



**REPORT OF THE UNDERGRADUATE STUDENT GOVERNMENT ON
MENTAL HEALTH RESOURCES¹**

*PREPARED IN RESPONSE TO SPRING 2022 MENTAL HEALTH RESOURCES
REFERENDUM SPONSORED BY THE USG SENATE*

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Executive Summary

There is an ongoing mental health crisis at Princeton and at collegiate institutions across the country. This crisis has been exacerbated in recent years, particularly by the COVID-19 pandemic, which has manifested in rapidly evolving challenges, personal loss and community grief, and pervasive sentiments of isolation. All of these have lasting implications that continue to affect students' lives and undergraduate experience even as we transition toward a post-pandemic Princeton.

In the Spring 2022 Undergraduate Student Government (USG) Election, the USG Senate sponsored Referendum Question No. 2, which calls on the Office of Campus Life to work with USG and other stakeholders to investigate unmet demand in University-provided mental health care resources, publish findings by the start of the Fall 2022 semester, and then work with the Office of the Provost to allocate the necessary financial resources to fill the identified gaps in a timely manner. The referendum passed with 92 percent of votes in support (2,277 out of 2,488 total votes), and unlike student-sponsored referenda—comprising most referenda in recent history—this referendum call has the unanimous support of the USG Senate. Should the consensus established by this referendum assert one thing, it is that there is a strong need for institutional resources that holistically target the unmet needs in mental health care on Princeton's campus.

As representatives of the undergraduate student body, and in light of the overwhelming support for this referenda, the USG Senate calls for the mental health crisis to be addressed as an institutional priority at Princeton and submits the following recommendations:

1. The Office of Campus Life, in collaboration with USG, should conduct a comprehensive assessment investigating gaps and unmet needs in University-provided mental health care and publish a report of findings no later than September 6, 2022, while providing regular public progress updates.
2. After unmet needs are identified, the Office of Campus Life should work with the Office of the Provost to allocate the necessary financial resources to make the identified investments in students' psychological well-being in a timely manner.

Addressing the mental health crisis here at Princeton requires a strategic and holistic approach that leverages the expertise of University Health Services and Counseling and Psychological Services while also encouraging other campus partners, including especially residential college staff, in fostering a dynamic community of care. This approach will also involve the implementation of academic policies conducive to both intellectual rigor and student well-being—with the understanding that the two are not mutually exclusive—as well as housing and dining options, co-curricular opportunities, and other concrete, systemic improvements that will strengthen student mental health across all aspects of the Princeton undergraduate experience.

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I. Introduction

There is an ongoing mental health crisis at Princeton and at collegiate institutions across the country.² This crisis has been exacerbated by recent events, including but not limited to the COVID-19 pandemic, which have affected each of us individually while requiring resilience from us all. While the University has resumed a wide range of fully in-person operations and activities, students continue to navigate deteriorated student mental health due to a variety of lingering pandemic impacts: grief from personal and community losses, extended disruptions to academic and co-curricular opportunities, rapidly evolving conditions, pervasive sentiments of isolation, and the unique challenges that accompany the transition to a post-pandemic Princeton. Whether one views this transition as a challenge or an opportunity, it is undeniable that the pandemic has significantly disrupted the student experience and, in turn, has affected student well-being across campus. For three quarters of the undergraduate student body, Spring 2022 was their first fully in-person spring semester at Princeton.

In the Spring 2022 Election, the Undergraduate Student Government (USG) Senate sponsored Referendum Question No. 2 calling on the Office of Campus Life to work with USG and other stakeholders to investigate unmet demand in University-provided mental health care resources, publish findings by the start of the Fall 2022 semester, and then work with the Office of the Provost to allocate the necessary financial resources to fill the identified gaps in a timely manner. As the first referendum in recent history to receive Senate sponsorship, Referendum Question No. 2 demonstrates the USG's explicit call for the mental health crisis on our campus to be addressed as an institutional priority. The referendum passed with 92 percent of votes in support (2,277 out of 2,488 total votes), indicating that there is a strong need for institutional resources that holistically target the unmet needs in mental health care on Princeton's campus.

We deeply appreciate the daily work and care of staff and administrators at University Health Services (UHS), including Counseling & Psychological Services (CPS), as well as the institutional resources and support provided to both by the University. That said, we assert that the responsibility of ensuring access to quality mental health care does not and must not fall entirely on UHS. With this referendum, we look to campus partners—including but not limited to residential college staff and the Office of Campus Life—to actively foster a dynamic community of care, as reflected in the Referendum text and Recommendations below.

Importantly, the USG affirms that filling gaps to ensure access to quality mental health care resources, as called for by this referendum is just one albeit critical part of a necessarily holistic approach to promoting and supporting students' psychological well-being. Mental health care resources must exist alongside and in conjunction with academic policies that are conducive to

² Elharake, J.A., Akbar, F., Malik, A.A., Gilliam, W., Omer, S.B., (2022), "Mental Health Impact of COVID-19 among Children and College Students: A Systematic Review," *Child Psychiatry & Human Development*, <https://link.springer.com/article/10.1007/s10578-021-01297-1>.

both intellectual rigor and student well-being—recognizing that the two are not mutually exclusive and must not be treated as such—as well as housing and dining options, co-curricular opportunities that foster student well-being, including through meaningful community-building, and other concrete, systemic improvements to strengthen student mental health across all aspects of the Princeton undergraduate experience.

II. Referendum

This referendum passed with 92 percent of votes in support (2,277 out of 2,488 total votes) and 8 percent in opposition. In total, 49 percent of the student body participated in the election (2,577 out of 5,215 enrolled students), with 89 students choosing to abstain from voting on this referendum question.

Below is the official language of the referendum.

The undergraduates call on the Office of the Vice President for Campus Life to:

1. Work with USG and other stakeholders including CPS to investigate unmet demand in University-provided mental health care resources offered to Princeton students and publish the findings no later than September 6th, 2022, while providing regular public progress updates.
 - a. This investigation will address questions including but not limited to:
 - i. Does the current number of counselors available at CPS meet student need?
 - ii. How many students do not seek out mental health care because of perceived obstacles, wait times, etc.?
 - iii. How many students seek out but do not receive adequate mental health care, and why?
 - iv. How many students receive but are discontent with University-provided mental health care, and why?
 - v. What is the follow-through rate for referrals by CPS to off campus care, and, if it is not 100%, what are potential reasons why?
 - vi. Is there student demand for an expansion of telehealth counseling services, and, if so, what should this expansion look like?
 - vii. Does the number of private spaces on campus for telehealth counseling appointments meet student needs and is their availability adequately communicated to students?
 - viii. What is the plan to meet the mental health care needs covered by the outreach counselor program when the TigerWell grant expires?
 - ix. Do the current mental health care options provide proper support for people of all backgrounds?

2. After identifying unmet needs, work with the Office of the Provost to allocate the necessary financial resources to make the identified investments in students' mental wellbeing in a timely manner.

III. Recommendations

Recognizing the overwhelming support of the student body for the passage of the referendum, and for addressing the mental health crisis in our campus community, the Undergraduate Student Government presents the following recommendations:

1. The Office of Campus Life, in collaboration with USG, should conduct a comprehensive assessment investigating gaps and unmet needs in University-provided mental health care and publish a report of findings no later than September 6, 2022, while providing regular public progress updates.
2. After unmet needs are identified, the Office of Campus Life should work with the Office of the Provost to allocate the necessary financial resources to make the identified investments in students' psychological well-being in a timely manner.

Below, we elaborate on the process envisioned for Recommendation 1 that has been agreed upon by representatives of the Office of Campus Life and the USG.

There will be a series of six collaborative meetings between USG members and relevant campus partners, with each meeting focusing on one particular area of mental health resources on campus. Those focus areas are: residential colleges; the transition for incoming first-years; outreach counselors and liaisons; counselors at CPS; off-campus mental health care; and telehealth. Each of these focus areas will be assessed for gaps both in resources and in the visibility and awareness of these resources, with each discussion being informed by student experiences and input, data gathered by the Office of Institutional Research and University Health Services, and other stakeholder input. Each focus area is expanded upon below, including how future collaborative efforts under this Referendum might be directed.

Residential Colleges

Residential colleges are central to the undergraduate student experience, especially as first- and second-year students navigate a variety of academic and co-curricular challenges and opportunities. To that end, the USG has heard from students, including those serving as Residential College Advisors (RCAs) and Peer Academic Advisors (PAAs), about problematic interactions between students and residential college staff. At best, these include interactions where residential college staff immediately direct students to CPS upon first mention of distress, reportedly as if they were reading scripted statements without addressing the student as an individual. At worst, these interactions leave students feeling like their experiences and concerns

have been completely invalidated by the people whose role is to “create a strong sense of community, collaboration and mutual respect, and to support individual initiative and personal growth.”³ Thus, we plan to examine opportunities to address gaps in mental health care and support offered through residential colleges, including through the training provided to residential college staff and affiliates as well as potentially expanding the outreach counselor program to each college.

First-Years

The transition to Princeton brings unique challenges and experiences for first-year students in particular. As students ourselves, we understand and appreciate the full scope of generous resources available to students upon matriculation to Princeton, not just for mental health but across all aspects of the student experience. However, this abundance of resources can be overwhelming when information is disseminated through dozens of hours of first-year orientation and training, hundreds of University websites, multiple weekly newsletters, and more. While we recognize that much of this information exists to support students’ transitions to Princeton, we believe it is necessary to assess the availability and visibility of mental health care information and resources provided to first-year students, emphasizing quality over quantity with an eye towards streamlining the deliverance of information where possible.

Outreach Counselors and Counselors at CPS

CPS exists as a central mental health resource to all undergraduate students, and we celebrate and appreciate the efforts of CPS counselors and staff who offer meaningful support to undergraduates here at Princeton. Nevertheless, there exist two predominant concerns regarding CPS: long wait times and inadequate support for students of color, LGBTQ+ students, and other students of underrepresented backgrounds and identities.⁴

Although students are still able to schedule their initial consultation within roughly a week, they reportedly must wait weeks between their consultation and formal intake and then between counseling appointments. This long wait time is especially prevalent in situations where students seek out specific counselors, which typically occurs when they are seeking counselors with particular skills or identities and therefore are better equipped to provide identity-affirming care. As of 2022, there are three outreach counselors—for student-athletes, for engineering students, and for LGBTQ+ students—funded by a grant through TigerWell. Students appreciate these outreach counselors, as demonstrated by high utilization and strong positive feedback.

³ <https://odoc.princeton.edu/about/residential-colleges>

⁴ To address these two issues, under the Yee administration (2018-2019), the USG worked with CPS to restructure the intake model, successfully reducing the wait time for students’ initial visit from 3-5 weeks to 4-6 days, and to establish an outreach counselor program with counselors based in satellite offices around campus designated to work primarily with students of certain identities or affinities.

Unfortunately, the grant supporting the outreach counselor program is set to expire in the near future. Simultaneously, we notice that despite the popularity of outreach counselors among certain student communities, many students still remain unfamiliar with the program. Thus, the investigation this summer should include a targeted assessment of the current and potential capacities of the outreach counselor program as outlined above as well as a comprehensive review of opportunities and methods for increasing the visibility and accessibility of this resource.

These efforts regarding outreach counselors will happen alongside an assessment specifically of CPS, including wait times and the training of CPS counselors to ensure quality care for students of all identities, anticipating the expansion of the undergraduate student body and potentially of UHS facilities and capacity.

Off-Campus Mental Health Care

According to the CPS website, CPS “offers short-term psychological and psychiatric services, but when students require ongoing, long-term or specialized treatment or if students prefer to seek treatment in the community, they are referred to an off-campus provider.”⁵ The USG has heard from students about a variety of challenges navigating off-campus care. To inform our assessment of off-campus care options, the USG and CPS have jointly developed and sent out a targeted survey to students who have been referred to off-campus providers by CPS in the past two years. We will use the information provided by the off-campus referral survey we sent out to guide our investigation into how funding, transportation, and other needs affect the ability for students to follow through with referrals.

Telehealth

In addition to in-person counseling options offered through CPS and other providers, there is demonstrated student interest in telehealth options. The utilization of virtual counseling options became more prevalent with the pandemic, and now students view telehealth as a convenient and accessible mode of care. The predominant concern raised by students regarding telehealth is a lack of private, reservable spaces on campus to take telehealth appointments. We plan to take steps that include further examining the quantity and quality of private spaces available to reserve for telehealth appointments and identifying avenues to make these resources more visible and accessible to students. These efforts should be complemented by an assessment of the Princeton Peer Nightline (PPN), a text-based hotline hosted by trained student volunteers; this assessment should include consideration of PPN’s current and potential capacities, utilization, training, and program structure.

⁵ <https://uhs.princeton.edu/counseling-psychological-services/cps-referral-guide-campus-psychological-services>

IV. Conclusion

With this position paper, the USG strongly affirms its commitment to supporting student mental health as an institutional priority and calls for each individual member and entity within the University to do the same. Supporting mental health requires a holistic, all-hands-on-deck approach. The processes outlined in the Recommendations of this referendum, with a focus on University-provided mental health care resources, should be treated as just one part—albeit a critical one—of a campuswide effort to promote and support students’ psychological well-being.

In this moment, amidst a mental health crisis plaguing Princeton and collegiate institutions across the country, we all must seriously reconsider our individual and institutional responsibilities, activities, and priorities. How can we reimagine what and how we communicate—communicate everything from policies to events and opportunities, from individual messages to campuswide announcements—to center students and their well-being? How might academic policies and procedures be reconceptualized to position intellectual rigor and student well-being as co-equal priorities? Princeton has for centuries produced students in the nation’s service and in the service of humanity. The investment in and strengthening of student mental health is nothing short of our beloved institution’s best hope for ensuring this process continues well into the future.