

Outreach or Out of Reach?
How the University of Virginia Sees Its Students

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by

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On my honor as a University student, I have neither given nor received unauthorized aid on this assignment as defined by the Honor Guidelines for Thesis-Related Assignments.

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Among college and university students, mental health struggles are common, and access to care has been inadequate. According to the World Health Organization, about 35 percent of first-year students had at least one of six common lifetime mental disorders (Auerbach et al., 2018). These disorders cause pain and even stunt student achievement. For US college students, five of the six largest determinants of course grades are psychological (Clark, 2017). The foremost factor is stress, but most students experiencing stress do not seek counseling (Holland, 2016).

At the University of Virginia (UVA), students, faculty, administrators, and the greater community all influence mental health needs and services. Administrators and faculty members observe students and sometimes respond to their apparent needs. Many mental health needs, however, are inconspicuous and easily missed. The high ratio of students to faculty members and administrators, and students' privacy rights, also limit such oversight.

The university's responses to students' mental health needs are constrained by political pressures, divergent perceptions of mental health, and limited budgets. This context demands that interventions are not just effective but cost-effective. Administrators must devote scarce resources to programs that are feasible, impactful, and popular. Some mental health measures, such as "safe spaces," are controversial or divisive, limiting implementation. Other methods are simply cost prohibitive to implement at scale.

Relative to programs at other universities and to standards established by researchers, UVA generally responds to most student mental health needs satisfactorily, yet fails to reach some students in need.

Review of Research

The mental health of college and university students has been the subject of much research. Researchers generally agree that mental health is essential to personal wellbeing, and that demand for mental health services has been rising.

Research into the intricacies of the topic has been conducted, much of which shares important information and concepts with this paper. Duffy et al. (2019) synthesize reports and other research to describe a trend of institutions, in response to more demand, devising models of mental health service that have not been systematically evaluated. Duffy et al. (2019) call for the development of new standards for mental health services, guided by a set of principles. The principles suggested are as follows: “(1) accessible, proactive, evidence-based, culturally competent, and developmentally appropriate services; (2) effective and engaging clinical triage at point of first contact; (3) facilitated transitions between campus and community-based services; (4) outcome and quality indicators embedded in routine care; (5) development of standards of care and fitness to study guidelines; and (6) integrated research to inform the development of services moving forward.”

This model, though not definitive, sets a standard for the careful consideration of program development. This paper will be able to contrast that standard against UVA’s mental health initiatives to assess how carefully they were designed.

Another topic of research relevant to this paper is culture change. Kezar and Eckel (2002) discuss the intricacies of leading institutional culture change. They describe how understanding the current cultural values of a group is critical to leading culture change effectively. Kezar and Eckel (2002) use certain frameworks to evaluate an institutions culture and change strategies

(fig. 1). These frameworks will be useful for categorizing the strategies employed by UVA administrators, and could form the basis of a change strategy tailored to UVA’s culture.

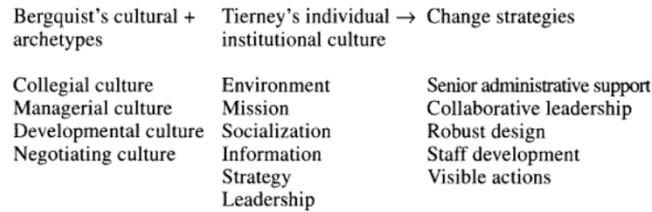


Figure 1. Frameworks for culture and change strategies (Kezar and Eckel, 2002).

Understanding the context in which university administrators make policy decisions is critical to assessing them. In particular, external political influence on US public universities is ever present in the form of governing bodies appointed by elected officials. Gray-Little (2023) details the ways in which some of those governing bodies have overstepped the bounds of their responsibility in lieu of self-enrichment, political favors, or their ideological agenda. Gray-Little (2023) offers a series of perspectives that are highly critical of governing bodies, such as UVA’s Board of Visitors. In particular, there is a theme of boards filling positions with former members or political allies while eschewing a merit-based approach. This context will inform any analysis of UVA’s policy decisions, and may explain some decisions as a result of perverse incentives. Although, the purported reasons for those decisions by administrators must also be considered fairly.

Each of the reviewed works provide data or tools relevant to the management of UVA’s mental health system. Duffy et al. (2019) discuss how mental health services should be designed, Kezar and Eckel (2002) explain how to analyze culture change, and Gray-Little (2023) describes the political context of US universities. However, none of these works integrate all three subjects to tell a complete story of a university’s mental health system. This paper will use explanations

from all of the reviewed literature to synthesize a realistic idea of how and why UVA addresses student mental health.

Strained capacity

UVA offers mental health services and programs that are well regarded by research, but are strained by growing demand. Increasing rates of mental illness among students has increased the burden on UVA's services (Abrams, 2022). A UVA associate dean, Michael Gerard Mason, said about recent years: "our counseling staff has almost tripled in size, but even if we continue hiring, I don't think we could ever staff our way out of this challenge" (Abrams, 2022).

Counseling and Psychological Services (CAPS) is the primary student mental health clinic at UVA. Indeed, they have a sizable staff of 151 employees, many of them highly educated. Still, they are far from enough to manage the mental health of UVA's 24,000 students like conventional talk therapists (CAPS, 2023). They do offer individual therapy sessions, but the sessions "[focus] on providing brief, individualized treatment plans" which allows the staff to "serve as many students as possible" (CAPS, 2023). This focus on high throughput is, understandably, the theme of many of CAPS's services and related programs.

CAPS's programs balance accessibility and reach against individual impact, such that each program has more of one and less of the other. TimelyCare is a telehealth service that CAPS partners with to offer 12 free counseling sessions for any student. TimelyCare has more capacity to accommodate UVA students than CAPS on its own, and is, at worst, a backup option for a struggling student (TimelyCare, 2023). CAPS has a "Let's Talk" program, where a therapist is available for short, casual conversations with students who are only experiencing moderate distress (CAPS, 2023). These conversations are not scheduled, instead students just "drop in". Catanzano et al. (2019) surveyed users of a similar service and found attendees of drop-in

appointments had increased quality of life and access to other treatments 6 months after their visit (Catanzano et al., 2019). The casual nature of these appointments may make them less daunting, and short meetings allow one counselor to see students more quickly. As a result, accessibility is increased. TimelyCare has a similar, casual version of their service called TalkNow. CAPS also promotes student-run workshops led by the UVA Peer Health Educators (PHE). PHE is a group of 50 students, in partnership with CAPS, who are trained “to empower their peers to practice holistic health and well-being” (CAPS, 2023). PHE organizes events and also visits other UVA organizations to hold workshops at their request (CAPS, 2023). By relying on students to help increase their outreach, CAPS is gaining more time for their counselors to help students, and increasing visibility and access to their services.

UVA’s inclination towards programs with broad effects is becoming the norm for universities responding to increased mental health distress. Abrams (2022) describes a changing landscape requiring new services using new technology in different schools across the US. Carla McCowan, counseling psychologist at the University of Illinois, tells a story similar to UVA’s experience. She recalls how their program tried to meet demand by hiring “more, more, more clinicians,” but that wasn’t sustainable (Abrams, 2022). The program has moved to offer more workshops and other mediums for learning and self-improvement, rather than conventional therapy (Abrams, 2022). A survey of 295 college presidents by the American Council on Education reported significant changes in mental health demands and programs due to the COVID-19 pandemic. 47% of presidents “implemented new student engagement strategies to provide students with resources on mental health and well-being,” and 59% “invested in virtual or tele-therapy services and/or tele-psychiatry” Meanwhile the strategy of increasing the number of counselling center staff was less common at 29% (Ramos A., Soler M., & Turk J., 2020). This

breakdown is representative of the need for new strategies for accessibility in recent years, and may speak to the difficulty of hiring mental healthcare professionals.

Mixed results

UVA's mental health initiatives have served some students and failed others.

IfYoureReadingThis.org is a website that hosts open letters by university students and faculty that discuss their mental health journeys. Many of the letters by UVA students speak openly about struggles they've faced to foster solidarity with those suffering in silence. Embedded in these stories are mentions of UVA's effect on their mental health, both good and bad. One student recounts their experience after the death of a friend: "following his service, paired with an inability to access treatment by CAPS, I had begun to spiral dangerously out of control." This student specifically mentions CAPS's role in compounding their depressive spiral. Many students experienced similar difficulty finding a CAPS appointment, and TimelyCare was not yet available as an alternative. This situation, a mental health emergency slipping through the cracks, is exactly the type of situation CAPS is designed to prevent, and yet it still happens. A more recent letter professed the opposite sentiment. This student had struggled silently over the year they spent away from UVA due to COVID-19, and developed anxiety issues that followed them back to in-person instruction. They were extremely hesitant about speaking to someone about their anxiety, but tried a TimelyCare session and felt comfortable enough with the therapist to open up about their experiences (If You're Reading This, 2023). That initial call led to the student getting regular help with their mental health issues. They also became comfortable enough to rely more on friends for mental health support. These two opposite experiences, separated by the addition of a new accessibility program, indicate precisely the result those

programs hope to achieve, and the important effect mental health outreach can have on a student's experience.

Cultural change can affect student mental health meaningfully, and the UVA administration has some ability to cause that change. Hurd, Stoddard, and Zimmerman (2012) describe an example of cultural impacts on mental health in their survey of adolescents in different neighborhoods. Their analysis determined that adolescents with less community support had more depressive symptoms. UVA provides mental health services to students, but the availability of social support relies on the community's participation. One program intended to aid that participation is Hoos Connected. This program is a 1 credit course that organizes students into small groups solely to develop social connections through conversation (Hoos Connected, 2023). Research by Allen et al. (2021) around the program found it increased a sense of belonging and reduced depressive symptoms in its participants. One student's testimony is that "It helps students feel less alone in their personal struggles" (Hoos Connected, 2023). This increase in the feeling of social support is evidence of the program's success at cultural change. The effects of Hoos Connected all contribute to better participants' mental health, but even proponents of the program describe those effects as "modest" (Allen & Kelly, 2019). Additionally, the program's impact is limited to the participating students which number about 300 as of the 2023 Spring semester. Nonetheless, Hoos Connected is a feasible step toward changing community attitudes and practices around socializing.

Finding the right direction for culture change can prove itself difficult when student values and needs differ. One such case is the debate over "safe spaces" in college classrooms. At UVA, many students have felt uncomfortable or unwelcome as a result of things said in a classroom. One student, Aliyah White, wrote about how "Being Black at U.Va. means feeling the pressure

to dim down our Blackness” (White, 2022). This sentiment, underscored in her article by examples of racially insensitive jokes by a professor, describes one group that experiences unequal pressure from the classroom. A student who feels like they don’t belong at UVA due to that pressure could justifiably advocate for a more inclusive and understanding classroom experience. To achieve that may require policy that could sanction students or professors for insensitive or bigoted speech. Many advocates would disagree with that change however.

Jonathan Haidt, a social psychologist and former UVA professor, argues that by emphasizing “safe spaces” universities are training students to think with “cognitive distortions,” a concept derived from cognitive behavioral therapy (Haidt, 2019). One cognitive distortion Haidt discusses is “mind reading.” This is when a person assumes others’ intentions are bad or hateful towards them, rather than asking them or giving them the benefit of the doubt. Haidt claims that universities teaching students about “microaggressions” primes them to assume malice from others from actions that may not be intentional, and that this cynicism is detrimental to one’s mental health and ability to learn effectively (Haidt, 2019). Many UVA students agree with Haidt’s position on safe spaces, with some saying they feel pressured and even “shaken” by professors and peers shutting down difficult or unpopular conversations (Camp, 2022). The harm to those students is difficult to quantify, but even if it were certainly less than that caused by a classroom with no focus on sensitivity, those students could still justifiably advocate for themselves. Thus, whichever way university policy leans, some students will be hurt or marginalized, and a decision will be viewed very skeptically by all parties. Even in a situation where a culture change causes a net improvement in student mental health, decisions are complicated by drawbacks inherent in large populations changing.

Guiding principles

UVA administrators are responsible for designing mental health programs that serve the student body as well as possible using scarce resources. This responsibility requires a deliberate process for developing effective programs. Duffy et al. (2019) provide a framework for evaluating UVA's programs as thorough or incomplete.

First, UVA must have accessible, proactive, evidence-based, culturally competent, and developmentally appropriate services. Services such as TimelyCare, which has opened up access to care by utilizing telehealth, or the Peer Health Educators, who are more embedded in UVA student culture and needs than staff counselors. These factors appear across many of UVA's programs, indicating their own use of a similar design principle.

Second, there must be effective and engaging clinical triage at point of first contact. This principle is the entire purpose of UVA's "Let's Talk" and TimelyCare's "TalkNow" service. These programs allow students to talk to a counselor and quickly assess their needs so they can be linked with effective care.

The third and fourth principles are about specific actions by counselors that aren't readily available for this paper, referrals to community programs and creation of treatment plans. CAPS mentions both on their website but without exact details (CAPS, 2023).

The fifth principle is development of standards of care and fitness to study guidelines. This paper's review of research alongside various UVA programs has consistently shown an adherence to accepted empirical findings on the part of UVA.

The final principle is to have integrated research to inform the development of services moving forward. Internal data aside, UVA performed this developmental research alongside the Hoos Connected program. In fact, that research was used to propose increasing the size of the

program to take more participants. The approval of that increase indicates the willingness of UVA's administration to adjust their programs as the evidence for them develops.

These six principles are not definitively necessary for a quality program's development, but UVA's representation of all six is a positive sign that it developed its standards of care thoughtfully. There is little evidence of waste despite a continuing effort to research and implement new programs. Instead, CAPS increasing focus on accessibility and reach, while also reducing costs when possible, paints the picture of an organization desperate to meet the needs of students as much as they can with their limited resources. Above CAPS, the administration is also limited. Increasing the budget for CAPS could improve outcomes, but doing so would require the approval of boards who would not do so, and then the hiring of counselors who are in very high demand. Instead, CAPS changing more to become a high-access launching point for student mental health journeys, as they currently are, may be their most efficient path.

Conclusion

Efficient or not, student dissatisfaction with UVA's mental health service is real. The political and technical reasons behind an organizations failures do not make a satisfying explanation to a student struggling with their mental health. It's possible for a student to justifiably feel wronged and a member of the mental health system to justifiably feel they're doing all they can. UVA students, as with students nationwide, have a real need for mental healthcare, and many of them are not properly served. Offering every student unlimited, premium therapy would more than overwhelm a budget and it would still not reach every student. Understanding that a line must be drawn somewhere is essential to analyzing the status quo. UVA responds to student mental health challenges thoughtfully, with empirical methods.

However, that does not mean that student calls for improvement are impotent. Instead, the current system strives for optimization exactly because it's pushed so strongly by activism.

Indeed, cultural change at UVA around mental health will only be possible with grassroots support. Worsening student mental health demands a change, but what form that change takes is unknown. From the need for community participation in mental health to the confounding political and social disagreements around top-down policy. UVA has a complex community attitude around mental health interventions. Any effort to affect change in that environment would be well served by a thorough understanding of UVA's current mental health system and the context in which it operates.

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