



# A Decade of Improving College Mental Health Systems

JED Campus Impact Report

Data from 2013 to 2023



The Jed Foundation

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## About The Jed Foundation

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

## Inquiries

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# Executive Summary

*A Decade of Improving College Mental Health Systems: JED Campus Impact Report*, published by The Jed Foundation, reveals a significant decline in suicidal ideation, planning, and attempts among students attending colleges and universities that participated in the JED Campus program. The report draws on a decade of data (2013 to 2023) from JED Campus schools and the Healthy Minds Network survey.

## Improvements to Student Mental Health

Schools that completed JED Campus saw statistically significant improvements in student mental health after completing the program. Students were:

- **25% less likely to report a suicide attempt**
- **13% less likely to report suicide planning**
- **10% less likely to report suicidal ideation**

Each school receives a strategic plan as part of its work with JED Campus. The strategic plan includes recommendations from [JED's Comprehensive Approach to Mental Health Promotion and Suicide Prevention for Colleges and Universities](#). We use the term “strategic plan progress” to indicate that a school has implemented an increasing number of recommendations.

Students at schools that make more strategic plan progress are more likely to demonstrate:

- **Decreased preconceived notions and bias about mental health treatment**, relative to schools that had lower levels of progress.
- **Even greater improvement in anxiety and depression scores**, relative to schools that had lower levels of progress.
- **Even lower rates of suicidal ideation, suicide planning, and suicide attempts**, relative to schools that had lower levels of progress.
- **Higher student flourishing scores**, relative to schools that had lower levels of progress.

## System-Level Gains

Schools also make statistically significant progress in system-level approaches after completing the program, specifically:

- **Involving the whole campus:** JED Campus leaders are more likely to report that emotional health is seen as a campuswide issue with meaningful involvement from multiple departments and stakeholders rather than the responsibility of one department (49% at baseline; 74% at program completion).

- **Identifying students at risk:** Among JED Campuses with health centers, more schools have health service clinicians screen students for depression, anxiety, and suicidal ideation during primary-care visits (55% at baseline; 77% at program completion).
- **Destigmatizing mental health:** JED Campuses are more likely to have campaigns or programs that aim to destigmatize mental health (74% at baseline; 86% at program completion), as well as messaging campaigns to educate students about the risks of opioid misuse (36% at baseline; 60% at program completion).
- **Partnering for substance use services:** JED Campuses' counseling centers report having more partnerships with local substance use services (67% at baseline; 89% at program completion).
- **Planning for postvention plans:** JED Campuses are more likely to have a postvention protocol addressing a comprehensive response in the aftermath of a student death or other campus emergency (68% at baseline; 79% at program completion).
- **Completing campus environmental scans:** JED Campuses are more likely to report having conducted a campus environmental scan to identify and reduce access to potentially lethal means (46% at baseline; 75% at program completion).

For detailed information about baseline and program completion scores, see Table 2 in the Appendix.

## JED Campus Achievements

JED Campus is a four-year, technical assistance program that provides colleges and universities with expert support, evidence-based recommended practices, and data-driven guidance. The innovative program is designed to help ensure that higher education institutions have comprehensive systems, programs, policies, and supports in place to prioritize student mental health, reduce suicide risk, and create systemic change in their campus communities.

As mental health challenges continue to rise for college students, JED Campuses have shown great progress and promise in supporting student emotional health and preventing suicide. JED's [first evaluation report](#), completed in 2020, showed significant progress at the program level with policies and systems specifically. The findings were published in a [peer-reviewed discussion paper](#) by the National Academy of Medicine.

This new report builds on those insights and highlights additional achievements that higher education institutions have made when engaged in JED Campus. New data analyses show student-level data explore how the achievements of JED Campuses are specifically linked to important and impactful outcomes around student mental health and suicide prevention.



# The Far-Reaching Impact of Supporting Mental Health

Colleges and universities are tasked with shaping the lives of more than 18 million people each year — many of them young adults (Berg et al., 2024). The institutions are at the forefront of identifying young adults with mental health conditions and getting them connected to care. That is especially crucial given that the onset of several mental health conditions occurs during adolescence and young adulthood (Kessler et al., 2005).

With a comprehensive approach, schools can not only identify and support mental health needs, but also help students build important skills they can use for life, such as the ability to manage emotions and seek help.

As such, the gains reported here not only are important to students' current well-being, but also create a ripple effect that extends beyond mental health and the college years. Greater access to clinical care for mental health and substance misuse increases student retention rates (Kivlighan et al., 2021). In fact, 59% of bachelor's degree students consider stopping their coursework due to personal mental health reasons (Gallup and Lumina Foundation, 2022).

Graduation, in turn, is associated with positive economic outcomes in adulthood, including job placement, job retention, financial security, and better health (Baker, 2014; Cutler and Lleras-Muney, 2006; Irwin et al., 2022; Mirowsky, 2017; U.S. Bureau of Labor Statistics).

Those benefits underscore the impact of comprehensive mental health support well beyond a student's time on campus — shaping their lives for years to come.



# Introduction

Mental health challenges have risen significantly among young people. It's not surprising given the number of stressors young adults face. Many college students today came of age during the COVID-19 pandemic; the reality of climate change and school shootings; race-based discrimination, bias, and violence; faith-based harassment and threats; a student debt crisis; and legislation aimed at decreasing protections for LGBTQIA+ youth.

Those stressors can affect all youth, but some groups of teens and young adults are disproportionately impacted, often because of structural inequities or additive risk factors. American Indian and Alaska Native youth, young people living in rural communities, Black youth, youth in the criminal legal system, LGBTQIA+ youth, and girls and young women are at particular risk (The Jed Foundation, 2023).<sup>1</sup>

Young people talk about mental health more than any generation before them, yet mental health care is difficult to access for many youth. Some 35.2% of young adults ages 18 to 25 with serious mental health conditions did not seek mental health care in the past year, even if they thought they should, compared to 22.4% of all adults (Substance Abuse and Mental Health Services Administration, 2023).

Educational institutions can play a critical role in providing the mental health support young people need. Programs like JED Campus can bolster the efforts of colleges and universities to strengthen their communities of care for all students.

## About JED Campus

The aim of the [JED Campus](#) program is to help colleges and universities ensure they have comprehensive systems, programs, policies, and support in place to prioritize student mental health, reduce risks for suicide, and create systemic change in their campus community.

JED Campus was launched in 2013 as a structured multiyear college initiative to promote mental health and reduce the risk of substance misuse and suicide. [JED's Comprehensive Approach to Mental Health Promotion and Suicide Prevention for Colleges and Universities](#) serves as the foundation of the program, drawing on an evidence-based model from the U.S. Air Force that has been shown to reduce suicides in certain boundaried communities (Knox et al., 2003; Knox et al., 2010).

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1 For more information on these and other mental health trends, see JED's recent report, [Youth Suicide: Current Trends and the Path to Prevention](#).

The program addresses seven domains that should be addressed in community-wide efforts:



**Develop life skills**



**Promote social connectedness**



**Identify students at risk**



**Increase help-seeking behavior**



**Provide mental health and substance misuse services**



**Follow crisis-management procedures**



**Promote means safety**

There are also two overarching areas:

- **Strategic planning** is a critical step that encompasses all seven domains to ensure that sustainable change is successfully implemented. The strategic-planning process is particularly important to help schools create a team of administrators, faculty, staff, and students from across departments to oversee the effort and ensure institutional support to implement recommendations.
- **Equitable implementation** ensures that the program deliberately and intentionally considers the needs of students who are potentially marginalized or underserved due to societal and structural inequities and school-specific community demographics. Well-documented inequities place many students at incremental risk for emotional distress and suicidality. The [Equity in Mental Health Framework](#), which JED created in partnership with The Steve Fund, provides examples of equitable implementation to support the mental health of students of color.

## JED Campus By the Numbers

Number of students and schools reached by the four-year JED Campus Program (as of March 2024)

**5.6 million students**

**444 colleges and universities**

(243 schools have completed JED Campus and 201 are active JED Campuses)

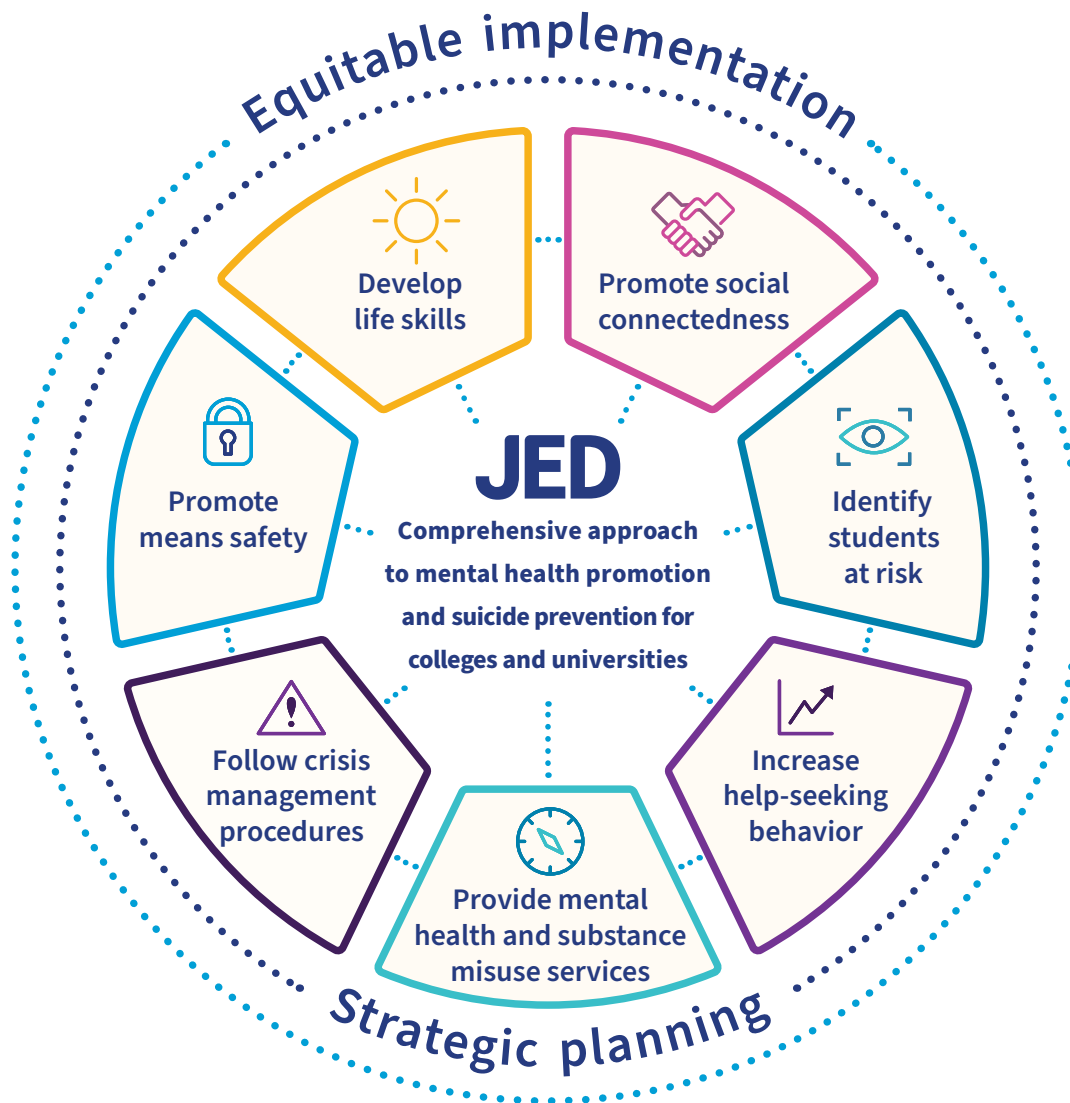
**70 two-year schools**

**366 four-year schools**

**8 graduate and professional schools**

Among those colleges and universities, there are currently 80 Historically Black Colleges and Universities, Hispanic-Serving Institutions, Asian American and Native American Pacific Islander Institutions, Native American–Serving Nontribal Institutions, and Tribal Colleges and Universities.





Over the course of four years, colleges and universities work collaboratively with a dedicated JED Campus Advisor. The Campus Advisor guides the campus through the program, beginning with a needs assessment. Drawing from that data, the campus and Campus Advisor create a strategic plan with actionable opportunities that span the seven domains. The strategic plan acts as a road map to guide schools’ planning and prioritization to ensure their approach is truly comprehensive.

The campus implements the plan with its Campus Advisor’s support. The program ends with an evaluation of progress (measured against the initial assessments) and a plan for sustaining efforts on campus long after the program has ended.



# About This Analysis

The following data is collected at both the beginning and end of the program to identify areas of strength and progress:

- Schools complete an extensive self-assessment, developed by JED, that examines their current mental health and suicide prevention programs, policies, staffing, structure, metrics, and data. The data collected aligns with the domains from JED's Comprehensive Approach to Mental Health Promotion and Suicide Prevention for Colleges and Universities.
- Data is also collected using the [Healthy Minds Study \(HMS\) survey](#), a national student survey on mental health, help-seeking, and help-giving attitudes and behaviors. HMS data is collected from students at the beginning and end of the program. By sampling different students, JED and JED Campuses can better understand and report on changes to population-level mental health beliefs, attitudes, behaviors, and experiences.

In addition to the surveys, this report uses the following sources of data:

- School strategic plans, which are based on the first set of surveys that identify needs and gaps
- Retention and graduation data from the [Integrated Postsecondary Education Data System](#) (IPEDS)

See Table 1 in the Appendix for additional information about the number of participating schools per data source.

The Theory of Change for the JED Campus program proposes that when college systems comprehensively support students' mental health, student attitudes and behaviors related to mental health will improve. In turn, student life outcomes will improve, including increased access to care, greater retention and graduation rates, and reduced suicidal ideation and behaviors.

JED's last impact report, published in August 2020, described improvements being made at JED Campuses based on pre- and post-school self-assessment data from the robust JED Campus survey of programs, policies, and systems relevant to the domains. This updated analysis tracks ongoing and new improvements with the more robust data sets mentioned above.

# JED Campus Progress and Overall School Impact

The data analysis illuminates important improvements in student mental health when JED's Comprehensive Approach to Mental Health Promotion and Suicide Prevention is implemented.

Overall, JED Campuses show improvements in student outcomes — in mental health, suicide prevention, and retention — from program start to completion. There are also striking improvements among campuses that complete more of the recommended actions in their strategic plans.

**The following findings represent statistically significant improvements from start to completion of the JED Campus program, with some unique advancements at schools with strategic plan progress.**

**Students are more aware of mental health resources.** Students were 6% more likely to report being aware of mental health outreach efforts on campus — such as educational campaigns, awareness events, and screening days — at the end of their school's work with JED Campus compared to the start of the program (the baseline).

**Students have better clinical outcomes.** Students on JED Campuses report lower anxiety and depression scores at the completion of the program, relative to the baseline.

Students at schools with greater levels of strategic plan progress report even lower anxiety and depression scores.

**JED Campuses are moving the needle on suicide prevention.** At the time of program completion, students at JED Campus schools were 10% less likely to report suicidal ideation, 13% less likely to report suicide planning, and 25% less likely to report a suicide attempt in the past year, relative to the baseline.

Students at schools with greater levels of strategic plan progress report even lower rates of suicidal ideation, suicide planning, and suicide attempts in the past year, relative to schools that had lower levels of progress.

**Graduation and retention rates are improving.** Graduation rates measure the percent of first-time, full-time undergraduate students who complete their program at the same institution within a set amount of time. Retention rates measure the percentage of first-time undergraduate students who return to the same institution the following fall.





Relative to national graduation rates, each additional year a school was in the JED Campus program increased four-year and six-year graduation rates by approximately 0.5% and 0.6% respectively. Likewise, relative to national full-time retention rates, rates for JED Campus schools increased by approximately 0.8% for each additional year in the JED Campus program.

**Students report flourishing in important areas of their lives.** Flourishing is defined as self-perceived success in important areas such as relationships, self-esteem, purpose, and optimism (Diener et al., 2009). Similar to other college student samples, student data at JED Campuses shows decreasing rates of flourishing. JED Campuses that completed more strategic plan recommendations, however, showed less of a decrease in flourishing scores. As schools took more actions to support student mental health, there appeared to be a buffering effect that reduced the impact of stresses on student well-being.

**Students report decreased preconceived notions and bias about mental health treatment.** At program completion, JED Campus students reported lower levels of agreement with statements such as, “I would think less of a person who has received mental health treatment,” and, “I feel that receiving mental health treatment is a sign of personal failure,” compared to the baseline (0.06-point average reduction in a composite score, generated using three items regarding prejudice).

Students at schools with greater strategic plan progress reported even lower levels of agreement with the same statements.



# JED Campus Impact by Domain

Schools participating in and completing the JED Campus program made improvements and significant changes across all seven domains of JED's Comprehensive Approach to Mental Health Promotion and Suicide Prevention.

By analyzing data at this level, it's evident that achievements within particular domains play a critical role in overall improvements in student mental health and outcomes. See Table 2 in the Appendix for a comprehensive list of data points reported by schools, color-coded by domain, from program start to completion.

## Strategic planning and equitable implementation

Throughout the four years of JED Campus, Campus Advisors support schools in developing and implementing a strategic plan for student mental health based on their initial assessments.

- JED Campuses that complete the program are significantly more likely to have developed a task force devoted to student emotional health that has involvement from campus leadership offices, including the President's Office or Provost, Deans, and VPs (62% at baseline; 82% at program completion,  $p < 0.001$ ).
- Many of those schools have involvement from 10 or more campus leadership offices (46% at baseline; 68% at program completion,  $p < 0.001$ ), including Academic Affairs, Student Affairs, Residential Life, Health Services, Multicultural Affairs, Title IX, and more.
- JED Campus leaders are also significantly more likely to report that emotional health is seen as a campuswide issue with significant involvement from multiple departments and stakeholders rather than the responsibility of one department, such as the counseling center (49% at baseline; 74% at program completion,  $p < 0.001$ ).



JED Campuses have also made progress with equitable implementation. Studies suggest that involving ethnic identity and inclusivity within cultural resources, as well as collaboration with families and communities of diverse cultural backgrounds, is linked with fewer suicidal thoughts and behaviors (Wang et al., 2020).

Questions about equitable implementation were added to JED Campus surveys in 2019. According to responses since then:

- More JED Campuses report creating forums and supportive spaces — around topics such as the Black Lives Matter movement, Asian hate, elections, and racial violence — for students, faculty, staff, and community members to discuss and respond to impactful national and international events, even when those events are geographically removed from the school itself (62% at baseline; 79% at program completion). The lack of statistical significance may be due to a small sample size because the question was recently added to the JED Campus self-assessment.
- Upon JED Campus completion, 67% of schools provide training to various campus stakeholders on multicultural competence and working with a diverse student body. Of those schools, 83% include information related to the ways in which cultural identity may be tied to mental health and emotional well-being.



## Campus Spotlight

[Commitment to Care](#) is Dartmouth's new strategic plan that came from their JED Campus work to support the mental health and well-being of all of their undergraduate, graduate, and professional students.

The creation of this college-wide strategic plan was a direct result of Dartmouth's investment in — and leadership from — two key roles.

Dr. Matt Duncan, a Geisel School of Medicine faculty member and practicing psychiatrist, was appointed as an advisor to the provost for student mental health. Katie Lenhoff, MPH, JED Campus Project Manager, whose full-time position was created to facilitate the day-to-day advancement of the JED Campus process across Dartmouth.

Dartmouth's strategic plan defines goals and strategies, committing to both specific, immediate actions as well as long-term initiatives to assess and enhance the campus environment, physical infrastructure, and student support systems.

## Develop life skills

Developing life skills in school-based programs can bolster a student's academic success and well-being (Taylor et al., 2017). Recent work has shown that life skills education in adolescence has long-term benefits into young adulthood on substance use and depressive symptoms (Spoth et al., 2017; Trudeau et al., 2016).

- Schools that have completed JED Campus continue to grow their life skills programming, including programs that support identifying and regulating emotions, mindfulness, and meditation (56% at baseline; 65% at program completion,  $p=0.107$ ).



## Campus Spotlight

Southern Connecticut State University's Wellbeing Center [developed a THRIVE in 5 workbook](#) as part of its JED Campus work, giving students simple, five-minute exercises and reflections focused on six key categories that make up THRIVE: togetherness, health, resilience, insight, vitality, and equity.



## Promote social connectedness

Having supportive relationships and connections to peers is an essential part of students' sense of belonging and satisfaction during their college years (Gopalan and Brady, 2020; Sanchez et al., 2006). The transition from high school to college can be a new and exciting time, but it also poses risks. As students deal with stressors and high expectations, they can become disengaged or isolated (Cleary et al., 2011).

Academic staff, advisors, coaches, and facility staff who regularly interact with students serve an important role in noticing changes. They are positioned to engage students in care pathways and social connectedness opportunities on their campus.

- JED Campuses are increasingly training academic advisors to ask students about loneliness and isolation, and refer them to or consult with campus support when concerned (58% at baseline; 65% at program completion,  $p=0.212$ ).
- The number of JED Campuses that report having peer educational campaigns focused on reaching out to isolated students has also increased (35% at baseline; 41% at program completion,  $p=0.318$ ).



## Campus Spotlight

Champlain College launched [Dare to CARE](#), a comprehensive well-being campaign focused on four major themes: connect, act, respect, and empower. The campaign brings together all the well-being initiatives on campus under one collaborative framework.

## Identify students at risk

One critical way to improve student mental health is to implement approaches to identify students who may be struggling with mental and emotional challenges and provide them with appropriate resources and referrals for care. Universities and colleges can support student mental health by diversifying the way students can be identified, such as integrating screening opportunities into primary-care services (Han et al., 2016; Shepardson and Funderburk, 2014).

- Among JED Campuses with health centers on campus, significantly more schools now have health service clinicians screen students for depression, anxiety, and suicidal ideation during primary-care visits (55% at baseline; 77% at program completion,  $p < 0.001$ ).
- More schools screen for substance misuse during primary-care visits (60% at baseline; 66% at program completion,  $p = 0.259$ ).



### Campus Spotlight

The University of North Georgia created a [dynamic landing page](#) where users can see what programs it has launched as a result of its partnership with JED. Users can also see how many students, faculty, and staff have been trained in mental health support and how many students the school is reaching through its support line and telehealth services. It's a powerful way to demonstrate the school's commitment to building a culture of care and show its progress in real time.

## Increase help-seeking behaviors

Studies show that students may not get help for emotional or mental health issues even if they identify that they may have a problem (Eisenberg et al., 2007). Some students don't know about the available resources, or they may not use them due to lack of time, lack of detailed information about the services provided, feelings of embarrassment, or believing the services would not help (Yorgason et al., 2008). JED Campuses showed statistically significant improvements to reduce barriers.

- At program completion, 90% of schools provide information about mental health and substance misuse on their website, compared to 76% at baseline ( $p = 0.002$ ).
- JED Campuses are more likely to have campaigns or programs that aim to destigmatize mental health (74% at baseline; 86% at program completion,  $p = 0.015$ ), as well as messaging campaigns to educate students about the risks of opioid misuse (36% at baseline; 60% at program completion,  $p < 0.001$ ).



- On average, at the end of the JED Campus program, schools report that 21% of their students have received mental health training in the past year, leaving additional campus-based opportunities for growth.



## Campus Spotlight

Dublin City University, an international JED Campus in Ireland, launched a new initiative to support student well-being called [Care & Connect](#). The whole-university approach aims to build an environment in which every staff member feels responsible for student well-being and encourages students to watch out for one another. The program also focuses on self-care and the connection between overall health and learning. Care & Connect includes social groups around shared interests, such as a running group and a walking club. The university also offers interfaith discussions and workshops for well-being, including those on easing stress and managing emotions.



## Provide mental health and substance misuse services

As student mental health concerns rise on college campuses, it is critical for campus counseling centers to ensure that students have access to services and can be seen for their urgent needs. Upon completion of the program, nearly all (99%) of JED Campuses report that their counseling centers provide at least one service to accommodate students' schedules, such as teletherapy or after-hours appointments.

- The number of schools that have primary-care providers who treat students with mild to moderate mental health symptoms continues to increase (50% at baseline; 56% at program completion,  $p=0.321$ ). There is good evidence that use of mental health services increases when the services are integrated into primary care (Possemato et al., 2018). Collaborative care approaches also yield positive effects for mental health symptoms of depression and anxiety across a wide span of ages (Archer et al., 2012).

As campuses try to prevent substance-related incidents, preliminary evidence suggests medical amnesty policies may reduce barriers to students seeking help in emergency situations. Positive outcomes of the policies have been reported, such as increased alcohol-related emergency calls for medical assistance, students reporting incidences earlier in the night, and fewer emergencies requiring advanced life-saving support (Carroll et al., 2020; Haas et al., 2018; Monahan et al., 2019).



Although promising, disparities exist for students of color who express safety and trust concerns with first responders and police officers despite promises of amnesty (Carroll et al., 2020).

JED Campuses completing the program have statistically significant growth related to added protections to support and reduce students' substance misuse.

- More schools have a medical amnesty policy (66% at baseline; 77% at program completion,  $p=0.056$ ), which protects students from disciplinary actions if they call for medical assistance for someone who is dangerously intoxicated.
- More schools' counseling centers have connections with community providers for substance use treatment not available on campus (67% at baseline; 89% at program completion,  $p<0.001$ ).
- Far more schools provide naloxone for students at high risk of opiate overdose (44% at baseline; 83% at program completion,  $p<0.001$ ). Over the past several years, naloxone has become easier to access due to changes at the state and federal level, as well as increased community initiatives and funding.

“

One of the many positive outcomes from being a JED Campus was being able to use [JED's] feedback to support my proposal for two additional clinicians to join our team.

”

—Director of Counseling Center, Butler University

## Follow crisis-management procedures

Schools completing JED Campus have made impactful improvements to their crisis-management policies and procedures. Behavioral Intervention Teams (BIT) are essential to help alleviate campus mental health crises such as suicidal ideation, paranoia, and more (Larkin et al., 2015; Van Brunt et al., 2018). Crisis phone and chat lines have immediate positive outcomes, such as de-escalating crises, shifts in emotional state, service satisfaction, and referral plans (Hoffberg et al., 2020; Mazzer et al. 2021).

- Significantly more schools have a written postvention protocol, which addresses a comprehensive response in the aftermath of a student death or other campus emergency (68% at baseline; 79% at completion,  $p=0.036$ ).
- Nearly all schools have at-risk teams or BITs in place to address students of concern (89% at baseline; 95% at program completion,  $p=0.084$ ).
- Significantly more schools provide clear information on their websites about how to respond to mental health emergencies (86% at baseline; 94% at program completion,  $p=0.031$ ).

“

I arrived in 2019, about midway through the JED program. The school had a suicide during my second week. I worked on the postvention side, working with the family that was affected. I relied heavily on JED’s postvention guide during that first week. The community was already engaged in the work and had a shared expectation of how we address the community response to a student suicide.

”

– *Dean of Students and Associate Vice President for Campus Life,  
Washington State University*

## Promote means safety

Putting time and distance between a person in crisis and a lethal means of suicide saves lives, which is why implementing lethal means reduction approaches is a critical and powerful tool schools have to protect their students (Rosen et al., 2020). Reducing access to lethal means is an evidence-based approach to suicide prevention (Fazel and Runeson, 2020). That applies especially to firearms, which are 90% fatal when used in a suicide attempt, as well as access to toxic chemicals and lethal jump points (Connor et al., 2019). Schools were significantly more likely to:



- Report having conducted a campus environmental scan to identify and reduce access to potentially lethal means (46% at baseline; 75% at program completion,  $p < 0.001$ ). A large proportion reported conducting a scan within the last year of the JED Campus program (25% at baseline; 60% at program completion,  $p < 0.001$ ).
- Track, monitor, and control toxic substances in laboratories (88% at baseline; 97% at program completion,  $p = 0.019$ ), which is of paramount importance given that several large-scale studies suggest limiting access to toxic substances is an effective way to reduce suicide (Gunnell et al., 2017; Lim et al., 2021).
- Hold medication “take-back” events, including prescription drug collection and return programs on campus (28% at baseline; 49% at program completion,  $p < 0.001$ ).

“

**As a result of our partnership with the JED Campus program, we have engaged in an environmental scan on campus, which allowed us to secure areas to lower the risks of suicide and accidents.**

”

*—Northern Arizona University JED Campus Task Force*



# Significance

This analysis is one of the very few that shows benefits of implementing a comprehensive approach to mental health in a bounded community, especially with this sample size (MacPhee et al., 2021). The findings show extremely promising results for the current and potential impact of the JED Campus program.

The learnings are important for the field's approach to protecting mental health and reducing risks for suicide in higher education and other bounded communities. Many of the findings will also inform JED's work at the pre-K–12 level through the JED High School and District Comprehensive Approach programs.

Specific to JED Campus, the data shows that participating schools see short-term improvements in student-level outcomes, which can bring campuswide improvements in graduation and retention rates. Further, the data indicates that when a school takes more actions to implement a comprehensive approach — i.e. more JED strategic plan recommendations are implemented — student outcomes are better, underscoring the significant value of a comprehensive, purposeful approach to supporting student mental health and reducing risks for suicide (see Tables 6 and 7).

# Opportunities and the Work Ahead

The data demonstrates many areas of improvement in mental health programs, policies, and systems, but it also shows areas where change is more difficult. Analyses show, for example, that schools have more difficulty formalizing partnerships with community resources, making screening tools available to students, and developing peer-education campaigns focused on reaching isolated students. The findings allow JED Campus to actively explore those areas, learn why changes are more difficult, and respond accordingly.

In the work ahead, JED will continue to build on existing initiatives and partnerships for equitable implementation, specifically to better understand the mental health needs of [students who are parents](#), [LGBTQIA+ students](#), and [students of color](#), as well as the unique contexts of community colleges and [graduate schools](#).

As JED continues to grow and support more higher education institutions, additional data will provide opportunities to expand our understanding of the implementation of JED Campus, including comparing progress at public versus private institutions and two-year versus four-year schools.



## Conclusion

For a decade, more than 500 colleges and universities have set out to protect mental health and prevent suicide using the JED Campus program. This report is a testament to thousands of people across those campuses who have done the important work of implementing campuswide, comprehensive changes at their schools. JED is deeply grateful for those individuals and schools for their steadfast commitment to student mental health and suicide prevention.

The schools serve as a model for how university leaders and trustees can recognize the imperative need and opportunity for widespread and sustained adoption of student mental health programming, policies, and other supports. The data shows that JED Campus provides an actionable solution.

The implementation of JED Campus has shown not only to be feasible in varied campus settings, but also highly effective in supporting student mental health. By leveraging the resources, policies, and robust structures within the schools, JED Campus is uniquely positioned to make a significant impact, with the potential to reach and transform the lives of millions of young adults each year.

Prioritizing mental health is not only a matter of student welfare, but also an indispensable investment in the future of our education communities. These data demonstrate the benefits of colleges and universities undertaking a concerted, purposeful effort to implement a comprehensive approach to supporting student mental health and reducing risks for suicide.



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# References

Archer, J., Bower, P., Gilbody, S., Lovell, K., Richards, D., Gask, L., Dickens, C., & Coventry, P. (2012). Collaborative care for depression and anxiety problems. *Cochrane Database of Systematic Reviews*, 10, CD006525. <https://doi.org/10.1002/14651858.CD006525.pub2>

Ascend at the Aspen Institute (2021, May 26). New study: Student parents in college experience unique mental health challenges but lack access to support on campus. The Aspen Institute. <https://ascend.aspeninstitute.org/new-study-student-parents-in-college-experience-unique-mental-health-challenges-but-lack-access-to-support-on-campus/>

Baker, D. P. (2014). *The schooled society: The educational transformation of global culture*. Stanford University Press.

Berg, B., Causey, J., Cohen, J., Randolph, B., & Shapiro, D. (2024, January 24). Current term enrollment estimates: Fall 2023. National Student Clearinghouse Research Center. <https://nscresearchcenter.org/current-term-enrollment-estimates/>

Carroll, J. J., Mullins, C., Burnham-Lemaire, G., Korycinski, H., Pierce, H., Martinez, M., & El-Sabawi, T. (2020). Student perceptions of a university medical amnesty policy are impacted by race and racism: a qualitative study. *Substance Use & Misuse*, 56(2), 185-191. <https://doi.org/10.1080/10826084.2020.1846199>

Champlain College Student Affairs, Diversity, & Inclusion (2023). Dare to CARE. Champlain College. <https://www.champlain.edu/student-affairs-diversity-and-inclusion/wellbeing/dare-to-care>

Cleary, M., Walter, G., and Jackson, D. (2011). Not always smooth sailing: Mental health issues associated with the transition from high school to college. *Issues in Mental Health Nursing*, 32(4), 250-254. <https://doi.org/10.3109/01612840.2010.548906>

Conner, A., Azrael, D., & Miller, M. (2019). Suicide case-fatality rates in the United States, 2007 to 2014: A nationwide population-based study. *Annals of Internal Medicine*, 171(12), 885. <https://doi.org/10.7326/M19-1324>

Cutler, D. M., & Lleras-Muney, A. (2006). Education and health: Evaluating theories and evidence (working paper no. 12352). National Bureau of Economic Research. <https://doi.org/10.3386/w12352>

Dartmouth College (2023, October). Dartmouth's strategic plan for student mental health and well-being: Commitment to care. <https://mentalhealth.dartmouth.edu/sites/mentalhealth/files/2023-10/Commitment%20to%20Care%2010-16-23.pdf>

Diener, E., Wirtz, D., Tov, W., Kim-Prieto, C., Choi, D., Oishi, S., & Biswas-Diener, R. (2009). New measures of well-being: Flourishing and positive and negative feelings. *Social Indicators Research*, 39, 247-266. <https://doi.org/10.1007/s11205-009-9493-y>

Dublin City University (n.d.). Care & Connect. <https://www.dcu.ie/care&connect>

Eisenberg, D., Golberstein, E., & Gollust, S. E. (2007). Help-seeking and access to mental health care in a university student population. *Medical Care*, 45(7), 594-601.

<https://doi.org/10.1097/MLR.0b013e31803bb4c1>

Fazel, S., and Runeson, B. (2020). Suicide. *The New England Journal of Medicine*, 382(3), 266-274.

<https://doi.org/10.1056/NEJMra1902944>

Gallup and Lumina Foundation. (2022). Stressed Out and Stopping Out: The Mental Health Crisis in Higher Education.

<https://www.luminafoundation.org/wp-content/uploads/2023/03/Stressed-Out-and-Stopping-Out.pdf>

Gopalan, M., & Brady, S. T. (2020). College students' sense of belonging: A national perspective. *Educational Researcher*, 49(2), 134-137. <https://doi.org/10.3102/0013189X19897622>

Gunnell, D., Knipe, D., Chang, S., Pearson, M., Konradsen, F., Lee, W. J., & Eddleston, M. (2017). Prevention of suicide with regulations aimed at restricting access to highly hazardous pesticides: A systematic review of the international evidence. *The Lancet Global Health*, 5(10), e1026.

[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(17\)30299-1/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30299-1/fulltext)

Haas, A. L., Wickham, R. E., McKenna, K., Morimoto, E., & Brown, L. M. (2018). Evaluating the effectiveness of a medical amnesty policy change on college students' alcohol consumption, physiological consequences, and helping behaviors. *Journal of Studies on Alcohol and Drugs*, 79(4), 523-531.

<https://doi.org/10.15288/jsad.2018.79.523>

Han, B., Compton, W. M., Eisenberg, D., Milazzo-Sayre, L., McKeon, R., & Hughes, A. (2016). Prevalence and mental health treatment of suicidal ideation and behavior among college students aged 18-25 years and their non-college-attending peers in the United States. *The Journal of Clinical Psychiatry*, 77(6), 815.

<https://doi.org/10.4088/JCP.15m09929>

Hoffberg, A. S., Stearns-Yoder, K. A., & Brenner, L. A. (2020). The effectiveness of crisis line services: A systematic review. *Frontiers in Public Health*, 7, 399-399. <https://doi.org/10.3389/fpubh.2019.00399>

Institute of Education Sciences (n.d.). Integrated postsecondary education data system. National Center for Education Statistics. <https://nces.ed.gov/ipeds/>

Irwin, V., De La Rosa, J., Wang, K., Hein, S., Zhang, J., Burr, R., Roberts, A., Barmer, A., Bullock Mann, F., Dilig, R., and Parker, S. (2022). Report on the condition of education 2022 (NCES 2022-144). U.S. Department of Education. National Center for Education Statistics.

<https://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2022144>

Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the national comorbidity survey replication. *Archives of General Psychiatry*, 62(6), 593. <https://doi.org/10.1001/archpsyc.62.6.593>



- Kivlighan, D. M., Schreier, B. A., Gates, C., Hong, J. E., Corkery, J. M., Anderson, C. L., & Keeton, P. M. (2021). The role of mental health counseling in college students' academic success: An interrupted time series analysis. *Journal of Counseling Psychology*, 68(5), 562-570. <https://doi.org/10.1037/cou0000534>
- Knox, K. L., Litts D. A., Talcott G. W., Feig J. C., & Caine E. D. (2003). Risk of suicide and related adverse outcomes after exposure to a suicide prevention programme in the U.S. Air Force: cohort study. *BMJ*, 327, 1376-1370. <https://doi.org/10.1136/bmj.327.7428.1376>
- Knox, K., Pflantz, S., Talcott, G., Campise, R., Lavigne, J., Bajorska, A., & Caine, E. (2010). The U.S. Air Force suicide prevention program: Implications for public health policy. *American Journal of Public Health*, 100(12), 2457-2463. <https://doi.org/10.2105/AJPH.2009.159871>
- Larkin, R., Fountain, Y., Glenn, C. T., Crumb, L., Smith, J., & Morgan, A. (2015). A behavioral intervention team at a two-year college: Responding to a case of suicidal ideation *The Journal of Campus Behavioral Intervention*, 3, 44-52. <https://maui.hawaii.edu/wp-content/uploads/sites/4/2018/09/JBIT-2015-Final.pdf#page=52>
- Lim, J. S., Buckley, N. A., Chitty, K. M., Moles, R. J., & Cairns, R. (2021). Association between means restriction of poison and method-specific suicide rates: A systematic review. *JAMA Health Forum*, 2(10), e213042. <https://doi.org/10.1001/jamahealthforum.2021.3042>
- MacPhee, J., Modi, K., Gorman, S., Roy, N., Riba, E., Cusumano, D., Dunkle, J., Komrosky, N., Schwartz, V., Eisenberg, D., Silverman, M. M., Pinder-Amaker, S., Booth Watkins, K., & Doraiswamy, P.M. (2021). Strengthening safety nets: A comprehensive approach to mental health promotion and suicide prevention for colleges and universities. National Academy of Medicine. <https://doi.org/10.31478/202106b>
- Mazzer, K., O'Riordan, M., Woodward, A., & Rickwood, D. (2021). A systematic review of user expectations and outcomes of crisis support services. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, 42(6), 465-473. <https://doi.org/10.1027/0227-5910/a000745>
- Mirowsky, J. (2017). Education, social status, and health. Routledge.
- Monahan, B. V., Nable, J. V., & WinklerPrins, V. (2019). Implementation of an alcohol medical amnesty policy at an urban university with a collegiate-based emergency medical services agency. *Journal of Adolescent Health*, 64(1), 134-136. [https://www.jahonline.org/article/S1054-139X\(18\)30283-0/](https://www.jahonline.org/article/S1054-139X(18)30283-0/)
- Patetta, L. (2023, October 3). JED campus Southern Connecticut State University creates well-being workbook to support students. The Jed Foundation. <https://jedfoundation.org/jed-campus-southern-connecticut-state-university-creates-well-being-workbook-to-support-students/>
- Possemato, K., Johnson, E. M., Beehler, G. P., Shepardson, R. L., King, P., Vair, C. L., Funderburk, J. S., Maisto, S. A., & Wray, L. O. (2018). Patient outcomes associated with primary care behavioral health services: A systematic review. *General Hospital Psychiatry*, 53, 1-11. <https://pubmed.ncbi.nlm.nih.gov/29698902/>

Rosen, M. R., Michael, K. D., & Jameson, J. P. (2022). CALM gatekeeper training is associated with increased confidence in utilizing means reduction approaches to suicide prevention among college resident assistants. *Journal of American College Health*, 70(2), 501-508. <https://doi.org/10.1080/07448481.2020.1756825>

Sanchez, R. J., Bauer, T. N., & Paronto, M. E. (2006). Peer-mentoring freshmen: Implications for satisfaction, commitment and retention to graduation. *Academy of Management Learning & Education*, 5(1), 25-37. <https://doi.org/10.5465/AMLE.2006.20388382>

Shepardson, R. L., & Funderburk, J. S. (2014). Implementation of universal behavioral health screening in a university health setting. *Journal of Clinical Psychology in Medical Settings*, 21(3), 253-266. <https://doi.org/10.1007/s10880-014-9401-8>

Southern Connecticut State University Wellbeing Center (n.d.). Thrive in 5 workbook. Southern Connecticut State University. <https://inside.southernct.edu/wellbeing/thrive-workbook>

Spoth, R., Redmond, C., Shin, C., Greenberg, M. T., Feinberg, M. E., & Trudeau, L. (2017). PROSPER delivery of universal preventive interventions with young adolescents: Long-term effects on emerging adult substance misuse and associated risk behaviors. *Psychological Medicine*, 47(13), 2246-2259. <https://doi.org/10.1017/S0033291717000691>

Substance Abuse and Mental Health Services Administration. (2023). Key substance use and mental health indicators in the United States: Results from the 2022 National Survey on Drug Use and Health (HHS Publication No. PEP23-07-01-006, NSDUH Series H-58). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/data/report/2022-nsduh-annual-national-report>

Taylor, R.D., Overle, E., Durlak, J. A., and Weissberg, R. P. (2017). Promoting positive youth development through school-based social and emotional learning interventions: A meta-analysis of follow-up effects. *Child Development*, 88(4), 1156-1171. <https://doi.org/10.1111/cdev.12864>

The Healthy Minds Network (n.d.). The Healthy Minds Study student survey <https://healthymindsnetwork.org/hms/>

The Jed Foundation (n.d.). JED's comprehensive approach to mental health promotion and suicide prevention for colleges and universities. [https://jedfoundation.org/wp-content/uploads/2021/07/JED-Comprehensive-Approach\\_FINAL\\_July19.pdf](https://jedfoundation.org/wp-content/uploads/2021/07/JED-Comprehensive-Approach_FINAL_July19.pdf)

The Jed Foundation. (2023). Youth Suicide: Current Trends and the Path to Prevention. <https://jedfoundation.org/wp-content/uploads/2023/12/JED-Suicide-Trends-Report-12062023-1-1.pdf>

The Jed Foundation (2021). Proud and thriving report and framework: Supporting the mental health of LGBTQ+ high school, college and university students. <https://jedfoundation.org/wp-content/uploads/2021/10/Proud-Thriving-Report-and-Framework-10.2021.pdf>

The Jed Foundation (2020, July). Report of JED Campus impact. [https://www.jedfoundation.org/wp-content/uploads/2021/08/JED-Impact-Report\\_August-2021\\_Final.pdf](https://www.jedfoundation.org/wp-content/uploads/2021/08/JED-Impact-Report_August-2021_Final.pdf)

Trudeau, L., Spoth, R., Mason, W. A., Randall, G. K., Redmond, C., & Schainker, L. (2016). Effects of adolescent universal substance misuse preventive interventions on young adult depression symptoms: Mediation modeling. *Journal of Abnormal Child Psychology*, 44(2), 257-268. <https://doi.org/10.1007/s10802-015-9995-9>

University of North Georgia (2023). UNG's Mental Health Initiative. <https://ung.edu/dean-of-students/live-well/mental-health-initiative.php>

U.S. Bureau of Labor Statistics (2023, September 6). Earnings and unemployment rates by educational attainment. <https://www.bls.gov/emp/chart-unemployment-earnings-education.htm>

Van Brunt, B., Schiemann, M., Pescara-Kovach, L., Murphy, A., & Halligan-Avery, E. (2018). Standards for behavioral intervention teams. *Journal of Campus Behavioral Intervention (J-BIT)*, 6. [https://cdn.nabita.org/website-media/nabita.org/wp-content/uploads/2019/08/14143313/JBIT2018\\_Final.pdf#page=33](https://cdn.nabita.org/website-media/nabita.org/wp-content/uploads/2019/08/14143313/JBIT2018_Final.pdf#page=33)

Wang, M., Wong, Y. J., Nyutu, P. N., & Fu, C. (2020). Suicidality protective factors among black college students: Which cultural and personal resources matter? *Journal of Multicultural Counseling and Development*, 48(4), 257-270. <https://doi.org/10.1002/jmcd.12198>

Yorgason, J. B., Linville, D., & Zitzman, B. (2008). Mental health among college students: Do those who need services know about and use them? *Journal of American College Health*, 57(2), 173-182. <https://doi.org/10.3200/JACH.57.2.173-182>

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# Appendix

## Data and Participants

Table 1: Detailed Data Sources for This Report

Data Collection Tool	Description	Data Subset	Years/ Phases of Available Data	Number of Schools	Number of Students
<b>JED Campus Strategic Plan</b>	Up to 79 action steps, mapped to 15 objectives that are directly related to the domains, are assigned to each JED Campus in their first year of the program. For each action step, schools are scored using internal measurement rubrics that track progress. Rubrics are measured over time and used to track both progress over time and, at the end of the program, gauge program completion.	N/A	2015–2023	360	N/A
<b>Healthy Minds Study (HMS) Survey</b>	National student survey on mental health and service utilization administered at baseline and program completion. This survey is administered at baseline and in the fourth year of JED Campus, and is also regularly administered to schools nationwide that are not enrolled in JED Campus.	All student data	2015–2023	511	540,449
		Student data used for analysis with strategic plan data	2015–2019	73*	108,025

Data Collection Tool	Description	Data Subset	Years/ Phases of Available Data	Number of Schools	Number of Students
<b>JED Campus Pre and Post School Self-Assessment</b>	Comprehensive assessment of programs, services, policies, and systems that exist on campuses to support students. This assessment is administered at the start of JED Campus and in the fourth year of the program to assess systematic changes that may have taken place throughout the partnership with JED, and is completed by an interdisciplinary team of representatives from the school.	Pre-Assessment	2014–2019	136	N/A
		Post-Assessment	2018–2023	136	N/A
<b>Institutional retention and graduation rates</b>	School-level retention and graduation data used in this report are from the Integrated Postsecondary Education Data System (IPEDS). IPEDS is a system of 12 interrelated survey components that collect data annually from every college, university, and technical and vocational institution participating in federal financial aid programs, and is run by the U.S. Department of Education’s National Center for Education Statistics (NCES).	N/A	2013–2021	5,310 (347 JC and 4,963 non-JC)	N/A

\* This analysis required schools to have strategic plan rubric data from both the beginning and end of JED Campus, as well as HMS data for the years they began and completed the program. Only 73 schools had all the required data.



# Methods

## School Self-Assessment: Baseline/Post Analysis

Using JED Campus School Self-Assessment data, we compared program/service implementation rates among JED Campus schools before and after their time in the JED Campus program. Differences in rates between the two time points were analyzed using Chi-squared tests.

**Table 2: Changes Made by JED Campuses: Baseline to Program Completion**

Comprehensive Approach Domain	Program/service aimed at addressing students' mental health needs	% of schools doing this N=136 schools	
		Baseline (Pre)	At Program Completion (Post)
Strategic Planning	Emotional health is seen as a campuswide issue with significant involvement from multiple departments/stakeholders	49%	74%***
	School has a task force devoted to student emotional health	65%	82%**
	This task force includes involvement from campus leadership offices (e.g., Deans, VPs, President's Office, Provost)	62%	82%***
	This task force includes involvement from 10 or more campus leadership offices	46%	68%***
	School provides training to various campus stakeholders on multicultural competence and working with a diverse student body	N/A	67%
	Schools with multicultural competence trainings (row above) that include information related to the ways in which cultural identity may be tied to mental health and emotional well-being	N/A	85%
Life Skills	School has bystander training programs	88%	87%
	School has programs that support identifying and regulating emotions, mindfulness, and meditation	56%	65%

Comprehensive Approach Domain	Program/service aimed at addressing students' mental health needs	% of schools doing this N=136 schools	
		Baseline (Pre)	At Program Completion (Post)
	School has campaigns/programs to educate students about the links between good physical health, emotional health, and academic success	75%	83%
	School has programs that address physical health, including sleep, nutrition, and exercise	79%	82%
Promote Social Connectedness	School has programs/activities to promote tolerance and inclusiveness on campus	99%	98%
	School has peer mentoring programs or programs that connect students to small peer groups available	87%	84%
	School has programs/activities in place that help students connect to off-campus communities that share their identity (e.g., cultural, religious, or national groups)	87%	84%
	School creates forums and supportive spaces for students, faculty, staff, and community members to discuss and respond to impactful national and international events	62%	79%
	School has systems/strategies in place to help to identify and support disconnected/isolated students	93%	94%
	School has resident advisor/resident assistant training and residence hall programming focused on connecting to isolated students	86%	82%
	Academic advisors are trained to ask about loneliness and isolation and refer/consult when concerned	58%	65%
	Peer educational campaigns focused on reaching out to isolated students	35%	41%

Comprehensive Approach Domain	Program/service aimed at addressing students' mental health needs	% of schools doing this N=136 schools	
		Baseline (Pre)	At Program Completion (Post)
Identifying Students at Risk	Incoming first-year and transfer students are asked to complete questions related to mental health and substance use history on medical history forms (to help identify at-risk students)	74%	79%
	School's screening tools for mental health and substance use disorders are made accessible to students on counseling center or health center webpages	49%	48%
	Students are screened for depression, anxiety, and suicidal ideation by health service clinicians at primary-care visits	55%	77%***
	Students are screened for substance misuse by health service clinicians at primary-care visits	60%	66%
	Primary-care providers treat students with mild to moderate symptoms	50%	56%
	Average percent of student body screened for mental health at primary-care visits	N/A	47%
	Average percent of student body that screened positive for mild, moderate, or severe mental health problems	N/A	23%
	Average percent of students that screen positive receive treatment on or off campus	N/A	36%
	School provides gatekeeper training programs for staff and faculty	82%	88%
	Average percent of faculty that received training in past year	N/A	21%
	Average percent of staff that received training in past year	N/A	22%

Comprehensive Approach Domain	Program/service aimed at addressing students' mental health needs	% of schools doing this N=136 schools	
		Baseline (Pre)	At Program Completion (Post)
	Average percent of student body that received training in past year	N/A	21%
	School provides mental health and substance misuse resources to families	62%	63%
Increase Help-Seeking Behaviors	Information is available on school website about mental health and substance misuse (general information and how to get help)	76%	90%**
	School has campaigns/programs to destigmatize mental health	74%	86%*
	School has campaigns/programs to inform students about campus resources for mental health/emotional support	82%	87%
	School has messaging campaigns to educate students about the risks of opiate misuse	36%	60%***
Provide Mental Health and Substance Use Services	Counseling center ensures adequate staff-to-student ratio (1:1,500 or fewer)	65%	69%
	Ensures ideal staff-to-student ratio (1:1,000 or fewer)	39%	47%
	Clinical services offered outside of typical business hours	56%	57%
	Counseling services offered outside of counseling center (including embedded counseling, Let's Talk, and teletherapy)	34%	43%
	Counseling center provides at least one service to accommodate students' schedules (e.g., daily walk-in hours, extending time between appointments to accommodate new students, increasing referrals during busy times)	96%	99%

Comprehensive Approach Domain	Program/service aimed at addressing students' mental health needs	% of schools doing this N=136 schools	
		Baseline (Pre)	At Program Completion (Post)
	Counseling center provides daily walk-in hours	82%	84%
	Counseling center has triage system for quick assessment, thereby reducing wait times for those in serious or urgent need of care	90%	90%
	School has mental health services in place (through extended counseling center hours or outside services) for after-hours or emergency situations	99%	97%
	School offers student health insurance plan that includes comprehensive mental health services	68%	66%
	School has written and easily accessible medical leave of absence policy	67%	73%
	School has medical amnesty policy	66%	77%
	Counseling center has links with community services providing care for substance use issues not available on campus	67%	89%***
	School maintains consistent Memoranda of Understanding (MOU) with community-based providers, services, and clinics	10%	21%
	School has collegiate recovery community	35%	36%
School provides access to naloxone for students at high risk of opiate overdose	44%	83%***	
Follow Crisis-Management Procedures	School has an "at-risk" or Behavioral Intervention Team to address students of concern	89%	95%
	School has a postvention protocol to address the aftermath of a student death or other campus emergency	68%	79%*



Comprehensive Approach Domain	Program/service aimed at addressing students' mental health needs	% of schools doing this N=136 schools	
		Baseline (Pre)	At Program Completion (Post)
	Counseling center website offers clear information on how to respond to mental health emergencies	86%	94%*
	School has 24/7 crisis phone or text line available on campus	91%	94%
Promote Means Safety	School has ever done a campus environmental scan	46%	75%***
	School has conducted campus environmental scan in the past year	25%	60%***
	Campus residence halls have break-away closet rods to limit risk of hanging	14%	18%
	Toxic substances found in laboratories tracked, monitored, and controlled	88%	97%*
	School has prescription drug collection or return programs on campus	28%	49%***

Statistical Significance (p-value: \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$ )

Note: N/A is listed for items that were not added to baseline data collection until very recently. This analysis includes only schools that have both baseline and post-program data. All or nearly all schools that responded to these items at baseline have not yet finished the program.

## JED Campus Strategic Plan: Confirmatory Factor Analysis

Confirmatory factor analysis (CFA) indicated that the 79 action step scores that schools received according to the JED Campus Strategic Plan rubric fit an eight-domain structure (Strategic Planning, Life Skills, Social Connectedness, Identifying Students at Risk, Help Seeking, Student Health, Crisis-Management, and Means Safety). Action steps could be grouped into one of those eight domains, and school performance in regards to each domain could be summarized with a single value, with minimal loss of measurement precision.

Further analysis showed that the eight summary scores for the domains were highly correlated; schools' domain summary scores were largely interchangeable for the purposes of predicting student-level outcomes. A follow-up CFA analysis indicated that the eight domain summary scores could be further consolidated into a single Strategic Plan Progress score, with minimal loss of predictive power.

## JED Campus Healthy Minds Survey Baseline/Post Analysis

Generalized additive mixed models (GAMMs) were fit to examine potential differences in student-level outcomes in the Healthy Minds Survey data, between students at JED Campus schools at the start of the JED Campus program (Pre-JC students) and students at JED Campus schools at the time of JED Campus program completion (Post-JC students). Additive models were selected to allow the effect of school HMS response timing to be non-parametric, and mixed models were chosen to model school-level variability in outcomes.

Marginal effects for being at a post-JED Campus school, relative to a pre-JED Campus school, are shown in the tables below. Marginal effects for measurement timing (HMS response year) were excluded from the tables for brevity, but are included in the full analysis report and are available upon request.

**Table 3: Student-Level Healthy Minds Study Data: Mental Health Scales, Estimated Group Differences**

Outcome	Est. Post-JED Campus - Pre-JED Campus Difference [95%CI]
Diener Flourishing Score	<b>-0.09 [-0.16, -0.02]</b>
AAQ	0.05 [-0.07, 0.17]
BRS	-0.00 [-0.01, 0.01]
PHQ-9	<b>-0.08 [-0.13, -0.03]</b>
GAD-7	<b>-0.11 [-0.16, -0.06]</b>
MI Shame	0.09 [-0.04, 0.23]
MI Stigma	<b>-0.06 [-0.09, -0.04]</b>

\* *Bolded contrasts indicate statistical significance ( $p < 0.05$ ).*

**Table 4: Student-Level Healthy Minds Study Data: Estimated Group Differences for Various Student Attitudes and Behaviors**

Outcome	Post-JED Campus / Pre-JED Campus Rate Ratio* [95%CI]
Reported needing counseling/therapy in past year	<b>0.97 [0.96, 0.98]</b>
Received counseling/therapy in past year (among students that reported needing help in past year)	0.95 [0.90, 1.01]
Aware of campus outreach programs	<b>1.06 [1.04, 1.07]</b>
Binge drank in past two weeks	<b>1.06 [1.04, 1.07]</b>
Used marijuana in past month	<b>1.09 [1.07, 1.11]</b>
Suicidal ideation in past year	<b>0.90 [0.88, 0.92]</b>
Made suicide plan in past year	<b>0.87 [0.84, 0.91]</b>
Attempted suicide in past year	<b>0.75 [0.68, 0.82]</b>

\* A rate ratio (RR) is the ratio of probabilities of something happening for two groups. A RR greater than 1 indicates that the first group is more likely to have something happen than the second group, while a RR less than 1 indicates that the event is less likely to happen for the first group, relative to the second group. Example: A RR for A / B of 2.5 would indicate that group A is 2.5 times more likely to have an event happen, compared to group B. A RR of 0.5 would indicate that group A is 50% as likely to have an event happen, compared to group B. Bolded RRs indicate statistical significance ( $p < 0.05$ ).

**Table 5: Student-Level Healthy Minds Study Data: Baseline to Program Completion, Individual Stigma Questions, Group Agreement Differences**

Outcome	Post-JED Campus / Pre-JED Campus Rate Ratio** [95%CI]
Agreement with: “If I needed to seek professional help for my mental or emotional health, I would know where to go on my campus”*	<b>1.04 [1.03, 1.04]</b>
Agreement with: “I would think less of someone with a mental illness”*	<b>1.03 [1.01, 1.05]</b>
Agreement with: “I would accept someone that received mental health treatment as a friend”*	<b>1.010 [1.010, 1.010]</b>
Agreement with: “Getting help for mental health is a sign of personal failure”*	<b>0.959 [0.939, 0.980]</b>

\* Agreement is considered selecting either “agree” or “strongly agree”

\*\* A rate ratio (RR) is the ratio of probabilities of something happening for two groups. A RR greater than 1 indicates that the first group is more likely to have something happen than the second group, while a RR less than 1 indicates that the event is less likely to happen for the first group, relative to the second group. Example: A RR for A / B of 2.5 would indicate that group A is 2.5 times more likely to have an event happen, compared to group B. A RR of 0.5 would indicate that group A is 50% as likely to have an event happen, compared to group B. Bolded RRs indicate statistical significance ( $p < 0.05$ ).



## JED Campus Strategic Plan and Healthy Minds Survey Analysis

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Generalized additive mixed models (GAMMs) were fit to examine the relationship between schools' Strategic Plan Progress score, estimated using JED Campus Strategic Plan rubric scores and student-level outcomes found in the Healthy Minds Study Survey data. Based on theory, it was predicted that the timing of HMS measurements (school semester and year) would influence student-level outcomes in a nonlinear fashion; additive models were chosen because a nonparametric term for measurement timing could easily be incorporated. A random effect for student school was included in models to account for natural variation in student-level outcomes among different schools, along with a fixed effect for HMS timing — at JED Campus baseline (pre-JED Campus) or at JED Campus completion (post-JED Campus). Schools' Strategic Plan Progress scores were converted into deciles before their inclusion in the models. After sorting Strategic Plan Progress scores from lowest to highest, deciles were created by grouping scores into 10 equally sized groups, which were given values from 1 to 10, with decile 1 containing the lowest 10% of scores, decile 2 containing the next 10%, and so on.

The GAMMs were set up so that the effect of school Strategic Plan Progress scores on student-level outcomes could be estimated, even after accounting for variation in student-level outcomes due to other factors like timing (semester/school year) and school-level variation. If it could be shown that Strategic Plan Progress score was positively associated with student-level outcomes, that would imply that schools that increase their Strategic Plan Progress score from baseline to post-JED Campus would show improvements in student-level outcomes.

The tables below show the marginal effect of schools' Strategic Plan Progress scores on student-level outcomes. Only the effects of Strategic Plan Progress scores are shown for brevity. Tables, including random effects for timing and schools, are included in the full Strategic Plan & HMS Analysis Report and are available upon request.

**Table 6: Student-Level Healthy Minds Survey Continuous Outcomes: Effect of School Strategic Plan Progress**

Outcome	Post-JED Campus, Score Change per 1 Decile Increase in Strategic Plan Progress Score [95%CI]
Diener Flourishing Score	<b>0.16 [0.09, 0.23]</b>
AAQ	<b>-0.18 [-0.27, -0.09]</b>
BRS	0.004 [-0.002, 0.012]
PHQ-9	<b>-0.090 [-0.140, -0.040]</b>
GAD-7	<b>-0.06 [-0.11, -0.02]</b>
MI Shame	-0.10 [-0.29, 0.09]
MI Stigma	<b>-0.03 [-0.05, -0.01]</b>

\* *Bold values indicate statistical significance (p<0.05).*

**Table 7: Student-Level Healthy Minds Survey Binary Outcomes: Effect of School Strategic Plan Progress**

Outcome	Post-JED Campus, Prob. Change per 1 Decile Increase in Strategic Plan Progress Score [95%CI]
Reported needing counseling/therapy in past year	0.16% [-0.21%, 0.53%]
Received counseling/therapy in past year (among students that reported needing help in past year)	-0.04% [-0.12%, 0.06%]
Aware of campus outreach programs	<b>-1.84% [-2.31%, -1.38%]</b>
Binge drank in past two weeks	<b>0.44% [0.04%, 0.84%]</b>
Used marijuana in past month	<b>-0.34% [-0.65%, -0.03%]</b>
Suicidal ideation in past year	<b>-0.43% [-0.67%, -0.18%]</b>
Made suicide plan in past year	<b>-0.29% [-0.47%, -0.11%]</b>
Suicide attempt in past year	<b>-0.08% [-0.16%, -0.01%]</b>

\* *Bold values indicate statistical significance (p<0.05).*

Statements in this report, such as, “Schools with higher levels of strategic plan progress had...” are high-level summaries of the results of the aforementioned GAMM models.

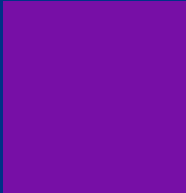
## IPEDS Data Analysis

Linear mixed models (LMMs) were fit to estimate four-year graduation, six-year graduation, and full-time retention rates, using the schools' JED Campus status (in JED Campus program vs. not in the program), number of years in the JED Campus program (for schools in the program), and IPEDS measurement year (which ranged from 2013 to 2021) as predictors. Random intercepts for school were included to better model school-level variation in rates. The table below shows the effect that one additional year in the JED Campus program has on graduation and retention rates, relative to the national average (i.e. schools not in the JED Campus program).

**Table 8: School-Level IPEDS Outcomes: Effect of Time in JED Campus Program on Graduation and Retention Rates**

Outcome	Change in Retention/Graduation Percentage for Each Additional Year in JED Campus Program [95%CI]
Four-year graduation percentage	<b>0.53%</b> [0.23%, 0.84%]
Six-year graduation percentage	<b>0.55%</b> [0.23%, 0.88%]
Full-time retention percentage	<b>0.83%</b> [0.48%, 1.18%]

\* *Bold values indicate statistical significance ( $p < 0.05$ ).*



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