And then it just takes, you know, the stress off of them. (College administrator)

Most colleges communicated widely to faculty and staff that it was the responsibility of support staff to assess student mental health needs, not the responsibility of the individual making the referral.

**Student success management systems:** A common reporting mechanism used by the sampled colleges was the use of software-based student success management systems designed to connect students to wraparound services. Interviewees noted that faculty members (and, at some colleges, staff members) could send early alerts for students exhibiting symptoms of mental distress or disruptive behaviors and for students who were struggling academically. In some cases, these systems also facilitated seamless communication between faculty members and support staff “to get in front of whatever is going on with the student.” These programs appeared to build on the early alert features of student success management systems in that they allowed faculty and support staff to simultaneously see whether an individual student was failing to show up for their classes. According to interviewees, the utility of these programs depended on faculty reporting daily student attendance for each of their classes and sharing descriptive information about why the student missed class. It was unclear the extent to which these systems served student needs. However, an administrator from a college using this system explained the value of this feature in proactively monitoring emotionally struggling students:

One of our faculty members shared that the student wasn't in class, and she put it in the system. Fifteen minutes later, another faculty member was watching the student into her class, and so that's [the] best case scenario of how just getting everybody's eyes on the student. We'd be hopeful that that would be similar for many students.  
(College administrator)

**Online web reporting:** Sampled colleges also used open-access websites that permitted faculty, administrators, staff, students, relatives, or “anyone” to enter descriptive information into a form if they witnessed a student showing “behavioral issues, discipline issues, or [who] may be in crisis.” Information collected from the form was then privately shared with a mix of support staff. Unlike the point-and-click feature of early alert systems, this reporting mechanism, as one counselor conveyed, required submitters to share input.

**Direct contact with counseling and support staff:** Several interviewees reported that many faculty and staff circumvented using these reporting mechanisms by making direct contact with counseling staff and administrators. Across sampled colleges, it was common for campus faculty and staff to have developed an informal practice of calling or emailing counseling staff or walking students directly to the counseling center. Furthermore, it appeared that, for some, this was their preferred way to help students. As one administrator put it, “[faculty] do not hesitate to walk [students] over here or send the email to [counselor name] or to me about this student [who] needs help.” Similarly, at another college, an administrator relayed that faculty “walk over to counseling or encourage counseling or pick up the phone.” This common practice among faculty and staff at some colleges was encouraged by high-level administrators to relieve employees of the perceived burden of diagnosing and providing aid.

**Triage support:** Several colleges had created behavioral intervention teams for the purposes of providing triage support and streamlining referrals to counseling services and other supports in the college and in the local community. Administrators and counselors reported that these teams consisted of a wide array of anywhere from six to 12 internal stakeholders, including student conduct officers, faculty, basic needs coordinators, counselors, and police. These teams convened routinely (e.g., every week or every two weeks) to review reports of concerning or disruptive behaviors to

develop a plan for intervention. Through the work of these teams, students would be routed to appropriate supports and services.

## Supports for Students Disproportionately at Risk for Mental Health Challenges

Counselors and administrators in about half of the sampled colleges reported engaging in some type of early intervention effort to support historically underserved students who are disproportionately at risk for mental health challenges (e.g., students of color, first generation students, LGTBQ students, veterans, students with fewer financial resources). These efforts focused on connecting these students with community-based advocacy groups and student organizations on campus and providing student success mentoring programming. For instance, one college reported forging specific community partnerships with groups and organizations that provide resources to specific groups (e.g., Dallas Latino Resource Coalition) and making sure that students were aware of other student organizations on campus (e.g., a LGTBQ student life group). Other colleges developed programming that addresses a multitude of factors that decrease the chances of a student completing college (e.g., lack of academic and social engagement). Some examples of this type of programming included (1) the Male Achievement Program and Men of Color program, which are academic success and mentoring programs for men of color, (2) a program designed to support Hispanic or Latino/a student engagement in science, technology, engineering, and math, and (3) a set of initiatives focused on connecting LGTBQ students with counselors and “a dedicated team that provides allyship.” Although most of these programs were not designed to exclusively support mental health, they did promote student success and well-being and were often used as mechanisms to refer students to counseling resources when appropriate.

Other colleges focused on hiring counselors from diverse backgrounds to match their student population needs. For example, one Hispanic-serving institution reported hiring more bilingual (Spanish-English) counselors. This particular college also developed specialist positions for different student groups as contact points for minoritized and marginalized students, as well as to lead initiatives for those groups and provide referrals to other resources (e.g., multicultural Black, indigenous, and other people of color [BIPOC] specialist; military veteran specialist). Developing these efforts was a clear goal of one of the colleges:

Identifying which of those underserved populations that you know aren't having their needs met and developing more, more-precise and evidence-based practices to outreach to those student population specifically. And the student populations that we are most interested in are students of color, are LGTBQ community, and our students who are parents and as well as remote students. So those are the four main ones that we're looking at and low SES [socioeconomic status].” (College counselor)

Finally, other efforts focused on creating “an atmosphere where students can fit in,” specifically for traditionally marginalized students. Some of the strategies sampled colleges implemented included (1) providing cultural and diversity training—sometimes in partnership with DEI offices on campus—to faculty and staff on how to foster an inclusive environment and how to use teaching strategies that account for the diverse backgrounds and experiences of students, (2) offering counselors cultural competency trainings, (3) working with students to create affinity or identity groups to bring similar

students together and promote interpersonal relationships, and (4) partnering with Active Minds and the Jed Foundation's Campus Fundamentals to develop peer-support groups.

### **Tier 3: Mental Health Treatment for Students Identified with Mental Disorders or Severe Mental Health Challenges**

All sampled campuses reported providing short-term individual counseling designed to address mild to moderate mental health challenges. All colleges reported having a licensed professional counselor (LPC) available on campus, but not all colleges had full-time LPCs. For example, at one college, one LPC also taught psychology courses and another LPC held the role of dean of instruction. Short-term counseling was delivered as a series of between six and eight sessions during the semester. Across all colleges, administrators and counselors reported that they did not have the capacity to provide long-term, psychiatric, or diagnostic services. However, over the past several years, and particularly in the wake of the COVID-19 pandemic, colleges sought to increase student access to short-term counseling and expand the scope of mental health treatment services by purchasing externally provided telehealth services and partnering with community and private health providers.

#### **Telehealth Services**

Many sampled campuses invested in providing externally provided telehealth services for students (e.g., Timely Care, Meta Teletherapy, Virtual Care Group). Counselors and administrators expressed great enthusiasm regarding the potential benefits of externally provided telehealth services and their use to increase access to services for their students and, at least at one campus, their students' dependents. Telehealth was referred to as "a game changer" and touted as creating "unlimited opportunities for students to meet with a counselor." For many colleges, these services were available around the clock; one administrator described them as "mental health services on demand" that provide more opportunities for students to meet with counselors during times that fit their busy schedules. Anecdotally, interviewees also reported being hopeful that telehealth services could address structural and logistical barriers to students accessing mental health services, including transportation barriers, child care needs, and potential problems with cross-state licensure reciprocity agreements of LPCs for remote students. Finally, interviewees also reported that telehealth has the potential to reduce barriers related to student comfort with the available counselors on campus because through telehealth, students have a variety of counselors to select from, who vary in gender identity, cultural identity, and clinical expertise. For instance, one counselor noted that "students [are] able to choose a provider based on their cultural representation, based on the clinical experience, [and] based on their language that they speak." In some cases, these mental health services were complementary to additional primary care telehealth services for physical health (e.g., Timely MD). However, it was not clear if telehealth services were free to students or the degree to which students were limited in the number of sessions. Consistent with the increase in access to services from the implementation of externally provided telehealth, most counselors on campus (but not all) reported meeting with students virtually for counseling sessions. However, it was not clear across colleges whether internally provided telehealth services were free to students.

## External Services Support

In cases in which students needed access to services that the college could not provide (e.g., intensive outpatient care, crisis care, psychiatric care), students were referred to external health providers (e.g., community health clinics, private medical practices, state hospitals). In many instances, these referrals were made possible through formal legal partnerships established between the colleges and external service providers. In other instances, these partnerships were informal, requiring at least one counselor to invest time in procuring a resource list and determine the availability of resources. Counseling staff also referred students to telehealth if counseling staff could not provide “just-in-time services” because they had long waiting lists, were unable to provide a counselor that matched the students’ lived experience needs (e.g., race, gender identity), or if it was determined that the student needed specialty care that exceeded the expertise of the college staff (e.g., more complex and chronic mental illness).

## How Are Texas Community Colleges Organizationally Integrating These Efforts?

Driven by the belief that community colleges should adopt a more comprehensive approach to student support and recognizing that mental health assistance is most impactful when seamlessly integrated into the campus and academic settings, we asked representatives of participating colleges about their efforts to organizationally integrate mental health supports into the broader college environment. We describe our findings within the three dimensions of organizational integration identified in Chapter 2: (1) organizational structures, (2) organizational processes, and (3) organizational cultures.

### Organizational Structures

The integration of structures and policies to support student mental health occurred across two primary domains: structural integration and policy integration. We describe each in more detail in the following sections.

#### Structural Integration

Across several colleges, administrators and counselors reported restructuring the roles and responsibilities of departments and counselors to better meet student mental health needs. For example, several colleges reported engaging in initiatives that required cross-departmental collaboration to support student mental health. One counselor put it this way:

That’s one way I feel that we really try to embed ourselves with other teams so that we’re all working towards that goal of our students being successful academically.  
(College counselor)

The goals of the cross-departmental collaborations varied. For example, counselors from most sampled colleges mentioned forging informal partnerships with staff from the divisions of housing, DEI, multicultural services, and student life, as well as with community health providers to support

“proactive student programming.” Such programming was reported to focus on bolstering “prevention and awareness efforts” and featured such events as “stress-busters week” and wellness fairs. Counselors from several colleges also mentioned collaborating with student groups to reach traditionally marginalized students. For example, two campuses reported working closely with their LGBTQ student groups to increase awareness about campus-based mental health services and local LGBTQ support groups and resources. Another administrator said that they had worked with students to create an anime club with the aim of increasing campus inclusivity.

While the majority of reported collaborations were between individual departments, colleges also engaged in efforts that cut across multiple departments or divisions. The most common example was the creation of behavioral intervention teams (previously described in more detail) to triage student mental health needs. Another multidivisional effort involved a business office, an advising department, and a campus program supporting undocumented students to “identify what documents or documentation is needed to get [students] supported through the school and what financial resources are available to them.” At another college, faculty from different academic divisions were scheduled to meet to determine how to change course syllabi to accommodate mental health information. Finally, one college formed a committee of counselors, health services staff, and student support coordinators to tackle substance abuse and sexual harassment on campus. Together, these partnerships reflect close collaborations between different departments and their staff to meet student mental health needs and address risk factors that jeopardize student mental health.

Finally, most colleges reported restructuring the role of the counselor by removing some, if not all, advising responsibilities to free up their time to provide mental health services and develop and administer universal and early intervention supports. One administrator shared that advising took as much as “60 to 70 percent [of time] of the counselor’s job,” which “limited . . . what they could actually do.” At some colleges, this shift manifested in creating standalone counseling centers and departments, which were sometimes incorporated into larger wellness and support centers (e.g., an advocacy and resource center) staffed by counselors and social workers. Other colleges removed specific “peripheral” duties from counselor roles, such as imposing academic suspensions or handling grade appeals. At these colleges, counselors were still tasked with supporting initiatives to increase academic success, such as encouraging a student to choose a specific degree plan if the student completed 30 college credits or contributed to “enrollment projects.” Interviewees felt that institutional decisions to grant counselors more time to address student mental health needs were a direct result of the increased number of students reporting mental health challenges.

## Policy Integration

Only a few sampled college representatives explicitly mentioned changing institutional policies within the context of improving student mental health. However, these efforts were predominantly tied to supporting the mental health and well-being of faculty and staff. For example, several administrators and counselors at one college mentioned their institution’s efforts to reform policies affecting medical leave, bereavement leave, and remote work for faculty and staff:

There is a policy in place where time off can be approved for mental health purposes, or if there’s a mental health leave that’s needed, that is in place, we’ve also implemented remote work agreement and that’s semester by semester and each

individual has the option to—if that works better for them, to request that and see if they can get approval to do remote work for a number of days, a week, or if they want alternate work hours, things like that. And so that’s a way that the leadership and administration here is being more supportive of us as faculty and staff, and to help us be better employees and feel healthier or feel supported, things like that. (College counselor)

While we did not explicitly explore how colleges addressed the mental health needs of college personnel, the evidence suggests that supporting student mental health depends on supporting faculty and staff mental health. That aside, no colleges reported having a leave of absence specifically for students whose mental health status served as an obstacle to their success in college. However, one counselor spoke about a policy audit to assess the extent to which policies might exacerbate racial inequalities in student outcomes, both academic and nonacademic.

## Organizational Processes

Integrating supports for student mental health in organizational processes occurred across several domains, including in the classroom, student programming, the allocation of resources, the use of technology, and physical integration. We describe each in more detail in the following sections.

### Classroom Integration

Sharing information about mental health resources with students in class and in course syllabi were the primary ways in which colleges integrated mental health supports in the classroom. It was common for counselors to report being invited by faculty from “different areas” to provide information about mental health resources or to introduce themselves to students. For example, one counselor said that English for Speakers of Other Languages faculty would ask them to “do a presentation in Spanish about our services,” which helped to “get services to students.” At some colleges, classroom presentations made by counselors became customary, particularly in student success courses, which are courses explicitly designed to provide students with information about their institutions, assist them in degree and career planning, and teach them skills (e.g., time management) to increase their chances of success:

So, we have done classroom visits in our Psych 1300 class, which is like an intro[duction] to college learning frameworks that gave us an opportunity to meet new students, because that’s usually a class that they take the first semester that they’re here. We did a presentation to give them awareness of the different departments and services within student services. Because it is new right? They’re coming to college for the first time. They may not even know what’s available, and we want them to know this is what different departments within our division [do] and also introduce ourselves as counselors. Let them know that we’re available and let them know of some of the events that we’re doing. (College counselor)

It’s a first year experience course. It’s like a freshman 101 orientation course. So, how to college. And so, they talk about GPA [grade point average], major career exploration. Study skills, time management. But then they talk a lot about barriers

that can prevent you from being successful, and they talk about services that we have to help students be successful, from tutoring to counseling to all across the board. So yeah, so it's kind of like a freshman orientation course, but on steroids. (College counselor)

Although it was reported that these types of classes were not necessarily designed to address mental health directly, the classes addressed relevant topics (e.g., time management, stress reduction, available resources). At one college, the first-year experience courses were grouped by major, so students with similar interests and opportunities could foster friendships with peers. Counselors also used class presentations to normalize student experiences and mental health challenges. One counselor reported that they wanted to communicate that

It's normal to feel mental health pressures while you're in college and coming back because some of these students are working and have children and husbands and wives and all of this. So, it is to help them to see the strain that you're experiencing is normal. And this is what we are to do about it. (College counselor)

At a few colleges, administrators drafted class syllabi templates to widely communicate information about mental health supports. As one administrator noted, space on class syllabi is "prime real estate." At this college, administrators and staff created a two- to three-page syllabus addendum that had campus resources organized into categories (e.g., student life, mental health and emergency assistance, academic resources) to facilitate student comprehension so that it could be added to syllabi without increasing the page length. Finally, several counselors reported training instructors of these types of courses on how to communicate mental health resource information to students and supplying instructors with prepared slides, information, and handouts for the students.

## Programmatic Integration

Participating colleges most commonly integrated student mental health supports into student programming through student orientation and campus-wide activities (e.g., tabling) and events (e.g., mental health walk, community health fair). These programmatic integration efforts aimed to increase awareness of campus and external resources to support student mental health. For example, during new on-campus or online student orientation, counselors from several colleges reported providing information to make mental health resources more visible and cement student knowledge about the college's counseling center (e.g., location, contact number) and counseling services. Some counselors received "flex time" to attend "new student orientations which might be in the evenings or . . . on the weekends," which were outside of normal working hours. Local advocacy and nonprofit organizations also gave presentations and distributed materials with information about the mental health resources available in the wider community during student onboarding, although this was less common. For example, a local rape support center with "a very active LGBTQ support group" shared pamphlets and provided information about its services for new students.

To further spread awareness around mental health supports and issues, counselors from most colleges frequently engaged in common student programming practices, such as tabling on campus or at campus events, posting flyers, and uploading information on social media platforms, sometimes with support from other departments (e.g., student life, DEI). "Literally setting up a table right

outside our student center where everybody's passing by" was considered an intentional strategy to make the counseling center known, according to one administrator. Several sampled colleges used community resource events involving an assortment of agencies and organizations to increase awareness of resources in their community that address factors affecting mental health (e.g., pregnancy support group). Finally, while half of representatives from sampled colleges reported that their colleges had an Active Minds chapter,<sup>3</sup> one college specifically mentioned partnering with Active Minds staff to develop an initiative to educate students about positive psychology:

We've partnered with them on an initiative that they've been doing to do like a college-wide read on simply positive and positive psychology and embedding that into student life, we coordinated with them as well to do positive pop ups. So once a month we will have like an event all related to positivity and we have little snacks and [grab-and-go] kind of a thing. And activity, and also awareness. (College counselor)

## Resource Integration

Most representatives from the sampled colleges reported allocating financial resources to expand and sustain mental health supports, specifically by contracting with companies that provide online telehealth counseling services and primary health care, offering emergency aid, and hiring more counselors. Funding used to support student mental health came from a variety of internal and external resources, such as the Higher Education Emergency Relief Fund (HEERF) (as part of the Coronavirus Aid, Relief, and Economic Security Act [CARES] Act) or government and grant funding. For example, several colleges reported that pandemic relief funding enabled them to purchase access to TimelyCare. The director of counseling at one college shared that their college "invested \$900,000 over the next three years in providing telehealth access to students with the COVID CARES Act." A few community colleges actively sought government and grant funding to cover costs related to delivering mental health supports. One college secured a grant to purchase student success management software to facilitate communication between faculty and student support staff. Two other colleges applied for federal funding to develop campus-wide systems of care for struggling students. At one college, this meant hiring two additional social workers whose sole focus was to connect students to mental health, basic needs, and financial and academic supports. At another college, this meant expanding academic support, wraparound, and career services for underserved students; developing professional development opportunities for faculty and staff to create more-inclusive learning and campus environments; and creating a dedicated physical space to address student academic needs.

Colleges also invested financial resources to hire more counselors to meet student demands for more mental health support. For instance, one college expanded its full-time counseling staff by 80 percent, which enabled it to reduce waiting lists to almost zero, according to the college's administrator overseeing counseling services. This college also invested in creating several new

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<sup>3</sup> Present on more than 600 college campuses, Active Minds is one of the largest nonprofit organizations in the United States dedicated to promoting mental health awareness and stigma reduction among college students through peer-to-peer dialogue and interaction.

leadership positions to identify and implement strategic efforts to support student mental health and wellness:

We've also grown our team as well too. So previously we were operating with about ten or so counselors across the district that were functioning on separate campuses, separate colleges, but now . . . we've been approved for 18 positions for counselors. So, we certainly stay very busy, but that's helped . . . keep our wait lists to minimal.  
(Campus administrator)

At more–resource-constrained colleges, there were efforts to hire more part-time counselors and local university students who were seeking to become LPS. To ensure that LPCs could continue to provide counseling services, colleges paid for continuing education hours mandated for counselors to maintain their licensure.

### Physical Integration

Only one college representative (of those sampled) reported intentionally creating physical spaces to support student mental health. This college built a serenity garden and labyrinth for student use to reduce stress and enjoy nature. No other college mentioned using specific physical spaces or modifying physical structures to reduce the incidence of suicide as mechanisms to support of student mental health and well-being. However, a counselor at one college talked about how the lack of physical space for students to socialize served as a barrier to fostering social relationships among the students and increasing belongingness, two factors which they noted were key to mental well-being.

### Technological Integration

Sampled colleges also leveraged technology in a variety of ways to support and meet the mental health needs of their students. During the pandemic, online counseling was the primary method to provide treatment services, and all the sampled colleges had retained this option at the time of the study. However, interviewees shared that student interest in online counseling was declining, to a point where at least one college had stopped “doing a virtual group because the demand for that fell.” In addition, more than half of sampled colleges had developed systems that allowed students to sign up for counseling sessions online.

Many colleges, as mentioned previously, used student success management systems (e.g., EAB's Navigate system, Watermark) to help faculty and staff report students in need of early intervention and facilitate seamless communication between faculty members and support staff about students exhibiting symptoms of concern (e.g., missing class). At one college, a director of counseling said that the reports from these systems significantly reduced the need to search for descriptive information about students seeking counseling services (e.g., class attendance, degree plan).

Besides using student success management systems, counselors at a few sampled colleges described using electronic medical records (EMR) software (e.g., Titanium) to securely house Health Insurance Portability and Accountability Act–compliant student health records. Student health records included individual-level information that could identify who sought counseling services and the number of counseling sessions that they attended, as well as the student's results from mental health screenings (e.g., CCAPS-Screen, GAD-7, PHQ-9), among other health-related information. While

counselors reported that EMR software allowed them to assess improvements in the mental health symptoms of treated students, it also allowed them to show institutional leadership “that students were really utilizing our services, [and] the impact we were having . . . not just on the students’ quality of life or their mental health but their goals.” In some instances, counselors used data generated by EMRs to advocate for additional counseling staff and support.

Finally, it was a widespread practice among sampled colleges to use email and social media to share information directly with students, faculty, and staff about mental health–related campus events, activities, and resources. Several colleges also leveraged technology platforms (e.g., Blackboard, online therapy portals) to house psychoeducational tools and information “for somebody who may want to explore mental health but is not ready to talk to a counselor.” This portal was available for both students and employees at the college.

## Organizational Culture

### Ideological Integration

All administrators and counselors shared a strong conviction that addressing students’ mental health needs and their determinants should be under the purview of their community college. As noted previously, many of the colleges had administrations that conveyed the importance of creating campus cultures that focused on “caring,” imparted a “no excuses” philosophy for supporting student success, and encouraged faculty and staff to “open doors” to anyone seeking help. At these colleges, institutional leadership communicated to faculty and staff that all employees should be “sensitive, aware, willing, and act on any need that we see that a student has” and to acknowledge that “continuity of care exists in every interaction, whether in the classroom, outside of the classroom, and really outside in the community.” The statements reflected the universal belief, among interviewees, that faculty, administrators, and staff should share the responsibility of supporting the student’s emotional well-being, a clear trademark of the “holistic advising” model. As one administrator described:

We are driven to make sure that we’re doing everything we can to get our students to complete and move on, whatever that goal is. And so, part of that piece is that I have to be willing to personally get to know you. I have to be willing to be able to draw you out and make sure that I know what’s happening behind the scenes, what’s happening at home that’s keeping you from doing things if you’re not, if you’re not coming to class, our faculty or calling you and saying why aren’t you coming to class. (College administrator)

Additionally, several interviewees invoked Maslow’s Hierarchy of Needs theory to make explicit connections among basic needs, mental health needs, and academic success. As one administrator said, “If students don’t have security, safety, and their basic needs met . . . they’re not going to flourish in the classroom.” Another administrator relayed that normalizing mental health challenges went only so far in addressing student mental health needs because deficiencies in “basic needs may be contributing to mental health concerns.” Interviewees also referenced Achieving the Dream and other campus-wide initiatives as playing important roles in casting greater attention on the connections between mental health, basic needs, and academic success. For example, the president of one college launched a

campus-wide Poverty Initiative, which increased awareness among college employees about the outside challenges facing low-income students and helped to cement support for administering services capable of “removing barriers for student success.”

While some interviewees reported that increased emphasis on the importance of support for student mental health translated into greater numbers of faculty and staff reporting distressed students to support services (either via student success management systems or direct contact with staff), others mentioned that only a small proportion of faculty acted as vocal student mental health “champions” and were “willing to step forward and help out or make a statement.” Some interviewees characterized faculty as “quiet” supporters. Nevertheless, there was a general perception that community colleges should support student mental health and that this was, in part, because of leadership efforts.

## **What Are the Challenges Facing Texas Community Colleges as They Grapple with Increased Demand for Student Mental Health Support?**

In this section, we describe the most frequently reported challenges to supporting student mental health, as well as what colleges did to attempt to overcome these challenges.

### **Lack of Awareness of Mental Health Resources and Supports Available by the College**

Interviewees shared that one of the primary barriers that they face in supporting students’ mental health needs is a general lack of awareness among students about the mental health resources and services available to them via their college. Across most colleges, counselors reported that large numbers of students did not know that a counseling center existed. Interviewees also shared that, for students who were aware of counseling services, many had limited awareness about additional support services beyond counseling. Some counselors reported that many students did not know that counseling sessions provided through the college were free, how they could sign up for counseling sessions, or how to reach a counselor in case they needed mental health support.

One of the biggest things I hear from students, at least on my campus, is—I didn’t know. I didn’t know that we have counseling, that we have nurses, that we have social workers, nobody told me. (College counselor)

This widespread recognition that students lacked knowledge about counseling and other available supports motivated many counselors to invest a significant amount of time in making the counseling center visible to students through tabling, classroom and on-campus presentations, and campus events, such as basketball games or mental health awareness weeks.

Many administrators and counselors also discussed challenges working on commuter campuses where students “come here for class, they go to class, and [then] they go to work, and they’ve got kids.” They noted students’ competing obligations (e.g., work and caregiving responsibilities), and students’

inconsistent or infrequent presence on campus made it very difficult to share resource information with students potentially in need of support. One counselor underscored this challenge:

And just with the commuter school, it's just also trying to find, you know, when is the right . . . you know what's the best day? What's the best time to have a presentation? You know there's no perfect day or time because it either works or . . . you know . . . there's only this small sliver of time where there are zero classes. During lunch and that's when we have them. (College counselor)

To address this problem, counselors took advantage of opportunities when students were either required to participate in on-campus or online orientation or initial advising sessions. However, counselors faced challenges cementing knowledge around student mental health supports because these opportunities required students to learn and make critical academic decisions about their courses and degree programs. One counselor characterized the amount of information that their college shared during these times as a “fire hydrant,” and another counselor stated that students are “overwhelmed” by the amount of information that is shared during student orientation. The need to make important decisions about courses and degree programs during orientation and advising sessions was said by one counselor to be “prioritized” over the need to learn about existing mental health supports. As a work-around, counselors invested in giving requested classroom presentations, using technology (e.g., Facebook, Instagram, X [formerly known as Twitter], email), and creating mental health resources for faculty (e.g., a syllabi addendum focused on mental health, faculty information modules) as means to spread awareness among students. However, several interviewees reported that their colleges hesitated in marketing mental health supports because administrators feared not being able to adequately meet a potential increase in student mental health demands resulting from increased mental health awareness.

Compounding this challenge was the fact that many faculty and staff themselves did not know that their college provided counseling services, and, more specifically, employed LPCs on campus. It was reported that “advising” and “counseling” have sometimes been used as two interchangeable terms in higher education and delivered by a single individual. This has made it difficult, as one administrator said, for “faculty, staff, and students to understand the differences between what our academic advisor or career advisors or what they're termed now, but what those counselors do.” The fact that some faculty taught exclusively online also hindered distribution of the message. An administrator from one college reported that the college intentionally changed the name of its counseling services division to include the term “psychological” to reduce confusion around its role versus academic advising's role in supporting student success and needs.

## **Pervasive Stigma Associated with Seeking Mental Health Care**

Despite the increasing acceptance of individuals disclosing mental health struggles, interviewees expressed that stigma around mental illness and mental health care remained a formidable barrier preventing students from seeking help. Among interviewees, it was recognized that students have made strides in being open about their mental health challenges and needs, but not to the point of convincing them to reduce their efforts to normalize mental health challenges. One administrator shared:

There are so many student populations for whom not identifying a mental health issue is kind of a fundamental entry barrier to services. And so, trying to help students understand that accessing services is something that, you know, is natural and normal and normalized and reducing stigma, right? (College administrator)

Some interviewees reported that many students believed “myths” about mental health care, which fueled those students’ resistance to seek counseling support. For example, some stated that students thought counselors would share confidential information with their instructors, their friends, and their coaches, or that confidential information would go on their academic record. To address these challenges, counselors invested heavily in making themselves approachable and warding off stereotypes of therapists and “laying on a couch,” and underscored confidentiality practices.

### Limited Capacity to Meet the Diversity of Student Mental Health Needs

Expanding capacity to help struggling students and meet their diversity of needs was challenging for most sampled colleges. Across the board, interviewees used terms like “at capacity,” “maxed out,” and “limited” to describe their ability to provide counseling support to students exhibiting symptoms of mental distress. Other interviewees used terms like “Band-Aid” and “short-term” to characterize the mental health services that they provided, underscoring that these services focused on helping students with more-moderate mental health challenges; most services were not equipped to provide long-term or crisis care at scale, manage medication used to treat mental illness, or assess students for disorders that would grant them accommodations in the classroom. Additionally, counselors across the colleges reported heavy caseloads and waiting lists that compromised students’ chances of being able to access just-in-time services. For some counselors, caseloads prevented them from investing more in efforts or activities to promote mental health. As one counselor commented, “I spend most of my time in sessions now and my calendar is booked.” Another college counselor remarked that carving time out to promote student mental health was simply not feasible. They said:

Time conducting workshops has to be limited because we have a fairly large caseload and you know, they’re just, you know, [there are] not enough counselors. So, in terms of spending a lot of time doing workshops, that’s not, for us, realistic. (College counselor)

As noted earlier, colleges engaged in efforts to increase the capacity of counselors to improve the mental health for matriculated students (e.g., offloading advising responsibilities to other college staff, external telehealth services). Some counselors nevertheless reported that they still could not keep up with student requests for mental health support. Administrators leading efforts to expand access to telehealth services felt overwhelmed as well, noting that the preference is to expand mental health offerings on campus; however, often doing so internally was not feasible or even scalable. One administrator from a college who had recently established a partnership with TimelyCare said:

Well, if you’re talking about what would be the best-case scenario, you would have a stable of 20 in-person full-time mental health people, but that’s not scalable. (College administrator)

Counselors at several rural colleges with few resources had to shuffle between campuses to meet either with students in crisis or with scheduled appointments because of the short supply of LPCs. To cope with the surge in demand for appointments and what one counselor described as “very heavy issues,” some counselors took intentional steps to prevent burnout. One counselor said that they did not offer appointments past 7 p.m. to spend time with their children, and another counselor prioritized “professional self-care” and used the “wellness benefit” that their college offered them. At a few colleges, the need to provide mental health support for faculty and staff was institutionalized through formal bereavement and “mental health day” policies. Others have developed formal agreements with community health and telehealth providers (as described in the section about Tier 3 support). Several administrators at one college repeatedly articulated that the absence of these relationships prevented students from receiving appropriate and adequate mental health care.

However, even when it was determined that short-term therapy intervention could benefit students, the number of appointments that students could schedule with counselors per semester and when students could meet with counselors were limited—from six to eight counseling sessions per semester, including the summer—and offered during times that were difficult for students juggling multiple responsibilities (e.g., operating from 9 a.m. to 5 p.m.). To help address this challenge, some colleges reported alternative ways that students could receive mental health support when the counseling center was closed, including a helpline that was open until 10 p.m., as well as an around-the-clock suicide prevention hotline number, which was printed on the back of student identification cards.

## Slow Institutional Response to Growing Student Mental Health Needs

The importance of mental health in supporting student success reverberated across the interviews we conducted, confirming the trend that the mission of the community college has evolved to include addressing students’ nonacademic needs, at least informally. Nevertheless, administrators and counselors across several colleges described their institution’s response to supporting student mental health as “slow” or “taking time” and elevated several organizational factors hindering organizational change in support of student mental health.

### Difficulty Translating Ideological Buy-In into Action

Despite increasing consensus among administrators, faculty, and staff of the value of supporting student mental health in the college setting, interviewees noted that buy-in often did not translate into departures from “lingering practices” embedded within organizational cultures for a variety of reasons. For instance, increasing employee participation in trainings about how to identify students showing warning signs of mental distress and the use of student referral systems proved to be a major impediment for many colleges. Interviewees communicated that faculty and staff have limited time and juggle busy schedules with multiple responsibilities. Others noted that faculty and staff may be a “bit awkward and intimidated of what to do with the student face to face” because they have not had enough practice being gatekeepers. Additionally, a few administrators said that faculty are governed by “that side of the house,” meaning that faculty are under the division of academic affairs, not the division of student affairs, which controls and oversees efforts to address the nonacademic needs of

students, which has made it difficult to induce change. Finally, several interviewees also referenced turnover among faculty and staff and the use of adjunct faculty as additional factors that made it difficult to engage faculty, who they believed to be on the “front lines” and best positioned to identify students in distress.

## Competing Institutional Change and Priorities

At the time when we conducted our interviews, two of the sampled colleges were undergoing major organizational overhauls that changed institutional leadership, management structures and systems, and priorities. One college recently centralized services in an effort to reduce inequitable access to academic and nonacademic services across its campuses. In this effort, they created a new division to oversee student health, including both physical and mental wellness and basic needs support, as well as several new positions to steer that division. While administrators and counselors reported that the reform reflected the college’s increased investment in supporting student mental health, they also stated that it would take time for them to set clear priorities for how best to meet student mental health needs. The college’s participation in a student mental health needs assessment was a first step in this effort. Another recently restructured college prioritized proposals that sought to improve academic and career advising over proposals to improve student mental health supports when crafting a new strategic plan.

## Absence of Consistent Mental Health Funding Streams

For many interviewees, finding a reliable and consistent source of funding to sustain and scale mental health supports was considered to be a significant challenge in their efforts to reverse worsening mental health trends among their students. Texas was characterized by one college administrator as “very poorly funded for mental health.” At the time of this writing, the budget used by state officials to allocate dollars to fund community colleges does not include a specific line item that invests in the mental health of students. Supporting student mental health has not historically been part of the mission of community colleges; in turn, it has not been a direct requirement of the state of Texas. However, among those who we interviewed, there was a general acknowledgment that “students aren’t going to be successful unless they are fed, housed, and have mental health support.” Expanding on this point, one administrator said:

This isn’t just something that sounds like a fun, charitable thing to do. It’s something that is a base need for our community, and the more support and advocacy they can give us, the better outcomes that we’re going to see. (College administrator)

To address this problem, as reported previously, colleges drew heavily on funding from external resources to provide wraparound and mental health services that helped students meet their mental health needs. However, with pandemic relief and grant money ending, interviewees expressed deep concerns about the sustainability of efforts these funds made possible. As one administrator expressed:

[Administration] dedicated some of our HEERF funds to emergency aid, which has helped tremendously. . . . We’re able to help [students] every semester up to \$500 versus once a year, which that’s how we started. We’ll have to go back to that unless

somebody leaves us a lot of money in fall 2023 and I really dread that. (College administrator)

Some interviewees reported that sustaining these efforts hinged on securing follow-up funding, passing these costs down to the students, or being “willing to give up something else.” As one administrator emphasized, “every decision that we make requires funding.” Interviewees across the sampled community colleges, in general, echoed in one way or another an overarching sentiment that they struggled to carry out—let alone scale—efforts and services deemed necessary to support student mental health with the amount of public funding they received. This problem was particularly magnified in two colleges: one located in an area that has one of the “lowest tax base[s] in the state of Texas” and another that was not funded with local tax dollars because of the county where it is located. This funding squeeze required colleges to “do a whole lot with a whole very, very, very little,” be very strategic in allocating what little resources they had, and, for one college, charge higher tuition fees relative to its neighboring college district. The funding shortfall also prevented colleges from advancing key priorities, including (1) investing in prevention efforts and universal screenings, (2) purchasing software platforms that allow counselors and support staff to upload critical student health documents and track student mental health progress, (3) offering competitive pay to LPCs, (4) covering costs associated with maintaining counselors’ licensures, (5) training staff to be gatekeeper training instructors, and (6) training counselors to use a variety of therapeutic techniques to address the range of mental health needs of their students.

# Recommendations for Improving Support for Student Mental Health

In this chapter, we draw on findings from this research, the national study, and other research to present a set of recommendations that community college stakeholders in Texas may choose to implement to better address student mental health needs. For each recommendation, we highlight the specific evidence used to draw the recommendation and note the stakeholder group(s) that would need to implement it.

## Recommendation 1: Develop a Formal and Comprehensive Plan to Expand Evidence-Based Supports for Student Mental Health

Similar to the national study (Sontag-Padilla et al., 2023), the administrators and counselors who we interviewed for this research acknowledged the importance of supporting student mental health, particularly within the context of a broader strategy to support student success. Although colleges reported implementing a wide variety of support strategies, many lacked strong empirical support (see Chapter 2). Similar to colleges in the national study (Sontag-Padilla et al., 2023), Texas community colleges lacked a formal and comprehensive plan to guide decisionmaking around how to invest in and implement supports and resources for student mental health. Given the resource constraints facing community colleges, developing and using a more strategic, evidence-informed approach is needed to guide investments in evidence-based approaches, reduce redundancies across efforts, and optimize the likelihood of positive impacts on student mental health. To address this problem, community colleges should consider adopting a formal and comprehensive plan to support student mental health that is (1) focused on prevention, (2) integrates mental health supports into organizational structures, processes, and cultures, and (3) involves multiple college officials and employees in connecting students to a variety of mental health and basic needs supports, effectively meeting a diversity of student mental health needs. We describe these considerations in more detail in the following sections.

### Expand Evidence-Based Universal Supports and Early Intervention Efforts

Sampled community colleges invested in and implemented various efforts to promote student mental health and prevent the onset of mental health symptoms. These efforts included making campus environments inclusive, using technology to report emotionally distressed students to behavioral intervention teams and counseling staff, and making students aware of available mental

health supports and resources. We encourage colleges to build on existing efforts by exploring how they can initiate or expand evidence-based universal and early intervention efforts to break the trend of students increasingly reporting mental health challenges. For example, drawing on existing evidence, colleges may consider developing guidance for faculty on how they can alter instructional and assessment practices to make them more sensitive to the mental health needs of students. The guidance may include recommending using low-stakes assessments or portfolio assessments that measure intellectual growth rather than the knowledge captured by a one-time assessment. Another option to consider is screening all incoming students for mental health symptoms at orientation (and returning students when they meet with advisors) if institutions have the capacity to accommodate increased demand for treatment services. Note, however, that screening is not effective if treatment resources are not available (Abelson, Lipson, and Eisenberg, 2022). Colleges should evaluate the feasibility and sustainability of any screening and referral processes established within the college setting. For colleges that do not already implement mental health screenings, *Ready, Set, Go, Review: Screening for Behavioral Health Risk in Schools*, a toolkit published by the Substance Abuse and Mental Health Services Administration (2019), is a useful reference for developing appropriate screening procedures and processes to identify students in need of early intervention.

In addition, colleges may consider expanding efforts that target students who are at elevated risk for developing mental health challenges and illness. Evidence from this study showed that the salience of such factors as the student's race, ethnicity, socioeconomic status, gender identity, or disability status varied across colleges in terms of how those colleges approached and intervened to support student mental health. However, a wide research base shows that a student's mental health status is a unique product of social and environmental influences, and that poverty, discrimination, and financial strains, among other risk factors, are consistently associated with poor mental health outcomes (Patel et al., 2018). Beyond implementing campus-level efforts seeking to create a climate of inclusivity, colleges may also want to explore developing and implementing peer-led interventions that specifically focus on at-risk student groups (e.g., students of color, low-income students, first-generation college students). In recent years, several national and institutional initiatives have been created to deliver peer mental health support to college students. For example, Lean on Me is an anonymous, student-led peer support text platform that offers noncrisis support for college students (Mental Health America, undated). Similarly, the Support Network and Active Minds are two organizations that work with college campuses to initiate and implement effective peer-to-peer mental health models (Active Minds, undated; Support Network, undated). Colleges may contemplate collaborating with these initiatives to counter the detrimental effects of life adversity on mental health.

## **Integrate Mental Health Supports Across Multiple Organizational Dimensions and Domains**

Over the past several decades, community colleges have engaged in institution-wide reforms that challenge traditional siloed strategies and efforts to support students pursuing a college education. These reforms have been motivated by a growing body of research indicating that integrating academic and nonacademic supports across all areas of a community college's operations and activities can help facilitate the effective implementation of strategies designed to promote equitable student outcomes

(Karp et al., 2021; Klempin et al., 2019). Drawing on these efforts and findings from the national study and focusing on ways to integrate mental health supports into the broader campus environment may facilitate connecting students to needed supports and foster a supportive campus environment (Sontag-Padilla et al., 2023).

Findings from this research demonstrate that sampled colleges have made important organizational changes to become more responsive to the mental health needs of their students. Aligning with evidence emphasizing the benefits of organizational integration across (1) structures (e.g., organizational departments or teams), (2) processes (e.g., resource allocation), and (3) cultures (e.g., shared values, stakeholder attitudes) (Kezar, 2018), participating colleges implemented changes that cut across these organizational dimensions and sought to support students with a wide spectrum of mental health needs and symptoms. For example, many community colleges created behavioral intervention teams to more effectively parse and address student needs. In addition, others used student success management systems to flag distressed students more quickly and connect them with appropriate support staff and resources. However, our findings also showed that very few colleges engaged in efforts to change academic instruction and assessment, the physical characteristics of their campus environments, or institutional policies to protect student mental health. Transforming these specific organizational areas to be more sensitive to student mental health needs is key to improving the efficacy and reach of strategic institutional efforts to support student mental health and, more broadly, student success in college.

To identify opportunities to more widely embed mental health supports in the organizational fabric of the community college, college officials may want to conduct a mental health audit to help them examine the extent to which they are implementing a whole-of-school approach to mental health promotion and pinpoint areas of concern and priority (Wyn et al., 2000). Transforming teaching and learning, increasing the coordination between internal and external stakeholders (e.g., college personnel, community health providers), providing professional development opportunities to support the implementation of mental health efforts, creating healthy and positive school environments, using data to measure the impact of mental health interventions, and allocating resources to support prevention efforts have been identified as key areas where integration could take place (Eber et al., 2020; Weist et al., 2022; Wyn et al., 2000). To help guide decisionmaking, community colleges should consider using an evidence-informed strategy or framework (e.g., the Public Health Prevention Framework or principles from the organizational integration literature). Additionally, colleges should revisit this plan to assess the extent to which investments in student mental health supports may need to shift to better meet the needs of students within the context of ongoing structural and financial resource constraints.

## **Involve Multiple College Officials and Employees in Connecting Students to a Variety of Mental Health and Basic Needs Supports**

Colleges should also consider developing plans that consider how each department or division of the community college can contribute to connecting emotionally distressed students to a variety of supports to help them address their challenges and keep them on track to complete college. In the national study, support from leadership (e.g., presidents, vice presidents, deans) and broad buy-in

from faculty and staff to prioritize and support student mental health was important for establishing a robust set of mental health supports within the colleges (Sontag-Padilla et al., 2023). The Institute of Education Sciences' *Effective Advising for Postsecondary Students: A Practice Guide for Educators* may be a helpful resource for colleges to support the planning and implementation of strategies to support student success (Karp et al., 2021). This guide focuses on strategies that leverage student success management systems and a wide array of college staff to efficiently identify students facing academic and nonacademic challenges and connect those students to a robust set of supports and programs that can address their unique situations. How colleges involve administrators, faculty, and staff is likely to vary because of differences in organizational structures, processes, and staffing; however, the goal should be to ensure that as many stakeholders as possible can identify students in need of support and make referrals.

As part of this plan, colleges may want to consider investing in training as many faculty and staff as is feasible on how to use student referral systems (if used by the college) or helping faculty and staff enhance the skills necessary to identify students in distress. To ensure that these trainings are feasible for faculty and staff with limited resources, colleges may want to consider using trainings that offer autonomous instruction or are brief (e.g., ASK suicide prevention training).

Finally, colleges could work to remove barriers to referring emotionally distressed students to ensure that they receive appropriate support. While this research did not explicitly examine barriers to reporting students in need of early intervention or treatment, it is possible that time constraints, uncertainty whether a student should be referred, and confusion about how the referral system works could deter stakeholders from taking action. Colleges could examine whether any of these factors impede reporting, and if they do, work to address them.

## **Recommendation 2: Develop a Communication Plan That Repeatedly Disseminates Information About Mental Health Resources to Increase Mental Health Resource Awareness**

Interviewees frequently reported that many students and faculty did not know about the mental health supports provided by their college. For this reason, increasing awareness among students and faculty about the kinds of mental health resources (e.g., counseling, basic needs support, financial aid) that students can access is a vital first step to open the possibility that struggling students will seek help, even if behavioral change is not a guarantee.

Drawing on the health communication literature, a communication plan that tries to close these knowledge gaps ought to include the consideration that people obtain information from a variety of sources (e.g., electronic media, relatives, friends) and that they also do not treat this information equally (Redmond et al., 2010). To ensure that students can access and consume accurate information about the availability of mental health resources and supports, public health researchers recommend using a diversity of mediums (e.g., digital media platforms, such as X and Instagram), trusted messengers (e.g., religious leaders, community organizers, peer educators), and messages that are culturally sensitive and speak to the experiences of the intended audience (e.g., caregiving, isolation) (Merchant, South, and Lurie, 2021; Thompson et al., 2021). Furthermore, research from advertising suggests that messages that are sent en masse and repeated across multiple communication mediums

can help to improve information recall (Schmidt and Eisend, 2015). Broadly and frequently advertising how to access on- and off-campus mental health supports in student communication efforts can help increase awareness and potentially the use of campus resources and services. Finally, involving internal and external stakeholders (e.g., campus presidents, faculty, community health workers, local advocacy organizations) in executing this communication plan may help ensure that this information permeates through the college's in-person and online environments.

### **Recommendation 3: Colleges Should Explore Formal Agreements with External Mental Health Providers to Ensure That All Student Mental Health Needs Are Met**

Interviewees from community colleges in this research universally reported that they did not have the staff capacity or financial resources to serve all struggling students, particularly students who present more-acute mental symptoms or have longer-term mental health challenges. Some colleges addressed this challenge by outsourcing these supports to external service providers (e.g., community health clinics, telehealth platforms) that have the capacity and expertise to support students with more severe needs. Officials at other colleges may consider following suit. Colleges that had these agreements in place noted the crucial role that they played in helping them meet the diversity of student mental health needs, free up time needed to meet the needs of students with more-moderate mental health challenges, and invest in efforts to promote mental well-being more broadly. Thus, formal agreements with external (e.g., telehealth providers, such as TimelyCare) and community-based providers (e.g., federally qualified health centers) have the potential to help close the gap between student mental health needs and the ability to sufficiently provide services. While establishing relationships with external and community-based providers may be ideal, it might not be a viable strategy for colleges with limited resources or for those colleges located in areas that are underserved by mental health practitioners. For example, many Texans live in counties with mental health shortage designations (Texas Department of State Health Services, undated). Provider shortages and other barriers may require multiple policy and other systemic changes to effectively address student mental health needs (e.g., McBain et al., 2021; Sky et al., 2023). In addition to policy and systemic changes, federal and state agencies should consider increasing financial support for prevention and early intervention efforts, paying particular attention to community colleges (see Recommendation 4 for further discussion).

### **Recommendation 4: Collaborate with State Policymakers and College Leaders to Develop Adequate and Sustainable Funding to Support Institutional Efforts to Support Student Mental Health**

Similar to the findings of the national study (Sontag-Padilla et al., 2023), most colleges in this research struggled to find steady funding streams to sustain their mental health efforts. Given the robust evidence base indicating that mental health is a key determinant of student success, state policymakers focused on increasing rates of college completion should consider increasing financial

support for student mental health efforts in community college settings. In 2023, Texas passed House Bill 3, which, in part, funds mental health training for public school employees who regularly interact with children (Texas House of Representatives, 2023b, Section 5). Texas policymakers should consider whether a similar measure might be appropriate for higher education institutions as they grapple with increasing demand for mental health care (Texas House of Representatives, 2023b).

In the meantime, community college leaders should consider examining how they can leverage the state's new outcomes-based funding model to support mental health efforts that show promise in improving student outcomes. Signed by Texas Governor Greg Abbott in 2023, House Bill 8 financially rewards community colleges for conferring degrees, certificates, and in-demand credentials (e.g., badges) (Texas House of Representatives, 2023a). For colleges to take advantage of this opportunity, it will be important for them to evaluate the effectiveness of different mental health supports and services to determine which ones move the needle on the key outcome metrics reflected in the new funding model. Additionally, colleges may find it useful to conduct a cost-benefit analysis to quantify the direct and indirect costs associated with implementing comprehensive strategies to support student mental health. Through these efforts, colleges can more clearly identify funding gaps to better articulate funding needs to policymakers and other potential funders (Texas House of Representatives, 2023a).

Colleges may also consider additional funding sources, such as grant funding from foundations and the federal government, to help cover or offset initial investments and ongoing costs of providing mental health supports. Two colleges that participated in this research recently received federal money from two distinct grant programs to support the expansion of academic and nonacademic support services. Colleges with sufficient capacity and experience securing grant funding for student success efforts and complying with required grant reporting may consider pursuing external funding to support their efforts to implement strategies to support student mental health.

## Limitations

The insights and recommendations should be considered within the context of the study's limitations. First, while we employed a sampling strategy that allowed us to select a diverse set of community colleges from across Texas, the findings may not be representative of the experiences of all Texas community colleges. Furthermore, the larger political, economic, and funding contexts in which Texas community colleges operate may limit the generalizability of our findings to other state community college systems. Second, we did not interview faculty in general academic departments (e.g., mathematics) for this study. Collecting data from faculty members from across a variety of disciplines could give us better insights into the extent to which efforts to support student mental health are embedded in content and instructional and assessment practices. Relatedly, we did not interview students; therefore, perceptions of the extent to which students are aware of mental health services is understood from the point of the view of participating administrators and counselors. Third, we did not analyze documents that would give us an objective account of the types of efforts that these colleges enacted to support student mental health (e.g., meeting minutes, policy documents). Finally, while our qualitative study offers rich insights into how a select group of Texas community colleges addressed student mental health challenges, it was not designed to determine the

efficacy of these approaches or efforts, particularly those targeting students requiring therapeutic or psychiatric treatment.

Despite its limitations, we present additional information regarding the ways in which community colleges are supporting student mental health from well-being to illness, the ways in which these efforts are being integrated into broader organizational structures, and the challenges that community colleges face when addressing students' mental health needs.

## Conclusion

Student mental health and well-being are critical to postsecondary education success. However, little is known regarding how community colleges are working to support student mental and physical health and well-being. Community colleges face unique challenges in responding to student mental health needs relative to four-year college and universities. The primary goal of this study was to provide a broad, baseline understanding of how postsecondary two-year institutions are supporting student mental health needs in a representative sample of community colleges in Texas, a state that is host to one of the largest community college systems in the United States.

Findings from this research illustrate how a diverse set of community colleges serving different student populations provides a continuum of care and integrates student mental health efforts into their organizational structures, policies, processes, and cultures. These community colleges reported implementing a variety of prevention strategies to promote student mental health, provide supports to distressed students, and provide supports to students seeking mental health treatment. While Texas community colleges invested in psychoeducational and resource awareness efforts, they also sought to normalize help-seeking, foster campus inclusivity, and effectively identify students who may benefit from early intervention. Complementing these efforts was the provision of short-term counseling and support in connecting students with external health services to provide in-time support and accommodate students with more-severe mental disorders. These efforts were integrated in a variety of organizational dimensions and domains from the classroom to student programming to the allocation of resources to the use of technology. Despite these important efforts, pervasive stigma around mental health, inconsistent funding sources, and a general lack of awareness of available mental health resources impeded the colleges' efforts to meet student mental health needs.

To increase the potential impact that colleges are already making, we encourage college leaders to develop formal comprehensive plans to ensure that prevention serves as the core of mental health support efforts and that these efforts are integrated across all organizational dimensions of each college. We also encourage state policymakers to consider legislating sustainable funding mechanisms that can support the initiation and implementation of mental health support efforts.

While we focused primarily on prevention efforts, future research should investigate where potential treatment gaps exist for different mental health disorders. Finally, it will be critical to evaluate the effectiveness of the efforts that are being implemented to support student mental health to determine which interventions should be scaled and whom they should target.

# Interview Protocol

In this appendix, we provide our interview protocol, which has not been edited.

## UTD—RAND Community College Mental Health Study

### Background on Respondents

- What is your current role on campus?
- How long have you worked at [campus name]?

### Making Supporting Student Mental Health a Priority

- In what ways does your campus invest or not invest in supporting student mental health?
- Similarly, how do you perceive that faculty and staff support student mental health?

### Campus Approach to Support Student Mental Health

- Can you tell me if a specific plan/blueprint/approach guides how your campus supports student mental health?
  - Can you tell me why your campus has adopted this particular plan or blueprint? (Probe: resources, involvement of influential organizations)
  - Who determined that your campus should adopt this approach?
- Historically speaking, has your campus changed how it supports student mental health? How so?
  - Has this approach changed in response to COVID-19? How?

### Interventions to Support Student Mental Health

- Can you tell me about the programs, initiatives, or efforts your campus undertakes to support your students' mental health needs?

- In addition, could you tell us how your campus supports the mental health needs of students who are at higher risk for mental health challenges, such as students of color, low-income students, or LGTBQ students?
  - How does your college create an inclusive and welcoming campus environment? (probe: cultural competency trainings, cultural and socio-emotional support systems; community engagement programs)?
- What are the primary challenges your campus faces in providing students access to treatment services?
  - In your experience, are these services meeting the needs of your students? Why or why not?

## Integrating Mental Health and Student Success

- Are there ways in which your campus integrates supporting mental health into efforts or initiatives to support academic success of your students?
  - Can you describe what those ways are?

## Data

- Do you use data to inform decisions on how to support student mental health?
- If yes, how so?
- If no, why not?

## Major Barriers to Supporting Student Mental Health, and Areas Where Support Is Needed

- From your perspective, what are the major barriers that prevent your college from meeting your students' mental health needs?
- How can government officials, health care providers, and foundations/non-profits support community colleges in their efforts to support student mental health?

# Pre-Interview Survey

In this appendix, we provide the pre-interview survey that was provided to interviewees (see Figure B.1).

Figure B.1. Pre-Interview Survey

Page 1

## Pre-Interview Survey

Please complete the survey below.

Thank you!

---

What is the name of your campus? \_\_\_\_\_

---

Does your campus provide any trainings or workshops to help faculty support student mental health?  Yes  
 No  
 Not sure

Page 2

<b>Please indicate the topics of these trainings, and whether the trainings are mandatory.</b>					
	Training is offered	Training is mandatory for tenure track faculty	Training is mandatory for non-tenure track faculty	Training is online+self placed or in-person/virtual presenter lead	Training not offered
General information about mental health (e.g. descriptions of different mental health disorders; information about which demographic groups are most at risk of developing a mental illness)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How to help students manage stress and improve their overall mental health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How to identify students in distress and refer them to appropriate supports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How to identify students at risk of suicide, and persuade them to get help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other types of training _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Please indicate how often these trainings occur.**

	Once a semester	Once an academic year	On a continual basis	Not sure
General information about mental health (e.g. descriptions of different mental health disorders; information about which demographic groups are most at risk of developing a mental illness)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How to help students manage stress and improve their overall mental health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How to identify students in distress and refer them to appropriate supports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How to identify students at risk of suicide, and persuade them to get help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other types of training_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

From your perspective, what do you see as the primary factors currently contributing to your students' mental distress or illness? (Select the five most important challenges from the list below).

- COVID-19
- Cost of living
- Unstable housing
- Food insecurity
- Academic rigor
- Campus climate
- Access to quality mental health care
- Competing responsibilities (e.g., school, job, family)
- Other \_\_\_\_\_

Does your campus currently offer basic needs support (e.g., access to food bank, housing assistance, emergency aid funding) to students?

- Yes
- No
- Not sure

What kinds of basic needs support does your college offer to students? (Select all that apply)

- Access to an on-campus food bank or pantry
- Access to an on-campus homeless shelter
- Help enrolling students in government assistance programs (e.g. SNAP, Medicaid, TANF)
- Support for students transitioning to stable housing
- Institutional funding to students for emergency aid
- Other \_\_\_\_\_

Does your campus currently offer programming or resources that support your students' physical wellness?

- Yes
- No
- Not sure

What kinds of physical wellness programming or resources does your college offer to students? (Select all that apply)

- Recreational programming (e.g. exercise classes, yoga classes, intramural sports and clubs, gym access)
- Programming promoting healthy behaviors (e.g. healthy eating and sleeping habits)
- Resources on how to purchase or use health insurance
- Resources on how to manage chronic health conditions
- Resources on when to seek help if a student becomes physically ill
- Other \_\_\_\_\_

How does your college support the academic success of your students? (Please select all that apply)

- Learning communities
- Tutoring services
- Peer networks and mentoring
- Student success courses
- Academic advising and guidance
- Other \_\_\_\_\_

Below is a list of efforts you may be implementing to promote overall student mental well-being. Check all that apply to your campus:

- Efforts to change institutional culture
- Efforts to change institutional policies and practices
- Efforts to educate students about mental health
- Efforts to reduce stigma around perceptions of mental illness or seeking help for mental illness
- Efforts to help students learn how to cope with stress and hardship
- Efforts to help students develop healthy identities, manage emotions, establish and maintain supportive relationships, and responsible and caring decisions (e.g., social emotional learning skills)
- Efforts to share mental health resources and information with students and faculty/staff
- Efforts to improve campus climate around mental health
- Other \_\_\_\_\_

Is your campus currently implementing programs or efforts to promote overall student mental well-being (not just for those students at risk for mental health challenges)?

- Yes
- No
- Not sure

Is your college currently implementing efforts to support students at higher risk of experiencing mental illness or showing early symptoms of mental illness?

- Yes
- No
- Not sure

Please identify efforts your college is implementing to support students at higher risk of developing mental illness or showing early symptoms of mental illness. (Check all that apply)

- Efforts to identify students at high-risk for suicide or other serious mental illness (e.g. early warning systems, mental health screenings)
- Small group intervention programs focused on coping, stress management, or other ways to address early symptoms of mental distress
- Peer-to-peer support for at-risk students
- Other \_\_\_\_\_

Does your college have a leave of absence policy specifically for students suffering from mental distress or illness?

- Yes
- No
- Not sure

Is this leave of absence policy different for students suffering from other hardships (e.g., physical illness, family emergency)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure
Please describe how the leave of absence policy for students experiencing mental distress or illness is different?	_____
Where can students find your leave of absence policy for mental distress or illness.	_____
Are students who are on a leave of absence allowed to maintain contact with campus friends and administrative staff, or visit campus, residence, counseling, and attend campus events?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure
What kinds of accommodations do you offer students suffering from mental health distress? (Check all that apply)	<input type="checkbox"/> Allowing the student to take a reduced course load or complete alternative assignments; <input type="checkbox"/> Allowing the student to extend deadlines for assignments and exams; <input type="checkbox"/> Allowing the student to attend in-person classes in online format; <input type="checkbox"/> Allowing the student to drop courses without financial penalties; <input type="checkbox"/> Allowing the student to withdraw from courses without a "W" on their transcript; <input type="checkbox"/> Other _____ <input type="checkbox"/> None of the above <input type="checkbox"/> I don't know
Does your college have a policy that requires faculty to excuse absences for mental health treatment?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure
Does your college have a re-entry program for returning students that left college because of mental health reasons?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure
Can you please describe the re-entry program?	_____
Does your college offer in-person counseling services or mental health treatment services?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure
Does your college offer telehealth mental health services (e.g., telehealth counseling, coaching, or on-demand crisis services) to your students?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure
Does your college have a partnership or collaboration with community-based mental health providers to offer students mental health treatment services?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure
Does your campus have a policy that requires faculty or staff to notify academic services when a student is experiencing mental health distress or illness?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure

Do any students seeking mental health treatment have to pay out of pocket costs for services?

- Yes  
 No  
 Not sure

How many counselors does your campus employ support students in mental distress?

- 0 - none  
 1  
 2  
 3  
 4  
 5  
 6  
 7  
 8  
 9  
 10  
 More than 10

Please select the organizations your college has ever partnered with to receive guidance and technical assistance in supporting student mental health? Check all that apply.

- The JED Foundation  
 Active Minds  
 DMAX  
 Sources of Strength  
 Mental Health First Aid  
 NAMI on Campus  
 Other \_\_\_\_\_

Does your college collect data on your students' mental health needs?

- Yes  
 No  
 Not sure

What kinds of student mental health data do you collect?

\_\_\_\_\_

How frequently do you collect student mental health data?

- Once a semester  
 Once during the academic year  
 On a continual basis  
 Not sure

Please identify how your college uses student mental health data. Check all that apply:

- To inform decisions around student programming  
 To inform decisions around institutional policies that impact student mental health  
 To inform decisions around mental health treatment services  
 To increase awareness among community administrators, faculty, and / or staff around mental health issues affecting the college student population  
 Other \_\_\_\_\_

# Abbreviations

ASK	Ask About Suicide
CARES	Coronavirus Aid, Relief, and Economic Security Act
CCAPS	Counseling Center Assessment of Psychological Symptoms
COVID-19	coronavirus disease 2019
DEI	diversity, equity, and inclusion
EMR	electronic medical reports
HEERF	Higher Education Emergency Relief Fund
LGBTQ	lesbian, gay, bisexual, transgender, and queer
LPC	licensed professional counselor
NaBITA	National Association for Behavioral Intervention and Threat Assessment
TACC	Texas Association of Community Colleges

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