



## Legislative White Paper

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# The Imperative for Licensed Clinical Counselors in Community Colleges: Addressing the Student Mental Health Crisis

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## Introduction

College student mental health has reached crisis levels nationwide, and Illinois is no exception. A recent survey found that one in four college students is diagnosed with a mental health condition and one in five has seriously considered suicide ([insidehighered.com](https://www.insidehighered.com)). Such figures underscore an urgent problem: students are struggling, often silently, with depression, anxiety, trauma, and other challenges that impede their well-being and academic success. Community colleges, which educate approximately 41% of U.S. undergraduates ([insidehighered.com](https://www.insidehighered.com)) and a large share of Illinois's college population, are on the front lines of this crisis. These institutions serve many first-generation, low-income, and nontraditional students – groups that face elevated mental health risks yet often have the least access to care ([psychiatry.org](https://www.psychiatry.org)). Historically, however, community colleges have lacked the robust counseling centers common at four-year universities, leaving a critical gap in support.

Illinois's community college students **need on-campus licensed clinical counselors** (full time positions) as a core resource to address this growing mental health crisis. The absence of sufficient professional mental health staff contributes to higher dropout rates, lower completion, and even tragic outcomes. This report presents evidence that placing licensed clinical professional counselors in every community college is not just beneficial but necessary. It reviews literature on community college counseling, analyzes data on student mental health and outcomes, and outlines policy solutions – including pending Illinois House Bill 3385 – to ensure every community college student can get timely, full time, expert mental health help. The goal is to persuade Illinois state legislators that investing in campus-based clinical counselors is a wise and urgent policy to safeguard student well-being, improve academic success, and strengthen the future workforce.

## Background

### *Mental Health Challenges Facing Community College Students*

Community college students encounter distinctive stressors and mental health issues, often at higher rates than their peers at four-year schools. Demographically, community colleges serve large numbers of **nontraditional and underrepresented students** – including older adults, working parents, first-generation college students, low-income students, and veterans. Many juggle full-time jobs or family responsibilities alongside their studies, contributing to high levels of stress. Financial strain is especially acute: even though community colleges have lower tuition, students often struggle with living expenses, transportation, and childcare. It is therefore not surprising that **financial stress is a significant predictor of mental health problems** among community college populations ([pmc.ncbi.nlm.nih.gov](https://pubmed.ncbi.nlm.nih.gov/)). Research indicates these students experience anxiety, depression, and trauma at rates equal or higher to those at four-year institutions when controlling for age. In a national study of over 10,000 community college students, **more than 50% screened positive for at least one mental health condition** (such as clinically significant depression or anxiety), a prevalence higher than that of similarly aged students at universities ([psychiatry.org](https://www.psychiatry.org/); [pmc.ncbi.nlm.nih.gov](https://pubmed.ncbi.nlm.nih.gov/)). The most common issues reported include anxiety disorders, depression, post-traumatic stress (in part due to higher veteran enrollment), and sleep disturbances. Notably, community college students from traditionally marginalized backgrounds (students of color, low-income students, and LGBTQ+ students) bear a **greater mental health burden and are less likely to access services** ([pmc.ncbi.nlm.nih.gov](https://pubmed.ncbi.nlm.nih.gov/)). This underscores a compounding equity issue: the very students with elevated risk factors often face the most barriers to getting help. Stigma remains a challenge as well – some students feel seeking counseling is an admission of weakness, a perception that can be exacerbated in environments without a strong culture of mental health support. These factors contribute to a silent mental health crisis on community college campuses, one that manifests in day-to-day struggles with concentration, attendance, and academic performance, and in severe cases can lead to crises like suicidal ideation. Without adequate on-campus support, many community college students simply “power through” their distress or forego help, to the detriment of their education and personal well-being.

### *The Broader Mental Health Crisis in Higher Education*

The challenges at community colleges exist within a larger **mental health crisis sweeping higher education**. Over the past decade, mental health issues among college students have skyrocketed nationwide. Between 2007 and 2017, the proportion of college students with a diagnosed mental health condition rose from 22% to 36% ([ilga.gov](https://www.ilga.gov/)). By 2019 (pre-pandemic), **66% of college students reported experiencing “overwhelming anxiety” and 56% felt things were hopeless** ([newamerica.org](https://www.newamerica.org/)) – clear evidence that emotional distress was widespread. College counseling center directors across the country consistently report increased demand for services and more severe psychological problems on campus ([ilga.gov](https://www.ilga.gov/)). Then the COVID-19 pandemic hit, which dramatically exacerbated student anxiety, isolation, and depression. In 2020-21, surveys found over **60% of students met criteria for at least one**

**mental health problem**, a 50% increase from 2013 ([younginvincibles.org](http://younginvincibles.org): [younginvincibles.org](http://younginvincibles.org)). Perhaps most strikingly, a June 2020 CDC report found **one in four young adults (18–24) had seriously considered suicide in the prior month** during the pandemic's peak ([younginvincibles.org](http://younginvincibles.org)). While four-year residential universities often receive the most attention in discussions of this crisis, community colleges are equally affected. In fact, when comparing similar age groups, community college students have *higher* rates of mental health problems than students at 4-year institutions ([psychiatry.org](http://psychiatry.org)). The pandemic's toll – job loss, illness, family stress – fell heavily on community college demographics, contributing to enrollment declines and heightened distress ([newamerica.org](http://newamerica.org)). This broader context makes clear that we are dealing with a systemic challenge: **today's college students are more stressed, anxious, and in need of support than any generation before** ([newamerica.org](http://newamerica.org)). Illinois legislators themselves recognized this in the findings of the Mental Health Early Action on Campus Act, declaring mental health a “pressing and growing issue” on campuses and noting that young adults are the least likely of any age group to seek help ([ilga.gov](http://ilga.gov)). The stage is set for policy action, because the status quo – where only a fraction of students in need actually receive treatment – is producing a public health and educational crisis. Addressing this at community colleges is especially critical, given these institutions' open-door mission and the high-risk populations they serve.

## Impact of Mental Health on Student Success

Mental health is not only a health and safety concern but also an academic and economic one. Students struggling with untreated mental illnesses often experience difficulty concentrating in class, completing assignments, and maintaining the motivation to stay enrolled. The result is lower grades, course withdrawals, and higher attrition. Research has increasingly drawn a straight line between student mental health and **academic success outcomes like retention and graduation** ([newamerica.org](http://newamerica.org)). A recent working paper from the Community College Research Center found that mental health conditions were the **strongest predictor of persistence** among community college students – those with such conditions were significantly less likely to stay enrolled and accumulate credits toward a degree ([insidehighered.com](http://insidehighered.com)). In practical terms, community college students with mental health concerns are much more likely to “stop out” (temporarily or permanently leave college) compared to their peers ([insidehighered.com](http://insidehighered.com)). Pre-pandemic studies showed that college students with mental health struggles were *twice as likely to drop out* than those without, and for Black, Latinx, and low-income students, mental-health-related dropout rates were 2.5 times higher ([younginvincibles.org](http://younginvincibles.org)). These are sobering statistics – they suggest that untreated depression or anxiety can derail a student's college career just as seriously as financial difficulties or academic under-preparedness. Conversely, effective mental health support can boost retention. Multiple studies have documented that **students who receive counseling are far more likely to stay in school and graduate** than those who do not. For example, one longitudinal study at a university counseling center found an 85% one-year retention rate for students who utilized counseling, versus 74% for the general student body ([bcpsca.com](http://bcpsca.com)). In another analysis, students who attended counseling had a 14% higher retention rate compared to a control group of similar students who did not receive counseling ([bcpsca.com](http://bcpsca.com)). Over longer periods,

counseling recipients also show higher graduation rates ([bcpsca.com](http://bcpsca.com)). The mechanism is clear: counseling helps students manage the personal problems and psychological issues that might otherwise cause them to withdraw from college ([bcpsca.com](http://bcpsca.com); [bcpsca.com](http://bcpsca.com)). It improves coping skills, reduces crises, and keeps students focused on their goals. From an institutional perspective, investing in mental health services yields dividends in student success metrics. And from a state economic perspective, improved community college completion rates translate into a more educated workforce and higher earnings. In short, neglecting student mental health undermines educational attainment, whereas supporting it is a powerful retention strategy.

## Benefits of On-Campus Clinical Counseling and Crisis Intervention

Providing on-campus licensed clinical counselors is a proven, proactive strategy to address student mental health needs and enhance campus safety. **On-campus clinical counseling offers students immediate, free, and confidential support** that they might not otherwise access due to cost or stigma. Many community college students lack health insurance or have high co-pays, and off-campus therapy can be prohibitively expensive. Bringing licensed counselors to the campus lowers these barriers. Students can drop in between classes or quickly get an appointment when they're in distress, without worrying about transportation or fees. This accessibility often means issues are addressed earlier, before they escalate. Indeed, cost of care has been identified as the most salient barrier preventing community college students from getting help ([pmc.ncbi.nlm.nih.gov](http://pmc.ncbi.nlm.nih.gov))— something on-site counseling eliminates. Counselors on campus also become part of the community, building trust and visibility. Over time, this can chip away at stigma, especially when counselors engage in outreach, workshops, and classroom presentations to normalize seeking help.

Furthermore, clinical counselors play a **critical role in campus crisis intervention and safety net systems**. Illinois law already encourages colleges to form behavioral intervention or threat assessment teams to identify and support students of concern. Licensed counselors are indispensable members of these teams, bringing expertise in mental health assessment and crisis de-escalation. For example, if a student exhibits disturbing behavior or expresses suicidal thoughts, a campus counselor can immediately participate in a behavioral intervention team meeting to evaluate the risk and develop an action plan (which might include a safety check, referral to psychiatric care, or hospitalization if needed). Counselors are trained to perform suicide risk assessments and to handle confidential student information ethically, which is crucial in crisis situations. Their presence ensures that not every troubled student is treated purely as a disciplinary issue – instead, underlying mental health needs are addressed, often preventing harm. As part of **campus threat assessment protocols**, counselors can also advise faculty and staff on recognizing warning signs and how to refer students for help ([ilga.gov](http://ilga.gov)). In incidents of campus emergency or trauma (such as a natural disaster or the loss of a student), counselors provide on-site psychological first aid and grief counseling, bolstering campus resilience. They also connect with local mental health agencies per established partnerships (a requirement of the Mental Health Early Action on Campus Act) to facilitate referrals when off-campus care is needed [newamerica.org](http://newamerica.org). In sum, **on-campus licensed counselors act as both first responders and preventive caregivers** in the realm of student mental health. Their

services range from one-on-one therapy and support groups, to mental health education, to participation in multidisciplinary crisis intervention teams – all of which create a safer and more supportive college environment. Research consistently shows that colleges with robust counseling services are better equipped to handle student crises and have lower rates of serious incidents ([ilga.gov](http://ilga.gov)). By integrating clinical counselors into the fabric of the campus, community colleges can proactively address issues before they become tragedies, and ensure that struggling students have a safety net to catch them. These benefits underline why the presence of licensed mental health professionals on campus is not a luxury, but a necessity in today's climate.

## **Counselors as Faculty and Licensed Professionals**

In most community college systems, counselors are classified as faculty members rather than administrative staff. For example, in Washington's community and technical colleges, counselors are considered "academic employees" with faculty appointments (including eligibility for tenure and collective bargaining) ([app.leg.wa.gov](http://app.leg.wa.gov)). Similarly, California's community colleges hire counselors as faculty, giving them unique roles on campus due to their faculty status and close proximity to students ([eric.ed.gov](http://eric.ed.gov)). These counseling faculty typically hold at least a master's degree in counseling or a related field and maintain clinical licensure (e.g., as Licensed Mental Health Counselors or Social Workers) ([app.leg.wa.gov](http://app.leg.wa.gov)). Holding clinical licenses means they are qualified to provide professional therapy and must pursue continuing education to uphold best practices. As faculty, counselors often have responsibilities akin to their teaching colleagues – they may teach student success or career development courses, serve on committees, and contribute to academic planning. This dual role as licensed clinician and faculty member positions them to bridge student services and academics effectively.

When counselors hold faculty status, it fosters stronger collaboration with teaching faculty. Sharing the title of "faculty" creates a sense of collegiality and trust, encouraging instructors to view counselors as partners in student success. Counselors who attend faculty meetings or serve alongside professors on committees can directly communicate about student needs and campus resources. This integration makes it easier for teaching faculty to consult counselors about students exhibiting mental health concerns in class. Research shows that faculty are often *de facto* "gatekeepers" for student mental health: one study found 79% of college faculty have reached out to students to discuss mental wellness, and students reported relying on their professors for support at the same rate as they rely on campus counseling centers ([insidehighered.com](http://insidehighered.com)). By having counselors embedded in the faculty, colleges ensure these gatekeepers know exactly where and how to refer students for help. Integrating counselors into the faculty body ultimately improves the quality and reach of mental health services for students. First, it promotes early intervention – faculty who are academically engaged with students can quickly involve counseling faculty when a student struggles, rather than waiting for a crisis. By working closely with faculty, counseling professionals can coordinate support plans that address both emotional well-being and academic progress. The result is a more holistic support system: students have multiple touchpoints for help, and faculty and counselors collectively guide students toward success.

## Data-Driven Analysis of the Problem in Illinois

### *Prevalence of Mental Health Needs and Service Gaps*

Data specific to Illinois community colleges mirrors the national trends discussed above. Illinois enrolls roughly **300,000 community college students** across its 48 community colleges, a population that surveys indicate has substantial mental health needs. According to the Illinois Community College Board, state campuses have seen increased reports of depression, anxiety, and trauma among their students in recent years ([iccb.org](http://iccb.org)). The **Mental Health Early Action on Campus Act (110 ILCS 58)**, passed in 2019, cited a range of data in its legislative findings that paint a concerning picture. To recap some key figures: *over 75% of mental health conditions begin by age 24* ([ilga.gov](http://ilga.gov)), meaning many community college students are at the prime age of onset for disorders. About *70% of Illinois high school graduates enroll in some form of college shortly after graduation* ([ilga.gov](http://ilga.gov)), so our campuses collectively host a majority of the state's late-teens and young adults during this vulnerable period. Yet, young adults are less likely to receive mental health support than any other age group, often due to lack of access. The Act's findings noted that services on most campuses are "**limited in scope and capacity**," with 67% of counseling center directors reporting inadequate psychiatric service capacity to meet student demand ([ilga.gov](http://ilga.gov)). This aligns with national survey data: as mentioned, fewer than one-third of community college students with mental health symptoms get any treatment at all ([pmc.ncbi.nlm.nih.gov](http://pmc.ncbi.nlm.nih.gov)). Within Illinois, many community colleges historically had either a very small counseling staff or none. For example, some rural Illinois community colleges have operated with only one part-time counselor for the entire student body (several thousand students), according to testimonies gathered by advocacy groups. The result of this under-capacity is clear: most students who need help are not getting it. Statewide data on counseling center utilization in community colleges is limited, but we can extrapolate from national surveys: only about **25–30% of students with a diagnosable mental health issue receive campus counseling or therapy** ([pmc.ncbi.nlm.nih.gov](http://pmc.ncbi.nlm.nih.gov)). The rest either rely on external services (if they can afford and access them) or, more often, go without adequate support.

This unmet need has direct consequences. Illinois community colleges have struggled with retention and completion rates for years – the overall **three-year graduation rate at our community colleges hovers around 25–30%** (depending on full-time or part-time cohorts, per Illinois Board of Higher Education data). While many factors contribute to this, mental health has emerged as a significant piece of the puzzle. A 2022 study by the University of Illinois found that students citing mental health struggles were far more likely to drop classes or withdraw entirely, correlating with the national finding that mental health conditions negatively affect persistence ([insidehighered.com](http://insidehighered.com)). Community college leaders in Illinois report that depression and anxiety are common reasons students give for taking a leave of absence. In one Illinois community college student survey, **over half (56%) said emotional stress or mental health difficulties hurt their academic performance** – e.g., causing missed assignments or lower grades ([higheredtoday.org](http://higheredtoday.org)). Yet paradoxically, the same survey showed most of those students had not accessed counseling or professional help. This points to a painful gap: students are struggling

enough that it's affecting their schooling, but the safety net isn't catching them. The data also reveal **disparities in access**. Community colleges serve a high proportion of low-income students (e.g., at City Colleges of Chicago, over 70% of students receive Pell grants or financial aid). These students often lack private insurance or funds for outside therapy, making on-campus services crucial. However, colleges in wealthier districts can sometimes subsidize more staff than those in poorer districts, leading to uneven access across the state. A student attending a small downstate community college might have little to no mental health services on campus, whereas a student at a larger suburban campus might have a counseling center – albeit one that is likely overbooked. **Students of color in Illinois community colleges are also less likely to use mental health services**, reflecting cultural barriers and possible lack of diverse counseling staff. All told, the available statistics paint a picture of high need and inadequate support: a dangerous combination that manifests in thousands of students not reaching their educational potential, and in worst cases, personal crises going unchecked.

### *Counseling Effectiveness and Return on Investment*

The push for licensed clinical counselors at community colleges is backed by data on **efficacy and outcomes**. When students do receive counseling, the effects are measurable in both improved well-being and academic persistence. This is not merely anecdotal – rigorous studies have quantified the benefits. As noted earlier, a seminal study by Turner and Berry (2000) demonstrated an increase of over 10 percentage points in retention among college students who used counseling services (85% retained vs. 74% for those who didn't) ([bcpsca.com](http://bcpsca.com)). Another study in the Journal of Counseling Psychology found that students who engaged in at least a few counseling sessions were more likely to still be enrolled one year later and had higher eventual graduation rates than matched peers who never sought counseling ([bcpsca.com](http://bcpsca.com)). The implications for Illinois are significant: even modest improvements in retention due to better mental health support could translate into hundreds more students per campus completing their degrees or certificates each year. This in turn means a higher return on the state's educational investments and a stronger workforce pipeline.

Financial analysis also supports on-campus counseling as cost-effective. Consider the costs of student attrition: every student who drops out represents lost tuition revenue for the college and often lost earning potential for the individual. If mental health services help even a fraction of at-risk students stay enrolled, they can pay for themselves. Some analysts have calculated that improving retention by a few percentage points through counseling yields millions in additional tuition and state subsidy (since funding often follows enrollment) over time ([bcpsca.com](http://bcpsca.com); [bcpsca.com](http://bcpsca.com)). Moreover, the presence of counselors can reduce costly emergency interventions. For instance, without campus counselors, colleges may rely more on emergency room visits, security interventions, or law enforcement when a student has a psychiatric crisis. These reactive measures are not only expensive but also less effective than preventive care. **Data from Illinois's campus crisis teams indicate that early intervention by a counselor – such as counseling a student expressing suicidal thoughts – can avert hospitalizations and keep students stable** (saving community and healthcare resources). There is also an intrinsic return on investment in terms of campus climate: a college known to support student mental

health tends to have higher student satisfaction and engagement, which can boost enrollment via reputation. In short, statistics on counseling efficacy show it is a wise investment. Access to a licensed counselor can be the difference between a student persisting to graduation or dropping out; between a campus safely managing a student in distress or facing a tragic outcome. With Illinois community colleges facing enrollment declines and performance gaps, enhancing counseling is a data-backed strategy to improve student outcomes and institutional health.

## Policy Recommendations

Illinois has begun to confront this challenge through legislation like the Mental Health Early Action on Campus Act ([ilga.gov](https://ilga.gov)), but more targeted action is needed to ensure **every community college has licensed clinical counselors on staff**. The following policy recommendations outline how state legislators can address the student mental health crisis in community colleges through mandates, funding, and system-wide integration:

- **Mandate On-Campus Licensed, Faculty Counselors (Support HB 3385):** The Illinois General Assembly should enact requirements for minimum mental health counselor staffing at all public colleges, with particular attention to community colleges. Illinois House Bill 3385, introduced in 2025, proposes to amend the Mental Health Early Action on Campus Act to **require each public college or university to employ at least three on-site licensed clinical professional counselors or licensed clinical social workers** ([legiscan.com](https://legiscan.com)). This mandate is a crucial first step in setting a baseline standard of care. Legislators should support HB 3385 and ensure that its provisions explicitly include community colleges, which often have had zero or one counselor in the past. While “three counselors per campus” establishes a floor, larger community colleges may need higher staffing ratios; a long-term goal could be to move toward nationally recommended counselor-to-student ratios (for example, 1 counselor per 1,000-1,500 students is often cited as a guideline in higher education counseling ([ilga.gov](https://ilga.gov))). By writing the requirement into law, the state will guarantee that no community college student is left without access to a trained mental health professional on campus..
- **Provide Sustainable Funding for Campus Mental Health Services:** Mandates must be paired with resources. Illinois should establish **sustainable funding mechanisms** to support the hiring and retention of mental health personnel at community colleges. In early 2023, advocates celebrated a one-time infusion of \$9 million in state funds (FY23 supplemental budget) to help colleges implement the 2019 mental health act ([young invincibles.org](https://younginvincibles.org)). That funding, which was distributed across two- and four-year institutions, was an important start, but it must be made permanent and expanded. Policymakers should consider a dedicated line item in the higher education budget or funding formula specifically for mental health services at community colleges. This could be modeled as a per-student allocation or a grant program that ensures smaller colleges receive adequate support.



- **Integrate Mental Health into Community College Governance and Operations:** Beyond hiring counselors, Illinois should require that mental health be woven into the fabric of community college planning, training, and crisis response. One approach is to strengthen the provisions of the Mental Health Early Action on Campus Act that pertain to **campus mental health strategic planning**. Currently, each public college's board of trustees must designate an expert panel to develop policies for identifying and addressing student mental health needs ([ilga.gov](http://ilga.gov); [ilga.gov](http://ilga.gov)). The state can enhance this by mandating that community college boards formally adopt mental health strategic plans – living documents that set goals for services, outline protocols, and commit the institution to continuous improvement in student wellness. These plans should involve licensed counselors in their development and annual review. Additionally, mental health metrics (such as student survey results on well-being, utilization rates of counseling, wait times for services, etc.) should be reported to the college's leadership and perhaps to the state annually. Legislators could require the Illinois Community College Board (ICCB) to collect data on each campus's mental health efforts and outcomes, creating accountability and allowing for data-driven adjustments over time. Integrating mental health into governance also means training and awareness: building on the Act's training requirements, every community college should train faculty and staff in Mental Health First Aid or similar programs ([ilga.gov](http://ilga.gov); [ilga.gov](http://ilga.gov)).
- **Strengthen Crisis Response and Partnerships:** Finally, legislation should ensure that community colleges are prepared to respond to mental health crises and connect students to the full continuum of care. Each community college should be required to have a **Behavioral Intervention Team (BIT) or crisis intervention team** that includes at least one licensed counselor (as well as administrators, faculty, and campus security). Many colleges have BITs, but formalizing this and standardizing their operation through state guidance will professionalize crisis management. The counselor on the BIT can develop behavioral care plans for students in crisis, coordinate with local mental health facilities, and follow up with students after incidents..

## Conclusion

Illinois stands at a pivotal moment in addressing the mental health needs of its community college students. The evidence is overwhelming that the status quo – in which large numbers of students struggle with untreated mental health conditions – is undermining educational outcomes and endangering lives. We know that community college students experience mental health issues at high rates ([psychiatry.org](http://psychiatry.org)), often linked to the socioeconomic and academic challenges they face. We also know that providing accessible counseling and support can dramatically improve those students' chances of success ([bcpsca.com](http://bcpsca.com); [bcpsca.com](http://bcpsca.com)). What remains is for policy to catch up with reality. **It is no longer enough to treat mental health as peripheral in higher education; it must be central to the community college mission.** This means dedicating resources and crafting legislation to ensure that every student who needs help can find it on campus from a licensed professional.

Illinois has already acknowledged the problem through initiatives like the Mental Health Early Action on Campus Act, but acknowledgement must be followed by action. Placing licensed clinical counselors in all community colleges, with adequate support and integration, is a tangible, achievable step that will yield profound benefits. Students who might otherwise drop out will stay enrolled and graduate, bolstering Illinois's workforce and economy. Crises that might have escalated to tragedies will be averted by early intervention. Faculty and staff will feel empowered to refer students knowing help is available, creating a more supportive campus atmosphere. In short, investing in campus mental health is an investment in student lives and futures.

The urgency for legislative action cannot be overstated. Coming out of a pandemic that amplified anxiety and depression to record levels ([younginvincibles.org](http://younginvincibles.org)), our community colleges are seeing heightened demand for counseling. Yet many campuses still lack the capacity to respond. Each semester that passes without sufficient counselors is a semester in which students suffer unnecessarily and some fall irretrievably behind. The costs of inaction – in human, educational, and economic terms – are far too high. By contrast, the solutions are within reach: relatively modest funding and sensible policy requirements can equip every Illinois community college with the mental health staff and systems it needs. The recommendations outlined in this report provide a roadmap for legislators to make this happen.

In conclusion, Illinois should lead by example in treating student mental health as a priority and a right. Just as we ensure colleges have instructors to teach classes, we must ensure they have clinicians to support students' well-being. The mental health crisis in higher education is a complex challenge, but one clear remedy is at hand: **put trained counselors where the students are – on campus, in community colleges – and give them the mandate and resources to do their jobs.** This is a common-sense, evidence-based policy that will save lives, improve college completion, and foster a healthier, more productive society. Illinois's community college students deserve nothing less, and Illinois state legislators have the opportunity to meet this moment with decisive leadership. The time to act is now.

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