



12 March 2004

Robert Berdahl
Chancellor, UC Berkeley
200 California Hall
Berkeley, CA 94720

Re: Student Mental Health at UC Berkeley

Dear Chancellor Berdahl and Berkeley campus administrators,

We write to ask for your immediate attention to an issue that, without exaggeration, is a matter of life and death for students at UC Berkeley.

Rates of student suicide and depression are rising on college campuses, and many campuses (including Harvard, NYU, University of Michigan, MIT, Ohio State, and others) have committed serious administrative time, attention, and resources to this grave concern. **UC Berkeley is far behind its peer institutions** in taking actions to improve student mental health services, educate the campus community about mental disorders, and create a community climate in which help for students in distress is both a priority and an expectation.

We recognize that the state of California and our own respected institution are in the midst of a severe budget crisis. The Berkeley campus has already felt the effects of the economic downturn, suffering harsh budget cuts last year, with more expected in the future. Choices regarding how to apportion cuts in these difficult times will require careful consideration. We realize that the main concern of the University is to protect its ability to provide outstanding education and produce world-class research. **Yet to achieve this goal, it is of utmost importance that the University does more to support the mental health of its students.**

Fortunately, empirical evidence indicates that students who receive counseling services for depression, anxiety, and related conditions are more likely to complete their programs and less likely to drop out or fail. Yet depression and mental illness can have more severe consequences than attrition and failure. One in 12 college students reports seriously contemplating suicide, and 1 in 10 college students will experience a major episode of depression (ACHA, 2001). By some estimates, suicide is the second largest killer of college aged Americans (CDC, 2003).

Possibly due to the unusually high levels of stress, sleep deprivation, and social isolation at UC Berkeley, **we have observed an elevated rate of suicide on our campus in recent years.** Last year, for example, our community lost 6 students to suicide (based on anecdotal evidence; unfortunately no data are collected on student deaths). Statistically, on a campus of 30,000 students we should have suffered the suicides of three students, at most.

Clearly this profound public health concern impedes the mission of the University to achieve excellence in education and research.

Aside from the increased incidence of suicide and depression on college campuses, a recent poll revealed that 85% of counseling centers at universities and colleges nationwide are experiencing a profound increase in the number of students seeking help for mental disorders. Here at Berkeley, Counseling and Psychological Services (a branch of University Health Services), reports a 300% increase in demand for psychiatric visits in recent years. In addition to increased demand, our campus has shouldered an increase in student population of approximately 3500, as part of the 1999-2002 'tidal wave' of new enrollments. **Yet the budget for health services has not grown accordingly.**

We are writing to ask that you please address the urgent need for increased funding of counseling services, medical services, and mental health promotion on the Berkeley campus.

Again, most of our peer institutions are far ahead of us in improving student access to medical mental health services and counseling; providing campus education on mental disorders; and training faculty and staff to help identify and safeguard students in distress. So we have a number of fine examples to follow in devising and maintaining innovative health delivery systems, educational campaigns, and suicide prevention programs. Now we just need the momentum.

After speaking extensively with personnel from University Health Services about the academic and health needs and concerns of undergraduate and graduate students at UC Berkeley, the Graduate Assembly *Mental Health Task Force* would like to offer the following recommendations for the 2004-2005 academic year:

- Immediate reversal of the 20% cut to University Health Services that was introduced in 2003 as a ‘temporary’ measure.
- Restoration of summer sessions funding to University Health Services, to prevent a severe back-up in the delivery of basic health care to students during the Fall and Spring semesters. (Regularization of summer sessions has resulted in UHS losing another 5% of its budget through the loss of funding supplied by the old summer session program.)
- Immediate freeze on future cuts to University Health Services—a unit which is vital to the health, welfare, and academic performance of students but which is already severely impacted.
- Increased number of FTEs for UHS to address mental health issues, including:
 - 2 Counselor FTEs for Counseling and Psychological Services, to make up for FTEs lost during the past years’ cuts. This would result in a greater number of on-campus counseling sessions per student, fewer referrals to expensive off-campus service providers, and a shorter wait time for first appointments for non-urgent clients.
 - 1 Psychiatrist FTE for Counseling and Psychological Services, to handle increased volume of patients with complex psychiatric conditions and to increase the availability of treatment for depression and anxiety (the two largest student mental health concerns on campus).
 - 0.5 Counselor FTE for Counseling and Psychological Services, to implement a new group therapy program for treatment of depression, anxiety, and other conditions that are common within the student population. This program would be particularly targeted to students on psychiatric medication who are currently not enrolled in counseling services.
 - 1 Administrative and/or Clinical FTE for Counseling and Psychological Services, to provide oversight of expanded programming in this unit
 - 2 Psychiatrist and/or Psychiatric Nurse Practitioner FTEs for Medical Services, to coordinate and improve psychiatric care delivered by primary care physicians and nurse practitioners at the Tang Center. Increasingly, students are treated for depression in a primary care setting; the Tang Center’s medical services must include psychiatric specialists to coordinate these patients’ medical mental health care with counseling services offered by CPS.
 - 1 FTE for mental health education and Health Promotion, to help promote understanding and recognition of mental disorders within the student body, staff, and faculty.
- Allocation of central campus funds from the Academic budget to UHS for student health education and promotion on campus, including FTEs to support UHS staff who teach academic classes and non-FTE resources to increase the frequency and volume of student-directed mental health publications and educational materials.
- Immediate formation of a faculty/administrative Task Force, Working Group, or Committee to identify, review, and address urgent mental health issues facing the campus community (including but not limited to educational programs to reduce stigma surrounding depression; student suicide prevention programming; streamlining the organization of medical and mental health services on campus; improving staffing at CPS and UHS; withdrawal and matriculation policies for medical mental health leaves of absence; staff and faculty training to recognize warning signs of depression and suicide; data collection to track student suicide and other health indicators; consideration of an enrollment-based student health fee that is sensitive to inflationary increases in health service costs; improved coordination and collaboration of UHS with the Academic Senate, central campus administration, Registrar, and other campus units; education and outreach to parents of undergraduate students).

- Appointment of a long-term, high-level administrative position to oversee implementation of Task Force or Working Group recommendations and to monitor the status of mental health on UC Berkeley's campus—both from a clinical standpoint and from an academic standpoint.

Currently, no Academic central campus funding is directed toward the health promotion, education, and academic activities at University Health Services. Only registration fees and SHIP fees are provided to support these activities as well as the outreach, counseling, and medical services that sustain students' health and well-being.

No additional programming or campus education has been implemented by the administration, to stay the rise in depression and suicide on our campus.

This failure to adequately support mental health on campus has placed our students at excessive risk for depression and related mental health problems (including alcohol abuse, substance abuse, sleep disturbance, inability to concentrate, and suicide).

There is an urgent need to increase funding and resources for University Health Services if we are to maintain the health, wellness, and academic performance of our student population. Our administration must take immediate action to institute a sea change in the University's climate. From the top down, the UC Berkeley administration must begin to value and promote healthy habits, prioritize community outreach and self-help for mental disorders, and destigmatize the discussion of depression and suicide within our community.

It really has become a matter of life and death.

Thank you for your time and concern.

Submitted by,
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Members, GA Mental Health Task Force

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