



SHEEO

State Higher Education
Executive Officers Association

Building Momentum: Collaborative Solutions for State-Level Student Mental Health

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The State Higher Education Executive Officers Association (SHEEO) and The Jed Foundation (JED) are grateful to state teams in Arizona, Louisiana, Oregon, Pennsylvania, and Texas for participating in the inaugural SHEEO-JED Student Mental Health and Wellness Learning Community.

The learning community states focused on the development and implementation of state- and system-wide policy recommendations that advance student mental health and wellness. Lessons from the in-person Wellness Blueprint convening can be found on the [SHEEO website](#). This paper will highlight final recommendations for collaborative strategies and innovative solutions to bolster institutions' ability to effectively promote and support student mental health, fostering educational success and overall life fulfillment.

The SHEEO-JED Student Mental Health and Wellness Learning Community was generously funded by The Lumina Foundation.

DEDICATION:

This final paper is dedicated to the memory of Gilberto Becerra Jr., a cherished member of the Texas team in the SHEEO-JED Student Mental Health and Wellness Learning Community. Throughout his remarkable 23-year career, Gilberto left an enduring mark on higher education and the lives of countless students. His unwavering commitment to student advocacy, equity, and success was evident in every role he held, including his impactful tenure as Associate Vice Chancellor for Advocacy, Retention & Completion at the Alamo Colleges District.

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The State Higher Education Executive Officers Association (SHEEO) serves the chief executives of statewide governing, policy, and coordinating boards of postsecondary education and their staffs. Founded in 1954, SHEEO promotes an environment that values higher education and its role in ensuring the equitable education of all Americans, regardless of race/ethnicity, gender, or socioeconomic factors. Together with its members, SHEEO aims to achieve this vision by equipping state higher education executive officers and their staffs with the tools to effectively advance the value of higher education, promoting public policies and academic practices that enable all Americans to achieve success in the 21st century, and serving as an advocate for state higher education leadership. For more information, visit sheeo.org.

The Jed Foundation (JED) is a nonprofit that protects emotional health and prevents suicide for our nation's teens and young adults. We're partnering with high schools and colleges to strengthen their mental health, substance misuse, and suicide prevention programs and systems. We're equipping teens and young adults with the skills and knowledge to help themselves and each other. We're encouraging community awareness, understanding, and action for young adult mental health. For more information, visit jedfoundation.org.

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INTRODUCTION

Mental health challenges experienced by students navigating significant life transitions, academic pressures, financial pressures, and systemic inequities influence the high rates of anxiety, depression, and suicide reported in higher education. The COVID-19 pandemic exacerbated these challenges, amplifying the mental health crisis to unprecedented levels. Extended periods of social isolation, disruption to academic routines, and widespread uncertainty added layers of stress and anxiety for young people ([American Council on Education, 2023](#); [Mental Health America, 2020](#)). For students in higher education, the abrupt transition to remote learning, coupled with limited access to campus-based mental health resources, intensified feelings of loneliness and disconnection. Such factors continue to adversely impact classroom performance as well, posing challenges to student persistence and other success measures, and at scale, posing challenges to statewide attainment goals ([US Department of Education, 2021](#)). These compounded pressures have made addressing mental health more urgent than ever, prompting higher education institutions and state higher education agencies to adopt policies that respond to the immediate crisis and integrate mental health support into broader educational and societal goals.

The mental health crisis in higher education is a systemic challenge requiring coordinated action at national, state, and institutional levels. The SHEEO-JED Mental Health and Wellness Learning Community, launched by the State Higher Education Officers Association (SHEEO) and The Jed Foundation (JED) in the fall of 2023, brought together state higher education leaders, institutional leaders, practitioners, and other stakeholders to address the growing student mental health needs. This collaborative initiative is built on the ongoing national conversation around mental health in the post-pandemic landscape, emphasizing the need to integrate mental health support into every aspect of the educational experience. By focusing on both system-level and state-level policy interventions, the SHEEO-JED Mental Health and Wellness Learning Community seeks to create a sustainable framework for student well-being that addresses both acute needs and long-term challenges.

The COVID-19 pandemic underscored the urgency of statewide and systemwide efforts such as the inaugural SHEEO-JED Student Mental Health and Wellness Learning Community, not only amplifying pre-existing mental health disparities but also shining a light on the systemic inequities that exacerbate them. Emerging policy shifts, such as the [988 Suicide & Crisis Lifeline](#) and the national focus on mental health equity, have provided new tools and frameworks for addressing these challenges. The 988 Lifeline, for example, offers immediate access to crisis support, and its integration into campus mental health strategies has the potential to save lives and reduce stigma. At the same time, the emphasis on equity ensures that historically underserved populations—such as first-generation students, students of color, and rural students—are not left behind in these efforts.

Broadening the table to include more than traditional stakeholders is essential in addressing the complex mental health needs of students. Engaging a diverse array of stakeholders, including mental health professionals, educators, policymakers, and students themselves, is critical to identifying effective solutions that work across different contexts. By fostering cross-sector collaborations and prioritizing holistic, culturally competent approaches, the SHEEO-JED Student Mental Health and Wellness Learning Community worked to reimagine the role

of mental health in higher education. These efforts not only support students' personal and academic success but also contribute to broader societal goals such as improved public health outcomes, educational attainment and workforce readiness, and economic stability.

This report provides an overview of the initiatives and insights from states participating in the inaugural SHEEO-JED Student Mental Health and Wellness Learning Community, highlighting how these collaborative efforts are shaping the future of mental health policy in higher education. From leveraging federal resources like the 988 Lifeline to implementing state-specific frameworks that align mental health with student success, these strategies represent a significant step forward in addressing the ongoing mental health crisis in meaningful and sustainable ways.

NATIONAL MENTAL HEALTH TRENDS AND LEGISLATIVE CONTEXT

The student mental health policy landscape in the United States has been shaped by long-standing challenges and exacerbated by the COVID-19 pandemic. As institutions navigated these disruptions, the urgency of addressing student mental health became more apparent, prompting national and state-level efforts to tackle these issues in recent years. States have used their convening capacity to identify challenges in student mental health, offer recommendations to policymakers, provide policy frameworks, and create awareness campaigns.

STATE-LEVEL INITIATIVES

At the state level, lawmakers implemented various policy solutions aimed at reducing youth suicide and improving mental health support for college students including the development of a state task force to address suicide, mental health, basic needs, and substance abuse.

In **Oregon**, lawmakers approved **Senate Bill 231** (2017) establishing a statewide task force on student mental health support. This embedded mental health and substance abuse interventions into the state's **40-40-20 educational attainment goal** (i.e., 40% of state residents with a 4-year degree, 40% with 2-year degrees, and 20% high school graduates). The task force's findings revealed the widespread prevalence of mental health challenges on campus, lack of accommodations and acceptance of those with mental illness, extensive absence of mental health screening and data collection on substance abuse, and disparities for mental health services between institutions. **Recommendations** included creating a permanent statewide Mental Health Task Force, funding for the JED Campus strategic action planning process, and appointing dedicated mental health and substance abuse liaisons. These actions highlight how legislative initiatives can integrate mental health policy with academic retention and success given the inextricable connection between the two.

The **PA MASLOW: A Hierarchy of Collegiate Basic Needs initiative**, led by the **Pennsylvania** Department of Education (PDE), emphasizes a comprehensive approach to student well-being. Its seven pillars—mental health, safety and belonging, physical health, housing and transportation, financial stability, adult student needs, and digital equity—create a comprehensive framework for student success. Key components include statewide convenings, virtual "Lunch and Learn" events, and the **"You Good?"** anti-stigma campaign, which uses targeted messaging to promote mental health awareness. Pennsylvania's initiatives reflect the state's broader efforts to integrate mental health into basic needs support, ensuring that mental health care is accessible and destigmatized for all students.

FEDERAL INITIATIVES

The federal government has elevated student mental health as a national priority, with President Joe Biden declaring mental health a “crisis” and announcing a national strategy in his 2022 [State of the Union](#) address. Leading these efforts is the U.S. Department of Health and Human Services (HHS) Substance Abuse and Mental Health Services Administration (SAMHSA), which has provided actionable resources to support colleges and universities. In 2021, SAMHSA released the report [Prevention and Treatment of Anxiety, Depression, and Suicidal Thoughts and Behaviors Among College Students](#), offering evidence-based best practices, an analysis of current challenges, and practical guidance for practitioners. This report has become a cornerstone for institutions looking to implement effective mental health strategies.

Federal leaders have also leveraged their platform to raise awareness about the urgency of the student mental health crisis. Biden-Harris administration U.S. Surgeon General Vivek H. Murthy has focused on destigmatizing mental health struggles, encouraging peer-led programs, and addressing adjacent issues such as social media use, loneliness, and isolation. For college students, these efforts have included the promotion of student-to-student mental health programs and gathering data on how students access and use available resources ([American Council on Education, 2022](#)). By framing mental health challenges as a shared societal concern, federal leaders have worked to expand their outreach and services.

A cornerstone of federal efforts to address mental health has been the launch of the 988 Suicide & Crisis Lifeline in July 2022. This three-digit crisis hotline has responded to millions of calls, texts, and chats, offering critical support to individuals experiencing mental health or substance abuse crises, including college students. However, the rollout of 988 has highlighted disparities in funding and awareness across states ([American Counseling Association, 2024](#)). Many states are still working to develop sustainable funding models and build awareness among students about the service ([Chatterjee, 2024](#)). Despite these challenges, some states have proactively integrated the 988 Lifeline into their campus strategies. For instance, many schools in **Oregon** include campus mental health support or the 988 Lifeline on student ID cards to ensure that students have ready access to crisis support services ([Rivera, 2023](#)). These legislative efforts demonstrate the potential of federal tools like 988 to enhance mental health support when effectively implemented at the state level.

PROMOTING CULTURALLY COMPETENT AND EQUITABLE MENTAL HEALTH SERVICES

Culturally competent and equitable mental health services play a vital role in ensuring that mental healthcare is accessible, relevant, and effective for students from diverse population groups, especially those who have been historically underserved ([The Jed Foundation](#)). Research shows that mental health interventions that respect and incorporate individuals' cultural identities and backgrounds lead to higher engagement and more positive outcomes as they create an environment that acknowledges each person's unique identity and experiences ([American Psychological Association, 2018](#)). In educational settings, culturally tailored mental health care is especially important for underserved student groups who may face barriers due to stigma, lack of representation, or other systemic challenges. This environment not only reduces stigma but also increases a student's willingness to seek help and remain engaged in treatment ([Substance Abuse and Mental Health Services Administration, 2014](#)).

Access to equitable mental health services is particularly important for historically underserved populations as they recognize specific experiences, perspectives, and challenges that may otherwise go unrecognized. Mental health providers who incorporate cultural awareness into their practice foster a sense of belonging and acceptance which positively impacts overall wellbeing and building community ([Substance Abuse and Mental Health Services Administration, 2014](#)). In higher education settings, where mental health is inextricably linked to academic success, culturally competent approaches are vital in promoting both personal well-being and academic achievement. By supporting broader goals of social inclusion and mental health equity, these approaches foster a more supportive campus environment, empowering students from diverse backgrounds to overcome barriers, succeed holistically, and thrive both personally and academically.

MULTILINGUAL AND IDENTITY-BASED MENTAL HEALTH SUPPORT

Arizona undertook a proactive stance on integrating cultural competency in the mental health strategy through multilingual and identity-based support services. Arizona State University (ASU) provides counseling in **six languages** to reflect the linguistic diversity of its student body, while the University of Arizona (UAZ) offers **identity-inclusive drop-in groups**. Northern Arizona University (NAU) has also made significant strides in this area by **embedding counseling services** in the Inclusion and Multicultural Services (IMQ), Native American Cultural Center (NACC), and Campus Living. These services empower students to connect with mental health professionals who understand their cultural backgrounds and create a welcoming environment where students feel seen and understood. This approach demonstrates Arizona's commitment to equitable mental health access by ensuring that services are as inclusive and accessible as possible.

The **"Let's Talk"** program in **Oregon** is another effective model of culturally competent care, offering informal counseling sessions that match students with mental health professionals of similar identities. This initiative provides accessible support but also reduces stigma by creating a safe space where students feel their backgrounds are respected. Oregon's advisory board for mental health, which includes representatives from historically marginalized groups, further strengthens this approach by incorporating feedback from diverse voices to shape policies and ensure services are responsive to students' needs.

LEVERAGING PARTNERSHIPS FOR EQUITABLE ACCESS

Pennsylvania institutions, too, prioritized equitable mental health support through partnerships with organizations such as the **National Alliance on Mental Illness (NAMI)** and **TELUS Health** to enhance the reach and cultural relevance of services provided to underserved student groups. PA MASLOW is an integral part of the state's mental health framework and includes an anti-stigma **EmpowerU** student-facing campaign that uses social media and community engagement to make mental health resources more visible. By leveraging partnerships and promoting resource-sharing, Pennsylvania has laid the groundwork for mental health services that actively address the diverse needs of its student population.

BRIDGING GAPS IN ACCESS TO MENTAL HEALTH SERVICES

Louisiana has prioritized telehealth expansion as part of its mental health strategy, especially in rural and low-income areas. By increasing the availability of remote mental health services, Louisiana is working to bridge accessibility gaps, ensuring that students in various regions have access to support despite geographical and economic barriers. **Texas** developed a state-level coalition that includes non-profits and educational partners to address systemic barriers such as provider shortages and data gaps. Through collaborative efforts, Texas aims to create a comprehensive strategy that accounts for its large student population, particularly in underserved regions.

CHALLENGES TO CULTURALLY COMPETENT CARE

Senate bills targeting diversity, equity, and inclusion (DEI) initiatives pose challenges for advancing equitable mental health efforts in higher education. These policies hinder the development of culturally competent mental health services, which are critical for addressing the unique needs of historically underserved student populations, including students of color, LGBTQ+ students, and first-generation college students. These restrictions can limit the ability of institutions to train mental health professionals in culturally responsive care, reduce funding for programs tailored to marginalized groups, and create an environment where students may feel less supported or even excluded. While mental health remains a broadly acknowledged priority, the pushback against DEI efforts undermines efforts to build inclusive systems that recognize the diverse experiences shaping students' well-being, ultimately leaving gaps in care and exacerbating existing inequities.

EXPANDING TELEHEALTH AND TECHNOLOGY-ENABLED SOLUTIONS

Telehealth has rapidly emerged as a viable solution to address mental health care shortages, particularly in rural states and underserved communities where access to mental health professionals is often limited. Telehealth offers the ability to deliver mental health care remotely, breaking down geographical and logistical barriers that often prevent students from accessing timely support. In recent years, states have made significant progress in integrating telehealth services into their higher education systems, providing innovative and scalable models for other states to follow. However, these advancements also present challenges, including the need for effective evaluation processes to ensure the quality and impact of these services.

TELEHEALTH EXPANSION IN RURAL STATES

The expansion of telehealth has been transformative for states with significant rural populations where geographic and professional shortages in mental health care have historically limited access. In **Texas**, where **246 counties** are designated as Mental Health Professional Shortage Areas, telehealth has become an indispensable resource for bridging the accessibility gap. Texas institutions have integrated telehealth services as a core component of their mental health strategy, enabling students in rural and underserved regions to access care. Virtual consultations and therapy sessions reduce the need for travel, ensuring equitable and timely support for students who might otherwise be left without care. These efforts highlight telehealth's critical role in providing support to underserved communities.

Similarly, **Arizona** has embraced telehealth as a cornerstone of its mental health strategy. Universities like Arizona State University (ASU) and the University of Arizona (UAZ) offer 24/7 telehealth services through platforms such as **Protocol** and **Togetherall**. These platforms enable students to connect with mental health resources from anywhere in the world, ensuring continuous and adaptable support regardless of time zone or physical location. Togetherall, for instance, provides a safe online space for students to engage in peer-to-peer support, moderated by licensed professionals. This approach demonstrates how technology-enabled solutions can expand the reach of mental health care while maintaining accessibility and flexibility in the digital age.

Louisiana has taken a comprehensive approach to telehealth integration, aligning it with broader statewide mental health strategies. Through asset mapping and capacity assessments across higher education institutions, Louisiana has identified gaps in service availability and leveraged existing resources effectively. This systematic approach ensures that mental health services are accessible across regions and disciplines, particularly for rural and low-income populations. By embedding telehealth into a statewide framework, Louisiana demonstrates how data-driven decision-making can optimize mental health support.

INNOVATIONS IN MENTAL HEALTH APPS AND ARTIFICIAL INTELLIGENCE (AI)

The rise of mental health apps and the integration of AI into telehealth services have marked significant advancements in the field as they offer scalable solutions that can extend the reach of mental health care beyond traditional settings ([National Institute of Mental Health](#)). Mobile apps offering cognitive-behavioral therapy (CBT), mood tracking, and mindfulness exercises provide scalable solutions for mental health support beyond traditional settings. AI-powered tools, meanwhile, can personalize interventions by analyzing user data to provide tailored advice and resources. These technologies hold significant potential to address the growing demand for mental health services, particularly among underserved populations ([World Health Organization, 2023](#)).

There are, however, important considerations regarding the intentionality and purpose of AI in interventional mental health services. Insights from recent state and accreditation meetings highlight that while AI excels in certain areas, such as medical diagnostics and data-driven decision-making, it struggles with navigating the complexities of social-emotional dynamics and demonstrating emotionally intelligent or ethical responsiveness. For example, while AI might effectively monitor behavioral trends or offer preliminary assessments, it may fall short of providing the nuanced understanding and empathy required for social-emotional interventions ([American Psychological Association, 2024](#)).

These limitations underscore the importance of carefully defining AI's role in mental health services, ensuring that its implementation complements, rather than replaces, human expertise.

As states explore the use of AI in mental health, they must prioritize ethical practices, data privacy, and the careful alignment of technology with students' needs ([World Health Organization, 2021](#)). Establishing clear guidelines for the use of AI and mental health apps is essential to ensure that these technologies are not only effective and scalable but also aligned with the principles of equity, intentionality, and emotional intelligence. By addressing these challenges, states can unlock the full potential of AI to support mental health while ensuring that the human aspect of care remains central ([American Psychological Association, 2021](#)).

CHALLENGES AND OPPORTUNITIES IN TELEHEALTH

While telehealth presents transformative opportunities, several challenges must be addressed to ensure its success ([American Psychological Association, 2024](#)). A lack of standardized evaluation frameworks for telehealth platforms and online mental health services complicates efforts to measure their effectiveness, clinical outcomes, and user satisfaction ([National Institute of Health, 2024](#)).

Developing comprehensive evaluation frameworks is critical to ensure that telehealth solutions meet desired outcomes and maintain high-quality care. Additionally, disparities in digital literacy and internet access, particularly in rural areas, pose significant barriers to telehealth adoption. Addressing these inequities involves providing training and support for both providers and users, ensuring that telehealth technologies are accessible and usable across diverse populations. Despite these challenges, telehealth offers unique opportunities to reduce stigma, making mental health support more private and convenient, thereby encouraging greater utilization ([National Institute of Health, 2024](#)).

EVALUATION PROCESS FOR ONLINE PLATFORMS

Evaluating online mental health platforms is essential to ensure their effectiveness, reliability, and ethical implementation. Without standardized frameworks, it becomes challenging to assess the impact of telehealth and digital mental health solutions, particularly in areas where they serve as a primary resource. Robust evaluation processes can identify the strengths and limitations of various telehealth platforms, guiding improvements and best practices that align with the diverse needs of students ([American Council on Education, 2024](#)).

Key components of the evaluation process should include:

- **User Satisfaction:** Gathering feedback from students and practitioners to understand their experiences with telehealth services and identify areas for improvement.
- **Clinical Engagement:** Ensuring high-quality practitioners are involved and maintaining professional standards in virtual settings.
- **Outcome Measurement:** Assessing clinical outcomes to determine the effectiveness of interventions provided through telehealth platforms.
- **Data Security and Privacy:** Verifying that platforms adhere to strict data protection standards, safeguarding sensitive student information.

While telehealth solutions offer significant opportunities, such as expanded access and reduced stigma, their success depends on careful evaluation and continuous refinement. For example, states like **Louisiana** have adopted data-driven approaches to integrate telehealth into broader mental health strategies, while **Arizona** and **Texas** are using telehealth as a cornerstone for addressing geographic and professional shortages. Embedding these tools into a structured evaluation framework ensures that services remain both effective and equitable.

Ultimately, telehealth and technology-enabled solutions present transformative opportunities to improve mental health care access, particularly for rural and underserved populations. By developing and implementing comprehensive evaluation processes, states can ensure these innovations are not only scalable and efficient but also meet the highest standards of care, enhancing the well-being of those they serve.

IMPORTANCE OF CROSS-SECTOR COLLABORATIONS

State education entities, including higher education institutions, agencies, and systems, have seen substantial state and federal increases in state and federal resources to support improved student mental health preventive and interventive measures, particularly in response to the mental health challenges exacerbated by the pandemic ([National Governors Association, 2023](#)). Central to these efforts has been the deliberate design and empowerment of state-level student mental health advisory groups. These advisory groups and task forces bring together key stakeholders from diverse sectors to create sustainable, student-centered policies and practices.

Representatives in these groups include college and university leaders, faculty, state higher education policy and practice leaders, community leaders, policymakers, mental health professionals, nonprofit and advocacy organizations, researchers, and students themselves. By leveraging their networks, these advisory groups build broad coalitions, engaging champions such as governors, sports franchises, and entrepreneurs to amplify awareness, destigmatize interventions, and promote the transition from short-term initiatives to integrated, scaled, and sustained policies.

SUSTAINED COLLABORATION ACROSS SYSTEMS

The [Louisiana Board of Regents](#) exemplifies cross-sector collaboration through its support of 28 institutions across four systems: Louisiana State University, Southern University, the University of Louisiana, and the Louisiana Community and Technical College systems. These partnerships rely on regular and sustained engagement to share innovative solutions, enhance culturally responsive strategies, and address the unique needs of rural and place-bound students. Louisiana's collaborations also extend to state health agencies, faculty, and students, ensuring that systemic support is both comprehensive and inclusive. Nonprofit organizations contribute to resource pooling, enhancing the reach and impact of these partnerships.

Arizona's system-level convenings in August and September exemplify a model for fostering collaboration across sectors to advance student mental health. These convenings, facilitated by the [Arizona Board of Regents \(ABOR\)](#), brought together stakeholders from public universities, state agencies, and nonprofits to develop actionable strategies. The resulting initial recommendations, aligned with five key themes—student support, collaboration, data-driven initiatives, faculty/staff well-being, and policy change—are now guiding the efforts of the newly established ABOR Student Mental Health and Wellness Sub-Workgroup. This collaborative approach emphasizes the importance of system-level planning to address emerging student needs and build sustainable support structures. Furthermore, ABOR's upcoming Student Mental Health Listening Sessions, led by Student Regents, aim to capture the voices of 500-1,000 students across Arizona's three campuses. These sessions are a critical step toward ensuring student perspectives drive policy development and mental health initiatives statewide.

STRENGTHENING COMMUNITY-BASED NETWORKS

Pennsylvania's **PA MASLOW** framework highlights the importance of collaboration with local organizations to address critical student needs such as crisis intervention and substance abuse treatment. This initiative enables policymakers and educators to think strategically about creating supportive collegiate environments while connecting students to resources that fulfill their basic needs. Key steps, such as equity audits to identify barriers to success, inform the design of solutions to improve access to essentials like food and housing, which directly support mental health and overall student success.

CENTERING UNDERSERVED VOICES

The **Oregon Higher Education Coordinating Commission** (HECC) is the State of Oregon's public commission working to improve equitable access to and success in higher education and workforce training for Oregonians. Part of its work is focused on assessing the mental health needs of historically underserved students of color (HUSOC) and students from low-income backgrounds. Faculty and staff representatives from multiple institutions focus on addressing health disparities and their impact on student achievement. Through initiatives such as the **Youth Suicide Intervention and Prevention Plan** (YSIPP) and **Adult Suicide Intervention and Prevention Plan** (ASIPP), Oregon leans into understanding the social determinants of health, identifying state-level policies that protect and affirm vulnerable groups such as protections for underserved students, broadening access to health care including reproductive and gender-affirming care.

LEVERAGING PHILANTHROPY AND PUBLIC HEALTH

Texas demonstrates the breadth of cross-sector collaboration through its inclusion of public health, nonprofit, research, and philanthropic participants. Entities such as the **Texas Higher Education Coordinating Board**, **The Hope Center**, the **Trellis Foundation**, the **Meadows Mental Health Policy Institute**, the **Texas State University System**, **Dallas College**, and the **Alamo Colleges District** contribute to scaling impactful initiatives across the state. These partnerships enable the effective use of state resources, amplify sustained impact, and provide technical assistance to ensure that mental health support reaches students in the nation's second-largest state by size and population.

RETURN ON INVESTMENT AND DATA-DRIVEN ADVOCACY

The growing emphasis on mental health services in higher education has prompted a critical evaluation of their return on investment (ROI) and the strategic role of data-driven advocacy. These approaches not only sustain and scale mental health initiatives but also directly support student success, particularly for underserved populations ([American Council on Education, 2019](#)). Students who experience marginalization due to race, socioeconomic factors, or other systemic inequities often encounter intersecting challenges that extend beyond mental health, including financial aid difficulties, ineffective advising structures, inefficient transfer pathways, and basic needs insecurities such as homelessness, food insecurity, and limited access to health care. Data-driven advocacy is essential for addressing these interconnected issues and promoting holistic solutions that improve student outcomes ([The Hope Center, 2020](#)).

In the SHEEO-JED Mental Health and Wellness Learning Community, participating states focused on ensuring accurate, timely data and a return-on-investment (ROI) framework while managing targeted but limited mental health resources—many of which represented first-time investments of their kind for these states.

DEMONSTRATING ROI THROUGH STRATEGIC PLANNING

Investments in mental health services yield significant financial and academic benefits, such as improved retention rates, reduced dropout rates, and enhanced academic performance. These outcomes support individual students and contribute to institutional stability. However, addressing the complex challenges faced by underserved students requires institutions and state-level systems to use data intentionally and strategically. Data-driven advocacy enables stakeholders to disaggregate data, identify patterns of inequity, and develop policies that address the multifaceted barriers impacting student success ([National Governors Association, 2022](#)).

Texas exemplifies how ROI analyses can inform strategic planning and advocacy. By correlating mental health investments with higher retention rates, improved academic performance, and reduced attrition costs, Texas has made a compelling case for sustained funding. These analyses also highlight the cumulative impact of addressing mental health alongside other barriers, demonstrating the interconnected nature of student challenges.

HOLISTIC VALUE OF DATA-DRIVEN ADVOCACY

A data-driven approach to student success requires understanding that one student may represent multiple data points across various domains of need. For example, a student experiencing food insecurity might also face challenges related to housing, financial aid, and mental health, all of which adversely impact their well-being and academic success. **Pennsylvania's** equity audits, conducted as part of its PA MASLOW framework, illustrate how data can inform comprehensive strategies. These audits identify barriers to success, such as inadequate access to food, housing, and mental health support, and provide actionable insights to guide resource allocation and program design.

Similarly, **Arizona**'s public universities aim to apply an ROI tool to quantify the cost savings associated with mental health services by linking reductions in crises to improved academic and financial outcomes. The intent of the tool will be to provide a holistic view of how addressing one aspect of student well-being can positively influence others, reinforcing the need for integrated solutions.

INFORMING POLICY AND SYSTEMS CHANGE

Data-driven advocacy at the state level plays a critical role in shaping policies that address the needs of underserved students comprehensively. For example, the **Oregon** Higher Education Coordinating Committee (HECC) uses data to inform strategies that reduce health disparities among students of color and those from low-income backgrounds. By focusing on the interconnected challenges faced by these populations, Oregon ensures its policies are grounded in equity and aligned with broader goals of student success.

Robust data ecosystems that integrate metrics such as retention, academic outcomes, and basic needs utilization are essential for driving systemic change. Institutions and states must develop evaluation frameworks that capture the breadth of student experiences and provide actionable insights for addressing inequities.

EXPANDING IMPACT THROUGH STRATEGIC ADVOCACY

Data-driven advocacy not only informs institutional strategies but also strengthens the case for sustained funding and resource allocation. By presenting a comprehensive view of how mental health intersects with other aspects of the student experience, stakeholders can advocate for policies that address these challenges holistically. **Texas, Arizona, and Pennsylvania**, along with data from JED's [national impact report](#), provide powerful models for leveraging data to support underserved students.

Looking ahead, the continued development of disaggregated data systems will be vital for advancing equity and improving outcomes. By addressing the breadth of ways data can illuminate intersecting challenges, institutions and states can ensure that mental health initiatives contribute meaningfully to student success and well-being.

ADDRESSING WORKFORCE SHORTAGES AND BUILDING MENTAL HEALTH CAPACITY

The growing demand for mental health services among teens and young adults has highlighted a critical challenge: significant workforce shortages in behavioral health. This pervasive issue affects service delivery, program sustainability, and the overall capacity to meet the increasing mental health needs of students ([Health Resources and Services Administration, 2023](#)). As stigma around mental health continues to decrease, the heightened demand for services has outpaced the availability of qualified professionals, particularly in underserved areas. The SHEEO-JED Mental Health and Wellness Learning Community has actively supported states in addressing these shortages, recognizing the urgent need for sustainable, scalable solutions to ensure equitable access to care.

THE BEHAVIORAL HEALTH WORKFORCE CRISIS

The behavioral health workforce crisis has reached critical levels across the nation. For example, 97% of **Texas** counties face significant shortages of mental health professionals, creating substantial barriers to care ([Texas Tribune, 2024](#)). These shortages not only affect immediate service delivery but also hinder the long-term sustainability of mental health programs. Addressing this crisis requires innovative, multi-faceted approaches that build capacity while ensuring high-quality, culturally competent care.

DEVELOPING A ROBUST PIPELINE

Higher education institutions play a pivotal role in addressing workforce shortages by serving as the training ground for the next generation of behavioral health professionals. Colleges and universities are expanding behavioral health programs, creating accelerated training pathways, and partnering with community organizations to provide practical training opportunities. These efforts include developing innovative curriculum designs that reflect the realities of modern mental health challenges.

For example, **Pennsylvania's** student stipend program exemplifies an innovative approach to workforce development. By awarding funds to student-led mental health projects, this initiative fosters leadership skills, creates immediate peer support resources, and builds a pipeline of future mental health professionals. This program demonstrates how investing in student leadership can address both immediate needs and long-term workforce shortages.

STATE-LEVEL INNOVATIONS AND TEMPORARY SOLUTIONS

States have also implemented creative solutions to address workforce challenges. **Oregon's** statewide advisory board connects faculty and staff across institutions to foster professional development and build institutional capacity. This collaborative model encourages resource optimization, knowledge sharing, and coordinated responses to workforce shortages.

To meet immediate staffing needs, some states have temporarily modified licensing requirements. While Colorado is not a part of our learning community, the state implemented **temporary licensure** for mental health professionals during the COVID-19 pandemic, allowing supervised graduates to practice before full licensure. While this provided short-term relief, it also raised concerns about liability and care quality, underscoring the importance of sustainable solutions.

Texas has addressed its widespread staffing shortages by forming strategic partnerships with community providers. These partnerships include shared staffing models, training programs tailored to local needs, and sustainable networks for professional development. Such collaborations bridge immediate gaps while building long-term capacity, offering a scalable model for other states.

BUILDING SUSTAINABLE CAPACITY

Long-term solutions to behavioral health workforce shortages require institutions to invest in professional development infrastructure, career advancement pathways, and regular training opportunities. Flexible staffing models, such as telehealth and hybrid service delivery, can maximize available resources while extending the reach of mental health professionals. Integrating mental health services into broader institutional frameworks ensures that these efforts are sustainable and aligned with the overall mission of supporting student success.

The experiences of states like **Texas, Pennsylvania,** and **Oregon** demonstrate that addressing workforce shortages is possible through innovation, collaboration, and strategic investment. By sharing successful models and lessons learned, states can build the robust behavioral health workforce needed to meet the growing mental health needs of teens and young adults nationwide.

STIGMA REDUCTION AND AWARENESS

Reducing stigma on mental health is crucial to creating an inclusive campus environment where students feel safe seeking the support they need. Initiatives aimed at stigma reduction and awareness not only improve individual mental health outcomes but also contribute to creating a broader culture of acceptance, openness, and support (**The Jed Foundation**). The “Stop the Stigma” campaign in the mental health and behavioral space played a critical role in dismantling negative stereotypes, prejudices, and misconceptions associated with mental health conditions. These campaigns seek to normalize mental health conversations, making it clear that mental health challenges are common, treatable, and should be viewed with the same acceptance as physical health issues. States in the SHEEO-JED Learning Community recognize the pervasive barriers created by the perpetuation of stigma and identify innovative solutions to increase awareness and normalize mental health care. Campaigns and training programs served as models in making mental health resources more visible and accessible thereby encouraging proactive engagement from both students and faculty.

LEVERAGING SOCIAL MEDIA AND AWARENESS CAMPAIGNS

The **EmpowerU** campaign in **Pennsylvania** is an exemplary model of leveraging social media and influencers to reduce stigma and promote mental health awareness across campuses. EmpowerU makes mental health resources more accessible by using platforms that resonate with students, increasing resource visibility through channels that have the most impact. This anti-stigma campaign under the broader PA MASLOW framework effectively engages students by normalizing conversations on mental health, making it easier for them to seek help when needed. Through statewide meetings and toolkit publications, PA MASLOW supports institutions in adopting and adapting similar stigma reduction techniques, enabling a collaborative approach to mental health that reaches campuses statewide.

PRACTICAL AND LOW-COST INTERVENTIONS

Oregon has implemented practical, low-cost interventions to foster mental health awareness. Oregon added crisis hotline numbers to student ID cards, making mental health resources easily accessible in moments of crisis. This simple, cost-effective approach not only promotes awareness but also helps to destigmatize help-seeking behavior by placing resources in easily accessible locations to support students in their daily lives. Oregon’s statewide survey serves as another valuable intervention that helps institutions understand student needs relating to mental health services thereby guiding improvements in culturally competent care and enhancing outreach strategies. By adopting these insights, Oregon institutions aim to tailor their mental health services to be both inclusive and visible.

PEER-LED TRAINING PROGRAMS

Arizona's stigma reduction efforts emphasized training and empowerment through **programs** such as QPR (Question, Persuade, Refer) and safeTALK. These initiatives educate students and staff on recognizing and responding to mental health crises, equipping them with the skills to intervene and offer support. Programming at the Wellness Blueprint convening underscored the importance of peer-led programs in reducing stigma. Arizona integrated these lessons with its training initiatives encouraging peer-led responses that foster a supportive community environment. Through these proactive approaches, Arizona builds a campus and state culture where stigma is actively challenged, and students are empowered to respond to crises with empathy and awareness.

Louisiana, like Arizona, has also provided QPR (Question, Persuade, Refer) training to student affairs staff members across the state. Additionally, Louisiana has adopted NASPA's **Certified Peer Educator** (CPE) Training as a part of its statewide mental health initiative, furthering stigma reduction by preparing peer educators to address a range of behavioral health topics, including mental health, substance abuse, and wellness. By empowering students as peer leaders, Louisiana is creating a peer-led support network that promotes mental health awareness from within the student community. This approach enhances students' comfort in discussing mental health and reduces stigma by normalizing mental health topics through peer interactions. The CPE training equips these peer educators with knowledge and skills, fostering an environment where students feel understood and supported by those around them.

These state-led initiatives exemplify the collective impact of the SHEEO-JED Learning Community's commitment to reducing mental health stigma and increasing awareness across campuses. Through campaigns, accessible resources, and peer-led support programs, states are building a culture of acceptance, and creating spaces where students feel empowered to seek help and to support each other's mental well-being.

CHALLENGES & BARRIERS TO IMPLEMENTATION

Ensuring robust mental health support in higher education requires overcoming several critical challenges, including sustainable funding, addressing data and infrastructure gaps, and reducing stigma around mental health. These challenges are interconnected, as limited funding often exacerbates gaps in data collection and infrastructure, while stigma can hinder help-seeking behavior and accurate reporting. States in the SHEEO-JED Learning Community have developed innovative approaches to tackle these barriers, but the road to comprehensive solutions remains complex.

FUNDING AS A BARRIER TO SUSTAINABILITY

Sustaining mental health initiatives amid constrained budgets remains a significant obstacle for states and institutions. With pandemic-era federal aid exhausted, higher education systems face fierce competition for limited resources. Federal support for campus mental health remains insufficient, requiring states to explore creative funding models.

Louisiana exemplifies this challenge, where limited funding has influenced implementation plans. However, the state has effectively used cross-system partnerships to pool resources and maximize impact. These collaborations involve higher education institutions, state health agencies, and nonprofit organizations, demonstrating how resource-sharing can sustain mental health programs despite financial constraints.

In **Oregon**, funding challenges are compounded by the state's fragmented higher education system, creating additional barriers to communication and coordination. The state's Mental Health and Wellness Advisory Board has addressed this by prioritizing collaborative meetings, which enable representatives from multiple institutions to identify resource-sharing opportunities and align strategies.

Outside our learning community, some states have made direct investments in campus mental health. **Virginia**, for example, is investing \$1 million in **grants** to five public universities to increase the availability of mental health providers and improve campus mental health care, while **New York** has invested \$10 million in **campus mental health** at the State University of New York (SUNY).

DATA AND INFRASTRUCTURE GAPS

Reliable data and strong infrastructure are the foundation of effective mental health policies, yet many states face significant gaps in these areas. Inconsistent data collection and reporting standards make it difficult to identify service gaps, measure program effectiveness, and advocate for additional resources.

Texas illustrates the impact of these challenges. Without statewide reporting requirements, the state relies on coalitions to pool data from surveys, nonprofit partnerships, and qualitative research. While this approach has provided valuable insights, it underscores the need for more cohesive and standardized data systems.

Louisiana is working to address these issues by developing a centralized repository of mental health data. This strategic plan aims to include key metrics such as service utilization, dropout rates, and suicide-related outcomes, enabling a more unified approach to mental health services. Similarly, **Oregon** is planning a statewide survey to assess the availability of culturally responsive mental health services and identify gaps in student access, ensuring policies are informed by comprehensive and accurate data.

STIGMA AND HELP-SEEKING BEHAVIOR

Reducing stigma around mental health remains critical to encouraging students to seek the support they need. Advocacy campaigns, peer-led initiatives, and culturally responsive programs are essential strategies to address this barrier.

Texas has taken proactive steps by implementing peer-led mental health programs to foster awareness and create a culture that normalizes help-seeking behavior. These programs empower students to advocate for mental health and support their peers, contributing to a more open campus environment.

In **Louisiana**, efforts to reduce stigma focus on confidentiality and proactive education. The state has launched awareness campaigns, hosted guest speakers, and formed partnerships with organizations such as the **Huntsman Institute** and **Southern University's Human Jukebox**. These initiatives emphasize the importance of mental health and provide clear, accessible information about available services.

Oregon's innovative approaches include drop-in sessions with therapists and telehealth services that minimize bureaucratic hurdles. These options provide immediate, stigma-free access to care, though the state has also identified a need for more diverse providers to serve its student population effectively.

CONCLUSION

States participating in the SHEEO-JED Mental Health and Wellness Learning Community have laid the groundwork for transformative mental health initiatives, integrating student well-being into broader educational and workforce strategies. However, sustaining and expanding these efforts requires a long-term vision and actionable next steps to address emerging challenges and solidify systemic improvements.

LESSONS FROM PARTICIPATING STATES

Pennsylvania is advancing its work through the **PA MASLOW network**, which focuses on strengthening transitions between K-12 and higher education. By integrating insights from the **Higher Education Suicide Prevention Coalition (HESPC)**, Pennsylvania aims to bridge gaps in support during critical educational transitions, ensuring that mental health initiatives are accessible and consistent as students progress through their academic journeys. This approach demonstrates the state's commitment to creating a seamless network of care from early education through postsecondary experiences.

Arizona aims to build upon its **Student Wellbeing Workgroup** to institutionalize mental health priorities within the **Arizona Board of Regents**. By aligning student mental health initiatives with the **Healthy Tomorrow Initiative** and the state's economic and workforce development goals, Arizona is taking a holistic approach that connects student well-being with workforce readiness. This alignment ensures continuity across educational stages and reinforces the importance of mental health in fostering a resilient and prepared workforce.

Similarly, **Texas** plans to integrate mental health into its broader educational and workforce development strategy, **Building a Talent Strong Texas**. This long-term goal envisions seamless mental health support across educational pathways, aligning these efforts with state attainment goals to address workforce needs comprehensively.

Leveraging ongoing partnerships with the **Louisiana Department of Health (LDH)** and local health offices, **Louisiana** is working to embed mental health within its higher education strategy. By focusing on training campus staff in mental health intervention and ensuring sustainable funding, Louisiana's approach highlights the importance of continuity and collaboration to maintain systemic support for student well-being.

Oregon is prioritizing data-driven policy development through its state-level advisory board. By utilizing insights from a statewide survey on student mental health needs, Oregon aims to implement regular mental health assessments across campuses and strengthen culturally responsive services. These efforts underscore the state's dedication to building a responsive and equitable mental health framework that reflects the diverse needs of its student population.

State efforts provide a roadmap for embedding mental health into higher education, demonstrating the value of cross-sector collaboration and long-term strategic planning. By prioritizing long-term strategies, fostering cross-sector partnerships, and aligning with economic and workforce goals, these states ensure that student mental health remains a central focus, driving academic success and societal well-being. Through collaboration and shared learning, they are paving the way for a holistic, inclusive approach to mental health that supports students at every stage of their educational and professional journeys.

THE PATH AHEAD

The inaugural SHEEO-JED Mental Health and Wellness Learning Community has laid a strong foundation for state-level collaboration and innovation in addressing student mental health needs. As this first cohort concludes its work, the lessons learned, and relationships built provide invaluable insights for sustaining momentum and scaling successful initiatives. Beyond immediate programmatic changes, the community's impact is evident in the creation of lasting frameworks for advocacy and system transformation, positioning states to respond effectively to evolving mental health challenges.

The achievements of the first cohort underscore the power of collaborative learning and shared resources in advancing mental health initiatives. States developed innovative approaches to workforce development, enhanced data collection strategies, and explored sustainable funding models, addressing some of the most pressing challenges in higher education mental health. These accomplishments not only demonstrate the value of collective action but also set the stage for transformative, long-term systemic changes.

Moving forward, maintaining these collaborative relationships and continuing to share best practices will be crucial for sustained progress. By building on the successes of this cohort, states can refine their approaches, strengthen partnerships, and further institutionalize mental health as a core component of student success strategies. The collective efforts of the SHEEO-JED Learning Community serve as a model for other states, inspiring a future where mental health is seamlessly integrated into the higher education experience.

SHEEO-JED MENTAL HEALTH AND WELLNESS LEARNING COMMUNITY 2.0

Building on this foundation, a second cohort of the Learning Community will focus specifically on sustainable funding models and equitable systems of care. This targeted approach addresses one of the most pressing challenges identified during the first cohort: securing consistent, long-term funding for mental health initiatives. The program will emphasize three key areas: state-level appropriations, sustainable funding models, and equitable access to care.

The second cohort's framework will include regular convenings focused on funding strategies and appropriations processes. Participants will explore successful models for securing state support, including data-driven advocacy approaches and effective legislative engagement strategies. States will share experiences with various funding mechanisms, from dedicated mental health fees to innovative public-private partnerships, helping participants develop comprehensive funding strategies tailored to their specific contexts.

To ensure sustainability, the program will emphasize building robust systems for tracking outcomes and demonstrating return on investment. States will work together to develop standardized metrics for measuring program impact, making it easier to advocate for continued funding. This data-driven approach will help states make compelling cases for sustained investment in mental health services while identifying the most effective use of resources.

Equity and accessibility will be central themes throughout the second cohort's work. Participants will examine how funding models and service delivery systems can be designed to reach traditionally underserved populations and address disparities in access to care. This includes exploring innovative approaches to service delivery, such as hybrid models combining in-person and virtual care and developing culturally responsive programs that meet the needs of diverse student populations.

The second cohort will also focus on creating sustainable infrastructure for mental health services. This includes developing frameworks for:

- Long-term workforce development and retention strategies;
- Sustainable funding streams combining state appropriations, institutional resources, and external partnerships;
- Embedding a student success-focused approach to support strategic planning on advancing student mental health;
- Integrated systems of care that coordinate campus and community resources;
- Comprehensive data collection and analysis systems; and
- Regular evaluation and adjustment of programs based on outcomes.

To maximize impact, the SHEEO-JED Mental Health and Wellness Learning Community will establish formal mechanisms for sharing resources and best practices between cohorts. This includes creating a digital repository of successful funding models, policy frameworks, and advocacy strategies that states can adapt to their needs. Regular cross-cohort networking opportunities will help maintain momentum and foster ongoing collaboration.

The long-term vision for the SHEEO-JED Mental Health and Wellness Learning Community extends beyond individual cohorts to create lasting change in how states approach student mental health. By building a network of informed and connected state leaders, the program aims to transform mental health services in higher education from a collection of individual initiatives to a coordinated, sustainable system of care.

Success will be measured not just in immediate outcomes but in the creation of lasting structures for supporting student mental health. This includes established funding streams, robust data collection systems, and strong partnerships between institutions, state agencies, and community providers. Through these efforts, the Learning Community will continue to play a crucial role in advancing the national conversation around student mental health and creating more equitable, accessible, and sustainable systems of care.