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Who's Responsible for Mental Health on College Campuses? Student and Administrative Perspectives at Columbia University

by Mariel Sander

• [Our Journalism](#)

[NEW YORK, NY](#)—In the spring of my freshman year, on a warm evening in Riverside Park, my friend P threatened to kill himself. I stood in front of the gray stone ledge and begged him not to do it. He'd been hospitalized overnight a week before after a particularly bad panic attack and prescribed sedatives, but things had just gotten worse.

I stayed with P until he calmed down and walked him back to his room. For the last few weeks of the school year, I checked on him every day. His parents and other concerned family members obtained my number and texted me asking for updates.

At my mom's request, a Residence Hall Director stopped by my room to check on me. I was so shocked I told him I was fine and closed the door. That was the entirety of my encounter with Columbia support: mom-mandated, and even that was cursory. I hoped that once summer came, P would get the help he needed. Selfishly, I hoped I would no longer feel like the only thing standing between him and that ledge.

P didn't get better. The next school year, he took a medical leave, and I thought it was for the best. In fact, I wondered why it hadn't happened sooner. Why had he been allowed to finish the semester before? Why had I—a freshman taking her own finals—been the point of contact for his family? He had been hospitalized. Where were Columbia's resources? Why hadn't anyone reached out to me, tried to get my perspective on what happened when I was the one that had called Columbia Emergency Services?

I know now that the RA was making regular checks on P; that there was more going on behind the scenes. But at the time, I felt utterly alone. I wondered if problems like this were inevitable, expected even, on a college campus. During my freshman year at Columbia, more than six students committed suicide, three within a month. Emails from various deans, leading with phrases like "I am devastated to be writing to you..." or "It is with sadness that..." began to feel like semi-regular occurrences.

When P threatened to kill himself, I didn't know who to turn to. Every "Notification about Student Passing" I'd received included a copy-pasted list of resources, mostly counseling services at Columbia, but I never considered trying to access them. After all, I thought, it was Columbia who had put P in this position. It was Columbia that was the common denominator for all of these students.

Three years later, approaching my senior year, I wonder about how true that is. How much can we hold Columbia, the institution and its administration, accountable for its students' mental health? All college

students inevitably experience stress and emotional turmoil. What can—and what should—a college administration establish as their policies regarding mental health (from psychological services and medical leave)?

Role of the University in Mental Health

To answer these questions, I took a step back from Columbia. First, I looked into nationwide statistics. According to the [American College Health Association 2017 National College Health Assessment](#) (NCHA), most college students report having felt at least one of the following emotions in the past year: overwhelming anxiety, extreme loneliness, extreme sadness, and being overwhelmed by all they had to do.

But should this be the university's responsibility? In the same study, students reported what affected their academic performance (meaning they received a lower grade or experienced significantly lower productivity on an exam, project, course, or thesis). 31.7% said "stress" had impacted them academically. Another 16.8% said "depression," and 10.8% selected "concern for a troubled friend or family member." This suggests that the burden of mental illness is not just on one person's emotional well-being. The toll is academic and social; both students who struggle with mental illness and their friends find that mental health problems affect their performance in class.

Someone may believe that universities cannot and should not act *in loco parentis* (i.e., in a parental role) when it comes to students' well-being. But even if the fact that most students struggle with feelings of loneliness, anxiety, and stress is not enough to justify a university stepping in, the NCHA study suggests the impact of mental illness extends to students' academic performance. Therefore, the purview of a university must include student mental health.

The Jed Foundation

After my freshman year in 2016-2017, after so many students took their own lives, Columbia University partnered with the [JED Foundation](#). Created by two parents who lost their college-aged son Jed to suicide, the JED Foundation is a nonprofit that consults with universities to improve their campus environment. To date, over 200 colleges (including Princeton University, University of Pennsylvania, and Stanford) have made the same partnership to improve mental health on their campuses.

The JED Foundation website includes [testimonials](#) from many of its partners. Many of the universities comment on how the JED Foundation helped them coordinate their resources to make a difference in their communities. For example, Drexel University released a statement after working with the JED Foundation: "Now our colleagues on campus think about how our offices, programs, and services can coordinate and share resources to promote and impact our students' mental wellness." The testimonials focus on changes made by the administration. There is no mention of student involvement.

At Columbia, this partnership has yielded a list of fourteen campus initiatives and the formation of mixed student and administration working groups to address these issues. These initiatives range from updating Columbia's medical leave policies, increasing awareness about Columbia's psychological services, and even more granular things (like upping the number of window stop checks per year). The progress on each initiative can be found [online](#), at the Live Well, Learn Well website.

The Student Perspective on Leave

For students like P, a brief hospitalization and summer break are not enough. Students sometimes choose to take a medical leave (generally for one or two semesters. Accordingly, one of the JED initiatives aims to "strengthen leave policies and protocols that best support students in distress."

To understand the experience of Columbia students on leave, I spoke to a few students who had taken time off to work on their mental health. G, a current sophomore at Columbia studying civil engineering, took a leave

during the academic year of 2017-2018.

"I had always kind of known I had underlying mental health issues... since I never really got help I didn't know exactly what they were. Sophomore year I noticed what I know now was my anxiety and depression escalating at a rate that was getting hard to handle," G told me bluntly. In sophomore year, panic attacks increased and his friends contacted the administration. His residence hall director reached out to G directly to schedule a meeting. "That's when I really opened up to them and told them what I was facing and how hard things were getting."

The residence hall director suggested G talk to his academic advisor. "She was the first person who really said 'I do think you should take a medical leave,' [and] she just kind of answered all my questions. They told me to make a decision." Then, once he had filled out the requisite leave request forms, that was it. "[My advisor] said let me know when you're ready to move out."

But shortly after he'd submitted his leave forms, G found himself looking at an e-bill saying he owed the school thousands of dollars. "I'm still not fully sure what happened."

"When you leave they take away your financial aid because you're not a student anymore, but you have to pay for the classes you were taking," said G. "But even when I called the financial aid office, they didn't really know how to explain that to me. They were just like, oh, maybe keep looking back, it might drop. I asked do you know how much it would drop to? They told me oh, we can't tell you that. I come from a very low-income household and that was very stressful to see your e-bill say you owe thousands of dollars when I don't pay that much to attend this school."

Finally, after a couple of weeks, the e-bill had dropped to ninety dollars. G laughed a little. "I was like, alright, we can handle that."

However, the entire situation left him frustrated and confused. "I contacted the financial aid office before I left, they knew it was a big part of my decision making and they also knew I was gone for mental health, so you would think they would have been a little more caring...[they could've said] hey, don't let this affect your mental health, it won't be a big factor in the end but there was never that reassurance."

A week into leave, G got a call from Columbia's Counseling and Psychological Services (CPS). "A social worker at CPS want[ed] my health insurance information, because she wanted to look into a partial hospitalization program," he told me. On their recommendation, G, who lives in Brooklyn, attended a program in the psychiatric department of Weill Cornell. There he learned cognitive behavioral therapy (CBT) techniques and started a course of medication. "They scheduled my inpatient date and everything. I really didn't have to contact the hospital at all."

Overall, his experience with this program was very positive. "What I learned in the program I feel like it really really helped... my friends noticed changes in how I was acting, how I was presenting myself. It's not to say that the negative thoughts went away completely, but I would know how to handle those negative thoughts."

But not all students who take leave receive these recommendations from CPS. Across a small café table in Butler Library, Columbia's main undergraduate library, I spoke with C, a sophomore at Columbia College studying public health and sociology. C took a medical leave for two semesters during 2018.

Before C's leave, he struggled with [impostor syndrome](#): a feeling of doubting one's successes or feeling like a fraud that's pervasive at many top colleges. As a first-generation, low-income student, he felt he didn't fit the "Columbia mold." It was difficult to "find membership" in the Columbia community.

C tried to handle these problems on his own when not at school. "I can do this period of reflection during break or during the summer independently to better readjust myself to Columbia... [I would] try to introspectively cure myself of this negative toxic mindset." But it didn't work. Finally, he went to his academic advisor, met with CPS, and was approved to take leave.

During his year, he received very little information from CPS. “CPS did not reach out with suggestions or contact information of outside hospitalization or therapy programs during leave. The only communication I had with the University while on leave was with my advisor and the medical leave readmissions committee,” C told me over message a few days after our initial interview.

Instead, C, who is studying to be a doctor, did the research on his own. “I need[ed] to look for someone who has worked with someone of my identity. I decided to go with my gut and what fit my insurance.” In the end, he also chose a CBT-focused program that benefited him immensely. Coming back to campus, he told me, “I finally felt more confident and I think it was a result of the CBT and how it shaped a lot of the cognitive distortions I was struggling with beforehand.”

But what if the students cannot—whether because of mental health crises or lack of experience—find a fitting therapist on their own? L, a junior at Columbia College, had this experience when he decided to take a leave at the start of 2018. Shortly before his leave, he asked a therapist he was seeing at CPS to help him find someone to see when he went back home to Wichita, Kansas. “She’s like...uhhh.... I can look through this website... doesn’t look like there are many people. [CPS is] helpful to people from California, New York...but if you live in Kansas...” L shook his head.

Before he took leave, L struggled with undiagnosed mono, depression, and the physical effects of being put on a high dose of medication by psychiatrists at CPS. He even ended up sleeping through one of his finals that semester (luckily, the professor allowed him to take it at a later date). Now, he had to find a therapist on his own to see during leave.

He chose as his therapist the only psychiatrist he could find in Wichita that shared his racial identity. This psychiatrist prescribed medications that had no effect, upping the dosage until he experienced serious physical side effects. Later, even after seeing the results of a blood test, the psychiatrist refused to believe L had mono until L got a second blood test to prove it.

But L felt he had to stick with this psychiatrist because CPS requires a clearance letter from whomever a student is seeing over leave to readmit the student. “It makes you fundamentally dependent on whoever you have to see back home... you can’t change up your therapist when they’re expecting you to be seeing one consistent therapist the whole time.” On top of this, L faced issues with his family (“They just assume that it’s something I made up to describe things”) with nobody to go to.

Did anyone from CPS check in to make sure that L’s experience on leave was helping his overall well-being? No. The only contact he had with CPS was during the readmission process. “Columbia does not make any effort to seem like they care about students on leave,” L said.

Even after being readmitted, L ran into difficulties. According to Columbia’s policies, students must have an interview with a CPS therapist before being readmitted. They cannot register for classes until after that interview. However, the interview must be conducted in-person. Since L lives in Kansas, he had to fly back to New York to attend the interview before registering for all of his classes. As a result, he could only register for classes two or three days before the start of school because coming back any earlier would have been prohibitively expensive.

Because of his late registration, L told me, “I’ve never been able to take an interesting class for fun with my age level because I’m always behind. I couldn’t even take a lot of classes I needed to.” He is on the premedical track, which requires a heavy course load on top of Columbia’s Core Curriculum requirements. “Columbia wasn’t helpful even though they said it would be so easy coming back.”

Similarly, after coming back, C found the social readjustment to be challenging. “I remember going out the first weekend I was back,” he told me, “and not enjoying it as much as I thought I would... I had created this expectation of I am ready to return to campus, I am ready to throw myself into not just the academic setting but social groups and nightlife. It’s sort of this point where you’ve been removed from any environment for a period of time, how do you transition back? I didn’t think I’d have to do that at a party. I was having this

internal conflict of why am I not readjusting as I thought I would've? What's going on there? So I left early, just to kind of sit with that thought in mind," C said.

The Administrative Perspective on Leave

Columbia's administrators acknowledge these difficulties faced by a student returning from leave. "Taking time off significantly affects a student's trajectory...It's a disruption to plans, but the challenges of returning are not insurmountable. It should not be a barrier to success at Columbia. In our conversations and communications, we want to normalize that a student can take a leave of absence and return and graduate," said Matthew Patashnick, the Associate Dean for Student & Family Support. "These students have done the right thing for themselves in terms of self care, and part of the reason why we have a director of wellness is to help them with their return."

Director of Wellness Stephanie King notes that there are many people a student can reach out to talk about their mental health. Outside of CPS, King said, "Each situation is highly personal. Sometimes [students] just need to talk with someone — with us [the Student and Family Support team]; Nightline [the anonymous peer listening service]; their CSA adviser; their RA; friends and family at home; anyone in their network of support."

Yet no one in this support network is specifically dedicated to helping struggling students on leave and thus may not have the bandwidth to provide the consistent support students need. For example, students considering taking a leave are often directed to speak with their academic advisors. But advisors take on a caseload of at least 200-300 students each. As L said, "My advisor is really helpful. [But] it's like they put so much on her and there aren't other resources." Instead of expecting students to reach out to community members, why not establish a dedicated point person for students on leave? How can Columbia help students reacclimate successfully?

Does the JED initiative about leave policies and protocols address these concerns? Well, according to the [Live Well, Learn Well website](#), the next steps of this working group include changing the process of readmission after leave. Some of these changes do address commonly reported concerns (such as difficulty registering for classes). But there is no mention of improving communication with students on leave or creating a network to support students after they are readmitted.

In addition, there are no students at all in the leave policies working group. Supposedly, work on rewriting these leave policies "[based on student feedback](#)" began in December 2018. But where this feedback comes from is unstated, and despite the fact the JED collaboration began in 2017, there have been no updates to Columbia's medical leave policies since then. Moreover, even finding these policies is difficult—you have to go through the "Academic Regulations" section of the Columbia College or Columbia Engineering Bulletin to access them. (I had to talk to a dean to understand where exactly the leave policies were posted).

Improvement doesn't need to mean hiring a hundred new staff or creating a new department. Other colleges like Princeton offer a website dedicated to leave for their students. According to Princeton's [Time Away website](#), most students who take leave can access course enrollment at the normal time for their year, meaning they do not face the same problems L did in trying to fulfill requirements.

In addition, the Time Away site provides students with a list of Deans to contact over their leave and states that the residential college dean will meet with each student when they come back from leave. It also contains a FAQs section and several pages dedicated to advice on reconnecting socially and academically, as well as a "[Gap Year Network](#)" that gives students who take time off a tangible social support system for readjustment. Most concretely, it states that Princeton has a database of providers internationally and across the nation to recommend their students to.

A website like this would make the idea of taking leave more accessible to students. In addition, it would give them a clear list of administrators to contact if any issues arise, and a social network to join after their return.

Why doesn't Columbia (or other universities) follow Princeton's lead? Why, despite the JED initiative, have we heard about so little change in the past few years about the policies surrounding medical leave?

Policies Involving Psychological and Counseling Services

Lerner Hall sits at 115th and Broadway, on the corner of Columbia's campus. The campus-facing wall of the building is glass, giving passersby a clear view of the strangest use of space in the university: a series of huge glass and metal ramps sloping from floor to floor, complemented by staircases that serve the exact same purpose. Lerner Hall is one of the few non-classroom buildings open to all students, containing one dining hall, a piano lounge, as well as advising and various administrative offices. Recently, according to one of the [JED Foundation initiatives](#) about fostering community connections, several rooms have been converted from conference rooms into communal spaces with foosball tables and board games.

The office of Columbia's Counseling and Psychological Services (CPS) is on the fifth floor of Lerner Hall. Most students (including those interviewed for this article) did not know what the JED Foundation is and what it does, everyone has heard of CPS.

One JED initiative, "Ensure access to all necessary clinical care services" aims to improve CPS's on-campus presence. Andrew Rodriguez, a student member of this JED initiative's working group, remarked that he viewed "the double digit rise in CPS visits this year" as a success. Upon request, Columbia Health provided some statistics about CPS: over the past five years, the CPS office staff has grown by 55 percent. The office also noted that CPS actually exceeds the student:clinician ratio required by the International Association of Counseling Services.

But among students, CPS's on-campus reputation is mixed—at best.

Amelia, a junior studying Biology, never heard back after calling to schedule an appointment. "They told me they'd call back in the morning to schedule the appointment. They never did," she said. Similarly, Janill Lema, a junior in Columbia's School of Engineering and Applied Sciences, never received a follow-up after booking an appointment. Neither tried to book an appointment again after that initial attempt.

In addition, persistent misconceptions about CPS pervade campus even for students who regularly see CPS therapists. Students often believe in the "myth of the cap"—that is, thinking that there is a cap on the number of CPS appointments a student can make. Anita, a junior at Columbia College, said that she thought it was three; G and L said they'd been told there was a cap (though they were unable to remember by whom). Andres Butter, a Columbia student who was roommates with a student that overdosed in 2017, wrote an article stating that [after 10 appointments](#), students were redirected off-campus to seek long term care.

Columbia Health's [website](#) states that "there is no specific limit on the number of sessions at CPS." But the website does say "services are focused on [short term care](#)" and that students "may benefit from an off-campus referral"; CPS is not meant to be the main source of treatment. Perhaps this is what leads to the misconception that appointments are capped at a certain number.

Another reason for this confusion might be that appointments at CPS are notoriously limited. For L, therapists at CPS serve as his primary mental health providers. When he came back from medical leave, he had trouble getting an appointment that worked for him. "I [couldn't] get a CPS appointment for 3 months," L said. "They need more CPS officers. I have a consistent CPS person only because she decided to be consistent. When I didn't have that, I just didn't go to therapy." Even now, L can only see his therapist once every three or four weeks because she has so many appointments.

G is in a similar situation. For financial and insurance reasons, he cannot see an outside therapist and also relies on CPS as his only source of therapy. "CPS could use a lot," said G, acknowledging that there was no easy fix. "I fully understand they come from a place of a high demand for mental health help and a very low supply of mental health providers...They don't have the resources to give mental health support. They can barely schedule new people in."

These issues—inconsistent follow-up, misconceptions, limits on appointments stemming from lack of resources—may discourage students from making that first appointment with CPS. Moreover, a student who is not financially able to access off-campus services might think there is no point in reaching out to CPS if they will only try to refer them out after a couple of sessions.

It seems like [the JED initiative](#) about CPS, while well-intentioned, does not cover the scope of the issue. To really “[e]nsure access to all necessary clinical care services,” CPS itself needs more providers and more consistent follow-ups. Currently, the JED initiative treats the problem as an issue of awareness. But enlisting Student Ambassadors or putting up flyers to raise awareness of CPS’s resources will not fix anything if there aren’t enough resources to actually help students.

What Can Students Do?

So what can we as students do to help mental health on campus? We cannot hire more therapists or rewrite medical leave policies. What some student-led groups are doing is destigmatizing discussions of mental health on campus. John Steven Ballew is a General Studies senior and the General Studies Class President. He’s also the founder of the Columbia chapter of Reflect, a national mental wellness nonprofit based on college campuses.

What Reflect does, Ballew said, is “provide a ‘safe space’ for students to meet once a month and discuss [certain topics] with other students over a free dinner.” At these dinners, students speak “about things that are not normally spoken about such as separation from your family, separating school from personal life, relationships, PTSD, stress, anxiety.”

For Ballew, what makes Reflect necessary is the limits to what the administration can do. “When the solution is administered...it doesn’t really meet students on an eye level that allows students to connect,” he said. “The single biggest piece of feedback from students is ‘I never realized how many people feel the way I feel, have experienced what I’ve experienced.’ And that’s the best piece of feedback, that’s just exactly what I want to hear. We want people to take off their masks at these meetings, be themselves.” That’s why Reflect trains student coordinators, rather than bringing in faculty or administrators, to lead discussions on various topics with other students over dinner. Reflect has so far had 60-80 students at each of their dinner events.

Their biggest problem now is finding space and funding to expand their reach. This is where the administration could help. Ballew originally reached out to University Student Life when he first started thinking about bringing Reflect to Columbia but was told they could not be involved with a student organization. If that were to change, Ballew believes, then “the administration can help advertise, help sponsor. I think that’s the most powerful thing they can do with groups like Reflect. If any deans wanted to work with Reflect on any of those things, I can say without a doubt Reflect would be interested.”

Another way to get involved could be through attending town hall events and talking about the changes you want to see in mental health policy. Last semester, a student-run group called the Columbia University Mental Health Task Force held a student town hall about academic advising and student wellbeing. Students attended, submitted questions, and shared their thoughts about the interactions between [academic advising and mental health](#). A group of students who said they were in contact with Dean Kromm of Undergraduate Student Life and the Academic Advisors led the town hall, saying they would relay feedback from the event directly to the administrators. If these town halls continue, they could be a valuable and non-threatening space where students can express their concerns and suggestions to the administration. (The Task Force did not respond to requests for an interview and it is unclear what happened as a result of the town hall and whether they will have any more).

The most direct way a student can get involved, of course, is to contact their administrators directly. Andrew Rodriguez first became interested in mental health advocacy when his friend committed suicide in 2016. “At the time, I really didn’t know how to cope. It didn’t feel like there were resources,” Rodriguez told me. “My LitHum teacher opened up a space for us.” This moment led him and a friend, Morgan Kang, to draft a 22-page proposal that they took directly to Dean Kromm and Dean Valentini. “I was very surprised at how receptive

they were,” Rodriguez said. “I was just a student.” Now he’s one of the students involved in the JED working groups.

There is a certain wariness towards the administration on any college campus; here, particularly when it comes to the topic of mental health, the attitude of students towards their administrators can be somewhat hostile. Perhaps because much of the administration is unable to speak publicly about mental health (some administrators like Dean Kromm, informed me they could not speak on the record for this article), they seem nebulous, vaguely threatening.

In response to this, Rodriguez shook his head. “[That hostility is] honestly just a safeguard students use for a somewhat complicated system. [There’s] the misconception that administration view this as a checkbox every time they send out an email.” Andrew cites his own experience as an example showing that administrators Dean Kromm and Dean Valentini do actually care.

But the reality is, often the most vocal among us students are not the most representative of the student body as a whole. Columbia administrators acknowledge this inevitability. “We need a cross-section of students to truly represent the student body, including those who are not usually active in campus life,” Dean Patashnick said. Hearing more perspectives might also benefit students themselves: “A student in the School of General Studies will talk about realities that are very different from what an 18-year-old in the College is thinking about. It’s beneficial for students to hear that their experience is not the only experience.” To facilitate this sort of communication, we need more accessible platforms for students to express their concerns.

When the wave of suicides happened, I, as I believe many other Columbia students did, coped by trying to find reasons for why mental health crises happened: lack of campus resources, apathetic administration, stress culture, etc. But that’s an oversimplification at best.

Students like P exist across the country, on every college campus. But that doesn’t mean we should accept these situations as the status quo. I no longer look back at what happened with P as an inevitable part of attending Columbia. I was a college freshman trying to be there for her friend, not a therapist. The wave of suicides in my freshman year were not just a part of the college experience. What happened with P, what happened with the student suicides, students and administrators alike want the same thing: to prevent these incidents from happening again.

We ourselves have the unique ability to change things. There is still significant institutional responsibility for what happened, of course. But in our limited times on our college campuses, instead of passively criticizing, we can act as agents of change. We can focus on leaving a positive impact, making it that much less likely that future students will ever have to learn that one of their classmates killed themselves.

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