MICHIGAN MENTAL HEALTH LANDSCAPE REPORT: 2025-2026

Mental Health Improvement through Community Colleges

MHICC

SCHOOL OF PUBLIC HEALTH
UNIVERSITY OF MICHIGAN

The Hope Center for Student Basic Needs

MHICC MISSION STATEMENT

The Mental Health Improvement through Community Colleges (MHICC) team works in partnership with Michigan community colleges to improve the availability, accessibility, and equitable distribution of mental health resources for students across the state.

CONTRIBUTING AUTHORS

Tim Rhodes, MSW, MPH
MHICC Training & Technical Assistance Lead
University of Michigan School of Public Health

Alex Ammann, MPH
MHICC Programming & Partnerships Lead
University of Michigan School of Public Health

Shawna N. Smith, PhD
MHICC Principal Investigator
Associate Professor of Health Management & Policy
University of Michigan School of Public Health

Sara Abelson, PhD, MPH
MHICC Principal Investigator
Assistant Professor and Senior Director for Education and Training Services
Hope Center for Student Basic Needs, Temple University Lewis Katz School of Medicine

RECOMMENDED CITATION

Rhodes T, Ammann A, Smith SN, Abelson S. *2025-2026 Michigan Mental Health Landscape Report.* Mental Health Improvement through Community Colleges; 2026. https://mentalhealthcc.org

FUNDING DISCLAIMER

The MHICC initiative is supported by funds from the Michigan Health Endowment Fund and the Centers for Medicare & Medicaid Services through the Michigan Department of Health and Human Services.

University of Michigan IRB #: HUM00193791

TABLE OF CONTENTS

First published July 2026
Last revised July 2026

EXECUTIVE SUMMARY

Community college (CC) students often face unique mental health challenges, with over half of CC students experiencing clinically significant mental health challenges.[1] Despite this, CCs often have fewer resources, funding, and infrastructure to support student mental health than 4-year colleges and universities, creating disparities in treatment access for students.[2,3]

This report is intended to shed light on the availability and accessibility of mental health services for students across Michigan CCs. The data presented were collected in the Michigan Mental Health Landscape Survey, a survey fielded to mental health decision-makers at each of Michigan's 31 community and tribal colleges. During the 2025-2026 academic year, 23 colleges submitted responses to this survey and are reflected in this report.

The data presented through this report show that:

- **Availability of student mental health services varies significantly across colleges**: many Michigan CCs provide individual counseling (78%) and crisis services (78%), while few provide group counseling (13%), psychiatric services (9%), or peer support (4%).
- **22% of Michigan CCs have a dedicated mental health counseling center on campus**, while the majority of other CCs house their campus mental health services alongside academic advising or other student support services.
- Counseling staff at Michigan CCs often serve additional roles other than providing mental health services: **46% of CCs utilize their mental health counselors to fill additional roles**.
- Many colleges have limited capacity to support student mental health, with **86% of Michigan CCs falling below the recommended counselor-to-student ratio** of 1 full-time counselor for every 1,000-1,500 students.
- **Counseling services available to students are often brief and solution-focused**: 78% of Michigan CCs that offer individual counseling report that they primarily provide short-term counseling, and 47% have a cap on the number of sessions a student can receive.
- **52% of Michigan CCs offer** mental health services to students via third-party digital apps or web-based resources, often referred to as **digital mental health interventions (DMHIs)**.
- **Many colleges leverage local providers and community agencies to support their students:** 24% report having formalized partnerships with community providers, while 57% report utilizing informal partnerships or referral pathways with community providers.
- Lack of funding, competing institutional priorities, and lack of counseling staff time are the most commonly reported barriers to improving mental health services at Michigan CCs.

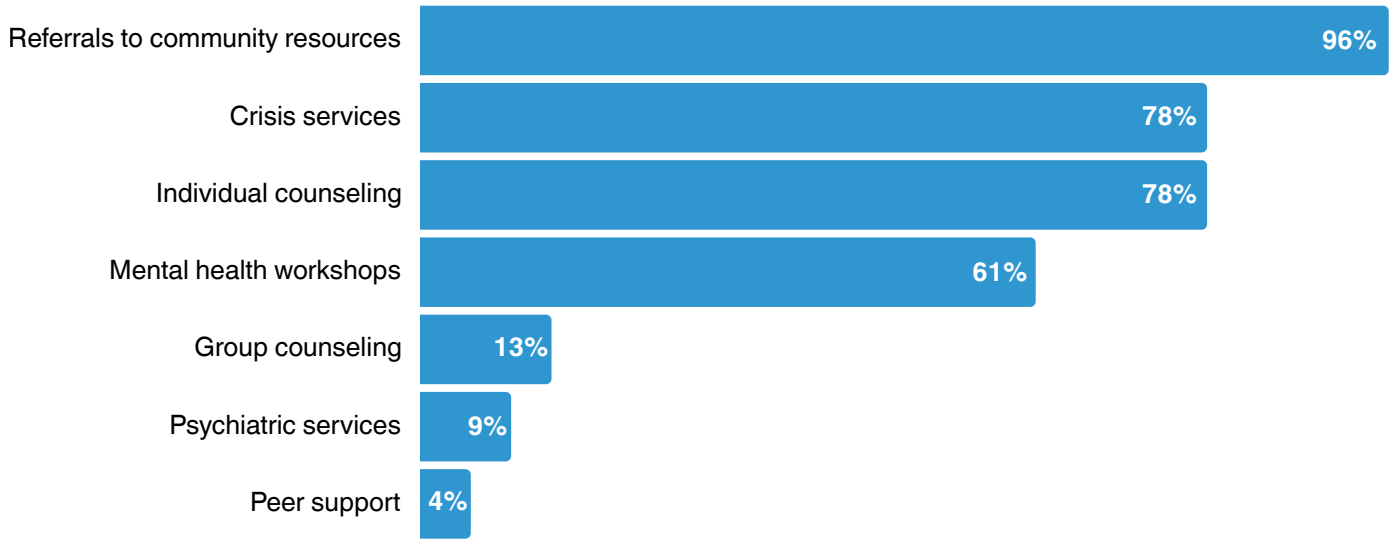
For additional data and resources on expanding student access to mental health services, visit the MiTRENDS Mental Health Hub at MiTRENDS.org.

ON-CAMPUS MENTAL HEALTH SERVICES AVAILABLE

Students' access to mental health support varies widely across Michigan CCs. While some colleges offer a range of on-campus services, others provide none at all.

The chart below shows the percentage of colleges that provide each type of mental health service through on-campus resources available to students.

Mental Health Services Provided On-Campus By Michigan CCs



% of Michigan CCs providing each service (N=23)

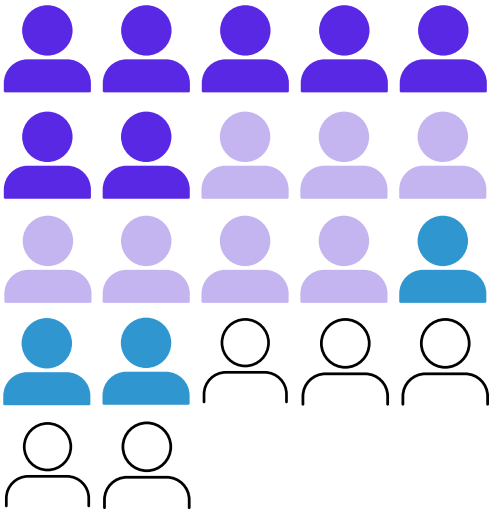
While nearly all Michigan CCs provide referrals to local mental health resources, students may encounter barriers to accessing off-campus care, including long wait times, financial constraints, insurance requirements, and transportation challenges. Providing on-campus mental health services can help mitigate these barriers and strengthen overall student support.

Counseling Service Modalities Available

Among colleges that provide individual counseling, **94%** report that counseling services are available **both in-person and via telehealth**.

MENTAL HEALTH PROVIDER STAFFING

Some Michigan CCs use their campus mental health counselors to fill additional roles at the college beyond providing mental health services, as depicted below.



DEDICATED PROVIDERS

Seven (32%) MI CCs have providers whose sole duty is to provide mental health care

DUAL-ROLE OR MULTI-ROLE PROVIDERS

Seven (32%) MI CCs have providers who hold one or more additional roles alongside providing mental health care (e.g., academic advising)

BOTH

Three (14%) MI CCs have both dedicated and dual-role providers

NONE

Five (23%) MI CCs do not have any providers who offer non-crisis individual mental health counseling

Using licensed mental health providers to also fulfill non-mental health-related roles underutilizes their expertise and can strain these providers as they work to balance multiple roles.

Additionally, dual-role providers can create confusion for students about where to go for help, especially when counseling roles overlap with other student support roles such as academic advising.

Use of Contracted Mental Health Providers

While most campus mental health counselors are college employees, 22% of Michigan CCs contract with local mental health providers from the community to provide services to students on campus for a given number of hours per week. All Michigan CCs that utilize contracted local providers report that these individuals serve as dedicated providers, and do not hold other roles on their campus.

Contracted providers are typically compensated an agreed-upon fee for every counseling session or hour of care provided to students. While the use of contracted local mental health providers can be a cost-effective approach to supporting student mental health needs, this model of care limits the amount of non-clinical effort that providers are compensated to provide (i.e., contracted providers are often not able to provide mental health awareness trainings to faculty, staff, and students, or to engage in efforts to promote campus mental health services).

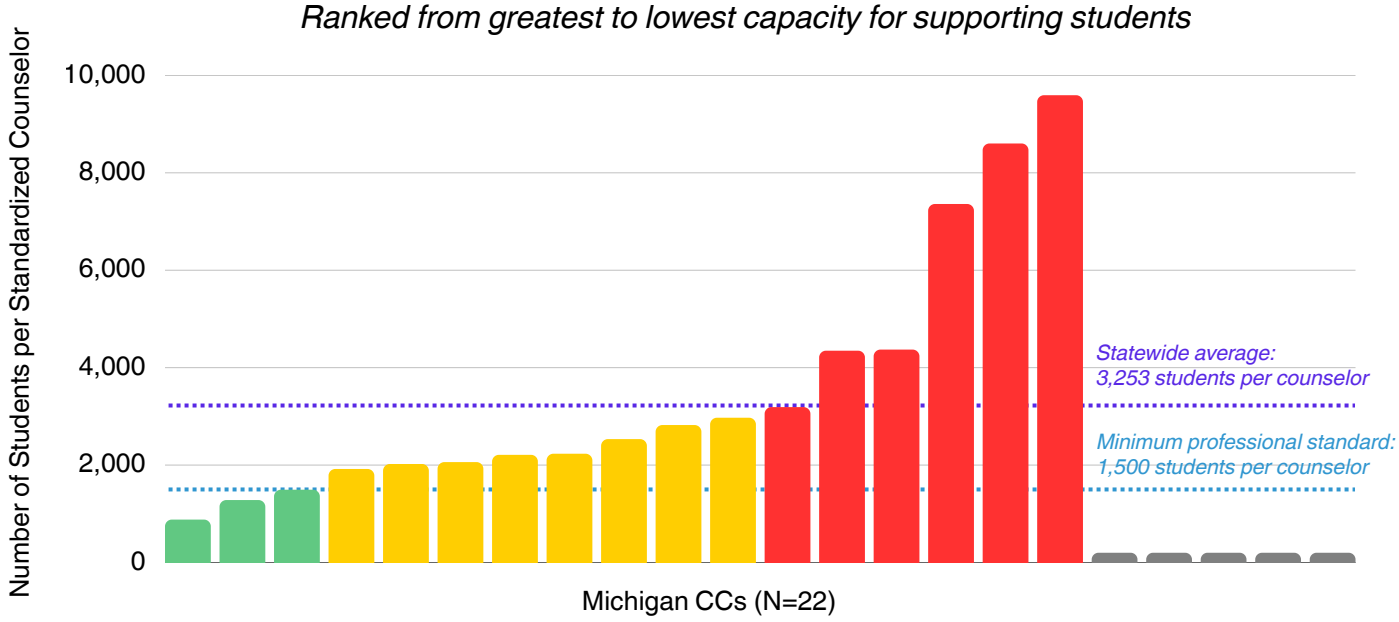
MENTAL HEALTH PROVIDER CAPACITY

The International Accreditation of Counseling Services, which sets benchmarks for college counseling services, recommends a ratio of 1 full-time mental health counselor for every 1,000-1,500 students. This capacity ratio serves as the standard for the profession within college counseling.[4]

The graph below depicts the range of counselor-to-student ratios across Michigan CCs.*

Number of Students per Standardized Counselor Among Michigan CCs

Ranked from greatest to lowest capacity for supporting students



Proportion of Michigan CCs That Meet Recommended Counseling Capacity

14%	Meet or exceed the recommended counseling capacity *(ratio of 1 counselor to every 1,500 or fewer students)*
36%	Have 50% to 99% of the recommended counseling capacity *(ratio of 1 counselor to every 1,501-3,000 students)*
27%	Have less than 50% of the recommended counseling capacity *(ratio of 1 counselor to every 3,001 students or greater)*
23%	Have no counseling capacity *(individual counseling not offered at the college)*

**Note: The data shown in this graph represents colleges' total clinical capacity to provide individual counseling, compared to all enrolled students with access to counseling services. For the sake of this data, one standardized mental health counselor represents a 24-hour block of clinical hours per week, assuming a provider working 40 hours per week would have 24 clinical hours per week. For more information on this measure, see the Methodology section (page 16).*

As shown above, 86% of Michigan CCs fall below the recommended counselor-to-student ratio.

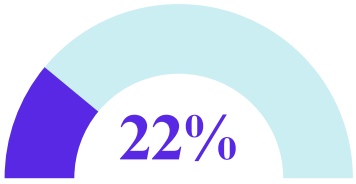
When colleges fall below this recommended capacity ratio, counselors are likely to become limited in the support they can provide to students and the broader campus and students are more likely to experience long wait times for services. Falling below this ratio also increases a college's vulnerability to liability risks following student suicide deaths, as the college can be deemed as not abiding by the standards for the profession.[5]

LOCATION OF MENTAL HEALTH COUNSELING SERVICES

The International Accreditation of Counseling Services (IACS) recommends that campus counseling services be located in a central, accessible space that is separate from administrative or enforcement offices and designed to protect privacy through sound-insulated counseling offices and a private waiting area.[4]

While housing mental health services in a dedicated mental health counseling center is widely considered a best practice on college campuses, our data show that the location where mental health counseling services are housed varies across Michigan CCs.

Among the 78% of Michigan CCs that provide individual mental health counseling:



house their counseling services within a **dedicated mental health counseling center**

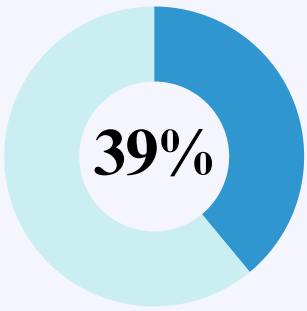
When colleges don't have a dedicated counseling center, campus counseling services are most often housed within or alongside either **academic advising** services or **other student support services**, such as basic needs or disability support services.

Having a dedicated counseling center that exclusively houses mental health services can minimize student confusion about where to go for different services and can enhance students' feelings of privacy and confidentiality when seeking care.

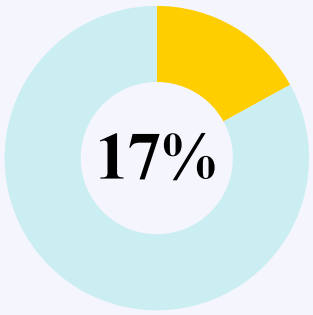
DUAL-ENROLLED STUDENT ELIGIBILITY FOR COUNSELING SERVICES

Approximately 15% of Michigan CC students are dual enrolled while completing degree requirements at their high school,[6] with many of these students being under 18 years old. Our data show that not all colleges support dual-enrolled students' mental health needs the same.

Among the 78% of Michigan CCs that provide individual counseling:



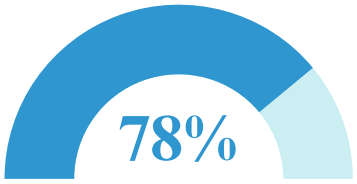
first **refer dual-enrolled students to counseling services at their high school** before allowing them to access counseling services at the college



don't provide counseling services to students under 18 years old

COUNSELING SERVICE DURATION

Some colleges design their counseling services to support short-term student mental health needs, while referring out students who may be seeking or needing long-term support.



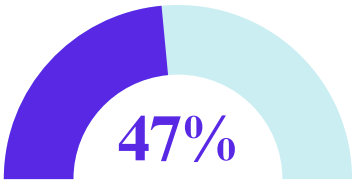
of Michigan CCs that offer individual counseling indicate that they **primarily offer short-term counseling services.**

Applying a short-term focus to campus counseling services can make it challenging for providers to effectively utilize mental health evidence-based practices other than Solution-Focused Brief Therapy (SFBT), as many therapeutic evidence-based practices require at least 6 sessions for demonstrated effectiveness.

For more information on evidence-based practice use among Michigan CCs, see page 10.

COUNSELING SESSION LIMITS

Some colleges have a formal cap on the number of counseling sessions that students can receive in an effort for campus providers to reach more students.



of Michigan CCs that offer individual counseling **have a limit** on the number of sessions offered to students

10 SESSIONS

average (mean) number of counseling sessions a student can attend per year among CCs that have a session limit

Session limits enforced by Michigan CCs range from 3 to 16 sessions per year. However, many colleges report that exceptions to their session limit can be made on a case-by-case basis.

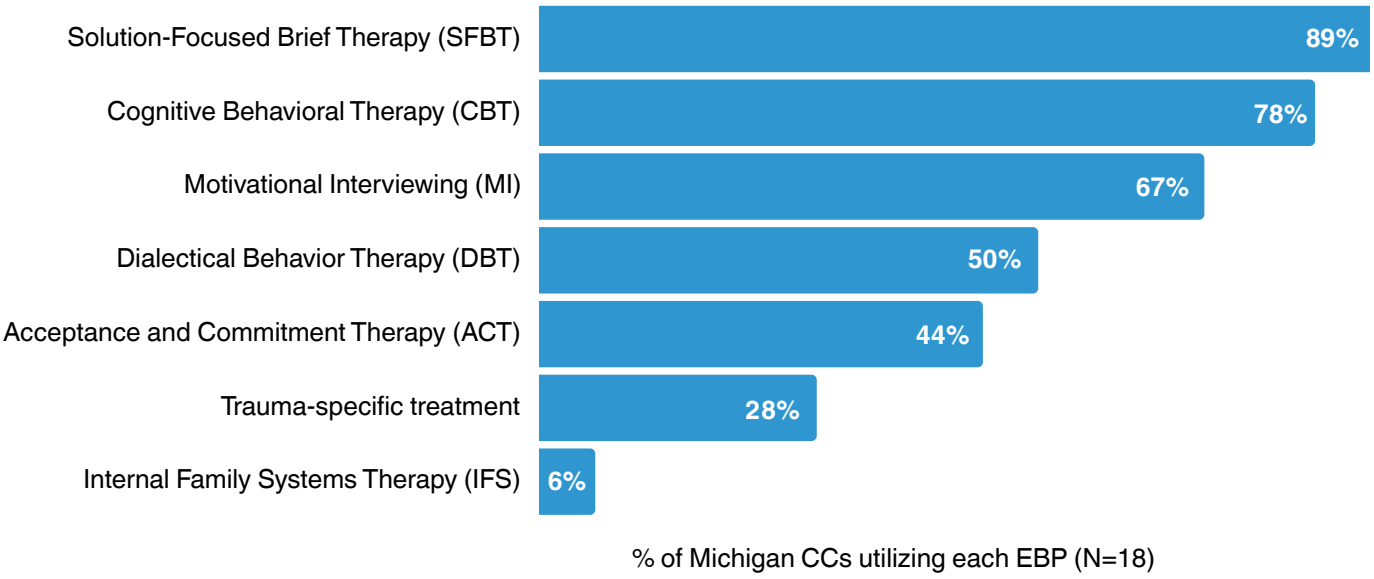
While this approach can help providers reach more students, session limits can create additional barriers to treatment for students who need long-term support, including those facing complex or persistent mental health challenges.

EVIDENCE-BASED PRACTICE USE

Mental health evidence-based practices (EBPs) are therapeutic interventions that have been scientifically proven to be effective through rigorous research. Utilizing each of these practices requires specific training, and therefore EBP use varies by provider.

The chart below highlights the EBPs most commonly used by on-campus providers at Michigan CCs.

Evidence-Based Practice (EBP) Use Among Michigan CCs That Offer Individual Counseling



% of Michigan CCs utilizing each EBP (N=18)

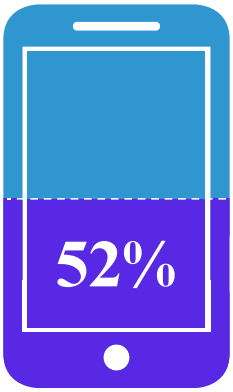
While many CC counseling services are focused on providing short-term care (as highlighted on page 9), many therapeutic EBPs require at least 6 sessions for demonstrated effectiveness, making it difficult for providers to effectively serve students in a limited number of sessions.

Desired Training in EBPs

When asked which new EBPs colleges would like to offer to students, CCs most commonly reported wanting to use **trauma-specific treatments**, such as Eye Movement Desensitization and Reprocessing therapy (EMDR), Trauma-Focused CBT, and somatic-based treatments.

DIGITAL MENTAL HEALTH INTERVENTION USE

Some colleges are using third-party mobile apps and/or web-based resources, often referred to as **digital mental health interventions (DMHIs)**, to increase student access to mental health support.



of Michigan CCs report **offering a DMHI** to their students

DMHIs Used by Michigan Community Colleges

1. **Uwill**
2. **TimelyCare**
3. **BetterMynd**
4. **TalkCampus**
5. **Welltrack**

The services and features available vary across different DMHIs; among Michigan CCs that use a DMHI, most colleges utilize this resource to provide expanded access to **telehealth counseling**, **24/7 crisis services**, and **self-guided mental health resources**.

Offering a DMHI can provide students with access to a greater variety of provider identities than may be available on-campus, as well as a wider range of hours that services are available. However, DMHIs generally don't meet the mental health needs and preferences of all students (as many students prefer in-person services and some students lack reliable access to the technology, internet connection, and privacy required to engage with a DMHI). Given these limitations, **DMHIs do NOT replace the need for on-campus mental health services,** but have potential as an additive support.

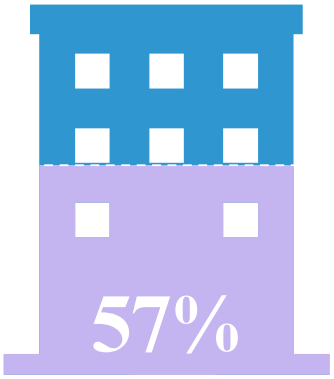
Related Resource

Digital Approaches to Supporting Student Mental Health: Key Considerations for Michigan Community Colleges

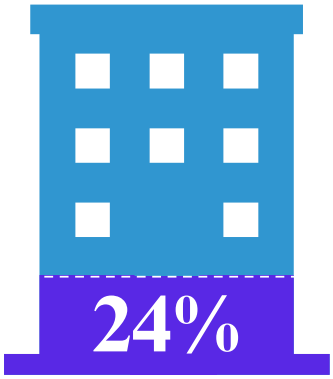
This resource discusses the role of digital mental health interventions (DMHIs) in supporting student mental health, while also offering guidance to aid CC administrators and mental health providers in making informed decisions about implementing DMHIs at their college.

PARTNERSHIPS WITH LOCAL MENTAL HEALTH PROVIDERS

Many Michigan CCs partner with local mental health providers and service organizations to expand students' access to comprehensive mental health services. These partnerships range from informal or personal connections to formal agreements where a memorandum of understanding (MOU) or other contract is in place.



of Michigan CCs report having an **informal partnership** or referral pathway with at least one local mental health provider



of Michigan CCs report having at least one **formal partnership** with a local mental health provider

Community partnerships can significantly enhance students' access to mental health care without requiring colleges to provide every service directly. These partnerships can be especially useful for colleges with limited on-campus counseling services, and can also allow colleges to connect students with specialized providers and higher levels of care.

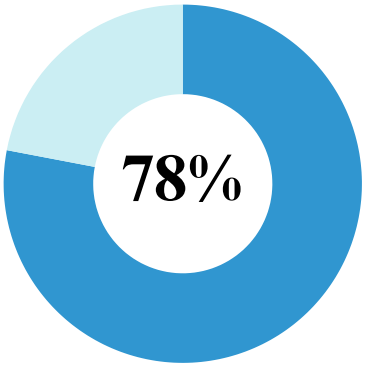
Informal partnerships vary greatly across institutions, ranging from offering students information on a local provider, to providing "warm handoffs" with the student and local provider. Strengthening and formalizing these partnerships can help ensure more reliable and sustainable support for all students.

Related Resource

Developing Memoranda of Understanding: A "How-To" Guide for Creating Formal Partnerships with Local Mental Health Providers

This resource discusses the purpose and potential uses of formal partnerships between colleges and local mental health providers, describes action steps and considerations for developing an MOU with local mental health providers, and provides tangible examples and templates for drafting a comprehensive MOU.

ADDITIONAL RESOURCES AVAILABLE TO SUPPORT STUDENTS



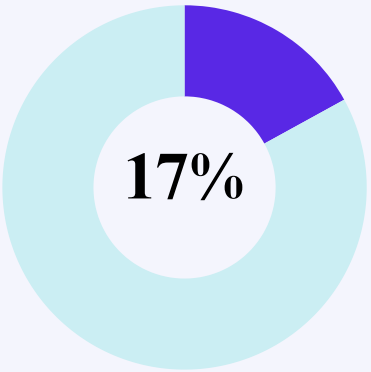
of Michigan CCs report having a **Behavioral Intervention Team (BIT)**

Behavioral Intervention Teams (BITs; sometimes referred to as Care Teams) are comprised of representatives from multiple campus units who collaboratively develop a campus response to students showing signs of a behavioral concern.

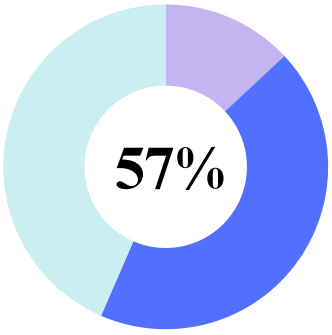
BITs play an important role in the prevention of critical incidences, while connecting students who are struggling to appropriate resources and ensuring a coordinated response across institutional departments.

Campus primary care services can play a role in supporting student mental health by providing students with access to psychiatric medication management, and can serve as an important point of connection to other mental health services. Campus primary care services are common at 4-year colleges and universities, and are typically offered through a student health center.

Only a few Michigan CCs offer primary care services to students, and all do so through contracts with local healthcare organizations.



of Michigan CCs report offering **primary care services** to students



of Michigan CCs report having **self-guided mental health resources** available to students

- 44% offer self-guided mental health support through a DMHI
- 13% offer self-guided mental health support through campus resources (e.g., through the college website or a resource library)

Self-guided mental health resources are asynchronous, self-paced tools that students can use independently (e.g., coping skill cards, mindfulness exercises). Most CCs that offer self-guided resources do so through a DMHI; when not provided through a DMHI, these resources are often available through the college's website or a resource library within the counseling office.

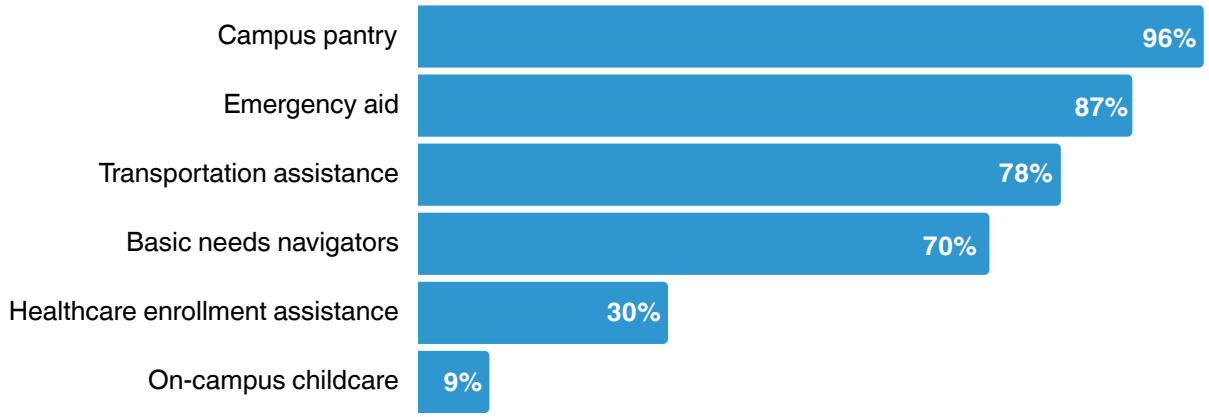
Self-guided resources can be helpful for students with mild mental health challenges that may not require the support of a mental health provider, allowing campus counseling staff to focus on supporting students with the most acute levels of need.

BASIC NEEDS SUPPORTS AVAILABLE TO STUDENTS

Basic needs - such as food, housing, transportation, and childcare - are crucial for students' mental health and well-being: research indicates that college students experiencing basic needs insecurities are significantly more likely to report anxiety and depression, while mental health challenges can further increase students' vulnerability to basic needs insecurity and threaten their ability to persist in higher education.[7,8]

The chart below highlights the basic needs resources most commonly provided by Michigan CCs.

Basic Needs Resources Available at Michigan CCs



% of Michigan CCs offering each resource (n=23)

Nearly all (96%) of Michigan CCs provide some form of basic needs resources to students, but these resources are often housed in a separate location than counseling services. As such, integration and coordination between these resources is critical for effectively identifying students' needs and referring them to the appropriate campus resources.

Related Resource

Barriers to Bridges: Strengthening Michigan Communities by Addressing College Student Basic Needs

To learn more about how basic needs and mental health challenges impact the state of Michigan's educational attainment goals and what colleges and advocacy organizations are doing to support Michigan students, explore this report from the Michigan Department of Lifelong Education, Advancement, & Potential (MiLEAP)'s Student Basic Needs Task Force.

PRIORITIES FOR CHANGE

Many colleges report a desire to increase campus efforts to support student mental health. The following are the top reported priorities for change with regards to improving student mental health.

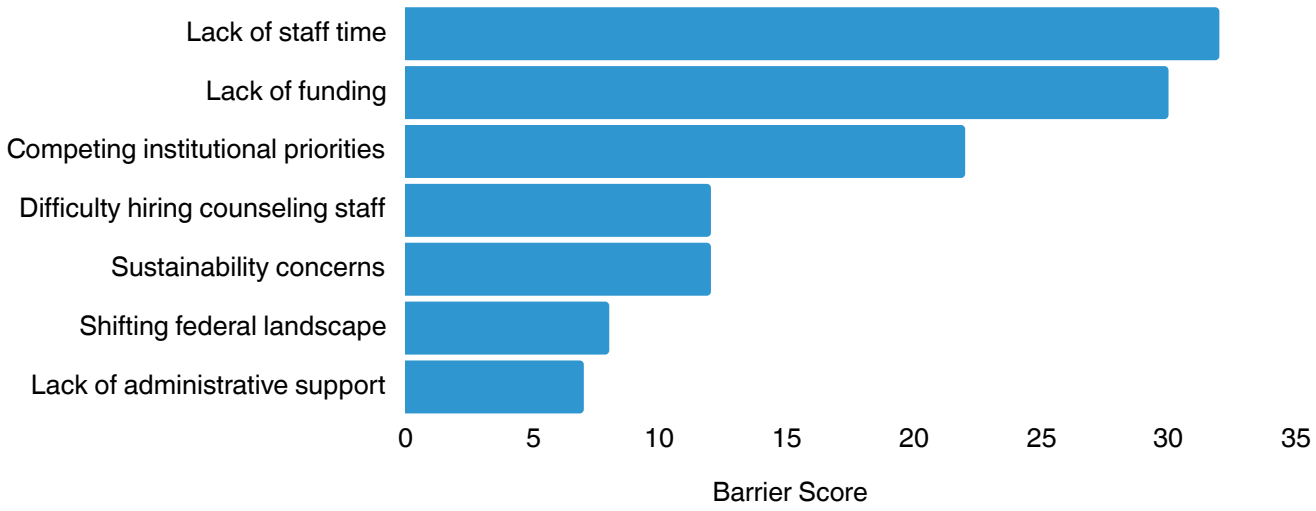
1. **Increasing students' awareness and utilization of campus mental health services**
2. **Expanding mental health services offered to students**
3. **Enhancing campus mental health prevention efforts**
4. **Increasing mental health provider staffing on campus**

Additional priorities reported by respondents include **improving their college administration's support** for student mental health, **establishing partnerships** with local mental health providers and service organizations, and **offering more training opportunities** for campus mental health providers to support them in meeting the mental health needs of students seeking services.

INSTITUTIONAL LEVEL BARRIERS TO CHANGE

Although many colleges report a desire to improve their efforts to support student mental health, they often face significant barriers to enacting change. The most commonly reported barriers are shown below.

Barriers to Improving Mental Health Services at Michigan CCs



Note: Each bar represents the total score for each barrier. This score was computed based on CCs' responses, where the barrier selected as the 1st barrier receives 3 points, the 2nd barrier 2 points, and the 3rd barrier 1 point.

METHODOLOGY

Representatives from all 31 of Michigan's community and tribal colleges were invited to participate in the Michigan Mental Health Landscape Survey in September 2025. The survey was distributed via Qualtrics to individuals identified as key mental health decision-makers at each institution through MHICC's established contacts and college directories. The survey remained open from September 2025 through April 2026 in order to capture as many responses as possible, with targeted reminder messages sent periodically throughout the survey window. Invited participants were offered a small financial incentive as compensation for their time spent completing the survey.

Representatives from 23 of the 31 colleges completed the 2025-2026 survey, resulting in a 74% response rate. Respondents held a range of roles across institutions, with 48% holding counseling roles and 52% holding administrative roles. All respondents confirmed that they were moderately (9%) or very (91%) familiar with the mental health services available at their college.

Given that responses to survey questions were voluntary, some respondents left occasional data fields blank. When compiling the survey data, colleges that were missing data for a metric were omitted from the corresponding percentages shown throughout this report.

Mental Health Provider Clinical Capacity Metric: This metric was calculated by the MHICC team as the ratio of standardized counselors to enrolled students, which is compared to the International Accreditation of Counseling Services (IACS)'s recommended ratio of 1 full-time counselor for every 1,000-1,500 students. Within this ratio, one standardized provider represents a 24-hour block of clinical hours per week, assuming a provider working 40 hours per week would spend an average of 24 hours providing counseling to students each week. Enrollment figures for each institution were obtained from the National Center for Education Statistics (NCES)' Integrated Postsecondary Education Data System (IPEDS), using the enrollment data for the 2023–2024 academic year.

Due to limited counseling utilization data provided by respondents, this metric serves as a proxy for the Center for Collegiate Mental Health (CCMH)'s Clinical Load Index (CLI), which is computed using colleges' counseling capacity and student utilization.

REFERENCES

(1) Lipson SK, Phillips MV, Winquist N, Eisenberg D, & Lattie EG. Mental health conditions among community college students: A national study of prevalence and use of treatment services. *Psychiatr Serv. 2024;72*(10):1126–1133.

(2) Scofield B & Abelson S. A comparison of college counseling center characteristics at two-year/community colleges versus four-year institutions. Center for Collegiate Mental Health; 2026. https://ccmh.psu.edu/index.php?option=com_dailyplanetblog&view=entry&year=2026&month=03&day=29&id=68:a-comparison-of-college-counseling-center-characteristics-at-two-year-community-colleges-versus-four-year-institutions

(3) Rusch A, Ammann A, Mosher K, Choi SY, Bell J, Abelson S, Smith SN. Understanding mental health service provision at community colleges: Findings from a statewide landscape analysis. *J Am Coll Health.* Published online June 12, 2026.

(4) International Accreditation of Counseling Services. IACS standards. *International Accreditation of Counseling Services*. Accessed May 26, 2026. https://www.iacsinc.org/iacs-standards.

(5) International Accreditation of Counseling Services. Staff to student ratios. *International Accreditation of Counseling Services.* Accessed May 26, 2026. https://iacsinc.org/staff-to-student-ratios/.

(6) Public Policy Associates. Increasing dual enrollment access and success. *Michigan Community College Association.* Accessed May 26, 2026. https://www.mcca.org/uploads/ckeditor/files/MCCA_Dual-Enrollment-Recommendations_Full-Report_Updated-9-04-24.pdf.

(7) The Hope Center for Student Basic Needs. *2023–2024 Student Basic Needs Survey Report*. Temple University; 2025. Accessed June 25, 2026. https://hope.temple.edu/research/hope-center-basic-needs-survey/2023-2024-student-basic-needs-survey-report.

(8) Freudenberg N, Goldrick-Rab S, Poppendieck J, et al. Understanding the cumulative burden of basic needs insecurities: associations with health and academic achievement among college students. *Am J Health Promot. 2021*;35(2):275-278.

CONTACT US

The Mental Health Improvement through Community Colleges (MHICC) initiative is a research to practice partnership housed between the University of Michigan School of Public Health and the Hope Center for Student Basic Needs.

For more information on the MHICC initiative, please connect with our team using the channels below:

mhiccteam@umich.edu

mentalhealthcc.org

@mentalhealth_cc

linkedin.com/company/gomhicc

MHICC Co-Directors:

Shawna N. Smith, PhD
Department of Health Management & Policy,
University of Michigan School of Public Health
shawnana@umich.edu

Sara Abelson, PhD, MPH
Hope Center for Student Basic Needs,
Temple University Lewis Katz School of Medicine
sara.abelson@temple.edu

MH/CC