Stupski Foundation Student Mental Health—Research & Plan

Table of Contents

Objectives and High-Level Design of Mental Health Initiatives

The overall objective of the Stupski Foundation's student mental health initiative is to source best practices in mental health to go beyond funding technical solutions. Technical solutions alone, such as telemedicine access, often do not address the systemic root causes of our country's mental health crisis. That said, we also aspire to source a definition of and approach to "student mental health" that enables us to focus our funds intentionally and strategically.

In an effort to meet the aforementioned objectives, we propose the following high-level design that aims to best support students while also advancing learning for the field at large:

- *Sharable Research*, which includes a landscape analysis and research that is inclusive of the following audiences: 1) students, 2) practitioners such as advisors, 3) current researchers in the field, and 4) other funders
- *Open Request for Proposals (RFP) Process*, which aims to fund up to $3 million in grants (as informed by the research outlined above) by summer 2023. This process includes but is not limited to:
  - An information session to expand our outreach.
  - A streamlined concept note to proposal process.
  - Opportunities for students (such as Stupski interns) to score and offer feedback to concept notes, thus centering their perspectives in our selection.
  - A proposal creation process that also doubles as a light reflection/planning process for our grantees.
- *Imagining Wellness Across Our Portfolio*, which includes practices we can fund and encourage our current grantees to engage in. This enables our team to use "student mental health" as a value and a lens rather than siloing "student mental health" into a small subset of grants.
- *Wellness in Grant-Making Practices*, which can include but are not limited to:
  - Kickoff events and convenings that balance strategic activities with wellness activities.
  - Biannual check-ins that serve as reflection points rather than compliance-driven report-backs.
  - Capacity-building opportunities based on organizational wellness practices such as equitable pay ranges, developing cultures of wellness, etc.

Landscape Analysis & Desk Research on Student Mental Health

The Crisis

Students across the country are experiencing a deepening student mental health crisis, which has become a top "basic need" that universities, researchers, and funders have identified. In December 2021, the U.S. Surgeon General issued a [rare advisory](#) highlighting the urgent need to address our nation's ongoing youth mental health crisis, which the COVID-19 pandemic significantly exacerbated. That was followed by the Centers for Disease Control and Prevention (CDC) releasing [a report in 2023](#) that raised the urgency in the student mental health crisis—including data showing that 3 in 5 teen girls feel persistently sad or hopeless. In a study that the California Endowment conducted and [the Los Angeles Times](#) reported, three-quarters of young Californians reported feeling anxious in the last year, with more than half reporting they feel depressed. Additionally, [in Hawai'i](#), about 2,200 more young people struggled with anxiety and depression in 2020—a [23% increase compared with 2016,](#) according to an Annie E. Casey Foundation study.

Higher education has taken notice. According to a pulse survey from the [American Council on Education (ACE)](#), student mental health is the top concern for college presidents across the country. ACE also analyzed the most common reasons students "stop out" or leave college. Seventy percent of stop-out students whom ACE surveyed report emotional distress as the reason they are leaving their institutions, more so than financial distress.

Student-affairs professionals on the front lines share the sentiment, with 72% of them believing that campus mental health (students, factually, staff) has worsened in the past year according to a survey of student-affairs professionals at more than 100 colleges, which [NASPA: Student Affairs Administrators in Higher Education and Uwill](#) conducted.

Other significant data points outlining the severity of this crisis include:
- According to [YouthTruth](#), which surveyed 222,837 students at 845 schools across 20 states, depression, stress, and anxiety are the most cited obstacles for learning among middle school and high school students. Across all grade levels, students who identify as girls are more likely than those who identify as boys to cite feeling depressed, stressed, or anxious as a barrier to learning (58% in middle school, 67% in high school). A graphic from an article in [The 74 Million](#) outlines key themes of the YouthTruth survey below.

Five Most Cited Obstacles to Learning

MIDDLE SCHOOL ⟶   HIGH SCHOOL ⟶

	Middle School		High School	
#1	Feeling depressed, stressed, or anxious	50%	Feeling depressed, stressed, or anxious	56%
#2	Distractions at home and family responsibilities	35%	Distractions at home and family responsibilities	37%
#3	My health or the health of my family members	34%	My health or the health of my family members	31%
#4	My personal relationships	23%	Extracurricular commitments	28%
#5	Limited or no internet access	22%	My personal relationships	23%

- The spring 2022 National College Health Assessment—a survey of 55,204 undergraduate students across the country that the American College Health Association conducted—found that 51.7% of students reported moderate psychological stress, and 24.9% of students reported severe psychological distress. Similar to the YouthTruth survey results for secondary school students, students who identified as women were more likely to report psychological distress than those who identified as men. Despite the aforementioned striking figures, only 35.7% of students received psychological or mental health services within the last 12 months.
- According to the Trevor Project, students who identify as LGBTQ+ reported alarming rates of suicidal thoughts and suicide attempts. In a 2022 survey of 34,000 youth ages 13-24 from across the country, 45% of LGBTQ+ students seriously considered suicide in the past year, 14% of LGBTQ+ students attempted suicide, and 60% of LGBTQ+ youth who wanted mental health care did not get it. Additionally, according to Best Colleges, 92% of LGBTQIA+ college students report that their mental health has negatively impacted their college experience, and 35% agree that the expense of mental health assistance has prevented them from seeking treatment. However, the Trevor Project's 2022 annual survey indicates that specialized support for LGBTQIA+ students is critical to reducing that number.
- According to Healthy Minds' most recent data collection, about 80% of students surveyed reported that their mental health impeded their academic performance at least one or more days in the past month. More than one-quarter of students reported being academically impaired due to mental health for six or more days.
- According to a Lumina Foundation-Gallup State of Higher Education 2022 study, students cited emotional stress and personal mental health as the top reasons they considered stopping their coursework—far outpacing the cost of the degree program, difficult coursework, and physical health reasons.
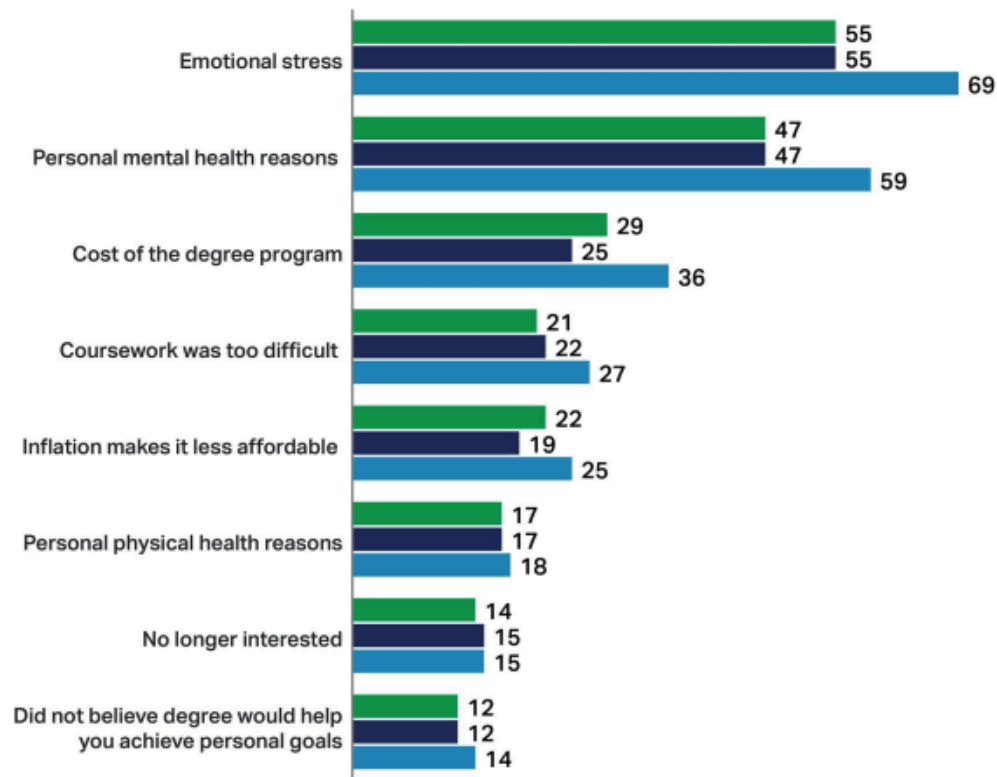
FIGURE 3

Which of the following describes why you considered stopping your coursework?

% Most commonly cited reasons among students who say they have considered stopping out in the past six months

■ All students ■ Associate degree students ■ Bachelor's degree students

Reason	All students	Associate degree students	Bachelor's degree students
Emotional stress	55	55	69
Personal mental health reasons	47	47	59
Cost of the degree program	29	25	36
Coursework was too difficult	21	22	27
Inflation makes it less affordable	22	19	25
Personal physical health reasons	17	17	18
No longer interested	14	15	15
Did not believe degree would help you achieve personal goals	12	12	14

- Most concerning is the surge of emergency room visits related to suicidal thoughts, which increased by 59% from 2016-2017 to 2019-2021. Specifically, from fall 2019 to fall 2021, hospitalizations from suicidal thoughts increased by 57%.

Another consideration is the impact that the pandemic has had on people who support students—namely faculty, staff, and health care professionals. Similar to national trends related to the great resignation, the higher education field is experiencing staffing challenges due to burnout. According to a 2022 Gallup poll, the top two types of workers experiencing burnout are K-12 educators followed by university and college educators. In a survey that the College and University Professional Association for Human Resources (CUPA-HR) conducted in 2022, 60% of college staff respondents reported that they were likely to look for new employment in the next year. Eighty-four percent of respondents to a Chronicle of Higher Education survey reported that their institutions were having trouble recruiting for open positions. The implications of staffing shortages and challenges include increased workload, especially in direct service positions. Specific to mental health professionals who serve students, college campuses are reporting higher demands for mental health services than ever before yet are still overwhelmed despite campus efforts to increase staffing. One of the main culprits is wage competition and flexibility of private practice and telehealth options that pull mental health professionals away from universities.

5

The confluence of the aforementioned challenges appears in <u>startling data outlining the incongruity of needs for resources at schools</u>. The recommended ratio of students to counselors is 1:500. The national average is currently 1:1,160 students, resulting in students waiting to receive help amid the mental health crisis. That crisis may worsen once federal American Rescue Plan Act of 2021 funds run out—schools often used those funds to bolster mental health resources temporarily.

Treatment vs. Wellness
In conversations with select funders, they generally categorized mental health initiatives into two buckets: treatment initiatives and wellness initiatives. At a very high level, the two categories can be distinguished as follows:

- **Treatment:** Although treatment choices may vary by person, "treatment" refers to access to a range of evidence-based medications, psychotherapy, hospitalization, etc. Licensed professionals often issue treatments, which may require a diagnosis. Treatment often transpires after a mental health challenge has been identified and is more reactive in nature.
- **Wellness:** According to the Youth Transition Funders Group (YTFG), "wellness" is a human condition of thriving, characterized by health and fulfillment. According to a report YTFG issued in 2021, wellness relates to the "levels and quality of supports and opportunities young people experience … [the] extent they are supported by nurturing families and communities, and the ways in which public systems, policies, and practices are crafted to support their positive growth and development … during especially challenging times." YTFG specifically defines "wellness"and "well-being" via the following domains:

The five well-being and well-becoming domains are as follows:

Physical Health and Safety: All young people should have the opportunity and supports—through family, community, and public systems—to maximize their physical health, strength, and functioning, be physically safe and free from violence, abuse, and neglect and have basic needs met.

Cognitive and Mental Health: All young people should have the opportunity and supports—through family, community, and public systems—to experience continuous cognitive health and intellectual growth and to optimize mental health, managing any mental health issues as they arise.

Social and Emotional Well-Being: All young people should have the opportunity and social supports—from family, community, and public systems—to cultivate a strong and resilient self-identity and supportive and nurturing relationships.

Economic Well-Being: All young people should have the opportunity and supports—through families, community, the private sector, and public systems—to obtain the learning and work opportunities needed to experience economic security and advancement and to accrue the financial and social capital needed to afford and access quality education, employment, and housing.

Racial and Ethnic Equity: All young people should have the opportunity—through family, community, and public systems—to be treated with fairness and respect, have equitable access to opportunity, and have their wellness not determined by race or ethnicity.

One of the challenges of funding within the mental health space is the broad spectrum of initiatives that can be considered "treatment" or "wellness."

National Initiatives

In response to the mental health crisis, the federal government and/or national nonprofits developed the following national initiatives:

- **Department of Education (DOE) Mental Health Service Professional Demonstration Grant Program:** In an effort to increase the number of mental health service providers at local educational agencies at the elementary and secondary level, the DOE is granting $100 million (average size of $800,000 for up to 60 months). That can include training for more school-based mental health providers and training for more culturally inclusive mental

health practices, especially among diverse populations and English learners. This RFP opportunity is currently active.

- **DOE Serving and Supporting Schools Grant Program:** Currently in development, the DOE will issue approximately $200 million (average size of $1 million per recipient) to help secondary schools improve access and quality of mental health care through partnerships with community-based organizations (CBOs) and health care providers. This RFP will open over the next few months in 2023.
- **Department of Health and Human Services (HHS) Minority Leaders Development Program:** In an effort to increase skill-based training programs for young people, specifically in health care and health care policy, the HHS issued $250 million in grants for communities to develop local leadership/work training programs. That includes a successful teen ambassadors program, which offers exposure and staffing to community health work in Fairfax, Virgina. The HHS issued those grants in 2021, and the grants will end in 2023.
- **988:** With $400 million in funds, in 2022, the federal government revamped the National Suicide Prevention Lifeline by creating the "911 on mental health"—988. By dialing 988, individuals experiencing distress (or loved ones calling on behalf of others) can be connected to an individual who can serve as an entry point to mental health care services. Although launched, the hotline is experiencing some difficulties. In 2022, 18% of the 1 million calls to 988 were abandoned due to the hotline's complex patchwork of nonprofits, volunteers, and call centers.

State Initiatives/Key Legislation—California

In response to the mental health crisis, California developed the following initiatives:

- **Governor Gavin Newsom's Master Plan for Kids' Mental Health:** In 2022, Newsom released a $4.7 billion multiyear plan to overhaul the mental health system in California. The plan includes but is not limited to increasing in-school and virtual access to mental health services; creating a California-specific 988 hotline; increasing insurance and Medi-Cal coverage of services; and developing training/pathways for 40,000 more behavioral health professionals in the state. Currently, the funding is building capacity and mental health infrastructure. Still, it has not immediately resulted in increased access to mental health services for families and children—of the 5.3 million children enrolled in Medi-Cal, only 5% received a mental health care service.
- **AB 133—Student Behavioral Health Incentive Program (SBHIP):** The California Department of Healthcare Services designated $389 million from 2022 to 2024 to provide more financial incentives for mental health providers to partner with California schools. More specifically, the funds will foster more coordination between schools, managed care plans, county behavioral health, and community partners.

State Initiatives/Key Legislation—Hawaiʻi

In response to the mental health crisis, Hawaiʻi developed the following initiatives:

- **Senate Bill 2482—The Office of Wellness and Resiliency:** In 2022, the Hawaiʻi Legislature appropriated $894,000 to establish an Office of Wellness and Resiliency. The office's main charge is to develop concrete solutions addressing the physical and emotional well-being of people in the state. The new office/agency has an appointed Executive Director Tia Roberts Hartsock and will be staffed. The Trauma Informed Care Task Force, an advisory group under the Hawaiʻi Department of Health, will give recommendations to the new agency.
- **Hawaiʻi Coordinated Access Resource Entry System (CARES):** Hawaiʻi CARES is a coordinated effort between the DOH Behavioral Health Services Administration and the University of Hawaiʻi. Hawaiʻi CARE provides a universal phone intake system for Hawaiʻi residents with eventual linkages to community support and resources (financial, housing, employment, etc.). Amid COVID-19, Hawaiʻi CARES received its highest-ever call volume.
- **HawaiiUTelehealth (HUT) Primary Care and Behavioral Telehealth Services:** The University of Hawaii John A. Burns School of Medicine and the Hawaii/Pacific Basin Area Health Education Center support HUT. Under the direction of Dr. Kelley Withy, M.D., Ph.D., HUT was designed and created by a group of professionals and students in the fields of social work, sciences, medicine, and general healthcare, with a focus on Native Hawaiian/Pacific Islander, rural communities, and senior citizens. The system provides an opportunity for people in rural areas to access mental health and primary care services.

State Initiatives/Key Legislation—Other States & Institutions

In addition to the initiatives in our geographic areas of interest above, the following are initiatives in other states, counties, and cities that were developed in response to the mental health crisis:

- **Georgia House Bill 1013—Mental Health Parity Act:** In 2023, a new Georgia law took effect requiring health insurance companies to report to the state how they cover mental health. That will enable Georgia to collect data to fully understand the challenges and gaps in services. That effort moves Georgia closer to federal law, which requires insurers to cover mental health in the same way they pay for physical health care.
- **Illinois Senate Bill 3617—Mental Health:** In 2022, Governor JD Pritzker signed a new bill that aims to 1) award state contracts to community health centers and behavioral health clinics to train more interns and behavioral health providers toward licenses; 2) eliminate barriers in mental health screening and training processes; and 3) incentivize organizations, via tax credits, to employ individuals from mental health and substance abuse recovery programs.
- **Kentucky House Bill 562—An ACT Relating to First Responders:** This bill signed in 2022 gives first responders (peace officers, firefighters, etc.) the right to take 48 hours off after a

"critical incident." The bill's intent is to encourage first responders to take care of their mental health without fearing losing their jobs.

- **"Saturation" Strategy to Mental Health Across Universities**: Inside Higher Ed reports on several university initiatives where "every single student, faculty, and staff … [has] the basic knowledge about the [mental health] signs to look out for in themselves and others." The initiatives typically take the form of training and guidance on how to make classrooms more flexible. Models include the University of North Carolina System's Mental Health First Aid Training; the University of Minnesota's Quality Initiative for classroom design; and the Crimson Folder initiative at Harvard, which is modeled off of the Red Folder initiative at the University of California system.
- **Strikes—As Students' Mental-Health Concerns Grow, University of Illinois at Chicago's Professors Say They Should Get a Raise:** At the University of Illinois at Chicago, student mental health needs have become so severe and time-consuming to address while university administrators have not adequately responded. After nine months of negotiations, faculty went on strike on January 17, 2023, demanding that the university raise their pay and minimum salary. They're also calling for the administration to provide all students with mental health assessments and increase their on-campus access to therapy.
- **Policy Changes amidst Lawsuits**: Yale University is in the process of implementing a "softer" mental health policy for its campus that allows students to take personal leave for mental health crises and allows them to return to the university without having to stop out or reapply. That comes on the heels of a fall 2022 lawsuit that students and alumni filed, alleging that the university pushed students to suicidal ideation because of their callous treatment when looking for accommodations.

Solutions

- **Peer-to-Peer Supports:** The Mary Christie Institute reports on the importance of peer-to-peer models, which is based on the idea that young people have a powerful impact on one another through social/peer connection. The programs can be cost-effective and fill in gaps in formal counseling support from overburdened counseling centers. The models include peer education, short-term mental health coaching, and peer mental health support groups. Programs that embody the aforementioned include the Harvard Peer Counseling Group (specialized mental health groups that peers lead but a licensed clinician monitors), the Green Bandana Project (University of Wisconsin-Madison), and the DMAX program. At this time, research has been inconclusive about the effectiveness of these programs.
- **Institutional Changes/Reforms for Higher Education:** The Steve Fund outlines several practices that higher education systems can implement to create healthier campus climates. Those practices include 1) training for staff/faculty on racial trauma, implicit bias, and wellness; 2) communications strategies that acknowledge mental health concerns and root causes; and 3) tapping into digital models of mental health service delivery to increase access.

- **DOE Regional Impact Solutions:** In a 2023 conversation that Stupski had with the U.S. DOE, it suggested the following investments with our $3 million in funds that could result in regional impact:
    - Conducting a mental health awareness clinic with different vendors to provide on-the-spot services with qualified professionals
    - Providing scholarships to students who are studying in a psychology, counseling, or mental health service-related programs
    - Hosting a training for organizational staff to become equipped with mental health information
    - Engaging in a partnership with a K-12 school district to provide select/interested faculty and staff with an opportunity to get a certificate with mental health services
    - Using resources to increase advertising on mental health services through public relations, social media and technology, etc.
    - Hosting training and professional training for school personnel, including school-based mental health providers, in trauma-informed practices, culturally responsive practice, and identity affirming/safe practices
    - Funding programs that incentivize more diverse providers (who represent the student population) to practice in those schools and communities
    - Funding to build partnerships between schools and community-based services so that students seeking long-term care may be referred out to other providers
    - Increasing the number of providers who can serve youth in the community once referred from schools and increasing partnerships with health centers or universities could help bridge this gap for students.
- **Bay Area Community-Based Initiatives:** In December 2022, the San Francisco Commonwealth Club highlighted several community youth mental health initiatives:
    - Youth Alliance hosts community-building events such as paint nights.
    - Saved by Nature offers local opportunities for access to nature and hiking.
    - DoSomething lifts up youth voices for advocacy/leadership development around mental health.
    - Californians for Justice engages in youth healing work via activism and artivism.
    - YoCali conducts training on healing justice, which is premised on the idea that those who are doing the healing "should not pour from an empty cup."
    - CHALK SF partners with Hummingbird Farm (a Stupski grantee) to grow and develop plant medicine for youth.
- **Hawaiʻi "Turnkey Initiatives":** In an interview with Dr. Sulma Gandhi, program officer in health at Stupski Foundation, she recommended the following "turnkey" or shovel-ready projects that could build off of other initiatives currently taking place in Hawaiʻi:
    - Suicide prevention, such as current evidenced-based curriculum implementation (SafeTALK, Mental Health First Aid, QPR); culturally relevant curriculum development for Hawaiʻi context; and film education
   - Providing bandwidth for organizations to apply for grants, specifically big federal dollars (SAMHSA)

- ○ Expanding Mental Health America—HI to the neighboring islands and to potentially convene for greater coordination
- ○ Offering tiers of support for a community so that not only the counselors but the entire nonclinical trained community (parents, teachers, peers) can provide some level of support.
- ○ Find further notes from the conversation with Dr. Gandhi here.
- **California's Children and Youth Behavioral Health Initiative (CYBHI) Youth Centered Solutions:** The 2022 "Youth at the Center" report, which CYBHI commissioned and The Social Changery prepared, outlines the perspectives of 600 individual young people, families, and community members on the best approaches to mental health. The 12 calls to action are outlined below:

12 CALLS TO ACTION
FOR A REIMAGINED BEHAVIORAL HEALTH ECOSYSTEM FROM CHILDREN, YOUTH, AND FAMILIES ACROSS CALIFORNIA

SHIFT THINKING
- Addressing stigma is a foundational first step.
- Culture is healing.
- Youth and communities want self-determination – not "empowerment."
- Rethink treatment: what it looks looks like and who provides it.

REIMAGINE SERVICES
- Help must be available before it's a crisis.
- Make places for youth to belong, create, and connect to the outdoors.
- Take care of adults so they can take care of young people.
- Create a mental health system everyone can navigate, even when struggling.

TRANSFORM SYSTEMS
- Build a representative workforce.
- Decriminalize mental health – including substance use.
- Unacknowledged harm gets in the way of hope and trust.
- Take action to address systemic inequalities and oppression.

During winter 2022, Stupski interns engaged in two major projects. First, they conducted their own landscape analysis of articles related to student mental health, focusing on the impact of the mental health crisis on men of color and LGBTQ+ youth. Find a synthesis of their research here.

In addition, under University of California (UC), Berkeley, sophomore Jessica Ramos' lead, the interns interviewed 33 young adults, 20 self-identifying women, and 13 self-identifying men with different backgrounds across California and Hawai'i. These young adults' demographics range from 18-23, and their race/ethnicity is represented in the graph below. The interns interviewed these individuals to hear about their mental health experiences while in college, transitioning out of college, or taking a break from college after the pandemic. In these interviews, the interns asked questions about the individuals' mental health and asked for recommendations that correlate to reshaping mental health services and structures.
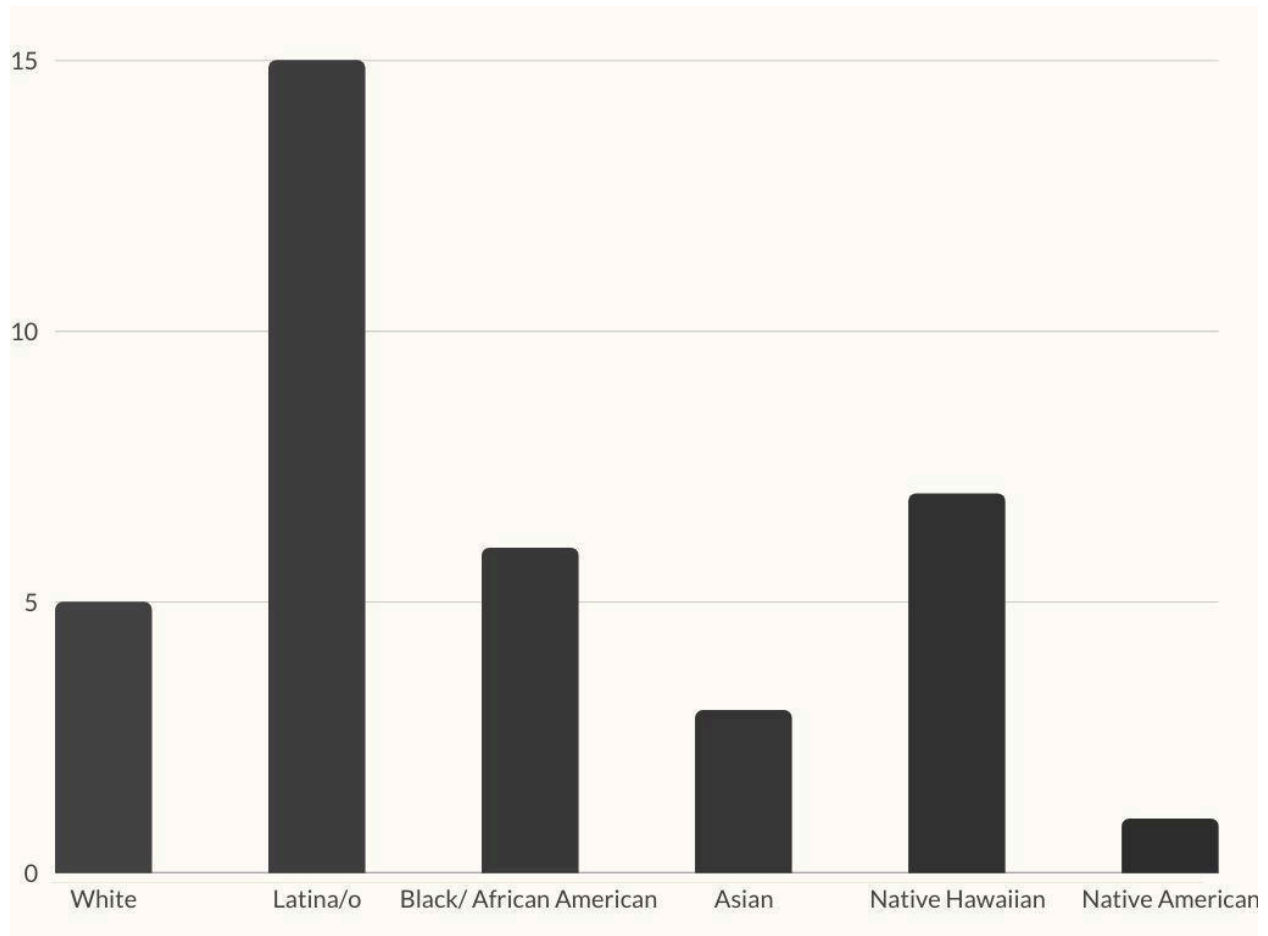
*numbers are higher due to subjects who self identified as mixed race

The colleges represented were: UC Berkeley, UCLA, UC San Diego, UC Santa Cruz, Chabot College, Chaminade University, University of Hawai'i Manoa, Kapiolani Community College, Laney College, Leeward Community College, Merritt College, College of Marin, California State University (CSU)

Sacramento Diablo Valley College, CSU Sonoma, University of Southern California, Stanford University, City College of San Francisco.

Among these students:
- 50% feel disconnected from school (struggle to connect with peers, advisors, and professors; are first-generation students; are experiencing academic problems, etc.).
- 41% of young adults struggle with a diagnosed mental health disorder.
- 32% of students are financially unstable.
- 32% of students struggle with the use of alcohol/drugs.
- 20% of students work two-plus jobs.
- 10% struggle with family problems.
- 10% of young adults have housing problems.
- 10% have dropped out.
- 7% are commuting more than 45-plus minutes to college from home.
- 7% are single parents.

Defining Mental Health

How would you define mental health?
- *"A piece of art"*—20-year-old Merritt college student
- *"It's key to have a well-balanced life and to do more"* —20-year-old USC transfer student

More than half of young adults define mental health as **"the state of your mentality and well-being, and how you feel."** For the interviewees, mental health is important to continue physically, emotionally, and spiritually. Interns asked this question to see how students would define mental health after the pandemic and the definition of "healthy" mental health.

Students' Relationship to Mental Health

How would you define your relationship with your mental health?
- *"A good example would be me being the divorced parent, and the child I am fighting for custody is my mental health."* —19-year-old UC Berkeley student
- *"By teaching myself how to take care of myself, I have been able to teach others."* —18-year-old Stanford University student
- *"It is a love/hate relationship, but when I am in a good mental space, I can achieve a lot; but when I am not, I feel I cannot achieve a lot."* —19-year-old Mount Diablo Community College student

Many students shared their experiences on how general factors outside of school, such as family problems, financial problems, and community problems, can lead to a negatively impacted college and academic experience. Students felt that the college experience should be about equally learning academic content and taking care of themselves and that students sought that guidance on how to learn nonacademic skill sets.

Possible Solutions for Reshaping Mental Health

What would you like to see institutions provide to support your mental health?

Students gave the following suggestions that they would like to see funded:
- Peer advising in mental health spaces
- Wellness coaches
- Emotional support animals
- Self care/mental health days—more campus activities/classes on mental health
- Community centers open 24/7—general activation of safe spaces for young people to hang out
- Mental health services offered throughout the year, not just during exams
- Mandatory check-ins with therapists on campus, more therapists, and having one consistent therapist

What could we do as a society to rebuild mental health?

Young adults mentioned:
- Breaking cycles of generational trauma
  - *"Teaching self-care in early education and in education"*—19-year-old UCLA student
  - *"Marketing for it, promote it to younger youth on how to take care of yourself and promote to older generations"*—19-year-old UC Berkeley student
- The majority of young adults said 30 work hours each week instead of 40
  - "*Limits to free time, which decreases mental health*"—19-year-old UCSC student
- More accessible and free mental health resources
- Policy work
  - "*Policy reform for free health care, rent-control work, providing more funding to therapists that look like [people of color]*"—21-year-old College of Marin student
- Activating fun activities/spaces for young adults and extending hours

A significant number of interviewed students who identify as people of color discussed how there is a stigma in their families and households on talking about emotions and mental health. These students discussed the need for a more open way in which families can discuss mental health issues without shame, fear, or treating it as a taboo.

Practitioner Voice—Interviews

In addition to the interviews that interns conducted with students, they conducted a total of four interviews with faculty and staff in Hawaiʻi and sent out a short survey to academic advisors based in California to better understand mental health from active practitioners' perspective.

Three primary issues came to the surface in all interviews and the survey, as summarized below:

- *There is a lack of support/funding for resources.* Funding and staffing structures have not changed for over one decade, and the need for mental health counselors and outreach coordinators is higher than before. "The current generation of students is more active in seeking out resources and is more in tune with their emotions," which creates more pressure on counseling centers to provide these opportunities, but universities have not provided the resources necessary to meet this need.
- *A large portion of the student population still will not seek services.* Though the current generation of students is more in tune with their emotions and the stigma surrounding seeking mental health care is lessening, practitioners report that a significant number of students still will not seek out resources or help. That is especially true for students in historically oppressed communities.The most common reasons are "they aren't in crisis," " they will look weak/they don't need help like that," and "they don't want to have to tell people they are seeking these resources."
  - Another point a senior student affairs staff member made during their interview is that the narrative on mental health needs to change. "We look at mental health from the lens of crisis, and if we were instilling basic healthy habits AND making the connection between these habits and our mental health, then the pressure on crisis services would decrease, and we could focus on lower cost programming that allows students to stay well rather than seeking out services when it might be too late."
- *Better coordination on college campuses is necessary to model healthy behavior and work as a community to foster an environment where everyone can be healthier and happier.* Practitioners all agreed that mental health and well-being have deteriorated for faculty and staff as much as they have for students. Many practitioners expressed feelings of shame and "letting down students" because they no longer have the bandwidth to hold space for students in ways that they have in the past. That further exacerbated issues for students because students can't show up and be present on campus in ways that they have in the past. This quote summarizes that well: "Staff/faculty have not been given the opportunity to stop and take a breath before being given an additional layer of responsibilities. The increasing need for mental health resources on campuses demands more work from current staff, but there [aren't] enough financial resources to increase staff to reflect increasing caseloads and reward/appreciate current staff for their hard work thus far."

One issue two interviewees touched on was the partnership between campuses and community resources. One interviewee noted that "it is extremely difficult to connect students to off-campus resources here in Hilo because community mental health resources are also at capacity. I recently was working to refer a student to a local mental health counselor since they lived permanently on

the island. We could only find two people who were able to take MedQuest insurance (Hawaiʻi's low-income health insurance plan), and both had a six-month waiting list for appointments."

In summary, every participant discussed the need to change how we view our faculty, staff, and students—specifically focusing on the holistic health and wellness of *people* and the need to put people's needs at the forefront of the work we are doing to foster healthy spaces for others. Additionally, work needs to be done in opening up dialogue and destigmatizing talking about and understanding mental health's role in people's day-to-day lives.

Funder Voices

The following are high-level summaries of the grants/strategies other funders have employed related to student mental health:

Funder/Contact	Overall Strategy (Past & Future)	Sample Grantees
Crimsonbridge *Robyn Attebury Ellis, Program Officer*	Crimsonbridge has taken the approach of supporting capacity-building and programming related to mental health for current grantees. These opportunities include supporting the adoption of telehealth/technology for mental health, wellness programming and staffing (part-time and full-time licensed social workers), and trauma-informed professional development on wellness for regional practitioners. Crimsonbridge is interested in organizations that are building belonging and connection for first-gen college students and learners underrepresented on campuses. They are open to co-funding opportunities.	• Collegiate Directions • KIPP Foundation • Generation Hope
Department of Education (DOE) *Shital Shah, Senior Advisor*	The DOE is focused on building up training and pipelines for future mental health professionals and supporting schools in connecting with local CBOs and healthcare providers. The DOE partners with philanthropic orgs in 3 different ways and is open to doing so for their major funding opportunities. The 3 approaches include: 1) hosting events, which allows the DOE to take on funds directly through their "gift funds" process, 2)	TBD

Funder/Contact	Overall Strategy (Past & Future)	Sample Grantees
	supporting DOE grantees with convening, TA, and evaluation to help them make the most of federal funds, or 3) supporting orgs that score high on the DOE process, but do not get funds.	
Lumina Foundation *Jasmine Haywood, Program Officer*	The Lumina Foundation has a new strategic plan for holistic student supports focused on parents and student mental health. Under student mental health, there are 3 initiatives: 1. Develop a "Kitchen Cabinet Team" of mental health experts, advocacy groups, and practitioners who can inform the field at large as well as the Lumina Foundation's priorities 2. Engage in statewide policy work bringing together states who are prioritizing student mental health (California, Virginia, Utah, Louisiana, Kentucky, Illinois, among others) 3. Focus on faculty mental health and supports Lumina is especially interested in building up the evidence base of best practices and trying to figure out evaluation methods beyond traditional metrics (i.e. lowering the suicide rates, etc.). For instance, what does flourishing look like? What does wellness look like?	TBD – will issue either an RFP or RFI
Zellerbach Foundation *Amy Price, senior program officer*	Zellerbach focuses on systems change and advocacy—click here to access notes for Zellerbach's approach and Amy Price's perspective on mental health initiatives.	• California Children's Trust • Alliance for Girls • Young Women's Freedom Center • Beats, Rhymes & Life • Coleman Advocates • Youth Alive • Yo Cali

Funder/Contact	Overall Strategy (Past & Future)	Sample Grantees
		● Safe and Sound ● Flourish Agenda ● Trauma Transformed ● Partnerships for Trauma Recovery
Panorama Global *Dr. Mark Long, Director, The Upswing Fund for Adolescent Mental Health* *Jennifer Cho, Vice President, Partnerships*	Panorama Global has a collaborative funding initiative (The Upswing Fund for Adolescent Mental Health) that provides grants and other support for community-based organizations across the country that focus on mental health and well-being of adolescents of color and LGBTQ+ youth. They currently have 90+ grantees in 33 states plus Washington, DC. [Further notes on their approach can be found here.](#)	*Specific to California and Hawaiʻi:* ● Asian Health Services (CA) ● Family Acceptance Project (CA-based - national) ● Genders & Sexualities Alliance Network (CA) ● Homeless Children's Network (CA) ● On the Move (CA) ● TransFamily Support Services (CA & national) ● Two Feathers Native American Family Services (CA) ● Youth Emerging Stronger (CA) ● Youth Forward (CA) ● Instituto Familiar de la Raza (CA) ● Maui Youth & Family Services (HI) ● Partners in Development Foundation (HI)
Salesforce *Emily Anthony, Program Officer*	Salesforce is interested in addressing youth mental health and is currently focused on social-emotional learning and school-based mental health services and curricula. Salesforce is doubling down on mental health investment to help support its broader strategy around creating equitable education and career opportunities.	*Current Grantees:* ● [Bring Change to Mind](#) ● [Child Mind Institute](#)

Funder/Contact	Overall Strategy (Past & Future)	Sample Grantees
Trellis Foundation *Kristin Boyer, CEO*	In 2022, the Trellis Foundation revealed a multimillion dollar initiative that invited 10 colleges from across Texas to be a part of a [Mental Health and Wellbeing Learning Community](). The initiative has multiple components, including: 1. Grant funding to grow mental health programming 2. Individualized technical assistance for each campus provided by Meadows Mental Health Policy Institute, The Steve Fund, The Jed Foundation, and Active Minds 3. [A two-year learning community]() based on a curriculum for in-person and virtual convenings	- Alamo Colleges District - Amarillo College and Panhandle Partnership - Angelo State University - Austin Community College - Paul Quinn College - Sam Houston State University - San Jacinto Community College - Victoria College - University of Houston, Downtown - University of Texas at Rio Grande Value

Implications and Possibilities

Questions to consider:
- How do we want to define mental health?
- Who is the beneficiary of services: students, faculty, staff, institutions, CBOs?
- For the above question, do we want to support current grantees, have new grantees, co-fund, fund an intermediary, provide technical assistance for federal funds, etc.?
- How much alignment do we seek with other funders?
- What community do we seek to build with grantees, if at all?
- How do we hope to approach learning and evaluation? What are our metrics for success?

Appendix

Additional research that Stupski interns conducted

Men

- "The Fall of Men": In the video, Richard Reeves discusses some of the effects of male inequality that he wrote in his book, "Of Boys and Men." The factors he mentions that are relevant to mental health include a lack of men in the psychology profession, the "dad deficit" or fatherlessness, and old expectations for masculinity that revolve around usefulness. Men of color and men from low-income backgrounds also experience more inequality. Reeves is mindful of giving a nuanced perspective, and he explains that it's important to talk about male inequality because it affects everyone and is not a zero-sum game that will devalue feminism as some would believe.

- An exploratory study of stress and coping among Black college men: This article describes 11 interviews of young Black men aged 18-25 where they were asked what they do to deal with their mental health. The article underlines the importance of the ways young Black men deal with mental health because of the current race relations in the U.S.. Some of the key stressors for Black men in college that the article discusses are financial, employment, campus climate, and institution type (predominantly white institutions, historically Black colleges and universities, etc.). The researchers separated the discussed coping mechanisms into three types: isolated coping (relying on one's self, feelings of anger), engaged coping (talking in the community, hobbies, fighting, substance use), and disengaged coping (acceptance, ignoring emotions). The researchers describe implications from this study could be asking Black men what support systems they have relationship wise and trying to offer help to them through small community-based settings.

College Students

- "Mental Health Disparities Among College Students of Color": The data showed that different populations of people of color had different levels of access to resources and treatment. Arab/Arab Americans experienced the most mental health issues but also had the least knowledge on mental health. The study also found that many students answered that they prefer to deal with their issues instead, which may reflect a lack of perceived need and lead to less help. Males also tend to have a higher sense of perceived stigma in comparison to females of the same racial background. Although many of these statistics are concerning, the study also found that the majority of students turn to friends and family for help.
- "LGBTQ Students With Campus Mental Health Services Have Lower Suicide Attempt Rates, Survey Finds": A study that the Trevor Project completed found that schools with specific mental health services for LGBTQ+ students were less likely to have LGBTQ+ students attempt suicide than without. In the article, it highlights that among the LGBTQ+ student

population, rates of suicidal thoughts were highest among nonbinary students and students of color. While general mental health services and other resources do help, specific services help a lot more.

- "[Stress and Burnout Among Graduate Students: Moderation by Sleep Duration and Quality](#)": This is a large landscape study with the aim of determining the cause of burnout in graduate students in relation to the amount of stress they experience. There was a high association between high levels of stress and low levels of sleep, and not just hours of sleep but the quality of sleep. A quote from the article states, "Results also showed that 46% of graduate students felt overwhelmed frequently or all of the time. Studies have also shown that graduate students report higher levels of stress when compared with both undergraduate students [7] and the general population [8]."
- "[The Prevalence of Distress, Depression, Anxiety, and Substance Use Issues Among Indigenous Post-Secondary Students in Canada](#)": While this report focuses on the experiences ofIndigenous Canadian students, many of the experiences are shared with Indigenous American students. Also, they obtained their data from the National College Health Assessment—American College Health Association Spring 2013 survey. This study demonstrates that Indigenous students at postsecondary institutions across Canada experience higher prevalence of mental health and related issues compared to the non-Indigenous student population. It also highlights the need to assess the utilization of mental health and wellness resources to support Indigenous students attending postsecondary institutions.
- "[30% of LGBTQIA+ College Students Have Considered Dropping Out Due to Mental Health](#)":
  - Nearly all (92%) of LGBTQIA+ college students report their mental health has negatively impacted their college experience.
  - Almost one-third of LGBTQIA+ college students (30%) had thoughts of suicide during the past year—nearly double the rate of straight students (16%).
  - More than one-third (35%) of LGBTQIA+ college students say the expense of mental health assistance has prevented them from seeking treatment.
  - LGBTQIA+ college students who also identify as people of color are more likely to say they haven't sought mental health assistance than white LGBTQIA+ students.

Referenced Interview Notes

Notes from Dr. Sulma Gandhi, program officer in health at Stupski Foundation, Nov. 21, 2022:
- Sulma led Student Health and Wellness Programs at UH Hilo – specifically prevention services/counseling/medical services for both UH Hilo and Hawaii Community College. Ashe was the principal investigator for SAMHSA suicide prevention initiative at UHH and certified suicide prevention facilitator. Sulma also served on the Governor appointed substance abuse/mental health commission for Hawaiʻi County. Sulma suggests leaning into conversations because the research is 1) lagging and 2) mental health has been a struggle for over a decade (not just the uptick from COVID).
- Access to mental health support is almost non-existent on neighboring islands.
- Overall, her suggestion is to start upstream – most diagnoses transpire in the 18-24 group. By then, it is too late. However, this also places a large burden on higher education to support struggling students. A lot of the prevention should start in middle school and high school.
- Watch "The Social Dilemma" on Netflix – it shows the big spike in mental health crises transpiring in 2011 (there are theories around social media), not just amid COVID. Another theory is how healthy interpersonal relationship skills can further support help-seeking behaviors and reduce violence.
- Turnkey projects:
  - Suicide prevention (i.e., curriculum development in a Hawaiʻi context, implementation of current evidenced-based curriculum, film education)
  - Providing bandwidth and technical assistance to apply for grants, specifically big federal dollars (SAMHSA)
  - Expanding Mental Health America – HI to the neighboring islands. Can they do convenings too?
  - Offering tiers of support for a community so that not just the counselors but the entire non-clinical community members can provide some level of support (parents, teachers, peers). This can happen through training.
  - Focus on joint funding and partnerships - greater likelihood of sustainability and more hands to advocate for the issue/work.
  - Develop a relationship with the new Office of Wellness and Resiliency at Hawaiʻi State government - there is a focus on supporting behavioral health across the lifespan.
- Potential connections: Several County Mayors are committed to youth and mental health, as demonstrated by Deb Goebert at UH and the use of ARPA funds in state and county government which might be designated for mental health support.
- Look into the Youth Mental Health Survey, which is conducted annually with DOE schools.
- Per data collection at UH Hilo, Pacific Islander males are the least likely of any population to seek mental health assistance. This data was collected through the American/National College Health Assessment. Every higher-education institution should survey/collect data, but they do not. Funding this would be another great and easy thing to do.

Notes from Amy Price, program executive for improving human service systems at the Zellerbach Family Foundation, Dec. 14, 2022:

- Amy thinks of mental health initiatives in two buckets: promoting mental health/wellness and treatment of illness (which requires a diagnosis).
- Amy is currently involved with the CA Children's Trust, which has advocated (among various other changes) to remove the diagnosis prerequisite as a requirement for federal funding.
- There's a concern right now that we are treating developmental disabilities as mental health issues—what are ways to honor neurodiversity while also touching upon mental health challenges? We as a society should also be conscious of the difference between diagnosed neurodivergence and the harmful pathology of assuming Black and brown folks have disabilities.
- Amy offered the Youth Transition Funders Group framework/mental wellness framework as a model of a more expansive definition of mental health.
- Super exciting work is happening at the state level to expand the definition of who gets paid to be a provider (e.g., peer workers); there's a need to support providers to access public dollars, given the complexity of public funds (for example, John Burton Advocates for Youth advocate for a specifically designated set of housing funds for youth in the California budget and has been offering capacity building to CBOs to access the dollars).
- A big challenge is that CBOs that provide mental health offerings have to compete with Kaiser and private practices that offer more money and more flexibility compared to therapy within schools and community care. That is on top of a shortage of therapists fieldwide, particularly those that reflect the populations served (though there are some statewide initiatives to help address this, but low salaries/high cost of living remains a challenge in urban areas, and it's always been harder to attract the workforce to rural areas).
- An example of a CBO that expands the definition of mental health but offers clinical services is Beats, Rhymes & Life. It engages young people through hip-hop paired with licensed clinicians on staff. It's a "promoting versus treating" model. In addition, the Mindful Life Project works to change culture and equip students, teachers, and school district personnel with tools to recognize and manage feelings, emotions, etc. Again, that is promoting mental health versus treating mental health. The Mindful Life Project is currently in Pittsburgh, Antioch, San Francisco, Richmond, San Rafael, among many other schools.
- National Center for Youth Law is working with school districts to strengthen their capacity to support students' social, emotional, mental health, and wellness needs.

Notes from Panorama Global, Jan. 9, 2023:

- The structure of Panorama Global is that it has two bodies of work: partner development and acting as an investment vehicle for social change.
- Under the second body of work is the Upswing Fund, which is a collaborative fund. The Carmen Family Foundation seeded the fund, and Upswing currently has eight to nine donors. At the moment, the fund supports 90-plus organizations across the nation on mental health. An example of an organization supported/started through its funds is United for Global Health.

- For the 90-plus grantees, Panorama Global provides multiyear core/general operating support and positions itself as more than just a funder—there is co-learning, etc.
- At the moment, Upswing has a very solid plan in place and can scale with further investment.
- Trends in mental health as Dr. Mark Long, director of The Upswing Fund for Mental Health describes:
    - There has been a big shift from clinical supports to community/peer supports.
    - There has been a shift from treatment to wellness.
    - There are more community engagement and collaborative models that involve schools.
    - There is less stigma from generation Z around accessing mental health.
- Panorama Global suggests potentially offering capacity building and support for Stupski current grantees to adopt a wellness framework. It has a model in place with its social capital work.