

## #1 Yale Overview

*“Graduate students are a population at higher risk for mental health concerns. The level of stress for graduate students is magnified by their relative isolation from the broader components of campus life, the intense academic pressures of their advanced studies, and the increased presence of family and financial obligations.”<sup>1</sup>*

*~ University of California Student Mental Health Committee. Final Report. 2006.*

Health check ups are common practice in the United States for the insured. However, mental health check ups are less established. Annual mental health check ups are just as crucial to overall health as their physical health counterpart. Identifying early warning signs is critical in preventing more serious issues.<sup>2</sup> At Yale University, mental health services are used by roughly 50% of graduate and professional students. These data emphasize the importance that Yale students place on mental health services. Although there is no correct utilization percentage to use as a target, there are certainly qualitative improvements that ought to be explored.

This report was commissioned by the joint resolution from the Graduate and Professional Student Senate and Graduate Student Assembly forming the Mental Health ad hoc committee to investigate how Mental Health and Counseling Resources can best meet graduate and professional student needs. Pursuant from the mandate the ad hoc committee and report will be submitted no later than April 1, 2013 to both chambers of government. The impetus for the resolution’s creation was the large number of constituents that have expressed concern to their elected student leaders over the past years. In this report we try to explain mental health services as they are provided at our institution, best practices of other academic institutions, and recommendations to improve our mental health system for the Yale University community.

### Yale University Population & Facts

Yale University is a diverse body that comprises of over 6,000 students with 11% international students. Yale University student body is broken down into both Graduate and Professional students. Graduate students attend Yale from three to nine years and typically study in research settings that are often isolated and typically pursue a doctorate in philosophy (PhD). Professional students typically attend Yale from one to three years, learn in classroom settings, and pursue master’s degrees.

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<sup>1</sup> University of California Student Mental Health Committee. Final Report. 2006.

<sup>2</sup> <http://www.nytimes.com/2012/11/14/your-money/the-importance-of-regular-mental-health-checkups.html>

In the Graduate Student Mental Health Issues report, the number one mental health issue for all graduate students has been depression while their emotional concern is stress and more than 60% graduate students perceive that high stresses are normal behavior. A study from Berkeley University found that 9.9% of graduate student seriously considering suicide in the last 12 months.<sup>3</sup>

### Services Offered

Mental Health services are primarily provided at Yale Health in the Mental Health & Counseling (MHC) Department (MHC) located in the Yale Health Center at 55 Lock Street. The MHC cares for the entire Yale University student community consisting of undergraduate, graduate, and professional school students. At the facility, care is provided by mental health professionals including psychiatrists, clinical psychologists, and clinical social workers.<sup>4</sup> Students have access to the services through their Yale Health plan or through their private insurer. The Yale Health Basic covers Mental Health and Counseling.

Outside of Yale Health, the Yale Center for Anxiety and Mood Disorders provides therapy as well at Yale University. This service is not covered by Yale Health plan and payment is established based on a sliding scale. The Center specializes in working with clients who are coping with difficulties relating to anxiety, low mood, and problems with eating and weight. Therapeutic services are approached using a well-established form of treatment known as Cognitive Behavioral Therapy.<sup>5</sup>

A typical student is seen at the MHC in the following fashion. Upon first contact with MHC the receptionist uses their best judgment to triage the patient. In case of emergencies the student is able to have a same-day appointment. In addition, there is always a therapist on 24-hour call. Assuming the student is able to wait to be seen they are put into a queue to have their intake appointment. These appointments are often made a few days after initial contact. After their intake appointment the student must wait for their first appointment with their assigned professional, which can take more than a month during peak times throughout the year.

Yale University has undergraduate-staffed resources available to its students as well including Walden Peer Counseling and Mind Matters. Walden Peer Counseling is an anonymous and confidential phone hotline and walk-in peer counseling service staffed by Yale undergraduates. Walden counselors begin counseling each week after a rigorous training period in the fall of each academic year. Founded in 1975, Walden is both the oldest and longest-running peer counseling

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<sup>3</sup> Lisa Brandes. Graduate Student Mental Health Issues. 2010.

<sup>4</sup> <http://yalehealth.yale.edu/mentalhealth>

<sup>5</sup> <https://www.facebook.com/YCAMD/info>

group at Yale and the oldest undergraduate peer counseling organization in the United States.<sup>6</sup> It is important to note that no Graduate and Professional student equivalents exist on campus.

Mind Matters is the undergraduate mental health awareness student group. It has 5-10 active members. The group's goal is to encourage a more open and tolerant atmosphere towards mental health among our college community. They hope to achieve this goal by creating open forums for open discussion of mental health, hosting guest speakers in the field, and to help students get the support they need.<sup>7</sup>

### Structure

The MHC department is a department of Yale Health. It is overseen by Chief Psychiatrist Dr. Lorraine Siggins. Dr. Siggins is the point person to address issues with Mental Health at the Yale Health Center. In addition to MHC department, Yale Health houses the Sexual Harassment and Assault Resource Exchange (SHARE), which was established in 2006. The purpose of the SHARE center is to provide a variety of support services to students. Survivors of sexual assault are three times as likely to suffer from depression, four times as likely to suffer from post-traumatic stress disorder, and five times as likely to contemplate suicide.<sup>8</sup>

Yale Health also works together with the Yale-New Haven Psychiatric Hospital. Students are brought to the Psychiatric Hospital when they are deemed a threat to themselves or to others. These students average stay at the hospital is one week, which is covered by Yale Health Plan.

### Barriers & Stigma

There are many barriers to access to care which range from lack of proper insurance, knowledge of mental health or mental health service offering, or stigma associated with getting mental health help. Concerns include but are not limited to:

- Confidentiality fears and health privacy laws & notification
- Perceived career consequences for seeking MH treatment

Stigmas are fairly universal. In Table 1 some more common stigmas for different populations are listed.

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<sup>6</sup> <http://walden.sites.yale.edu/>

<sup>7</sup> <http://www.yale.edu/mindmatters/about.html>

<sup>8</sup> World Health Organization. 2002.

Table 1: Increased Stigmas Associated with Different Populations

Group	Stigma
International Students	Less aware and less likely to use CMHS (Berkeley)
Minority Groups (race, sexual orientation, religion)	Recognized as a high risk group - “who can feel alienated from general campus populations.” (UC Report 2006)
Men	Less aware and less likely to use CMHS (Berkeley)
Women	Report more emotional distress & less faculty contact than males (Berkeley)

\* Research shows that these groups are more likely to experiences these outcomes but they are in no way limited

It is critical that Yale University breaks down these stigmas and barriers.

### History

Concurrently, the Graduate and Professional School Senate and Graduate Student Assembly together and the Yale College Council are writing reports on Mental Health services at Yale University.

The Graduate and Professional Student Senate administers an annual survey to gauge the student body’s usage and satisfaction of Yale University services, such as the library, gymnasium, and health center.

### **#2: Peer Review**

There are diverse mental health services and programs across different universities. To obtain an overview of mental health services available, a survey was sent to graduate student government representatives from 28 peer institutions. The survey contained questions pertaining to access to and availability of mental health resources, satisfaction with mental health, student participation in mental health services, and ideas for improvements for mental health services.

The response rate was 39.3% (n=11 institutions). Four of these institutions were Ivy League schools. The majority of the schools were located in Northeastern United States (n=6). The results of this survey focus on mental health as it pertains to graduate students and graduate student involvement.

### Services

In this sample, mental health services varied by school. All schools offered one-to-one counseling, yet different types of providers offered counseling: eight schools reported having psychiatrists, seven having social workers, eight having mental health counselors, one having psychiatric nurse practitioners, two having primary care providers, five having psychologists, one having graduate students, and one having Psych Ds. Eight schools offered 24-hour mental health emergency care and seven schools had a 24-hour mental health support line. Peer counselors were available at eight of the schools; however, one school did not offer this service to graduate students. Almost all schools (n=10) offered support groups in which graduate students could attend; however, there were different types of support groups available at each school including: eating concerns and body image, LGBT, sexual assault survivors, women's groups, mindfulness and meditation, couples' counseling, alcoholism, dissertation support, and grief and bereavement. Likewise, most schools also offered group therapy (n=8) that graduate students were able to access, though there with differences in the content of these groups including: process groups, crisis intervention, healthy eating/eating concerns, LGBT, sexual assault survivors, womens' group, mindfulness and meditation, student life support groups, cognitive behavioral therapy, sexual assault support Group, acceptance and commitment therapy for anxiety and depression, alcohol and drug education, anxiety/depression management through body mindfulness, depression, bereavement group, positive action through interaction, interpersonal process groups, and DBT groups. Many schools (n=7) also offered educational programs on eating concerns, sexual assault survivorship, LGBT, mindfulness, sex education, stress management, health and wellbeing, imposter syndrome, and alcohol. One school also provides an online anonymous mental health screening with an option to dialogue with a mental health professional.

### Awareness Efforts

Schools mentioned multiple types of campaigns to increase awareness about different types of mental health issues. Almost all schools (n=10) stated that they had general mental health campaigns. These campaigns were mostly sponsored by university administration, and half involved graduate student sponsorship. All schools stated that they had campaigns to decrease stress (n=11), and there was graduate student sponsorship in half of these programs. Many schools also stated that they had eating disorder awareness campaigns (n=8) and suicide prevention campaigns (n=7). A few schools (n=5) also stated that they had campaigns directly related to decreasing mental health stigma.

### Satisfaction

Only three schools reported having access to mental health satisfaction data. Two additional schools reported that data were currently being collected about mental health satisfaction. The sample sizes and sample characteristics for which satisfaction data were available varied. One school had data from general health care plan patients, one from individuals who had used

mental health services, and one of the schools did not have publicly available information. One report we received had data collected from 2006, 2007, and 2008. The school reported slight increases in making appointments over time, the time to schedule first appointment, provider understanding of concerns, provider knowledge, and overall quality of mental health services. There was a slight decrease in people who thought that the provider took enough time with them during the appointment. Thirty-five percent of the sample stated that they thought about using mental health services but did not, and of these individuals, some of the top reasons why they did not were they decided not to address the issue (28%), resolved the issue on their own (20%), or could not figure out how to access mental health services (9%). Another school reported an informal survey of graduate and professional students (n=60). They found that the top three obstacles to mental health were 1) demanding work environment, 2) health resources not utilized, and 3) difficulty making friends. The top three ideas about how mental health can be supported were: 1) social events, 2) preventative health behaviors, and 3) changes in the academic environment. Lastly, a third school reported that current students in treatment are asked to provide client satisfaction feedback forms one to two times per semester, however this information was not available publicly.

#### Student Collaboration with Mental Health Services

Collaboration has been a critical part in the formation of this report and to foster discussions about mental health at universities. Respondents to this survey were asked about graduate student government interaction with their respective mental health department. The extent and formality of collaborations ranged. Two schools involved members on university-wide task forces related to mental health. One school reported having a mental health subcommittee. Some schools collaborated with counseling and psychological service groups through assessing risk patterns and graduate student needs (n=2). A few schools reported that their primary collaboration was through disseminating information to other students about mental health services, or holding mental health forums (n=2). A few schools (n=2) also reported very limited interaction.

#### Recommendations for Improvements across Universities

An open-ended question was used to obtain information about improving mental health services at each university. Numerous points were raised including improving visibility of mental health services (n=4), increasing accessibility to services (n=2), campaigns to reduce stigma (n=3), more active outreach to graduate and professional students (n=1), tailoring treatments (n=1), enhancing coverage (n=2), better training of administrators (n=1), prevention and wellness activities (n=3), increasing mental health staff (n=1), and more funding (n=1).

#### Best Practice Case Study: Cornell

Cornell's health care system offers a wide range of mental services, with a particularly innovative focus on outreach and accessibility. As well as their standard counseling and psychological services, they offer free and confidential off-site, walk-in consultations with

counselors at locations around the campus through their successful “Let’s Talk” program. In addition, the student-run EARS (Empathy, Assistance, and Referral Service), in-person and telephone counseling service is open seven-days-a-week to all members of the Cornell community. Their counseling service also focuses on education, outreach, and prevention strategies. Cornell places great emphasis on the importance of a community-wide, public health approach to student mental health, highlighting the role of peers, faculty and staff in “noticing and responding” and providing training in recognizing students in distress. In a similar way, outreach initiatives aim to improve help-seeking behavior; a wide variety of wellness initiatives those focusing on stress management and sleep, are integrated as part of the university’s mental health framework.<sup>9</sup>

### **#3: Recommendations**

Yale is at the cutting edge of student mental health. To retain its status as a leader in the field and a premier department, we suggest adoption or extension of the following practices. We have divided these recommendations into five major themes or areas for growth: accessibility, technology, benchmarking and statistics, outreach and preventive care, and environmental issues.

#### Theme 1: Accessibility

Access to mental health resources in general and the Mental Health and Counseling Department in particular remains a recurrent issue expressed by a wide cross-section of graduate and professional constituents. Students find current triage and treatment procedures confusing, and misconceptions about the actual process persist. Additionally, the process suffers from a communication deficit, primarily and especially when students are initially being seen for intake. Existing data collection and record-keeping procedures within MHC seem sufficient, albeit the transition to electronic medical records (see theme #2) will no doubt help with improving consistency.

To improve this area, we recommend priorities should be explaining the mental health appointment process in publicly-accessible venues, such as the MHC website. By demystifying the process, especially regarding intake, MHC can help combat lingering misperceptions, which will likely increase the likelihood that students will pursue care. Each student who has an intake session should receive a paper, flyer, or verbal explanation of the process, as well as a list of contact information for follow up visits.

#### Theme 2: Technology

A second area for growth is in the realm of technological resources. The new electronic medical records provided by Epic should improve communication through the entire Yale Health system. We urge MHC to consider not just how technology can speed up existing methods of

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<sup>9</sup> <http://www.gannett.cornell.edu/topics/health/mentalhealth.cfm>

communication, but how technology can also enable novel interfaces between clinicians and patients. In this way, MHC can establish a more collaborative and integrated approach to mental health prevention and treatment.

As with any large-scale transition, we recognize that the move to electronic record keeping will present challenges, which could result in temporary negative perceptions. MHC can alleviate these concerns by proactively explaining the transition to patients (e.g. during intake and via the MHC website), as well as giving students concrete steps for confirming their status and monitoring their progress through the system.

Looking further, expanded use of technology opens new and exciting vistas for communication, care, and real-time interaction between patients and clinicians. For instance, students have expressed a desire to receive appointment confirmations and reminders via email and SMS (text). Although statutory limitations (e.g. HIPAA) place significant requirements on MHC, which should not be compromised under any circumstances, MHC can open itself up to a variety of different *inputs* from students, which could form a sort of “information funnel” by which patients can communicate with their care providers.

### Theme 3: Benchmarking and Statistics

The graduate and professional population is large and diverse. Whereas Yale College students typically enter and leave on a regular schedule of four years, graduate and professional students’ tenures at Yale are more highly variable. As the committee understands it, MHC’s current system of tracking students is not set up in a way that enables definitive statistics on what percentage of overall graduate and professional students use MHC. This issue could be remedied if graduate and professional students were tracked using their matriculation year.

Additionally, MHC could take a proactive approach to publishing information that dispels myths or misconceptions about the department, such as the time it takes to receive an initial appointment, the percentage of students that visit MHC at least once, and so on.

Third, MHC could demonstrate its dedication to self-improvement by enhancing its internal quality control standards. For example, every fifth patient could receive an anonymous survey about his or her visit. As an added advantage, this concept could be implemented via existing Yale technological solutions, such as Qualtrics.

Finally, Yale does not currently release any statistics on mental health and related issues in our community. Greater transparency regarding these issues would allow students to have a better grasp of issues



#### Theme 4: Outreach and Preventive Care

Outreach and preventive care represent a broad swath of concerns where Yale can truly demonstrate that it is a national leader in the mental health arena. At present, the degree of outreach conducted by MHC is minimal, and Yale's mental health apparatus is entirely self-contained in the Yale Health building on Lock Street.

This situation could be improved by a combination of active outreach and passive outreach.

Passive outreach refers to information that can be publicized once and then updated infrequently -- most notably, the MHC website. The MHC website currently includes only two pages: a main page listing the department's staff and phone number, and a sub-page listing some helpful frequently asked questions. Developing the website to include more information, such as expectations for a student's first visit and usage statistics, would be very helpful.

Active outreach refers to MHC being proactively involved in changing student culture and becoming involved with other organizations around campus. Some examples of changes in this area include organizing mental health-focused events or fairs, working more closely with other Yale Health departments (e.g. SHARE and Student Wellness), and training staff or faculty as mental health contacts in academic departments. In essence, this would change the workflow of MHC so that there are entry points into the system around campus, rather than just on Lock Street.

The logical extension of active outreach is embedding this outreach in persistent, ongoing programs focused on decentralizing points of contact that could eventually be fully taken on by other departments. These could include the creation of designated safe spaces in academic buildings, as well as shifting group therapies to being available in the academic areas of campus, such as Science Hill and near the med school, where graduate and professional students are most commonly.

Finally, in the realm of preventive care, MHC could update and tailor its current offerings to the needs of the graduate and professional student body. As an example, group therapy sessions could be updated to include groups for those suffering from Seasonal Affective Disorder, cognitive disorders, and eating disorders. Additionally, offering additional activities such as time management skills sessions (with Student Wellness) could greatly help the student body.

#### Theme 5: Environmental Issues

Mental health and wellness do not exist in a vacuum. While counseling from the department can help individual students in need, broader environmental changes can help relieve the overall pressure and stress of being a graduate or professional student at Yale.

As one of the preeminent mental health departments in the nation, MHC can reduce demands on its resources by advocating for improvements to the campus environment at large. Specifically, we suggest attending to the following concerns: (1) lack of healthy programming, (2) difficulty in physical fitness due to poor gym hours, (3) stress of job marketing and career decisions, (4) international transitions, and (5) the lack of centralized resources for students.

By identifying sources of student stress and working with the Yale administration to advocate for change, MHC can improve not only student's mental health but also student life as a whole. Coordinating and liaising with other major institutions at Yale -- such as the Chaplain's Office, the Office of International Students and Scholars, the Career Services offices, the Yale Teaching Center, and the McDougal Center -- would enable these offices to put forth a unified and mutually beneficial vision for student life.

### **Conclusion**

Overall, Yale's Mental Health and Counseling Department is at the cutting edge of the field. Precisely because Yale is already ahead of our peers, the department can direct its resources towards novel and wide-reaching improvements. Rather than simply leading the field, Yale can redefine it.