

**Resolution S13-006 – A Resolution Updating the Mental Health Ad Hoc Committee Charter**

Whereas the GSA adopted F12-003 on October 31, 2012, creating a joint Mental Health and Counseling Ad Hoc Committee (MHC AC) with GPSS, and

Whereas the MHC AC has met several times in the intervening period, and

Whereas the MHC AC has articulated a set of provisional recommendations (attached to this legislation), and

Whereas the MHC AC originally planned to report its findings to the Yale Health Plan's Member Advisory Committee in April, but this meeting was delayed by the administration until September due to scheduling constraints,

Whereas the MHC AC believes that, with additional time, the committee can develop a more comprehensive report for submission to the administration, and

Whereas MHC AC members have agreed to continue working on the project until the GSA reconvenes in the fall,

Therefore be it Resolved by the Graduate Student Assembly that the attached provisional recommendations are accepted by the Assembly as the MHC AC Report as specified in F12-003, and

Be it Further Resolved by the Graduate Student Assembly that members of the MHC AC are encouraged to continue expanding and improving their report for reconsideration in the fall by next year's Assembly.

**GSA/GPSS Mental Health and Counseling Ad Hoc Committee**  
**Provisional Recommendations**  
**April 3, 2013**

**1. Accessibility**

a. Issues

- i. Confusion regarding current triage and treatment procedures
- ii. Persistent misconceptions about length of time to receive care
- iii. Communication deficit from MHC during intake

b. Solutions

- i. Public explanation of triage procedures (e.g. MHC website)
- ii. Each student who attends an intake appointment should receive a flyer explaining the process, including a typical wait time and contact information
- iii. Students experiencing a long delay between intake and initial appointment should receive phone updates regarding their status

**2. Technological resources**

a. Issues

- i. Sparse communication between MHC and patients
- ii. Challenges during the transition to the electronic health record

b. Solutions

- i. Proactively explain the electronic health record transition to students
- ii. Appointment confirmations via SMS and email
- iii. Enable patients to contact MHC via SMS (MHC returns contact via phone)
  1. Legal regulations regarding patient privacy remain paramount

**3. Benchmarking and statistics**

a. Issues

- i. Lack of publicly available data about MHC
- ii. MHC is not working to dispel the myths/misconceptions surrounding it
- iii. Yale does not participate in any national collegiate mental health survey
- iv. Graduate/professional students are not tracked over time

b. Solutions

- i. Beginning tracking graduate/professional students by matriculation term
- ii. Internal quality control (e.g. anonymous Qualtrics survey for every 5<sup>th</sup> patient)
- iii. Participation in a national mental health survey (and publication of results)

#### **4. Outreach / preventive care**

##### **a. Issues**

- i. Lack of preventive care available to students
- ii. Lack of a middle ground between no care and seeing a clinician

##### **b. Issues**

- i. Develop better passive outreach resources
  1. More informational website
  2. Social media resources
- ii. Develop an active outreach program
  1. e.g. a “Did You Know?” poster campaign, health/wellness fair
    - a. May involve hiring a program coordinator
  2. Stronger outreach to new students across G/P schools
  3. Integration with SHARE and Student Wellness
  4. GSA/GPSS can help connect MHC to the student body
- iii. Develop stronger alternate resources
  1. Peer support counselors / “drop-ins” in various campus locations
  2. Continue promoting MHC’s group therapy
    - a. Add a Seasonal Affective Disorder group
  3. Develop a strong outside referral system for patients who truly need long-term care
  4. Strengthen resources/info provided to DGS’s, Chairs, and Registrars
  5. Stronger programming from MacDougal Center (Health/Wellness Fellows)
  6. Recorded “general skills training sessions” available as webinars
  7. Mental health hotline (or online version)

#### **5. Environmental issues**

##### **a. Issues**

- i. Stress of job marketing and career decisions
- ii. Difficulty in attaining physical fitness due to poor gym hours
- iii. Relative lack of healthy programming
- iv. Transition process for international students
- v. Decentralization of student resources

##### **b. Solutions**

- i. Encouraging MHC to advocate to the administration regarding these concerns
- ii. Encouraging MHC to liaison with other departments at Yale that can address these concerns (e.g. Career Services, Yale Teaching Center, International Center)
- iii. “Satellite” MHC offices in other Yale buildings (Medical Campus, Science Hill, West Campus, Old/Cross Campus) and/or eventual student center