

Yale College Council
Task Force on Health & Wellness



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I. Introduction

A healthy student body is integral to any university's ability to thrive, educate, and positively influence the world around it. At Yale, student health and wellness has been a major source of concern in recent years, particularly as students have become more comfortable voicing concerns about their own physical and mental wellbeing. The Yale College Council has been an important player in initiating these projects through its data-driven reports on Mental Health (2013) and Withdrawal and Leave of Absence Policies (2014). The YCC Health & Wellness Task Force, composed of six undergraduates with a strong commitment to student health interests, aims to synthesize, re-examine, and expand upon these in the following report, which it submits to university administrators for consideration.

The data that we provide throughout this report was collected through the Yale College Council's Spring Semester Survey, from February 14-17, 2016. A total of 1800 undergraduate students completed the Health & Wellness portion of the survey. We recognize that some biases may be present in our survey and interview findings, with possible sources of this bias ranging from voluntary participation to the way that questions were framed. However, more than one-third of Yale's student body participated in the survey, and every residential college, class year, and gender is strongly and equitably represented. Therefore, we hope that this report will be helpful for informing future administrative policy on student life and health policy at Yale, and that through a focus on particularly relevant topics, we can successfully highlight the issues most worthy of consideration.

II. Physical Health

1. Introduction

While pursuing academic, artistic, or athletic excellence, Yale undergraduates sometimes fail to look after basic aspects of their physical health. Poor physical health habits may start well before a student sets foot on campus; however, the negative consequences of poor eating, exercise, and sleep are exacerbated by the intensity and rigor demanded of Yale students. In addition, college represents the first lengthy period of time away from home for many students. For this reason, it is crucial that Yale provide educational resources to inform students' decisions about how they decide to treat their bodies. In the following section, we will focus specifically on three aspects of physical health: nutrition, exercise, and sleep.

2. Findings

a. Nutrition

Students were asked to select from a drop-down list the factor that they felt most influenced their eating decisions. While no one factor was cited as important by the majority of the students, taste

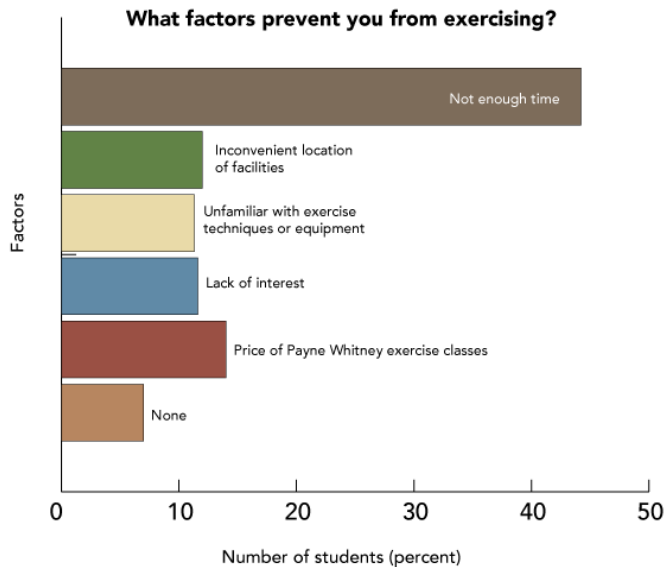
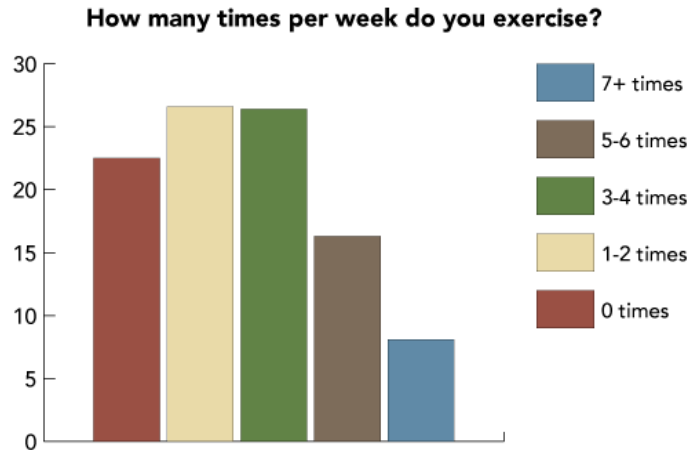
(24.3%) was the most frequently selected option. “Eating a balanced meal” and “nutrition” were both selected by exactly 19.9% of respondents, suggesting that about 40% of students surveyed prioritize maintaining a healthy, balanced diet in making their eating decisions. Of the students that selected the “Other - Please specify” option in our survey question, many described a dairy sensitivity or food allergy. These findings highlight that the eating priorities of Yale Undergraduates are quite varied and the importance of making food choices available in dining halls which fit students’ dietary needs.

“What do you consider when choosing what to eat?”



b. Exercise habits

The National Institutes of Health (NIH) currently recommends that adults perform at least 150 minutes of moderate-intensity or 75 minutes of vigorous-intensity aerobic activity each week and 2 or more days of muscle-strengthening activities (NIH, 2008 Physical Activity Guidelines for Americans). Undergraduates asked about their exercise habits responded fairly uniformly, with 23% exercising not at all, 27% 1 to 2 times, 26% 3 to 4 times, and 24% 5 or more times. While it is reassuring that 50% of students exercise at least 3 times per week, it is less encouraging that 23% of students do not exercise at all. When students were asked what factors prevented them from exercising, the plurality (44%) cited “not enough time.” The next greatest factor was “price of Payne Whitney exercise classes” (14%), then “inconvenient location of facilities” (12%), “lack of interest” (12%), “unfamiliarity with exercise techniques or equipment” (11%), and “no reason” (7%). Many students thus appear unwilling to exercise because they believe that they do not have enough hours in the day to do so. Anecdotally speaking, students may not believe regular exercise to be important enough to warrant sacrificing other activities in their daily lives, despite its proven benefits to numerous aspects of both physical and mental health (NIH, 2008 Physical Activity Guidelines for Americans).

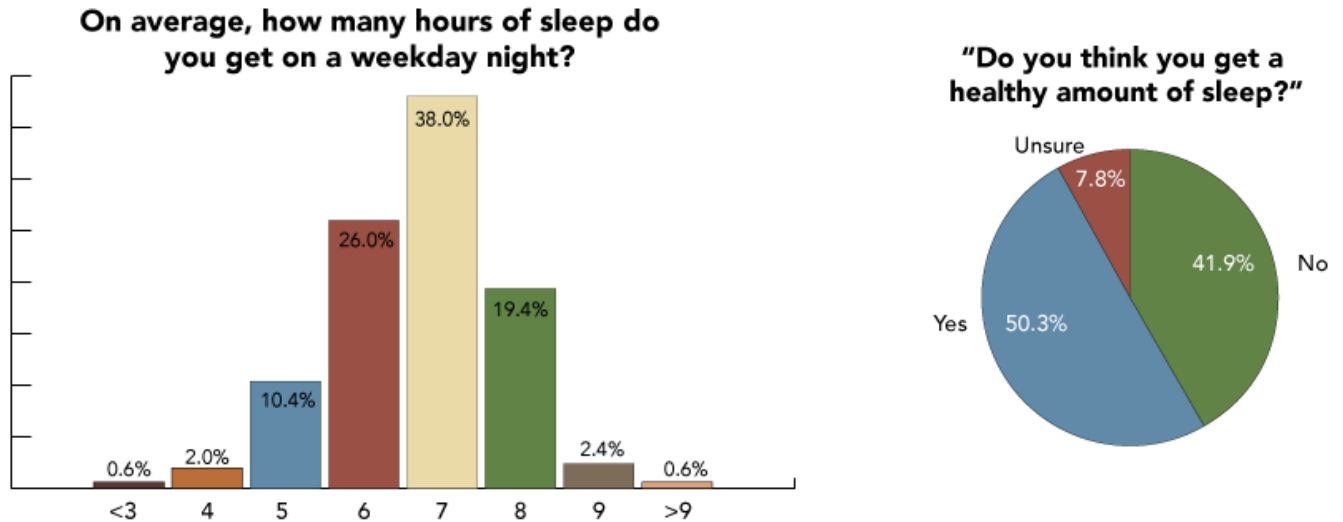


c. Sleeping habits

Students were asked to indicate the average number of hours they slept on a weekday night. Only 22% of students report getting more than 8 hours of sleep each night and 13% get less than 5 hours. Currently, the National Sleep Foundation recommends that young adults (age 18-25) sleep 7-9 hours each night. 60% of Yale undergraduates we surveyed fell within this range, about on par or slightly above the 6-6.9 hours per sleep per night that American college students get on average (American College Health Association, 2015).

Students were also asked if they thought they regularly get “a healthy amount of sleep.” The majority (50%) of students replied “yes,” 43% responded “no,” and 8% were “unsure.” The fact that

only 50% of students believe that they get adequate levels of sleep, combined with the fact that 38% of students sleep 6 hours or less on a daily basis, suggests that intervention is warranted.



3. Recommendations

a. Hire a professional nutrition counselor to provide free consultations to students.

According to our survey results, 60% of students do not primarily select food based on nutrition or eating a balanced meal. We therefore recommend that Yale place a nutritionist on staff whose job is to work one-on-one with students to help them meet their nutritional goals, echoing the recommendation made in YCC’s 2016 Task Force Report on Dining. Currently, many peer institutions have some kind of nutritional counselor available at no charge, including Washington University in St. Louis’ *Dine with the Dietitian* program and Johns Hopkins University’s *Chew Crew*. Princeton University, Columbia University, the University of Pennsylvania, Brown University, and Cornell University also all have professional nutritionists on staff, and it would be worthwhile for Yale to consider following suit.

b. Separate nut products in the dining halls.

In our survey, 23% of the open responses (“Other - please specify”) to “What do you consider when choosing what to eat?” cited concerns about allergies, particularly nut allergies. We therefore recommend that Yale Dining more systematically separate nut products (e.g., peanut butter, peanuts, tree nuts, Nutella) from other kinds of spreads and salad toppers in the dining halls. During the course of a two-hour meal period, cross-contamination can easily occur between peanut butter

or Nutella and other spreadable foods. Students who pour peanuts and tree nuts from canisters at the salad bars often spill these products, which is dangerous for students with severe nut allergies who may not know whether salads or other foods are safe to eat. This limits the already limited food selection for nut-sensitive students. Some dining halls, such as in Berkeley, avoid the risk of cross-contamination by isolating all of their nut products in one area. We recommend that all Yale dining halls follow this example.

c. Create more dairy-free options.

Many survey respondents also cited dairy sensitivities. While the dining hall has a wide selection of vegetarian options, these often contain milk-based products, making it difficult for students who are lactose-intolerant or vegan to eat balanced meals. Additionally, because meats are not tailored toward vegans, they are often made with butter and cheese - a challenge for dairy-free students who wish to consume meat during meals. We recommend having all dining halls guarantee that at least one food option (beyond the salad bar) be dairy-free at every meal.

d. Tours of Payne Whitney Gym and optional equipment instruction sessions.

When students were asked to select which barrier most prevented them from exercising, 11% of respondents indicated “unfamiliarity with exercise techniques or equipment.” We recommend providing optional tours of Payne Whitney Gym either at the beginning of each school year or during Freshman Orientation. Such tours would aim to familiarize students with the location of gym facilities, hours of operation, and use of equipment. Ideally, these tours could also provide a brief demonstration by a trained fitness professional on how to properly use various types of exercise equipment.

e. Hire subsidized fitness counselors or personal trainers for students.

While guided gym tours and exercise equipment demonstrations might encourage students to increase their physical activity, many students will likely still have reservations or insecurities about doing so. Having access to a one-on-one professional fitness counselor with whom students can consult could help them to feel comfortable exercising without being worried about hurting or embarrassing themselves. We recommend making this service free for all students to increase accessibility. Additionally, we imagine the fitness counselor as an initial point of contact for other health resources on campus. Peer institutions, such as Duke University, provide free health coaching similar to what we have proposed above, and we recommend that Yale follow this example.

f. Host more free or low-cost exercise events and classes.

Fourteen percent of surveyed students indicated that the price of group exercise classes at Payne Whitney Gym (PWG) negatively influenced their willingness to exercise. Unfortunately, these classes often generate just enough revenue to cover their costs, and the price that the gym charges per exercise class is roughly comparable to other private exercise facilities. As an alternative, we suggest organizing free fitness events hosted by either PWG instructors or student groups. When students were asked what kind of events they would like to see more of at Yale, 22% requested “Free Exercise Classes” and 16% specifically requested “Meditation and Yoga.” This finding suggests that students might also be interested in events that combine aspects of exercise, yoga, and meditation, such as free Zumba or dance workshops.

g. Promoting healthy sleeping habits by bringing in guest lecturers, hosting teach-ins, and creating website resources.

Among the students who were surveyed, 38% indicated that they slept 6 or fewer hours on an average weekday, which is below the recommended amount of sleep for young adults. The recent “Sleep Revolution” collaboration held at the Schwarzman Center had a very strong student turnout, and we would like to encourage the administration to support similar informative and fun events that promote healthy sleeping habits in future years. Additionally, many peer institutions, such as Dartmouth College, Duke University, and Georgetown University, have placed sleeping tips on their student wellness webpage. Similar sleep-related advice would make a great addition to Yale’s own wellness website.

III. Emergencies & Acute Care

1. Introduction

Upon arriving at Yale as freshmen, students are provided with extensive information on sexual health, substance abuse, and general safety. Students are not, however, provided with a similar level of information about university health care and medical coverage, outside of a brief tour of the first floor of Yale Health during Freshman Orientation and several emails about waiving Yale Hospitalization/Specialty coverage. In fact, most of the students we spoke with had little knowledge of what services were available to them under basic coverage, and which were limited to Hospitalization/Specialty coverage. We believe that Yale College should work to encourage students to start seeing themselves as patients and actively think about where their physical health fits into their lives. In the following section, we will discuss student perception and utilization of Yale Health services and Dean’s excuses.

2. Findings

a. Yale Health

Just under half of surveyed students (48.8%) have been to Acute Care during their time at Yale. The majority of people who had visited Acute Care reported reasonable wait times of anywhere from 0 to 60 minutes during their visits, but 21.5% (186 out of 864) reported waiting at Acute Care for over an hour.

Surveyed students were also asked to indicate any factors that may prevent them from going to Yale Health when sick. Only 3.3% of students reported that nothing deters them from visiting Yale Health (0.7%) or to another healthcare facility (2.6%). A total of 29.5% of respondents cited difficulty in scheduling appointments as a major deterrent, either because scheduling the appointment itself was inconvenient, because the only available appointment was not soon enough, or because appointments were at inconvenient times. The three next most highly-reported deterrents were being too busy to seek health services (18.6%), not feeling sick enough to warrant a visit (15.1%), and that Yale Health is too inconveniently located (13.9%). Only a small percentage of students (1.2%) chose the "Other" option and were able to elaborate. These students predominantly expressed a strong dissatisfaction with the quality of care received. Some respondents reported having received incorrect or unhelpful diagnoses from Yale Health physicians; others cited unfriendly or unpleasant bedside manner from staff members. It is important to note that not all of these responses were personal experiences. Some respondents spoke of a friend's negative experience, while others spoke of general perceptions held by the student body. Several individuals noted never having been to Yale Health because "they have heard that [Acute Care at] Yale Health is not helpful unless someone is extremely, visibly sick" or because they "heard that it was inefficient."

"If you were sick, what might prevent you from going to Yale Health?"

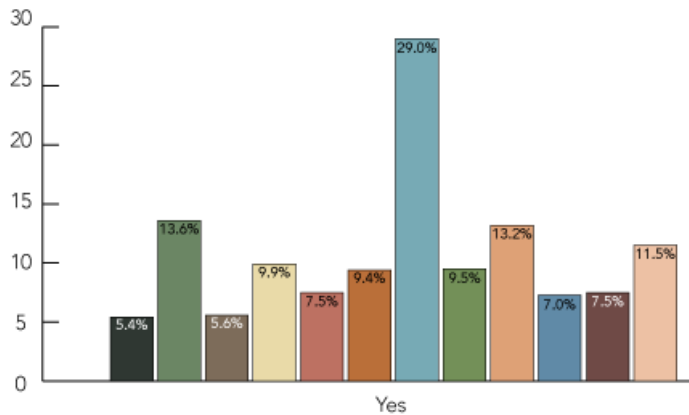
Too busy	18.6%
Not sick enough	15.1%
Yale Health is inconveniently located	13.9%
Scheduling an appointment was inconvenient	10.8%
Appointment was not soon enough	10.1%
Appointments were at inconvenient times	8.6%
Too sick	4.0%
MyChart Support was confusing/not helpful	3.2%
Consulted with another health care facility or physician	2.6%
Other	1.2%
I always go to Yale Health when I am sick	0.7%

Formal and informal conversations that we held with students suggested that Yale Health’s reputation amongst students is generally poor. It is clear that while many students have good experiences at Yale Health, a number of negative experiences have proved to be very salient within the student community and have substantially colored Yale Health’s reputation. This pervasive, negative perception of Yale Health actively restricts the way that some students seek care.

b. Dean’s Excuses

We found that 30.0% of students have used a Dean’s excuse in the past. Most of these students reported using the excuse for a varsity sporting event, a personal emergency, or a state of emotional distress. Only 2 people cited physical illness as their reason for getting a Dean’s excuse. Among students who have used a Dean’s excuse in the past, we found that 35.8% reported having had difficulty obtaining it.

“Have you ever had trouble obtaining a Dean’s excuse?”



Our data make it clear that obtaining a Dean’s excuse is substantially more difficult in some residential colleges than in others (each bar in the above plot represents a unique residential college, not labeled for confidentiality). The mean percentage of students who have had difficulty getting a Dean’s excuse across colleges is 10.8% and the median is 9.4%. In one college, 29.0% of students reported having trouble obtaining a Dean’s excuse. This figure is 2.9 standard deviations above the mean, with a 0.2% chance of this variation occurring due to sampling error.

Currently, the Yale College website contains no specific regulations about Dean’s excuses, and such policies are only articulated on some of the residential college websites. While it is understandable that each Dean may exercise individual discretion, we believe that the current situation, in which the ease of obtaining a Dean’s excuse varies a function of a student’s residential college, is unfair to students.

3. Recommendations

a. Provide information about Yale Health Insurance as part of the required orientation before arrival on campus and before waiving Yale Health Hospitalization/Specialty Coverage.

Incoming freshmen are currently required to watch videos about responsible use of alcohol and other substances before they arrive on campus. We recommend that students also be required to watch a video informing them of the differences between Yale Health Basic Coverage and Yale Health Hospitalization/Specialty Care, and what exactly waiving Yale Health Hospitalization/Specialty Care entails. Students would also be given information about the financial implications of waiving specialty coverage and about whether Yale Health services can be covered under a policy's out-of-network coverage. While most of this information is currently available to students who search for it (i.e., on the Yale Health website), many students do not pay close attention to such information or are simply not aware that they should be thinking about it. One survey respondent reported having being told at Yale Health that they could not be seen because they had waived Hospitalization/Specialty coverage. Situations like this could be avoided if information about Yale Health insurance were to be discussed and explained clearly to students before they made decisions about their health coverage. Simply making sure that students know which services are covered under the basic plan and which are not could go a long way towards preventing misunderstandings.

b. Modify Yale Health programming during Freshman Orientation.

We recommend that freshmen receive a more extensive tour of Yale Health than they currently do during Freshman Orientation. The tours that are currently provided to all freshmen do not familiarize students with Acute Care, Student Health, Gynecology or the Wellness Center. We also feel that having students attend a brief discussion with the Chief of Student Health could be a beneficial addition to Freshman Orientation, particularly in the interest of countering prevalent negative perceptions about Yale Health services on campus. An alternative to this suggestion would be to have the Community Health Educators (CHEs), who already are well-versed in the details of Yale Health insurance policy, provide more information about Yale Health to freshmen during their regular workshops. CHEs could be tasked to distribute informational pamphlets about seeking services at Yale Health as part of their duties at the beginning of each fall semester.

c. Institute an emergency door-to-door shuttle service to Yale Health.

Some students reported frustration with the walk to Yale Health and the lack of a reliable shuttle to Yale Health. One survey participant in particular noted that "it can be a really long walk to Yale

Health, and if I'm moderately sick, I am worried that the walk will make me more sick." A door-to-door shuttle service specifically for Yale Health would make visiting Yale Health more convenient and might encourage students to use its services more frequently.

d. Organize a town hall regarding Yale Health and healthcare.

As the policy currently stands, following a visit to Yale Health, students are emailed a survey that allows them to provide their personal physician or nurse practitioner with direct feedback. However, it is not made clear to the patient who will actually receive this feedback, or what action, if any, will be taken if they provide their practitioner with negative feedback. A town hall to supplement the existing feedback mechanism would allow students to provide additional feedback and, more importantly, engage in conversation with Yale Health physicians. The recent town hall on financial aid (December 2015) was well-attended and largely successful, and based on our survey responses, it seems that a similar event regarding Yale Health could garner comparable levels of interest.

e. Clarify the definition of "incapacitating illness" for Dean's excuses.

Our data suggests that students do not use Dean's excuses to prioritize their physical health in the case of illness, and the current stipulation of "incapacitating illness" as a prerequisite for obtaining the excuse is a likely reason for this trend. Several students pointed out the ambiguity of the "incapacitating illness" stipulation as their cause of difficulty in obtaining an excuse. One student noted that "despite having a doctor's note and advice stating to not attend class/a midterm," the Dean took multiple weeks deciding whether a Dean's excuse was applicable. Another student claimed that they had "stomach flu for four days, four final papers due" and "couldn't get a Dean's excuse because I wasn't in the hospital." Because interpretations of what "incapacitating illness" may vary greatly between residential college Deans, we recommend the creation of a more specific and clear stipulation outlining how sick a student must be to qualify for a Dean's excuse.

f. Allow for club sports team events and career or admissions-related interviews to be applicable for Dean's excuses.

Several students complained that Dean's excuses should be applicable in more situations than currently specified. The current policy excuses varsity athletic events and not club athletic events, even though club sports teams travel around the nation to compete. Some club sports teams, such as the rugby teams, compete as seriously and competitively as would a varsity team, since no varsity-level equivalent exists for rugby. In addition, one survey participant expressed frustration that medical school interviews do not qualify a student for a Dean's excuse. Medical school and other graduate schools applications, as well as job and internship applications, are a huge source of stress

for Yale students as they enter their junior and senior years. Though they are not “emergencies,” we believe that commitments related to club athletic events, graduate applications, job applications and internship applications pose sufficiently large logistical and emotional challenges to students to warrant their eligibility for Dean’s excuses.

- g. Standardize the Dean’s excuse policy across all residential colleges, make this policy readily accessible on Yale College’s website and all residential college, and put in place a mechanism for enforcement of the policy.**

A handful of student responses said that they were denied Dean’s excuses for deaths in their family, for varsity sporting events, and for religious holidays, even though all three of these conditions are listed as valid reasons for a Dean’s excuse on several residential college websites. Because not every college has a Dean’s excuse policy publicly available, it is not clear whether the Dean is actually straying from the policy. Standardizing and publicizing the policy so it is easily accessible to all students will give students clear guidelines about what does and does not qualify for a Dean’s excuse, and will lead to a more fair system for all students. We also believe that the creation of a procedure by which students can petition a refused Dean’s excuse would be useful for reducing such inconsistencies in the granting of excuses, as long as such a petition procedure was subject to review by an independent third party, such as one of the Deans of Student Affairs.

IV. Sexual Health & Climate

1. Introduction

The sexual health and wellness of Yale students is highly integrated into student care at Yale, with numerous organizations specifically targeted at promoting sexual health and wellness. After investigating the programs at other universities and speaking with administrators at SHARE, we have concluded that Yale’s efforts in this area are generally more developed and generously supported than in peer institutions. Administrators involved in Yale’s sexual wellness programs have praised Yale’s willingness to financially support their departments, as well as the strong relationships between SHARE, the Yale College Dean’s Office, Yale Police and the Provost’s office. As we can see from recent surveys and data collection, however, there is much progress to be made.

2. Findings

Yale’s programs to improve its sexual climate are among the most data-driven efforts in student health and wellness. The Provost releases biannual reports listing sexual misconduct complaints and

how they were handled, and the broader AAU survey has given us the opportunity to compare Yale with other universities. A few data points stand out as areas of immediate concern.

First, according to the AAU survey, almost 30% of undergraduate women have experienced nonconsensual penetration or sexual touching involving physical force or incapacitation. The lack of bystander action is also of concern. According to the AAU report, 55% of undergraduates who witnessed sexually violent or harassing behavior and 70% of undergraduates who witnessed a drunk person heading for a sexual encounter did not take action.

Utilization of resources could also be significantly improved. The AAU survey found that more than half of undergraduates have little confidence in their campus officials taking action against a sexual offender, and almost a fourth of students feel that it is a little or not at all likely that the investigation would be fair or that the campus official would protect the safety of the person making the report. These perceptions may not be altogether accurate, but they are nonetheless critical considerations for improving services.

After our investigations, we were pleased to conclude that Yale has not been passive in addressing these issues. In the past 5 years, we have seen the expansion of the SHARE center, creation of the University-Wide Committee on Sexual Misconduct (UWC) and the creation of the Communication and Consent Educators program (CCEs), among other, smaller efforts. The emphasis on affirmative consent, building positive sexual experiences, ensuring confidentiality, and creating the space for more choices has been integral to Yale's response.

One notable outlier in sexual health concerns which we would like to call attention to is intimate partner violence (IPV). According to our survey, 72 respondents claim to have been physically hurt or threatened by an intimate partner during their time at Yale. While the number of students who experience IPV and sexual assault are estimated by outside sources to be roughly similar at most college campuses, the reporting rates by Yale's undergraduate students are drastically different, with 4-5 times more reports of the sexual assault than of IPV. It is possible that some of this difference may be attributable to Yale's incidence of occurrence or reporting. However, many students report having little access or exposure to materials or conversations around IPV, and this is arguably a highly significant contributor.

3. Recommendations

The largest issue within sexual health at Yale appears to be getting people to utilize the resources available to them. There is at least some evidence that it is possible to improve the situation. SHARE reported a record number of visits after the AAU survey thrust sexual misconduct into the spotlight.

Improving utilization can be done by emphasizing the diversity of issues that SHARE can handle both on the wellness website and during Freshman Orientation.

While we recognize the difficulty of balancing educational programming during orientation and that sexual health issues already have substantial and data-driven programs behind them, we believe that some areas, like intimate partner violence, deserve more attention. Another notable point of inquiry is the limited tendency for students to look out for one another. While bystander intervention training is one way that Yale has reached out to address this, and the presence of CCEs at major parties and social events is another, the ultimate goal of expanding peer support has not yet been fully realized.

V. Drinking & Substance Use

1. Introduction

Alcohol and substance use is closely tied to students' health and safety, including Yale's sexual climate and culture, emergency and acute care situations, student stress, social interactions, and other smaller topics addressed in this report. The role of alcohol and other drugs as both causes of and remedies for student health concerns should be a close concern of Yale administration. In addressing this area, perceptions, norms, and expectations have become increasingly important for their significant influences on behavior. The shift towards treating alcohol use as a public health concern rather than a disciplinary issue has been demonstrably successful, as have efforts aimed at curtailing risky drinking behavior rather than drinking altogether. However, even while recognizing Yale's responsibility to uphold state and local law, we suggest that increased transparency around disciplinary policies, especially with respect to marijuana and non-alcoholic drugs, can better protect student wellness.

2. Findings

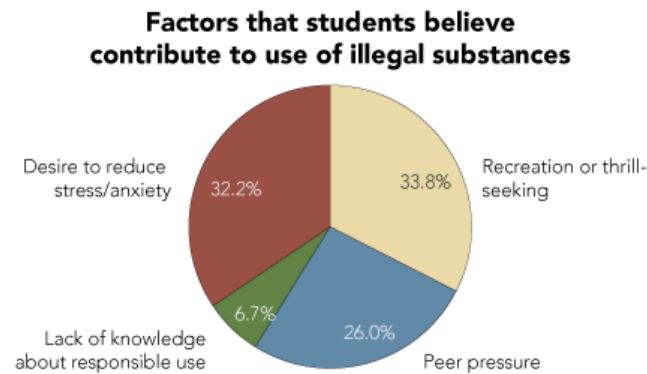
One of Yale's principal policies on alcohol and substance abuse is its recent Medical Emergency Policy (MEP), introduced in Fall 2014, which promises to withhold university disciplinary actions in certain cases of seeking help. We described this policy to respondents in full, and found that, despite having been active for less than 2 years, the policy is relatively well-known; less than 17% of respondents reported being unfamiliar with this policy.

According to Assistant Dean of Student Affairs Melanie Boyd, the number of alcohol-related emergency transports initiated by non-Freshman Counselors increased by 70% between 2012 and 2015 (Yale Daily News, "Alcohol policies prioritize student involvement," 4 Feb 2015). While student-wide changes in drinking behavior and other educational efforts by the Alcohol and Other Drugs

Harm Reduction Initiative (AODHRI) have likely contributed to this trend, the MEP has arguably had a major impact on student awareness of the dangers of alcohol poisoning.

Our survey findings offer some insight into the worries that students have. Almost 30% of respondents have hesitated to call for help for someone experiencing an adverse reaction to alcohol or other drugs out of fear that the student in need of help would face disciplinary consequences. Of these students, more than one third specifically mentioned that their hesitation was during an incident involving drugs other than alcohol. It would likely require a broader and more transparent guarantee of non-disciplinary action to change how comfortable students are with reporting overdoses.

It may also be important to understand some of the reasons that students use illegal substances in the first place. Our survey data reveals a broad diversity of motivations, both social and personal. We were surprised to find that nearly a third of students believe that stress or anxiety was a significant contributor. While it must be cautioned that this does not mean that a third of students who use illegal substances actually have these motivations, this perception helps us understand how other topics presented in this report may play a role in unsafe substance use.



Ongoing education is also an issue. While freshmen are often informed on safe practices, their expectations and beliefs can easily be molded differently after a few years of participating in drinking and/or drug use culture. As of now, Yale does little to reinforce and remind students about safe practices, which has measurable consequences: AODHRI reports that seniors are 25% more likely to engage in high-risk drinking behavior than freshmen.

3. Recommendations

Yale can fulfill its goal of prioritizing student health over disciplinary measures by continuing its current commitment to transparency. The most notable limitation in the MEP is that it explicitly only

covers alcohol related emergencies. This may be justifiable: alcohol is legal for students of age and more commonly abused. We also recognize the difficulty of making blanket guarantees when considering compliance with state laws and University regulations. However, given the MEP's clear success with alcohol, it is important to consider extending university policy to other substances, under the same logic of putting student safety first.

We also recommend that Yale increase its educational outreach around alcohol and other drugs to reinforce data-driven understandings of Yale's drug and alcohol climate. One promising example is the Yale College Dean's Office bartender-training sessions. These are not only taught to increase knowledge around high-risk drinking, with 4 hours of training and intervention procedures (TIPS), but are specifically targeted to students who will be most actively involved in the drinking scene and most likely to use this knowledge to help their peers. Most importantly, bartender training is an incredibly popular class that draws many more applicants than training spots available. Thus, bartending training and similar programs can potentially play a pivotal role in students taking care of each other to create a safer alcohol environment on campus. We recommend that appropriate resources and personnel be allocated to expand the Bartender Training program to allow more students to participate.

VI. Mental Health & Treatment

1. Introduction

According to a 2015 survey by the American College Health Association, 57% of college-aged students report having experienced "overwhelming anxiety" at least once during the past 12 months, 35.3% report having felt "so depressed that it was difficult to function," 9.8% have seriously considered suicide and 7.1% have intentionally self-harmed. Yale appears to be no exception to these statistics, either, with almost 33% of our student respondents testifying to being "very stressed" on a daily basis and with high rates of mental health service utilization evident across both class years and residential colleges. Nationwide, rates of mental illness, anxiety, depression and eating disorders have been increasing precipitously within the 18-24 age group (ACHA, 2015), highlighting the tremendous importance of making sure that mental health resources accessible, available and comfortable for students to use. Fortunately, Yale provides its students with an impressive array of mental health resources. The Department of Mental Health & Counseling boasts a higher clinician-to-student ratio than most of Yale's peer institutions, with more than one trained clinician on staff for every five hundred students in Yale College and the Graduate and Professional Schools combined. A significant proportion of students also take advantage of the support that their college deans, college masters and freshman counselors offer, as we will highlight in the findings

section that follows. However, much work remains to be done in ensuring that students feel safe and comfortable seeking help for mental health concerns on campus, despite the large quantity of mental health resources that are currently available to them.

2. Findings

a. Utilization of mental health resources.

Percentage of students reporting past use of resources for mental health reasons					
<i>RESOURCE</i>	<i>Student Body</i>	<i>Class of 2019</i>	<i>Class of 2018</i>	<i>Class of 2017</i>	<i>Class of 2016</i>
Yale Mental Health and Counseling	16.1%	11.0%	15.0%	19.0%	20.0%
Walden Peer Counseling	1.7%	1.4%	1.8%	1.5%	2.0%
Freshman Counselor	18.5%	27.0%	21.0%	14.0%	10.0%
Peer Liaison	3.6%	6.6%	2.8%	2.9%	2.0%
College Dean or Master	13.7%	9.2%	15.0%	15.0%	16.0%
Chaplain's Office	1.5%	1.9%	2.0%	1.0%	1.5%
Office of Disabilities	1.2%	1.1%	0.9%	1.3%	1.6%
Office of LGBTQ Resources	0.7%	0.9%	0.1%	1.0%	1.0%
Sexual Harassment and Assault Response & Education Center (SHARE)	1.9%	1.1%	1.3%	2.9%	2.3%
Community Consent Educators (CCEs)	1.1%	0.5%	0.9%	1.5%	1.4%
Non-Yale therapist, counselor, or psychiatrist	6.9%	3.7%	6.9%	8.5%	8.4%
Friend, faculty member or trusted community member	33.2%	36.0%	32.0%	32.0%	33.0%

Our data indicate that outside of friends, faculty members and trusted community members, Mental Health & Counseling (MH&C) is the most utilized mental health resource on campus, though only by a narrow margin. Rates of peer resource utilization, particularly freshman counselors and peer liaisons, appear to increase substantially between successive class years in order of when they first arrived at Yale, at least within the domain of mental health concerns. Given that the survey we administered probed for any past use of the resources listed, this trend may underscore a shift in campus climate over the past few years towards students feeling more comfortable reaching out to peer resources when they are in need, or it may reflect an increase in awareness of these resources. The same does not appear to be true for institutional resources such as MH&C. Our data also highlight that while peer and institutional organizations on campus satisfy a significant proportion of student demand for mental health services, many students still prefer to seek help from friends and community members. The large proportion of students who have reached out to a peer or community member on account of a mental health concern (33.2%) underscores the importance of

fostering a Yale community where mental health concerns are respected and taken seriously. For less serious mental health problems, students will probably always reach out to peers and mentors before they seek help from a trained professional, making it especially worthwhile for Yale to invest in community-targeted programs that increase students' abilities to care for and emotionally support each other.

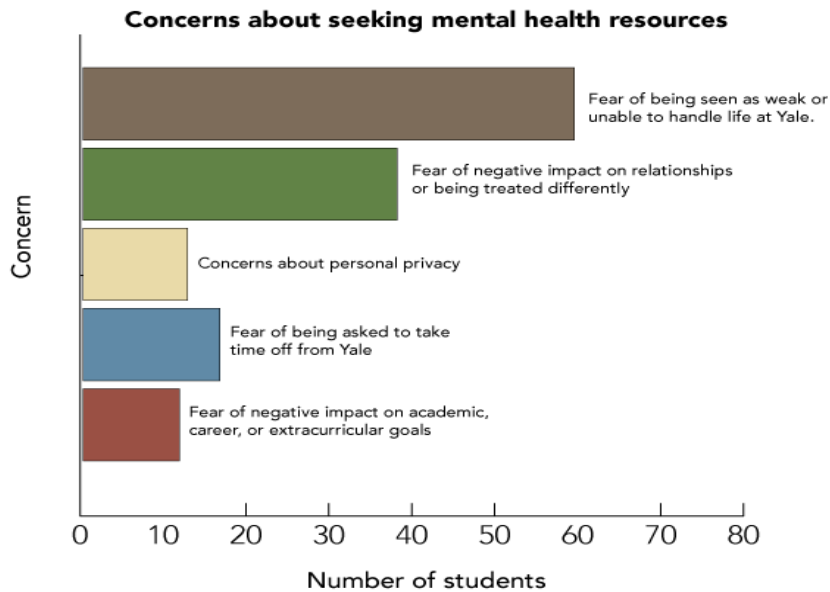
The Yale College Council's Report on Mental Health issued in September of 2013 found that more than 50% of undergraduates seek care at Mental Health & Counseling during their time at Yale. Our data, however, suggested a figure closer to 20% for the Class of 2016. Whether this discrepancy reflects an actual decline in the rate of mental health service utilization at Yale or merely a decreased willingness among students to admit having sought help from MH&C in the past cannot be directly ascertained from this data. However, it is worth noting that the sample size of students who responded to this question (1,800) was nearly twice that of the number of students surveyed by the creators of the 2013 Report (996), which may account for some of this difference.

b. Factors that contribute to underutilization of mental health resources.

One of our survey questions asked students whether they had ever been worried that someone else on campus would find out that they were seeking help for a mental health issue. A total of 42.3% of students with prior mental health concerns indicated that they were worried about others finding out if they chose to seek help for their problem. Students in this response category were also given a chance to elaborate upon their concerns, and a total of 115 free responses were collected.

i. Social Stigma

Our findings strongly suggest that perceived social stigma, particularly fear of being seen as weak or unable to handle the rigors of life at Yale, plays a major role in student reluctance to seek mental health assistance. The words "judgment" and "weakness" each appeared dozens of times in student free-responses, with many students also reporting fears that such stigma would lead to damaged interpersonal relationships, interference with their goals and/or unwanted attention from peers and faculty members. Many responses explicitly stated that social stigma was the only factor that prevented the responder from seeking counseling when they felt that they really needed it. Several students noted that after admitting their psychological problem to a trusted community member (such as a Dean or a Freshman Counselor), that community member began to treat them in a more cautious and reserved way, which made the student uncomfortable and less willing to seek help again in the future. A number of students also raised concerns about being seen in the waiting room of the Mental Health & Counseling center, which they believed would be embarrassing and might make future interactions with the person that saw them uncomfortable.



ii. Fear of being asked to leave Yale

Fears about being asked to withdraw from Yale are also frequently cited as a reason that students choose not to seek help for their mental health concern. We will discuss the nature of these concerns and their policy implications more thoroughly in the following section of this report, but for now it suffices to note that these concerns appear to be having a significant negative impact on student perceptions of Yale's mental health services. This claim is upheld by not only our survey responses, but also by opinion pieces and editorials that periodically surface through student-generated media like the Yale Daily news, and through the opinions of students we spoke with who have personal experience with the withdrawal and reinstatement process.

iii. Diversity of the student body and competence of mental health clinicians

While not directly reflected in our survey responses, we had conversations with multiple individuals, including several current and former members of the student-led LGBTQ co-op, about concerns that the clinicians at Mental Health & Counseling are not always able to treat students from a wide variety of backgrounds. According to data collected by Yale Health, 20% of staff at MH&C now identify as belonging to an ethnic or racial minority, partly as a consequence of the department's recent staff diversity initiatives, and 30% of students seeking care at MH&C identify as belonging to an ethnic minority, about on par with the Yale student body. Nonetheless, concerns continue to exist among the LGBTQ+ community, particularly those who identify as transgender, regarding the ability of clinicians on staff to address their specific needs and concerns. Some students interviewed proposed

having the Mental Health & Counseling website list clinicians according to their specialty, experience and/or competence in areas of LGTBQ+, racial and socioeconomic issues. This might make it easier for students to request specific counselors whom they can be assured will be competent to deal with their particular situation. When prompted during in-person interviews, multiple Yale Health administrators noted that all Yale students who request an appointment through MH&C are free to request a specific therapist if they wish, but also cited reluctance to publicly list clinicians by specialty on the grounds that not enough variation in clinical background exists among the MH&C clinicians to warrant such a change. The students that we spoke with from the LGBTQ+ community, however, were skeptical of this claim, and generally believed from their experiences that MH&C clinicians vary considerably in their abilities to counsel students about gender and sexuality issues. This concern has apparently lead many members of the LGBTQ+ community to seek help elsewhere. Given that the current policy of the Department of Mental Health & Counseling is to randomly assign students to clinicians, it would be worthwhile for MH&C to at least consider providing students with more information about the the specialties and backgrounds of different counselors when the student first reaches out to make an appointment. This might help encourage students who are otherwise reluctant to seek counseling, particularly members of student minority populations, to make the decision to do so.

3. Recommendations

a. Make reducing social stigma about seeking mental health services a priority.

Fear of negative social repercussions is clearly having a major negative impact on the willingness of students to seek help for mental health problems. While it is admittedly difficult to address a phenomenon this widespread and deeply ingrained in the collective culture of the student body, any future programs oriented towards improving student psychological health or teaching new students about mental health resources at Yale would be well-advised to include normative education about how high the incidence of mental health problems in college really is. It is important for students to understand that they are not alone in their struggle and that there is nothing particularly aberrant or shame-worthy about experiencing psychological distress during their years at Yale. This kind of normative education about mental health could be included in the information disseminated by Freshman Counselors, or it could be directly implemented into Freshman Orientation as a component of the health and self-care-related advice that all incoming freshmen receive. We believe that it is particularly important for students to be exposed to information and attitudes that combat mental health stigma very early in their Yale careers, particularly since freshmen may be at particularly high risk of developing psychological problems as they adjust to their new lives at Yale.

b. Make the process of finding and getting to know a clinician at Mental Health & Counseling more transparent and comfortable for students.

Many of our survey respondents cited fears of being asked to withdraw from Yale on account of their mental health condition if they sought help from a clinician at MH&C, while others had concerns about receiving a therapist who was not qualified to meet their needs. The Department of Mental Health & Counseling would be well-advised to give students more of an active role in deciding which clinician they will see on a regular basis, perhaps by making information about clinician training and background publicly available and by asking students if they would like to request a particular therapist when they first call to make an appointment. We also recommend that the Department of Mental Health & Counseling create a short manual to familiarize students who have not contacted the department before with how the treatment process works. This manual could encompass basic information about client confidentiality, what to expect from the initial consultation process and reassurance that the probability of any student being asked to leave Yale against their will is extremely low. Such a manual could be offered to students in physical form when they come in for their initial consultation at MH&C, in addition to being made accessible in a digital format on the Mental Health & Counseling webpage.

c. Institute freshman-oriented workshops whose main goal is to teach attentive listening and compassionate conversational skills.

33.2% of our respondents said that they had reached out to a peer or trusted community member in the past out of concern for their own mental health - far more than for any other resource category we listed. Based on our data and on conversations that we have had with peers and faculty, we believe that knowing how to listen and respond appropriately to friends who are in need of support is a skill so important that it warrants inclusion in either freshman orientation or as a mandatory freshman workshop during the second semester. It is probable that almost everyone who comes to Yale will at some point have to emotionally support a friend who is going through a crisis or is otherwise highly distraught. Arguably the best way for Yale as a community to increase the collective psychological well-being of its students is to ensure that every student who passes through its gates knows how to respond appropriately to a peer in crisis. Feeling loved, supported and looked after can make a huge difference for a person who is struggling emotionally; indeed, social support is one of the strongest predictors of mood disorder remission in adolescents and young adults (Stice et al., 2004). In making this recommendation, we recognize the logistical challenges that implementing a new mandatory freshman workshop represents, but believe that with enough time, student dedication and administrative support from the Yale College Dean's Office, a student-led workshop on compassionate listening skills could feasibly be implemented within a couple years' time.

VII. Withdrawal & Reinstatement

1. Introduction

While voluntary withdrawal from Yale College has received positive feedback, major concerns regarding involuntary withdrawal, especially for mental health reasons, have recently come to the forefront of student dialogue. The following findings and recommendations have been compiled using data from student and administrator interviews and students' free-responses in the school-wide survey.

2. Findings

a. Reception of recent changes to withdrawal and readmission policy.

In March 2014, the YCC Mental Health Task Force published the Recommendations for Improvement to Withdrawal and Leave of Absence Policies proposing a number of changes including elucidation of the readmission (now called reinstatement) process and extension of voluntary leave petition deadline. In response, Yale College Dean Jonathan Holloway appointed a committee in the fall of 2014 to review the policies in Yale College regarding withdrawal and readmission. Several changes that directly address the concerns enumerated in the March 2014 report have been implemented. Most students interviewed who experienced withdrawal or leave of absence and went through the readmission process expressed support of the changes, but also voiced strong desires for further improvements to the policy. Students commented on the following changes:

i. Extension of voluntary leave petition deadline

The voluntary leave petition deadline was extended from the tenth day of the term to the second week of term. While all students supported this extension, they felt that many circumstances requiring leaves of absence are often unforeseeable or require time much beyond just "shopping period" (the first two weeks of each semester) to confidently make a decision. Students thought extending the voluntary leave petition deadline to midterm would allow students to have a clearer idea of whether they should take a leave of absence. Some described the difficulty in determining whether or not their medical condition was in fact manageable with their academic work by the second week of school.

ii. Allowing Chair of the Reinstatement Committee to be informed of all withdrawn students

Many students supported this change, which allows the Chair of Reinstatement to initiate contact with withdrawn students. For students experiencing medical withdrawal, especially for those

recovering from mental illness, it is an additional burden to initiate contact with Yale administration. While this change received positive feedback, many students desired more personal support and advising from Yale in addition to guidance regarding the reinstatement process.

iii. Extending time of departure from 24 hours to 72 hours of notification of withdrawal.

Previously, students reported being asked to leave campus within 24 hours of notification. Changes made by the committee directly address recommendation by the March 2014 report by extending this period to 72 hours. Students who experienced withdrawal prior to this change thought that this extension would reduce stress and burden on the student and family. Especially for students experiencing involuntary withdrawal, such an extension may dispel the perception that Yale is “kicking them out.”

iv. Changing the timing of the reinstatement process to start earlier

This was made to accommodate students and families to reduce anxiety and uncertainty. While this change received positive feedback, reinstated students have expressed desire to have even earlier notification. Students described feeling distressed over last-minute coordination of alternative plans for the next year in case they were denied reinstatement. Beginning the reinstatement process earlier is difficult due to the large number of students reapplying, but this change should be prioritized if withdrawal policy is revised.

v. Publicizing Yale Tuition Insurance

Another change was to publicize the option of Yale Tuition Insurance administered by A. W. G. Dewar, which costs \$350 per year and provides up to a 90% refund of tuition, room, and board in case of medical withdrawals. Most students were extremely supportive of this option, but none of the students interviewed had heard of it. For those who did not know about the tuition insurance and were not reimbursed for their unplanned withdrawal or leave of absence, students said they had to seriously consider whether they should “just stick it out” to receive academic credit for the semester, which could exacerbate medical conditions.

One recommendation is to allow students to opt-out of this insurance rather than opt-in. This means that by default, students will pay \$350 for tuition insurance unless they choose to opt-out of this insurance. One issue with this insurance was that students who are withdrawn for severe mental illness, namely self-harm or suicidal attempt, would not be covered by it. This subset of student population who seem to be the most dissatisfied and vocal about forced medical withdrawal would not be qualified to have their tuition refunded. This exception must be made clear to all students.

Ideally, the exception would be eliminated so that Yale Tuition Insurance includes all students, regardless of clinical status.

b. Student concerns about forced medical withdrawal and reinstatement.

Fears about being asked to withdraw from Yale are frequently cited as a major deterrent to seeking help from mental health services at Yale. Survey participants wrote that they thought “Yale puts people on forced leave for mental health issues” and that “this is a consequence of simply seeking help.” Several students expressed worries about “getting on their Dean's radar” as a student dealing with mental health issues because they feared they would be forced or encouraged to take time off. Furthermore, students feared being forced to leave Yale for mental health reasons without being consulted about their financial and home situations. Family life is a significant factor in many students’ mental health issues, according to survey responses. Being forced to leave Yale would mean living in a family environment that would likely aggravate their mental health condition. As a result of fears of involuntary withdrawal, many students are wary of institutional mental health resources.

The following situation between two students illustrates the repercussions of these fears and perceptions of involuntary withdrawal for mental health reasons. The first student had experienced a particularly difficult involuntary withdrawal for mental health reasons and believed they were protecting the second student from being forced to leave Yale. The second student was led to believe that they risked being forced to withdraw if they revealed the extent of their mental illness. As a result, the second student did not reveal the severity of their condition to MH&C. Because student care is prioritized by severity of condition, this student did not receive the care they required, leading to a situation where this student was actually asked to leave Yale. While this is an extreme case, it illustrates the dire consequences of such negative perceptions of withdrawal policy.

Formerly withdrawn students show even greater distrust of institutional mental health resources. Many of these students successfully seek mental health care outside of Yale, but others who face financial limitations feel they have few options for mental health support. Some students fear being forced to withdraw a second time, or feel they have to prove they are “sane” to stay at Yale. Friends and suitemates of these formerly withdrawn students describe feeling “trapped” because they do not know who to call for help for these students, many of whom may no longer have close or trusting relationships with resources like their residential college Dean.

Many students who have experienced involuntary withdrawal for mental health reasons said that they felt alienated and disempowered during their withdrawal process. Several students experiencing mental health issues said they thought that administration was “cold” and “lacked empathy” when

evaluating the student for withdrawal. These students reported that administrators told them they were a “menace” or “danger” to themselves and others, which felt accusatory or punitive. They had no opportunity to voice their concerns to the administration. Furthermore, some students said that they were told they might not be allowed to graduate if they did not withdraw.

c. Miscommunication between the administration and students.

Many of the above concerns are the result of miscommunication between students and administration. Distrust about withdrawal policy among students seems to stem from a perceived lack of empathy from the administration. The following two points of miscommunication are major contributors to the student perceptions surrounding withdrawal and reinstatement.

i. Ambiguity of criteria for involuntary withdrawal

The administration should clarify which criteria qualify a student to be involuntarily withdrawn. Many students currently believe that the administration sees individuals with mental illness as liabilities to the university. They believe that forced withdrawal for mental health reasons is a political rather than a medical decision. It is therefore important for administrators to be transparent and communicative with students regarding the withdrawal process. This can be done through verbal communication from staff who are in direct contact with students who are withdrawing, and through structural improvements to the policy that make it more clearly student-centered.

Forced medical withdrawal is used when the student’s medical or mental health condition is likely to worsen the longer they remain at Yale. Furthermore, withdrawal happens in response to actions that indicate risks of serious self-harm or suicide, and not thoughts. Thus, students who experience suicidal ideation will not be asked to leave unless they indicate likelihood of carrying out a suicide attempt. These criteria for forced medical withdrawal must be communicated to students as they may dispel perceptions that such withdrawal is arbitrary and that any student suffering from mental illness is at risk of being “kicked out.”

ii. Intentions of withdrawal

Interviewed administrators describe the goal of involuntary withdrawal as ultimately for the student to excel at Yale, graduate, and pursue bright futures. If a student is at risk of attempting suicide, remaining in a high-stress environment at Yale could put the student at further risk and perpetuate mental health issues. Additionally, having imminently suicidal students on campus could place burdens on friends and suitemates and cause emotional distress for other students.

The administrators believe that allowing students to leave Yale's stressful environment for a short time to focus on treatment and recovery can have better long-term outcomes for the student. Rather than seeing students as "liabilities," administrators ask questions such as "Is the student safe?" or "How can we optimize the student's life on campus?"

Even though intentions of forced medical withdrawal are to clearly help students in the long-term, the process of being asked to leave is still a very difficult one. Thus, this process needs to be especially supportive and individualized.

3. Recommendations

a. Extend the voluntary leave petition deadline to midterm and notify students about reinstatement earlier.

Extending the voluntary leave petition deadline to midterm would allow students to have a clearer idea of whether they should elect to take a leave of absence. Some students described the difficulty in determining whether or not their medical condition was in fact manageable as early as the second week of the semester.

The reinstatement application deadline has recently been moved to July 1 and November 1 for fall and spring term, respectively. While this change received positive feedback, reinstated students have expressed desire to have earlier notification. Students reported worries about last-minute coordination of alternative plans for the next year in case they were denied reinstatement.

b. Allow students to share their concerns during the forced medical withdrawal process.

Students who were interviewed on their forced medical withdrawal experiences expressed wishes for a more respectful and understanding process. Most important to these students was having the opportunity to discuss with administrators their financial situation, family environment, and other concerns. There were several cases in which students were told that their families could meet with administrators to discuss the appropriate next steps, but were forced to leave before their families even met with the administration. Even if the final decision was still forced medical withdrawal, students felt that it would have been a gesture of respect from the administration to listen to students' and families' input.

c. Increase support from Yale for withdrawn students.

Withdrawn students have described feeling excluded or “shut out” of the Yale community following forced withdrawal, and said they wished they received more support or advising during their time off. Their relationship with the Chair of the Committee on Reinstatement was reportedly administrative and logistical, rather than personal. Furthermore, according to administrators we spoke to, approximately 100 students withdraw each year for personal, medical, financial, disciplinary, and academic reasons. Having just one administrator in charge of providing support for withdrawn students may not be sufficient.

One option is to allow withdrawn students to contact formerly reinstated students to establish a peer adviser-advisee relationship. Some withdrawn students desire guidance or input from a peer who has experienced the withdrawal and reinstatement process already. Formerly reinstated students can voluntarily elect to become peer advisers, allowing those who do not wish to be involved to remain anonymous. One potential drawback of this approach is that students have vastly different experiences and peer advisers may not be able to help students depending on the nature of withdrawal.

Another possibility that interviewees brought up was having an adult advisor, perhaps a staff member on the Reinstatement Committee. This person would not be directly involved with final reinstatement decision. Moreover, this person could provide support to students who may not have a close or trusting relationship with their residential college Dean, or may wish to have another advisor who is not also their academic advisor. Importantly, this advising would be available for every student, and contact would be initiated by the administration. Even though some students may not desire specialized attention, this advising would be available for the students who need it.

VIII. Stress Climate & Culture

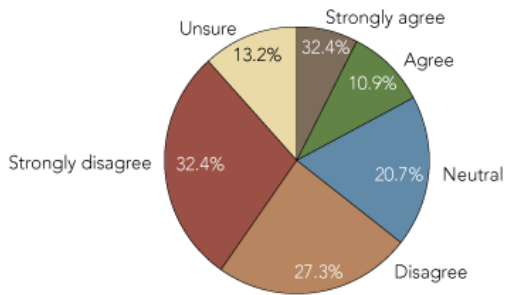
1. Introduction

Stress at Yale is ubiquitous, with 98% of students reporting they experience stress on a day-to-day basis during the academic school year. Given the fast-paced nature of life at Yale, symptoms of stress can be crippling not just to students’ health, but also their academic and social well-being. Yale has provided several resources to help students better manage their stress and physical anxiety symptoms. These include the Yale Stress Center and Student Wellness at Yale and Yale Mental Health & Counseling (MHC), which are committed to addressing high levels of stress on campus through weekly stress reduction programs. Yale’s campus is also home to an impressive number of meditation programs, including student-run sessions offered in Dwight Hall and the Koru Mindfulness

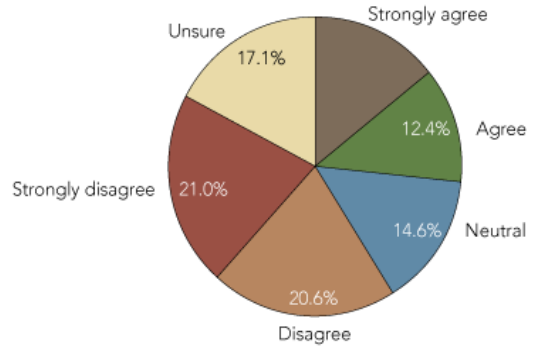
seminar series organized by the Student Wellness Center. While these resources and others may be useful for students, much remains to be done to create a more vibrant and structured stress reduction program at Yale.

2. Findings

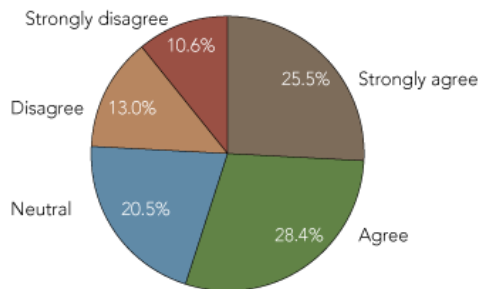
"I am able to effectively relieve my symptoms of stress on my own"



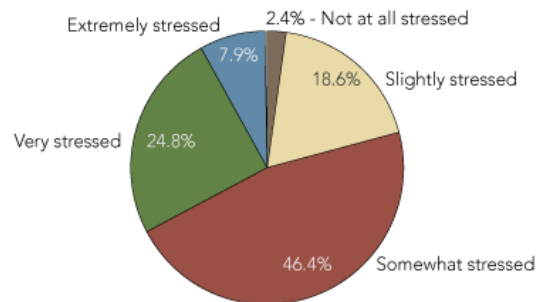
"I feel like I have to hide my stress."



"I have made efforts to prevent stress from occurring in the first place."



Daily stress levels of Yale students



a. Student stress levels

Students were asked to rate their stress on a daily basis at Yale on a scale of 1 (not stressed at all) to 5 (extremely stressed). About a third reported feeling very stressed or extremely stressed on a daily basis at Yale. Seniors reported having the highest amount of stress and freshmen reported the having least amount of stress.

b. Sources of stress

Given a list of 10 options, students were asked to identify their primary source of stress. In order of frequency, students selected (1) pressure to stay busy, (2) career and summer prospects, (3) tuition and financial pressures, and (4) academic workload. Students involved in peer wellness groups and health staff on campus have expressed concerns that faculty and professors are placing too much of the onus of stress reduction on their students rather than actively participating themselves, at least with respect to academic assignments.

c. Relieving stress

Students who took our survey were asked about how they typically relieve their stress. They were given a list of 18 options and asked to check all of those that apply. Overall, the most common option selected was talking to friends. This finding supports anecdotal evidence from both students and health professionals that student-to-student communication is one of the most effective and frequent devices used by Yale students to relieve stress. Students were asked on a five-level Likert item scale to what extent they agreed with the statement that they are able to “effectively relieve their symptoms of stress of their own.” Nearly a third strongly disagreed. This alarming pattern suggests that although students do take measures to relieve their stress, such measures may frequently be ineffective.

d. Preventing stress

Students were asked on a five-level Likert scale to what extent they agree with the statement that they have made efforts to prevent their stress from occurring in the first place. The majority of students have indeed made pre-emptive efforts to combat stress (53.9%). Given our finding that over 33% of students are very stressed or extremely stressed on a daily basis at Yale, we may conclude that students have, at the very least, an interest in preventing their stress from occurring before symptoms take hold.

e. Stress culture at Yale

Students were asked on a five-level Likert item scale to what extent they agree with the statement that they feel that they have to hide their stress. Most students we surveyed who did not select “Unsure” reported that they did not feel a need to hide their stress. This finding suggests that in general, students feel fairly open about admitting that they are stressed or anxious. Such a finding is

also consistent with our observation that students most frequently relieve their stress by talking to friends.

Finally, students were asked on a five-level Likert item scale to what extent they agree or disagree with the statement: "My stress contributes to my success." Data exhibited a fairly normal distribution, with an extremely small positive skew. For the most part, Yale students are split between whether or not their stress contributes to their success. We can conclude that Yale students do not necessarily think that their stress is a significant factor in producing their achievements. Moreover, conversations that we held with students suggested that many individuals experience both positive and negative forms of stress in their daily lives.

3. Recommendations

a. Encourage faculty to assume a more active role in the discussion of student stress.

Our findings suggest that Yale students overwhelmingly struggle to relieve their stress on their own. While a campaign aimed at teaching students effective techniques of relieving their stress could prove useful, any plans to curtail stress at Yale College must involve bringing all faculty into the dialogue. Faculty members naturally contribute to student stress by generating academic workloads. However, under Yale's current state of affairs, it seems that both students and community health leaders believe that faculty are not nearly doing as much as they should to address student stress. We advise the administration to encourage professors to play a more active role in helping students reduce their stress, by encouraging them to either promote stress reduction resources within the classroom setting, or to simply voice their support on a consistent basis, which will at least give students the feeling that their professors care strongly about their wellbeing. Given the difficult task of reconciling Yale's academic rigor with high levels of student stress, the administration would be well-advised to integrate a new stress policy into the dean's excuse system whereby professors assume a stronger role in both counseling students about their stress and communicating more directly to deans about the stress of their students.

b. Develop and expand stress reduction programs focused on open dialogue and teaching mindfulness and meditation skills.

We advise the administration to expand stress programs that focus on student-to-student communication skills, and to supplement this approach using some of the principles of mindfulness-based meditation, particularly given that 16% of students we surveyed said that they would be interested in seeing more meditation and yoga classes at Yale. We recommend creating a comprehensive and accessible program that integrates communication and mindfulness strategies,

perhaps by expanding the Koru Mindfulness course that is already offered in several residential colleges through the Student Wellness Center. With proper forms of targeted advertisement (e.g. through social media, promotion through health-oriented student organizations), a combined communication-meditation program could gain significant traction among students on campus who wish to achieve a greater sense of peace and contentment in their daily lives.

IX. Concluding Remarks

In this report, we have provided a data-based overview of seven major health and wellness-related topics as they pertain to Yale Students: Physical Health, Emergencies and Acute Care, Sexual Health and Climate, Drinking and Substance Abuse, Mental Health and Treatment, Withdrawal and Leave of Absence Policy, and Stress. We have made recommendations within each category for ways in which students, faculty and administrators can work together to improve the physical and psychological well-being of the student body. We hope that this report will be useful for generating new ideas about future wellness-related projects, and that it may also foster dialogue about which student health issues will be most important to address in the years to come.

X. Acknowledgements

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