PA MASLOW

K-16 Mental Health Summit

Report and Recommendations

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Executive Summary

PDE's Office of Postsecondary and Higher Education participated in the JED Foundation/State Higher Education Executive Officers' (SHEEO) Mental Health and Wellness Learning Community alongside representatives from AZ, TX, LA, and OR. Building on the PA MASLOW initiative, the established workgroup met to enhance mental health support for Pennsylvania students. As part of this important work, the PA MASLOW K-16 Mental Health Summit was convened in June 2024, to address escalating mental health issues among students from K-12 as they transition postsecondary institutions. Rooted in Maslow's Hierarchy of Needs, the PA MASLOW initiative aims to support learners by addressing seven key areas of work including: digital equity, mental health, financial, housing and transportation, physical health, adult learner needs, and safety and belonging. By acknowledging the intersectionality of these needs, PA MASLOW provides a holistic, statewide support network to enhance student well-being and success. The summit focused on synthesizing current mental health concerns and developing comprehensive strategies to support students, particularly during the critical transition from high school to college.

It is important to note that the purpose of the summit focused on the bridge between K-12 and postsecondary via traditional pathways. Further consideration should be given to non-traditional pathways, the needs of adult learners, part-time learners, parenting students, students with disabilities and others who obviously are not excluded from mental health and wellness concerns; however, these populations were outside the scope of this event and subsequent recommendations.

The summit brought together traditional, 4-year college full-time students, K-12 educators, postsecondary representatives, and community partners for a day-long roundtable. The summit focused on understanding mental health support during the transition to postsecondary education from high school of traditional students, identifying barriers, and discussing recommended actions to improve this transition and ensure consistent mental health service delivery. Through collaborative dialogue, participants aimed to develop recommendations to promote sustainable structures to support students throughout their educational journeys.

The student panelists shared their personal experiences and perspectives on mental health and wellness. These students provided a baseline of insights for the summit, highlighting key aspects of being mentally healthy, the crucial role of support systems, and the evolving perceptions of mental health stigma. They discussed challenges in seeking mentorship and accessing mental health resources, particularly during the transition to postsecondary education, and emphasized the importance of supportive relationships, effective communication, and early intervention. The students called for a holistic approach to mental health that integrates emotional, social, and academic support, with a primary emphasis on peer connections and mentoring opportunities to foster a healthy and connected school community.

During roundtable conversations, summit participants identified significant barriers and gaps in mental health support. These discussions revealed six primary themes for further consideration and resolution: funding issues and financial training deficiencies, inadequate implementation of

mental health initiatives, barriers to accessing services, transition and accommodation challenges, inconsistent policy and procedure implementation, and limitations in insurance and counseling access. Addressing these barriers requires improved funding, comprehensive training, enhanced awareness, and equitable policies to effectively support the mental health needs of students transitioning to and navigating through postsecondary education.

Key strategies were identified as recommendations to bolster mental health support for students. Core recommendations included:

- Standardizing public-facing mental health resources,
- Developing a statewide mental health access guide,
- Fostering K-12 and higher education partnerships,
- Enhancing mental health literacy,
- Establishing model policies for students with mental health disabilities,
- Strengthening cross-system collaboration,
- Creating a mental health emergency fund,
- Improving transparency and communication,
- Investing in peer support models, and
- Involving students through youth advisory panels.

To operationalize these recommendations, the summit outlined **immediate** action steps that include 1. The formation of a state task force. 2. Development of standardized templates and toolkits for broad distribution and utilization. 3. Ongoing professional development convenings.

Definitions

1. **Mental Health and Wellness**: The World Health Organization (2020) defines mental health as "a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community". Mental wellness is often considered a broader concept that encompasses not only the absence of mental illness but also the presence of positive mental health outcomes, such as happiness, life satisfaction, and resilience.
2. **Protective Factors**: Protective factors are individual or environmental characteristics or conditions that promote emotional well-being and resilience and help prevent mental health problems. Examples of protective factors include a supportive family environment, positive parenting, social connections, and access to healthcare services (National Academy of Medicine, 2020).
3. **Risk Factors**: Risk factors are characteristics or conditions that increase the likelihood of developing mental health problems. Examples of risk factors include poverty, parental substance abuse, exposure to violence, and social isolation (American Psychological Association, 2020).
4. **School Connectedness**: School connectedness refers to the sense of belonging and attachment students feel towards their school and peers. This can be measured through surveys and has been linked to improved academic performance, reduced risk-taking behavior, and better mental health outcomes (Wilkins et al., 2023).
5. **Belonging**: Belonging, as defined by the PDE Equity, Inclusion and Belonging Hub, is experiencing appreciation, validation, acceptance, and fair treatment within an environment. (adapted from Cobb & Krownapple, 2019). In the context of education, belonging can be fostered through social connections with peers, teachers, and other caring adults.
6. **Peer Connectedness**: Peer connectedness refers to the quality of relationships between students and their peers. Positive peer relationships have been linked to improved mental health outcomes, including reduced stress and anxiety (Foster et al, 2017).
7. **Prevention**: Prevention refers to the actions or measures taken to reduce the risk and occurrence of adverse outcomes before they happen. It involves strategies aimed at promoting protective factors and mitigating risk factors to enhance overall well-being and prevent the development or escalation of problems. According to the CDC, prevention is critical in addressing mental health issues, particularly among students who face various challenges and risk factors that can impact their mental health and overall success (CDC, 2023).
8. **Postvention:** Postvention refers to interventions or support services provided after a traumatic event or crisis has occurred. In the context of education, postvention might involve providing counseling services or support groups for students who have experienced trauma or a crisis (Williams et al., 2022).
9. **Stigma:** Mental health stigma refers to negative attitudes, beliefs, and behaviors towards individuals with mental health conditions, resulting in discrimination and social exclusion. This stigma can reduce the likelihood of seeking treatment and lead to various adverse outcomes in social and professional settings. Unintentional stigma can occur when there is a lack of understanding or awareness (APA, 2022).

Background

Mental health issues among students in both K-12 schools and at postsecondary institutions have become an increasingly pressing concern, particularly in the continued trauma experiences following recent global events such as the COVID-19 pandemic. There has been a clear change in both protective (family environment, positive parenting, social connections, and access to healthcare services) and risk factors (poverty, parental substance abuse, exposure to violence, and social isolation) for students.

PA MASLOW: A Hierarchy of Collegiate Basic Needs is an initiative rooted in the principles of Maslow's Hierarchy of Needs (Hopper, 2024), designed initially for practitioners at postsecondary institutions to support their learners, giving them what they need to be successful. Maslow's Hierarchy emphasizes fulfilling physiological needs, safety, and belonging to guide individuals toward esteem and self-actualization. Whether students are recent high school graduates, adults balancing multiple commitments, or returning students who have taken time off, PA MASLOW aims to ensure all learners receive the support they need to succeed, regardless of their background or circumstances – and in whichever basic need they are experiencing while acknowledging the intersectionality of basic needs amongst learners

PA MASLOW identifies seven Pillars of Work, each addressing a fundamental area of student need:

1. **Digital Equity**: Ensuring all students have access to necessary technology and internet resources.
2. **Mental Health**: Providing comprehensive mental health resources and support.
3. **Financial Support**: Offering financial assistance and resources to alleviate economic burdens including financial aid and financial wellness.
4. **Housing and Transportation**: Facilitating access to stable housing and reliable transportation.
5. **Physical Health**: Promoting overall health and wellness services.
6. **Adult Learner Needs**: Addressing the unique needs of adult learners, including flexible scheduling and parenting needs.
7. **Safety and Belonging**: Creating a safe and inclusive campus environment as well as providing resources for campuses to plan for environmental or future health crises.

The intersectionality of these pillars is prevalent; however, it is not always evident to practitioners or even learners themselves. For example, mental health issues can be further exacerbated by financial struggles, food insecurity, or housing instability. Digital inequity may create barriers in access to academic and mental health resources. In a coordinated effort in addressing these needs, PA MASLOW provides a comprehensive support network that allows for overall student health, wellness, and success. This holistic approach ensures that students are not only equipped to meet their educational goals but also thrive in their personal lives. Through networking, collaboration, and professional development opportunities, PDE is working to promote PA MASLOW throughout the Commonwealth and encourage institutions to do some asset mapping of available resources, identify service gaps, and work to break down silos at their school.

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In the spirit of PA MASLOW and in recognition of the current mental health issues affecting learners across K-16, PDE and its partners convened a K-16 Mental Health Summit in June 2024. Educational and community partners participating in the summit included:

- Secondary school counselors and advisors
- Allegheny County Department of Human Services
- Two-year and 4-year College Counseling Center Coordinators
- Postsecondary Resident Hall Director
- Postsecondary Faculty of Community and Engagement and Leadership
- Pennsylvania Department of Education's Office of Postsecondary and Higher Education and Office of Elementary and Secondary Education
- Four full-time college students
- Two 2024 high school graduates
- Guardians of students

Discussions throughout the day were rich and multifaceted, delving deeply into themes of prevention, crisis of care, and postvention. The student panelists are credited for sharing their personal experiences in both high school and college with candor, sharing both positive and negative experiences. These individual experiences give credence to the importance of delving into the current support structures and highly motivate the participants to reflect on opportunities for improvement.

Literature Review

1. **Mental Health in K-12 Students:**
   a. National Data and Statistics:
   The Center for Disease Control and Prevention (CDC) reports data regarding the health and wellness of student populations. Recent data sets have shown increasing concerns about K-12 student mental health and wellness. During the pandemic, the CDC reported that over one-third of high school students suffered from mental health challenges. Of this student population, 44.2 percent indicated persistent feelings of sadness or hopelessness, with nearly 20 percent seriously considering suicide, and 9 percent attempting it within the past year (Jones et al., 2022). Conversely, those students who reported a connection to school were less likely to experience persistent sadness or hopelessness (35 percent vs. 53 percent), consider suicide (14 percent vs. 26 percent), or attempt suicide (6 percent vs. 12 percent) compared to their disconnected peers (Johnson, 2022). Additionally, there are continued concerns regarding student protective factors such as school-based services, family supports, and social connections.

   Similar extended concerns were reported in the 2021 Youth Risk Behavior Survey (YRBS) and the 2023 Trevor Project survey. The YRBS survey found that 22 percent of students reported seriously considering suicide, with staggering increased in female reports, 30 percent in 2021, up from 24 percent in 2019. Suicide attempt rates continue to be significant, with 10 percent of student

participants attempting suicide, with larger increases in numbers seen among Black and LGBTQ youth.

An overall feeling of sadness or hopelessness was reported by 42 percent of students overall, with 57 percent among females and 69-78 percent among LGBTQ+ youth. These numbers are consistent with The Trevor Project's 2023 survey of over 28,000 LGBTQ+ youth. This survey found that 41 percent of this special population seriously considered attempting suicide in the past year (2024).

Death by suicide is the second leading cause of death for individuals aged 10–24 in the United States (CDC, 2023). Furthermore, it must be noted that the suicide rate for this age group has increased by 56 percent over the past decade, with Black youth experiencing the largest increase at 78 percent (Stone et al., 2021). It follows that between 2019-2021 there was a noted increase in emergency room visits for suicide-related behavior (Yard et. al., 2021).

b. Pennsylvania Data and Statistics:
Pennsylvania gathers state specific data relative to the mental health and wellness of students. The Pennsylvania Youth Survey (PAYS) commenced in 1989 targeting 6th, 8th, 10th, and 12th grade students across the Commonwealth. This biennial survey provides school administrators, state agency directors, legislators, and other educational partners with insights into the mental health and wellness of secondary students, as well as risk factors and the associated protective factors. The PAYS 2023 survey found consistent themes amongst student populations. For students, 37.3 percent reported they felt sad or depressed most days in the past 12 months and 16.1 percent of students had seriously considered attempting suicide. Also, 36 percent of students across the Commonwealth shared that they had the depressive thoughts of "at times I think I am no good at all."

With these staggering and concerning data points seen across multiple state specific and national surveys and data sets, a national emergency in child and adolescent mental health has been declared. In collaboration, the American Academy of Pediatrics (AAP), the American Academy of Child and Adolescent Psychiatry (AACAP), and the Children's Hospital Association (CHA) have determined the declaration must be made (American Academy of Pediatrics, 2021). The Surgeon General, also aware of the grave state of student mental health and wellness, also issued an advisory focused on protecting youth mental health (2021). The JED Foundation, a nonprofit organization dedicated to mental health and suicide prevention among teens and young adults, emphasizes the importance of comprehensive mental health support systems in high schools. The JED Foundation has shared that schools with systemic mental health programs experience not only improved emotional well-being, but also improved academic performance amongst students (JED Foundation, n.d.).

2. Mental Health in Traditional Postsecondary Students

Across the United States many students are transitioning to postsecondary institutions after a long experience in their K-12 schools. There are many changes that are attached to the commencement of postsecondary education; these changes can include unique to each student

stressors, financial challenges, adjusted and heightened academic demands, and the holistic move from a home environment to a never before experienced social and living community.

Moreover, it is estimated that 10-40 percent of high school students who intend to enroll in college ultimately do not (Castleman, B.L. & Page, L.C., 2020). This phenomenon, known as "summer melt," disproportionately impacts marginalized students. Castleman and Page (2020) discussed that this includes low-income students, first-generation college students, students with lower academic achievements, students with atypical family situations, students struggling with mental health issues, and underrepresented students of color on college campuses. While research indicates that implemented interventions have shown positive impacts on summer melt, it is clear, given the statistics, more work needs to be done to decrease this phenomenon (McGuckin, S., 2020)

Several factors contribute to summer melt, including difficulties in navigating complex forms and processes, gaps in financial literacy and financial aid, and the phenomenon of "Verification Melt," where approximately 50 percent of Pell-eligible students are flagged for FAFSA verification annually, with around 25 percent subsequently failing to receive their Pell Grant (National College Attainment Network). Furthermore, a lack of access to high-quality, professional assistance and a deficiency in confidence and college knowledge exacerbate the issue.

A 2021 survey conducted by the American College Health Association revealed that 25 percent of college students reported experiencing moderate to severe psychological distress, while 30 percent had positive suicide screens within the past year. This transition from high school to college is particularly arduous as students often lose the structured support systems and protective factors, previously available to them in high school.

The 2023 Annual Report by Penn State University's Center for Collegiate Mental Health provides further concerning statistics analyzing mental health trends among college students spanning 13 years. The study revealed that 61 percent of students seeking counseling support had a counseling history and 47 percent reported childhood trauma. These data points mark a substantial increase over the course of the study, indicating the increased need for mental health treatment. In terms of service utilization, the report found that students averaged 5.7 appointments per year, with a median of 4 appointments. A significant concentration of service usage was observed, with 20 percent of clients accounting for 56 percent of all appointments. This suggests a high demand for counseling services among a subset of students with potentially more severe or persistent mental health needs. The report highlights the growing mental health needs and the essential role of counseling centers (CCMH, 2024).

Research by Lumina Foundation and Gallup indicated that over one-third of currently enrolled students have considered discontinuing their program within the last six months (Marken, 2022). Of these students surveyed, 76 percent cited emotional stress or mental health concerns as primary factors influencing their decision. This is twice the percentage of those who identified program costs as a potential reason for dropping out, or "stopping out".

Mental health and wellness continue to be an area of strong concern for students as they transition from high school to their postsecondary education. Whether they melt away in the

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summer and never enroll, stop out after enrollment, or face challenges with their mental health, there is a clear need for intervention. The unique stressors and risk factors that college students may face, increased academic pressure, financial challenges, and the need to adapt to a new social environment, all contribute. There is clearly a call to support students' high rates of anxiety, depression, and other mental health issues, and address the intersectionality with their other collegiate basic needs. The JED Foundation research indicates that colleges implementing comprehensive mental health strategies, which may include mental health promotion, substance abuse prevention, and crisis management protocols, experience notable improvements in student mental well-being and retention rates. These strategies are vital in addressing the unique stressors faced by college students (JED Foundation, n.d.).

3. Disparities and Impact on Mental Health

The disparity in mental health support in the transition from secondary to postsecondary is both significant and damaging to learners. And, there are varying degrees of need and life circumstances that may exacerbate these disparities. While high school students traditionally have access to school counselors, school psychologists, and social workers, they typically experience less accessible and less comprehensive resources and services at their postsecondary institution. There are also inconsistencies within the secondary experience for students. The American School Counselor Association (ASCA) recommends a student to school counselor ratio of 250:1. Research demonstrates that lower student-to-school-counselor ratios are associated with higher student achievement measures, better graduation rates, and lower disciplinary incidents (Lapan et al., 2012; Goodman-Scott et al., 2018; Parzych et al., 2019). ASCA reports that Pennsylvania's ratio for the 2021-2022 school year was 343:1 (ASCA, 2022). Students seem to move from more consistent systems with early identification and interventions to potentially fragmented and limited systems. This disparity is consumed with inconsistencies and the reality that postsecondary institutions are not equipped to manage the mental health needs of their student population. This may mean underfunded counseling centers, long wait times for appointments, and a lack of specialized care. This leaves students with a gap in support during a critical growth period of their lives (CDC, 2023).

The lack of adequate mental health support during the transition from high school to college can profoundly impact students' academic performance, social integration, and overall well-being. Students with untreated mental health issues are more likely to experience academic difficulties, higher dropout rates, and poorer overall health outcomes. Addressing this gap is essential, requiring schools and colleges to collaborate in ensuring a continuum of care for students. This includes improving access to mental health services, fostering school connectedness and belonging, and providing resources that support students' mental health throughout their educational journey.

Recent research highlights the disparities in efforts to support student mental health and wellness. The identification of silos of care and lack of or miscommunication emphasizes the need for a coordinated, campus wide approach. Faculty and staff often operate in isolated departments, which can hinder comprehensive support for students. Training faculty to recognize mental health issues and respond appropriately is essential, yet inconsistently implemented across institutions. For example, despite the clear benefits of mental health training, many universities do not mandate it, leading to uneven support availability (University of Michigan

Eisenberg Family Depression Center, 2020). These silos manifest in the referral networks and procedures on campus as well. This lack of integration of services perpetuates a fragmented system, negatively impacting access to care for students (National Academies of Sciences, Engineering, and Medicine, 2021). And, while there are students accessing services, only a small percentage actually utilize available counseling services, often due to a lack of promotion or perceived stigma (Drake, L., 2020).

Addressing the mental health and wellness needs of all students at all educational levels is crucial for their success and well-being. The disparities in support between high school and postsecondary highlight the need for comprehensive strategies that ensure continuous care and support. By fostering connections, enhancing access to mental health services, and addressing systemic gaps, we can better support students as they navigate the challenges of their educational journeys. Ultimately, this review of the literature highlights evidence supporting the benefits of stigma reduction, help-seeking, and the enhancement of protective factors. These benefits are particularly evident in programs and policies designed for all students.

Genesis for The PA MASLOW K-16 Mental Health Summit and Report

PDE's Office of Postsecondary and Higher Education was selected to participate in the JED Foundation/State Higher Education Executive Officer's (SHEEO) Mental Health and Wellness Learning Community along with representatives from Texas, Louisiana, Oregon, and Arizona. As part of their collaborative, cross-state efforts and building upon the work of the PA MASLOW initiative, PDE's Division of Higher Education, Access, and Equity in the Bureau of Postsecondary and Adult Education established a work group to reimagine the mental health supports for students in Pennsylvania's school systems.

The workgroup identified representative students, K-12 Educators, Postsecondary, and Community Based Partners to attend the PA MASLOW K-16 Mental Health Summit. The purpose of this convening, a day-long roundtable event, was to discuss the needs of students as they transition to postsecondary education and barriers that may exist to a successful transition. This transparent and honest conversation was approached through a student lens and focused on and sought to answer these questions:

1. What is happening with regard to mental health support in both the transition to postsecondary and during students' postsecondary experiences? The good and the bad!
2. What barriers are present for students when seeking mental health support in both the transition to postsecondary and during students' postsecondary experiences?
3. What needs to happen to bridge secondary and postsecondary learning to improve transitions for students?
4. What needs to happen in postsecondary to ensure consistency in mental health service delivery?
5. What state policies or financial supports could aid in bridging opportunities for student transition to postsecondary ensuring standard and momentum of mental health care?

In collaboration, the goal was to begin facilitating the development of sustainable structures across the K-16 bridge in student's educational journeys and into life.

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Student Panel Review

Two recent high school graduates and four current college students from across the Commonwealth shared their experiences, stories, and perspectives on mental health and wellness. Student participants were selected through targeted outreach based on their interactions and experiences with adult support networks. The student panel (all identifying as female, traditionally aged, and attending 4-year schools) consisted of two rising first year full time students, one rising full time junior, and three rising full time seniors, one of whom is a commuter. The panel did not have a male presence, reflective of the population of students who are both seeking help and receiving mental health support, as well as being willing to share their experience. Still, effort should be made to listen to the male student's perspective. Students reflected and provided the baseline of thinking for the PA MASLOW K-16 Mental Health Summit through an opening panel discussion. The student panel responses highlighted a view of what it means to be mentally healthy, the importance of support systems, and the evolving perceptions of mental health stigma. Students also discussed challenges faced in seeking mentorship and connecting with mental health resources, especially during the transition to postsecondary education. This collective summary for each question captures the overall insights shared by the students, providing a general understanding of their mental health needs and the systemic changes required to support their well-being.

1. What does it mean for you as a student, or for students in general, to be mentally healthy?

   The student panel shared that mental health for students encompasses several key aspects: consistency in daily routines, self-care (mind, body, and soul), positive self-image, self-management, self-regulation, resilience, and the ability to let go of negative experiences. It involves being equipped with the necessary tools to handle life's challenges and maintain a positive energy.

"Surround yourself with good people and good company."

"Having a positive relationship with yourself."

"Be equipped with tools to take on life's challenges and give positive energy to others."

2. Are there things that support you being mentally well?

   According to the student panel, support systems play a crucial role in mental well-being, with honest and loving relationships being essential. However, several hindrances exist, such as feeling like just a number at school, conflicts of interest, lack of a support system, and anxiety about future challenges. Effective support systems can help mitigate these issues. **Students generally rely more heavily on peer support and connections rather than adult support.** This feels safe and more authentic, allowing students to experience connectedness and belonging.

"Family is my backbone."

"Get a group that aren't just 'yes' people. Keep it real and honest."

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"I need to make sure I have one on one interaction."

3. What helps students feel a sense of belonging or connectedness in the general community?

   The student panel reflected that supportive counseling services, peer support programs, and academic communities help foster a sense of belonging. Smaller, interest-based learning and living communities and peer mentoring programs are particularly effective in creating a supportive environment. Professors can also play a significant role by being approachable and acting as resources beyond their teaching duties. It is exceptionally detrimental when professors and other staff project a lack of interest in students' academic and/or mental health needs, creating anxiety producing learning situations.

"Healthy support systems, having good supports that keep it real."

4. What helps students feel a sense of belonging or connectedness in the school community?

   Like the general community, school-specific support systems such as counseling services, peer support programs, and inclusive academic communities (adult emotional intelligence is key) help students feel connected. The entire student panel, including recent graduates and those who have been in college for several years agreed that the transition from high school to college can be challenging, and supportive initiatives can bridge this gap effectively. Of highest priority is peer connectedness, peer mentors, and structured activities that create accessible opportunities to build safe and supportive relationships with peers.

   "Having a peer support program would be awesome - connecting with my peers is so much more validating - it can be intimidating going to an adult"

"Professors need to stop the competing for attention culture. When professors cater to the most outgoing, demanding attention students the rest of us suffer and do not feel like we are safe to even try and ask for help."

"I'm a commuter and I struggle to connect with students."

5. What does stigma around mental health look like? How do you think the stigma around mental health has changed?

   Based upon the student panel experiences, it seems that stigma around mental health has decreased significantly, especially among younger generations who are more emotionally intelligent and open to discussing mental health issues. However, it still exists and can manifest in unintentional ways, particularly among older generations and authority figures who may not be as attuned to mental health issues. Students are looking to be heard, and sometimes there are classroom practices and norms that dampen student voice. Students are traditionally taught to be respectful without necessarily a focus on connections in the classroom setting. This creates a critical need for supportive learning and living communities outside of the classroom with peers; respect can be managed in conjunction with care and concern; but organized situations need to be created for this to happen. There is a need for ongoing education and awareness to further reduce stigma, like mental health literacy training for students and adults.

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"Men and boys are starting to understand they need help. They can ask."

"Social media has helped. Finding people who relate and share the same story."

6. How likely are students to shop around for a mentor who understands them? If they don't feel supported at first (or initially) are they likely to shut down and move on or continue to look for mentorship support?

    Students often feel trapped and may not know to seek a better mentor if they have a difficult relationship with adults who may have filled this role. This can lead to feelings of isolation and even dropping out. However, the current generation is more aware of mental health issues and may be more proactive in seeking supportive relationships. It is critically important for students to have peer mentors to work through the many layers of being a college student. The student panelists further shared that a peer mentor can fill many needs including connectivity, recent experience sharing, present advisement, and safety.

"Maybe students don't understand the importance of a mentor."

"Mentors may not have a solution, but we want to vent to someone."

"Sometimes we wait for the opportunity to talk to someone to appear, instead of looking for it."

7. What do you look for in a mentor?

    The student panelists shared that students value mentors who listen, understand their perspective, encourage them, and recognize their potential. Effective mentors are those who find ways to be connected to students, work to understand their needs, and can provide support and guidance without projecting their own biases or issues.

"I want someone to help instead of projecting."

"Someone who encourages you, sees your worth and potential, and then pushes you towards those things."

8. How do you handle unintentional stigma?

    The student panelists spoke to addressing unintentional stigma, the discrimination and shame that comes from asking for help. They said it involves direct communication and holding people accountable for their actions. There is a need for more training and awareness among educators and authority figures to prevent and address unintentional stigma effectively.

    One student shared a story of an interaction with a teacher that, in many ways, defined their school experience in a very negative way. The student had a teacher who didn't really respect them – the teacher made many assumptions about them according to what the teacher "knew" about mental health and wellness, and it complicated the student-teacher relationship. It was difficult for them to talk to the teacher candidly about things. The teacher was not understanding what the student needed and was not reacting in a supportive, kind, or healthy

way. While the student did not think the teacher tried to make things worse, they did and felt that this teacher, and students, would benefit greatly from teacher mental health training.

"I personally have sympathy for other generations who couldn't discuss mental health, I try to communicate with these people."

"If you're an educator that means you want to work with kids - it's not just a paycheck! Understand us and advocate for us. I will share this!"

9. How do you help end unintentional stigma?

The student panelists shared that ending unintentional stigma requires systemic changes, including mandatory mental health training for faculty and staff. It also involves creating accessible support systems and ensuring that students feel comfortable speaking out about their needs and concerns.

Dr. Starr Fiedler offered much support and services to consider after a review of her Pennsylvania Mental Health Policy and Program Scan. She highlighted Pride Points, Innovations, and Opportunities for institutions of higher education to consider in their mental health work (2024).

"I know if I don't say something it is not going to change - I am going to hold professors accountable by talking to them."

"If I see something wrong, I communicate and copy the right people."

10. How hard was it to connect with resources you need at postsecondary institutions?

The student panelists communicated that they find it challenging to access mental health resources at postsecondary institutions due to long wait times and lack of effective support. Students shared varying experiences with high school counselors, some thankful for their experiences and others wishing they had more support, highlighting the need for better transition support and increased awareness of available resources that are consistent across school systems.

"It's not great."

"My school counselor was there and made sure I knew what to do to access services"

"All my school counselor did was make sure I sent in my applications; she didn't help with anything other than that."

11. What do you see coming that we need to be prepared for?

The student panelists were clear in their thoughts for the future. Projected challenges include addressing the impact of technology and social media on mental health, as well as fostering better mental health support from a young age. There is a need for comprehensive mental health education and support systems that start early in life to build resilience and healthy

coping mechanisms. And, continued and consistent mental health training for the adults at all levels, the teachers and professors are critical in this process, they must be a good fit, care about students, and be willing to change and grow based on learners needs.

"Being too connected to social media."

"Screenagers."

"Starting mental health awareness young, with both students and the people working with them!"

This summary student panel feedback and direct quotes highlights the intense complexity of mental health and wellness of students in the transition from secondary to postsecondary and beyond.

Key themes included:
- The importance of supportive relationships,
- Effective communication,
- Early intervention.

Students advocated for a holistic approach to mental health- integrating emotional, social, and academic support to foster a healthy and connected school community. **Of highest priority is the need for peer connections, support, and mentoring opportunities.**

Identifying Barriers and Gaps

In recent years, the focus on mental health support during educational transitions and within higher education settings has intensified due to growing concerns about student well-being. To address these concerns, participants were organized into two work groups comprised of educational partners from PDE, Secondary and Postsecondary institutions, and Community-Based Organizations. They were given the following prompts:

1. What is happening with regard to mental health support in both the transition to postsecondary and during students' postsecondary experiences? The good and the bad.
2. What strategies or supports are available for students who are in a mental health crisis while in higher education or to promote their recovery (postvention)?
3. What are the leading protective factors that help students regarding their mental health?
4. What can K-12 schools do to both raise awareness with institutions of higher education and support students regarding their mental health in higher education and accessing care in higher ed?

The discussions revealed various barriers and gaps in mental health support and education, categorized into six primary themes: funding issues and financial training deficiencies, mental health initiative implementation, barriers to accessing services, transition and accommodation issues, policy and procedure implementation, and insurance and counseling access.

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These findings suggest the need for improved funding, better training, enhanced awareness, and robust policies to effectively support the mental health needs of students transitioning to and navigating through higher education.

1. **Funding Issues and Financial Training Deficiencies**
   a. Lack of Funding for Staff: Funding for mental health staffing and training at both K-12 and higher education levels is critically low. This results in high burnout rates and staff leaving the profession. Many mental health initiatives and mandates lack the necessary financial backing, and there is little transparency about the allocation of existing funds.
   b. Grant Writing Challenges: Issues with grant writing and obtaining additional funding persist, exacerbating financial strains. There is a lack of awareness of existing grant opportunities, a lack of training and capacity in grant writing, and a lack of streamlined communication at the local level as to grant opportunities. There seems to be awareness inconsistencies across systems as well creating issues with equitable access.
   c. Training Deficiencies: There is a notable lack of training on budget development and financial management for staff, particularly those providing direct services to students, hindering effective resource allocation and saving. This training seems to live in other departments, thus creating silos and a lack of capacity to develop budgets, write grants, or procure other resources.

"I would like funding for counselors on campus."

"There's an absence of resources…"

2. **Mental Health Initiative Implementation**
   a. Inadequate Action and Transparency: Universities and educational systems often fail to put financial support behind mental health initiatives, and there is a lack of transparency about where allocated funds are going. For K-12 Educational Institutions, the School Safety and Security Committee (SSSC) of the Pennsylvania Commission on Crime and Delinquency (PCCD) is providing Federal COVID Relief – ARPA – School Mental Health Grants funding to support the behavioral health needs of students within this Commonwealth. A total of $90 million is being committed to support this initiative.
   b. High burnout rates among mental health and crisis staff due to overwork and inadequate pay. Many staff members are salaried, leading to overextension without appropriate or adequate compensation.

"…we are seeing more mental health accommodations than we are seeing physical accommodations needs."

3. **Barriers to Accessing Services**
   a. Awareness and Utilization: One of the most significant barriers to mental health support is the lack of awareness among both students and families. Students and families often do not know about available services, or do not use them due to lack of awareness or stigma. While this is seen more widely at postsecondary due

in many ways to it being student initiated, K-12 schools are better positioned to provide mental health support because of systemic structures and service providers in the school setting. However, students and families may choose not to participate in services.

b. Peer Support and Community Building: **Peer support groups and community-building efforts are crucial to build spaces of belonging and connectivity but challenging to implement effectively.** Establishing peer support groups, especially for suicide loss survivors, and fostering a sense of community, belonging, and connectedness within schools is challenging but essential. Concerns about safety and liability can be significant barriers to the implementation of peer support programs. Ensuring that peer supporters are adequately trained to manage sensitive situations is essential to mitigate these risks. According to the *College Peer Support Report 2023*, developing comprehensive practice guidelines and providing continuous training that is evidence-based are critical steps in addressing these concerns and ensuring the effectiveness and safety of peer support initiatives.

c. Physical and Virtual Barriers: Commuting students lack safe spaces, and virtual students struggle to connect. Physical and virtual barriers also play a role with commuting and virtual students often feeling disconnected from or unaware of available resources. Insurance barriers across state lines and limited access to counseling services/long wait times further complicate support.

"Our child adolescent system doesn't understand our adult system. Our adult system doesn't understand our child adolescent system. There are age barriers, there's evaluation barriers, there's not easy access points for transition age individuals, whether they're in college or not."

"We need to do a better job of making sure that our policies and procedures are clear and accessible to everyone."

4. **Transition and Accommodation Issues**
   a. Transition from High School to Higher Education: The transition from high school to higher education has many gaps in services, essentially leaving students on their own in the bridge from high school to postsecondary and beyond. Students move from having systemic access to supports and services for their academic, physical, and emotional needs to having to coordinate these supports through their own initiative taking. This might include academic accommodations for classroom instruction and/or testing, ADA needs, counseling services, access to food, etc.
   b. Staffing for Accommodations: While there are federal regulations (IDEA and ADA) mandating a review of student's needs, there is a shortage of staff at postsecondary dedicated to reviewing and implementing accommodation policies, affecting the quality of support for students with special needs.

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"…when students come into the university, we don't know if they have any mental health needs. And we expect them to reach out and seek out the care and the help. And they're already overwhelmed…:

"We have limitations on what we can do and what's mandated by law and then what we don't have to do."

5. **Policy and Procedure Implementation**
   a. Postvention Policies: Implementation of policies and procedures for postvention (support after a crisis event) is often lacking, affecting the support provided to students and families.
   b. Inclusivity in Conversations: Ensuring all appropriate educational partners are included in conversations about mental health concerns and support strategies is crucial for developing comprehensive and effective support strategies. It is imperative that there is representation within support services; this includes a diverse group of support staff, representative of the student population. It is critical that students can see those who look like them in these settings to increase connectedness and belonging.

"I think part of the problem is that there are so many different policies and procedures, and they're not always communicated effectively. So students may not know what their rights are, or what services are available to them."

"We need to make sure that all staff are aware of the policies and are applying them in the same way."

"...it's important to get feedback from students. They are the ones who are directly impacted by these policies, so their input is invaluable in making sure that we're meeting their needs."

6. **Insurance and Counseling Access**
   a. Insurance Barriers: Insurance barriers significantly impact students' ability to access counseling services. Student insurance may require a number of processes and procedures in order to engage in mental health services. This may include a transition/delay/lapse in insurance coverage, nuances on the transition to postsecondary coverage, or lack of transition of insurances from states other than PA.
   b. Session Limitations: Once students use their allotted counseling sessions at the university, they often struggle to find further support highlighting a critical gap in continuous mental health care.

"They (students) don't understand copays, they don't understand insurance, they don't understand how to navigate a lot of things. So that's definitely a barrier…"

"It is hard enough when a student isn't feeling great, and then to add on that they might be depressed or anxious and then to try to navigate that system is even harder…"

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Policy, Ideas, Planning, Creation

During the small group reflection on mapping change, participants identified and ranked several key barriers and gaps discussed, such as limited access to mental health professionals.

Consideration was given to which issues were most important, which were the most manageable or actionable, and which areas required more data or information to be gathered.

Participants listed and ranked the people and groups who would benefit from additional support and resources. There was exploration as to whether there are specific groups or professions that could better support students with additional resources, identifying who these groups might be, and the types of resources they could provide. Data considerations were discussed and time was spent listing and ranking the areas or settings that need the most focus, pinpointing where students are present or supported and where additional focus or support is necessary. Thought was given to what this focus or support would look like and what data or information would be beneficial to collect.

The priorities and rankings in the discussion emerged from a collaborative process of identifying key challenges and potential solutions. The participants, representing diverse perspectives from education, administration, and student support, shared their experiences and insights, leading to a consensus on the most critical areas of focus.

The prioritization was influenced by:

- **Frequency of mention:** Issues discussed repeatedly were considered more pressing.
- **Impact on students:** Solutions that directly addressed student needs and well-being were prioritized.
- **Feasibility:** Practical and actionable recommendations were given higher priority.
- **Resource allocation:** The availability of funding and personnel influenced the ranking of solutions.

Prioritized Areas of Focus

Priority Area	Key Issues	Recommended Actions
Staffing and Resources	Insufficient personnel, high staff turnover, uneven workload distribution	Increase staffing levels, provide competitive compensation, offer professional development, implement effective retention strategies.
Student Support Services	Limited access to mental health services, lack of holistic support, difficulty navigating campus resources	Expand mental health services, hire resource navigators, improve communication of available resources, create user-friendly online platforms, facilitate peer

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		support programs.
Communication and Collaboration	Ineffective communication between departments, lack of coordination, inconsistent information	Enhance interdepartmental communication, develop clear roles and responsibilities, create centralized information hubs, implement regular collaborative meetings.
Systemic Issues	Increasing student mental health needs, bureaucratic hurdles, limited funding	Conduct comprehensive needs assessment, advocate for increased funding, explore innovative funding models, implement early intervention programs.

Additional Considerations

- **Data-driven decision making:** Collect and analyze data on student needs, resource utilization, and program outcomes to inform decision-making.
- **Student involvement:** Incorporate student feedback to ensure that solutions are relevant and effective.
- **Evaluation and adjustment:** Regularly assess the impact of implemented strategies and make necessary adjustments.

Recommendations

Key recommendations (actionable and manageable) were made regarding standardized public-facing documents, mental health access guides, incentivized grant structures for K-12 and higher education partnerships, the importance of transparency in communication, peer support models, and the role of youth advisory panels.

The following is a summary of each recommendation with an example of practical application:

1. **Standardized Public-Facing Documents**:
   The PA MASLOW K16 Mental Health task force should develop standardized templates of public-facing documents as part of a higher education toolkit that are based on PA MASLOW and Maslow's Hierarchy of Needs. Based on institutions asset mapping their resources, policies, and procedures, these documents and tools would include standardized formatting of school specific information on mental health services and provide clear instructions on accessing them, hopefully for distribution during new student orientation.

   This guide could include sections on different types of support available, such as on-campus counseling services, online mental health resources, local mental health hotlines, and peer support programs. Each section would be clearly formatted with bullet points for

easy reading and include step-by-step instructions on how to access each service. For example, the section for on-campus counseling might include:

1. **Location and Hours**: Address of the counseling center, office hours, and emergency contact numbers.
2. **Services Offered**: Types of counseling available (individual, group, crisis intervention).
3. **Access Instructions**: How to make an appointment, what to expect during the first visit, and confidentiality policies.

By following a standardized template, all schools, departments and services can ensure consistency in the information provided, making it easier for students to find and use these resources effectively, regardless of campus of attendance.

2. **Guides for Mental Health Access in Higher Education:**
   The Commonwealth should adopt a common practice guide for mental health access in higher education institutions. This guide should include essential contact details, such as phone numbers and reception points, and outline the standard of mental health support services, including basic educational needs.

   The creation of a comprehensive mental health access guide could be a collaborative effort among higher education institutions, insurance providers and a student advisory board. This guide would include a directory of mental health resources across all campuses, contact details for counseling services, descriptions of available programs, and resources on funding and insurance providers. It could also offer tips on recognizing signs of mental health issues and advice on seeking help. For instance, a section on crisis intervention might detail steps a student should take if they or a friend are experiencing a mental health crisis, such as:

   1. **Immediate Actions**: Call campus security or a mental health hotline.
   2. **Emergency Contacts**: List of emergency numbers, including national hotlines and local emergency services.

   3. **Follow-Up Support**: Information on follow-up care, including scheduling an appointment with a campus counselor and accessing community resources.

3. **Grant Structures for K-12 and Higher Education Partnerships**:
   Develop and incentivize grant structures that promote partnerships between K-12 schools and higher education institutions. These partnerships should focus on transitional support for students, with specific funding allocated for research and exploration of effective transition methods.

   The Commonwealth could launch a grant program aimed at fostering partnerships between high schools and postsecondary institutions. One practical example would be a summer bridge program funded by such a grant, where high school students attend workshops at a local college. These workshops could cover study skills, college life

expectations, and mental health awareness. Additionally, the program could include mentorship opportunities where college students guide high school students through the transition process, providing peer support and sharing experiences. Research funded by these grants could assess the effectiveness of these programs in easing transitions and improving mental health outcomes for students.

4. **Mental Health Literacy and Intergenerational Interpretations**:
Promote initiatives such as professional development opportunities that enhance mental health literacy and address intergenerational interpretations of mental health. Investing in these areas will provide a baseline understanding, deeper insights, and improve the overall framework for mental health support.

Universities can offer professional development workshops aimed at enhancing mental health literacy among faculty and staff. These workshops could cover topics such as the differences in how various generations perceive mental health issues, effective communication strategies, and recognizing signs of mental distress. For example, a workshop might include role-playing exercises where participants practice conversations with students who may be experiencing mental health challenges. Additionally, online training modules could be made available, allowing staff to learn at their own pace and revisit the material as needed.

5. **Model Policies for Students with Disabilities**:
Establish model policies for higher education institutions to support students with mental health needs. These policies should address attendance, grading, and other critical areas to ensure equitable treatment, accommodation, and support for these students Consideration should be given to college navigators to provide individualized support as needed.

Higher education institutions should establish model policies that address the specific needs of students with mental health disabilities. These policies should cover critical areas such as attendance, grading, and accommodations, ensuring equitable treatment and support. The development of individualized support plans, potentially facilitated by college navigators, can help students manage their academic responsibilities while receiving the necessary mental health support

6. **Cross-System Partnerships and Communication**:
Strengthen cross-system partnerships and communication to maintain continuity in mental health support services. These partnerships are vital for seamless transitions between different educational stages and for consistent delivery of mental health support.

Regularly scheduled meetings between high school counselors and postsecondary mental health professionals can ensure seamless transitions for students with mental health needs. For example, a high school counselor could provide a college mental health team with a summary of a student's ongoing mental health treatment plan, facilitating continued support. Additionally, colleges could host annual forums where educators from

various levels share best practices and discuss strategies for improving mental health support across the educational spectrum.

7. **Mental Health Fund for Initial Care Access**:
   Create a mental health emergency fund that students can access for initial care. Despite healthcare reforms, gaps in insurance coverage remain; this fund could provide essential initial support for students needing mental health services.

   A university could establish an emergency mental health fund that students can apply to for covering initial care costs. This fund could be managed by the campus counseling center, with an accessible application process for students in need. For example, if a student requires immediate counseling services but lacks insurance coverage, they could apply for a grant from the fund to cover the first few sessions. The fund could also be used to cover emergency prescriptions or transportation costs to off-campus mental health providers.

8. **Transparency and Communication**:
   Enhance transparency and communication regarding available mental health services within institutions. This includes not only internal communication but also how institutions interact with students and the broader community.

   A postsecondary institution could create a dedicated mental health services portal on its website, providing comprehensive information about available resources. This portal could include video testimonials from students who have used the services, FAQs about accessing support, and an interactive map of campus resources. Regular updates and newsletters could keep students informed about new programs and upcoming events related to mental health. Additionally, social media campaigns could raise awareness and promote mental health resources, ensuring all students are aware of the support available to them.

9. **Counseling and Peer Support Models**:
   Increase investment in peer support models in addition to traditional counseling services. Peer support programs should be developed, expanded and integrated, focusing on peer mentorship and support, which have proven effective in suicide prevention and mental health support. Evidence-based resources are available from the JED Foundation.
   A postsecondary institution could enhance its mental health services by incorporating peer support programs inspired by the JED Foundation's initiatives, which emphasize peer connections and mental health awareness. The JED Foundation supports programs that train students to provide peer-to-peer support, offering immediate, empathetic assistance to their fellow students. By integrating such a model, the college can complement traditional counseling services with a strong network of trained peer supporters. This approach ensures that students have access to confidential and immediate support, fostering a culture of care and resilience. Additionally, these programs empower students to be active participants in their mental health community, enhancing overall campus well-being and connectivity.

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10. Youth Advisory Panels:
> Establish youth advisory panels to involve student voices in the development and implementation of mental health initiatives. These panels will ensure that the strategies are relevant, effective, and directly informed by the student population.
>
> Establishing youth advisory panels (on the state level task force as well as at postsecondary institutions) can ensure that mental health initiatives are informed by the student population they are designed to support. These panels can provide invaluable insights into the specific needs and challenges faced by students, making mental health strategies reflective of student needs as shared by students. By engaging students as equitable partners in the development and implementation of mental health initiatives, institutions can create more responsive and student-centered support systems while also maintaining the bridge from high school to postsecondary.

Conclusion

The conversation culminated in identifying three immediately attainable deliverables:

- Establish a state task force to oversee the review and possible implementation of these recommendations;
- Develop templates and toolkits around services, accessing resources, and continuity of care for both K-12 and postsecondary institutions (both student facing and for practitioners/administration);
- Facilitate additional convenings throughout the Commonwealth to continue momentum and provide ongoing professional development as well as to explore the needs of adult learners, part-time learners, parenting learners, and others.

The PA MASLOW K-16 Mental Health Summit demonstrated a collective commitment to realistic, actionable strategies for improving student mental health support through a holistic, system-wide approach. These strategies aim to bridge gaps in current practices, enhance transparency, and foster partnerships that support students' mental well-being across all educational stages.

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