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# REPORT OF THE TASK FORCE ON MANAGING STUDENT MENTAL HEALTH

July 2020

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**HARVARD**  
UNIVERSITY

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# EXECUTIVE SUMMARY

The Task Force on Managing Student Mental Health was charged with examining how Harvard can best address the mix of academic, social, and institutional issues that have the potential to influence student mental health. We were asked to examine the current state of student mental health at Harvard, to identify Harvard's current capacities and resources for addressing student mental health issues, and to make recommendations for how Harvard can improve its support of student mental health.

The Task Force first met in February 2019. Over the following 15 months, we analyzed surveys that have been fielded across Harvard's Schools, looked to national surveys for comparative numbers, examined institutional data on mental health services at the University, and convened focus groups to hear directly from undergraduate, graduate, and professional students, faculty members across multiple Schools, and staff at all levels of the institution. Our investigation confirmed that Harvard students are experiencing rising levels of depression and anxiety disorders, and high and widespread levels of anxiety, depression, loneliness, and other conditions. In addition, undergraduates reported high levels of stress, overwork, concern about measuring up to peers, and inability to maintain healthy coping strategies. Extracurricular activities, rather than providing unqualified relief, often represented another source of competition and stress. Graduate and professional students reported high levels of isolation, uncertainty about academic and career prospects, and, among those in Ph.D. programs, financial insecurity and concerns about their relation to advisors. Students at all levels reported a lack of clarity about when, how, and where to seek help with potential mental health concerns. The problems we identified were not universal, but were sufficiently widespread to merit action.

In light of its findings, the Task Force makes eight recommendations:

1. We recommend staffing a dedicated and diverse team to work on student affairs University-wide, with an emphasis on mental health and flourishing
2. We recommend launching a one-year campaign focused on mental health awareness and culture change
3. We recommend instituting a yearly messaging program focused on core elements of the first campaign
4. We recommend creating a small committee to explore ways to make Counseling and Mental Health Services more accessible
5. We recommend that the Provost examine how to address mental health, sexual climate, inclusiveness, isolation, and sense of belonging holistically
6. We recommend addressing any potential institutional service gaps that may have been created by recent organizational changes
7. We recommend creating a small committee to explore how to reduce the stress caused by the process of competing for entry into extracurricular activities
8. We recommend that Schools provide clear guidance and mentoring support to faculty and graduate students to ease the potential stress caused by advisor-advisee relationships

Beyond these action items, the Task Force identified several promising suggestions that merit further study. The Task Force was inspired by the dedication of students, faculty, and staff of the University to cultivate an environment in which all students can thrive and flourish. We recommend that, three years from the inception of the recommendations, an independent evaluation be performed to report on the progress made. This form of accountability will help maximize the benefits from our efforts.

# INTRODUCTION

In the spring of 2019, University Provost Alan M. Garber convened a task force to address student mental health at Harvard. Like other colleges and universities across the nation, Harvard had seen significant increases over several years in both student self-reports of mental health issues and the use of related services. Between 2014 and 2018, the percentage of Harvard undergraduates reporting that they have or think they may have depression increased from 22% to 31%, and the percentage reporting that they have or think they may have an anxiety disorder increased from 19% to 30%. In recent surveys of graduate and professional students at Harvard, almost a quarter of respondents exhibited symptoms of moderate to severe depression at the time of the survey, with a similar rate for moderate to severe generalized anxiety.<sup>1</sup> Accordingly, student demand for mental health services had risen.

The Task Force on Managing Student Mental Health was composed of 46 undergraduates, graduate students, faculty members, mental health practitioners, administrators, and others of varying economic, gender, race, national, and ethnic backgrounds. In our various roles, we had all seen students grapple with emotional and psychosocial distress, in many and complex forms and across a variety of contexts. It was evident to us and to the University that the situation could not be addressed solely by the University's Counseling and Mental Health Services (CAMHS), as the issues were broader in nature, encompassing problems—including economic, social, and other conditions—for which formal counseling services were not necessarily effective or even appropriate. Our broad mandate was to make recommendations about how the University could effectively support student mental health at a time of increasing demand for care. We agreed to address three questions: (1) What is the current state of student mental health at Harvard? (2) What are Harvard's capacities for addressing student mental health? (3) What should Harvard do to improve student mental health? We understood that fulfilling our charge would require understanding students holistically, approaching well-being proactively, and fully acknowledging diversity within our student body and the range of different cultural approaches to addressing mental health.

The entire Task Force first met in February of 2019. We then divided into two working groups, one focused on undergraduate students and another focused on graduate and professional students, and a steering committee comprised largely of members of each group. Members were provided with extensive information to review between meetings and were consulted for advice and input at various points along the way. Subgroups were convened on an ad hoc basis to discuss specific topics as the Task Force proceeded with its work.

Meetings in the spring of 2019 focused on reviewing the available survey and institutional data related to student mental health and mental health services and discussing where more information was needed. The data available to the Task Force included an annual survey of incoming first year students, a biennial survey of all undergraduate students, and the ongoing surveys of graduate and professional students being conducted through the Graduate Student Mental Health Survey Initiative (GSMHSI). After reviewing some of the results from these surveys, we determined that we needed to hear directly from the Harvard community—and that it was particularly important to hear directly from students.

The Task Force organized a series of focus groups with undergraduate and graduate students, faculty, and staff with the goal of hearing their thoughts about the mental health challenges faced by students at Harvard, the resources they were aware of, and the obstacles to accessing them. The Task Force also solicited their ideas about what changes could have a positive impact on students' well-being. We convened approximately 20 focus groups in late spring and early fall of 2019.<sup>2</sup> The sessions were led by professional facilitators from the Derek Bok Center for Teaching and Learning and the Organizational Development consulting team from Harvard Human Resources, based on questions informed by members of the Task Force. Students and staff from across Harvard were instrumental in helping to organize and spread the word about the various focus groups. We also invited all undergraduate students to two open, town-hall style meetings; met with a group of

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1 Sources: HUHS biennial undergraduate health and well-being survey, 2014, 2016, 2018; Graduate Student Mental Health Survey Initiative data as of November 2019.

2 See Appendix C for a full list of focus groups interviewed.

clinicians at CAMHS; spoke with several clinicians in the local community who regularly see Harvard students in their practices; and held individual meetings with others across Harvard's campus. We continued to work with the University and College institutional research offices to further analyze the data available from student surveys.

Our findings and recommendations are summarized in the document that follows. While our charge was to investigate the mental health of students, we note that Harvard should examine the mental health of its staff and faculty. Students learn habits of work, thought, and balance from faculty, and student mental health has clearly been affected by the practices and visible stresses of their professors. In addition, we note that while we focus largely on the environment for students at Harvard, we do so with full awareness that Harvard does not exist in a vacuum. Rates of anxiety, depression, and other mental health conditions are rising nationally, among both college students and young adults as a whole. Students across the country are facing structural realities dramatically different from those experienced by previous cohorts. The costs of higher education and housing have soared. The planet has warmed dramatically, and the economic, environmental, and social consequences, now too numerous and too frequent to ignore, have dimmed the aspirations of many who will be forced to deal with the repercussions over their lifetimes. The academic labor market has changed, and while the number of Ph.D.'s has risen dramatically, the number of tenure-track job openings in many fields has shrunk.<sup>3</sup> The changing immigration policy landscape in the U.S. and other countries has unsettled many students and their families. And students were facing all these conditions before the world was forced to confront its worst pandemic nearly a century.

We had concluded most of our work, and were drafting our recommendations, when COVID-19 hit. It is clear to us that the dramatic disruptions to social life created by the pandemic will affect, and in some cases worsen, the problems we have identified. Economic stress, high unemployment, social isolation, loss of life, and many other conditions produce grief, stress, loneliness, despair, and more. The University has and must continue to respond, both in the short term and in the long term. At the same time, changing the work of this Task Force to address the specific impacts of COVID-19 would not be sensible. Our Task Force is ill-equipped for that objective, as our membership is large and comprehensive, and not designed to address a major, unexpected, quickly changing crisis requiring rapid response. Thus, we have not altered our recommendations to become COVID-19 response actions. Nevertheless, we believe that our recommendations will prove essential for the University to implement as part of any response, not only to help understand the landscape in which the crisis reached us, but also to inform how to take the steps needed to return to some measure of normality.

In what follows, we first describe what we learned about the state of mental health among undergraduates and among graduate students and professional students. In both cases, we summarize what we learned about the basic state of affairs, including recent changes in mental health indicators, the range of issues that students are facing, and the conditions that seem to be affecting mental health. Next, we describe in more detail the clinical resources available at Harvard, including how much students know about—and what they think of—these resources. Finally, we list our recommendations for action. Our recommendations were culled from a large set of ideas generated by the many constituents we spoke to, after extensive discussions of feasibility, likely impact, and possible unintended consequences. Several ideas that appeared to be promising did not make the final cut, as they required further study.<sup>4</sup> Indeed, it became clear to us that addressing student mental health requires a more sustained effort than a task force can undertake, and our recommendations chart a path for that effort to take place.

Our discussions, interviews, and focus groups with students, faculty, staff, and many others have convinced us that the University can make great strides on mental health. Indeed, strong mental self-care is essential to the long-term success we hope for all our students. We have been inspired by the community's response—the collective will to build and sustain an environment of mental health that is flourishing, strong, broad-based, and already being mobilized. After COVID-19, we are certain that the resolve is even greater. We hope our work can help the Harvard community build on that enthusiasm and resolve for years to come.

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3 Carey, Kevin. "The Bleak Job Landscape of Adjunctopia for PhDs" *New York Times*. March, 2020. <https://www.nytimes.com/2020/03/05/upshot/academic-job-crisis-phd.html>

4 These ideas are listed in Appendix A

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# STATE OF AFFAIRS: UNDERGRADUATE STUDENTS

## State of undergraduate student mental health

### *Prevalence estimates of mental health concerns*

**Surveys.** Harvard has been systematically surveying its incoming first year students about mental health issues since 2010 and has included questions about student mental health on its biennial health and well-being survey conducted via HUHS since 2012. Harvard also has been participating in the World Mental Health Survey Initiative, which provides estimates of the current (past 30 days) and lifetime prevalence of a range of mental disorders. Collectively, these survey data provide a snapshot of the percentage of Harvard College students suffering from a range of mental health concerns.

**Mental disorders and suicidal thoughts/behavior.** In 2018, 15% of undergraduate respondents reported that they have been diagnosed with a mental health issue. This includes 9% who report having been diagnosed with depression, 8% with anxiety disorder, 1% with bipolar disorder, 2% with ADHD<sup>5</sup>, 3% with panic attacks, 3% with an eating disorder, 0.4% with a substance use disorder, and 2% with another emotional concern. Approximately half of the time (43% - 55%), such a diagnosis was made before the student arrived at Harvard – with the lone outlier being bipolar disorder, which was most often diagnosed (71% of cases) after arriving at Harvard. Students were asked to indicate if they have not been diagnosed with a condition “but have concerns,” to which 46% of students (37% of males and 52% of females) responded positively. In the 2017-2018 academic year, 6% of students reported having suicidal thoughts over the past year, 1% reported that they have a suicide plan, and 0.2% reported making a suicide attempt. Approximately 7% of students report intentionally hurting themselves (such as by cutting or burning themselves) with no intention of dying each year.

**Nationwide comparison and changes over time.** The incidence of mental health disorders reported by students at Harvard appears to be lower than reported by college students nationwide. As noted above, in 2018, 9% of Harvard undergraduates who responded to the HUHS survey reported having a diagnosis of depression, and 8% reported having been diagnosed with an anxiety disorder. In response to the spring 2018 survey by the American College Health Association (ACHA), 18.4% of undergraduate students surveyed reported having been diagnosed or treated for depression and 22.3% reported having been diagnosed or treated for anxiety. In 2018, 6% of Harvard students reported suicidal thoughts in the past year, and 0.2% reported having made a suicide attempt in the past year. Nationally, 13% of undergraduate students surveyed by the ACHA in spring 2018 reported having seriously considered suicide within the past 12 months and 1.9% reported having attempted suicide within the past 12 months.<sup>6</sup>

The incidence of mental health disorders has increased over time both at Harvard and nationwide. As seen in Figure 1, between 2014 and 2018 the percentage of Harvard undergraduates reporting that they have or think they may have depression jumped from 22% to 31%, and the percentage reporting that they have or think they may have an anxiety disorder increased from 19% to 30%.<sup>7</sup> While the ACHA survey did not include a question allowing students to report that they “think they may have” a mental health disorder, students nationwide reporting a diagnosis of depression increased from 15% to 18% between fall 2015 and spring 2018, and students reporting a diagnosis of anxiety increased from 18% to 23% over the same time period. As seen in Figure 2, suicidal ideation has increased among Harvard’s undergraduate population. Between 2014 and 2018, the number of Harvard students reporting having seriously thought about attempting suicide

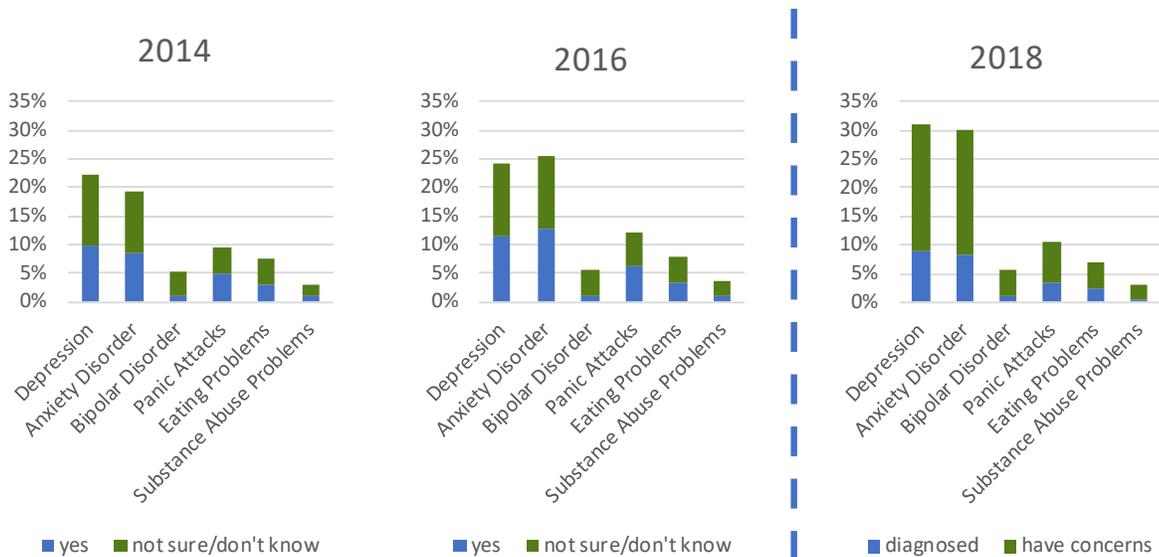
5 The ADHD screening tool used on the freshman well-being survey and the graduate student surveys suggest the fraction may be much higher than this. This discrepancy could reflect some level of under-diagnosis of ADHD in the student population.

6 American College Health Association Data: American College Health Association-National College Health Assessment II: Undergraduate Student Reference Group Data Report Spring 2018. Silver Spring, MD: American College Health Association; 2018.

7 In 2014 and 2016, the HUHS survey question read “Do you currently have, or think you may have, any of the following conditions?” and the choices were “No, Not sure/Don’t know, Yes.” In 2018, the question remained the same but the choices changed to “No, Have concerns, Diagnosed.”

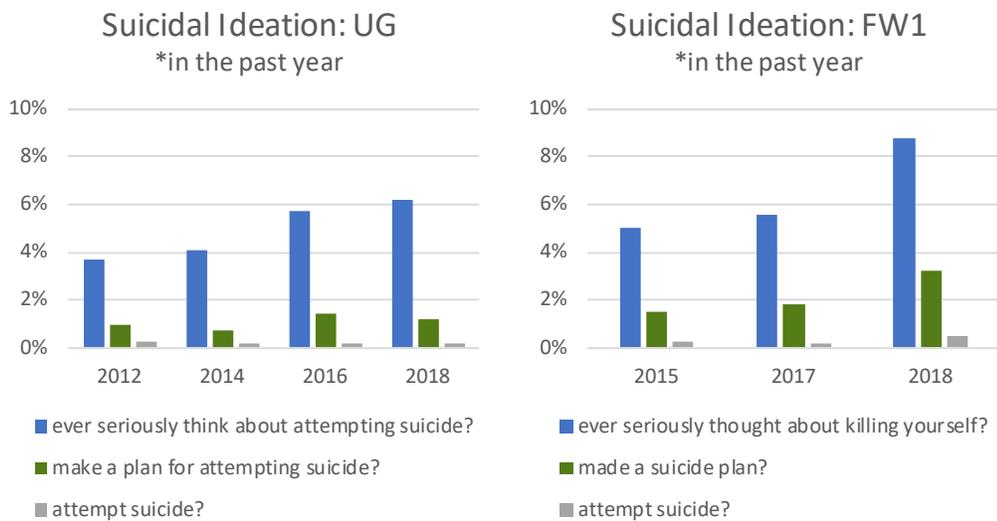
increased from 4% to 6%. According to the ACHA survey, the number of undergraduate students nationwide who reported having seriously considered suicide increased from 10% to 13% between fall 2015 and spring 2018.

**Figure 1: Do you currently have, or think you might have, any of the following conditions?**



Source: HUHS Survey (2014, 2016, 2018)

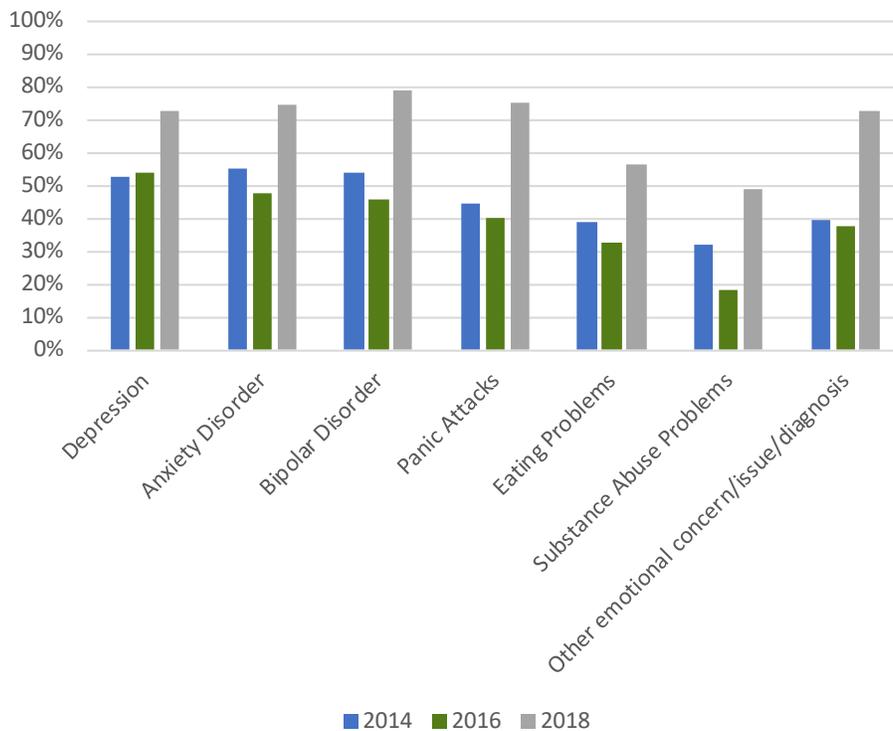
**Figure 2: Suicidal Ideation in Undergraduates and Freshmen Week 1**



Sources: HUHS Survey (2012, 2014, 2016, 2018); Freshmen Week 1 Survey (2015, 2017, 2018)

**Receipt of treatment for these concerns.** Based on institutional survey data collection, an estimated 11% of Harvard undergraduates are in treatment for a diagnosed mental health condition. Among those with a diagnosed mental disorder, 71% are in treatment. Figure 3 shows how this has changed over time. When asked how students would respond “when confronted with an emotional problem,” 76% said they could handle it on their own, 70% feel comfortable reaching out to a friend/peer, 62% feel comfortable reaching out to family, and only 34% feel comfortable seeking professional help.

**Figure 3: Of those reported to have a diagnosed mental health condition, percent currently in treatment (undergraduates)**



Source: HUHS Survey (2014, 2016, 2018)

**Notable populations.** Examination of differences in the prevalence of mental disorders across broad subgroups reveals that some segments of students are at substantially elevated risk for such disorders.

- **Gender and sexual identity:** Those identifying as “Other gender” (transgender, non-binary, genderqueer) report much higher rates of diagnosed mental disorders (48%) than those who identify as cisgender female (21%) or cisgender male (9%). Those identifying as BGLTQ report higher rates of diagnosed mental disorders (30%) than non-BGLTQ (12%).
- **Race/ethnicity:** Black students report higher rates of multiple current (past 30 days) disorders (ADHD, generalized anxiety, panic, alcohol use, sleep, and suicidal thoughts and plans) than those of other races/ethnicities, but also report much lower rates of treatment (both medication and counseling).
- **Citizenship:** International students who report having a diagnosed mental health disorder report lower rates of treatment than U.S. citizens with a diagnosed mental health disorder.

## *Other mental health-related challenges experienced by students*

**Feeling overworked and overwhelmed.** Focus group conversations and survey data both underlined high levels of stress among undergraduate students. Numerous studies have described the pressures facing college students as a whole. Students, particularly in their first year of college, are grappling with new relationships, new experiences, new living situations, and new responsibilities. At the same time, many are also exploring and redefining their racial/ethnic, gender, and sexual identities. College students around the country feel pressure to get good grades, distinguish themselves, and find meaningful work and financial stability after they graduate. These pressures appear to be amplified at Harvard, where students have been working toward the goal of admission to an elite university for years before they arrive on campus. Once admitted, for many students – particularly students of color, first-generation college students, low-income students, and international students – it can feel as though the hopes and dreams of their families or even their entire communities are riding on their success, and that success is narrowly defined as certain high-powered or prestigious pursuits. Arriving on campus already burned out from their high school years and suddenly surrounded by equally high-achieving peers, students once again set out to prove that they are the best of the best. In this environment, it is no surprise that students report high levels of imposter syndrome, that they feel pressure to make the most of their time at Harvard, and that they take on too many commitments, feeling guilty if they are not as busy as everyone else seems to be.

Most common is sense of stress. Not having enough time for things, feeling like you have so much you need to do, can't fit it all in. Some from class, clubs, commitments to friends. Sense of overwhelmedness and overcommitment is widespread to the point that it's nearly universal. It has become the baseline for everyone. Intersecting with sleep being one of the common things that gets cut. Probably only makes people more anxious. – Undergraduate focus group participant

I think a lot of the traits that make people good students – obsessiveness, attention to detail – can lead to a host of mental health problems. You're praised for these tendencies, but they're channeled in ways that can lead to problems. – Undergraduate student focus group participant

Obligations to communities carried on [our] shoulders – Undergraduate student focus group participant

**Competitiveness of extracurricular activities.** Extracurricular activities emerged as a major factor in students' sense of overcommitment. Students appreciated the number of opportunities available at Harvard and wanted to take advantage of them. As a result, students often “comped” (tried out for) several clubs or organizations at the same time, all while navigating their first weeks of classes and college life. Comping, the process of competing for entry or admission into an organization, can require a significant time commitment, in some cases equaling the workload of an additional academic course. Many students comp multiple extracurriculars at the same time or comp multiple times for the same organization, trying to get in after an initial rejection. Several students noted that the competitiveness of extracurricular activities felt excessive and harmful to students. While groups that do not require comping are the exception rather than the norm, students in focus groups noted that they can be a non-exclusive source of support and community for many.<sup>8</sup>

Interesting when talking to [first year students] to hear about the sheer number of clubs that they were comping. Listing off 10 different things that they're going to meetings for all while trying to navigate first and second week of classes. – Undergraduate student focus group participant

In order to feel like what you're doing is valid, you don't just have to be good at it, you have to be better than other people. You have to beat out other people in order to do what you love. Certainty and control are huge in determining if you're going to be stressed out, and comp culture makes both of these difficult. – Undergraduate student focus group participant

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<sup>8</sup> Students cited Philips Brooks House Association as an example of an organization that accepts all students who want to participate.

**Loneliness and imposter syndrome.** Both survey data and focus group reports revealed that loneliness, feeling like an impostor, and limited sense of belonging at Harvard are pervasive problems. In the survey of first year students completed in the first week of classes, 62% of students score in the high range on the UCLA loneliness scale and 61% report frequent or intense feelings of being an impostor. These concerns do not seem to abate over the course of students' collegiate careers and likely increase (or fail to buffer against) the negative effects of stress.

**Non-prioritization of self-care.** Students are aware of many healthy methods of self-care, including sleep, exercise, spending time with friends, calling home, and getting off campus. However, students also report that many of these are lost in the midst of busy schedules. Sleep was a common theme throughout the focus group conversations. Many reported feeling that they did not have enough time to sleep, or that sleeping a lot would signal that they are not working hard enough. Students remarked positively on the "Sleep 101" module that all incoming first year students complete and believed that they would benefit from more consistent reinforcement of that message throughout the school year, and especially in later years. Some students also regretted what they saw as the paucity of education about evidence-based methods of reducing or coping with stress, noting that the University did not go deeper than events such as animal petting and face masks.

Not getting enough sleep is kind of glorified. If you're sleeping enough you're not doing enough. – Undergraduate student focus group participant

There is a culture of how busy can you be and how little can you sleep, sleep Olympics, competing to see how little sleep people got. Bragging about things that are not conducive to mental well-being. These can start to create a lot of wondering about what is normative. – Undergraduate student focus group participant

One of the reasons exercise goes right away is because it's time consuming. As you get stressed you don't have mental capacity to structure time around some of these things. Harvard saying 'this is important and here's how you can build it in and make it a habit' would make a big difference. – Undergraduate student focus group participant

**Notable populations.** Certain populations of students were more likely to experience mental health issues (as described in the previous section), and to experience greater barriers when accessing help. Students from historically underrepresented groups often reported feeling that Harvard was built for people with privilege and found themselves wondering if the University had a place for them. Many of them seemed to echo W.E.B. Du Bois's remark that he was "at but not of Harvard." Some international students reported struggling with cultural differences and additional bureaucratic burdens, and staff who work closely with international students reported that some of these students carry preconceived notions about who will be able to access their medical files, noting that these students fear possible or perceived repercussions of seeking help for mental health concerns. Some students – especially first-generation and BGLTQ students – who previously had strong networks of support found that these were not as useful or accessible once on campus.

**Stigma.** Despite an overall sense that stigma surrounding mental health issues has decreased, various forms of stigma continue to prevent students from seeking help. Students from families or cultures in which mental illness is stigmatized may find it more difficult to recognize when they are struggling, to seek help, and to get either emotional or financial support from their families while in treatment. And for high-achieving students more generally, it can be a challenge to admit when things are not going well.

Students report that the stigma around receiving mental health support is tremendous despite [sic] Harvard's attempts to "normalize" it. With so much of their identity invested in intellectual capacity and willpower, students often assert that they don't believe therapy is connected to the challenges of coursework and exhaustion. – Email to the Task Force

There is this pervasive idea of the duck metaphor. A duck floating on the water looks very serene but underneath the water its legs are moving fast just trying to stay afloat. Harvard students want to maintain appearance of being ok but underneath that they're really struggling and it's difficult to be

real with others and with yourself. – Undergraduate student focus group participant

A lot of first-generation students have this mentality that ‘we got here on our own and we need to get through on our own’ so that’s something that makes us not reach out. – Undergraduate student focus group participant

When students have someone in their personal life who is a champion of mental health resources, they have a more positive attitude and sustained engagement. – Focus group participant

[Some students] come from families who are very aware of mental health, very invested in making sure you stay healthy. It makes a difference if you come from a family that considers mental health problems an actual problem. They weren’t ashamed to get help, tell their stories. Harvard could help create that same level of openness even if you can’t change the family of an individual, changing the way they look at mental health, letting them know there are a lot of resources, what they cost. That would help a lot. – Undergraduate student focus group participant

**Leaves of absence.** Leaves of absence seem to be a source of fear and anxiety for some students. Despite the fact that only a small percentage of student leaves are involuntary, students cited the possibility of being put on an involuntary leave as a reason not to seek help. Students reported hesitation to disclose their mental health challenges to Harvard-employed counselors and others in the administration, fearing the possibility that they would be asked to leave if they were deemed “unsafe” by CAMHS. Students noted that they may censor what they say to a counselor, or avoid CAMHS altogether, if they think they might be placed on a leave of absence. This situation may leave some of the students most at risk fearful of being open about the depth of their problems.

**No clear message from University regarding mental health.** Overall, students do not seem to believe they are getting a clear and consistent message about mental health from the University. Students are told during orientation that they can expect to feel stressed, but they do not always feel equipped to cope with this stress when it hits. The College has undertaken work in this area including the provision of central training to tutors and proctors on issues of stress and anxiety and offering workshops through the Academic Resource Center (ARC) on organization, time management, and other areas that could help reduce stress. However, some students reported being unclear about what kind of stress is normal and when they should ask for help. Students, faculty, teaching fellows, and staff all expressed a desire for more training on recognizing and responding to the range of mental health issues that they encounter in their own lives, in their interactions with friends, and in their work with students. Even those involved in peer support organizations noted the wide gap between the training they receive on responding to issues like sexual assault and the training they receive on mental health issues and resources at the University, emphasizing that while the former is important, the latter is something they encounter on a nearly constant basis in their work with students. Above all, there seemed to be confusion about CAMHS as a resource (more on this below).

Faculty, administrators, tutors all need to take care of their own mental health. Students look at the adults around them as examples, saying ‘oh my god my professor is always so stressed out.’ – Undergraduate student focus group participant

People in power should demonstrate that they care about mental health, and I think a cultural change within Harvard as a whole would be important. Students can only do so much [...] if that isn’t supported by professors then it doesn’t really matter what we do. I think it’s important for faculty to show that mental health is on their agenda. I know they address mental health when there’s a tragedy but otherwise it’s kind of radio silence. It does a disservice to the change that advocates really want to see within the student population. Much of the culture is created by those in power. – Undergraduate student focus group participant

## Current capacities and resources

As we discuss below, and in the section on “Clinical Knowledge, Access, and Barriers,” Harvard has significant capacities and resources to support our students. At the same time, the focus groups made clear that they could be leveraged more effectively. In addition to gaps within existing types of resources, a common theme was that students often were unclear about when (e.g., “Is this ‘normal’ stress that I should learn to manage on my own or a mental disorder for which I should receive professional help?”), where (e.g., “Should I talk to my resident dean, peer counselor, CAMHS, AEO, ARC, or go somewhere else?”), and how (e.g., “If I think I need to speak to a mental health professional, how can I get an appointment, do I have to pay, and will it affect my status as a student?”) to get help.

**Residential life.** Harvard College has a robust system of support for first year students, with a network of advisors including academic advisors, proctors, and Peer Advising Fellows. Students saw the system as a major strength. However, some noted that this system of support largely disappears once they move into the Houses. While students face particular challenges during their first year at Harvard – living away from home and family, often for the first time, and navigating issues of identity and purpose – each subsequent year comes with its own pressures and challenges, and some focus group participants regretted that there was not more of a support system in the Houses. Students lauded Mather House as a model in this respect, noting that its Faculty Deans have elevated mental health as a top priority for the House community, making space for education and open conversations about self-care, stress, and mental illness. Some students also expressed concerns that other Houses did not prioritize mental health in a similar fashion, noting that the relative autonomy of each House could present an obstacle to providing students with an equally supportive environment across the House system.

Across years, students reported being unclear about some of the roles of residential staff, and some were reluctant to bring issues to residential staff who, aside from their support roles, also have some level of authority over the students. Some feared that if they disclosed mental health issues to their resident dean, then they would be forced to take a leave of absence, or that if their faculty dean found out they were struggling, then the latter would be reluctant to later write the student a letter of recommendation. Pre-med students in particular seemed to worry about the effect that documented mental health issues might have on their applications for medical school. Some resident tutors and proctors did not feel well-prepared to respond to student mental health needs or to triage and redirect students to the appropriate mental health resources. Some tutors and proctors also reported being unclear or facing changing expectations about their role in recognizing and responding to serious mental health issues among their students.

I feared talking with the dean about my stress would lead to me needing to take a leave. I feared the consequences of asking for help. – Undergraduate student focus group participant

Over the years I’ve watched what feels like a sliding expectation of the responsibility of tutors for dealing with extreme mental health issues. [...] A lot of rumor about what the tutor is supposed to be in the house. Are they supposed to be a friend, a counselor? – Focus group participant

**Peer counselors and friends.** Harvard College is home to an abundance of peer organizations offering support to undergraduate students, including Peer Advising Fellows, Student Mental Health Liaisons, Indigo Peer Counseling, Contact, Harvard Eating Concerns Hotline and Outreach (ECHO), Response, and Room 13. While students seemed aware of the existence of these groups and often found them helpful, many also seemed unclear about what differentiates one from the other, and where they should go first for help. Some students seemed to believe that the sheer number of peer counselors on campus was a sign that other parts of the mental health system are broken, and that peer resources are shouldering a burden that should fall elsewhere. Some were uncomfortable going to peer counselors given the chance that the peer counselor could be someone they know. This was particularly a concern within smaller communities – for example, peer counseling groups that are for students of color by students of color.

Peer counseling groups do a good job but think they’re making up for what lacks elsewhere. Onus shouldn’t be on students, this shouldn’t be their job. – Undergraduate student focus group participant

I've heard from people who go visit them that the peer counselor they saw knows them. This raises privacy concerns. – Undergraduate student focus group participant

Many students also rely on friends for support. While this is generally a positive practice, the focus groups made clear that peer support was insufficient and not always useful. Some expressed worry about overreliance on friends, as it places additional burdens on the peers and may further result in “circuits of distress” whereby the mental health of an entire friend group suffers. Others expressed a reluctance to be vulnerable with peers. While anxiety is everywhere, some believed that being frank about their troubles to peers could be perilous.

I've seen a lot of weight being put on friends in terms of mental health concerns, and the friends feeling really unsure of whether they can or should reach out to bring in other resources. Just as people themselves may be unsure of going in themselves, friends may feel really put in a difficult place if you tell them they can't tell anyone. We need to educate people on what is maybe too much for just a peer to handle who is not a trained clinician. – Focus group participant

Anxiety is everywhere but talking about anxiety is not normalized at all. The classic answer to “how are you doing?” is “great, how are you doing?” You have anxiety but you feel like you're the only one because people don't talk about it. – Undergraduate student focus group participant

**Family.** For students from stable, supportive families, calling home and having parents visit campus can be a welcome relief. For those from less financially or emotionally stable backgrounds, family may be not only less accessible, but also itself a source of stress. Family figured prominently among students' sources of stress, including worries about an inability to send money home, about parents' undocumented status and deportation, and about the implications of newly discovered or newly declared identities.

One resource that helps me a lot is calling home [...] Not a resource that Harvard supplies but it should be encouraged more. Parents have been through being my age, talking to them really helps. – Undergraduate student focus group participant

Things at home have a direct impact on students' well-being on campus. How they navigate finances, sending money home, external stress of family situations. Seems to be an increasing issue, seeing it more and more often. – Focus group participant

I have family problems all the time that I feel like other people don't have and I don't know who can relate to what I'm going through. I don't feel like I have the support and I don't know where to get it from. – Undergraduate student focus group participant

**Academic accommodations.** The Accessible Education Office (AEO) works with many students who have mental health issues, reporting that this category makes up more than 300 of its 900 registered students. While the office reports a sense that an increasing number of students are starting to self-identify as needing accommodations for mental health issues, it also notes the possibility that some students who could benefit from accommodations for mental health issues still may not be connecting with the office or are doing so only after struggling academically for some time. Members of the Task Force and some focus group participants echoed this concern. The issue was lack of awareness – not merely about the existence of the AEO, but also, more fundamentally, about the fact that the student could have a disability. Students also perceived major differences among faculty in their approach to mental health issues (particularly as indicated on syllabi) and accommodation of mental health needs.

[Minimum rules for accommodations] set the bottom bar, but faculty in the humanities are generally more generous with accommodations, while faculty in the sciences are more strict [...] it can be scary and shocking when students are used to one approach and then encounter a different approach. – Focus group participant

**Other resources.** Harvard University has a professional network of chaplains representing a diverse array of traditions. Chaplains can offer confidential guidance and support with issues related to both spiritual and emotional well-being. Harvard College also has several Equity, Diversity, and Inclusion Offices, including the Office of Diversity Education and Support, the Office of BGLTQ Student Life, and the Harvard Foundation for Intercultural and Race Relations. For issues of sexual or gender-based harassment or assault, the University has a Title IX Office, Title IX Coordinators for Harvard College students, and an Office for Sexual Assault Prevention and Response (OSAPR). Examining the quality of student interaction with each of these offices was beyond the scope of our work. However, we note that students who participated in focus groups repeatedly cited the Office of BGLTQ Student Life as a trusted resource.

# STATE OF AFFAIRS: GRADUATE AND PROFESSIONAL STUDENTS

## State of graduate and professional student mental health

Harvard University has collected considerably more data about the mental health of its undergraduate students than of its graduate and professional students. At the time of this writing, there is no University-wide survey that assesses the state of graduate student mental health. The Graduate Student Mental Health Survey Initiative (GSMHSI) began in 2016 as an effort to better understand the mental health of graduate and professional students at the University. The initiative is still in an early phase, but as of November 2019, there had been participation among graduate and professional students in 41 programs across four Schools. Through these efforts, 6,811 graduate and professional students have been surveyed. The findings listed below are based on survey results from 11 programs:

- Institutional survey data using the PHQ-9 screening tool for depression suggests that approximately 23.6% of graduate students responding to the survey exhibited symptoms of moderate to severe depression at the time of the survey.
- The prevalence rate of generalized anxiety, using the GAD-7 screening tool, is similar to the rate of depression. Institutional data collection suggests that approximately 23.1% of graduate students who responded to the survey exhibited symptoms of moderate to severe generalized anxiety at the time of the survey.
- Underrepresented minority students, first generation students, low income students, and students who identify as LGBTQ were more likely to screen positive for depression and anxiety, and students with multiple marginalized identities screened positive at higher rates than those with a single marginalized identity.
- Among the graduate students surveyed, 25% indicated that they are currently receiving treatment for depression, and 25.1% indicated that they are currently receiving treatment for anxiety. Among graduate students with moderate to severe depression or moderate to severe anxiety, 41.4% are currently in treatment.
- Overall, 79% of graduate students surveyed indicated that they would know where to turn for help if they were experiencing a mental health issue. When asked if they know what mental health services are made available by Harvard, there is a sizeable group who are unsure or do not know (27.7% unsure and 9.9% do not know). This varies by program.
- A large fraction (between 49.4% and 78.9%, depending on the program) of graduate students report frequent or intense feelings of being an imposter. Women were more likely than men to report feelings of imposter phenomenon (67.1% of females vs. 53.8% of males). Women who also identified as underrepresented minorities, first-generation, low income, or BGLTQ reported particularly high rates of imposter phenomenon.
- A large fraction (between 37% and 62%, depending on the program) of graduate students who responded to the survey scored positive for loneliness as measured by the UCLA loneliness scale measuring relational connectedness, social connectedness, and self-perceived isolation.

Ideally, these survey results would be benchmarked against studies of other graduate student populations. However, there are very few well-designed studies in the mental health literature measuring depression and anxiety in student populations that use the same screening tools currently being included on the Harvard surveys (PHQ-9 and GAD-7). In addition, there are very few studies focusing on the mental health of graduate

students, and existing studies are mostly small in scale.<sup>9</sup> Because of sampling differences and low response rates, caution should be exercised in using some of the published literature as benchmarks to contextualize the prevalence of student mental health issues at Harvard.

## Common themes

The Working Group on Graduate and Professional Students was asked to “examine the diverse range of study environments and educational experiences among Harvard’s graduate students, who are dispersed among dozens of doctoral and professional degree programs.” The underlying assumption, one that is often made at Harvard, was that each environment would be unique and that the experiences of students, and thus their sources of stress, would vary significantly from program to program. But as the Task Force began to dig deeper – reading reports about mental health at individual Schools, looking at survey data, and hearing directly from students, faculty, and staff across the Schools and programs – what we found was a surprising degree of commonality. Across the University, students struggled to establish meaningful connections with peers and mentors, grappled with the feeling that they do not measure up to others in their programs, and worried about making ends meet and finding a job after they graduate – all within a culture that does not appear to prioritize wellness. We also found that while students across units are struggling with many of the same issues, Schools are largely working in isolation to address these issues for their own student populations.

Within each of these themes, different populations of students do have distinctive experiences, and we have articulated many of these in the narrative that follows. Likewise, we have identified many unique efforts among Schools to improve the well-being of their students. Enormous potential remains for Schools and programs to identify additional context-specific challenges and stressors and to make and implement recommendations that respond effectively to the issues facing their students. Some Schools already have made significant progress on this work. For others, the GSMHSI may be an opportunity for Schools and programs to undertake this work in partnership with students. But above all, it will be important for Schools to recognize that their problems are not entirely unique and there is much to be gained through greater collaboration.

### *Institutional environment*

Across both graduate and professional student populations, focus groups revealed a strong sense of overcommitment, intense workloads, a feeling that self-worth is linked to academic output, and that sleep and mental health must be sacrificed for academic success. And while stress is normal and expected in a prestigious academic setting, some issues with which students are grappling may be indicative of deeper problems within the University environment. Despite efforts to counter discrimination, microaggression, and sexual harassment and assault, some students continue to be confronted with these issues during their time at Harvard and can experience significant harm to their mental and physical well-being as a result. Negative encounters with fellow students and with those who serve as teachers and advisors have undermined some students’ ability to enjoy or even succeed in their academic programs.

A lot of the things that we discuss are band-aid solutions to a major bleed. Students get the message that somehow their self-worth is linked to their academic output. – Focus group participant

There are many faculty here who, in order to be trained, went through an experience like ours. There is deep resentment for this type of culture but also a need to perpetuate it. Also a number of faculty who don’t get a healthy amount of sleep themselves. – Professional student focus group participant

Local culture matters. Some professional schools have unique institutional environments that impact the

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<sup>9</sup> Flaherty, Colleen. “A Very Mixed Record on Grad Student Mental Health” *Inside Higher Ed*. December, 2018. <https://www.insidehighered.com/news/2018/12/06/new-research-graduate-student-mental-well-being-says-departments-have-important>

mental health of their students in specific ways. For example, in Schools with a strong ethos of caregiving, students can find themselves taking on the troubles of their peers at the expense of their own mental health. In Schools or programs where research and classroom discussions focus frequently on places or populations – particularly low-income communities or communities of color – with which some students identify, some students reported feeling as though they were treated as the “other” within their own classrooms. A lack of diversity among faculty seemed to exacerbate this issue.

In some cases, a School’s institutional environment is closely connected to the culture of the profession for which students are being trained. Some students in the Graduate School of Design (GSD) reported that studio culture within the School – most notably the practice of sacrificing sleep for longer work hours – is seen by many in the profession as a rite of passage and is directly linked to what will be asked of them when they move into jobs with design firms. At Harvard Medical School (HMS), students on clinical rotations were subject to some of the same stressors that are known to contribute to physician burnout. At Harvard Law School (HLS), students were acutely aware of the challenges that await them as they approach graduation, including a competitive entry-level job market in a profession that is experiencing a mental health crisis of its own.<sup>10</sup> And for Graduate School of Arts and Sciences (GSAS) Ph.D. students hoping to work in academia, the faculty they look to as role models are under great pressure themselves and may not always provide healthy examples of balancing work with life.

### *Financial hardship*

Financial hardship is a major source of stress for many graduate and professional students at Harvard. Students who accumulated debt throughout their graduate studies – in many cases adding to existing debt from undergraduate studies – worried about being able to repay their loans and about the extent to which their loan burden could limit their career choices. Students also reported numerous sources of financial stress above and beyond tuition for their programs. Students from professional schools talked about the strain of covering costs for project materials and publications out of their own pockets. Some of these students reported feeling pressure to spend money they did not have on “flashy” projects – fearing that if they did not draw the attention of their professors in this way, they would not have access to their professors’ career networks. Even when costs were meant to be reimbursed, students said they struggled to front the high price of publishing their work in journals. And students across the board struggled to afford the high cost of living in the Boston area. For students with children, the cost of childcare in the Boston area, which is one of the most expensive areas in the nation for childcare, can be a particular strain. Some students in professional degree programs reported that they hold outside jobs in order to make ends meet and struggle to balance their work schedule with their school schedule.

The cost of studies keeps accumulating. A lot of people are coming in with student loans. – Professional student focus group participant

[A] big concern is paying off debt. Not only do I need a job, I need one that will pay for my debt. As people’s debt gets higher, pressure does too. Not many people from my program go into academics, but for those who do it’s ultra-competitive. – Graduate student focus group participant

Students also perceived disparities between Schools in terms of the resources available, and even between programs within the same School. One professional school student described a requirement to complete an unfunded summer research project, while students in a similar program at a different Harvard School enjoy a fully-funded thesis year. Others noted that certain courses and even workspaces at their School were not available to students in their program. Even within GSAS, students in terminal master’s programs noted that they do not have access to all of the benefits of those in Ph.D. programs.

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<sup>10</sup> McLellan, Lizzy. “Lawyers Reveal True Depth of Mental Health Struggles” *Law.com*. February 2020. <https://www.law.com/2020/02/19/lawyers-reveal-true-depth-of-the-mental-health-struggles/?sreturn=20200405092036#>

## Career stress

Graduate and professional students worried about finding a job after graduation, and many felt pressure to conform to certain expectations about the type of career they will pursue. That entering the job market (or pursuing a next phase of training like a residency program) is a stressful stage for students is no surprise. But recent years have seen a shrinking of tenure-track positions in many disciplines and fields, causing high levels of stress and anxiety.<sup>11</sup>

The lack of certainty or control over whether they will find a position and where they will end up geographically was stressful to students and placed stress on their relationships with spouses and partners. Students hoping to pursue a career outside of the typical path for their program at times faced additional challenges. Several reported not feeling that they could be open with faculty about their career goals. Some worried that their advisor would not devote as much time to their research or professional development if the advisor knew the student was not planning a career in academia. Some students reported being actively discouraged from seeking out opportunities that would prepare them for a non-traditional career path. Even when faculty are supportive of alternative career paths, students may find it difficult to get informed guidance about how to best prepare themselves for and pursue those paths. Students from several Schools reported that their career services offices are only helpful for those seeking traditional career paths – even in programs where a large percentage of students no longer follow those paths.

Dual academic couples, and career jobs. You have so little control about where you end up working. – Graduate student focus group participant

Lack of access to mentors who are in careers outside of academia. About half my class goes into other careers, but we really don't have training or interface outside of extracurriculars to other career paths, or advice on what to do to prepare ourselves for those paths. – Graduate student focus group participant

## Loneliness and isolation

Surveys of graduate students at Harvard show that more than half (54.9%) experience frequent feelings of loneliness. Many students wish they had someone to whom they could talk or vent about their troubles, and who could help them think through a path forward, but these relationships can be difficult for graduate and professional students to find outside of a clinical setting.

**Reluctance to be vulnerable.** For graduate and professional students alike, there is a tension between seeing fellow students as peers and seeing them as future colleagues. As a result, students are sometimes reluctant to be vulnerable or to share their problems with others in their program, even when those students are well positioned to offer advice and support. While some students want to benefit from the program-specific knowledge of their peers, others do not want to reveal their struggles to others in their program. Students reported concerns about displaying weakness or vulnerability in front of both peers and faculty in their Schools. While student well-being can be bolstered by relationships with faculty that are both personally and professionally supportive, students worry about opening up to faculty who may be in a position to evaluate them either now or in the future.

There's tension between people being your classmates and social support but also your future colleagues. You don't want to admit failures or weaknesses to them. – Professional student focus group participant

**Imposter syndrome.** Imposter syndrome has emerged through surveys and Task Force conversations as a major factor in graduate students' mental health, and is likely both a cause and an effect of loneliness and

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11 Moore, Monika. "The Changing Landscape of Tenure-Track Positions" *Higher Ed Jobs*. May, 2019. <https://www.higheredjobs.com/Articles/articleDisplay.cfm?ID=1952>

isolation among students. Graduate and professional students have largely experienced success in their academic lives before coming to Harvard, but they face new challenges in their graduate programs where they are surrounded by similarly successful peers. For some students, the first year can be a major shock and may be the first time they experience the feeling of being “behind” their peers. Embarrassed by the fact that they are struggling, students may pretend they are fine. And surrounded by peers who also appear to be fine, students each get the impression that they are the only one having a hard time. It is easy for them to draw the conclusion that they must not be good enough, smart enough, hardworking enough, or creative enough for their program. Reports of this issue were frequent.

For me the first year was a really big shock to my self-esteem. [...] Makes you question whether or not you belong. Everyone tells you it's going to be difficult but you don't really know what that's like. A lot of us tie lots of our identity up in being really smart. – Graduate student focus group participant

Imposter syndrome is prevalent. Students feel embarrassed for expressing stress when everyone else is going through the same thing. – Professional student focus group participant

**Difficulty building and sustaining communities.** Support networks matter. But students in both graduate and professional programs face challenges in building and sustaining communities. Some master's degree students spoke about the challenge of building strong community bonds in programs that last only one or two years, also noting that the overall high rate of turnover can make it difficult to sustain the groups and communities that are established.

The structure of some programs also can impede a strong sense of connection or community. For example, after their first year, medical students are subdivided into cohorts that are split between the various hospitals, and then subdivided again on clinical rotations. At the GSD, some students report that they feel divided by what they see as an unofficial hierarchy among their respective programs. Even Ph.D. students note that their ability to be part of a community – both in terms of time and physical presence in Cambridge – changes as they move through their program years; many students hunker down as they prepare for qualifying exams or are away from campus for long stretches as they conduct their research.

It's a very closed system. Life in the lab can feel like a life of quiet desperation. There is a community of scholars here but they never talk to each other. A student will never go to an older Ph.D. student, even though they could be a wealth of knowledge and advice. They don't feel like they can. No access to the wealth of knowledge that they're surrounded by. – Focus group participant

In conversations with the Task Force, graduate students identified institutional support as vital in sustaining communities and student-led initiatives. Without this support, innovative and successful student-led programs can disappear when the students behind those efforts graduate or are otherwise unable to continue leading them. Students reported that the creation of community spaces can be a particularly impactful way for faculty and administrators to improve the climate and foster a sense of community among graduate students. For example, students in one department reported feelings of isolation, noting that they would return to their apartments rather than staying on campus after class because they had no designated space to relax, convene with other students, or study. In response, the chair of that department began creating spaces for students to study and socialize. Another department had an existing space that did not encourage socialization, and transformed the space into a more welcoming, social environment. Students also have pointed out that the GSAS student center – currently undergoing its own transformation – has enormous potential to become a warm environment and a gathering space for GSAS students.

### *Power, ambiguity, and connections with advisors and other faculty*

One consistent theme in our survey data, focus group discussions, and other Task Force conversations, was the impact of the relationship between students and faculty on students' stress levels and overall mental health.

Graduate student surveys revealed a strong correlation between the relationship between a Ph.D. student and their advisor and scores on screening tools for depression, anxiety, self-esteem, and imposter phenomenon. Issues in this area range from an absence of connection with one's advisor, because the advisor is either physically absent or is not available for check-ins, to advisors whose behavior is actively harmful to students' mental health. While some advisors are adept at setting expectations and managing students, others struggle with these skills or do not view them as a priority. Students and faculty alike noted the challenges of identifying ahead of time which faculty were likely to serve students well as mentors. While students sometimes share information informally amongst themselves, they regretted that there is no systematic way to provide feedback on advisors – either to the advisors themselves, or to potential future students.

The relationship between advisors and their students also involves a significant power differential, which can be made even more daunting for students when there are cultural differences between student and advisor. Students depend on their advisors not just for guidance on and evaluation of their research, but also for recommendations and connections that can make or break their careers. As such, students were often reluctant to speak up when things were not going well. Changing advisors, particularly for students who are further along in their research, can feel like an impossible undertaking, and students may feel hopelessly trapped if the relationship with their advisor sours. When asked if they would know where to turn for help if they ever felt that they were experiencing issues with advising, 44.8% of students who participated in the GSMHSI responded they would not.

There are some faculty who are not available physically, not responsive, not around. This is not unrewarded if they're productive. – Focus group participant

For doctoral students, the relationship with your advisor is a big factor. If there's a problem, you can't really go to anyone for help. You can't get away from that relationship. Changing advisors is really risky. – Graduate student focus group participant

My advisor is a nice guy but he is too busy to give me the time that I need. – Graduate student focus group participant

[There is] a lot of projection about what absent advisor might be thinking. Literal absence or present but not checking in. The power differential between advisor and advisee is so profound. – Individual task force interview

[The] advisor relationship can either make or break mental health issues. In some cases, advisors cause the mental health issues. But I have also seen advisors who are key in helping students make it through. That resource is critical. – Focus group participant

Students whose advisors leave Harvard during the course of their graduate program are placed in a particularly stressful situation. Some students choose to follow their advisors to new institutions or continue working with them remotely, underlining how integral advisors are to their students' academic experience. Other students may have no choice but to search for a faculty member whose academic focus aligns with their own and who has the capacity to take on a new advisee. They are then left with the challenge of building a new advising relationship from scratch.<sup>12</sup>

Connecting with faculty outside of formal thesis advising relationships also is important for graduate and professional students. In a survey of students in 8 Economics Ph.D. programs, students' ability to talk to faculty who care about them as a person had a positive correlation with their mental well-being.<sup>13</sup> But it can be a struggle for students to establish these connections. They may not know whom to approach, how to do so, or what type of relationship they can expect from faculty outside of the formal advising structure. At HMS, medical students have identified mentoring on wellness, careers, and work-life balance as a priority.

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12 Chuang, Callia. "'Derailed': When Graduate Students' Mentors Leave Harvard" *The Harvard Crimson*. March 2020. <https://www.the-crimson.com/article/2020/3/2/grad-student-mentorship/>

13 Barreira, P., Basilio, M., & Bolotny, V. (2018). Graduate Student Mental Health: Lessons from American Economics Departments.

And while there are thousands of HMS faculty working in Harvard's affiliated hospitals, it can be challenging for students to identify and connect with doctors who are interested in mentoring them in their chosen fields of medicine and who have time to devote to this pursuit. GSAS students in terminal master's programs noted that they sometimes find it challenging to get time or attention from faculty advisors, given the pressures on faculty time and the fact that Ph.D. students often take priority.

The Task Force has identified several positive efforts related to graduate student mentoring. Mentorship is one of the topics addressed through the FAS New Faculty Institute, a two-day orientation for all new ladder and senior faculty in the FAS. Demonstration of effective mentorship is also a factor in FAS tenure decisions. The GSAS recently launched The Advising Project, a two-year initiative to identify and promote best practice in advising structures and relationships.<sup>14</sup> The Government Department's Committee on Climate Change, which released its final report in May 2019, looked closely at mentorship of students as one of the issues facing the department. As a result of the report, the department is now implementing several recommendations to improve mentorship of graduate students. Several focus group participants described individual or department-level efforts to improve the advisor relationship while also taking some of the pressure off this relationship. These efforts include pairing students with a neutral, secondary mentor outside of their research area, helping students to set up a strong mentoring committee, and encouraging students to agree on a "management plan" with their mentor to avoid either neglect or micromanagement. At HMS, MD students have developed a web platform to help match students with faculty mentors interested in providing personal or professional guidance.<sup>15</sup> Finally, growing numbers of faculty in the sciences are beginning to outline their expectations of graduate students in writing. These documents can give students a better sense of the environment that will be entering and can reduce the anxiety that results from uncertainty around things like sick days and vacation time.<sup>16</sup>

### *Uncertainty and open-endedness of graduate studies*

Students experience a great deal of uncertainty as part of their graduate and professional programs. Several reported wanting greater transparency around topics such as what path their studies will follow, what they can expect (and what will be expected of them) in a given program year, and even which parts of the coursework or program past students have tended to struggle with. Students also reported that they are expected to come in with certain skills – scholarly writing, as one example – and there may not be much in the way of training or support for those who need it. Students reported that while Harvard's graduate and professional programs are trying to diversify their student populations, those demographic changes are not always accompanied by support for students from non-elite backgrounds who may not arrive at graduate school with the same knowledge as their peers from elite backgrounds.<sup>17</sup>

A lot of stress is from feeling like you should know how to do things and if you don't know and you ask how to do it you're an idiot. Maybe just realizing that people come to grad school to learn how to become things. – Graduate student focus group participant

The open-endedness of graduate studies can be a major stressor for students in Ph.D. programs, and is an example of an area in which students may benefit from greater communication and support. While the undergraduate experience involves frequent feedback via graded assignments and exams, graduate research during the dissertation stage has no formal grades or end date. The transition from the initial, structured phase of graduate studies to the dissertation phase, which requires independent, self-directed research, can

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14 The Advising Project. <https://gsas.harvard.edu/academics/advising-project>

15 Harvard Medical School Weave. <https://weave.hms.harvard.edu>

16 Langin, Katie. "Why some professors welcome new lab members with clear expectations—in writing" *Science*. August, 2019. <https://www.sciencemag.org/careers/2019/08/why-some-professors-welcome-new-lab-members-clear-expectations-writing>

17 In recognition of these issues, GSAS recently launched a new course titled "Introduction to Graduate School: Skills and Practices for Scholarly Success," which offers training in many fundamental aspects of graduate school, including clear and persuasive writing, effective teaching, and identifying and applying for grants. Other schools also report that they are considering adding more information about these topics based on feedback from students.

be a struggle for many students, and, according to survey data, can exacerbate imposter syndrome. One focus group participant emphasized that not providing students with support and guidance on navigating this transition equates to “dumping them into the abyss.” Another participant shared that their department holds a meeting after qualifying exams with all students to help prepare them for what is ahead, noting that students have responded positively to the content and have requested more support and information in this area.

### *Notable populations*

Several populations of graduate students may be particularly at risk for issues related to stress and mental health and may be in need of targeted or tailored support. These include students of color, international students, students who identify as BGLTQ, and students from low-income backgrounds or who were the first in their families to attend college. Students regretted the lack of University-wide communities and resources for these populations, particularly given that some are isolated within programs and Schools where there may not be a critical mass to organize robust local communities. The Office of BGLTQ Student Life, a resource for undergraduates in Harvard College, is viewed favorably by many students, and students who spoke with the Task Force wished that something similar were available University-wide. Likewise, while first-generation graduate and professional students may experience some of the same challenges and stressors of first-generation undergraduates, there is no University-wide support or community for them, as there is for undergraduates within the College.

International students may be at higher risk as a result of stressors like being separated from their social support systems and feeling isolated on campus. At the same time, the stigma of mental illness in certain cultures may prevent students from recognizing or seeking help for mental health issues. International students also seemed to have lower awareness of local resources, and to face cultural or linguistic barriers to finding a mental health care provider.<sup>18</sup> Concerns about their visa status also may cause international graduate and professional students to be reluctant to speak up about issues with their advisors, disclose mental health concerns, or take time off if it is needed.

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18 Redden, Elizabeth. “International Student Well-Being” *Inside Higher Ed*. May, 2019. <https://www.insidehighered.com/news/2019/05/31/panel-focuses-mental-health-needs-international-students>

# STATE OF AFFAIRS: CLINICAL KNOWLEDGE, ACCESS, AND BARRIERS

## *Overview*

Harvard University's Counseling and Mental Health Services (CAMHS), part of Harvard University Health Services (HUHS), is a resource available to all registered Harvard students. CAMHS clinicians see students by appointment as well as through Let's Talk, a walk-in program at designated sites around campus that allows students to speak confidentially with a clinician. CAMHS clinicians also facilitate workshops and groups aimed at specific topics and populations. In addition, CAMHS provides guidance and support for faculty and administrators who are supporting students of concern, and CAMHS participates in the training of new faculty deans, resident deans, tutors, and proctors. CAMHS clinicians train and supervise the five peer counseling groups at HUHS: Room 13, ECHO, Contact, Response, and Indigo. Like the HUHS Health Promotion & Education team, CAMHS supports peer education in its supervision of the Student Mental Health Liaisons (SMHLs).

## *Wait times and opening hours*

In an effort to keep up with increasing student demand for mental health care, CAMHS has increased its professional staff by approximately 40% since 2015, and at the time of this report, CAMHS employed 47 mental health clinicians. Taking into account a total enrolled student population of approximately 22,000 including graduate and professional students, the CAMHS student to staff ratio is roughly 468 to 1. Ratios reported by other Ivy+ institutions range from 403:1 to 755:1, with most landing between 500-600:1. Despite increases in staffing, students who participated in focus groups for this Task Force continued to report difficulty getting an appointment in a timely manner, whether for an initial consultation or for ongoing therapy. Our initial analysis of CAMHS data on wait times from triage to intake and from call to first contact shows that wait times appear to fluctuate seasonally, with the longest waits taking place during the fall semester. Notably, wait times also appear to have increased substantially since 2018. Through the first three quarters of 2019, the median time between a student seeking help from CAMHS and their first contact (telephone consult) appeared to be less than a week (median ranges from 1-5 days), but during the fourth quarter the median time was two weeks. The median time from telephone consult to intake appointment in 2019 ranged from just under two weeks to almost three weeks.<sup>19</sup>

Students in the Longwood area have expressed concerns about the more limited availability of providers (and, as a result, appointments) in Longwood. Medical students on clinical rotations reported that they face particular challenges in finding time for a mental health appointment, explaining that they are scheduled to work during regular business hours and do not have a great deal of predictability or advance notice about their days off. While official policy permits them to take time away for such appointments, students said that they still worry that absences will affect how they are perceived by their team.

## *Financial barriers*

Several students in our focus groups reported some confusion about the costs associated with mental health treatment at Harvard. Some students may be reluctant to seek care because they are not certain if they can afford it. While CAMHS aims to provide short-term treatment for most students, there is no set limit to the number of sessions a student can receive free of charge with CAMHS providers. Students on the Harvard University Student Health Insurance Plan who visit a provider in the community (rather than a CAMHS

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<sup>19</sup> Wait times in 2019 were likely affected by a temporary staffing shortage of prescribing clinicians. The median time from telephone consult to intake appointment with a therapist in 2019 ranged from less than one week to just over two weeks, while the median time from telephone consult to intake appointment with a psychiatrist in 2019 ranged from 1.5 weeks to almost six weeks.

provider), currently receive eight mental health visits free of charge outside of CAMHS. After those initial eight visits, students seeing providers in the community are charged a copay of \$35/visit for a maximum 40 visits/year. For students who require ongoing mental health treatment in the medium and longer term, these copays may become burdensome. Low income students, some of whom are in fact sending money home to support their families, may not be able to ask their families to help with the copays. Students whose families stigmatize or otherwise do not believe in mental health treatment are likewise unable to ask for financial help. One student receiving financial aid reported being able to petition the financial aid office for help with copays, but not all students are aware of this possibility (nor may all financial aid offices be able to help in this way). Likewise, students may not be aware that if they need additional treatment beyond the 40 outside visits/year, they can submit a request for an extension of their coverage. And while many mental health clinicians in the community do accept health insurance, some only work with a limited number of insurance plans and others only accept private payment. Students who can afford to pay privately for mental health services have more options for finding a provider in the community than students who need to use their insurance (this issue is not unique to college students; it affects mental health care access throughout the U.S.).

### *Privacy*

Students expressed concerns about their privacy in seeking mental health treatment. We describe below some of the concerns that have been expressed to the Task Force. It is important to note that while some concerns are the result of misinformation or misperceptions, they nonetheless have an impact on how students choose to access mental health services. Some students worry that getting any kind of mental health treatment may become part of an official record and would be a mark against them in the future. Students also reported discomfort with the idea that their peers could find out that they were seeking mental health treatment and cited specific concerns about the possibility of encountering their peers in the dedicated CAMHS waiting area. Students also expressed concerns about the CAMHS waiting room practice of calling people for their appointments by name in front of everyone and wondered whether there was another way to let them know that their clinician was ready to see them. Finally, some students worry that their parents would be notified that they were receiving mental health care – either directly by the School, or, for students who remain on their parents' insurance plans, via statements from the insurance company.

### *Navigating the therapeutic relationship*

Students – particularly those who do not have prior experience with mental health treatment – may not have a strong sense of what therapy is, how it works, and how they can get the most out of it. Even students who have some familiarity with mental health treatment may not know what different modes of therapy exist and which are most appropriate for a given disorder. And, regardless of their knowledge and experience, students may feel uncomfortable requesting a different provider if their first match isn't a good fit.

### *Diversity and cultural sensitivity*

Many students expressed concerns about the difficulty of finding a provider who shares some important aspects of their identity and has an understanding of their lived experience. Other students said that they were open to seeing providers who did not meet these parameters, but that cultural sensitivity was a paramount concern. Some students reported negative interactions with their providers that they believe stemmed from a lack of understanding or sensitivity to issues that were important to them.

### *Subclinical stress*

Alongside concerns that some students who truly need mental health treatment are not accessing care, there is concern that the stress and anxiety experienced by some students is being unnecessarily pathologized, pushing these students to seek out formal treatment when they might be better served by other resources.

This could happen if a faculty or staff member is unsure how to respond to a student in distress and referring them to CAMHS feels like a safe option. But for a student experiencing a normal amount of stress given their circumstances, the act of being referred to CAMHS could have the effect of reinforcing that what they are feeling is not normal. When such students are directed into CAMHS in large numbers, it strains the system and makes it difficult for students with urgent mental health needs to get treatment. At the same time, students experiencing subclinical levels of stress do need support and likely would benefit from that support being provided outside of a clinical setting where the cost of participating – both in terms of time and money – is lower.

### *Closure of the Bureau of Study Counsel*

Some members of the Harvard community have expressed concerns about the closure of The Bureau of Study Counsel (BSC), which provided advice and support to students outside of a clinical setting. While the BSC was used by a relatively small percentage of Harvard's students (approximately 300 students per year), there is no doubt that it was a valued resource for many of these students, providing guidance and support as they navigated both academic and personal challenges. The BSC's closure was announced in June 2019, after this Task Force was underway. At the same time, the College announced that it would be opening a new Academic Resource Center (ARC) that would offer a wide array of academic support services, including consultations, workshops, and targeted coaching aimed at developing academic skills and expanding students' capacity for self-advocacy. The ARC opened after our first round of focus group conversations and was likely too new during our second round of focus groups for us to hear directly from students about it. But based on a review of its resources and conversations with those involved in the transition, it appears to be well-positioned to help students with academic challenges that, if unaddressed, can lead to undue stress and emotional suffering.

### *Providers in the community*

The CAMHS model is intended to provide short-term support to students experiencing immediate distress, and to refer students to providers in the community when longer-term or more specialized support is necessary. CAMHS employs a full-time referral coordinator to help students with this process. However, the availability of mental health services across the country lags significantly behind demand, and the Boston area is no exception. Finding providers who accept insurance, have availability for new patients, and are in reasonable proximity to Harvard's campuses is a serious challenge facing both the referral coordinator and the students seeking care. Students report calling numerous providers only to find that they do not accept insurance, are not taking new patients, or in some cases just do not return the student's call. For a student in distress, encountering such hurdles could lead them to give up on finding help.

Some providers who see significant numbers of Harvard students report that a stronger connection with CAMHS may be beneficial for both provider and patient – in terms of ensuring that the provider has both a full history for the patient and an awareness of institutional factors that could have an impact on the patient (e.g., the Student Health Insurance Plan, the major issues and events on campus that could be impacting their patients' mental well-being, and the resources that exist on campus for their patients).

# RECOMMENDATIONS

What follows is the list of actions the Task Force is recommending that the University undertake. As we noted, these recommendations, like the rest of the report, have not been altered in reaction to COVID-19, given that rapid responses to a quickly changing situation would require a different kind of committee performing a different kind of work. Instead, our recommendations were produced, and are presented, with the long view in mind. When necessary or appropriate, we specify the rationale behind our recommendation or provide more detail on its implementation. Recognizing the urgent nature of these issues, many units across campus already have begun initiatives to improve the mental health and well-being of their students, and some of the recommendations below reflect those efforts.<sup>20</sup>

## **1 We recommend staffing a dedicated and diverse team to work on student affairs University-wide, with an emphasis on mental health and flourishing**

### *1.1 Rationale*

The Task Force completed a large amount of work in a short time period. Nonetheless, it only scratched the surface of the issues on campus. Moreover, as we note below, many of the Task Force's most promising recommendations will require further study, and others will require coordination, oversight, or follow-up. And many of the issues that came to our attention touch other aspects of student life, requiring coordination with units across the University. Without a dedicated team in charge of execution, our recommendations have little hope of success. Furthermore, without an entity to coordinate information, the decentralized nature of the University likely will mean that the practices being enacted in response to the mental health crisis we are facing remain siloed in their units.

### *1.2 Composition*

The Task Force is well aware of the tendencies of bureaucratic organizations to continuously expand, and of the particular dangers that universities face when their administrative infrastructures balloon. We do not recommend a large new organization, as it would be unlikely to respond quickly to changes in the mental health landscape, and, given the decentralized nature of the University, likely would compete with or duplicate work already taking place in multiple units across campus. In addition, because our Task Force did not conduct an organizational analysis of the University's total governance structure—a project that would lie well beyond our scope—we are not in a position to make firm recommendations about the new staffing team's responsibilities vis-à-vis those of other units. Nonetheless, the Task Force came to believe that several elements of the team's composition were essential.

We estimate that the needs to be addressed by this team would require approximately 3 FTEs: one high-level position in charge of developing the vision and cultivating high-level connections across campus; one position in charge of operationalizing the vision and translating it into concrete action; and one position in charge of the administrative components required to keep the team operating efficiently. We recommend that the team be part of the Provost's Office, and that it stand independent of University Health Services. We recommend that the team create formal liaisons to the University's Institutional Research Office, to University Health Services, to the College, and to each of the graduate and professional schools. Finally, we recommend that the leader of the team join both the Council of Deans of Students and the HUHS Advisory Committee to assure close collaboration with the Schools and units.<sup>21</sup>

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20 The Task Force produced an additional list of proposals that the University should explore, but which the Task Force is not ready to recommend as action items given the need for further study; this additional list is enclosed as Appendix A. Finally, we also enclose as Appendix B an unedited list of ideas proposed by the many constituencies we spoke to during our research. We provide Appendix B for the benefit of members of the community who want to explore ideas beyond those included in our recommendations.

21 The University once supported a Student Health Coordinating Board (SHCB) that included members from the Provost's Office, the Council of Dean of Students and HUHS. The Provost may consider reviving the SHCB as an alternative to making the leader of the new staffing team be the core point person in bringing the Council and HUHS together on student mental health issues. The SHCB would also be an opportunity to bring input from students.

### 1.3 Charge

The team would be charged with the following tasks:

*1.3.1 Coordinate and oversee the implementation of Task Force recommendations.* The first role of the team would be to begin coordinating the enactment of the recommendations proposed by the Task Force, to examine the feasibility of those requiring future study, and to develop plans for implementing and monitoring pilot programs.

*1.3.2 Assemble and collect data regularly on student mental health.* For several years, multiple entities across campus have been independently surveying different subsets of students on mental health issues. HUHS in particular collects a great deal of student health data, but several Schools or units also collect their own. The GSMHSI has collected data only among subsets of graduate or professional students. Collecting more data about graduate and professional school students seems particularly important. The team would compile these and any other data on student mental health, collect additional data as needed, integrate these data, and produce an annual report to the Provost on student mental health and flourishing. The team also could encourage the various units to incorporate some consistency across surveys, for comparability (see section 1.3.5).

*1.3.3 Regularly assemble information on practices and policies.* As we have seen, one of the most common problems in furthering mental health and wellness is access to information. Within our community, there is considerable uncertainty about the resources available to students, the changes to mental health that our campus has seen, the ways in which the University has responded, and the best practices that are working in other universities. The team would be charged with collecting and continuously updating information from all units on campus and from other universities on policies and practice.

*1.3.4 Disseminate information to students, faculty, and staff.* The team would work closely with relevant Schools and central functions, such as HUHS and the chaplains, to meet the information needs of students, faculty, teaching fellows, postdoctoral fellows, other instructors, and staff. As part of this task, it would develop, create, and oversee the yearly distribution of a single information sheet for all student-facing faculty, teaching fellows, instructors, or other staff that includes information about how to help a student in distress. We recommend that this information also be made available to faculty and teaching fellows via other sources, such as Canvas. The team also should produce accessible, easy-to-follow, continuously updated guide maps for students seeking mental health support. A challenge will be to ensure this information gets to those in need through the glut of information and messaging that students receive. One possible approach is to create the equivalent of a 311 service, whereby students could call one number and anonymously connect to someone in the University for any student need.

*1.3.5 Catalyze actors across the University.* Many staff members, faculty, students, and others across campus are working on mental health issues. At a minimum, these actors would benefit from learning what others are doing. However, there are likely to be additional advantages to all, and to student mental health more generally, from catalyzing those efforts and coordinating in those areas in which joint activities are beneficial. For example, the team may facilitate a collaboration between two professional schools whose students face similar issues or help shepherd initiatives by college students to increase non-competitive extracurricular opportunities. The team could further encourage Schools and departments to designate interested parties such as faculty and members of student governance to act as liaisons to the team and as advocates, alongside staff (e.g., local deans), for matters of mental health. Directors of Graduate Studies could be important allies in this effort.

*1.3.6 Support related initiatives.* The University is currently supporting initiatives or efforts around sexual harassment, inclusion and belonging, accessibility, substance abuse, and more. Most of these initiatives are strongly related to mental health and well-being. The team would support those activities and provide the University with opportunities for expansion or consolidation as needed.

(See also recommendation 5.) More broadly, the team would support the student-facing units across campus.

## 2 We recommend launching a one-year campaign focused on mental health awareness and culture change

### 2.1 Rationale

The Task Force heard repeatedly about the need for a culture shift, and for signals that the institution has prioritized mental health. Indeed, many noted that the cultural signals typically pointed to the opposite, as faculty, students, and others are constantly busy and seemingly strive to excel in all endeavors at all costs. Moreover, the Task Force repeatedly noted major gaps between what Counseling and Mental Health Services (CAMHS) and other entities actually were doing or had done, and how those entities were perceived. Many students were not aware of recent investments in staff and other efforts to improve mental health. These factors collectively suggest that a few mass emails are unlikely to get the message across. Finally, the Task Force came to see that shifting the discussion from solving the mental health “problem” to cultivating an environment of self-care, positive social connections, and flourishing was essential to the success of many of the recommendations of the present report.

### 2.2 Elements

We leave the mechanics of campaign implementation, including determining the best use of different means of communication (flyers, wellness fairs, the internet, social media, etc.) and which stakeholders to involve in the planning, to the new student affairs team. However, we recommend that the campaign seek to accomplish the following tasks:

*2.2.1 Bring hidden issues to light.* Some of the issues that came to light in our focus groups, such as imposter syndrome, are well known but rarely discussed publicly in certain contexts. For example, Ph.D. students often do not express this kind of anxiety to faculty members in their departments. Some issues, such as the “Sleep Olympics,” are only known by particular constituents in the community. In addition, many students do not realize or consider that many faculty have struggled with mental health issues. Seeing tenured professors express their own struggles and successes would be both illuminating and empowering for many members of the community.

*2.2.2 Frame in terms of flourishing, not illness.* The Task Force came to agree that students presenting with mental health concerns typically fell under one of three categories: those with imminent threats that needed to be addressed immediately (e.g., suicide risk, drug/alcohol dependence), those with chronic conditions necessitating continuous treatment (e.g., bipolar disorder, obsessive-compulsive disorder), and those not meeting the threshold of a diagnosed medical condition but nonetheless experiencing mental health issues that undermine their ability to do well. Because a large number of students are in the last category—including some who also might end up in the other two—the Task Force believes that framing the entire campaign around flourishing would serve it well. Thus, much of the message would focus on contributions to flourishing, including an emphasis on exercise, social connections, sleep, boundary-drawing, etc. We see this effort as an important element of the cultural shift we recommend.

*2.2.3 Communicate recent changes in policy.* The campaign should publicize new policies and practices that are not universally known. Revised leave of absence policies and the addition of staff at CAMHS stand out as notable changes in need of better publicizing.

*2.2.4 Demonstrate faculty role.* Both graduate and undergraduate students reported on the powerful and multifaceted role that faculty, particularly advisors, play in student mental health. At the same time, faculty members also find themselves under significant stress, and students have reported that faculty stress can be transmitted easily to them, with multiple consequences. For example, GSAS students claimed that “the faculty they look to as role models...may not always provide healthy examples of balancing work with life,” thus perpetuating a toxic institutional culture.

The campaign should bring these issues to light, catalyze surveys and discussion groups to hear from faculty, and offer recommendations for faculty. We suggest that these recommendations include the following:

2.2.4.1 Consider changing your email signature. A signature that indicates expectations about weekend and evening replies—for example, that you do not expect to receive a reply over the weekend or in the evening except in emergencies—communicates a message about mental health and work-life balance easily, effectively, and consistently.

2.2.4.2 Explicitly incorporate mental health messaging into course syllabi. For example: “As a student, you may experience a range of issues that can cause barriers to learning, such as strained relationships, increased anxiety, alcohol/drug problems, feeling down, difficulty concentrating, and/or lack of motivation. These mental health concerns or stressful events may lead to diminished academic performance or reduce a student’s ability to participate in daily activities. Harvard University is committed to advancing the mental health and well-being of its students. If you or someone you know is feeling overwhelmed, depressed, and/or in need of support, services are available. You can learn more about the confidential mental health services available on campus via <https://camhs.huhs.harvard.edu>”<sup>22</sup>

2.2.4.3 Consider the impact of assignment deadlines on students’ well-being. Instead of midnight or early morning deadlines, consider setting deadlines for the end of the work day.

2.2.4.4 Consider instituting regular check-ins with students. These could vary in objective (advising on scholarly matters, offering professional advice, getting student feedback, bringing mental health issues to the surface, etc.) and mode (in person, via email, collectively, anonymously, etc.).

2.2.5 *Incorporate diverse student voices.* Among the most powerful lessons the Task Force learned came from hearing from the students themselves. We recommend that a diversity of student voices be a major part of the campaign. Focus groups have provided reams of data to incorporate. Many are excerpted in this report. Hearing from student populations who, because of their background, may not feel attached to Harvard as an institution or community is especially important.

2.2.6 *Elicit community ideas.* The campaign should elicit feedback from students, staff, postdoctoral fellows, faculty, and others to increase ownership of the culture shift. As an example, it may bring attention to the ideas that students in the Harvard “Science of Stress” course have developed and ask for more suggestions from the community.

2.2.7 *Disseminate a road map.* It is still the case that many students, faculty, postdoctoral fellows, and staff do not know where to start when they or a student they know needs help, particularly when the student is not facing an imminent threat or is not clinically diagnosed with a condition. A road map of where to find support for oneself or a fellow student—some kind of decision tree—should be part of the initial campaign and be distributed every year. The map should clarify what level of confidentiality can be expected from each resource and why.

2.2.8 *Organize conversations.* The campaign should work with members of the community to organize events and discussions that allow students to discuss their challenges openly with others. As an example, it could talk about the events that Mather House has hosted recently as part of its mental health week.

2.2.9 *Emphasize the importance of networks.* The campaign should find and disseminate examples

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<sup>22</sup> Suggested language drawn from a 2018 publication from the University of Michigan’s Center for Research on Learning and Teaching titled “Supporting Students Facing Mental Health Challenges” <https://files.eric.ed.gov/fulltext/ED592877.pdf>

of programs, departments, or Schools that have promoted a sense of community among students or created opportunities for informal interaction between faculty and students. Successful activities in recent years have included the creation or transformation of spaces (e.g., by providing free coffee in lounges) for students and faculty to gather and socialize informally.

### **3 We recommend instituting a yearly messaging program focused on core elements of the first campaign**

#### *3.1 Rationale*

Many of the elements above require regular updating and reinforcement among those who have received them, as well as dissemination among those who are new to the institution.

#### *3.2. Recommendation*

While we hope the mental health team will continuously frame their efforts in terms of flourishing and engage in similar cultural activities, we specifically recommend that, once a year, the team launch a messaging effort that includes the following components: releasing the annual report on mental health, demonstrating the faculty role (all elements) in promoting student well-being, disseminating the resources road map, and organizing conversations in the community.

### **4 We recommend creating a small committee to explore ways to make CAMHS more accessible**

#### *4.1 Rationale*

As noted in 2.2.3, CAMHS has undertaken several efforts over the past few years to improve the accessibility of its services. Despite these efforts, some students continue to report difficulty accessing CAMHS services in a timely manner, while others report that they avoid CAMHS entirely due to negative or past impressions of its services or accessibility. While the Task Force heard many suggestions about how CAMHS services might be improved, studying them in great depth was beyond our purview.

#### *4.2 Recommendation*

We recommend the creation of a small committee to explore the implications of the following suggestions to make CAMHS more accessible to students. The committee should at a minimum involve representatives from HUHS, CAMHS, and the new student affairs team, and should seek and incorporate direct input from students. We recommend the committee consider the following issues:

**4.2.1 Wait times.** Explore ways to monitor and improve wait times continuously in both Cambridge and Longwood, for prescribing and non-prescribing clinicians, and for both initial consultations and ongoing therapy. Consider publishing updated wait times for initial consultations on the CAMHS website<sup>23</sup> or on the proposed 311 service (see 1.3.4), providing guidance about seasonal fluctuations in wait times, and describing resources available for help while students wait.

**4.2.2 Diversity and cultural sensitivity.** Examine where recent efforts to ensure a diverse counseling staff have and have not succeeded. Assess which changes have helped convince students that the counseling staff are capable of providing culturally sensitive therapy for students of different genders, ethnicities, races, religions, sexual orientations, and socioeconomic backgrounds. Continue to demonstrate and increase students' understanding of CAMHS' commitment to both diversity and a culturally informed staff.

**4.2.3 Referrals.** Examine whether the referral process for students who wish to connect with a provider in the community requires refinement. We note that CAMHS has recently begun a contract with a service whose purpose is facilitating these connections.

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<sup>23</sup> For example, see the University of Michigan's Counseling and Psychological Services website <https://caps.umich.edu/content/when-can-i-be-seen>

*4.2.4 Financial barriers.* Consider whether the financial barriers for those seeking services can be reduced through strategies such as assisting with insurance copays or transportation costs.

*4.2.5 Confidentiality.* Explore ways to offer students greater confidentiality within the physical confines and layout of the CAMHS waiting room. These may include not only physical changes but also procedural ones, such as exploring alternative policies for calling names when students are ready to be seen.

*4.2.6 Digital assessments and interventions.* Over the past few years, there has been a proliferation of digital (e.g., online, smartphone-based) clinical assessment and intervention tools, some of which may be as effective as traditional in-person approaches. Such interventions may be well suited to address many of the concerns about accessibility of traditional services described above.

## **5 We recommend that the Provost examine how to address mental health, sexual climate, inclusiveness, isolation, and sense of belonging holistically**

### *5.1 Rationale*

Over the course of our interviews, issues of belonging, inclusion, isolation, and sexual climate emerged often. They are naturally related. Moreover, all of these issues are faced by students across the entire campus, all of them have seen different levels of responsiveness and different solutions in different units, and all of them involve coordination problems of the kind we have reported. While having multiple initiatives with overlapping missions may help ensure students are reached in multiple ways, it also creates inefficiencies, can induce competition, and addresses issues independently that should be examined holistically.

### *5.2 Recommendation*

Given the many complexities involved, including the already-existing initiatives, positions, and offices, we refrain from specifying further details. We recommend that the University pursue this question as it regularly re-organizes and streamlines its functions.

## **6 We recommend addressing any potential institutional service gaps that may have been created by recent organizational changes**

### *6.1 Rationale*

The closing of the Bureau of Study Counsel (BSC) eliminated duplication of effort, blurring of responsibilities, and some confusion among students, faculty, and staff about its role vis-à-vis CAMHS. The new Academic Resource Center (ARC) is appropriately focused on learning, not counseling, and should provide many opportunities for students to develop learning techniques from trained professionals. Its expertise is in learning practices, not mental health, the latter of which is the domain of CAMHS. However, this clearer separation of functions may create possible gaps. For example, at the moment the ARC can help a student who has been diagnosed with ADHD, but cannot formally diagnose students, who would need a referral for an evaluation by a medical professional or a CAMHS specialist. It would be complicated to consider who should be helping evaluate a student for ADHD, particularly since the diagnosis requires symptoms be present by age 12. Nonetheless, a student may be struggling with classes for years without considering ADHD, and without coming into contact with a professional trained in detecting the possibility and equipped with the necessary follow-up. Thus, it will be necessary to ensure that the right student-facing staff, whether at ARC, in the residences, or elsewhere, can make such connections for students when needed, to ensure a seamless flow between ARC and CAMHS.

In addition, many students have noted that the BSC was often the place where students reluctant to seek mental health care would first visit, since to many it felt comfortable and easy to access. The BSC was also a popular non-clinical resource among students who needed consultation on learning environment

factors such as the faculty advising relationship and career prospects. Following the closure of the BSC, students may be unclear about whether these factors are addressed by a centralized resource at Harvard, particularly as the ARC is new and evolving.

### *6.2 Recommendation*

We recommend the creation of a small ad-hoc committee composed of the heads of CAMHS and the ARC, the new mental health team, and trusted students, faculty, and peer leaders tasked with identifying any possible gaps in the services provided by CAMHS and the ARC and specifying concrete strategies to address those gaps. The committee should also consider how to increase the visibility and role of local student services in addressing learning environment issues that could affect student mental health, such as the Office of Student Services for GSAS students.

## **7 We recommend creating a small committee to explore how to reduce the stress caused by the process of competing for entry into extracurricular activities**

### *7.1 Rationale*

The competitiveness of extracurriculars has emerged as a major stressor for undergraduate students. We recognize that the College benefits greatly from having a diversity of clubs and extracurricular activities, and that some competition for entry will be necessary for some of them. For example, groups that participate in national competitions or groups that require a skill that needs to be evaluated will inevitably require some competition for entry or for some forms of participation. However, the Task Force believes there is space for change in both the proportion of clubs that require competition for entry and the onerousness of those that happen to require it.

### *7.2 Recommendation*

We recommend the creation of an ad-hoc committee involving representatives from Harvard College, the Undergraduate Council, and recognized student organizations, with the following goals: to reduce the number of entities that have competitive entry where it is not needed; to reduce the onerousness of “comping” for those entities that continue to have competitive entry; to increase the number of non-competitive alternatives; and to maximize the sense of belonging for all students. Faith-based groups may provide models for the committee to explore.

## **8 We recommend that Schools provide clear guidance and mentoring support to faculty and graduate students to ease the potential stress caused by advisor-advisee relationships**

### *8.1 Rationale*

Surveys and focus groups with graduate students made clear that students’ relationships with their advisors were one of the most important factors in their mental health and wellness. While such relationships can affect undergraduate, professional, and master’s-level students, they seemed especially consequential among Ph.D. students. Advisors hold significant power over their advisees and play a key role in a number of factors that affect the quality of a student’s learning environment, including feelings of isolation, imposter syndrome, and competitiveness. This power difference may be especially consequential when students lack a broader support system or when the student is under financial strain from educational loan debts, the high cost of living in the Boston metro area, or limited stipend support. If the advisor is often absent, is unclear about expectations, does not prioritize mentorship, or exhibits abusive behavior, the consequences for student mental health can be especially serious.

### *8.2 Recommendation*

We recommend that Schools consider several initiatives to provide more guidance and support to graduate and professional students, including support to both faculty and graduate students as they navigate the advisor/advisee relationship. The implementation of these initiatives should operate in conjunction with the ongoing GSAS Advising Project and other related initiatives on campus (see 1.3.5).

*8.2.1 Adopt an advising structure that takes into account the power difference between advisor and student.* Some programs or departments currently institute a “shadow” advisor or committee to address this potential problem. Diffusing power and responsibility across the committee, rather than concentrating it on the advisor, provides a broader faculty support network for students. Schools should explore with departments and programs the feasibility of extending such practices, with the awareness that such an expansion may have the unintended consequence of increasing faculty burden (and, in turn, faculty stress, and by extension, student stress). GSAS may help provide leadership in this respect.

*8.2.2 Clarify expectations.* Schools should encourage and assist programs and departments to develop “rights and responsibilities” guidelines and workplace expectations. The guidelines should include matters such as the number of one-on-one meetings students should expect, the number of dissertation chapter drafts they can expect faculty to read, the timeframe by which students should expect to receive feedback on their draft, weekday and weekend workload expectations, and professionally appropriate forms of communication. Student input would be important. We stress that we are not proposing universal guidelines imposed by GSAS or other Schools, as no guidelines would work equally well across all units. Instead, we recommend formalization, transparency, and dissemination. The specific guidelines a department or program chooses will matter less than ensuring that these are clearly available and known to both students and faculty.

*8.2.3. Encourage mentorship training for faculty.* Effective communication with and management of a diverse group of students, postdoctoral scholars, and research scientists is a complex challenge. Traditionally, faculty have not received explicit training in mentoring, but have expected to pick up these skills on the job. However, mentorship training has been shown to work.<sup>24</sup> Implementing mentoring training for faculty at all stages would provide clear tools for them to implement and would help reduce damaging interactions between faculty and students.<sup>25</sup> Such training would include tools to address issues such as identifying and avoiding unprofessional or abusive conduct, building meaningful connections to students, recognizing signals of distress, and providing encouraging feedback.

*8.2.4 Examine additional means of incorporating mentoring into faculty evaluation.* While teaching and advising are standard aspects of the faculty evaluation process, there is room for other mechanisms that could encourage better mentorship at the hiring, promotion, and annual evaluation stages. For example, some institutions ask former trainees for confidential letters regarding faculty mentoring and have used these letters in the evaluation process. In addition, departments and units should consider strategies for evaluating advisors that protect the anonymity of students. Communicating clearly how such evaluations are used will help bolster student confidence and participation.

*8.2.5 Consider the implications of student financial need.* Both current financial strain and anxiety about future job prospects emerged as important factors affecting the mental health of graduate students, even before the COVID-19 pandemic emerged. Differences in funding models, in training approaches, and in job market competitiveness across disciplines and Schools make this a particularly difficult challenge to address. Nonetheless, we recommend that Schools gain a clearer picture of student financial need – e.g., by calibrating views of student need against local housing costs, not just competitors’ stipends – and examine ways of signposting resources for students in acute financial need.

The Task Force is hopeful that our recommendations will produce real change at Harvard. In addition to the action steps listed above, we recommend that, three years from their inception, an independent evaluation be performed to report on the progress made. This form of accountability will help maximize the benefits from our efforts.

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24 Christine Pfund, Christine Maidl Pribbenow, Janet Branchaw, Sarah Miller Lauffer, Jo Handelsman; *Science*, 27 Jan 2006: Vol. 311, Issue 5760, pp. 473-474; DOI: 10.1126/science.1123806.

25 For example, the University of Wisconsin has adopted formal mentoring protocols: [www.cimerproject.org](http://www.cimerproject.org)

# APPENDICES

## Appendix A: Suggestions received by the Task Force that merit further study

### *Information*

- Explore the feasibility of having Student Mental Health Liaisons provide a brief mental health presentation to a selection of undergraduate classes – possibly targeting larger courses for greater impact. The Honor Council currently gives brief presentations about plagiarism in undergraduate classes and their program could serve as a model for how to organize mental health presentations.
- Explore trainings and interventions related to mental health, self-care, and well-being. Possible topics to explore range from stress management techniques to trainings on how to handle difficult conversations. Modules and interventions should be piloted in a systematic way that allows for evaluation.
- Explore the feasibility of a no-wrong door, University-wide policy that would include CAMHS, the ARC, peer groups, OSAPR, Title IX, HUPD, staff, faculty, and teaching fellows. A major challenge here is that most faculty would not know all resources; however, it is feasible that they could know who would know the appropriate resources.

### *CAMHS*

- Consider expanding online service delivery. Pandemic-related exigencies that have rendered virtual mental health service delivery increasingly permissible and accessible may present a strategic opportunity for expanding student access to community-based (or even CAMHS-based) mental health providers.
- Consider increasing the number of total allowable visits to CAMHS counselors, as students may not invest in a relationship if they believe they will be limited to a fixed number of meetings. If CAMHS policy on this issue has changed, dissemination of information may be important. In either case, please note that, in practice, the issue is helping students feel safe walking in the door, and many who think they need more will be out in short order.
- Consider extending CAMHS hours as a whole, or for certain populations of students, or during sensitive times of the semester; for example, offering evening appointments that are reserved for students on clinical rotations. And while undergraduates can attend daytime appointments, some have noted that their anxiety tends to peak during the evening hours and overnight and questioned whether CAMHS ought to provide more during these hours.
- Consider a program like a recent HBS pilot to pay a retainer to clinicians in the community so that they will hold slots for students. In general, explore ways to establish closer communication, in both directions, between CAMHS and community providers.
- Explore channels through which CAMHS can provide students with information about what to expect from therapy and how to get the most out of it.
- Explore the feasibility of emerging bundled Behavioral Mental Health Services, e.g., <https://www.christiecampus.com/>, that partner with campus counseling services to augment current offerings with a 24/7 support line, navigation of resources, telehealth and community providers, web-based applications and trainings, etc.

### *Student policy*

- Consider providing an opportunity for feedback from the student's family following a mandated leave of absence.
- Examine whether recent changes to Harvard's leave of absence policies have been effective.

### *Student stress and self-care*

- Explore additional strategies to encourage students to get away from campus during their leisure time. Example: raffling, subsidizing, or otherwise providing students with tickets to cultural experiences like the Boston Symphony Orchestra.
- Consider organizing support activities for students not pursuing the traditional career path for their School, including Harvard College students interested in exploring careers that diverge from those most commonly pursued by their peers and professional school students pursuing non-standard careers.

### *Graduate and professional students*

- Graduate and professional schools and departments should consider supporting peer advising and peer mentorship groups among those graduate departments that have not already implemented such supports. The GSAS may consider helping to coordinate.
- Explore whether there are sources of financial stress that could cause students not to pursue or not to be able to fully enjoy academic opportunities – for example, having to front fees for publications or having to pay out of pocket for studio projects – and explore ways to mitigate these sources of stress.
- Consider incorporating more information into orientation about non-obvious aspects of the graduate career that students should expect. Particular attention should probably be paid to “hidden curriculum” knowledge that many students will not have been exposed to before graduate school.
- Consider providing opportunities for students to improve upon basic but important skills not often part of formal training, such as conflict management, relations with advisors, dealing with competition, addressing micro-aggressions, and cultivating a social network.
- Explore additional avenues to connect students with alumni, including (a) those in careers known for long hours and high stress levels, who can provide positive examples of self-care and work-life balance, and (b) those in non-academic careers, who can provide models and information on alternative career tracks.

### *Miscellaneous*

- Explore whether students are getting to the Accessible Education Office (AEO) when it is appropriate in order to arrange accommodations for mental health related issues. If not, examine why.
- Explore supporting “ask the faculty” sessions where faculty openly discuss their mistakes, insecurities, and uncertainties to help de-mystify academia.
- Explore mechanisms by which students—undergraduate as well as graduate and professional—can give feedback on their experiences with faculty and staff. This feedback could be shared with chairs, deans, and supervisors to address as needed. In the case of graduate students, effective feedback and follow up should be part of broader efforts to maintain healthy advising relationships.
- Consider making natural light boxes available for students during the winter.
- Consider improving access to quality exercise facilities in Longwood – whether through subsidizing membership to private gyms, or through upgrading the existing facility in Vanderbilt Hall.

## Appendix B: Unedited list of suggestions received by the Task Force

### *Informational*

- Consider a targeted information campaign for international students to dispel myths about mental health treatment and who will have access to their medical files and academic records.
- Normalize asking for help at all levels and consider providing statistics about how many students seek out resources.
- Identify critical periods and consider public health campaigns during these times.
- Get the Accessible Education Office out into the community more to explain its role.
- Remind students about resources throughout the semester. Look to identify times that are particularly stressful or emotionally difficult (for example, when students return from winter break) and send email reminders then.
- Increase education for all students about mental health issues and how to talk about these topics with their friends.

### *CAMHS*

- Explore ways to make CAMHS counselors more visible and accessible to students. One possibility would be to embed a CAMHS counselor in each residence. Another would be to assign each student a CAMHS counselor when they arrive on campus and put this assignment on my.harvard.
- Encourage CAMHS to do more outreach and be more visible in the community (and more accountable) by expanding programs like “Let’s Talk” and similar initiatives.
- Let’s Talk is a good start, but it needs more publicity and consistency in staffing.
- Create more opportunities for positive student stories about mental health support at Harvard to be shared; for example, “This is how X resource saved my life.”
- Create “how to” tools for students to learn what to look for in a good therapeutic match, and how to navigate and utilize the system effectively.
- Provide more clarity about the difference between an appointment and a phone consultation.
- Explore how to make the system for making appointments more straightforward. For example, could upcoming availability be posted upfront?
- During orientation, teach students exactly how to schedule appointments.
- Consider removing the screening barrier at CAMHS.
- Explore putting a system in place in which a team of CAMHS clinicians would be available to consult by phone with student-facing staff who need to talk over a student situation, get advice on next steps in supporting them, etc.
- Create mental health support teams by neighborhood, e.g., a counselor or case manager for each House or neighborhood who can work closely with staff in the Houses to manage cases and improve access.
- Conduct regular assessments of resources for longitudinal data.
- Improve communication between CAMHS and Resident Deans.
- Ensure that staff answering the phones are welcoming and supportive when students call for appointments or to ask questions.
- Focus on the initial point of contact as a key moment to dispel anxiety—there is a need to have that first contact be positive and helpful.
- Hire more case coordinators.
- CAMHS should adopt a crisis management team (like Cornell’s) to work with all stakeholders in the University.
- Improve CAMHS staff engagement with graduate students.
- Create more programming in residences outside of office hours (Cornell has good examples).
- Increase support group offerings.
- Consider expanding the range of topics and offering multiple support groups for topics where there is demand.

- Offer support groups in the Longwood area.
- Review HUHS for sensitivity and appropriateness with students.
- Hire more staff of diverse backgrounds, as well as staff who are experienced in cultural competency.
- Taking into account the wealth of local universities and social work programs, consider creating a pipeline to begin hiring for termed positions for counselors versed in cultural competency.
- Encourage HUHS PCPs to be proactive about spotting and providing referrals/follow up for mental health issues.
- Create an urgent care system specifically for mental health to augment CAMHS.
- Explore possible online support options that could be available 24/7.
- Bring back 24 hour in-person urgent care at HUHS.
- Consider hiring wellness coaches or another type of professional who can provide confidential, non-clinical advice and support to students struggling with academic and personal issues.
- Clarify the process for outside referrals and coordinate with financial aid offices about it.
- Consider adding a workshop at CAMHS that deals with family dynamics.
- Ensure that triage support protocols are regularized, that there is a systemic response to crises, and that the individuals involved have a template to follow.
- Consider releasing an overview of CAMHS patient satisfaction data collected in post-visit surveys.
- The CAMHS counseling team needs to be strengthened with more psychiatrists (as opposed to LCSWs) as well as more people from various backgrounds that can provide culturally-responsive help to students that may have no prior experience with mental health treatment and may have inherited stigmas about it from their families.
- Consistent tracking of and timely follow-up with students at risk.
- Appointment no-shows should trigger concern and support.
- Examine frequency of day-of appointment cancellations at HUHS in Longwood.

### *Trainings and interventions*

- Provide regular, mandatory mental health training for faculty and teaching fellows.
- Offer mental health first aid training to students, faculty, and staff.
- Based on the Science of Stress course, pilot a stress management intervention teaching actionable skills and strategies. Look for other ways to promote these skills outside of the clinical relationship, for example organizing groups in the Houses facilitated by clinical psychology students.
- Explore what we can take from efforts for first years and reinforce during later years of the College experience.
- Consider piloting an in-person sleep intervention modeled after Sleep 101.
- Consider expanding Sleep 101 concept for wellness more generally, including health literacy and healthy eating habits.
- Consider offering several in-person House-based trainings simultaneously and giving students the option to attend the one that interests them the most.
- Explore ways to promote physical activity among students. One faculty member has proposed an incentivized voluntary commitment contract. Others have suggested simply increasing messaging to students that physical activity is important and suggestions as to how they can incorporate it into their schedules and make it a habit.
- Require trauma-informed training.
- Offer training for faculty on the issues facing first-generation students.
- Require diversity/social awareness/privilege training for the student body.
- Educate faculty about how certain policies or teaching practices may actually harm students even when they intend to help.

### *Undergraduate culture and environment*

- Provide more training during first year orientation on how to manage stress.
- Continually provide information about mental health and remind students of resources throughout

their time at Harvard, not just during orientation or at the beginning of the school year. Be proactive in sending students a reminder about self-care and resources ahead of or during stressful times (two suggestions were during midterms and when students return from winter break)

- Establish more open and continuous discussion of “duck syndrome,” including panels at the beginning of the year where students share their struggles and feelings of being an imposter. Students could also discuss topics like adaptive ways for dealing with stress and talk about the idea that busy schedules do not equal fulfillment.
- As part of public information campaign, provide examples of students who have successfully established boundaries around their time and who are better off for having done so.
- Look for ways to emphasize students’ sense of purpose and provide opportunities for students to help others (fellow students as well as those outside of the Harvard community).
- Communicate proactively before students arrive on campus. Continue practice of having a letter from CAMHS go to students at home so that they can be talking about it with their parents before they even arrive on campus.
- Provide proactive support for students returning from abroad, e.g., information about reverse culture shock, re-entry workshop.
- Explore ways to foster connections between students outside of organized extracurriculars. Ideas include: upperclassmen social weekends, class-wide social events, service projects and volunteer days, social events before blocking so that students who don’t yet have a blocking group can connect with one another, and a mentorship program for freshmen to meet and develop relationships with students in other classes.
- Encourage initiatives on campus that provide opportunities for reflection, like The Journal Project.
- Engage in education and norm-setting around students’ level of involvement in clubs as they move through their time at Harvard. Explore public information campaign or panels showing examples of students who have opted out of comping entirely, or those who have chosen to only participate at a reasonable level. This could be seniors looking back and talking about what they wish they had known or what they would do differently.

### *Leaves of absence*

- Continue the work underway in Harvard College to destigmatize leaves of absence, provide students with clearer information about leaves of absence, and better support students returning from a leave. Ensure that these practices are implemented evenly across the House system.
- Implement public information campaign about leaves of absence to destigmatize taking a leave for students. For example, “X% of students take a leave of absence during their time as an undergraduate, here is how it has enriched their experience.”
- Look for ways to counter the notion that saying the wrong thing to a counselor or resident dean will land a student on an involuntary leave (“involuntary leaves are very rare – 99% of leaves are voluntary – and here are the circumstances that might lead to an involuntary leave”).
- Provide more support for the staff who are managing care coordination and exit/entry from Leaves of Absence with UHS/CAMHS riders.
- Explore ways to reduce the academic pressure for students who are returning from a leave of absence.

### *Residential life*

- Clarify the role of the resident dean, particularly support vs. oversight functions and confidant vs. authority functions.
- Provide greater transparency into the process that follows mental health concerns being brought to the attention of resident deans.
- Provide better resources for House life transition.
- Explore ways to increase the amount of support students get through the residential system after their first year. Promote the idea of Sophomore Orientation and expand it to all Houses. Using Mather House as an example, prioritize mental well-being and open discussions about mental health and self-care

across the Houses. Ensure that the support given to students in these areas does not vary by House.

- Explore the possibility of each House having an affiliated chaplain, not as a proponent of a specific tradition, but to be a bridge for students to religious/spiritual life on campus generally, and to hold gatherings in which Explore whether there are tutors (for example, someone who is training in a relevant professional field) who could provide extra support or have an enhanced role as it relates to mental health within the Houses. On the flip side of this, ensure that tutors have a way to speak up if they begin to feel overburdened with emotional work.
- Improve communication with tutors and proctors about what certain changes will mean for students, for example the impact of closing HUHS overnight urgent care.
- Tutors should make a concerted effort to welcome back students who have been on leave or who have studied abroad.
- Tutor hiring should focus on people who are accessible, and training should reinforce the importance of accessibility and proactively reaching out to students.
- Encourage tutors and proctors to get to know their students, address mental health early and often and do so in an approachable manner. This would help them notice when a student seems to be struggling and also make it easier for students to feel comfortable approaching them with problems.
- Explore ways in which students can provide feedback on tutors.
- Provide regular, mandatory mental health training for all tutors, proctors, and House deans (not just newly-hired).
- Advertise the role of wellness/mental health tutors and have similar figures for first year students.
- Ensure that students feel like they have a safe space under their faculty deans.
- Hire psychologists or social workers as resident deans. If that's the crux of the job, it just makes sense for everyone for that person to have this background training.
- Provide accessible opportunities for volunteering in the Houses.

### *Academic stress*

- Suggest that professors and teaching fellows directly address the topic of mental health with their students, and start an open dialogue so that students feel comfortable approaching them if they encounter problems that affect their performance in the course.
- Encourage faculty to respect break times and not schedule exams or papers for immediately after a break.
- Explore ways to disseminate the strategies that students use when selecting their courses to minimize being overwhelmed with work later in the term. This includes looking at exam schedules and selecting classes that don't all have exams and major assignments due at the same time.
- Explore ways in which the stress caused by high workloads and overlapping deadlines can be mitigated, including:
  - Encouraging faculty to lock in their syllabus by the first day of shopping week
  - Allowing a "grace period" for students to use at their discretion
  - Asking faculty to estimate the number of hours per week of work their class will require, and making this information available to students on my.harvard
  - Asking courses within a concentration to coordinate schedules for exams and major deadlines
- Ensure that visiting faculty receive training on policies and procedures related to mental health and academic accommodations.
- Incorporate self-care into existing courses.
- Aim for more standardization of academic expectations; the number of hours that a course will require should correspond to the credit hours that you receive for the course.
- Make an explicit streamlined process in accommodations for mental health – require a letter in order to give academic accommodations.

### *Graduate and professional student culture and environment*

- Explore systems for allowing students to connect with faculty, alumni, and other students who are

willing to provide mentorship. HMS Weave could be used as a model.

- Explore ways for students to provide feedback on advising and for incoming students to benefit from the experience of those who came before them.
- Encourage or require students to take advantage of a neutral second mentor.
- Provide training and support for new Directors of Graduate Studies. This could include formal training, apprenticeship, or job-sharing.
- Expand the existing GSAS structure to have more touchpoints.
- Change the culture of working remotely so that more faculty are physically present.
- Provide relevant articles (essays on mentoring, student issues, statistics, student quotes) to faculty to remind them of potential problems.
- Advise students on what to look for in a mentor and to make full use of faculty beyond their advisor.
- Provide more funding for extracurricular activities in Longwood.
- Consider bridge funding for students not progressing due to mental health conditions.
- Consider a complete redesign of graduate school for the 21st century to address the structural issues that are causing undue stress.
- Ensure that there are personnel dedicated to student well-being within each department.
- Expand HMS Weave to peer-to-peer mentoring.
- Have students who are more advanced in their program hold panels to share their experiences with new students. Hold forums like this on a regular basis – helpful at the start, but students also need advice along the way and it would be good to have someone to talk to.
- Consider assigning student mentors to all students.
- Ensure that masters students are able to get sufficient time with their advisors.
- Faculty should make it clear to prospective students if they are planning to go on sabbatical—this has a big impact on someone in a two-year master’s program.
- Provide more in-depth advising for master’s students on how to structure their course load beyond just how to meet the requirements for graduation. Faculty could advise on courses to take given the interests and post-graduate plans of a given student, and could warn students if a particular combination of classes might be an overwhelming workload.
- Wherever possible, provide institutional support for student-led initiatives that address important issues like student well-being.
- Integrate post-doctoral fellows, who provide a clear view of next steps after Ph.D. studies, into overall wellness culture.
- For MD students, offer more informal spaces for students to share experiences from rotations and create community and familiarity during what is otherwise a disjointed year.
- For MD students, provide clearer explanations of who is evaluating you and what that evaluation looks like. This would allow students to feel comfortable going to advisors with their struggles if they know they won’t later depend on that person for an evaluation.
- For MD students, it would be good if there were some kind of system to get to know all HMS society advisors so students can find a good match.

### *Self-care*

- Encourage students to make use of the Center for Wellness.
- Provide opportunities for students to share their self-care strategies with their peers.
- Address students who self-medicate through drugs and alcohol, by creating a safe space for them to express their struggles, without fearing adverse consequences or damage to their reputation.
- Faculty, administrators, tutors, etc. should take care of their own mental health. Students look at the adults around them as examples and get the idea that if you want to be successful you have to sacrifice self-care.
- Reminders about self-care should be connected with the realities students face—particularly as it relates to academic expectations and workloads.

## *Financial*

- Reduce or restructure copays for outside therapy.
- Broker for better insurance coverage/visit limits.
- Pay graduate students more.

## *Peer counseling and mentoring*

- Begin offering text-based or virtual peer counseling – some students may prefer this, and it would allow more students to get involved in peer counseling which is currently very selective.
- Increase the number of peer counselors so that the chances of getting someone with that training when you reach out to a group of friends is increased.
- Expand Room 13.
- For students who do not feel comfortable sharing their struggles with peers in their program, explore the possibility of peer mentorship with students outside of their program.

## *Miscellaneous*

- Provide space for students to engage the personal impact of studying vulnerable communities that they themselves may have come from.
- Consider ending 24/7 hours at libraries.
- Make sound-proof rooms available for students to use for online groups/workshops.
- It would be good to have resources that were confidential. Especially in small programs, it is difficult to speak up about abusive behavior from advisors or people who are instrumental in your course.
- Surveys on mental health, food insecurity, sexual violence should demonstrate that they are coming from a place of concern rather than just looking at the students as part of a research project.
- The University needs structures where students have a greater say in their own educational experiences.
- Students need more advising on non-academic affairs.
- Task Force should go back to the community and share the results of its work in-person.
- Better collaboration and sharing of resources across Harvard. Maybe providing centralized services around access and disability, around support for LGBTQI, students of color, and other marginalized communities.
- Lobby Congress to improve access to mental health care.
- Pay attention to “smaller” issues that exacerbate mental health issues, like class schedules without a lunch break or email fatigue.
- Review processes at other institutions – not just the Ivy League – for examples of best practices.
- More positive messaging; don’t focus on the negatives, instead just make sure students know that it’s ok to feel overwhelmed.
- Link peer initiatives to faculty and staff.
- Acknowledgement of Jewish holidays by faculty – students may be traveling home and have to miss class as a result.
- Reconsider using the word “transformative” as it relates to students’ experiences at Harvard; for some students, this may carry the implication that they are not good enough and need to be transformed.
- Continued engagement with and feedback from students (like focus groups).
- Harvard needs to take accountability for how its policies, campus, and structure exacerbates mental health issues.
- Consider including Narcan in AEDs around Harvard’s campus.
- Intensify efforts to help international students navigate barriers and access resources.
- More modeling of vulnerability from advisors, administrators, upper-class students.
- OSAPR should expand to have dedicated staff and services in Longwood; consider offering an anonymous texting service; and explore expanding peer support programs to graduate and professional schools.

## Appendix C: List of focus groups interviewed

### *Focus groups related to undergraduate students*

- First generation students
- BGLTQ students
- Student Mental Health Liaisons
- Peer Advising Fellows
- Students involved with the Harvard Foundation for Intercultural and Race Relations
- Resident Deans
- Tutors and Proctors
- Students who completed the undergraduate “Science of Stress” course
- Student-facing College staff identified as excellent connectors
- Open listening session for first year students
- Open listening session for sophomores, juniors, and seniors

### *Focus groups related to graduate and professional students*

- Graduate School of Design students
- T.H. Chan School of Public Health students
- Harvard Medical School MD students & Harvard School of Dental Medicine students
- Students enrolled in GSAS terminal master’s degree programs
- Deans of Students
- Directors of Graduate Studies in Cambridge
- Directors of Graduate Studies in Longwood
- Graduate student peer mentors
- Student-facing staff identified as excellent connectors