

More Than Self Care:

Students Speaking Out For Mental Health

Art Work: Ivan Ortega



Naomi Cruz Ojeda
Elizabeth Kufour
Grace Chiu
Rubesela Benitez

YOUNG 
INVINCIBLES



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Throughout this report we will use the language we do in our everyday lives because we reject the idea that our voices are only valuable if we code switch. This report was written by Texas college students and recent graduates who are offering new visions of collective care and wellness.

Why is a therapy session not seen as on par with an annual check-up? Mental health is not taboo. Mental health is healthcare. Period!



2020 Just Hit Different: An Introduction

The impact of COVID-19 has led to widespread concerns about its unique effects on college students' mental health.¹ Surveys of college students conducted after March 2020 have repeatedly suggested that distress among college students has increased.² Prior to the pandemic, headlines noted how a college student mental health crisis seemed to be taking place at U.S. colleges and universities and labeled Generation Z “the anxious generation.”³ Texas campuses and their counseling centers in particular were seeing increased, unmet demand from students. A Texas Tribune investigation found that six Texas public universities fell short of the recommended ratio of one mental health counselor to no more than 1,500 students, with ratios as high as 1:3,285.⁴ National assessment data showed rising levels of mental health challenges, with rates of students reporting ever being diagnosed with depression increasing by almost 250 percent between 2000 and 2019.⁵ The pandemic laid bare the fragility of the mental health support system and services college students rely on. As much as students struggled to access mental health and counseling services before Covid-19, the gap between need and availability only expanded. This is especially true for students that are Black, Indigenous, and communities of color (BIPOC), lesbian, gay, bisexual, trans, queer, intersex, asexual (LGBTQIA+), immigrant (including undocumented), disabled (taking into account the full spectrum of disabilities), criminalized, homeless/houseless, low-income and parenting while in college. Despite the universal nature of COVID disruptions to students' lives, marginalized students face additional challenges due to urgent and enduring harms stemming from structural inequities.⁶ While many leaders, opinion-makers, and institutions have sought to simply move on from the COVID-19 pandemic, students in Texas need reforms that last beyond the worst days of the crisis.

The importance of equitable access to mental health services, community, support networks, and healing must remain ever present in our work. Postsecondary education is a critical time in a young adult's life and mental health challenges have a negative impact on degree completion and the wellbeing of Texas students. Given the importance of higher education in today's workforce, this can threaten the economic standing of

1 Centers for Disease Control and Prevention. “Prevalence of Autism Spectrum Disorder Among Children Aged 8 Years - Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States, 2016.” *Morbidity and Mortality Weekly Report (MMWR)*, vol. 70, no. 26, 2021, pp. 959-967. https://www.cdc.gov/pcd/issues/2021/21_0260.htm.

2 Calculations from The Hope Center for College, Community, and Justice, #RealCollege 2021: Basic Needs Insecurity During the Ongoing Pandemic, March 2021, <https://hope4college.com/wp-content/uploads/2021/03/RCReport2021.pdf>

3 Scheffler, Richard, Daniel Arnold, Hinnaneh Qazi, Jessie Harney, Lauren Linde, Grayson Dimick, and Niki Vora. “The Impact of Stress on Generation Z: A Policy Brief.” University of California, Berkeley, Graduate School of Public Policy, 2018. https://gspp.berkeley.edu/assets/uploads/page/Policy_Brief_Final_071618.pdf. See also American Psychological Association. “Stress in America™: Generation Z.” Press Release, 2018. <https://www.apa.org/news/press/releases/stress/2018/stress-gen-z.pdf>.

4 Pattani, Aneri. “Texas Universities Struggle to Fund Mental Health Services.” Texas Tribune, August 9, 2016. <https://www.texastribune.org/2016/08/09/texas-universities-struggle-fund-mental-health-ser/>

5 National College Health Assessment, American College Health Association, 2000-2019.

6 U.S. Department of Education. “Impacts of COVID-19 on Education: A Review of the Evidence.” Office for Civil Rights, June 8, 2021. <https://www2.ed.gov/about/offices/list/ocr/docs/20210608-impacts-of-covid19.pdf>

young Texans for years to come. This policy agenda seeks to start a conversation in Texas on how we can build and strengthen mental health options and resources available and be accountable to impacted students at our colleges and universities. Our agenda was built by looking at resources offered at 80 institutions of higher learning, informational interviews with institutional leadership, and listening sessions with students across the state. Our data gathering revealed that disparities exist in the ways students access services, creating new openings and opportunities to advance new policy priorities for campus mental health prevention and intervention.

Say Less: A Snapshot of Mental Health Services Across Texas

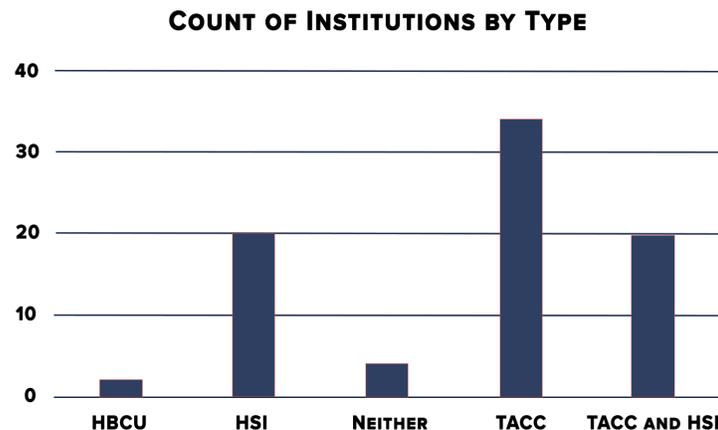
Our assessment of mental health resources is from 80 public institutions across the state, including community colleges in the Texas Association of Community Colleges (TACC), Historically Black Colleges (HBCU) and Hispanic Serving Institutions (HSI). We've collected data about mental health services from institutions' websites and phone interviews and demographic data from the National Center for Educational Statistics. In addition, the regions of these institutions, Central, East, North, South, Southeast, and West, were determined using the boundaries from the Texas Association of Community Colleges (figure 1). All data was collected in the year 2021.



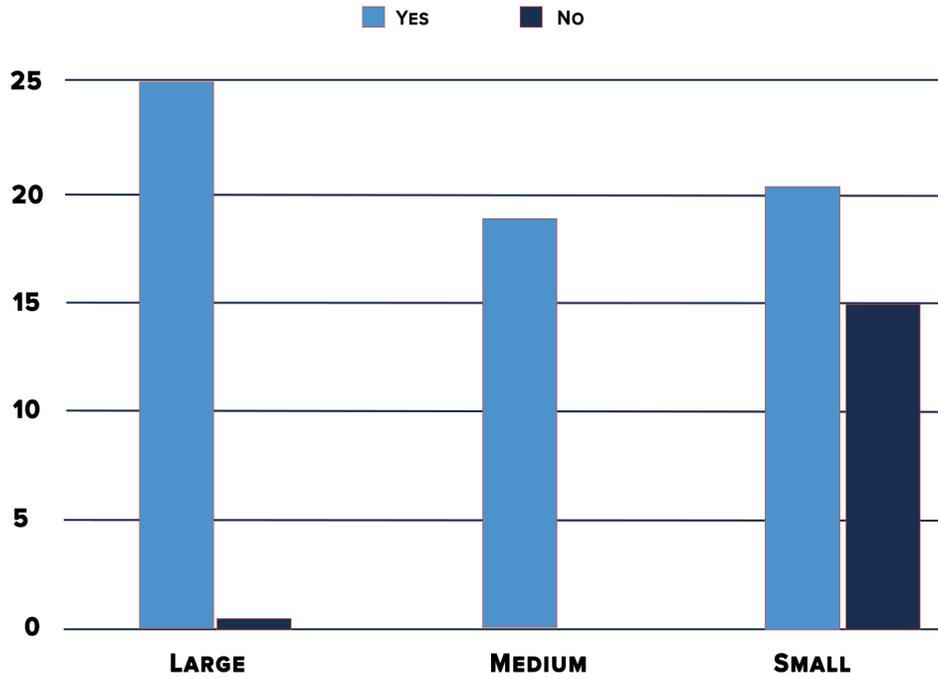
Figure 1

The collected data included whether the institution self operates mental health clinic services, whether or not services like crisis counseling, suicide prevention, stigma reduction and awareness, drug substance and alcohol abuse prevention, peer support groups, and telehealth counseling were offered by the institution, as well as what, if any fees applied, the ways services could be accessed, and pertinent contact information.

Mental Health Clinic Services by Different Categories

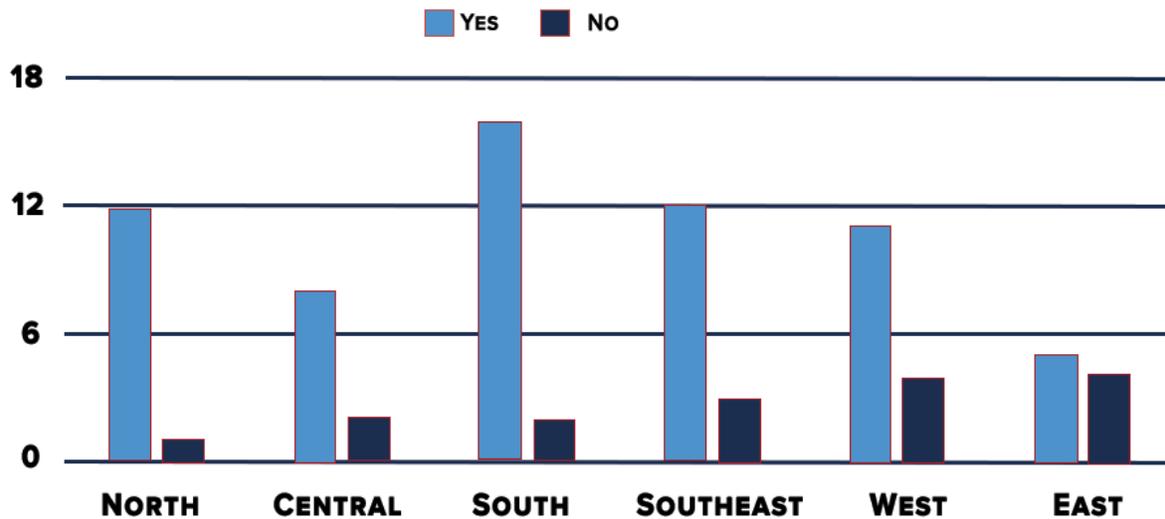


COUNT OF MENTAL HEALTH CLINICS BY SCHOOL SIZE



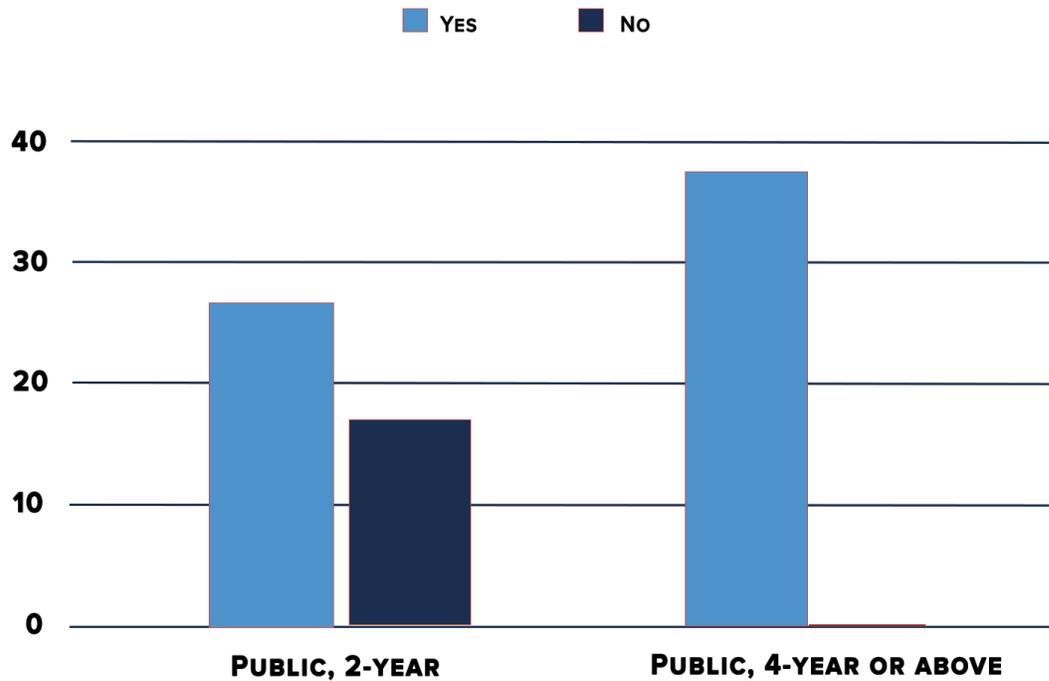
Through this chart, we can see a clear relationship where the larger the institution is, the more likely the institution has a mental health clinic.

COUNT OF MENTAL HEALTH CLINICS BY REGION



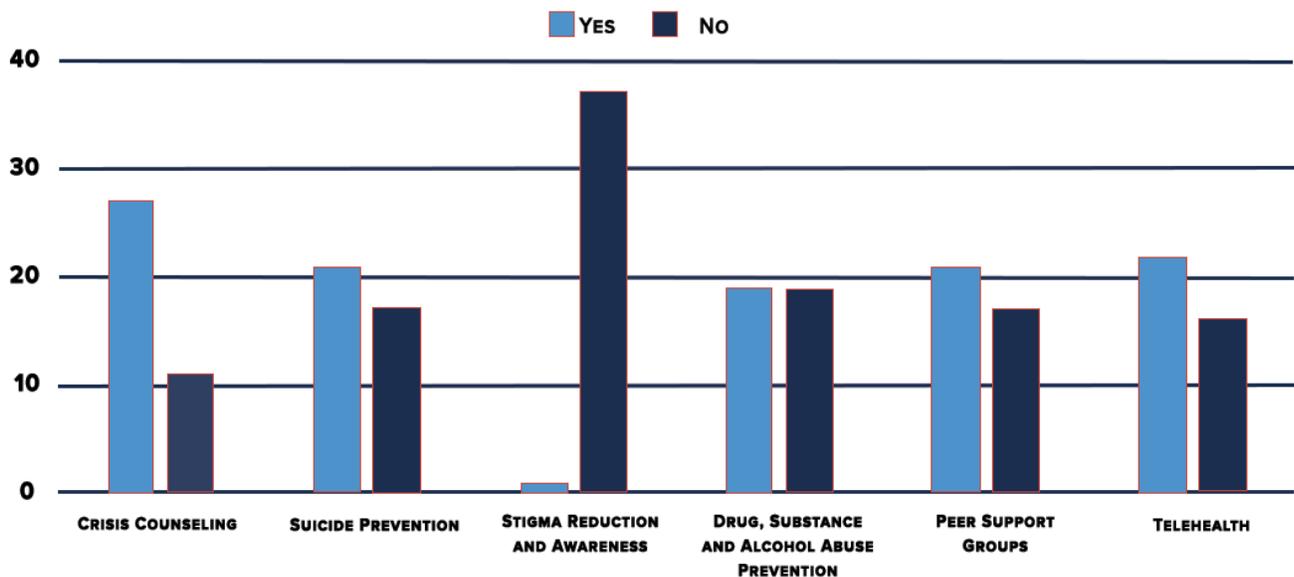
Regions North, Central, South, and Southeast have relatively higher rates of offering mental health clinic services compared to West and East Texas.

COUNT OF MENTAL HEALTH CLINICS BY EDUCATION SYSTEM



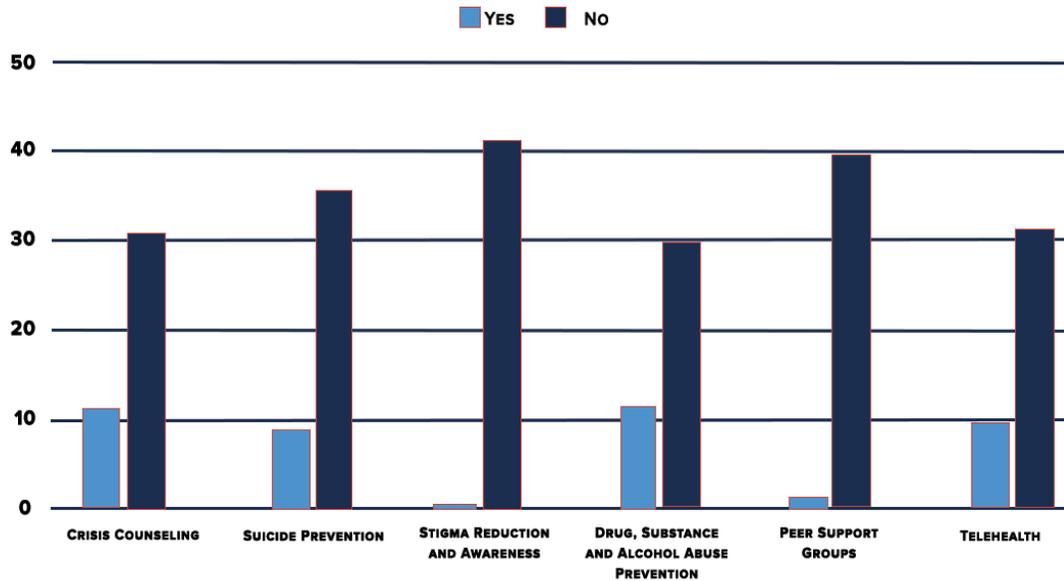
All 38 public, 4-year or above institutions in this study have self-operated mental health clinics. However, 16 out of 42 public, 2-year institutions do not have such resources to support their students.

COUNT OF MENTAL HEALTH SERVICES FOR PUBLIC, 4-YEAR OR ABOVE INSTITUTIONS

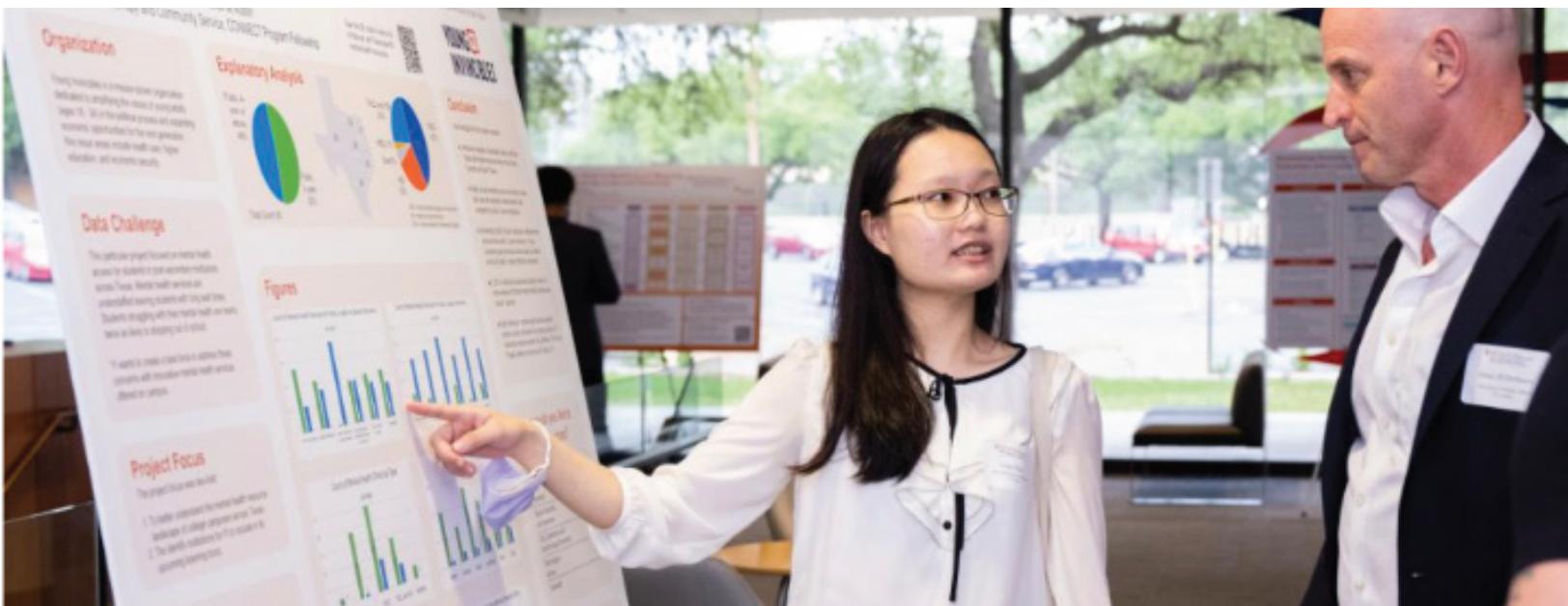


With a more in-depth analysis, we can see what kind of services are more commonly offered by public 4-year institutions. Crisis counseling is the most common service offered by these institutions, usually providing such service with a phone number often 24/7 from which students could get immediate help.

COUNT OF MENTAL HEALTH SERVICES FOR PUBLIC, 2-YEAR INSTITUTIONS



There are drastic differences in mental health services offered between public, 4-year or above and public, 2-year institutions. We can see that there are much more counts of not offering these services in public, 2-year institutions. However both 2 and 4-year institutions remain low in the stigma reduction category.



University of Texas CONNECT fellow Grace Chiu presenting our assessment of the types of mental health services offered at colleges and universities across Texas.

Through this exercise, we get a deeper understanding of the mental health resources landscape of Texas Public Institutions in Higher Education. Community college HSIs emerged as the most under-resourced institutions in the state. Smaller schools are particularly lacking in supports. West and East Texas institutions have fewer resources compared with those in the rest of the state. In addition, all of the public, 4-year or above institutions in this study have their own self-operated mental health clinics. Meanwhile 16 out of 42 public, two-year institutions do not have their own mental health clinics. We also analyzed the services that these mental health clinics provide. Crisis counseling is the most common resource provided. Most of these institutions also provide suicide prevention, drug substance and alcohol abuse prevention, peer support groups, and telehealth, compared to public, 2-year institutions. However, all 80 institutions but one are lacking stigma reduction programs. [A deeper dive into our analysis is available here.](#)

Main Character Energy: Centering Student Voices

Disparities in the ways in which students access services can exacerbate their challenges and impede their postsecondary success. A critical aspect of YI’s work is listening to, learning from, and lifting up the voices of young adults, ages 18-34. We chose to explore the impact of mental health care access on young people through storytelling. In the Spring of 2021 and 2022, Young Invincibles conducted storytelling circles at Austin Community College, El Paso Community College, Houston Community College, Lone Star College, Stephen F. Austin University, Texas Southern University, University of Houston, University of Texas at Austin, and Wiley College. We were intentional about speaking to students of color and students from rural areas as our research showed those students would be the least likely to have access to a full host of resources. We presented a series of five prompts focused on services offered at each institution and students’ definition of mental wellness. Through our young adult engagement, YI aims to elevate their voices to inform policy, systems, campus and community changes.



“I have four jobs while also being enrolled in 15-18 credit hours a semester and having adequate participation in organizations on campus to help me pay for rent, utilities, gas, and non-essentials. Without these jobs, I would not be able to live on my own, have a car, and eat every day. Sadly, the state thinks that the funding provided to community colleges is enough to help students succeed because, in reality, it is barely enough to help us get by.”



“My first attempt at college was a bust. After being accepted to a 4-year college and purchasing my books out of pocket because my financial aid had yet to kick in, I learned I needed to take care of my younger sister. I dropped my classes before school could begin. I cried when returning my books to the school’s store. No one reached out to me to inquire what happened. No one gave me information about alternatives available.”

Financial stress came up in practically all of our conversations with students. Today' students worry about the rising cost of college, student loans, and balancing work with school. Basic needs insecurity and mental health concerns are often addressed in isolation, ignoring the potential reinforcing nature of these challenges.



“Before the pandemic, I remember having only a few bad mental health episodes, but none were nearly as bad as my worst period - when we reached the heart of the pandemic. By the time we were about a year and a half into the pandemic, I knew I had to get help with my mental health.”



“I was less than a number it seemed as though no one was counting to ever notice I was missing.”

Young Texans want to be taken seriously for checking in on their mental health. Many young folks told us that their support systems only appear once they are experiencing a crisis. Instead, they want to feel like they're in the driver seat of their health journey with the ability to be proactive instead of reactive.



“It was really hard on me and I missed a lot of time because of doctors appointments and self care days, and sadly most professors weren't very accepting. I didn't get any help from emergency services as they said it was up to the professor”



“All of my professors were extremely understanding and helpful while I was learning how to navigate my college experience. I think the main thing missing was highlighting the importance of mental health. I watched so many of my friends experience burnout and wreck their GPA because no one was expressing the importance of taking care of our mental health. They did not have the tools to help them with the mental anguish they were experiencing, which caused detrimental damage to their college experiences.”

Higher education faculty are increasingly involved in responding to student mental health concerns and can play a key role in helping students navigate available mental health resources.



“The university should absolutely not have a limited number of sessions students are able to utilize, and should prioritize funding a more supportive and resource-heavy department.”

Students in our circles made it clear that they needed greater investment in their success.



A mental health storytelling circle

When sharing their visions for mental wellness as college students, participants spoke about de-stigmatization of mental health as key to their wellness. They envisioned wider adoption of mental health days, group therapy, along with a normalization of asking for or seeking help. Cultural competency among providers was also a must. Students want access to providers who not only understand their identity but can also grasp how intersectionality and socio-economic status are essential aspects of the student

experience. Lastly, students are demanding equitable access to healthcare broadly. Students felt that all the work to remove stigmatization and ensure that we have culturally competent providers will be done in vain if we are unable to ensure equity in access. For students this looks like affordable health plans, reduction in wait times for services, and a shift towards offering affordable medications and services regardless of being insured or not. To support their vision, Texas should both invest in and learn from existing campus programs and reexamine ways that key legislation can support the mental health and basic needs of Texas' college students.

Understand The Assignment: Recommendations

As our analysis shows, many institutions continue to lack the resources to implement the holistic approach students envisioned. Current Texas policies are largely limited to immediate crisis resolution, such as suicide prevention and response, without attention to comprehensive supports, including access to affordable health care and debt free college, to help meet students' mental health and related basic needs. Students need more holistic support in order to be academically successful. Although students felt it was critical to increase the mental health services provided on their college campuses, they also recognized that student mental health cannot be solely the responsibility of counseling centers and college professors. To meet this moment, students want to be in the driver seat of their own mental health journeys, with the care and support of their institutions and state leaders behind them.

Create a Statewide Healthy Minds Checklist

[The Healthy Minds Checklist](#) aims to create inclusive programs that enhance existing campus resources and benefit both students and institutions of higher education.⁷ The Healthy Minds Checklist would be well-rounded in emphasizing awareness, prevention, and access. Students, representatives from institutions of higher education, advocates, and state agencies like The Texas Higher Education Coordinating Board and The Department of Health and Human Services could all play a pivotal role by developing the checklist and providing feedback to ensure that the checklist included programs that met the capacity of schools. By implementing programs that meet the checklist requirements, schools will provide a wide range of support services for students and earn statewide recognition as a "Healthy Minds" campus. A Healthy Minds designation symbolizes a commitment to the well-being of their students and also provides an opportunity for campuses to practice shared learning as they work to gain the designation. Campuses could learn innovations from the CAPS program at Texas A&M University, the University of Houston (UH) and El Paso Community College (EPCC) peer support groups, or the TRIO program at Kilgore College for example as innovative and impactful programs schools already have they can replicate or learn from to meet a component of the checklist. For further resources check out our examples of [promising practices](#).

⁷ Colorado Department of Higher Education. "Healthy Minds Campus Checklist." January 25, 2021. https://highered.colorado.gov/sites/highered/files/Healthy_Minds_Campus_Checklist_2_25_01.pdf

Invest in the Mental Health Workforce

Ensuring a strong mental health workforce in Texas continues to be a challenge, particularly in recruiting and retaining people of color. Students overwhelmingly want providers and social workers they can see themselves in - providers who are young, people of color, members of the LBGTQ community, from working class backgrounds, first generation students and immigrants. By diversifying and supporting the mental health workforce, we can better meet the demand of today's young people. Strategies could include targeted loan support programs, promoting existing loan repayment programs like Public Service Loan Forgiveness, and offering opportunities for undergraduate students to participate in programs that allow completion of undergraduate degrees combined with automatic admission into mental health-related graduate programs.

Expand Medicaid Coverage

Closing the Medicaid coverage gap is a critical step toward addressing young adults growing mental health needs. One million low-wage Texans continue to be stuck in the "Medicaid Gap" in which they do not qualify for Texas Medicaid but make too little money to get healthcare through the Affordable Care Act Marketplace. Over half of those in the Medicaid Gap are young adults and the vast majority are working class. If the Texas legislature expanded Medicaid, these young Texans stuck in the coverage gap would become eligible for the coverage they need to get care for their mental well-being. Additionally, 75 percent⁸ of the uninsured Texans who could be covered are Texans of color. Expanding Medicaid would take a fundamental step towards reducing structural inequality in access to health coverage for young people of color.

Implement Basic Needs Navigation Services

As more low-income and first-generation students pursue postsecondary education, students need support beyond tuition payments to ultimately complete their programs. Students are people first, and are juggling a myriad of life challenges as they strive for academic success. Across the state more and more leaders at colleges and universities are broadening their definitions of student support and expanding services to meet basic needs. Institutions are rising to the challenge and providing supports like food pantries, emergency aid funds, and childcare centers. A statewide Basic Needs initiative would ensure campuses have a hub where students can seek support in getting their basic needs met as well as staff liaisons to support navigating systems. The basic needs navigators will assist students in determining their eligibility for public benefit programs, conduct student outreach, and develop partnerships with community partners.

8 Kaiser Family Foundation. "Who Could Medicaid Reach with Expansion in Texas?" <https://files.kff.org/attachment/fact-sheet-medicaid-expansion-TX>

Require institutions to Report the Ratio of Students to Licensed Mental Health Counselors

Higher education institutions should publish their student to licensed mental health counselors data annually. Data that indicates how many students are reaching out to their campus for mental health care resources and are not getting treatment should be available. The number out-sourced should also be published. Without this data being public, it will remain difficult for students, Institutions, and policymakers to demonstrate the need for additional support.

Increase Affordability and Equitable Access to College

Financial stress and debt were named in every one of our storytelling circles as mental health stressors. By now it's no shocker that today's students are experiencing more financial stress than their predecessors. The chronic stress of navigating life with a lower income is well documented. Debt free college could provide much mental health relief in addition to financial flexibility for students. Measures such as awarding more need-based aid, increasing Texas Educational Opportunity Grant Program (TEOG) funding, and establishing a significant increase in need-based grant aid to community colleges (per the Texas Community College Financing Commission) is needed. In addition, a fundamental reorientation in state investment is our goal. We envision divesting from harm done at our border and in our communities and investing in equitable access to higher education and healthcare.



These student priorities will guide what we do everyday, from who we talk with to what we fight for, during the Texas 88th Legislative session. We're committed to making our mental health platform a reality and building healthy and equitable communities for students.



**The girls that get it get it and the girls that don't don't.
And if you don't get it, you're just NOT that gworl!**

