Yale College Council
Report on Mental Health

September 2013

ycc.yale.edu

Table of Contents

Executive Summary

In preparing to assume his duties as President of the University, Peter Salovey asked the Yale student body, and the Yale College Council (YCC) in particular, to share with him students' perspectives on a range of issues at Yale. The YCC's Mental Health Task Force submits the following report in response to President Salovey's request. This document synthesizes several dozen structured interviews with student leaders and administrators, as well as results of a campus-wide survey of undergraduates conducted in March and April 2013, to which 996 students responded. The report is divided into three sections and discusses our findings and recommendations in each area.

The authors of this report are students familiar with a wide range of Yale's mental health scene. We have served as Freshman Counselors, Peer Liaisons, Walden Peer Counselors, and student liaisons to Safety Net, Yale Health's umbrella safety organization. A team of collaborators with similar qualifications assisted us in conducting the structured interviews. While analysis in this report primarily synthesizes the perspectives we encountered, we recognize that our own experiences and ideas must necessarily influence how we interpret what we have heard.

With respect to methodology, we recognize that our findings are not data of a scientific quality. Participation in interviews and in the survey was voluntary, and as a result our results may contain certain sampling biases. Accordingly, we have restricted our discussion to perspectives that students expressed again and again.

What follows is a summary of our primary findings and recommendations.

I. Campus Culture

Findings:

Yale is a school that attracts and encourages excellence. Yale students expect not only to be successful, but also to make success look joyful and effortless. Mental health concerns are hard to talk about. Students' efforts to look successful and happy can hide, exacerbate, or trigger chronic and acute mental health concerns.

Recommendations:

1. Students in extracurricular leadership roles have power to set the group's tone. We should recognize that we can make our groups healthier by talking about when we have asked for help and by refusing to glorify stress.
2. Individual students should encourage and reproduce the efforts of groups like the CCEs and the Chaplaincy Fellows, which foster conversations about mental health, wellbeing, self-reflection, and mutual accountability.
3. Administrators should set a campus tone in public addresses and messages that praises self-care as much as success.

4. There should be explicit guidelines in FroCo and pre-orientation leader training for discussions about mental health and wellness. These discussions should encourage freshmen to integrate the information they learn in orientation into their personal lives. Freshman orientation meetings should be structured to reflect on concurrent experiences, expectations, and values.
5. Administrators such as residential college Deans should have the discretion to recognize that mental illness can be as incapacitating as physical illness.

II. Peer Resources

Findings:

Yale is home to many excellent peer mental health resources. Unfortunately, they are often underutilized for several reasons:

1. Students sometimes do not understand the unique value they can provide.
2. Students experience stigma associated with disclosure of private concerns to one's peers.
3. Students are confused about how to navigate the extensive network of resources.

Recommendations:

1. There should be a group that consistently exists to advocate, publicize, and work to improve mental health and wellbeing on campus. We suggest any one of the three options below:
    a. *Student coalition*

    An all-student group, drawn from the current membership of peer resource groups or retired senior members, would meet to advocate for and promote mental health and wellbeing on campus through speakers, events and campaigns.

    b. *Safety Net*

    Safety Net is an informal group of students and staff across the University that meets monthly to discuss mental health and safety topics on campus. Safety Net could improve Yale's peer resource scene if it took on a more visible role in student life.

    c. *Yale College Dean's Office Standing Committee*

    A Standing Committee devoted to mental health issues on campus could ensure that certain issues are protected against diminishing student interest and participation and facilitate student-faculty collaboration on mental health issues.
2. Comprehensive information about campus resources should be centralized. A list of mental health resources like the list the YCC Mental Health Committee compiled in 2012 should be published on a separate peer mental health resource network website. A link to this website should be placed on highly visible Yale websites, such as YaleNews, SIS and the *Yale Daily News* website.
3. A portion of the counseling, cultural competency, and sexual misconduct training all peer resource providers receive should be offered to student leaders of all types of groups. This training would help student leaders excel in their *de facto* roles as mentors and counselors.

III. Institutional Resources

Findings:

Yale's Mental Health & Counseling program is one of the largest and most comprehensive university mental health services. Many students are very well served by MH&C. Others expressed concerns, most notably the following:

1. Some students experience a long wait time before being assigned a permanent therapist.
2. Some students fall through the cracks.
3. Students report experiencing variable quality of care.
4. Some students who take a leave of absence for mental health reasons need more University support.
5. Negative perceptions of MH&C are prevalent.

Recommendations:

Recognizing that Yale's MH&C program is already extensive and serves many students well, and also that students expressed the above complaints, we recommend the following suggestions to make MH&C even better:

1. Improvements to how MH&C communicates with students may be enormously beneficial and carry little cost.
    a. *Communication around Scheduling*

    MH&C should allow students to schedule appointments over email and/or by using the existing Yale Health Online platform. Telephone check-ins should be mandatory with students who have missed an appointment or who have waited more than a week to be assigned a therapist.

    b. *Communication with Patients*

    As they begin therapy at MH&C, students should be made aware of how to navigate the system, what to expect from their treatment, and how they might try to cope in the meantime. There should also be an accessible, well-publicized way for students to provide feedback.

    c. *Communication with Students at Large*

    A renewed publicity effort should focus on educating students about therapy and MH&C while reducing negative perceptions of MH&C on campus. The Residential College Mental Health Fellows are well positioned to assist, but the aims of and allocation of responsibilities for that program should be clarified.

    d. Communication with Students on Leave

    Yale should invest more in the recovery of students forced to take leave for mental health reasons.
2. MH&C should hire additional therapists.
3. MH&C should consider referring certain students to therapists outside of MH&C.

We look forward to working with both administrators and students to make Yale even better at promoting mental health and wellbeing among undergraduates.

Campus Culture

I. Overview

Yale is a school that attracts and encourages excellence. The work students and faculty pursue makes Yale one of the best universities in the world, but it does not necessarily make it the healthiest. Sometimes the qualities that make our university what it is also carry negative consequences for mental health on campus. While the pursuit of excellence can tax both mental and physical health, some amount of stress can be good. This section of the report, however, focuses on elements of Yale's culture that have negative effects on our mental health as students.

Beyond its renown for academic excellence, Yale has a reputation as the "happy Ivy." This designation is in part a result of Yale's branding: In 2011, for example, news website *The Daily Beast* named Yale the "Happiest School in America." Students we spoke to put a less positive spin on Yale's reputation for exuberant students. A survey respondent suggested that at Yale, "a system of values predominates under which being unhappy [equals] being a failure." On a similar note, one of our interviewees asserted that Yale students are "type A personalities in a pressure cooker." We work hard to succeed in school, and in this pursuit we incur considerable academic stress.

Pressure to succeed applies not only in the realm of academics, but also in our extracurricular activities and social lives. We pursue leadership positions in clubs, apply for funds to travel and do research, and start planning our summers in January. We even maintain expectations for high performance in our social lives. As another interviewee noted, a "work hard, play hard" ethic dominates our weekly social scene, where immoderate alcohol consumption is praised as a reward after a tough week of studying.

Many of our interviewees and survey respondents highlighted their concern about a "mythical Yale student," an idealized student who excels in and out of the classroom and seems entirely indefatigable. As one student said, Yalies often feel pressure to appear "effortlessly excellent." We complain about work with a smile. We brag about our lack of sleep and the scant number of hours before a due date we began an assignment. We declare our levels of stress, exhaustion, incompetence, and anxiety as if negative self-appraisal were a competitive sport. Sometimes hyperbole and dark humor make it hard for us to share our sincere mental health concerns. Other times the ambient pressure to achieve can trigger or exacerbate serious mental health issues, including depression, addiction, mood disorders, disordered eating, and psychotic disorders.

Pressure on Yalies to cloak mental health concerns does not just come from our fellow classmates. Many Yale students feel pressure to succeed from our families, high schools, home communities and ourselves. People generally expect us to enjoy our college experience and feel grateful just to

be here. Many interviewees told us it is harder to express concerns or admit failure in the face of such pressure from home. As one survey respondent summarized, Yale does not have a "culture where people understand that it is OK to not be OK."

Meanwhile, students often come to Yale bearing heavy loads. Many qualities that made us compelling to admissions officers—the difficult incidents that made us strong, the excellent high school grades we pursued at the cost of stress and anxiety, the disadvantages of less privilege we worked with to get here—are the same things that make us vulnerable to mental health issues. The transition to college's freedoms and expectations can intensify or reignite old issues. Furthermore, when our sense of time corresponds to 13-week semesters, life in college can seem to happen faster than life outside of it. Things that are difficult seem insurmountable, and situations escalate quickly. Stressful conditions can spark or magnify acute mental health concerns.

Yale offers a wide array of resources to help undergraduates address mental health concerns, and its administrative efforts to improve campus culture around mental health are similarly expansive. This report elaborates on the successes of peer and institutional mental health resources, as well as possibilities for their improvement, in subsequent sections. What follows below are suggestions for a healthier campus culture that students, administrators, and student groups that focus on campus culture—including the Communication and Consent Educators (CCEs), the Chaplaincy Fellows, and Mind Matters—may act on more directly.

II. Recommendations

Many of Yale's barriers to mental health are in no way unique to Yale. Academic stress and anxiety will probably always be par for the course on college campuses. Binge alcohol consumption colors Yale's weekend scene much like at other schools. Incidents of oppression, violence, and intolerance damage the sense that we all belong and can succeed at Yale. It is difficult to say what faults of Yale's particular campus culture inhibit mental health and even more difficult to offer advice for their alleviation. Recognizing these limitations, this section offers a mix of concrete and general recommendations for how students and administrators can promote mental health and wellbeing through Yale's campus culture.

A. Recommendations for Students

1. Acknowledge limitations, failures, and fears.

We should recognize that Yale presents intellectual and social challenges we have never faced before, and that sometimes we may not succeed. We should not assume we have to be anxious, stressed, and sleep deprived to do well at Yale. Groups like the CCEs and the Chaplaincy Fellows are perfectly positioned to foster these conversations. We should encourage these public dialogues and foster similar discussions on our own.

2. Develop relationships of mutual accountability.
We should not let stigma prevent us from communicating with friends, deans, and professors when something is hard for us. After our freshman year, there is no FroCo checking in to ask how we're doing; we need to look out for each other. We should not feel like we have to put on a brave face when something feels wrong. We should feel comfortable leaning on our friends and encouraging them to do the same.

3. Praise wellbeing as much as success.
We should acknowledge to the students who look up to us that we are not infallible. Students in extracurricular leadership roles often have great power to set their group's tone. We should recognize that we can make our groups healthier by reflecting on the larger implications of our daily choices, by talking about when we have asked for help, and by refusing to glorify stress. We can also pursue more structural changes that promote mental health, such as this year's shortened a cappella rush.

B. Recommendations for Administrators

1. Use language in campus-wide emails and addresses that encourage wellbeing.
The Chaplain's Office is notable for promoting the value of personal care and reflection. This attitude should not be countercultural. Yale's "leaders of tomorrow" message can intensify stress on students and aggrandize our actions. Refocus attention on responsibility and citizenship, in addition to productivity and leadership.

2. Encourage introspection and the formation of deep friendships beginning in Freshman Orientation.
As students acclimate to Yale, messages that encourage mental health and wellbeing should be frequent and explicit. Many of Yale's pre-orientation programs already promote the games and discussions that kick-start solid friendships, and mandatory events like FroCo group discussions balance personal sharing and reflection with the glut of information freshmen receive during orientation. There should be explicit guidelines in FroCo and pre-orientation leader training for discussions about mental health and wellness. These leaders should encourage freshmen to integrate the information they learn in orientation into their personal lives. Group meetings should be structured to reflect on recent experiences, expectations, and values.

3. Ensure that administrators use tools in their control to support students' mental health.
At its best, the wide net of support constructed for new students works consistently and as a unit to support students throughout their time at Yale. For instance, residential college deans and other administrators should have discretion to support students with mental health and wellness concerns. Recognizing that mental illness can be as incapacitating as physical illness, administrators should make clear students are encouraged to consult with them when they feel like they are in trouble.

Peer Resources

I. Overview

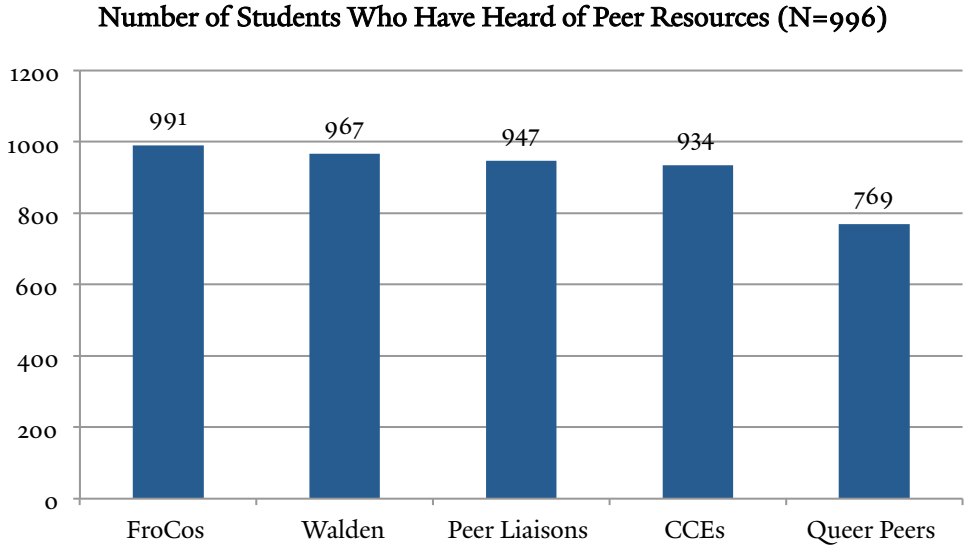
Yale boasts an extensive network of student-led and student-staffed mental health resource groups. Organizations like Walden Peer Counseling, Queer Peers, the Communication and Consent Educators (CCEs), and the Freshman Counselor (FroCo) and Peer Liaison (PL) programs are united in promoting students' wellbeing and distinct with respect to each group's specific issues of interest, counseling methods, and target population. Students often consult peer resources as a middle course between seeking professional counseling and handling issues on their own or with friends.

The first part of this section lists our findings, describing strengths and weaknesses of Yale's network of peer resources. The second part of this section offers suggestions for improvement. Though individual organizations each have their specific strengths and weaknesses, this report focuses on trends common to many or all of Yale's peer resources.

II. Findings

A. Strengths

Most of Yale's peer resources are well-known on campus. In our survey of the undergraduate population (N=996), 991 had heard of FroCos, 967 had heard of Walden, 947 had heard of the Peer Liaison program, 934 had heard of the CCE program, and 769 had heard of Queer Peers. Interviews demonstrated that students are glad that the services exist.



Yale benefits from the diversity of its peer resources. Some focus on a specific issue (e.g. Queer Peers, CCEs), while others are for general use (e.g. FroCos, Walden Peer Counseling). Some focus on a specific subset of Yale's population (e.g. FroCos, Peer Liaisons), while others are for

use by any Yale student. Some offer different types of counseling (e.g. FroCos, Walden), whereas others focus on interventions aimed at improving campus culture.

Finally, peer resource providers are well trained. All students who staff Yale's peer mental health resources receive training from Yale administrators and other students. Each organization has its own training regimen that focuses on the most relevant methods and resources.

B. Weaknesses

Yale's peer resources are generally underutilized. Of those who responded to our survey (N=996), only 164 had used PLs, 108 CCEs, 38 Walden, and 15 Queer Peers. FroCos were a notable but unsurprising outlier; 728 students reported using them.

We found three primary obstacles to using Yale's peer resources: stigma, unfamiliarity with the unique function of peer resources, and confusion about how to navigate the peer resource network. Students must overcome all three before accessing peer resources.

1. Stigma

In many interviews and dozens of survey responses, students emphasized the effect of stigma on Yale's mental health culture and their ability to access mental health resources. Students are often particularly loath to acknowledge their struggles to other students. When a peer counselor might be a friend, classmate, or teammate, students are concerned they will be judged or met with apathy, incompetence, or unprofessionalism. When students are already reticent about reaching out, assumptions like these can be all that it takes to prevent students from seeking help.

2. Unfamiliarity with the advantages of peer counseling

While most students know that the groups exist, fewer understand how they might be uniquely helpful. Most interviewees, while affirming that they were glad these services existed, also said they could not imagine wanting to speak to someone who was neither a friend nor a professional. Most interviewees were also unaware of the training that peer counselors receive, or that all groups emphasize confidentiality of information. They were largely unaware of the varied levels of personalization available in peer counselors, from Walden, where both the counselee and counselor remain anonymous, to Peer Liaisons and FroCos, who are assigned to individuals and build personal relationships over time.

Many interviewees reported that they turn to existing friend groups when they want peer counseling. There is nothing wrong with choosing to consult a friend, but in some cases, peer resources can be even more helpful. Some interviewees' explanations of decisions not to utilize such resources suggest a misunderstanding of the benefits of peer counseling–namely the opportunity to talk to someone who is both a trained counselor and also intimately familiar with the student experience.

Other students we interviewed said they preferred to discuss their mental health concerns with student leaders of their extracurricular groups, especially fraternity officers and sports team captains. Relationships of that type can be uniquely helpful in their own way. Unfortunately, these leaders are not normally trained the way Peer Resource group members are. The Yale College Dean's Office has recently instituted the leadership training courses that student group leaders must attend at the beginning of the year, but student leaders do not always attend these sessions or give them full attention, and these courses do not fully equip student leaders to serve as counselors and mentors.

3. Lack of centralized information and/or referral services

Even students who overcome the previous two roadblocks may have trouble figuring out which resource is best suited to their needs. The plethora of resources available at Yale can be difficult to navigate on one's own. This lack of clarity is a barrier to resource delivery for students interested, and it may compound concerns about confidentiality or stigma.

For freshmen, the source of the information about these services is often their FroCo. Yet even FroCos are sometimes unclear about which service is most appropriate. Some of the FroCos we interviewed said they were unsure of when to refer freshmen to one peer resource instead of another. Moreover, after freshman year, students do not have the benefit of that referral channel. Sophomores, juniors, and seniors must navigate the confusing network of peer resources without the help of a FroCo.

III. Recommendations

A. Centralize information

Information on available peer resources and what they do should be public, easily accessible, and widely publicized. It should be managed by a dedicated body of students and/or administrators. The list that YCC's Mental Health Committee compiled in 2012 is a start,[1] but this information is at risk of going out of date and is difficult to find. An improvement might be putting this information on a separate peer mental health resource network website that clarifies descriptions of the resources and discusses their primary functions. The link for this website or other central source for this information should also be visible from highly visible Yale websites, such as YaleNews, SIS and the *Yale Daily News* website.

B. Improve public representation and discussion

Public advocacy and discussion are vital steps towards increasing the understanding of benefits to peer resources on campus and incrementally de-stigmatizing their use. To that end, we

[1] The YCC Mental Health Reference sheet may be found at http://ycc.yale.edu/files/2013/09/MHC-Resource-Sheet-9.28.pdf

recommend that there be some sort of visible body that consistently exists to advocate, publicize, and work to improve mental health and wellbeing on campus. This group could also help with the centralized information flow proposed above. The aim of this group would be to enrich the quality of discussion of mental health on campus, through speakers, events, bulletins or otherwise, and would also attach faces to ideas and missions of these groups representing all sectors of undergraduate life. The group could also work to increase access to peer resources and to help fill the referral channel void left by FroCos for upperclassmen. This effort might include more creative use of the Residential Colleges, in a manner similar to that of CCEs and Chaplaincy Fellows. We see three possible approaches to forming such an organization:

1. Student coalition
An all-student group, drawn from the current membership of peer resource groups or retired senior members, would meet to advocate for and promote mental health and wellbeing on campus through speakers, events and campaigns.

2. Safety Net
Safety Net is an informal group of students and staff across the University that meets monthly to discuss trending mental health and safety topics on campus. Safety Net could improve Yale's peer resource scene if it took on a more visible role in student life.

3. Yale College Dean's Office Standing Committee
There is currently no Standing Committee devoted to mental health issues on campus. Standing Committees are an effective way to ensure that certain issues are protected against diminishing student interest and participation. Furthermore, they have the added clout that comes from faculty participation and endorsement.

C. Improve student leadership training
While the above steps might help broaden and deepen Peer Resource groups' campus presence, students are still likely to look to trusted leaders and mentors within their current networks before they look elsewhere. For that reason, it would be immensely helpful for student leaders across campus to undergo at least a portion of the counseling, cultural competency, and sexual misconduct training that FroCos, Walden Counselors, PLs, and other peer resource providers undergo at the beginning of every year. This training must be implemented in a way that makes clear to student leaders that it is of utmost importance: Many of the FroCos we interviewed reported that the most surprising part of training for them was learning about the number of students on campus who currently see some sort of counselor. Simply communicating these statistics to other student leaders could go a long way towards illustrating the relevance of their training.

Institutional Resources

I. Overview

Yale offers a variety of institutional resources to support undergraduates' mental health and wellbeing. Relevant institutional bodies include Yale Health's Mental Health & Counseling Department (MH&C), the Sexual Harassment and Assault Response & Education (SHARE) Center, the Chaplain's Office, the Resource Office on Disabilities, four Cultural Centers, the Office of LGBTQ Resources, and the Office of International Students and Scholars. Faculty, staff, and administrators in established advisory roles include Masters and Deans of the residential colleges, faculty advisors, and student affairs fellows. We solicited perspectives on all of these different resources and interviewed many of their directors. We have chosen to focus this report's analysis, however, on Yale's Mental Health & Counseling services. There are several reasons for this decision:

1. Students with the most dire mental health concerns are referred to MH&C.
2. A high percentage of undergraduates seek care through MH&C.
3. MH&C is more easily discussed as a single entity than are other frequently utilized resources such as Masters and Deans, by virtue of being a single department.
4. Students volunteered the most feedback about MH&C as compared to other institutional resources.
5. Perceptions about MH&C are the best proxies for perceptions of mental health on campus in general.

This section synthesizes data collected about MH&C, with a particular eye to identifying its strengths and weaknesses. We conclude with recommendations for improvement.

II. Findings

A. Strengths

MH&C's many strengths include the following. MH&C is:

1. FREE – care at MH&C is freely available to all undergraduates.
2. CONFIDENTIAL - MH&C maintains the highest standards of confidentiality to minimize the danger of students being stigmatized as a result of seeking care.
3. AVAILABLE 24/7 - Yale students can reach a mental health professional twenty-four hours a day, seven days a week, by calling Acute Care and asking for the therapist on call.
4. LARGE - Yale MH&C has more staff than many peer institutions.
5. VARIED – MH&C staff are trained in a diversity of disciplines, including social work, psychology, and psychiatry. A variety of services are offered, including one-on-one psychotherapy, therapy groups, nutritional counseling, couples counseling, and medication management.
6. FLEXIBLE - MH&C is flexible in that students can seek care through MH&C without committing to a lengthy course of therapy. Students who feel they might connect better

with a different therapist than the one to whom they were assigned may elect to switch therapists.

7. WELL UTILIZED – more than 50 percent of undergraduates seek care at MH&C over the course of their time at Yale.

B. Weaknesses

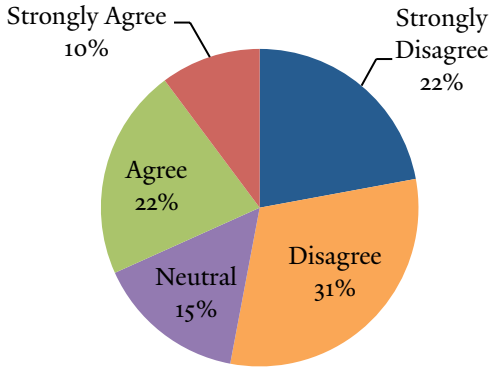
The remainder of this section will introduce what we found to be salient weaknesses of MH&C and offer recommendations for improvement. To be clear, the majority of our survey respondents and interviewees were neutral or positive about the quality of care they received at MH&C. We devote more words to this section than the previous one not because MH&C has more weaknesses than strengths, but because this report focuses on areas for improvement. Recognizing the many excellent qualities of MH&C and also the following student complaints, we hope to collaborate with administrators to support MH&C in making its services and perception in the community even better. The most common concerns identified in our survey and interviews included (1) delays of treatment, (2) an imperfect scheduling system, (3) experiences of variable quality of care, (4) an insufficiently supportive forced leave policy, and (5) negative perceptions about MH&C.

At this point, we wish to re-emphasize the likely sampling bias of our research. We know from conversations with mental health professionals that students who have positive experiences with mental health services may be less likely to elect to be interviewed or take a survey on the subject. Furthermore, based on our interviews with administrators at MH&C, we know the complaints above are all concerns about which MH&C is already aware. Our intent in this section is simply to pair documented concerns with suggestions for improvement.

1. Delays of Treatment

The most frequent complaint we encountered in interviews and survey responses was that it takes too long to start receiving help at MH&C. In response to the prompt, *The length of time I waited before receiving help was reasonable, relative to the urgency of my condition,* surveyed undergraduates who had sought out the services of MH&C gave the following results (N=360):

Undergraduates' Reaction to Statement: *The length of time I waited before receiving help was reasonable, relative to the urgency of my condition* (N=360)



As the above chart illustrates, most respondents felt that their condition merited more rapid attention than it received. The prevailing sense that too many students experience long waits before they receive care was echoed equally strongly in interviews. One survey respondent suggested: "Yale Mental Health & Counseling does its best, but…students frequently experience unacceptable delays in attempting to schedule appointments." Another survey respondent wrote: "My therapist at Yale is fantastic. The problem is that appointments take way too long to schedule. When an appointment is available [sic], it typically does not fit with my schedule, and it is frustrating to not have someone [sic] to turn to in that situation."

Getting help at MH&C takes place through a series of steps. First, students call to make an intake appointment. Following the intake appointment, they are assigned to a therapist. Then, the therapist schedules an appointment with the student. Some students complete this process within 1 to 2 weeks. However, other students reported they waited for more than a month.

The backlog of appointments that this data represents is troubling for several reasons. First and foremost, some students who feel they need professional assistance are not receiving it in a timely fashion. Second, when students experience long delays, they may become frustrated with MH&C and less likely to approach therapy with an open mind, fully able to benefit from it. Third, these students' situations are liable to deteriorate while they wait, meaning that an initial triage of students' complaints into more and less urgent cases may not be accurate.[2]

[2] The problem of excessive wait times is exacerbated by the rapid pace of undergraduate life at Yale and high expectations of Yale undergraduates. The academic year compresses college life into little more than two dozen weeks of term time. For a student with mental health concerns that inhibit their ability to perform at the level expected of them, waiting a month before even beginning to receive care can be highly problematic.

Without quantitative data collected by MH&C, it is impossible to know the exact number of students who experience excessive wait times. It is true that some students may misremember or exaggerate the length of time they waited for help. However, every administrator we spoke with at MH&C agreed that a certain number of students wait longer than would be ideal.

In some situations, a long delay between intake appointment and assignment to a counselor may have serious, negative consequences. Consider the following anecdote, relayed by a survey respondent:

> Sophomore year I was near suicidal and was told that Mental Health was "very busy" and that casual appointments would take a few weeks to get. They said if I felt as though my needs were "extremely urgent" then I could get an appointment sooner. The problem is that when you're depressed, it's already a lot to reach out to someone. To be told that your case needs to be an emergency makes you feel as though you've been rejected. Even though my case WAS an emergency, my depression made me feel like I was just being whiny and overdramatic. It made me feel like no one here actually cared about me. So I never got the emergency appointment even though I really, genuinely needed it.

Promptly treating all students who need help is vital for Yale students and for the University.

2. Unreliable Scheduling System

A different but related problem is that some students who seek help fall through the cracks. The vast majority of students who contact MH&C in the first instance are able to schedule an intake appointment, but some are never assigned a therapist or scheduled for an initial therapy session. Interviewees and survey respondents illustrated several scenarios of this nature: Sometimes when MH&C attempt to call students to schedule an initial therapy session, students are unable to answer their phones and unable to receive or review voice messages. Sometimes students who *do* regularly see a therapist at MH&C and schedule each upcoming session at the previous session fall out of the system when a single session is cancelled without being rescheduled.

Students leave their intake appointment with the understanding that MH&C will contact them to assign a therapist and schedule an initial therapy session. If not contacted by MH&C, the onus

---

Additionally, some students contact MH&C in the height of crisis but later cancel their appointment, sometimes because they feel better by the time their first therapy session rolls around. One might suggest that this paradigm, which is supported by long delays, is benign – after all, it helps reduce strain on a clogged system, and perhaps students who end up feeling better without professional care never needed it in the first place. Yet even crises that subside on their own may result from underlying issues for which therapy can be helpful. Treating students who muster the courage to seek help in crisis can heal underlying issues that might otherwise provoke future crises.

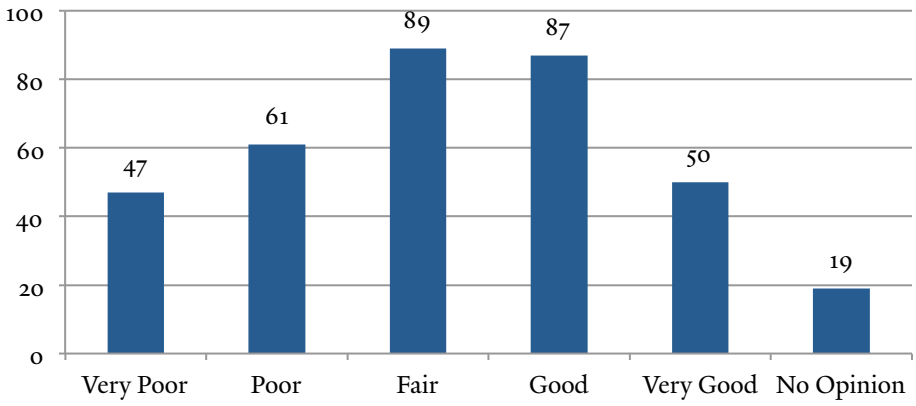
falls on students again to contact MH&C themselves. Some students enlist the help of Masters, Deans, FroCos, Walden Peer Counselors, or others to advocate on their behalf. One FroCo we interviewed said none of the three freshmen she referred to MH&C were assigned therapists after their intake appointment until the students' residential college Dean contacted MH&C directly. Students who receive this support are the ones most likely to get an appointment, but not all students seeking therapist assignment take these extra steps.

A series of impediments hinder many students from obtaining the advocacy they need. Some students are too debilitated by their mental health issues to take the initiative to follow up. It takes a lot of courage for many students to approach MH&C, and some do not summon the fortitude to do so multiple times. Still others interpret silence from a therapist after a missed appointment or long delays as a sign that MH&C does not care about them, and so they do not follow up. Every additional barrier to care reduces the likelihood that it will be received. Those in the direst straits are least likely to take control of their care if they do not hear from MH&C.

3. Variable Experience of Quality of Care

In response to the prompt, *How would you rate the quality of care that you received through Yale Mental Health & Counseling?*, undergraduates who had sought out the services of MH&C gave the following results (N=353):

Undergraduates' Responses to Question: *How would you rate the quality of care that you received through Yale Mental Health & Counseling? (N=353)*



These data suggest that students who receive care from MH&C have mixed opinions about the quality of the care that they receive. 64 percent of respondents reported their quality of care as Fair, Good, or Very Good, and 31 percent described their quality of care as Poor or Very Poor.

Though these data may represent a biased sample, anecdotes from students who experienced variable quality of care are nonetheless important to consider. According to one survey respondent, "it turned around my experience at Yale for the better!" Another wrote, "I walked

into Mental Health citing an emergency of anxiety attacks and they took me in right there and my now therapist spoke with me. I had immediate attention and then entered a therapy schedule which I have found immensely helpful." However, that same respondent indicated, "Unfortunately I know many stories [of students who] have not received such immediate attention and great service."

Several students commented along the lines of one survey respondent: "I feel as though my therapist tries really hard to pin-point stereotypical issues in patients (like thoughts of suicide or concerns over parents) even when these issues are not bothering me at the time. This focus takes away from the time we could be spending actually talking about the things that are issues for me." Other survey respondents and interviewees described situations when therapists were perceived as cold, impersonal, or overwhelmed, offered inappropriate suggestions before listening, fell asleep during a therapy session, and trivialized students' concerns.

Because of the subjective nature of therapy and the sheer number of students counseled at MH&C, it is inevitable that some students will be dissatisfied. We also acknowledge that our survey and interviews may have elicited more of students' most negative reactions to MH&C than the more neutral or positive ones. However, we are concerned by how many students seem to be dissatisfied and by specific criticisms like those above.

4. Lack of University Support in Situations of Forced Leave

Some students are required to take a leave of absence from Yale as a result of serious mental health concerns. It makes sense that stressful elements of life at Yale might exacerbate some students' mental health concerns and prevent them from recovering. It also makes sense that students who present a danger to other members of the Yale community should be required to take leave. However, it is also important to recognize that students required to take a leave of absence often lose important sources of support found at Yale. These include not only friends and mentors, but also financial support, a sense of belonging and achievement, and distance from a home situation that may have been partially responsible for mental health concerns in the first place. We heard anecdotes from several students who felt they were asked to leave in error, and in a way that was detrimental to them As one survey respondent explained, "Being forced to leave Yale due to mental health issues made my life much more difficult. I had to find resources entirely on my own and was left without any support."

5. Negative Perceptions

Many undergraduates have a poor impression of MH&C because stories involving the weaknesses described above are more prevalent than stories of MH&C's strengths and successes. Many students surveyed who had not utilized MH&C services told us they thought they would face long delays before receiving care, that they may not see a good therapist, and that by seeking care they might risk being forced to leave Yale.

We see undergraduates' negative perceptions about MH&C as inherently problematic for the following reasons: First, negative preconceptions about MH&C make students less likely to approach therapy with an open mind and thus less likely to get the most out of it. Second, negative preconceptions about MH&C make students who need help less likely to seek it. In other words, negative impressions exacerbate the general suspicion of mental health care prevalent in our culture, thus magnifying that barrier to care. One survey respondent summarized the attitude we fear: "After hearing about several of my friends' negative experiences with Yale Health, I have many misgivings about its helpfulness and Yale's regard for mental illness in general. I would not feel comfortable going to Mental Health & Counseling at Yale if I felt mentally unstable."

III. Recommendations

We know from conversations with administrators that MH&C and University administrators are already working to alleviate many of the concerns listed above. The following list of recommendations includes improvements already in the works and also ideas generated in conversations with administrators and students.

A. Improve Communication

Improvements to how MH&C communicates with students in a number of ways may be enormously beneficial and carry little if any cost.

1. Scheduling

Everyone who attends an intake appointment should be assigned a therapist and connected with that person. If MH&C's current system does not ensure this, that system should be amended. Many students and counselors prefer to schedule appointments over the phone to protect confidentiality, but students should also be able to receive communications by email, should phone communication fail. With the explicit caveat that email communication may not be used in acute situations, the ability to schedule appointments over email would help ensure that all students who seek care receive it. Utilization of other technologies, such as the computerized scheduling currently available for other kinds of appointments at Yale Health, should also be considered to increase the efficiency of scheduling and keep students from falling through the cracks.

Therapists should contact students who have not been seen or who unexpectedly miss an appointment. When therapist assignment takes longer than a week, students' intake counselors should check in with them via phone to ensure their situation has not worsened.

The scheduling system can also better facilitate the transition to Yale of students already undergoing regular therapy. Students who know in advance of arriving at Yale that they will

need therapy, or students about whom the Yale administration is concerned, should be able to conduct intake appointments the summer before they enroll, so that freshmen can come into the year already assigned to therapists and ready to receive support. Therapist assignment over the summer would also create an opportunity for Yale therapists to reach out to previous therapists and create better continuity of care.

2. Communication with Patients

We know from conversations with MH&C administrators that many therapists already practice many of the following suggestions. A department-wide requirement to implement the following practices would help ensure all students receive excellent and timely care.

As students begin a course of therapy, they would benefit from education about MH&C's procedural functions. Intake appointments are an excellent opportunity not only to diagnose and convey that MH&C cares about each student, but also to inform students about what to expect. It would help for all intake therapists to explain the various steps involved in entering the system and how long each step takes. Students should be encouraged to follow up, and told how to do so, should the steps take longer than they should, or should they require more immediate assistance. Students should be made aware of the many different kinds of therapy MH&C offers, as well as what sorts of options might exist for them with respect to counseling outside of MH&C. Students should be made aware that they can request to be paired with a therapist of a particular gender, race, or religion.

As students begin a course of therapy, many would also benefit from education about what to expect from their treatment. Yale happens quickly, but psychological progress may not – therapists should dialogue with students about their expectations in terms of timing and substance. Intake therapists should explain that their role is not to make the students feel better immediately, but rather to set them up on a successful course of therapy that helps eventually, lest uninformed students who do not feel any better after the first session conclude erroneously that therapy cannot help them. Students should know, when they are asked at their first substantive session to recount their situation, that it is not because the intake therapist did not bother to transmit notes, but rather because the subsequent therapist would like to hear about the student's situation in the student's own words.

Additionally, as students begin a course of therapy, many would benefit from discussing ways to cope better in the short term. Such a discussion might include what resources and support networks they can tap into, as well as psychological strategies and techniques they can use. Such a discussion might help students do better and feel cared for even if they have to wait to begin substantive counseling sessions.

In some cases, greater sensitivity would be helpful around issues of stereotypes and diversity. For instance, we heard complaints from Asian students who felt stereotyped when therapists seemed to attribute students' concerns to their parents' high expectations. To such students, even open-ended questions about parents' roles might seem accusatory or judgmental, given the prevalence of the "Tiger Mother" stereotype. Dialogue with students and organizations such as cultural houses, as well as enabling students to request therapists of a particular background, may help ameliorate this concern.

In our conversations with administrators at MH&C, everyone we spoke with expressed a willingness to hear student voices. There should be an easy, accessible, well-publicized way to provide feedback. It could be as simple as a suggestion box in the waiting room, where students can leave a note in confidence. Students who are experiencing difficulty navigating MH&C might benefit from a space where they could express their situation, which might help them get to the assistance they need, provide emotional relief, and reduce the sort of venting to peers that perpetuates harmful negative perceptions. Additionally, students who are having good experiences should have an avenue to communicate praise.

3. Communicating with the Student Body

Many students not actively seeking counseling at MH&C could also benefit from additional communication about how counseling and MH&C function. A publicity initiative focused on education and public relations could empower undergraduates to use therapy wisely and also improve perceptions of MH&C. Helpful content about therapy might include whom it helps, how it helps, and what one can expect from it. Helpful content about MH&C might include what services are offered, for whom they are appropriate, and how the process works. Publicity could emphasize MH&C's many strengths and convey that MH&C's therapists care deeply about Yale students' wellbeing.

Many students not actively seeking counseling at MH&C could also benefit from additional communication about the substance of struggling with issues of mental health and wellbeing. Promoting statistics of how many Yalies seek counseling would reduce stigma. In partnership with other institutional and student-staffed resources, MH&C could educate about mental health issues and help students figure out whether MH&C or a different campus resource would be most appropriate and helpful for them.

The most effective publicity might identify and speak to communities who are especially vulnerable to mental health concerns. For example, many administrators we spoke to suggested that students who come from low-income backgrounds and minority communities sometimes face a particularly challenging adjustment to life at Yale. Those students might benefit from knowing about what diverse backgrounds therapists at MH&C come from and that one can

request to be paired with a therapist of a particular background. Collaborating with the cultural centers might be a particularly promising way to get this message out.

A variety of media, such as the following, could be effective in disseminating these messages. Some are already being utilized.

- Training for FroCos, peer liaisons, and peer counselors
- Freshman Orientation
- Social media, e.g. the Yale Health Student Wellness Facebook page
- MH&C website
- 'Fact of the week' about MH&C in Deans' residential college wide emails
- Series in the *Yale Daily News*
- Brochures and posters around campus
- Trivia surveys with lottery prizes such as Durfees points for those who can correctly answer questions about MH&C
- Panels, speakers, and other events in partnership with student organizations

The residential college Mental Health Fellows can and should be on the front lines of getting these messages out. Right now, however, a lot of confusion exists around the Mental Health Fellows. Although some residential college administrators have introduced students to their Fellows, most students we surveyed do not know what the Fellows do. It is unclear to us how the various parties involved—including residential college administrators and students, the YCC, MH&C, and the Mental Health Fellows themselves—are supposed to coordinate the Fellows' activities in the colleges. Conversation among these parties should be initiated to clarify the aims of the Mental Health Fellows program and the appropriate allocation of responsibilities. We hope that Mental Health Fellows will play a role in improving communication between students and MH&C, as well as promoting the value of and strategies for taking care of oneself in the context of Yale's network of resources.

4. Communication with Students on Leave

We are glad to know that MH&C evaluates students on a case-by-case basis to determine whether they should be forced to take leave. Not only should the severity of a student's condition be considered, but serious consideration should also be given to the consequences of a student leaving. In addition, students asked to leave Yale should not feel abandoned: Yale should invest itself in their recovery, at least ensuring that students have the resources they need to begin the recovery process.

Some students expressed that they felt every student has a right to know under exactly what circumstances they would be asked to leave. To us, this concern is outweighed by the potential for students to deceive their counselors when in fact they should be asked to take leave. Of

course, students who *have* been asked to leave should be informed of the circumstances leading to their withdrawal.

Some students expressed confusion about why students are required to take two courses before returning to campus, when they were presumably forced to take leave because they could not recover while taking classes. We think this requirement makes sense in the context of Yale's requirement that students taking medical leave take two semesters off. In the first, students can focus entirely on getting better. In the second, students can gradually transition back to academic life, in a way that is less likely to induce relapse than returning to Yale. Performance in the second term away is also an important metric that helps administrators make the right decision about whether or not a student is ready to return.

B. Hire Additional Staff

The most direct way to eliminate delays is to field more therapists. We have been told that Yale has more staff than many peer institutions; however, Yale also has high demand for counseling services. We heard again and again that MH&C is under-staffed.[3] Hiring new therapists costs money, but we believe this is money wisely spent.

C. Coordinate with Therapists Outside MH&C

An alternative strategy to eliminate delays to care is to encourage certain students to seek therapy outside of MH&C. Many excellent therapists practice in the vicinity of New Haven, and many Yale students do take advantage of their services. Students who would be good candidates are those who are appropriately insured, those who are comfortable with their parents knowing about their receiving therapy, and those who would benefit from more intensive or long-term care than MH&C typically provides. One challenge of this suggestion would be to communicate alternative options without making students feel unwelcome at MH&C.

A more dramatic way to reduce excessive wait times would be to alter Yale Health Insurance to cover in whole or in part students seeing therapists outside Yale Health. By increasing the options available to students, MH&C would be able to provide more rapid, thorough, and open-ended care, as well as conscientious follow-up, for those who continued to opt for treatment there.

---

[3] It is our understanding that, in recent years, MH&C has hired additional therapists, and demand has risen for their services. One might suggest that perhaps hiring additional therapists has caused the increased demand. This hypothesis seems dubious to us, because few students are aware that more therapists have been hired, and the pervasive belief on campus remains that wait times are long. Other reasons for increased demand, such as reduced stigma and improved high school mental health care increasing the number of incoming freshmen with mental health issues, seem more plausible.

Concluding Remarks

This report endeavors to highlight Yale's wide array of mental health resources and suggest ways in which mental health and wellness at Yale might be further improved. We intend this report to initiate fruitful conversation and collaboration among students and administrators. In particular, we look forward to meeting with University and Mental Health & Counseling administrators in the coming weeks to discuss the issues and recommendations here described, with an eye to identifying the most feasible recommendations and implementing them within one year.

We welcome questions, comments, and feedback at yccmentalhealth@gmail.com.

Acknowledgements

This report was authored by Mira Vale '13, John Gerlach '14, and Reuben Hendler '14.

We would like to acknowledge the invaluable contributions of over 1,000 undergraduates who shared with us their perspectives in interviews and survey responses. We offer special thanks to the students who conducted some of the structured student interviews on our behalf. This report would similarly not have been possible without the counsel of the many administrators who shared their experiences and ideas.

We appreciate the help of the YCC Executive Board, and of several other students and administrators, in revising and strengthening this report.

Finally, we are grateful to President Salovey and Dr. Siggins for their willingness to engage with students about these important issues. We are excited to continue collaborating with you to improve mental health and wellness at Yale.

Appendix A

Structured Interview Questions

Campus Culture
-How does Yale's campus culture promote and/or impede wellbeing?
-How could wellbeing be promoted at Yale by students and administrators?

Peer Support
-What peer support resources have you found to be most utilized/most helpful at Yale?
-What issues do you think get in the way of peer support resources being helpful?

Institutional Resources
-What are the strengths and weaknesses of Yale's array of institutional resources generally (i.e. not only Mental Health & Counseling but also Masters, Deans, Chaplain's Office, etc.)
-What are the strengths and weaknesses of Yale Mental Health & Counseling?
-How could Yale Mental Health & Counseling be improved?
-Do you perceive differences in the quality of care people receive for different problems? (e.g. depression, anxiety, bipolar, eating concerns, etc.)
-Do you perceive differences in the quality of different services offered? (e.g. group therapy, individual counseling, nutritional coaching, etc.)
-What should Yale Mental Health & Counseling's publicity look like?

Anything else?

Appendix B

Survey of Yale Undergraduates

An online survey was sent to all Yale undergraduates via email by the YCC on March 28, 2013. The survey had received 982 responses by April 10. Data collecting ended on May 5 with a total of 996 responses.
Free response comments are omitted to protect respondents' confidentiality.

1. Class Year

#	Answer		Response	%
1	2016		274	28%
2	2015		267	27%
3	2013		214	21%
5	2014		241	24%
	Total		996	100%

2. Major

#	Answer		Response	%
1	Humanities		336	34%
2	Social Sciences		340	34%
3	STEM		342	34%
4	Unknown		83	8%

Statistic	Value
Min Value	1
Max Value	4
Total Responses	994

3. Below is a list of peer resources on campus. Please choose all the statements that apply.

#	Question	I have heard of it	I feel knowledgeable about it	I have used it	Total Responses
1	Walden	772	317	38	1,127
2	Queer Peers	691	119	15	825
3	Freshman Counselor (FroCo)	392	471	728	1,591
4	Peer Liaisons	673	305	164	1,142
5	Communication and Consent Educator (CCE)	651	409	108	1,168

Statistic	Walden	Queer Peers	Freshman Counselor (FroCo)	Peer Liaisons	Communication and Consent Educator (CCE)
Min Value	1	1	1	1	1
Max Value	3	3	3	3	3
Total Responses	967	769	991	947	934

4. How would you rate your experience?

#	Question	Never Used Service	Very Poor	Poor	Average	Good	Very Good	Total Responses	Mean
1	Walden	938	9	8	12	9	13	989	1.16
2	Queer Peers	966	2	2	2	6	10	988	1.09
3	Freshman Counselor (FroCo)	97	17	43	199	277	359	992	4.63
4	Peer Liaisons	747	10	14	62	85	71	989	1.93
5	Communication and Consent Educator (CCE)	715	16	31	90	92	42	986	1.94

Statistic	Walden	Queer Peers	Freshman Counselor (FroCo)	Peer Liaisons	Communication and Consent Educator (CCE)
Min Value	1	1	1	1	1
Max Value	6	6	6	6	6
Mean	1.16	1.09	4.63	1.93	1.94
Variance	0.60	0.37	2.32	2.94	2.64
Standard Deviation	0.77	0.61	1.52	1.71	1.63
Total Responses	989	988	992	989	986

5. Below is a list of institutional resources. Please choose all the statements that apply.

#	Question	I have heard of it	I feel knowledgeable about it	I have used it	Total Responses
1	Yale Mental Health & Counseling	603	237	363	1,203
2	Chaplain's Office	771	258	101	1,130
3	Residential College Dean/Master	429	488	616	1,533
4	Sexual Harassment and Assault Response & Education (SHARE) Center	797	223	26	1,046
5	Office of Disabilities	639	71	68	778
6	Residential College Mental Health Fellows	479	38	4	521
7	Student Affairs Fellows	431	31	4	466
8	Office of LGBTQ Resources	658	82	23	763

Statistic	Yale Mental Health & Counseling	Chaplain's Office	Residential College Dean/Master	Sexual Harassment and Assault Response & Education (SHARE) Center	Office of Disabilities	Residential College Mental Health Fellows	Student Affairs Fellows	Office of LGBTQ Resources
Min Value	1	1	1	1	1	1	1	1
Max Value	3	3	3	3	3	3	3	3
Total Responses	934	973	990	940	725	509	453	716

6. How would you rate your experience?

#	Question	Never Used Service	Very Poor	Poor	Average	Good	Very Good	Total Responses	Mean
1	Yale Mental Health & Counseling	592	89	99	84	80	44	988	2.09
2	Chaplain's Office	802	7	6	40	75	51	981	1.71
3	Residential College Dean/Master	210	26	43	150	276	284	989	4.12
4	Sexual Harassment and Assault Response & Education (SHARE) Center	943	2	3	4	16	11	979	1.14
5	Office of Disabilities	903	3	1	8	23	38	976	1.32
6	Residential College Mental Health Fellows	965	5	2	0	3	1	976	1.03
7	Student Affairs Fellows	960	0	1	3	2	6	972	1.05
8	Office of LGBTQ Resources	946	1	0	6	12	10	975	1.12

Statistic	Yale Mental Health & Counseling	Chaplain's Office	Residential College Dean/Master	Sexual Harassment and Assault Response & Education (SHARE) Center	Office of Disabilities	Residential College Mental Health Fellows	Student Affairs Fellows	Office of LGBTQ Resources
Min Value	1	1	1	1	1	1	1	1
Max Value	6	6	6	6	6	6	6	6
Mean	2.09	1.71	4.12	1.14	1.32	1.03	1.05	1.12
Variance	2.47	2.42	3.48	0.57	1.33	0.09	0.22	0.50
Standard Deviation	1.57	1.56	1.86	0.76	1.15	0.30	0.47	0.70
Total Responses	988	981	989	979	976	976	972	975

7. Have you ever sought out the services of Yale Mental Health & Counseling?

#	Answer		Response	%
1	Yes		388	39%
2	No		607	61%
	Total		995	100%

8. Who referred you to mental health and counseling? Select all that apply.

#	Answer		Response	%
1	Friend		90	25%
2	Peer Support Organization		9	2%
3	Master or Dean		81	22%
4	No one		185	51%
5	Other		56	16%

Statistic	Value
Min Value	1
Max Value	5
Total Responses	361

9. How long did it take you to schedule an intake appointment?

#	Answer		Response	%
1	1-2 days		77	21%
2	3-4 days		61	17%
3	5-6 days		38	11%
4	Between 1 and 2 weeks		110	31%
5	More than 2 weeks		55	15%
6	I was never assigned an intake appointment		19	5%
	Total		360	100%

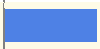
Statistic	Value
Min Value	1
Max Value	6
Mean	3.17
Variance	2.39
Standard Deviation	1.55
Total Responses	360

10. How much time elapsed between your intake appointment and assignment to a therapist?

#	Answer		Response	%
1	1-2 days		28	8%
2	3-4 days		25	7%
3	5-6 days		25	7%
4	Between 1 and 2 weeks		93	26%
5	More than 2 weeks		140	39%
6	I attended my intake appointment but was never assigned a therapist		27	8%
7	I did not attend my intake appointment		3	1%
8	I was never assigned an intake appointment		19	5%
	Total		360	100%

Statistic	Value
Min Value	1
Max Value	8
Mean	4.33
Variance	2.55
Standard Deviation	1.60
Total Responses	360

11. How much time elapsed between being assigned to a therapist and seeing that therapist?

#	Answer		Response	%
1	1-2 days		21	6%
2	3-4 days		45	13%
3	5-6 days		69	19%
4	Between 1 and 2 weeks		104	29%
5	More than 2 weeks		49	14%
6	I was never assigned an intake appointment		15	4%
7	I attended my intake appointment but was never assigned a therapist		22	6%
8	I did not attend my intake appointment		6	2%
9	After my intake appointment, I decided not to see a therapist		26	7%
	Total		357	100%

Statistic	Value
Min Value	1
Max Value	9
Mean	4.22
Variance	4.14
Standard Deviation	2.04
Total Responses	357

12. Please rate your agreement/disagreement with the following statements

#	Question	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree	No Opinion	Total Responses	Mean
1	The length of time I waited before receiving help was reasonable, relative to the urgency of my condition.	78	109	54	76	36	7	360	2.73
2	The process by which scheduling took place was reasonable and efficient.	92	105	45	71	38	6	357	2.65

Statistic	The length of time I waited before receiving help was reasonable, relative to the urgency of my condition.	The process by which scheduling took place was reasonable and efficient.
Min Value	1	1
Max Value	6	6
Mean	2.73	2.65
Variance	1.89	1.99
Standard Deviation	1.37	1.41
Total Responses	360	357

13. For what do you seek care? Check all that apply.

#	Answer		Response	%
1	Depression		247	69%
2	Anxiety		233	65%
3	Eating Disorder		55	15%
4	Addiction/Substance Abuse		23	6%
5	Bipolar Disorder		24	7%
6	Academic Stress		161	45%
7	Gender/Sexuality Concerns		32	9%
8	Other		62	17%

Statistic	Value
Min Value	1
Max Value	8
Total Responses	357

14. What type(s) of care did you receive? Check all that apply.

#	Answer		Response	%
1	One-on-one psychotherapy		301	95%
2	Couples therapy		1	0%
3	Group therapy		12	4%
4	Medication		71	22%
5	Other		12	4%

Statistic	Value
Min Value	1
Max Value	5
Total Responses	316

15. How would you rate the quality of care that you received through Yale Mental Health & Counseling?

#	Answer		Response	%
1	Very Poor		47	13%
2	Poor		61	17%
3	Fair		89	25%
4	Good		87	25%
5	Very Good		50	14%
6	No opinion		19	5%
	Total		353	100%

Statistic	Value
Min Value	1
Max Value	6
Mean	3.25
Variance	1.94
Standard Deviation	1.39
Total Responses	353

16. Since coming to Yale, have you ever sought professional counseling outside of Yale Mental Health & Counseling?

#	Answer		Response	%
1	Yes		155	17%
2	No		780	83%
	Total		935	100%

17. If yes, was it:

#	Answer		Response	%
1	before seeking help at Yale Mental Health & Counseling?		37	8%
2	after seeking help at Yale Mental Health & Counseling?		78	17%
3	while seeking help at Yale Mental Health & Counseling?		24	5%
4	I did not seek help at Yale Mental Health & Counseling.		313	69%
	Total		452	100%

Statistic	Value
Min Value	1
Max Value	4
Mean	3.36
Variance	1.07
Standard Deviation	1.03
Total Responses	452

18. If you wanted professional counseling, how likely would you be to approach Yale Mental Health & Counseling?

#	Answer		Response	%
1	Very Likely		151	17%
2	Likely		256	28%
3	Unsure		241	27%
4	Unlikely		138	15%
5	Very Unlikely		115	13%
	Total		901	100%

Statistic	Value
Min Value	1
Max Value	5
Mean	2.79
Variance	1.58
Standard Deviation	1.26
Total Responses	901

19. Please provide any additional comments or personal testimony about your experiences with Mental Health & Counseling at Yale.

289 Responses

20. How can Yale students and administrators influence campus culture to promote well-being among undergraduates?

274 Responses

21. If you would like to tell the YCC's Mental Health Committee more about your experience with mental health at Yale, please leave your Yale email address here. Your answers to this survey will not be matched to your email address.

54 Responses

Appendix C

Peer Mental Health Resources at Yale

Chaplaincy Fellows
The Chaplaincy Fellows program is a new effort sponsored by the Chaplain's Office to place two upperclassmen students in each residential college in order to "facilitate conversations rooted in life's big questions around meaning, purpose, authentic success, and happiness." The training for the program occurs every spring break, and selection is not limited to students who identify as having religious beliefs.

Communication and Consent Educators (CCEs)
CCEs are trained through the Office of Student Affairs to encourage a healthy sexual climate on campus. There are multiple CCEs for each Residential College, and their names are public so that they can be contacted individually. They run trainings, workshops and conversations for different class years and student groups throughout the academic year.

Freshman Counselors (FroCos)
The Freshman Counselor program is the flagship peer resource at Yale. Founded in 1938 to ease the transition of freshmen to college life, FroCos live in the dorms with first-year students and advise them on a variety of academic and personal issues. FroCos work closely with their residential college Deans and are supported by the Yale College Dean's Office.

Mind Matters
Mind Matters is a student organization that works to raise awareness about mental health and wellbeing on campus. The group hosts a variety of events, including speakers, film screenings, study breaks and discussions.

Peer Health Educators
Peer Health Educators are a team of volunteer student leaders sponsored and trained by Yale Health's professional and medical staff. They serve the Yale student community by providing information and resources in order to improve the wellbeing of their peers. Peer Health Educators perform health-related outreach and host events related to topics such as safer sex, STIs, and stress management.

Peer Liaisons (PLs)
The Peer Liaison program was launched in 2009 by the Yale College Dean's office to enhance student mentorship and counseling for first-year students on issues of diversity. PLs exist for all of the Cultural Centers (La Casa, Asian American Cultural Center, Native American Cultural

Center, Af-Am House), the Office of International Students and Scholars, the Office of LGBTQ Resources, and the Chaplain's Office.

Except for international students, PLs are assigned by application- a freshman may request a PL through an online form. Upon assignment, PLs have a freeform relationship with students, offering academic, extracurricular or personal advice and connection to other resources or services.

Queer Peers

Queer Peers is an undergraduate counseling service for students with questions about sexuality and gender identity/expression. Their aim is to provide a "listening ear" for any and all issues related to sexuality at Yale. They are trained by Maria Trumpler, the Director of the LGBTQ Office of Resources. They have drop-in hours four days a week (Monday, Wednesday, Thursday and Sunday) and are open from 7-10pm on the weekdays and from 1-4pm on Sundays. Their office is located in Swing Space.

Walden Peer Counseling

Walden is the group on campus that best fits the generic definition of peer counseling. Run entirely by students and advised by Carole Goldberg, Walden offers anonymous, one-time peer counseling over the phone or in-person. Walden counselors do not give advice or make diagnoses, but they are trained to help students talk through a panoply of issues and they offer referrals to other campus resources, often Mental Health & Counseling. Walden's office is located under Welch Entryway B and is open from 8pm-1am for drop-in counseling every night that school is in session, and available by phone over a hotline from 8pm-8am.

Yale Women's Center

The Yale Women's Center works to ensure equal and full opportunity for all, regardless of sex, gender, race, ethnicity, nationality, sexual orientation, socioeconomic status, background, religion, ability or age. The Women's Center board, staffers, and constituency groups host a number of discussions, events, and political campaigns to improve gender equality, ensure access to health and social services, and raise awareness of relevant issues at Yale and in New Haven.