



Mental Health Report

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TABLE OF CONTENTS

Introduction.....	3
Background.....	5
2013 Mental Health Report Analysis	6
2018 YCC Fall Survey Data Analysis.....	8
Comparative Analysis.....	16
Recommendations.....	17

INTRODUCTION

The Yale College Council last conducted surveys and reported on undergraduate students' mental health resources in September 2013. Since then, Yale's two new residential colleges and the over 800-student increase in the undergraduate population have become important catalysts for the reexamination of Yale's Mental Health & Counseling (MH&C) resources. As the percentage of undergraduates who utilize MH&C services continues to rise, the YCC needs to ensure that Mental Health and Counseling resources meet student demand, and that counseling is available in a timely and easily-accessible fashion. We have determined areas for mental health resource improvement from both the YCC's recently conducted 2018 fall survey and from the 2013 Mental Health Report.

Specifically, students have expressed dissatisfaction with Yale's efforts to address student mental illness and to promote general well-being on campus. Oftentimes, Yale does make a genuine attempt to address mental health issues by providing services such as Residential College Mental Health Fellows. However, Yale's promotion of these services can be lost in emails and long blocks of text. More often than not, the infrastructure for these sorts of programs is unclear. Furthermore, a comprehensive list of all university mental health services does not exist. To solve this problem, Yale should create more intuitive ways to engage students, one such example being the implementation of a mental health orientation program for first-years, similar to that run by Communication and Consent Educators, where graphically-pleasing and readable fliers could be given out.

Moreover, students have also expressed dissatisfaction with a lack of mental health support from their professors and college administration. To address this issue, Deans and Heads of Colleges can send emails during stressful time periods of the semester, such as during finals and midterms, to encourage students to be attentive towards their mental health. At a policy level, Yale can implement a standardization of Dean's Excuses for mental health. Finally, Yale can recommend that professors have policies about mental health in their course syllabi. These are simple but meaningful ways to demonstrate empathy and support for students' mental health.

Mental Health & Counseling already offers a number of individual and group therapy options that students can join. In order to become a part of one of these groups, students need to be seen by a clinician at an intake appointment. However, long wait times can delay this initial appointment, leaving students without support for extended periods of time. Since undergraduate students are not the only users of MH&C, long wait times for them can signify even longer wait times for graduate students. A solution to the congestion at Yale Mental Health & Counseling can be the delocalization of such services throughout residential colleges, the Good Life Center, and cultural houses at Yale. The reinstatement of the Residential College Mental Health Fellows is another great solution for solving long wait times for students, while allowing students who are uncomfortable with Yale MH&C to access mental health resources. Moreover, specific mental health therapy can be given at cultural houses and the LGBTQ+ spaces, as shown by the implementation of a therapist at the Asian American Cultural Center.

On the whole, this report aims to examine the most pressing needs of the student body in regards to mental health. The YCC Fall 2018 Survey, the Fall 2013 Mental Health Report, and YCC focus groups have indicated that students, on the whole, would benefit from decreased wait times and increased accessibility associated with Yale Mental Health & Counseling, especially as the student body continues to grow.

BACKGROUND

Students who wish to seek mental health services often use Yale Mental Health & Counseling, a professional and free service. Undergraduates are not the only beneficiaries of this service; graduate and professional students, among others, are also clients. In order to access these mental health services, students must first schedule their intake appointment. After the intake appointment, students are then assigned to an actual appointment with a therapist or psychiatrist. Although this process may seem simple, the sheer volume of students trying to access these resources has made wait times excessive. The time between signing up for an intake appointment and receiving an actual therapy session can range anywhere from a few weeks to months. This project aims to examine the positive and negative aspects of Yale Mental Health & Counseling as well as possible solutions for any issues the student body may have in regards to mental health and the provision of mental health-related services.

Besides Yale Mental Health & Counseling, there are peer support groups for mental health. These support groups include Peer Wellness Champions, first-year counselors (FroCos), and Walden Peer Counseling. Although these are well-established mental health groups, they are not professional services and therefore not suitable replacements for Yale Mental Health & Counseling. Moreover, groups like FroCos and deans, to whom first-years often go for mental health advice, should continue to receive mental health training throughout the year to deal with mental health problems associated with specific times of the academic year, such as midterms and finals. With a steady increase in student body size over the past few years, Yale must reconsider ways to address issues of overcrowding and long wait times for appointments at Yale Mental Health & Counseling. Additionally, Yale must also ensure that faculty and administrators stay attentive to the mental health of students, especially because Yale fosters such an academically-challenging setting.

2013 MENTAL HEALTH REPORT

Linked [here](#).

Campus Culture

Strengths

Yale has a culture that promotes success and academic pursuit of excellence. Although these are qualities essential at one of the best universities in the world, these do not necessarily make Yale the healthiest campus. In order to truly maintain its status as a leading university, Yale should take care of its students' well-being and mental health as well.

Weaknesses

Multiple factors compound to increase stress levels of students at Yale. These factors include student- and faculty-driven pursuits for academic excellence, internal pressures from students who seek leadership roles in the Yale community, and a campus culture that encourages students to push themselves to the breaking limit. Other non-academic factors include pressure from family members and students' individual financial situations. Although groups such as the Communication and Consent Educators (CCEs), the Chaplaincy Fellows, and Mind Matters have directly pushed for healthier campus culture, there are still improvements that can be made.

Recommendations

Yale should have additional groups that encourage and foster conversations around mental health, such as the CCEs and the Chaplaincy Fellows. The administration should take a more direct role in encouraging the well-being of students through campus-wide emails. Moreover, pre-orientation leaders, college administration, and FroCos should have more explicit training regarding mental health and wellness.

Peer and Faculty Resources

Strengths

Most of Yale's peer resources are well-known on campus. In the 2013 survey of 996 students of the undergraduate population, 99.5% had heard of FroCos, 97.1% had heard of Walden, 95.1% had heard of the Peer Liaison (PL) program, 93.8% had heard of the CCE program, and 77.2% had heard of Queer Peers.

Weaknesses

Yale's peer resources are generally underutilized. Of those who responded to the survey, only 16.5% had used PLs, 10.8% CCEs, 3.8% Walden, and 1.5% Queer Peers. FroCos were a notable but unsurprising outlier; 73.1% of students reported using them. Stigma plays a major role in

preventing students from accessing peer resources. Additionally, it is difficult for students to navigate so many different resources without centralized, clear information.

Recommendations

One suggestion from the 2013 report was to create a student coalition comprised of leadership from peer resource groups, in order to better advocate for and promote mental health and well-being through speakers. Another suggestion was to implement a Standing Committee in the Yale College Dean's Office specifically devoted to mental health issues.

Yale Mental Health & Counseling

Strengths

Yale MH&C is free, confidential, available 24/7, large compared to other peer institutions, flexible, and well-utilized. In addition, MH&C offers a variety of treatment options including one-on-one psychotherapy, therapy groups, nutritional counseling, couples counseling, and medication management. Therefore, a large proportion of students, 39%, use MH&C.

Weaknesses

Many of the strengths of MH&C create inherent weaknesses. Since MH&C is so well-utilized, the most common student concerns about Yale MH&C are delays of treatment, an imperfect scheduling system, experiences of variable quality of care, an insufficiently supportive forced leave policy, and negative perceptions about MH&C. Out of a sample of 360 students, over 53% of students found that the length of time they waited before receiving help was unreasonable, relative to the urgency of their condition.

Recommendations

Solutions for the problems at Yale MH&C include hiring additional staff, coordinating with therapists outside of MH&C, and improving communication with patients.

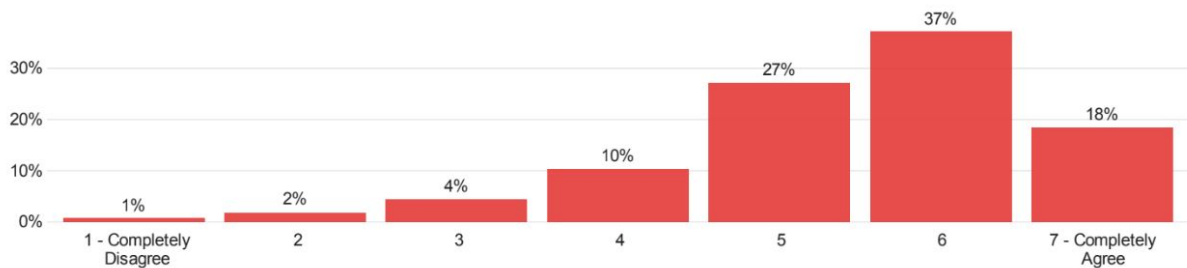
YCC 2018 FALL SURVEY DATA ANALYSIS

Campus Culture

Strengths

Despite the numerous academic and extracurricular pressures that Yale students encounter, 82% of Yale students are generally happy (Figure 1). This may be attributed to the sheer amount of opportunities Yale students have and the quality of education they receive. However, as a leading institution, Yale should always strive to find ways to improve student well-being and mental health.

Figure 1: Responses to the Question “I am happy at Yale” (N=2250)



Compared to 2013, Yale has an increased number of clubs on campus that promote mental health and well-being, including Mind Matters, Peer Wellness Champions, Project LETS, the Yale Layer, Mental Health Educators, and the Yale Undergraduate Mindfulness Education Initiative (Table 1). This increase in the number of mental health clubs on campus demonstrates that students actively care about their own well-being and desire positive change in mental health culture on campus.

Table 1: Responses to Mental Health Question About Campus Culture

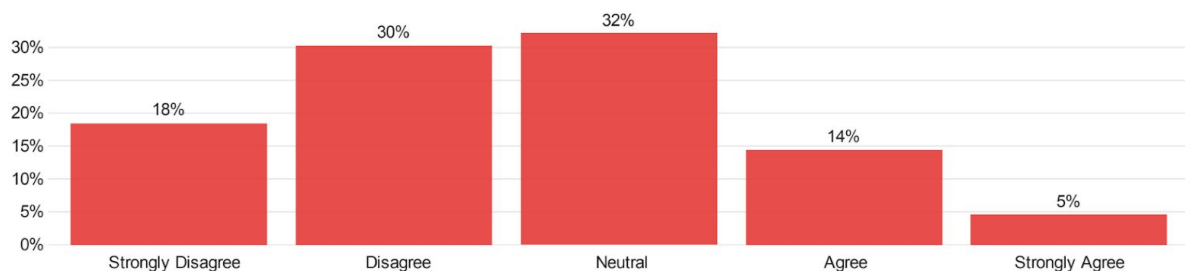
Field	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
There are enough clubs on campus that discuss mental health issues.	138	374	979	569	116
I feel comfortable talking about my mental health to others.	223	484	558	743	172

Moreover, students in general believe that there are enough clubs on campus that discuss mental health issues, with 31.5% of 2176 students agreeing that there are enough as compared to 23.5% of students disagreeing. These clubs have a positive effect on campus culture and destigmatize conversation around mental health: 42.0% of students felt comfortable talking about their mental health to others.

Weaknesses

Although students responded that they were overall happy at Yale, they felt that Yale was not as supportive in regards to mental health (*Figure 2*). Of the 2181 respondents, 48.7% believed that Yale does not do enough to take care of students' mental health. When asking a focus group about Yale's efforts to take care of students' mental health, one student commented that "Yale often doesn't communicate its resources efficiently enough, especially for first-years." For example, while Communication and Consent Educators (CCEs) hold mandatory discussions of healthy sex and consent practices for first-years, sophomores, juniors, and seniors, no such mandatory discussion exists for mental health. When Yale has no requirement for a mandatory mental health discussion, students may find that Yale does not do enough to take care of students' mental health.

Figure 2: Responses to the Statement "Yale does enough to take care of students' mental health" (N=2181)

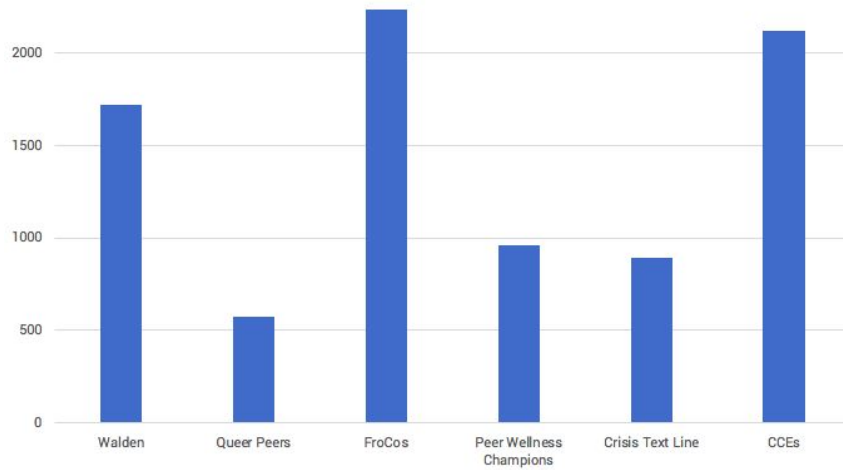


Peer and Faculty Resources

Strengths

Overall, students seem to recognize the numerous peer resources that exist on campus, including Walden Peer Counseling and Communication and Consent Educators (*Figure 3*). Out of the 2250 students who completed this question on the survey, the majority of students stated that they "have heard of," "feel knowledgeable about," "have used," or a combination of these choices for Walden Peer Counseling (Walden), first-year counselor (FroCo), and Communication and Consent Educator (CCE). However, less than half of respondents have knowledge of or experience using Queer Peers, Peer Wellness Champions, or Crisis Text Line. The success of the former groups may be because they have existed on Yale's campus for a longer period and therefore gained positive reputations, while groups such as Crisis Text Line and Peer Wellness Champions were recently founded.

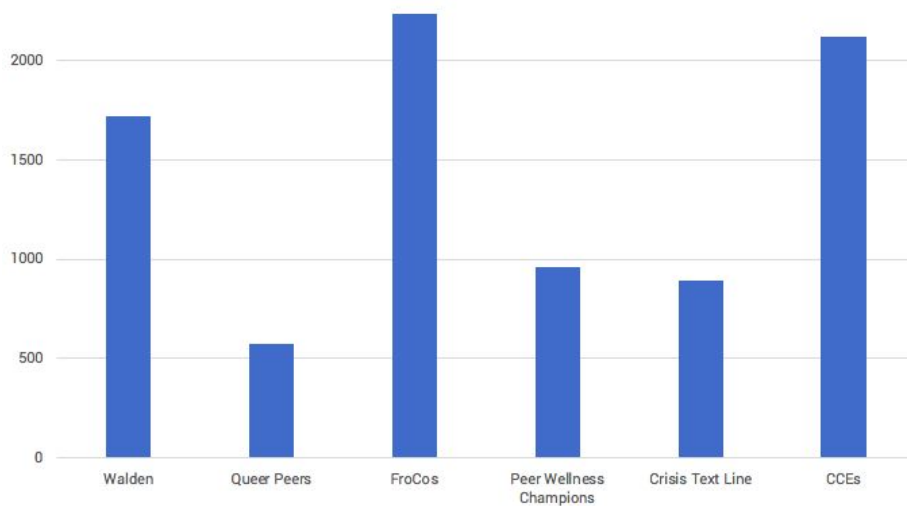
Figure 3: Students who Have Heard of, Feel Knowledgeable About, or Have Used Peer Resources (N=2200)



Weaknesses

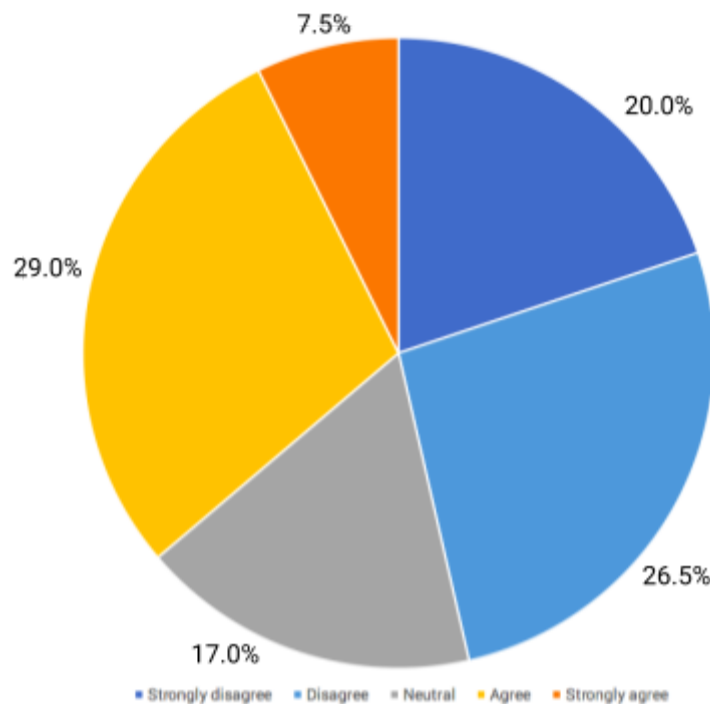
Though students seem to know about peer resources, they do not utilize them (*Figure 4*). Aside from first-year counselors, which are automatically assigned to all incoming first-years, and CCEs, which hold an educational session that students are required to attend as part of first-year orientation, only a small percentage of students have experience using the peer mental health resources that Yale offers. Out of the 2176 students who answered the question “Below is a list of peer resources on campus. Please choose all the statements that apply,” while 97.1% used FroCos and 60.5% used CCEs, only 4.6% used Walden, 3.2% used Queer Peers, 4.7% used Peer Wellness Champions, and 1.6% used Crisis Text Line.

Figure 4: Students who Have Used Peer Resources (N=2176)



Further, students responded that faculty and staff were less accessible for mental health needs (Figure 5). Out of 2187 student respondents, 46.4% disagreed or strongly disagreed with the statement that “there is at least one faculty/staff member that I can go to in order to talk about my mental health.” Faculty or staff members include deans, heads of college, residential college fellows, administrative assistants, and professors. These results are concerning because deans, heads of college, and professors all influence student life. Deans have jurisdiction over students’ academic and mental needs and control the administration of Dean’s Excuses. Moreover, heads of college shape the social activities of their respective colleges and encourage the formation of important interpersonal relationships. Finally, professors ultimately decide policies for academic work. Despite their different roles, these faculty are placed in positions where they can develop deep relationships with students. Therefore, when placed in an academically-challenging and life-changing setting, students need faculty and administrators alike to be not only academic advisors but also to be life mentors for emotional and mental needs. When 46.4% of Yale students feel that they cannot go to a staff member for emotional or mental advice, there must be a serious reconsideration of what roles these staff members ought to play in students’ lives.

Figure 5: Responses to the Statement “There is at least one faculty/staff member that I can go to in order to talk about my mental health” (N=2187)



Yale Mental Health & Counseling

Strengths

The survey revealed that there were two main strengths of Yale MH&C: the likelihood that students would use counseling resources and the quality of services. 48% of 2181 students stated that they were likely or very likely to approach Yale Mental Health & Counseling (*Figure 6*). Moreover, 59% of students had favorable opinions about the quality of care of MH&C (*Figure 7*). These services are cost-free and unlimited for undergraduate students. MH&C's efforts to provide quality, unlimited, free mental health care may have made it more appealing for students to access their services. According to the YCC 2018 Fall Survey, 28% of undergraduate students utilized MH&C.

Figure 6: Responses to the Question “If you wanted professional counseling, how likely would you be to approach Yale Mental Health & Counseling?” (N=2181)

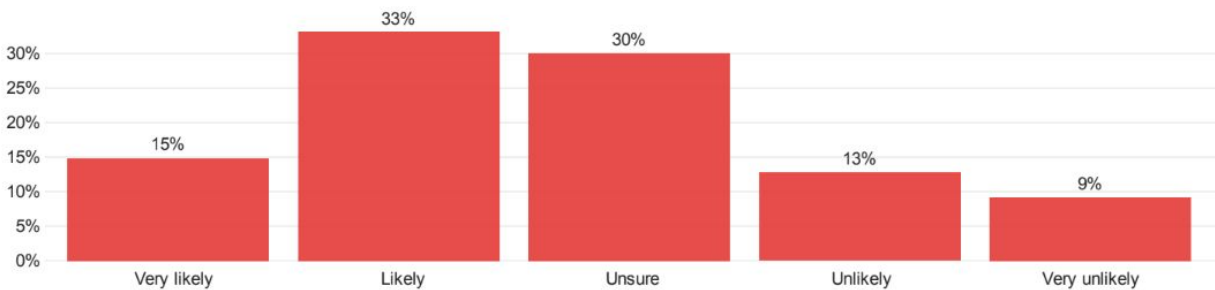
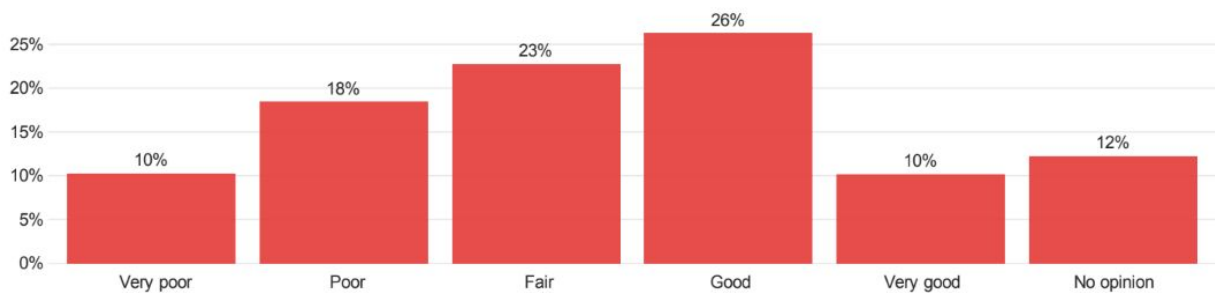


Figure 7: Responses to the Question “How would you rate the quality of care that you received through Yale Mental Health & Counseling?” (N=2181)



Strengths

Regardless of the quality of care, only 21.5% of students believe that Yale has enough mental health resources (*Figure 8*). The survey revealed that the overall quality of the care was excellent, but the efficiency and quantity of care could be improved. 54% of students disagreed or strongly disagreed that the length of time they waited before receiving help was reasonable, relative to the urgency of their conditions (*Figure 9*). In a focus group, one student mentioned that the most important aspects MH&C could work on were “expansion and diversification, and communication of available resources.”

Figure 8: Responses to the Statement “Yale has enough mental health resources for its students” (N=2183)

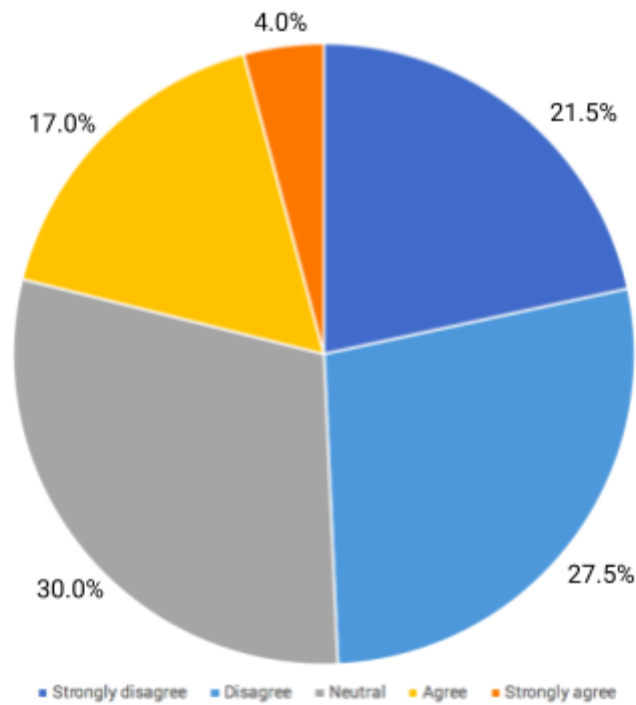
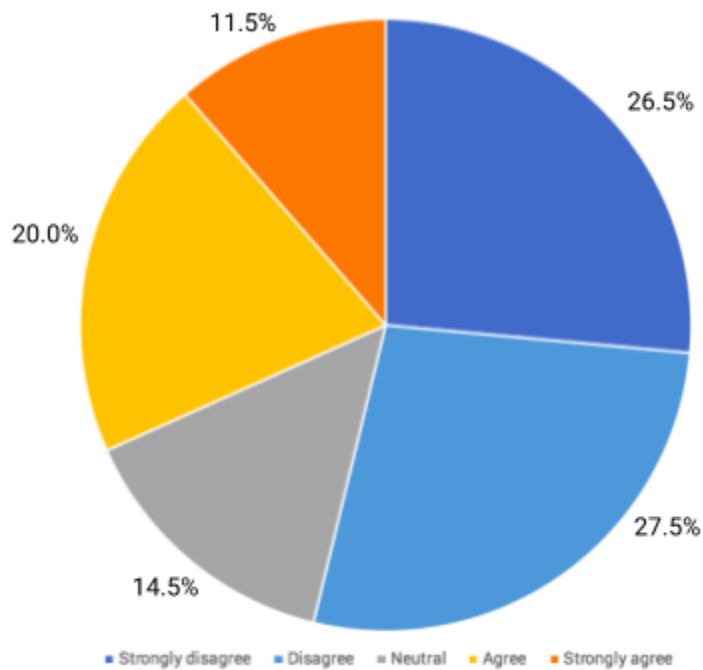


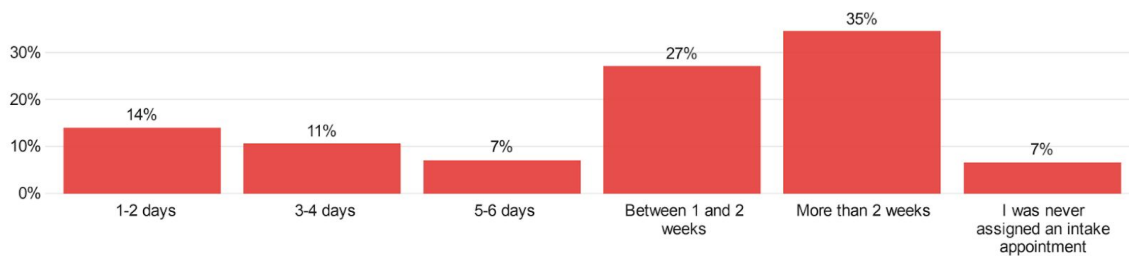
Figure 9: Responses to the Statement “The length of time I waited before receiving help was reasonable, relative to the urgency of my condition” (N=552)



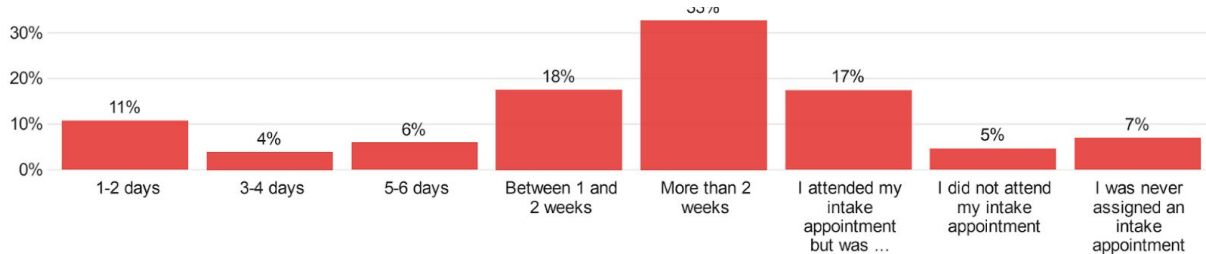
In terms of waiting times, students experience delays when trying to receive Yale Mental Health & Counseling treatment. It takes an average of 1 to 2 weeks for each of these three processes: the time it takes for students to schedule an intake appointment, the time between one's intake appointment and being assigned to a therapist, and the time between being assigned to a therapist and seeing that therapist (Figure 10). Combined, it may take students more than a month to receive actual, quality treatment. Amidst academic and extracurricular challenges, students who take the initiative to maintain their mental well-being may become discouraged. A long wait time may also prevent students with more severe mental health conditions from receiving essential treatment. Further, students who hear about negative experiences at MH&C may feel less inclined to seek treatment.

Figure 10: Amount of Time To Receive Treatment

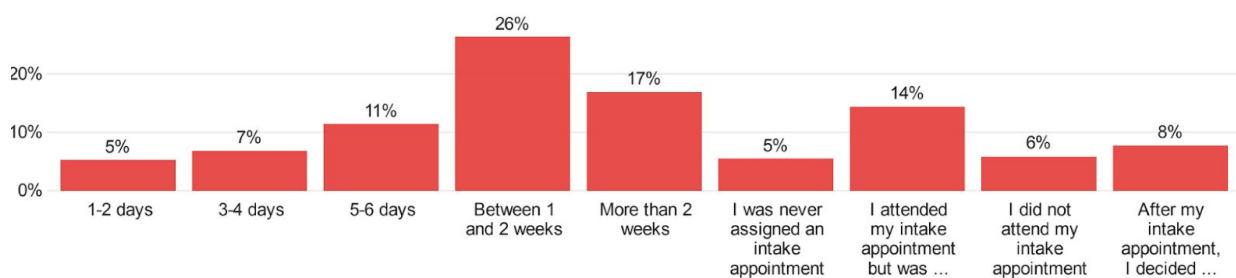
Time to Schedule Intake Appointment:



Time Between Intake Appointment and Assignment to a Therapist



Time Between Assignment to a Therapist and Actual Appointment



In a campus like Yale's, students come from backgrounds of academic success and mental fortitude, so even reaching out for mental health counseling can be a difficult task. Yale should make the process of reaching out for this help as easy and streamlined as it can be, especially since an unhealthy stigma around mental health is prevalent. MH&C must continue to maintain its current quality of care and expand the quantity available, or students may feel even less inclined to seek the help they need.

COMPARATIVE ANALYSIS

Data from the 2013 Mental Health Report and the YCC 2018 Fall Survey suggest many of the same trends. Students recognize the numerous peer resources they have on campus, but underutilize them. Students also feel that staff and faculty are not as attentive as they should be towards students' well-being and mental health. In both surveys, around 54% of students felt that the wait times were unreasonable relative to their conditions. While there were a few similarities between the 2013 report and the 2018 survey, the most drastic and concerning difference was the percentage of students who utilized MH&C: while 39% of students used MH&C in 2013, 28% of students used it in 2018. This may be due in part to the recent student expansion of Yale College, with no matched expansion of MH&C staff, causing MH&C to only be able to serve the same capacity of students as before; thus, the same number of students served in a growing student pool (in 2018) results in a lower percentage overall that utilize MH&C than before (in 2013). In order for more students to utilize MH&C, it is necessary to improve the service and fix any existing issues.

Although there were similarities in both surveys, both Yale and its students have implemented some recommendations suggested in the YCC 2013 Mental Health Report. Compared to 2013, there are more mental groups on campus that foster important conversations around mental health and stigma. Overall, campus culture has improved, as seen by how happy students are, and how comfortable the student body is in talking to one another about mental health. In addition, Yale MH&C has seen additional therapist and psychiatrist hires in response to student advocacy. However, there is still large room for improvement.

RECOMMENDATIONS

Accessibility

1. Create more spaces dedicated to improving students' mental health.

According to the YCC 2018 fall survey, 61.9% of students either agree or strongly agree that Yale should provide more spaces, similar to the Good Life Center, that offer mental health and wellness resources for students. Yale can place staff in places such as the Office of LGBTQ+ Resources, the cultural centers, and the Slifka House to deal with specific mental health issues. The Asian American Cultural Center, for example, already has an in-house therapist that students utilize. Delocalizing mental health services across campus will put less burden on MH&C.

2. Destigmatize reaching out for help at Yale Mental Health & Counseling.

MH&C can be a difficult place to reach out to at first. Part of the problem is the stigma that comes with reaching out for mental health counseling. Harvard offers a program called "Let's Talk,"¹ where students can walk into designated sites around campus to meet with clinicians. The service does not require setting up appointments, is free, and more importantly provides easy access for students to take part in informal and confidential conversations with professionals. At Yale, these places can be in easily accessible areas such as the residential colleges. For example, Yale has a program within residential colleges called the Mental Health Fellows, where "counseling clinicians are assigned to each of the undergraduate residential colleges."² However, this website is outdated and does not give information about where these services are available and who the clinicians are. Revamping this program may help increase casual access to mental health resources on campus.

3. Consider mental health of students who do not need immediate access to services.

Yale can reach out to the broader student body by partnering with local organizations like the Connecticut Mental Health Center to provide interactive modules or enriching workshops that all members of the community can use in order to address mental health concerns and teach effective coping skills. Harvard partners with a local organization called iHope,³ which provides online interactive group workshops as well as modules that students can complete in their own time to learn how to promote their mental health. Topics addressed range from "sleeping soundly" to "mending your mood," from "calming the worried mind" to "perfectionism." 90 students signed up and used the modules, while fewer students joined the interactive groups.

4. Hire more diverse staff, in terms of staff of color, the languages spoken, and a range representing all of LGBTQ students.

¹ "Let's Talk." *Harvard University Health Services*, camhs.huhs.harvard.edu/letstalk.

² "Other Mental Health Resources for Students." *Yale Health*, yalehealth.yale.edu/more/other-mental-health-resources-students.

³ "Video Workshops to Help You Succeed at Harvard." *Harvard University Health Services*, 2018, huhs.harvard.edu/sites/default/files/iHope_Workshops_Fall2018.pdf.

Yale should constantly strive to have therapists that represent their students. MH&C has a fairly large proportion of therapists that are ethnic or racial minorities, but other minorities should be considered.

5. Provide information on Yale's mental health counseling webpage regarding how students can get help for someone else.

Suitemates, close friends, and FroCos are often the first people that students go to when consulting about mental health. Therefore, students should have easy access to information when they want to get mental help for a friend. For example, at the bottom of Cornell's Counseling & Psychiatry page, Cornell clearly delineates how students and non-students can get help for someone else.⁴

6. Provide information on the website about how Yale will support specific mental health problems.

Columbia University's Counseling and Psychological Services offers information for students about not only couples counseling, individual counseling, and support groups, but also specific treatment options for first-generation students, as well as students with Religious and Spiritual Concerns, Body Image Concerns, Sexual and Gender Identity Issues, and Veterans' Concerns.⁵

Efficiency

1. Streamline the process of finding mental health professionals outside of Mental Health & Counseling.

On occasion, students want to use therapists outside of MH&C. Yale should support students who wish to do so by providing them with recommendations of outside practitioners. By doing so, Yale can lessen the burden on MH&C and reduce wait times. Harvard University has made an online widget that students, faculty, and staff can use to be automatically referred to nearby mental health practitioners outside of Harvard University Health Services.⁶ Users can finetune their requests to services around specific zip codes, insurance types, specialities, modalities (couples therapy, individual therapy, medication management), and other factors, and receive a list of mental health professionals that fit their requirements.

2. Hire one or two full-time staffers to coordinate points of access to mental health and counseling services and to refer students to services within and outside of the Yale community.

The president's office at Harvard University has hired two full-time staff members to coordinate points of access by listening to patients' concerns and referring those students to appropriate services, which has been shown to be fruitful. Now, their new goal is to have students

⁴ "Counseling & Psychiatry." *Cornell Health*, health.cornell.edu/services/counseling-psychiatry.

⁵ "Counseling and Psychological Services." *Columbia Health*, health.columbia.edu/content/counseling-and-psychological-services.

⁶ "Find a Mental Health Professional." *Harvard University Health Services*, 2018, www.huhsmentalhealthreferrals.com/.

seen or spoken to for their first assessment within 48 hours of reaching out for care, and they can offer follow-up visits on a weekly or biweekly basis for those requiring short-term clinical care. For students who need long-term treatment, they are referred to therapy options outside of Harvard in a timely manner.⁷

Support from Faculty and Staff

1. Standardize Dean's Excuse policies around mental health.

There are no policies around Dean's Excuses regarding mental health, while very strict policies exist for physical health. If Yale acknowledges that mental health is just as important as physical health, then it should create policies that reflect this idea. Students feel overly anxious about talking to their deans for an excuse due to mental health because there is no policy and guarantee. Creating a policy for this issue not only reduces this anxiety, but also sets a precedent that taking care of mental health can be more important than finishing an assignment.

2. Check in on students' mental health.

Encouragement and acknowledgement of students' efforts can go a long way, especially during a stressful midterm or finals season. The administration, including the Dean of Yale College, can send out an email reminding students to maintain a healthy academic lifestyle by checking in on their mental health. This is an easy solution that can be more meaningful than a study break and that demonstrates that administrators care about students' mental health.

3. Support the creation of a mental health peer education program.

The Communication and Consent Educators have mandatory programs for Yale undergraduates in all grades. Like healthy sexual climate, mental health is also an important aspect of college student life. Therefore, Yale should support a mental health peer education program, such as Mental Health Educators, that can distribute helpful information about mental health resources and techniques to maintain a healthy work-life balance.

4. Recommend a syllabus policy around mental health.

In almost all professors' syllabi, there is a policy surrounding physical illness. Yet, very few syllabi consider the mental well-being of students. Because mental well-being is as important as physical well-being, these policies should be included in professors' syllabi. This recommendation can easily be implemented and demonstrates that professors care about the mental health of students.

5. Reinstate the Mental Health Fellows

Mental Health Fellows are MH&C clinicians who are assigned to each of the undergraduate residential colleges. In this survey, 32.5 % of students had heard about this program. However, the

⁷ Barreira, Paul, and Barbara Lewis. "Expanded Counseling and Mental Health Services." Interview by Nate Herpich. *The Harvard Gazette*, 2 Oct. 2018, news.harvard.edu/gazette/story/2018/10/at-harvard-expanded-counseling-and-mental-health-services/.

website for Mental Health Fellows

(<https://yalehealth.yale.edu/more/other-mental-health-resources-students>) shows no clear information about where these MH&C clinicians are, or how to access this resource. In order to improve Mental Health Fellows, Yale should create a better resource page for Mental Health Fellows and make sure that there are MH&C clinicians assigned to each residential college.