
From the national Center for MH in Schools & Student/Learning Supports at UCLA

Expanding the Mental Health Workforce – and Fixing the Student Support System at the Same Time

Currently, the United States is described as facing a mental health crisis. And the problem is made worse by a profound shortage of qualified providers.

For children, adolescents, and young adults, access to mental and behavioral health care is often delayed, fragmented, or simply unavailable. In most counties, long wait times are not anomalies – they are structural features of the system.

Unsurprisingly, higher education has been thrust into the center of the response. Colleges and universities are now being asked not only to educate students, but to function as primary engines of workforce expansion for counseling, social work, psychology, psychiatry, and related fields. Policymakers and funders increasingly look to campuses to produce mental health professionals faster and at greater scale.

That urgency is understandable. And reports indicate that applications to counseling and social work programs are surging nationwide. Federal, state, and philanthropic investments are flowing rapidly toward higher education training pipelines. In April 2026, for example, the Ballmer Group announced \$110 million for UCLA, Cal State Los Angeles, and Cal State Dominguez Hills to train more than 2,600 additional mental health providers over five years. CSU leaders emphasize that these investments aim to build community rooted workforce capacity, preparing graduates to serve in schools, public agencies, and nonprofit settings rather than funneling them narrowly into private practice.

Yet, with respect to young people, there is a larger question that deserves far more attention:

What kind of student and learning support system are we expanding this workforce into?

Too often, workforce expansion conversations implicitly assume that more clinicians – however trained – will fix what is fundamentally a system design problem. On many campuses and in many K–12 feeder systems, mental health services remain reactive, siloed, and overburdened. Many facilities are positioned primarily as crisis responders, disconnected from academic supports, learning interventions, and preventive services that shape student well-being long before distress becomes diagnosable illness.

Without revamping student and learning support systems themselves, simply increasing the supply of mental health providers risks recreating the same failures at a larger scale.

This concern helps explain why professional associations, accrediting bodies, and campus counseling leaders are raising cautions about the rapid pace of workforce expansion. One set of worries focuses on standards of practice. In the push to produce providers faster, proposals to shorten training, reduce supervised clinical hours, or create lower threshold credentials have reemerged. Critics warn that such approaches risk diluting competencies in assessment, diagnosis, ethics, and evidence based practice – especially for high acuity needs such as trauma, suicidality, and crisis intervention.

But there is an equally important system level concern: new providers are often trained primarily for treatment roles, then placed into environments that lack coherent prevention, early intervention, and academic support infrastructures. In such settings, mental health providers are pulled into managing problems that no amount of therapy alone can resolve – academic disengagement, institutional inequities, unmet learning needs, and fragmented student supports.

Fast track pathways raise additional concerns about public trust and equity. Introducing bachelor level or sub master's roles without clear scopes of practice may confuse students and families about qualifications and accountability. More troubling, there is a real risk that underserved communities -- especially schools and community colleges – will become testing grounds for less prepared providers, reinforcing a two tier system of care.

Workforce expansion and student/learning support system transformation must be linked explicitly.

Mental health cannot be treated as an add on service, delivered downstream after students are already failing academically or disengaging emotionally. Effective systems intentionally embed mental health into a broader, coordinated framework of learning supports – combining instruction, academic assistance, social-emotional learning, family and community engagement, and targeted interventions. In such systems, clinicians are not the sole responders to distress; they are partners within a multi-level ecology of support.

When universities expand mental health training programs, they should simultaneously prepare providers to work within – and help redesign – student/learning supports into a unified, comprehensive, and equitable system. That means training future professionals to collaborate with educators, advisors, disability services, student affairs staff, and community partners. It means emphasizing prevention, early identification, and capacity building, not just individual treatment. And it means resisting the temptation to frame workforce expansion as a shortcut around deeper institutional reform.

Across policy and research discussions, there is broad consensus on three points.

- The workforce shortage is real and urgent.
- Colleges and universities must play a larger role in addressing it.
- And rapid expansion carries risks that must be addressed deliberately to avoid counterproductive outcomes.

The missing fourth point is this: workforce expansion must be aligned with system transformation.

If higher education invests heavily in producing more mental health providers without transforming how students are supported in their learning and development, we will simply pour new professionals into old bottlenecks. Growth is essential. Guardrails are indispensable. And transforming student and learning support systems is not optional -- it is the condition under which workforce expansion can actually succeed. (see references below*)

Speed matters. Quality matters. And systems matter most of all.

*See

> *Embedding Mental Health as Schools Change* –
https://escholarship.org/uc/item/3pp094jc#article_main (or
<https://smhp.psych.ucla.edu/pdfdocs/mh20a.pdf>)

> *Student/Learning Supports: A Brief Guide for Moving in New Directions* –
https://escholarship.org/uc/item/2gk5c3nr#article_main (or
<https://smhp.psych.ucla.edu/pdfdocs/briefguide.pdf>)

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