

THE PRINCETON REVIEW®

2026 CAMPUS MENTAL HEALTH SURVEY REPORT

ABOUT THE SURVEY

In partnership with the Ruderman Family Foundation, The Princeton Review conducted this two-part survey from the Fall of 2025 through Summer 2026. The first reached out to administrators at nearly 2,000 colleges nationwide that the education services company annually surveys about their institutional data, academics, campus services, and other offerings. On that annual survey, 77 questions were added about the institution's mental health and wellness services for students. Administrators from nearly 740 colleges completed that section of the survey. The second component gathered opinions from students at colleges and institutions participating in The Princeton Review's annual college student survey. On this survey, which asks students to rate their schools on dozens of topics and report on their campus experiences at them, four questions were added about the students' awareness of their school's mental health and wellness services. Findings reflect opinions of students from more than 300 colleges.

This report presents selected findings of the administrator and student surveys.

THE SURVEYS WERE CONDUCTED IN PARTNERSHIP WITH THE RUDERMAN FAMILY FOUNDATION TO PROMOTE MENTAL HEALTH RESOURCES—AND STUDENT AWARENESS OF THEM—ON COLLEGE CAMPUSES.

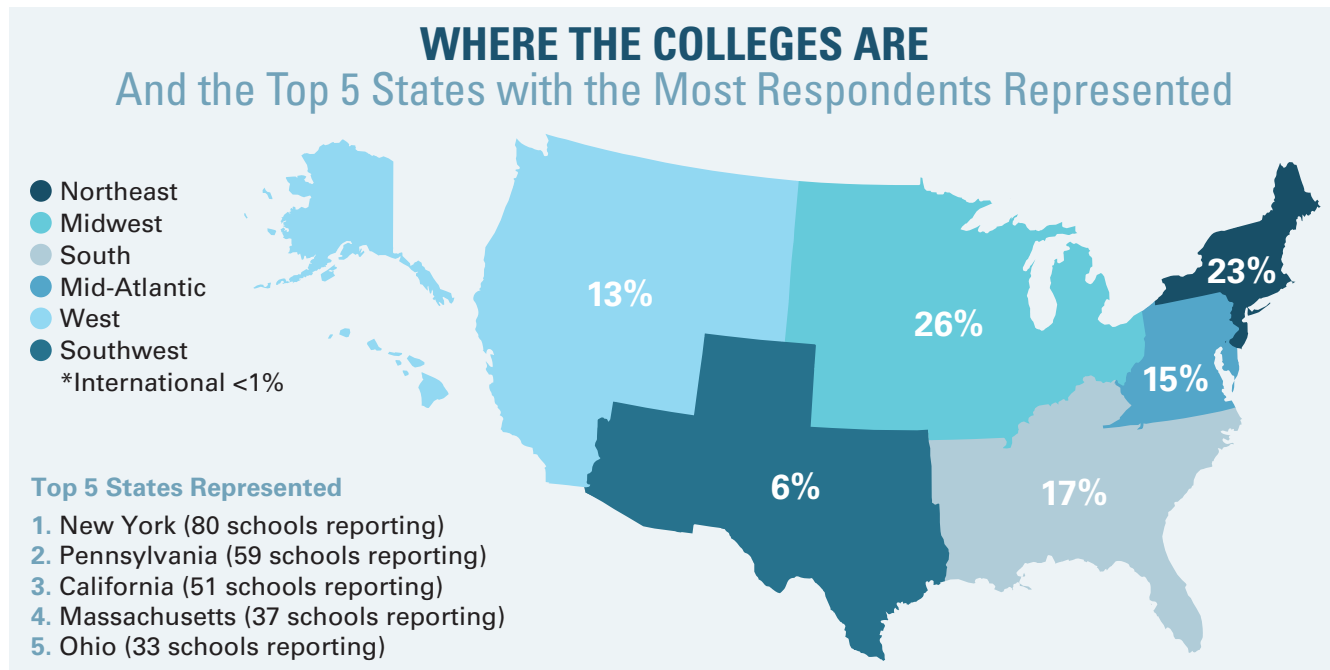


ABOUT THE SURVEY: 2026 CAMPUS MENTAL HEALTH SURVEY

Colleges nationwide are increasingly integrating mental health into their core student support systems. Results from *The Princeton Review–Ruderman Family Foundation 2026 Campus Mental Health Survey*—featuring responses from 739 institutions—indicate continued progress toward preventive, inclusive, and evidence-based wellness models.

The Princeton Review conducted the 2026 Campus Mental Health Survey—the company’s third annual survey of colleges’ mental health offerings—from the Fall of 2025 through Summer 2026. The 77-question survey was sent to administrators at nearly 2,000 institutions. They included colleges The Princeton Review profiles in its book [The Best 392 Colleges: 2027 Edition](#) (August 18, 2026), colleges featured in the company’s website designation [Best Regional Colleges for 2027](#), and colleges who annually report data to The Princeton Review to be featured on their website and [college search tool](#). The Princeton Review conducted this survey in partnership with the Ruderman Family Foundation.

Administrators from nearly 740 colleges completed the full survey, which had a response rate of 37%. 63% of the respondents were from private colleges and 37% were from public colleges.



ABOUT THE PRINCETON REVIEW

The Princeton Review is a leading tutoring, test prep, and college admissions services company. Every year, it helps millions of college- and graduate school-bound students as well as working professionals achieve their education and career goals through its many education services and products. These include online and in-person courses delivered by a network of more than 4,000 teachers and tutors; online resources; a [line](#) of more than 150 print and digital books published by Penguin Random House; and dozens of categories of school rankings. Founded in 1981, the company is now in its 45th year. The company’s [Tutor.com](#) brand, now in its 25th year, is one of the largest online tutoring services in the U.S. It comprises a community of thousands of tutors who have delivered more than 29 million tutoring sessions. The Princeton Review, headquartered in New York, NY, is not affiliated with Princeton University. For more information, visit [PrincetonReview.com](#). Follow the company on Facebook ([@ThePrincetonReviewSAT](#)), Instagram ([@theprincetonreview](#)), LinkedIn ([the-princeton-review](#)), YouTube ([@ThePrincetonReview](#)), and TikTok ([@princeton.review](#)). Subscribe to The Princeton Review’s twice-weekly newsletter, *Brick & Mortarboard*, [here](#).

ABOUT THE RUDERMAN FAMILY FOUNDATION

The Ruderman Family Foundation is an internationally recognized organization that works to end the stigma associated with mental health. The Foundation does this by identifying gaps in mental health resources and programs within the high school and higher education communities as well as by organizing other local and national programming and initiatives that raise greater awareness around the stigma.

The Ruderman Family Foundation believes that inclusion and understanding of all people is essential to a fair and flourishing community and imposes these values within its leadership and funding. For more information, please visit [www.rudermanfoundation.org](#).

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EXECUTIVE SUMMARY

Findings from both administrator and student surveys reveal sustained momentum in campus infrastructure, policies, and awareness surrounding student mental health. The 2026 survey drew responses from 739 colleges—a 37% increase from 2025. Since the survey’s inception, institutional participation has grown 196%, while the Mental Health Services Honor Roll has expanded from 16 schools in 2024 to 30 in 2025 to 76 in 2026. Across three years, core offerings have expanded significantly: comprehensive wellness programs serving all students grew from 216 schools to 730; for-credit/non-credit wellness education nearly doubled from 138 to 267 institutions; and the Chief Behavioral/Wellness Officer role nearly doubled from 143 to 260 schools. While year-over-year growth in some metrics has moderated from earlier cycles, colleges continue to deepen mental health integration: 75% of responding schools now offer peer-to-peer mental health programs, and clinician training for specific student populations now reaches 81–95% of respondents. Notably, there’s been an increase in the student perception that their institution prioritizes mental health, from 66% in 2025 to 71% in 2026. This data reflects the substantial number of schools implementing new offerings and extending mental health care across a full continuum of need. What was once the exception among participating institutions is increasingly becoming the standard.

KEY INSTITUTIONAL SHIFTS

- Leadership structures are expanding**
The Chief Behavioral/Wellness Officer role nearly doubled from 143 schools in 2024 to 260 in 2026, indicating institutional prioritization of dedicated mental health leadership.
- Preventive and curricular approaches are accelerating**
For-credit and non-credit wellness education grew from 138 schools to 267 institutions (93% growth), signaling a strategic shift toward integrating mental health into academic frameworks.
- Comprehensive services are becoming standard**
Comprehensive wellness programs serving all students expanded from 216 to 730 schools, approaching universal adoption.
- Peer support networks are deepening**
75% of responding schools now offer peer-to-peer mental health programs.
- Specialized clinician training continues to broaden**
Training for care of specific student populations now reaches 81–95% of respondents, indicating mature clinical capacity across diverse student needs.

Leadership Expanding	Curricular Growth	Near-Universal Services	Peer Networks Deepening	Clinician Training Broadening
~2×	93% growth	730 of 739	75% of schools	81% – 95%
Chief Behavioral/Wellness Officer role nearly doubled from 143 schools in 2024 to 260 in 2026	For-credit and non-credit wellness education grew from 138 schools in 2024 to 267 in 2026	Comprehensive wellness programs serving all students—approaching universal adoption	Peer-to-peer mental health offerings grew 19% from 2024 to 2026	Clinicians trained for specific populations across 14 student groups
143 → 260	138 → 267	216 → 730	63% → 75%	low → high

Executive Summary

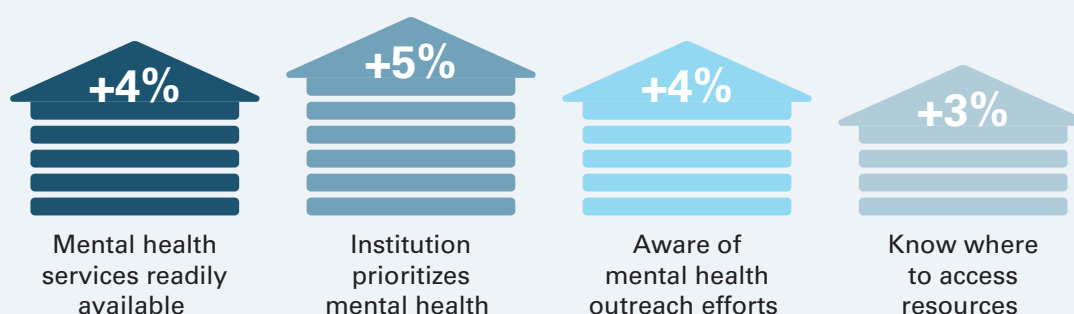
A NATIONWIDE SHIFT TOWARD PROACTIVE WELL-BEING

739 colleges | 56,097 students

Findings show higher education embracing a more comprehensive, prevention-oriented approach to student well-being

Colleges are building sustainable wellness ecosystems—expanding infrastructure, training, and awareness that normalize mental health as a shared campus responsibility.

SUMMARY OF STUDENT SURVEY FINDINGS (2026 v 2025 increases)



Note: N = 56,097 students participated in the 2026 survey.

Student ratings improved across all measures; the data indicates that student awareness of services and institutional visibility continue to strengthen year over year.

These awareness gains reflect a deeper institutional shift captured in the Honor Roll schools: mental health is no longer siloed in counseling centers but embedded across campus operations. Schools report making mental health visible and accessible through multiple channels—residential programming, orientation, peer networks, telehealth, athletic facilities, and social media outreach—rather than expecting students to proactively seek out a single office. This multi-point approach to awareness explains why year-over-year awareness increases are occurring simultaneously with institutional infrastructure expansion: awareness is not just information, but structural change.

CONCLUSION

Between 2025 and 2026, institutions reported measurable progress across all key indicators, with student awareness increasing 3-5 percentage points year-over-year. Equally significant: the 76 Honor Roll schools demonstrate that increased awareness is now coupled with structural transformation.

Campuses are no longer asking, “How do we tell students about mental health services?” They’re asking, “How do we embed mental health so thoroughly into campus life that awareness becomes inevitable?”

The answer, visible across the Honor Roll schools, involves:

- Accessible infrastructure (multiple entry points, rapid access, 24/7 crisis support)
- Dedicated leadership (Chief Officers, task forces, institutional accountability)
- Prevention focus (proactive screening, early intervention, pre-arrival outreach)
- Peer involvement (student leaders, trained peers, peer-led support)
- Identity responsiveness (culturally tailored, affinity-specific, intersectional programming)
- Campus-wide integration (wellness in orientation, residential life, faculty training, syllabi statements)

As schools continue implementing these models, continued tracking will help clarify which configurations best reach which student populations and how to scale these approaches across institutions of different sizes, types, and contexts. The data suggests the trajectory is clear: awareness is becoming infrastructure, and infrastructure is transforming campus culture.

2027 MENTAL HEALTH SERVICES HONOR ROLL SCHOOLS

This distinction provides a look at 76 institutions that have shown a strong commitment to their students’ mental health and well-being. Broadly, these schools display:

1. Overall administrative support for campus mental health and well-being through policies including commitments to staffing and student support.
2. A campus quality of life for students that is both healthy and attentive to overall well-being.
3. Empowerment by the school through which students can address their own mental health with education programs and peer-to-peer offerings.

The Princeton Review collected data from 739 schools in its 2026 Campus Mental Health Survey. You can find this data on each school's [college profile](#) or through a dedicated Campus Mental Health page [here](#).

American University (Washington, DC)	Mercer University (Macon, GA)	Stetson University (DeLand, FL)
Arizona State University* (Tempe, AZ)	Michigan Technological University (Houghton, MI)	Stevens Institute of Technology (Hoboken, NJ)
Babson College (Babson Park, MA)	Mississippi Christian University (Clinton, MS)	Syracuse University (Syracuse, NY)
Batten University (Virginia Beach, VA)	Molloy University (Rockville Centre, NY)	Temple University (Philadelphia, PA)
Bentley University (Waltham, MA)	Montclair State University (Montclair, NJ)	Texas Christian University (Fort Worth, TX)
Boston University* (Boston, MA)	Nazareth University (Rochester, NY)	The University of the South (Sewanee, TN)
Bryant University (Smithfield, RI)	New York University* (New York, NY)	Trine University (Angola, IN)
Central Connecticut State University (New Britain, CT)	Northern Michigan University (Marquette, MI)	Union College (NY) (Schenectady, NY)
Clark University (Worcester, MA)	Pace University (New York, NY)	United States Naval Academy (Annapolis, MD)
Coastal Carolina University* (Conway, SC)	Pratt Institute (Brooklyn, NY)	University of Kansas (Lawrence, KS)
Colorado State University* (Fort Collins, CO)	Princeton University* (Princeton, NJ)	University of Lynchburg (Lynchburg, VA)
Columbia University* (New York, NY)	Rhodes College (Memphis, TN)	University of Mary Washington (Fredericksburg, VA)
Dartmouth College (Hanover, NH)	Rice University (Houston, TX)	University of New Hampshire (Durham, NH)
Dickinson College (Carlisle, PA)	Rollins College (Winter Park, FL)	University of North Carolina at Greensboro* (Greensboro, NC)
Elon University (Elon, NC)	Rose-Hulman Institute of Technology (Terre Haute, IN)	University of Oregon (Eugene, OR)
Fairfield University (Fairfield, CT)	Rowan University (Glassboro, NJ)	University of Pittsburgh—Pittsburgh Campus (Pittsburgh, PA)
Farmingdale State College, State University of New York (Farmingdale, NY)	Salisbury University (Salisbury, MD)	University of Rhode Island (Kingston, RI)
Florida Institute of Technology (Melbourne, FL)	Slippery Rock University of Pennsylvania (Slippery Rock, PA)	University of San Diego (San Diego, CA)
Georgia Institute of Technology (Atlanta, GA)	St. John's University (NY) (Queens, NY)	University of Tampa (Tampa, FL)
Gettysburg College (Gettysburg, PA)	St. Lawrence University (Canton, NY)	University of Wisconsin-Eau Claire (Eau Claire, WI)
Hope College (Holland, MI)	State University of New York - College of Environmental Science and Forestry (Syracuse, NY)	Ursinus College (Collegeville, PA)
Juniata College (Huntingdon, PA)	State University of New York - Stony Brook University (Stony Brook, NY)	Wabash College (Crawfordsville, IN)
Kennesaw State University (Kennesaw, GA)	State University of New York - University at Albany* (Albany, NY)	Wentworth Institute of Technology (Boston, MA)
Knox College (Galesburg, IL)	State University of New York at Geneseo (Geneseo, NY)	West Chester University of Pennsylvania (West Chester, PA)
Loyola University Maryland (Baltimore, MD)		William & Mary* (Williamsburg, VA)
Massachusetts Institute of Technology* (Cambridge, MA)		Worcester Polytechnic Institute (Worcester, MA)

* Named to the Mental Health Services Honor Roll all three years: 2025, 2026, and 2027.

THE HONOR ROLL AS FIELD MARKER: FROM EXCEPTION TO NORM

The growth of the Honor Roll reflects a broader trend among participating institutions. Comprehensive, campus-wide approaches to student mental health that were once found at a handful of schools are increasingly becoming the norm across higher education. In 2024, 16 schools earned Honor Roll designation; by 2026, that number had grown to 76. This expansion marks genuine institutional progress and signals that the practices recognized by the Honor Roll are moving from the margins toward standard practice.

The Honor Roll schools in 2026 show what that progress looks like in practice. They combine dedicated leadership with multi-point access to care, identity-responsive services, prevention-focused screening, and peer-led models. Each of these elements appears in the criteria the Campus Mental Health Advisory Board selected, and together they reflect the integrated approach the board hopes all campuses will pursue. The shifts described in *Behind the Numbers*, from normalization to student-centered models, are the day-to-day form of that integration: mental health embedded in orientation and residential life, rather than confined to a single office.

Growth in the Honor Roll also reflects growth in the survey itself. Participation has risen each year, from 250 institutions in 2024 to 540 in 2025 and 739 in 2026, so Honor Roll counts describe the schools meeting criteria in each year's survey, which vary in size and composition. Even with that caveat, the trend is encouraging, and the Honor Roll schools provide both proof points and practical blueprints for campuses still building these systems.

The Princeton Review and the Ruderman Family Foundation will continue to evolve the Honor Roll in 2027 to reflect that progress. As more schools adopt integrated models, continued tracking will help clarify which configurations best reach each student population and how those approaches can scale across institutions of different sizes and types.

WHY PARTICIPATION MATTERS: KEY BENEFITS FOR SCHOOLS

Participation in *The Princeton Review–Ruderman Family Foundation Campus Mental Health Survey* offers colleges and universities a clear, evidence-based understanding of how their mental health services compare nationally and where opportunities for growth exist.

- **Benchmark Performance Across Peer Institutions**
Schools can see how their mental health programs and policies align with those at hundreds of peer institutions nationwide. This comparative view helps identify both strengths and areas for continued improvement.
- **Inform Campus Planning and Resource Allocation**
Survey results highlight national trends—such as the growing adoption of peer-support models and wellness education—that can guide institutional planning and resource decisions. Findings can help campus leaders make informed choices about future investments and initiatives.
- **Assess Student Awareness and Access**
By combining administrator and student perspectives, the survey provides insight into how well students understand and engage with available resources. This helps schools evaluate whether programs are not only in place but also visible and accessible to students.
- **Gain Recognition Through the Mental Health Services Honor Roll**
Participating institutions are eligible for inclusion in *The Princeton Review's* Mental Health Services Honor Roll, which highlights campuses demonstrating notable commitment to student well-being. Recognition can reinforce institutional values and provide public acknowledgment of ongoing efforts.
- **Support Long-Term Improvement and Accountability**
Annual participation enables schools to track changes over time, document progress, and contribute to a broader understanding of best practices in campus mental health. This consistent measurement supports transparent, data-driven improvement.

IN SUMMARY

The Campus Mental Health Survey provides a structured way for colleges to evaluate their current efforts, learn from peer practices, and plan next steps in supporting student well-being.

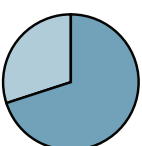
SELECT SCHOOL SURVEY FINDINGS

A selection of the survey's 77 questions, answer choices, and percentages of respondents choosing each answer are shown below by respondents overall. Answers chosen by the highest percentage of respondents are underlined. The numbered fields represented below make up the criteria for The Princeton Review's 2027 Mental Health Services Honor Roll. Non-numbered fields were asked of schools but are not part of the honor roll methodology. The 76 schools chosen for the Mental Health Services Honor Roll reported in their offerings the criteria deemed most important by the Campus Mental Health Advisory Board. Please see more information at the end of this data summary.

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Training is available for students and faculty/staff in at least one of the following [Question, Persuade, Refer \(QPR\)](#); [Applied Suicide Intervention Skills Training \(ASIST\)](#); [SafeTALK](#); [Mental Health First Aid](#); [Talk Saves Lives](#); [Campus Connect](#)

92% of schools reported offering at least one of the education trainings above
8% of schools reported offering no education and training opportunities

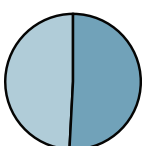
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Institution has a Chief Behavioral Health Officer (and/or Chief Wellness Officer) tasked by the administration to advise on and implement policies and programs related to mental health on campus

70% of schools reported having this role on their campus
30% of schools reported having no such role on their campus

- Clinicians are trained to provide care to these specific groups** (ordered from the highest to lowest percentages of schools offering tailored care to each group)

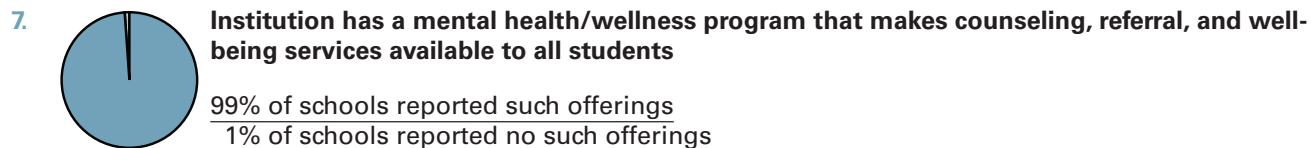
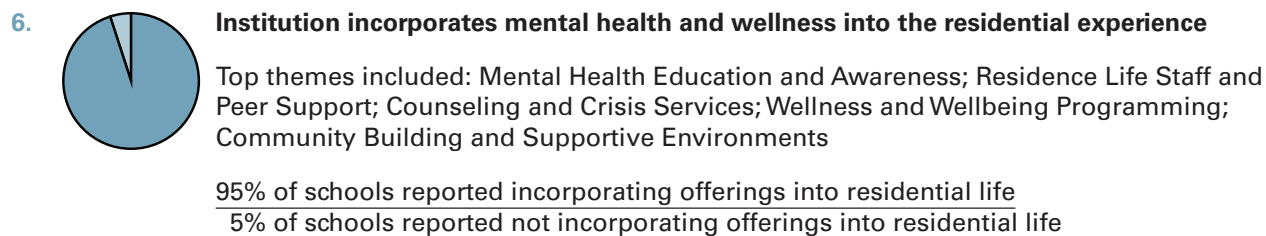
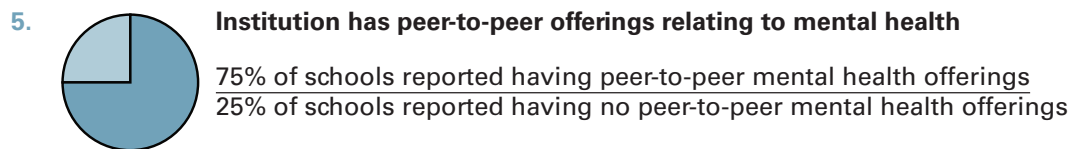
Student Group	% of Schools Offering Tailored Care
Racial/ethnic minority students	95%
LGBTQIA+ students	95%
First-generation students	94%
International students	92%
Student-athletes	92%
Neurodiverse students	91%
Students experiencing discrimination based on race/ethnicity	90%
Students experiencing discrimination based on sexual orientation	90%
Students experiencing discrimination based on gender identity	88%
Students experiencing eating concerns	88%
Students on scholarship or financial aid	87%
Students with substance use disorders	85%
Students who are veterans	81%
Students experiencing religious discrimination	81%

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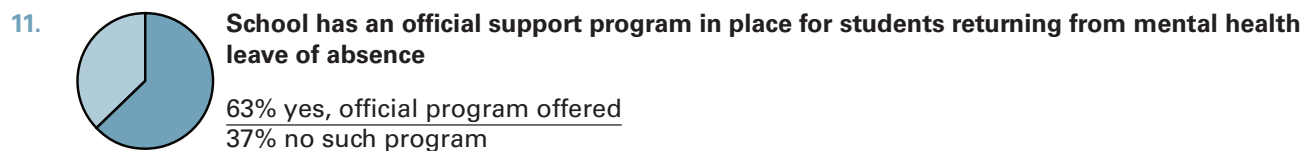
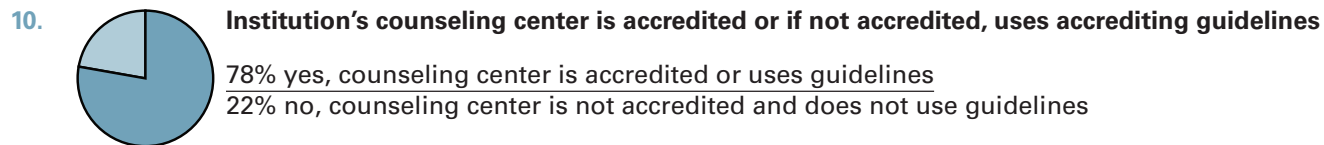
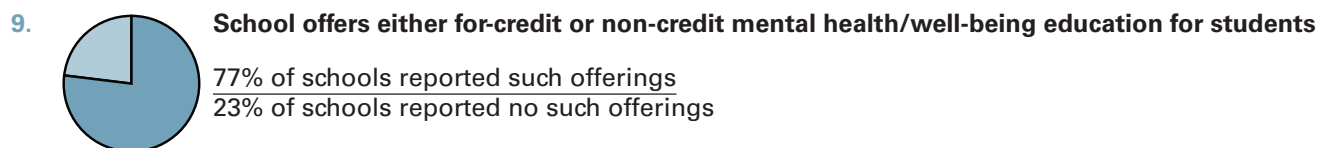
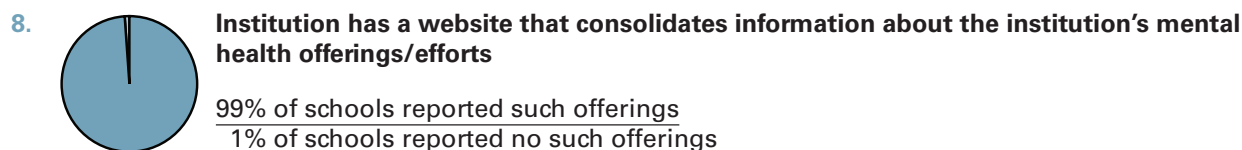
How often is a wellness screening and assessment of all students conducted?
**Includes schools using universal, targeted, or voluntary screening approaches.*

51% of schools reported having no formal wellness screening of all students
49% of schools reported regular wellness screenings of all students

Frequency	
At least monthly	7%
Every 1–3 months	10%
Every 3–6 months	17%
Every 6–9 months	9%
Every 9–12 months	57%



Mental Health Services Details (select all that apply)	
Students can maintain confidentiality	98%
Available for free	94%
Available in person or by telehealth	93%
Available as part of urgent care (Urgent Counseling)	68%
Available 24/7	50%
Available at a discounted rate	15%



Is it policy for school to maintain contact with students after they take a mental health leave of absence to check on their well-being?



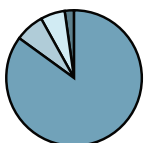
12.

Number of months a year your counseling center is open and fully staffed

65% 12 months
 3% 11 months
 17% 10 months
 13% 9 months
 2% not reported

13. Identity-Based Mental Health Programming

A new question set asking whether the institution provides programming or support specifically addressing the mental health needs of particular identity-based student populations (distinct from the general clinician-capacity question in Finding 3, and broader than the antisemitism-specific questions covered below in "Other School Reported Data Fields of Note")

**Does your institution provide programming or support addressing the mental health needs of specific identity-based populations?**

85% yes
 7% not reported
 6% no
 2% unsure

Which population(s) does this programming address? (select all that apply)

Sexual orientation and/or gender identity (LGBTQIA+)	83%
Race or ethnicity	80%
Other identity-based groups	65%
Religious identity (including antisemitism, Islamophobia)	64%
Not specified / general programming	45%

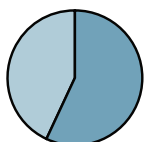
What does this programming (above) include? (select all that apply)

Counseling or mental health support	96%
Crisis or incident response	86%
Awareness or educational programming	81%
Peer or affinity group support	73%
Campus-wide initiatives	63%
Other	6%

14.

**Institution has a mental health task force, committee, office, and/or coordinator that are tasked by the administration to advise on and implement policies and programs related to *student* mental health on campus**

82% yes
 18% no

**Institution has a mental health task force, committee, office, and/or coordinator that are tasked by the administration to advise on and implement policies and programs related to *employee* mental health on campus**

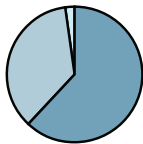
57% yes
 43% no

15. Mental Health Crisis Response & After-Hours Support

An entirely new survey section with no counterpart anywhere in the 2025 report, covering how institutions handle mental health crises and after-hours support.

Which of the following are part of your institution's mental health crisis response? (select all that apply)	
Coordination between counseling and campus safety	87%
Post-crisis follow-up support	85%
Campus security or emergency services trained to respond to mental health crises	83%
24/7 crisis hotline (institution-operated or external partner)	82%
Formal crisis response protocol	69%
Multidisciplinary crisis response team	63%
Referral to external crisis services only (e.g., 988, local providers)	58%
After-hours on-call counseling staff	57%
24/7 access to licensed clinicians via telehealth	43%
Tracks response times or outcomes	42%
Other (please specify)	8%
No formal after-hours mental health support or crisis response infrastructure is available	1%

OTHER SCHOOL REPORTED DATA FIELDS OF NOTE



Has your institution participated in trainings to counter antisemitism on campus by providing college administrators with tools and education to create action plans to address antisemitism (for example, Hillel's Campus Climate Initiative, Chabad on Campus International/ADL partnership, Project Shema, etc.)?

62% no
36% yes
2% no, but plan to in the next academic year



Does your institution have any other programming to address the mental health impacts of antisemitism on students on campus? (for example, peer support groups, chaplain/rabbi pastoral counseling, interfaith dialogue initiatives, psychoeducational workshops on stress/resilience, campus climate surveys with targeted outreach, or community-building programming through Jewish student organizations, etc.)

58% no
36% yes
6% no, but plan to in the next academic year

NEW DATA: ADDITIONAL FIELDS ADDED TO 2026 SURVEY

The 2026 survey instrument added several new questions and, in a few cases, entirely new sections with no counterpart in the 2025 report. Because there is no 2025 baseline for these, figures below are 2026-only.

Population-Specific: Types of Support Offered

Engaging the Whole Campus (extends Finding 3)

A new follow-up question to Finding 3, asking what kind of support the counseling center provides for the student populations it reports having capacity for.

For the populations selected above, which of the following apply? (select all that apply)	
Clinicians have experience working with these populations	99%
External referral partnerships are in place	77%
Group programming or targeted services are offered	72%
Dedicated staff or specialists are available	61%
Other (please specify)	7%

Mental Health Screening: Approaches and Participation

Mental Health Screening (extends Finding 4)

New questions that go beyond the screening-frequency question already covered in Finding 4, capturing what screening approaches are used and how many students participate.

Which screening approaches does your institution use? (select all that apply)	
Screening conducted only when students seek services	73%
Voluntary or opt-in screening tools (e.g., online self-assessments)	60%
Targeted screening of specific student populations (e.g., at-risk groups)	30%
Universal screening of all students	11%
No formal screening processes are in place	7%



Approximately what percentage of your student population participates in screening?

32% 10–25%
23% unknown
16% 26–50%
13% less than 10%
8% 51–75%
5% not reported
3% more than 75%

Campus-Wide Mental Health & Well-Being Initiatives

An entirely new survey section with no counterpart anywhere in the 2025 report, covering campus-wide (not counseling-center-specific) mental health strategies.

Which campus-wide strategies are in place? (select all that apply)	
Faculty and/or staff receive guidance on supporting student mental health	93%
Mental health and well-being content is incorporated into student orientation	92%
Mental health programming integrated into residential life	89%
Campus-wide wellness campaigns	86%
Peer-led wellness initiatives	81%
Academic policies include flexibility related to mental health	52%
Other (please specify)	8%
None of the above	1%

Institutional Leadership & Commitment

An entirely new survey section with no counterpart anywhere in the 2025 report, covering senior-leadership-level engagement with student mental health.

Which of the following reflects your institution's leadership-level commitment? (select all that apply)	
Senior leadership communicates about student mental health	78%
Mental health included in strategic planning	72%
Designated leader overseeing mental health strategy	70%
Mental health included in mission/priorities	64%
Mental health integrated into academic policies or syllabi	54%
Other (please specify)	9%
None of the above	3%

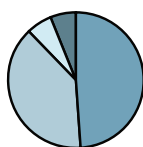
Referral Coordination & Case Management

A new, more detailed question on HOW off-campus referrals are coordinated and tracked, going beyond the simple yes/no off-campus referral question that already existed.

How does your institution support students referred to off-campus mental health providers? (select all that apply)	
Dedicated staff assist with referrals	76%
Referrals provided but not tracked	50%
Formal partnerships with external providers	50%
External vendors support referral coordination	39%
Institution tracks referral outcomes	26%
No formal referral support structure	2%

Pre-Arrival Identification & Outreach

An entirely new survey section with no counterpart anywhere in the 2025 report, covering whether and how institutions identify and support incoming students' mental health needs before they arrive on campus.



Does your institution identify and support students with mental health needs before arrival?

49% yes
39% no
6% unsure
6% not reported

(If Yes) Which approaches are used? (select all that apply)	
Coordination with families or providers	69%
Pre-arrival planning/support services	67%
Pre-arrival outreach	49%
Identification through application/intake	36%
Other (please specify)	21%

Family Engagement & Transition Support

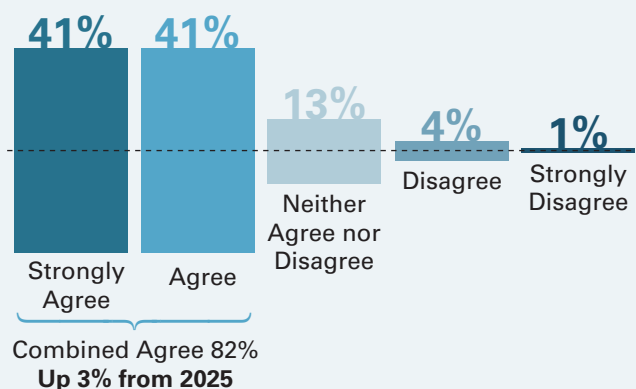
An entirely new survey section with no counterpart anywhere in the 2025 report, covering resources and support offered to families and students in transition.

Which of the following are offered to support students and families? (select all that apply)	
Coordination with external providers	74%
Resources for families	73%
Family-oriented programming	57%
Support for transitions out of care	52%
Other (please specify)	10%
None of the above	4%

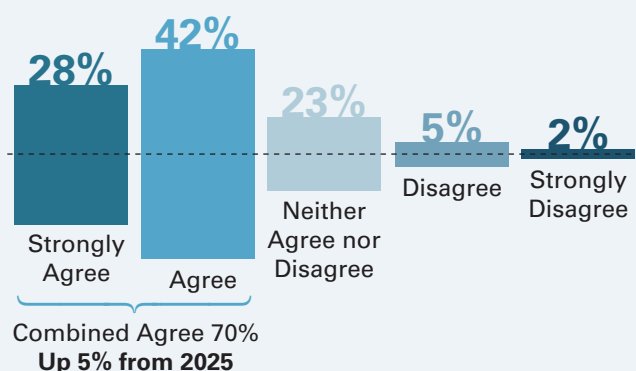
SELECT STUDENT SURVEY FINDINGS

Below are the overall responses to select questions from The Princeton Review's latest annual [undergraduate student survey](#). For the 2025–26 collection cycle four questions relating to campus mental health were included. The questions offer an answer choice on a five-point grid—a Likert scale—the most commonly used measurement for this type of survey research. The answer choices for the questions below were presented as statements with students responding with the following answer choices: *Strongly Disagree*, *Disagree*, *Neither Agree nor Disagree*, *Agree*, *Strongly Agree*.

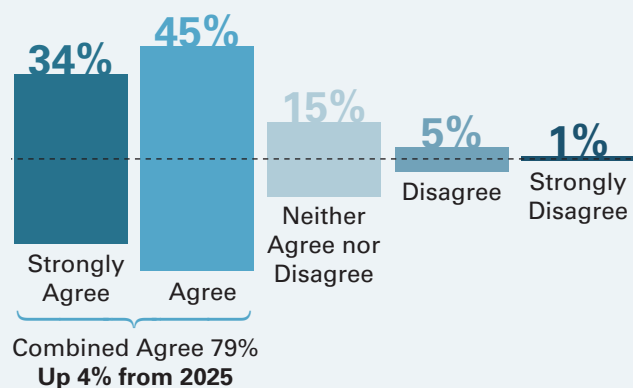
1. *If I needed to seek professional help for my mental or emotional health, I would know where to access my school's resources.*



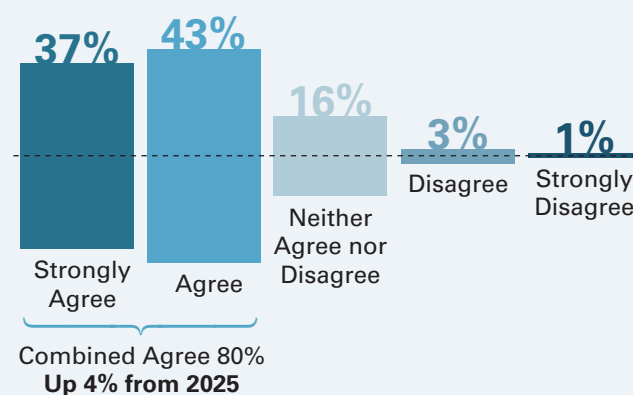
2. *My institution prioritizes the mental health of students.*



3. *I am aware of mental health outreach efforts by my school (such as educational programs, awareness events, anti-stigma campaigns, screening days).*



4. *Mental health services are readily available on campus.*



MENTAL HEALTH SERVICES HONOR ROLL METHODOLOGY

The Princeton Review assembled a panel of experts in higher education mental health practices to produce a survey for school administrators. The panel then selected key questions for its honor-roll criteria. As with all of the Princeton Review's research, nearly all 4-year colleges and universities were invited to participate early in the year.

The Princeton Review asked all the schools it annually collects data from to answer questions about their efforts to provide (and continually develop) a student experience centering around mental health and wellness. Colleges that did not supply answers to the survey are displayed as "Not Reported" in the Mental Health and Wellness section of their college profile. The schools have an opportunity to update their Campus Mental Health data every year and will have their data posted online upon completion of the survey.

The questions covered include:

1. **Training is available for students and faculty/staff in at least one of the following Question, Persuade, Refer (QPR); Applied Suicide Intervention Skills Training (ASIST); SafeTALK; Mental Health First Aid; Talk Saves Lives; Campus Connect**

Our board notes that ideally a campus reviews a number of well-established prevention programs and selects one that best suits the needs of their campus. Selection criteria is often based on cultural fit, number of trainers required, length of training, mode of training, target audiences, and resources available. At times, a campus might select more than one well-established training for different populations on campus. It might also create customized trainings, but the key is that anything available to students “should have clear outcomes and learning objectives.” Colleges have an opportunity to help respond to and treat those mental health issues that first occur in those between the ages of 18 and 24, and the wider the range of training, the more a school can cover.

2. **Institution has a Chief Behavioral Health Officer (and/or Chief Wellness Officer) tasked by the administration to advise on and implement policies and programs related to mental health on campus**

Our board notes that these positions not only demonstrate a commitment to collegiate mental health but show a respect among colleagues in various roles throughout campus for the expertise of an experienced mental health professional as well as an acknowledgement of the specialized nature of the role. Ideally, the person in that role and/or designees from their team consult on curricular issues, campus-wide strategy, environmental scans, faculty and staff (not just student) onboarding, risk mitigation, budgetary planning, fundraising, donors and campaigns. The person in this role is also able to remain current and share best practices and national (and beyond) trends with the wider campus community, as they are members (often leaders) in professional organizations and advisory boards focusing specifically on collegiate mental health. Most important, they can ensure the alignment between the scope and depth of what a campus seeks to deliver, messages that they deliver and is resourced to deliver.

3. **Clinicians are trained to provide care to these specific groups: First-generation students; International students; LGBTQIA+ students; Neurodiverse students; Racial/ethnic minority students; Student-athletes; Students experiencing discrimination based on gender identity; Students experiencing discrimination based on race/ethnicity; Students experiencing discrimination based on sexual orientation; Students experiencing eating concerns; Students experiencing religious discrimination; Students on scholarship or financial aid; Students who are veterans; Students with Substance Use Disorders**

Members of our board agree that it is critical to include the thoughts, opinions, and experiences of students, faculty, and staff to ensure that services and resources meet their needs. They note that college counseling centers should have clinicians with not only an interest in specialty areas and engaging with specific groups but, also, postgraduate/post-licensure training and expertise in those areas. The more varied these backgrounds, the better served specific groups will be, whether through individual and group psychotherapy, specialty workshops, outreach programming, or supervision of trainees. Additionally, schools can continue to grow by listening to direct feedback from their intended audience. This not only improves the appropriateness and acceptability of services but shows students, faculty, and staff that their college or university is invested in their mental health and well-being. Board members add that any programs or communications produced by the school should be responsive to feedback from specific groups, so that it can tailor to their needs.

4. **How often a wellness screening and assessment of all students is conducted**

Our board leans in favor of regular, widespread screening (campus screening days, screenings in primary care medical services, online screenings sent to randomly selected students via email, etc.) for two reasons: First, it introduces students to available resources and supports they may not have sought out on their own. Second, it is an awareness-raising tool that helps to destigmatize any negative perceptions about seeking services, and the board suggests there's a value in making these screenings as routine as a yearly physical that checks for things like high cholesterol or blood pressure.

5. **Institution has peer-to-peer offerings relating to mental health**

Board members note that even schools that are fully staffed around the year to provide professional coverage to students may benefit from developing peer-to-peer offerings for one simple reason: some students may feel more comfortable speaking with a fellow classmate. Just as trained clinicians may be better served to meet the needs of students from specific backgrounds (see Question #3 above), so too may those who have been through similar stressors on campus be seen as more empathetic. It's also possible that students may be more willing to take issues that they deem less serious (although not necessarily objectively less serious) to a peer as opposed to a professional. Ultimately, peer programs have a long history of thriving and playing an important role on many campuses.

6. Institution incorporates mental health and wellness into the residential experience

Emotional and physical well-being are foundational to academic rigor. Our board explains that a healthy integration of well-being across campus, from curriculum to athletics to residential life, can demonstrate that campus leadership is just as committed to the emotional wellness of students as they are to their academic wellness. They also point to the natural infrastructure of residential communities, which can support campaigns and programming that normalizes healthy communication, sleep, eating, and self-care.

7. Institution has a mental health/wellness program that makes counseling, referral, and well-being services available to all students

There is no way to predict the services that students will need, which is why a robust referral network is a key part of a counseling center's network of care. Off-campus referrals allow for targeted expertise in a variety of specialty areas (eating concerns, substance abuse, trauma, etc.), as well as the opportunity for a higher level and/or higher frequency of care. Having such services available helps to broaden coverage.

8. Institution has a website that consolidates information about the institution's mental health offerings/efforts

Think of this akin to a tree falling in the forest when nobody's around: if a school has services that students remain unaware of, how useful are those offerings? To that end, the board notes that websites are essential in dispensing clear and concise messaging regarding mental health resources, wayfinding, screening tools, and asynchronous learning. Websites are also now being used effectively to guide students to navigate off-campus referral databases; make students aware of the counseling center's scope of service; manage expectations and provide psychoeducation; and highlight important policies, procedures, and workflows (such as for seeking accommodations). According to findings from the NIH, there is a positive correlation between enrollment size in programs and the clarity of online information.

9. School offers either for-credit or non-credit mental health/well-being education for students

The value of well-being courses as a part of the curriculum is akin to the value of education being a natural part of residential life (see Question #6), or as the board puts it, it reduces stigma and normalizes help-seeking. It also gives faculty an opportunity to model discussing mental health topics, which allows them to appear more approachable and less intimidating to students. An increase in the number of available courses brings with it the opportunity to shift culture on campus where a discussion of mental health, help-seeking, and self-care becomes commonplace and part of the fabric of the university.

10. Institution's counseling center is accredited or if not accredited, uses accrediting guidelines to set expectations

The institution's counseling center is either accredited or, if not formally accredited, uses recognized accrediting guidelines to establish and maintain high professional standards. Accreditation reflects that the counseling center has voluntarily undergone a comprehensive external review by a team of counseling professionals, verifying that its services meet the highest established standards in the field. Centers that are not accredited but follow accrediting guidelines demonstrate a commitment to aligning their practices with these same rigorous expectations.

11. School has an official support program in place for students returning from mental health leave of absence

Institutions of higher education support the self-determination of all students, especially those students who are actively enrolled in classes and students taking a leave of absence. The board recognizes that students, their families, and their supporters have a right to choose what their wellness goals are and how they want to proceed in achieving those goals. Institutions support students to make informed decisions about taking a leave of absence and provide pathways that are equitable for return.

12. Number of months a year your counseling center is open and fully staffed

The board feels that the level of services provided need to reflect the student presence on campus. This may vary depending on the type of school, or whether it is open year-round. What's important is that students are aware of when they will reliably be able to seek counseling, and that there are alternatives available for students who need continued care.

13. Does your institution provide programming or support addressing the mental health impacts of identity-based stress, bias, or discrimination?

Our board notes that students from marginalized communities experience unique stressors related to their identities, and that mental health support must be culturally responsive and affirming. Institutions that proactively address the mental health impacts of discrimination—including antisemitism, racism, homophobia, religious

discrimination, and other forms of bias—demonstrate an understanding that systemic and interpersonal discrimination directly affect student well-being. Board members emphasize that this includes both prevention programming (education on recognizing bias, bystander intervention) and responsive support (counseling attuned to identity-based trauma, support groups, coordinated outreach to affected communities). When students see their institution explicitly naming and addressing identity-based harm, it signals that leadership takes their experiences seriously and is invested in creating an inclusive environment where all students can thrive.

14. Institution has a mental health task force, committee, office, and/or coordinator that are tasked by the administration to advise on and implement policies and programs related to student and employee mental health on campus.

Our board recognizes that mental health and wellness require coordinated, campus-wide effort across multiple departments and constituencies. A dedicated task force, committee, or coordinator position demonstrates institutional commitment and ensures that mental health considerations are integrated into decision-making across academic affairs, student life, human resources, residential life, and other key areas. Board members note that these bodies are most effective when they include representation from students, faculty, staff, counseling professionals, and campus leadership, and when they meet regularly to assess needs, coordinate programming, share best practices, and ensure accountability. This infrastructure also provides a central point of contact for communication, reduces silos between departments, and helps translate institutional commitment into concrete action.

15. Which of the following are part of your institution's mental health crisis response infrastructure and after-hours support offerings? 24/7 crisis hotline (institution-operated or external partner); 24/7 access to licensed clinicians via telehealth; After-hours on-call counseling staff; Campus security or emergency services trained to respond to mental health crises; Referral to external crisis services only (e.g., 988, local providers); Formal crisis response protocol; Coordination between counseling and campus safety; Multidisciplinary crisis response team; Post-crisis follow-up support; Tracks response times or outcomes

Our board emphasizes that mental health crises do not occur only during business hours, and that institutions must ensure 24/7 access to support and intervention. A comprehensive crisis response infrastructure includes multiple pathways for students to access help (hotlines, telehealth, on-call staff), trained responders who can de-escalate and assess risk, clear protocols that coordinate between counseling and campus safety, and critically, post-crisis follow-up care that ensures continuity of support. Board members note that tracking response times and outcomes allows institutions to identify gaps and continuously improve their systems. Additionally, staff training on mental health crisis response—across counseling, security, residential life, and other departments—ensures that all campus responders can recognize warning signs and connect students with appropriate resources. A robust after-hours infrastructure sends a clear message to students that their safety and well-being are priorities at all times.

2026-2027 CAMPUS MENTAL HEALTH ADVISORY BOARD MEMBERS:

Note: All quotations are from our **2026-2027 Campus Mental Health Advisory Board Members** including:

- **Clara Godoy-Henderson**, Health Services and Policy Research PhD Candidate at Boston University
- **Brett Harris**, Principal Research Scientist at NORC at the University of Chicago; Clinical Associate Professor, University at Albany School of Public Health; President, New York State Public Health Association ; Executive Board, American Public Health Association
- **Molly Hart**, MS, Research Fellow, Boston University Center for Psychiatric Rehabilitation
- **Sarah Ketchen Lipson**, PhD, EdM, Boston University, Associate Professor, Health Law Policy and Management; Principal Investigator, Healthy Minds Network
- **Nadja Lopez**, PhD, William James College, Executive Director, Center for Behavioral Health, Equity, and Leadership in Schools; Director, Graduate Certificate in Leading Transformative Mental Health in Schools
- **Karen Singleton**, PhD, Massachusetts Institute of Technology, Deputy Chief Health Officer, MIT Health
- **Eric Wood**, PhD, Texas Christian University, Director of Counseling & Mental Health

BEHIND THE NUMBERS

HOW SCHOOLS ARE TRANSLATING AWARENESS INTO ACTION

The 76 Honor Roll schools in 2026 provide a snapshot of how institutional commitment to mental health translates into actual campus infrastructure and culture. Their self-reported practices reveal six key shifts:

1. Normalization & Destigmatization

Schools are making mental health visible and routine:

- Mental health education embedded in orientation, residential life, and syllabi
- Campus-wide wellness campaigns and events that normalize help-seeking
- Language shift: mental health is “as important as physical health”

What students experience: Mental health support is everywhere—not hidden in a separate office.

2. Multi-Point Access

Rather than a single counseling center, schools are creating layered access:

- Counseling centers, student health services, urgent care, telehealth platforms, peer support, residential life, athletics all offering mental health support
- Same-day crisis appointments and urgent counseling sessions
- 24/7 crisis hotlines and after-hours telehealth

What students experience: When they need support, multiple pathways exist to get it.

3. Dedicated Leadership & Infrastructure

Mental health is now an institutional priority:

- These schools have a Chief Behavioral Health Officer or Chief Wellness Officer
- Formal mental health task force, office, or coordinator
- Multidisciplinary crisis response teams, case management systems, and integration with campus safety

What students experience: Someone senior is accountable for mental health strategy.

4. Identity-Responsive Care

Services are tailored, not one-size-fits-all:

- Schools train clinicians for LGBTQIA+ students, racial/ethnic minorities, and neurodiverse students
- Explicitly offer identity-specific programming or support
- Affinity groups, culturally competent staff, and recognition of how marginalization compounds stress

What students experience: The counseling center “gets” their specific challenges.

5. Prevention Over Crisis

Campuses are shifting from “treat those in crisis” to “prevent crisis”:

- Proactive screening at health visits, orientation, and campus events
- Early identification of at-risk students before they self-refer
- Peer training programs and faculty/staff education to spot struggling students
- Pre-arrival outreach to incoming students with known mental health needs

What students experience: Support reaches them early, before they’re in crisis.

6. Student-Centered & Peer-Led Models

Over half of schools emphasize peer involvement in design and delivery:

- Trained peer educators, mental health ambassadors, and health advisors
- Peer-to-peer support groups and mentoring
- Student voice in shaping programming
- Peer support offices and peer-led outreach

What students experience: They can talk to someone who understands their student experience, not just clinicians.

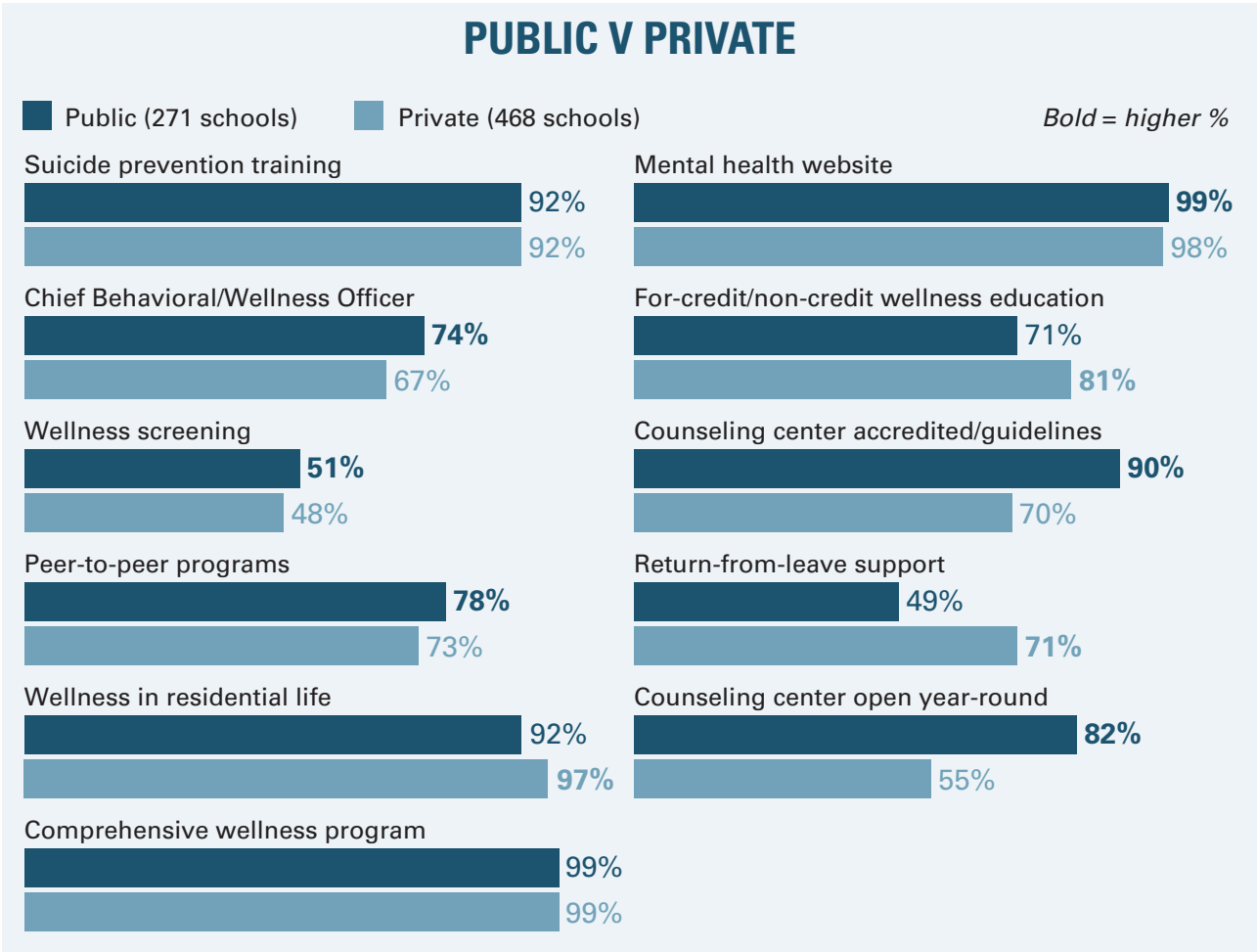
WHAT THIS MEANS FOR AWARENESS

These six shifts don't exist in isolation. Together, they explain why awareness is increasing: When mental health is normalized across campus, available through multiple channels, led by dedicated staff, responsive to student identities, proactive rather than reactive, and peer-led rather than clinician-dependent, students can't help but become aware. They encounter resources in orientation, see peers trained to help, experience faculty who can direct them, use platforms that normalize help-seeking, and see institutional leadership visibly committed.

Awareness isn't just information delivery—it's embedding mental health so thoroughly into campus operations that students naturally encounter and engage with it.

APPENDIX

SUMMARY OF INSTITUTIONAL FINDINGS



Regional Breakdown

Note: N = 739 institutions completed the 2026 survey.
Raw school counts are reported for each field; n varies by item based on reporting response rates.

Mental Health Offering	Overall	Northeast (169 schools)	Mid-Atlantic (111 schools)	Midwest (189 schools)	South (126 schools)	Southwest (43 schools)	West (96 schools)	International (5 schools)
Suicide Prevention Program Training (QPR, ASIST, etc.)	371/403 (92%)	104/113 (92%)	61/64 (95%)	89/94 (95%)	56/63 (89%)	19/22 (86%)	40/45 (89%)	2/2 (100%)
Chief Behavioral/Wellness Officer Role	260/373 (70%)	79/105 (75%)	43/61 (70%)	52/85 (61%)	40/57 (70%)	12/20 (60%)	32/43 (74%)	2/2 (100%)
Wellness Screening of All Students	178/360 (49%)	57/103 (55%)	27/57 (47%)	42/83 (51%)	30/56 (54%)	10/20 (50%)	12/39 (31%)	0/2 (0%)
Peer-to-Peer Programs	273/364 (75%)	83/105 (79%)	41/59 (69%)	58/82 (71%)	43/56 (77%)	14/21 (67%)	33/39 (85%)	1/2 (50%)
Wellness in Residential Life	338/355 (95%)	103/104 (99%)	56/57 (98%)	71/79 (90%)	53/55 (96%)	17/19 (89%)	38/40 (95%)	0/1 (0%)
Comprehensive Wellness Program (All Students)	730/739 (99%)	167/169 (99%)	110/111 (99%)	187/189 (99%)	124/126 (98%)	42/43 (98%)	95/96 (99%)	5/5 (100%)
Mental Health Website	732/739 (99%)	167/169 (99%)	110/111 (99%)	187/189 (99%)	125/126 (99%)	43/43 (100%)	95/96 (99%)	5/5 (100%)
For-Credit/Non-Credit Wellness Education	267/346 (77%)	87/101 (86%)	46/60 (77%)	56/73 (77%)	39/53 (74%)	13/19 (68%)	26/38 (68%)	0/2 (0%)
Counseling Center Accredited or Sets Accrediting Guidelines	262/336 (78%)	74/98 (76%)	51/61 (84%)	52/72 (72%)	42/51 (82%)	16/19 (84%)	27/34 (79%)	0/1 (0%)
Return-from-Leave Support Program	205/326 (63%)	72/99 (73%)	38/57 (67%)	40/70 (57%)	27/45 (60%)	10/19 (53%)	18/35 (51%)	0/1 (0%)
Counseling Center Open Year-Round	231/355 (65%)	57/102 (56%)	32/59 (54%)	48/77 (62%)	46/58 (79%)	17/20 (85%)	29/37 (78%)	2/2 (100%)

STUDENT AWARENESS AND PERCEPTION

Student responses also demonstrate incremental gains in awareness and perceived prioritization of mental health services.

Princeton Review Student Survey (2025–2026)

Note: N = 56,097 students participated in the 2026 survey.

Question	2025 Strongly Agree/Agree	2026 Strongly Agree/Agree	YOY Change
<i>Know where to access resources</i>	79%	82%	+3 pp
<i>Institution prioritizes mental health</i>	66%	71%	+5 pp
<i>Aware of mental health outreach efforts</i>	75%	79%	+4 pp
<i>Mental health services readily available</i>	76%	80%	+4 pp

While student ratings improved modestly across all measures, the data indicates that awareness of services and institutional visibility continue to strengthen year over year.