

Mental Health Justice at Yale

Spring 2021

Demands & Report



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INTRODUCTION

To Dean Marvin Chun, President Peter Salovey, Dr. Paul Genecin, Provost Scott Strobel, Dr. Pamela Hoffman, and Secretary Kimberly Goff-Crews:

In a campus-wide email on March 24th, Dean Chun wrote: “If you ask for support, you will get it.” We are asking.

Mental Health Justice at Yale (MHJY) is a newly formed, diverse coalition of students united by the need for urgent institutional change in mental health at Yale. MHJY is fighting for effective and impactful reforms that will lay the groundwork for improving mental health resources on campus, the lack of which has been felt widely by the Yale community for too long. This coalition formed in response to Yale’s lack of action in creating a campus environment that prioritizes students’ mental health and well-being rather than ignoring it, particularly in light of an immensely challenging semester.

This spring, students were forced to cope with a global pandemic, ensuing economic hardships, and a nationwide rise in rates of violence and hate crimes on top of the expected stress of college. Students on and off campus are unable to access the full extent of Yale Health and Yale Mental Health & Counseling (YMHC) resources that have failed to adapt to this unprecedented year, and students on leave (almost 30% of the student body) are left without any access to Yale Health or YMHC. In addition to all of this, Yale students mourned the loss of a beloved peer, Rachael Shaw-Rosenbaum. Hers was another life senselessly lost to suicide on Yale’s campus. Yale’s continued failure to respond to students’ mental health needs is inexcusable. Yale must prioritize students’ mental health in crafting its medical withdrawal policies, in shaping its rigorous academic environment, and in mending the toxic aspects of campus culture.

Yale has a responsibility to provide timely and adequate care to its students, to whom Yale promised a fruitful four years upon admission. There are enough barriers to get into Yale, and students who have worked hard to do so shouldn’t be faced with additional needless barriers to

succeed at Yale. Students of color, international students, LGBTQ+ students, and first-generation/low-income students are among groups of students disproportionately harmed by Yale's neglect to prioritize mental health.

For decades, students have expressed disappointment and anger over Yale's mental health services and medical withdrawal policies. For decades, student groups have mobilized in support of mental health reform, demanding better from Yale. For decades, the University has failed to adopt the demands of student advocacy groups and respond adequately to the needs of students. We are not the first to ask for change.

Mental Health Justice at Yale is calling on Yale administration to respond to student needs. For too long, the university has ignored the voices of students demanding better. MHJY requests a meeting with Yale administration to discuss the implementation of this set of demands.

DEMANDS

We, Mental Health Justice at Yale, demand that Yale:

1. Improve access to and quality of care on campus by:
 - a. Increasing the default session length from 30 minutes to 60 minutes.
 - b. Limiting the wait time between intake meetings and first appointments to a maximum of two weeks, based on the student's preference.
 - c. Hiring more clinicians via the following timeline: Increase current MHC clinician numbers by 50% by the end of 2021, 75% by the end of 2022, and 100% by the end of 2023.
 - d. Hiring more clinicians, especially those who are Black, Indigenous, POC, Latinx, Asian and Pacific Islander, Middle Eastern and North African, Jewish, Muslim, disabled, queer, trans, and/or a gender minority, and clinicians who are trained in treating specialized conditions, including but not limited to:
 - i. Eating disorders (specifically a HAES/IE nutritionist)
 - ii. Sexual assault and rape
 - iii. Substance abuse
 - iv. Childhood trauma
 - v. Intergenerational trauma
 - vi. Autism Spectrum Disorder
 - vii. Bipolar Disorder
 - viii. Personality disorders (including all disorders defined under [Clusters A, B, and C](#))
 - ix. Obsessive-Compulsive Disorder
 - x. Post Traumatic Stress Disorder

- xi. Disability and chronic illness
2. Guarantee that every Yale student, regardless of enrollment status, maintains access to a year-round subsidized Yale Basic and Hospitalization/Specialty Care plan or equivalent.
3. Eliminate the application for reinstatement for medical, financial, and personal withdrawals, including any stipulations on how this time is spent.
4. Allow any healthcare professional (including therapists, psychiatrists, and any clinicians) to obtain Dean's excuses on behalf of students. Deans will be obligated to honor the request of the professional, mirroring Title IX's current practice.
5. Add a Preferred Partner Organization (PPO) insurance option to Yale's existing HMO model. The PPO model is used throughout the UC system, Stanford, and all other Ivy League institutions, which will give students access to a nationwide network of clinicians with a wide range of backgrounds and specialties, alleviating the demand on Yale Mental Health & Counseling.

Process

Our demand-writing process started as a public, open-source [document](#) that any Yale student could add grievances and recommendations to, which we consolidated down significantly to 5 pages to organize without removing any suggestions. We also heard from our peers through one-on-one conversations, large town hall meetings, and student surveys, and we compiled that into the 5 demands we present to you today.

Context and Reasoning

Demand 1: Improve access to and quality of care on campus

Our first demand encompasses and attempts to solve the most common grievances with Yale Mental Health and Counseling. Our first demand is the most comprehensive plan that would drastically improve access and quality of care on campus.

Currently, the default session time for individual therapy is [30-45 minutes](#). Due to the current quantity and bandwidth of Yale Mental Health clinicians ([411:1 student to clinician ratio](#)), it is common that a student arrives for an appointment with a clinician, and with the clinicians commonly running 5-10 minutes late based on personal testimonies, the students' face time with the clinician ends up being closer to 20-25 minutes. None of the students we heard from found 20 or even the full 30 minutes to be an adequate amount of time to make progress with a counselor, especially in a first session. That is why we are advocating for the increase of the default session time to 60 minutes, allowing students the choice to have 30 or 45 minutes sessions should they prefer that.

By far the most shared experience with Yale Mental Health and Counseling is the long wait times between intake appointments and second appointments. These potentially harmful and

negligent wait times are so heavily associated with YMHC that many students avoid seeking out mental health in the first place, for fear of being put on a months-long waiting list. We spoke with students who waited 1-3 months before their next appointment, many of whom gave up and removed themselves from the waiting list. This negligence could be the difference between a student struggling with mental health seeking professional help and trying unsuccessfully to deal with it themselves. [80% of the nearly 200 students who filled out a demands survey](#) that we circulated indicated that shorter wait times were in the highest priority category. That is why we are advocating for faster turnarounds for students signing up for mental health clinicians.

Increasing the number of clinicians available to see students would help decrease wait times, and it would offer more options for a student who may not get along with their clinician. Yale's current ratio of students to YMHC clinicians is far too high, at 411:1, since Yale's [33 full-time clinicians](#) cater to the needs of [6,057 undergraduate and 7,517 graduate and professional students](#). Even with 8 full-time clinicians (6 new hires and 2 college care clinicians not already on YMHC staff) newly added to YMHC staff through the [YC3](#) program and recent hires, the new ratio will be 331:1. While this will be an improvement, it is not improvement enough. This is a 30% increase in YMHC staff, which puts Yale on track towards our demand of a 50% increase in clinicians by the end of 2021. We also understand that this ratio would assume that every Yale student relies on a clinician; we know that is not the case, and we hope that Yale understands that that is not the point. We find it no wonder that wait times are high and quality of care is low – Yale's clinicians are overworked. Yale needs to double the 33 clinicians currently on staff to arrive at a more reasonable student-to-clinician ratio and to decrease wait times. That is why we are advocating for a 100% increase in clinicians by the end of 2023.

We heard of a [testimony from a hijabi student](#) that her non-Muslim YMHC counselor had asked her earnestly why she does not just remove her hijab to evade the religious stress she was experiencing. We hope that we don't need to explain how ignorant and harmful that is for a licensed clinician to ask a patient. That is an extreme case of a widely shared experience among students with marginalized identities. The lack of diversity among current YMHC clinicians means that students of color, LGBTQ+ students, disabled students, and so many more are unable to find a licensed clinician who truly understands what they're going through. This results in students not feeling comfortable being open with their clinicians or simply not signing up in the first place.

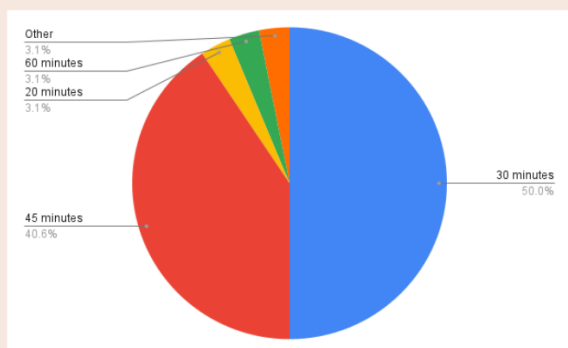
Likewise, students with conditions that require specialized treatment are unable to find a clinician at YMHC and are forced to pursue external, and often expensive, care. Treatment for chronic mental illness is essential for students who rely on Yale's counseling for treatment while at school. [The current list of specializations](#) for YMHC clinicians and testimony from students with mental illnesses indicate that clinicians are often not equipped to adequately provide care for students who need it. This leads to symptoms worsening and being treated with band-aid

wellness solutions that don't work for chronic mental illness. For example, students with eating disorders described being sent to an athletic nutritionist who emphasized meal plans and exercise, ultimately exacerbating the problem — this is the type of irresponsible treatment that Yale students receive from clinicians who are not trained to deal with more than general wellness.

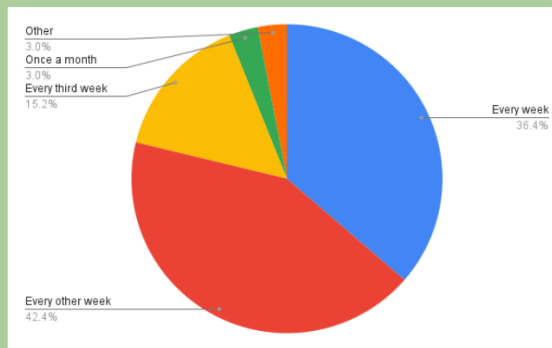
74% of the nearly 200 students who filled out a [demands survey](#) that we circulated indicated that hiring more clinicians, especially more diverse and specialized counselors, was in the highest priority category. [Currently, the only available preference students can indicate is their counselor's gender, and even that only includes binary genders of male or female.](#) That is why we are advocating for not only an increase in YMHC clinicians, but an intentionally diverse increase in both identity and specialization.

The following graphics show [results](#) from [another survey](#) circulated by MHJY to understand how commonly these issues are experienced by students who reach out to YMHC for a counselor.

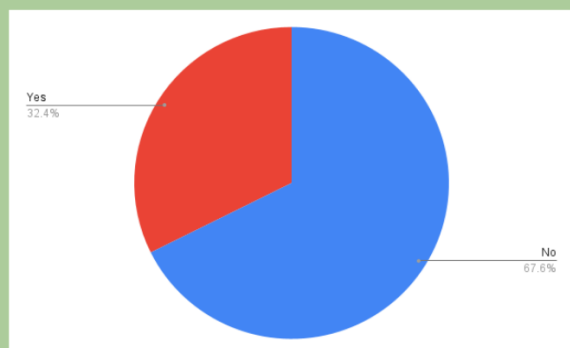
When you first attended Yale Mental Health and Counseling, how long were your initial therapy sessions?



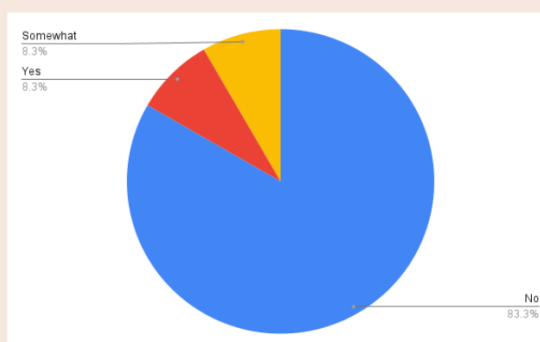
When you first attended Yale Mental Health and Counseling, how frequent were your initial therapy sessions?



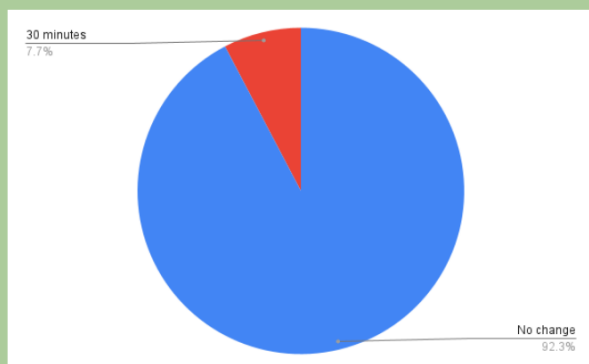
Did you push for longer and/or more frequent times with your therapist?



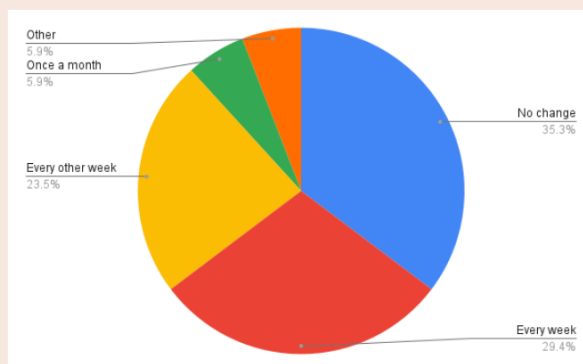
If you pushed for longer and/or more frequent appointments with your therapist, were you successful?



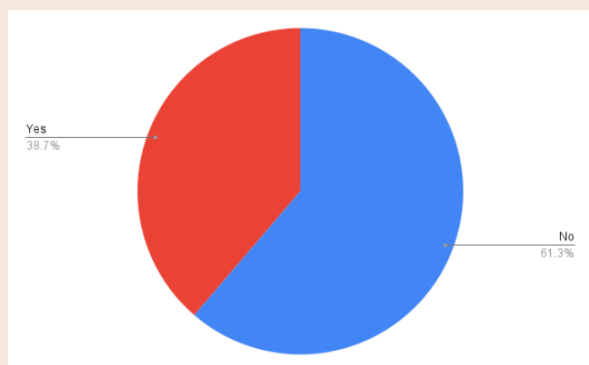
If you pushed for longer sessions, how long were you then able to meet with your therapist (if changed)?



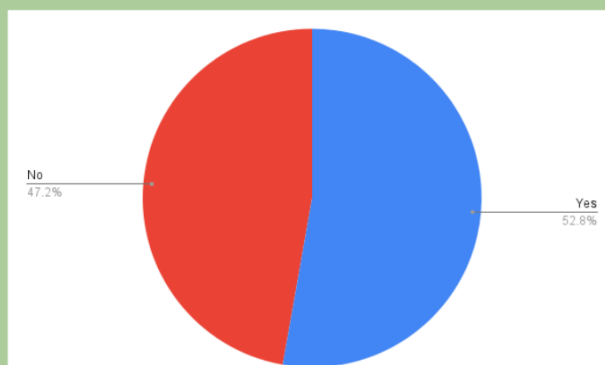
If you pushed for more frequent sessions, how often were you then able to meet with your therapist (if changed)?



Were you ever discouraged from pursuing regular meetings with a therapist at MHC?



Have you ever been "ghosted" by a therapist at Yale Mental Health and Counseling?



Demand 2: Access to year-round, subsidized healthcare for all students

In a YCC survey from 2020, A fifth (20.8%) of students on a leave of absence reported considering the Yale Affiliate Coverage fee [to be a financial barrier](#) to their access to health insurance. After removing those that don't use Yale health insurance, this percentage rises to 45%, a quarter of which consider this barrier to be “insurmountable.” When students withdraw from Yale or go on leaves of absence, they [lose access to Yale Health](#). Students on leave may elect to secure health insurance through Student Affiliate Coverage, which is more than [twice the cost](#) of Yale's health insurance when enrolled. This year, [nearly 30% of the student body took a leave of absence](#). All of these students struggled to maintain access to Yale Health. For some of our own members, that meant an entire year uninsured during a pandemic because insurance through Affiliate Coverage was too expensive.

Withdrawn students are [completely cut off from Yale resources](#), including losing all access to health insurance. Affiliate Coverage is not even an option for them. When a student withdraws, Yale Health won't even answer a question over the phone. For students who want to withdraw from Yale, [the lack of access to Yale Health is a significant obstacle](#) if they do not have access to health insurance outside of Yale. For students withdrawing for medical reasons, this obstacle becomes life-threatening as they lose access to their healthcare while simultaneously needing it more than ever. Unenrolled students who leave Yale for mental health reasons should not be left scrambling for treatment when they are meant to be seeking care. Yale currently leaves students completely on their own in finding adequate care. Many students do not have prolonged access to their parent/guardian insurance, and this policy disadvantages international and low-income students. Expanding full and subsidized access to Yale insurance means that students can rely on Yale for mental health care regardless of enrollment status.

The risk of being uninsured for a year has deterred students from taking time off who would greatly benefit from a break. Students who have worked hard to get into Yale and obtain student coverage are also uninsured over the summer. That is why we are advocating for every student, whether enrolled, withdrawn, or on leave, to maintain access to a year-round subsidized Yale Basic and Hospitalization/Specialty Care or equivalent.

Demand 3: Eliminate the reinstatement process

Yale's reinstatement process is somewhat unique among our peer institutions. From testimonies we've gathered, it is not uncommon for students struggling with mental health to opt out of a medical withdrawal precisely because of the intimidating reinstatement process and Yale's failure to guarantee that students may return. No matter how many times Yale emphasizes that the majority of withdrawn students are reinstated, there will always be [those few students that aren't](#) — and how are current Yale students debating a withdrawal supposed to know if they might be one of those few? The [pervasive fear of not being reinstated](#) is not Yale students worrying needlessly over a rare circumstance; it's a response to Yale's refusal to simply

guarantee reinstatement and remove laborious reinstatement requirements. Yale turns a student seeking help into a liability rather than someone to be cared for. We heard from students who were so intimidated by the infamously opaque and strenuous reinstatement process that they decided to finish the term and take a leave of absence, only to have permanent damage on their academic record as a result of them pushing themselves through a term they did not have the mental capacity for.

For students that do withdraw for medical reasons, they are faced with an arduous and unreasonable [reinstatement process](#) that includes [interviews \(which students are normally required to return to New Haven for\)](#), a personal statement, letters of support, letters from [clinicians, and grades of B or higher in two classes at a four-year institution](#). Students leave Yale to focus on their mental health without the burden of academics — but Yale forces them to focus on academics anyway in order to prove that they can return. Demanding productivity in a time where the focus should be on health detracts from students’ ability to heal and care for themselves. Instead of forcing students to prove they’re capable of academics, Yale should provide students with the resources, healthcare, and support they need so that they feel able to return. In spite of all of these requirements, there is no formal guarantee students will be readmitted, something that deters many from prioritizing their mental health. [We are advocating for the removal of the reinstatement process in order to ensure that students can take time away from Yale when they need it without facing undue burdens or consequences as a result.](#)

Demand 4: Allow clinicians to help students obtain Dean’s excuses

Our fourth demand deals with students obtaining Dean’s excuses. Dean’s excuses as they operate are subjective, inequitable, and don’t explicitly allow for mental health-related excuses. Different [residential college deans](#) have different criteria for granting a Dean’s excuse, so students are completely at the mercy of their dean and whether or not they decide if mental health can count as ‘incapacitating.’ Many students also don’t feel confident that their dean would be empathetic to mental health issues and would not issue them a much-needed Dean’s excuse, while many other students don’t feel comfortable being vulnerable with their dean about what they’re going through mentally. In order for students to obtain a Dean’s excuse for mental health reasons, they often have to share much more than they may feel comfortable sharing with their dean in order to prove to them that they genuinely need an excuse. This system of requiring students to overshare and beg for a mental health excuse is inefficient and emotionally taxing for students.

Allowing mental health professionals to obtain a Dean’s excuse on behalf of the student, similar to Title IX’s current policy, would ease these burdens. Students’ healthcare providers already have firsthand knowledge of students’ situations, so allowing clinicians to obtain Dean’s excuses eliminates the need for students to divulge personal and sensitive information to their deans. It also eliminates the subjectivity of allowing deans to determine what qualifies as ‘incapacitating’ when they have no knowledge of mental health. That is why we are advocating for an expansion

of the Dean's excuse such that mental health professionals can obtain a Dean's excuse on behalf of their student client.

Demand 5: Implement a PPO option

Adding a PPO option to [Yale's existing HMO model](#) would offer students greater access to clinicians (including those of different backgrounds and specialties), alleviate the demand on Yale Mental Health & Counseling (which would decrease wait times and increase session length), and would make it easier to allow students to maintain access to Yale Health services when off campus. The PPO option is essential to providing equitable access to healthcare for all Yale students, including those withdrawn or on leaves of absence.

The HMO model leaves students without health care [once they leave Connecticut](#) — [all that is covered is out-of-network urgent care](#). Due to the unusual circumstances imposed by COVID-19, [state regulations](#) on where and when clinicians are allowed to practice [have been relaxed](#). Telehealth has allowed YMHC clinicians to continue to see students who are enrolled remotely and students who leave Connecticut over school breaks. However, under normal circumstances, this is not the case, and students are left without treatment once they leave Connecticut because in-network providers cannot practice outside of Connecticut, and Yale Health does not cover out-of-network providers. **When the pandemic ends and state telehealth restrictions are tightened, students will once again be left without access to healthcare unless physically in Connecticut.** While [out-of-network service was provided for Yale College students with Magellan](#) due to COVID-19, it is unclear whether this service will continue to be available for Yale College students. According to Dr. Genecin, out-of-network services like Magellan have [starkly improved wait times](#), yet there is still [work to be done and coverage must expand](#) to meet continuously rising demand. Thus there is some institutional support from Yale Health and Yale Mental Health and Counseling for expanding healthcare and mental healthcare to out-of-network providers, but comprehensive administrative support has not yet been established.

Unenrolled students do not have access to Yale Health [unless purchased through Affiliate Coverage](#), the price of which is a significant burden for many students. Even if unenrolled students were given access to our current HMO plan, they would still be restricted to providers at Yale New Haven Health, meaning that they would be stuck in Connecticut while withdrawn or on leave in order to receive healthcare. A PPO option would give students access to healthcare, particularly mental healthcare, across the country so that unenrolled students would be able to return home while unenrolled — wherever that may be — and still receive healthcare coverage. Having this option would make insurance coverage no longer a factor for students determining whether to take time off.

Even for enrolled students, a PPO option enables access to more diverse and comprehensive care. While expansion of Yale Mental Health and Counseling is imperative to mental health

reform, providing all students with optionality in healthcare and mental healthcare creates a more equitable healthcare system at Yale.

A PPO option available to all students regardless of enrollment status or location of residence would guarantee nationwide health coverage for all students during their time at Yale. All Ivy Leagues besides Yale, including [Harvard](#), [Princeton](#), [Columbia](#), [Brown](#), [Dartmouth](#), [UPenn](#), and [Cornell](#), as well as [Stanford](#) and the entire [UC system](#) all use a PPO option. We uplift the work of the Yale Health Equity Initiative (YHEI), which has shown the PPO option to be a valid one. That is why we are advocating for the addition of a PPO option to Yale's existing HMO option.

Yale's Recent Policy Changes — YC3 and Staffing Increase

On April 5, Dean Chun announced a new program named [Yale College Community Care](#) (YC3) and a staffing increase in the Department of Mental Health and Counseling. Although this expansion is an improvement, the university must go further and meet the demands of Mental Health Justice at Yale.

The YC3 program includes college care clinicians who are not meant to be students' long-term assigned therapists. Students should have timely access to long-term counseling and therapy with an assigned clinician, instead of a few one-off sessions that are meant to get them through desperate times. Mental health is a long-term investment, and students' needs will not be met with short-term sessions. Furthermore, half of the counselors in the YC3 program are not licensed psychologists or clinicians, but instead, wellness coordinators who are not equipped to treat students' mental illnesses. We don't need self-care, we need mental healthcare. While there should be a campus-wide emphasis on wellness, this should go hand in hand with other changes in academics, medical withdrawal policies, and campus culture, as well as access to licensed mental healthcare. It should not be up for individual students to seek wellness for themselves but for the university to implement institutional changes to support students.

Many students have to wait for weeks or even months to get their first appointment with an assigned therapist. Hiring more clinicians at YMHC is an important step in reducing wait times, and the university should go even further in hiring more therapists to meet increasing student demand. Student demand for mental healthcare increases every year. Since 2015, there has been a [70% increase](#) in students seeking YMHC services, and [one-third](#) of Yale students seek YMHC services each year — more than double the national average. These trends are likely to continue, and a one-time increase in clinicians does not address these long-term, annual increases in student need. As our demands state, clinicians should share students' identities and specialize in various issues that affect students. It is important that the staffing increase translates to timely care, longer and more frequent sessions should students desire, and the choice to be assigned to a therapist who shares a student's identity and can provide specialized care for their condition.

Our demands still stand, especially because the expansion does not address legitimate and longstanding concerns about academics, medical withdrawal policies, and insurance plans. Yale can and must do better.

PETITION

In the beginning of April, Mental Health Justice at Yale launched a [petition](#) for students, professors, and alumni to show their support for our demands. In just over a month, the petition amassed 1,029 signatures. The breadth of support for mental health reform at Yale is overwhelming.

We Demand a Just Mental Health Care Plan From Yale

**Mental Health
Justice at Yale**

1,029 Actions Taken

Only 571 more until our goal of 1,600

SIGN ON TO THESE
DEMANDS!

STUDENT ORGANIZATIONS

Thus far, 20 undergraduate student organizations have signed on to MHJY's list of demands. More signatories will join the coalition over the summer. See the current signatories to MHJY's demands below.

*Yale Health Equity Initiative
(YHEI)*

*Yale Student Environmental
Coalition (YSEC)*

*Movimiento Estudiantil
Chicano de Aztlán (MEChA)*

Broad Recognition

Living Water at Yale

Party of the Left

*Yale Undergraduate Legal
Aid Association (YULAA)*

*Association of Native
Americans at Yale*

*Black Students for
Disarmament at Yale (BSDY)*

Yale Effective Altruism

DOWN Magazine

Redhot & Blue

Community Health Educators

Yale Black Men's Union

Yale Women's Center

Trans@Yale

Circle of Women

Students Unite Now (SUN)

*Yale Student Mental Health
Association (YSMHA)*

*Asian American Cultural
Center (AACC)*

Yale College Council

The following statement was submitted by YCC President and Vice President Bayan Galal and Zoe Hsu on Wednesday, May 12, 2021:

Yale College Council unequivocally supports the demands of Mental Health Justice at Yale.

This past year has shown that there is far more than a pandemic plaguing life at Yale. There is a mental health crisis, and students do not currently have adequate resources and systems in place to support them and their associated mental health needs. As it stands, the offerings of Yale Health and Yale Mental Health and Counseling require reform in order to better meet the needs of students.

We support the demands of Mental Health Justice at Yale in calling to:

- 1. Improve access and quality of care as outlined.*
- 2. Guarantee that every Yale student maintains access to a year-round subsidized Yale Basic and Hospitalization/Specialty Care or equivalent.*
- 3. Eliminate the application for reinstatement for medical, financial, and personal withdrawals.*
- 4. Allow any healthcare professional to obtain Dean's excuses on behalf of students.*
- 5. Implement a PPO insurance option to give students access to a nationwide network of clinicians with a wide range of backgrounds and specialties.*

This YCC administration also voiced their support for MHJY in their [platform](#), during campaigning, and at the YCC YDN Debate.

PRESS AND MEDIA COVERAGE

Mental Health Justice at Yale has made strides to garner support in the Yale community. This is exemplified in recent press coverage about our work, detailed below.

→ [Yale College expands mental health resources amid student calls for expanded support](#) *April 2021*

The Yale Daily News reported on an expansion of Yale's mental health resources, including the hiring of additional clinicians and the implementation of the YC3 program. **Students who have been organizing for more comprehensive reform said that the changes — though a start — do not get to the root of the problem.** The changes come at a time of heightened student criticism of Yale's mental health and wellness resources. They were also announced just one day before a new coalition of students, Mental Health Justice at Yale, released a set of demands for reforms to Yale's mental health services. The coalition has demanded that MHC increase current clinician numbers by 50 percent by the end of 2021, 75 percent by the end of 2022 and 100 percent by the end of 2023. The ten new clinicians added to MHC staff constitute a 30 percent increase.

- “At Yale, there has been a nearly **70 percent increase in the number of students seeking counseling** since 2015. **About a third of Yale students seek treatment from MHC each year, compared to a national average of around 12 to 13 percent.**”

→ [YCC, student groups continue mental health advocacy after MHC staffing changes](#)

April 2021

Mental Health Justice at Yale is a student-run coalition that formed in response to the loss of Rachael Shaw-Rosenbaum '24. The coalition has put forth a list of demands to the University administration, as well as circulated a petition among students, faculty and alumni focused on meeting these demands.

- “Very few people actually need convincing — Yale alumni know firsthand how atrocious mental health care is here, and little has changed in the decades or years since they’ve attended. Faculty and staff see the detrimental effect that Yale’s policies have on student mental health. Students themselves are experiencing it right now. **It’s up to [the] Yale administration to listen to what the Yale community has been demanding for years.**”
- The Yale administration did not respond to a request for comment on student responses to the University’s policies regarding mental health.

For years, Yale’s mental health policies and services have drawn complaints from the student body, all of which are well-documented and stretch decades back. Below is a selection of recent articles from Yale press and media that detail the breadth and depth of student demand for mental health resources.

→ [Students express disappointment, anger over Yale’s mental health services](#)

March 2021

The Yale Daily News interviewed 20 students about their experience with Yale Mental Health and Counseling. Students expressed frustration over the inadequate care offered by YMHC: **long wait times (sometimes lasting several weeks), inconsistent appointments, and lack of comprehensive treatment.** Every student interviewed complained that the chronic understaffing of MHC has resulted in long wait times for appointments and short therapy sessions to accommodate increased demand — for those who can get appointments in the first place.

- “It sometimes feels as if they’re seeing us to say they’ve seen us, but not really investing enough time in each of us to address the issue.”
- “I did to some extent feel like a cog in a machine and not a valued individual or patient. **I don’t think I would feel comfortable reaching out to my Yale Health therapist if I had been genuinely in crisis.**”

→ [Students express grievances over Yale's medical withdrawal policies](#)

March 2021

Students familiar with Yale's medical withdrawal process said that changes to the University procedures are long overdue. The News spoke to eight individuals who withdrew or considered withdrawing from Yale for mental health reasons. All of the students expressed some level of frustration with the **policies that they say can feel overly punitive, isolating and expensive**. Four individuals cited fears of forced withdrawal as barriers to being able to seek the help that they need.

- “To make a student that has zero control over what they're experiencing, whether it's mental health related or physical health related — **to make them choose between their well being and their Yale education is completely ridiculous.**”
- “It just got to the point where I felt like I was under such a degree of surveillance and pressure that I didn't feel safe staying at Yale, and the fear of involuntary withdrawal was definitely a piece of that.”

→ [For some students, taking a leave of absence also takes away healthcare](#)

February 2021

When students take a leave of absence, they are no longer eligible for Yale Health's basic plan, which includes access to primary care and mental health and counseling services. **Most students taking a leave who stay on their parents' insurance are unaffected. Those without a backup coverage plan are frequently first-generation, low-income students.** Students on leave can still pay to receive healthcare through Yale, but they are no longer eligible for student rates. Instead, they have to shoulder the costs of an affiliate plan, which includes basic services, along with hospitalization and specialty care. **At \$7,332 for a full year, it is nearly triple that of the student price.**

- “I hope nothing happens as I don't have health insurance this semester. It is a gamble.”
- “I might have made a more informed decision about taking a leave had I known about the costs of healthcare.”

→ [SHIRNEKHI: The price we pay](#)

April 2021

Yale's lack of proper mental health support was clear to me before the pandemic began. **Like many others on financial aid, I don't have the financial means to access mental health care elsewhere, making Yale's services my only option while I complete my education.** When I sought out mental health services at the start of my first year, however, I was left waiting until the last week of the semester to see a therapist — just to never hear back when I returned for spring term. **Like many others, I was forgotten by Yale Mental Health and Counseling.** At an institution with billions of dollars, this experience should never be the case, yet it was echoed in the stories of my peers at last

evening's Speak Out. Students voiced how long wait times for counseling left them to cope alone despite the pandemic's disparate impact on working class students and racial and ethnic minorities. The pandemic's effects raise the stakes of Yale investing in equitable mental health care and expanded financial aid.

→ [EDITORIAL: Do no harm](#)

April 2021

Why is it that, even after the failures of Yale's mental health services become realised in students' desperate pleas, reform still comes too little too late? **The University needs to sincerely reexamine its continued emphasis on its reputation over the well-being of its communities.** Yale's response to Shaw-Rosenbaum's death seems to lack empathy, perhaps because they are afraid to imply an admission of their culpability. Even with Yale's recent expansion of their mental health facilities to include a residential college program, students still struggle to receive immediate care, as long wait times and short staffing of Yale's mental health centre means that students often wait months before being attended to.

→ [ADDENBROOKE: Ask, and it shall be given?](#)

March 2021

Dean Marvin Chun wrote an email that ended with the line, "If you ask for support, you'll get it." Not only is that incredibly offensive to the students who asked for help and did not receive it, but it also shows a lack of understanding of why students don't ask for help in the first place. As an alum, I can say that **my mental health got a lot better when I graduated from Yale College.** But that hopeful message shouldn't be a refrain Yalies utter to themselves in order to push through the so-called "bright college years." I would say that it's time for change, but that time passed a long time ago. Reform is overdue. **Why aren't suffering students more of an urgent concern?** What must they prove in order for the administration to pay attention? I see the press releases and the statements but continue to be dissatisfied with my alma mater. Some compassion would be nice.

PAST STUDENT ORGANIZING

Mental Health Justice at Yale follows in the footsteps of countless waves of student organizing and advocacy efforts. Many of our demands have already been asked for in years past. Yale has consistently ignored these efforts, showing little regard for the needs of students. The Yale community has shown time and time again that we demand and need more from Yale, but Yale has only managed to adopt the bare minimum of reforms. The fact that so many student organizations across years have had such similar demands for Yale is alarming: students should

not have to repeatedly lobby Yale to make changes that prioritize mental health only for Yale to ignore them. All of these demands must be met.

Yale College Council

Every Yale College Council administration in recent years has advocated for mental health reform and policy changes, and their platforms have aligned with the cultural phenomenon of steep increases in demand for mental health care. In 2013, YCC published a [Mental Health Report](#) which outlined that students faced long wait times, some students “fell through the cracks,” there was variability in quality of care, more institutional support was necessary for students on a leave of absence due to mental health, and that there were many negative perceptions surrounding YMHC. These problems persist today, and YCC in 2013 called for, amongst other policies, hiring more clinicians and coordinating with therapists outside of the YMHC network, both of which are included in MHJY’s demands.

In 2018, two members of YCC developed a [Mental Health Report](#) which garnered attention from administration and provided momentum for mental health policy changes. Within this report, YCC discussed delays of treatment, a leave/withdrawal policy that insufficiently supports the students it impacts, variability in quality of care, and negative perceptions about YMHC. Thus, between 2013 and 2018, improvement in YMHC did not match student demand. 53% of students expressed that the wait time to receive help was “unreasonable.” This report also called for Yale to hire more clinicians and coordinate with therapists outside of YMHC. They specifically advocated for a more diverse staff, streamlining the process of finding out-of-network mental health professionals, and hiring full-time staffers to coordinate accessing mental health and counseling services outside of Yale’s network. Additionally, they advocated for standardizing Dean’s Excuse policies around mental health. Again, these are all changes that MHJY is advocating for today.

While these reports reflect only a small amount of past advocacy by YCC, they are strong indications of the lack of continuous, reactive improvement to mental health at Yale. If both the report from 2013 and from 2018 reflect almost identical policy proposals and imminent problems with mental health at Yale, and both proposals include changes that MHJY is currently advocating for, it is clear that voiced student needs are not being met. Immediate and long-lasting support for MHJY’s demands is incredibly necessary as a first step to mental health reform.

Students Unite Now

In August 2020, Students Unite Now (SUN) released their [COVID-19 report](#) entitled *Broken Promises: The Costs of the Student Income Contribution and Inadequate Mental Health Care on Yale Student Body During COVID-19*. The report highlights that the effects of the COVID-19 pandemic are not felt equally: “low-income people of color are more likely to get sick and die,

lose work and income, and endure the psychological consequences of a terrifying and isolating disease.” SUN’s report advocated for adequate mental health care during a pandemic that worsened existing faults by calling on Yale to:

1. *Eliminate the Student Income Contribution (SIC) for all students on financial aid.*
2. *Reduce mental health appointment wait times to no more than two weeks.*
3. *Increase the number of LGBTQ+ therapists and therapists who are people of color, particularly Black therapists.*

Yale students particularly felt the toll of the coronavirus in their mental health. Eliminating the SIC is an essential step that Yale must take to improve the community’s mental health — financial strain impacts students’ well-being and mental health, and the SIC is an unnecessary and harmful burden to students, especially during a pandemic. But to fully address students’ mental health needs, two of SUN’s demands include reforms to Yale Mental Health & Counseling. These reforms have yet to be fulfilled by Yale, and Mental Health Justice at Yale emerges almost a year later with similar demands to decrease wait times and increase diversity of therapists.

Yale Student Mental Health Association

The Yale Student Mental Health Association (YSMHA), formerly **Mind Matters**, is a multifaceted student organization that works with mental health awareness, advocacy, and community outreach. In advocacy, YSMHA works closely with YCC and the administration through various committees like Yale Well Committee, Mental Health and Counseling Student Advisory Committee, and the YCCxYSMHA Mental Health Consortium. Within these committees, YSMHA serves as a student perspective and works with YCC to develop and plan policy changes and improvements. They worked closely with YCC to shorten wait times, advocate for same-day counseling, and develop counselor profiles.

Within awareness, YSMHA generally holds the largest student event, *Mind Over Matter*, which is a fair-like day dedicated to tangible practices to better mental health. Student booths run by various mental health or affiliated organizations, YMHC, and Yale Health teach various components of wellness and mental health. In community outreach, YSMHA teaches younger students about mental health and also works closely with the **Fellowship Place** in New Haven to volunteer with adults suffering from severe mental illness. This year, YSMHA is working with the Bandana Project to designate members of campus as mental health leaders who can be touchpoints in directing students toward mental health resources.

Over the years and within committees and time working with administration, YSMHA has seen how the administration focuses a large amount of its energy and resources into wellness. While YSMHA advocates for wellness as well, the group has seen a severe lack of resources and

conversation surrounding mental health and illness. They, too, have spent years advocating for a more diverse YMHC department, increased clinician numbers, attempts to give students access to clinicians outside of YMHC, and has collected data and student testimonies regarding leaves of absences and general inefficiencies and problems with YMHC. Even this group, with its close relationship with administration and YCC, has had difficulty in pushing along strong policy changes.

In 2018, two members of YSMHA who were also in YCC developed the Mental Health Report. After this was published, Dean Chun demonstrated support for the improvement of mental health and mental health resources. However, this momentum dissipated quickly as the shift toward wellness overpowered student demand for mental health reform. After this report was published and YSMHA gained more legitimacy with administration, the Yale Well Committee added two YSMHA members to its group. Here, YSMHA members noticed that there were no members of YMHC in the Yale Well Committee, reflecting an institutional disconnect between wellness and mental health. Since then, YSMHA hopes to bridge this stark gap at Yale, and include mental health and mental illness within Yale's definition of wellness in order to better funnel resources toward mental illness specifically.

One of YSMHA's administrative liaisons and former presidents played an active role in writing MHJY's demands and its board members are closely involved with MHJY's work. YSMHA supports the demands of MHJY as a crucial first step to reimagining mental health and Yale and providing the necessary reform to mental health policy and climate.

Yale Health Equity Initiative

The Yale Health Equity Initiative (YHEI) was founded by Abey Philip and Matthew Murillo during their Yale College Council campaign in 2020. The main goal of YHEI is adding a PPO insurance option to Yale's existing HMO model. YHEI has met regularly with Dr. Genecin and other Yale Health administrators to discuss their PPO priority as well as other goals, such as subsidizing emergency medical needs like birth control, adding more YMHC clinicians, and making MyChart records more accessible for graduating seniors. Co-founders Matt and Abey cited two main reasons for the formation of YHEI and the importance of YHEI's advocacy for a PPO option:

1. Every other Ivy League, the entire UC system, and Stanford currently offers a PPO option to students.
2. Adding a PPO option greatly increases access to quality health insurance for students both on and off campus by increasing the number of clinicians, the diversity of clinicians' identities and specialties, and the locations from which clinicians can be accessed.

YHEI compiled a report that includes information about the importance of adding a PPO option as well as how easy it would be for Yale to do. YHEI was able to use a YCC survey to collect data on students' needs for this report and was able to conduct research on other universities' student health insurance options to include in the report. YHEI has also done extensive research on the cost of adding a PPO option and has not found it to be a considerable financial burden.

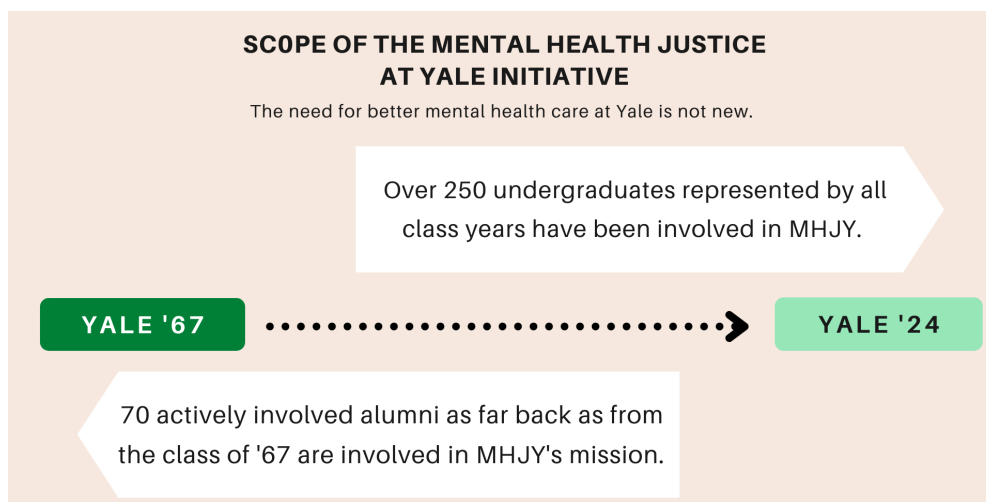
YHEI's two co-founders played an active role in writing MHJY's demands, with particular involvement in educating us on the benefits of adding a PPO option. YHEI has also worked with YDSA to promote a PPO option on campus. Collectively between MHJY's [petition](#) that included a PPO option in the demands and YDSA's [petition](#) that included a PPO option in the demands, YHEI has collected 1,270 signatures from students in support of a PPO option.

ALUMNI

Elis for Rachael

YaleWellnessReform@gmail.com

Elis for Rachael (EfR) is a group of Yale alumni and Rachael Shaw-Rosenbaum's loved ones that formed in parallel to the formation of MHJY. EfR was involved in the demands writing process for MHJY's petition, and our two coalitions have worked closely to share resources and keep each other informed on our respective work. EfR has attracted support from alumni dating as far back as the class of '67, showcasing how long these grievances with Yale Mental Health & Counseling have been felt. EfR has the support of 262 members for their Facebook group, direct involvement from 70 different alumni who have filled out surveys and attended focus groups, and 7 to 9 alumni meeting every week to continue action items. These numbers all reflect about a month of recruiting, which EfR states they are nowhere near done with. EfR created and circulated a survey gathering current and former student testimonies, four of which are included in the next section.



TESTIMONIES

The following are just four of over 100 testimonies that we gathered through surveys and personal outreach outlining students' experiences with Yale Mental Health and Counseling. These four testimonies include themes commonly presented in a majority of the testimonies we collected, but are only a glimpse into students' experiences with YMHC. More testimonies can be found in [this YCC report](#) from 2020.

Testimony 1: *As someone who did not seek out mental health services for years due to the financial burden I felt that it would be for me and my family, I was so excited to know that I could come to Yale and receive that therapy for free. I did not start therapy until my second semester just because I was nervous about the process of finally seeking out mental health services after not having done so for so long. Although I was finally relieved to be receiving some help, **I did not feel a comfortable relationship with my therapist who was a white man and who I did not feel I could share some parts of myself and my identities to.** Once we went home last spring [of 2020], I heard from that therapist once and after responding never spoke to him again. **I had to learn from another student about how clinicians are not allowed to continue therapy with out of state students.** This would have been helpful information to have especially because being home for months and different general effects of the pandemic caused me to have an extreme mental health crisis that I could not do anything about. Once I returned to campus, **it took almost two months for me to receive a new therapist after completing another intake** even though I had reached out about getting a new one back in December before we came back. I am a lot happier with my therapist now, but as it is finals, **my therapist is so busy that my sessions have had to move to every other week**, which I was very nervous about, especially because the last few months have been extremely trying for my mental health. Now, I am in the process of trying to receive psychiatric help on top of my therapist and **have had to wait an additional month to start the process.** – Yale College, 2023*

Testimony 2: *I waited months between both first calling and scheduling my intake appointment and also between when I went to intake and when I began CBT. **The whole process took about three months between when I first called MHC and when I began therapy.** I was dealing acutely with suicidal ideation at the time--fighting feelings of worthlessness and exhaustion--and **could not receive quick care when I most needed it.** – Jake Diaz, Yale College 2020*

Testimony 3: *My experience with therapy at Yale was not good. **I had to wait over two months after my initial intake evaluation appointment** before I was assigned to a therapist. My therapy appointments were both very short, **less than half an hour**, so I didn't get much time to access their help. My therapist was difficult to open up to in a short amount of time as they were **clearly***

not trained in trans-related issues or didn't seem able to relate to or understand me. – Yale College, 2023

Testimony 4: *Some students come from communities where mental illness has a lot of stigma. In not respecting our agency and listening to us about what is most appropriate for our situation and how information should be communicated, Yale puts students in even more harmful situations than they were to begin with. Just like financial aid deals directly with the student, Mental health counseling should deal directly with the student unless consent has been given. I talked to many other students who went through the process of withdrawal or considered it. They guided me in what to say and do **so that I did not fall completely through the cracks**, for which I am forever grateful. But listening to their experiences made me **incredibly afraid to ask for help when I needed it most**, and I feel a sense of remorse and regret that I felt like I had to struggle alone because I was scared of the alternative — **without Yale, I had no housing, no source of income, no safety**. I underperformed in my courses, unable to complete coursework because of mental illness and not even really receiving "treatment" from Yale Mental Health and Counseling, which was further retraumatizing me. **Withdrawal policies should not be weaponized against students**.* – Yale College, on leave

STUDENT SUICIDES

The following timeline shows Yale student suicides between 1910 and 2021 that we were able to find online in Yale reports, Yale Daily News articles, Harvard Crimson articles, New York Times articles, and other reputable sources. We are regrettably confident that these numbers are not exhaustive; it is common for college suicides to go unreported or reported as non-suicide deaths as institutions attempt to avoid suicide rates hampering their reputation, and no doubt Yale is not an exception to this. 1 in 5 college students across the U.S. [report](#) thoughts of suicide, 9% make attempts, nearly 20% report having inflicted self injury, and one in four students report being diagnosed with a mental illness. It is no secret that Ivy League institutions apply a unique pressure on their students, and it is therefore likely that these rates would be higher among Ivy League students. Any suicide rate is too high; this timeline shows that suicide has been and will continue to be a problem at Yale until students gain access to better quality mental health care that recognizes and veritably treats students' needs.

1910 - Ralph E. Coleman



1920-1955 - 25 suicides

1925 - William Jelliffe



1960 - Michael Thomas

1999 - Greg Norris



2010 - Cameron Dabaghi



2015 - Luchang Wang



2015 - Tyler Carlisle



2016 - Anonymous



2016 - Hale Ross



2016 - Rae Na Lee



2018 - Thomas Lawrence



2021 - Rachael Shaw-
Rosenbaum



CONCLUSION

For too long, Yale has ignored the community's demands for better. Students have showcased the breadth of support for these reforms for decades, and it is up to Yale administration to respond to our needs. It is shameful for a multibillion dollar, world-renowned university, especially one that so proudly advertises its happy student body, Happiness class, and Wellness initiatives, to continue to neglect the needs of its students. This report succeeds a long history of student and alumni advocacy, student suicides and mental health crises, and continuous shortcomings of mental health care provided at Yale. Mental Health Justice at Yale requests a meeting with relevant Yale administrators in order to discuss in-depth the implementation of our demands, which are long overdue. Below is a growing list of signatures of everyone who has signed on to MHJY's demands.

SIGNATURES

| | | | |
|-------------------|-------------|--------------|-------------|
| Aakshi C. | Coral O. | Jonathan P. | Neché V. |
| Aaron J. | Coryell S. | Joojo O. | Neelam S. |
| Abbie T. | Cosette D. | Jordan F. | Neelam S. |
| Abby L. | Courtney L. | Jordan P. | Neha M. |
| Abby W. | Craig B. | Jordan P. | Neha V. |
| Abby S. | Cristina N. | Jordi B. | Nell M. |
| Abby W. | Cristina B. | Joseph P. | Nellie C. |
| Abel N. | Crystal G. | Josephine H. | Ngozi O. |
| Abey P. | Crystal W. | Josephine C. | Nicholas R. |
| Abeyaz A. | Crystal N. | Josh D. | Nicholas K. |
| Abhishek S. | Daisha R. | Josh G. | Nicholas M. |
| Abigail G. | Dalia M. | Josh D. | Nichole R. |
| Abraham K. | Daly J. | Joshua K. | Nick F. |
| AC C. | Dan D. | Joshua V. | Nicole . |
| Adam W. | Dana B. | Joyce W. | Nicole A. |
| Addie N. | Daniel P. | JP K. | Nicole H. |
| Aderonke A. | Daniella S. | JT M. | Nicole M. |
| Adhya B. | Danielle D. | Julia M. | Nikhil H. |
| Aditi S. | Danielle D. | Julia F. | Nikki W. |
| Adoma A. | Danielle L. | Julia C. | Nikola B. |
| Adrian Kyle V. | Danny L. | Julia Z. | Nina G. |
| Adriana C. | David M. | Julia H. | Nishi F. |
| Adwoa D. | David D. | Julia S. | Nissim R. |
| Aedan B. | David L. | Julian D. | Nneka E. |
| Aishwarya B. | Dayle C. | Juliana V. | Noah W. |
| Akio H. | Deja C. | Juliana S. | Noel S. |
| Ako N. | Delinah H. | Juliana Z. | Nora H. |
| Akrita K. | Deon A. | Julianna L. | Nora M. |
| Akweley Mazaræ L. | Dereen S. | Julie C. | Nyakera O. |
| Al L. | Diana S. | Julie A. | Oishani B. |

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|--------------|--------------|--------------|-------------|
| Aladin R. | Diana N. | Juliette N. | Olivia T. |
| Alaina P. | Dina S. | Juma S. | Olivia G. |
| Alan P. | Dipanshi S. | Jummie A. | Olivia O. |
| Alan B. | DJ . | Justice B. | Olivia S. |
| Alán B. | Dolly K. | Justin S. | Olivia T. |
| Alana L. | Donasia G. | Justin N. | Olivia R. |
| Alayna L. | Doris C. | Jyot B. | Onyi O. |
| Alaysia N. | Dov G. | Kadidia S. | Oren S. |
| Alec C. | Dushaunte H. | Kahlil W. | Owen S. |
| Alex W. | Dylan C. | Kai A. | Owen D. |
| Alex O. | Dyuthi M. | Kaley P. | Owen F. |
| Alex M. | Eamon G. | Kali J. | Pamela B. |
| Alex C. | Eamon H. | Kara O. | Paola O. |
| Alex . | Eden B. | Karen W. | Paola J. |
| Alex W. | Eden S. | Karen J. | Patrick H. |
| Alex H. | Eduardo L. | Karim E. | Paul S. |
| Alex L. | Edward F. | Karissa M. | Paula P. |
| Alex S. | Ejehi I. | Kas T. | Payton V. |
| Alexa A. | Ekaterina D. | Kassi C. | Peihua C. |
| Alexa M. | Ekow B. | Kate M. | Perry W. |
| Alexander L. | Elaina F. | Kate W. | Peyton A. |
| Alexander J. | Eleanor B. | Katerina M. | Peyton M. |
| Alexandra M. | Elena D. | Katherine S. | Philena S. |
| Alexandra C. | Eli S. | Katherine S. | Pia G. |
| Alexandra R. | Elijah H. | Katherine A. | Pradhi A. |
| Alexandra B. | Elijah M. | Katherine S. | Pranav S. |
| Alexis B. | Elisa C. | Katherine S. | Priyanka J. |
| Alexyss L. | Eliya A. | Kathleen M. | Quinn L. |
| Ali A. | Eliza K. | Katie M. | Qusay O. |
| Ali E. | Eliza L. | Katie Z. | Rachel L. |
| Alice L. | Elizabeth M. | Katie S. | Rachel W. |
| Alice S. | Elizabeth O. | Kayli S. | Rachel C. |

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|--------------|-------------|-------------|--------------|
| Alice B. | Ella L. | Keegan D. | Rachel C. |
| Alicia M. | Ella F. | Kei N. | Rada P. |
| Alicia F. | Ella C. | Kelly Z. | Rahela A. |
| Alicia A. | Ellie J. | Kelly S. | Rahshemah W. |
| Alie B. | Ellie B. | Kelsie W. | Rain M. |
| Allie S. | Ellie N. | Kemper L. | Raissa L. |
| Ally H. | Ellika E. | Kendra L. | Ram V. |
| Alma B. | Elliot L. | Kennedy N. | Rasmus S. |
| Alvaro R. | Emily C. | Kennedy B. | Rebecca T. |
| Amanda T. | Emily C. | Kennedy K. | Rebecca M. |
| Amber Y. | Emily L. | Kenneth D. | Rebecca W. |
| Amre P. | Emily R. | Kevin Q. | Rebecca A. |
| Amy R. | Emma R. | Kevin C. | Rebecca S. |
| Amy Z. | Emma K. | Kevin C. | Reilly J. |
| Ana C. | Emma C. | Kevin H. | Renee R. |
| Anahi G. | Emma R. | Keya G. | Renee T. |
| Anaís N. | Emma V. | KG M. | Ricardo A. |
| Anaisabel C. | Emma P. | Khue T. | Richard M. |
| Ananth M. | Emmalise E. | Kiara A. | Rina L. |
| Andonny G. | Emme M. | Kiersten G. | Rishi M. |
| Andrada A. | Emmett S. | Kiley S. | Robert S. |
| Andre F. | Emmett S. | Kinsale . | Roderick F. |
| Andrea R. | Enrique V. | Kira D. | Rodrigo H. |
| Andrea L. | Enyo A. | Kiran D. | Rosie R. |
| Andrea G. | Eric J. | Konrad C. | Ruoqi L. |
| Andrew B. | Erica H. | Kristina L. | Ruth D. |
| Andrew A. | Erika M. | Kyle M. | Ryan B. |
| Andrew K. | Erin F. | Laiqa W. | Ryan G. |
| Andrew W. | Erin G. | Lakshmi A. | Ryan S. |
| Andrew Q. | Erin L. | Laura C. | Saachi G. |
| Andrew G. | Esther R. | Laura P. | Sabrina G. |
| Andy Z. | Ethelia H. | Laura K. | Sabrina B. |

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|---------------|------------------|-------------|------------------|
| Angel M. | Eugene T. | Laura H. | Saenah B. |
| Angela Y. | Eui Young K. | Lauren B. | Sahana K. |
| Angelreana C. | Evan R. | Lauren M. | Saket M. |
| Anise O. | Evan H. | Lauren L. | Salma S. |
| Anisha A. | Eve S. | Lauren L. | Sam B. |
| Anna M. | Evelyn W. | Lauren G. | Sam L. |
| Anna H. | Ezra S. | Lauren D. | Sam B. |
| Anna Z. | Fatemeh Zahra Y. | Laurie Y. | Samantha W. |
| Anna L. | Fiona O. | Leah S. | Samantha L. |
| Anna T. | Fiona R. | Lee Anna D. | Samantha S. |
| Anna C. | Francesca F. | Leet M. | Samar A. |
| Anna Z. | Gabe H. | Leila I. | Samara A. |
| Anna K. | Gabriel F. | Leila H. | Samhitha J. |
| Anna R. | Gabriella W. | Leila J. | Sammi P. |
| Anna M. | Gabrielle B. | Lena A. | Sammy Mohamed B. |
| Anna B A. | Gabrielle P. | Lena G. | Sandhya K. |
| Anna Leah D. | Gaby M. | Leonardo M. | Sanya N. |
| Annabella L. | Garrett F. | Lexa P. | Sara L. |
| Annemarie R. | Geoff S. | Lila . | Sarah M. |
| Annie Z. | George M. | Lila M. | Sarah M. |
| Annie L. | George H. | Liliane T. | Sarah B. |
| Annie F. | Georgia M. | Lillian B. | Sarah M. |
| Anya v. | Georgia B. | Lillian H. | Sarah T. |
| Anya R. | Gillian C. | Lily C. | Sarah W. |
| Anya P. | Gonna N. | Lily C. | Sarah C. |
| Aparajita K. | Grace G. | Lily C. | Sarah J. |
| April K. | Grace P. | Lindsay J. | Sarah S. |
| Aranza R. | Grace B. | Linh P. | Sarah S. |
| Ari M. | Grace L. | Linh L. | Sarah V. |
| Aria F. | Grace V. | Lisa L. | Sasha I. |
| Ariana P. | Grace Z. | Lisa W. | Sasha C. |
| Ariana R. | Grace F. | Lisbette A. | Saumya M. |

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|-----------------|-------------|---------------|---------------|
| Arianna J. | Grace W. | Lisette E. | Sayda M. |
| Armin D. | Gracen H. | Lola P. | Sean J. |
| Ashley L. | Graciela B. | Lorna M. | Sebastian B. |
| Ashley A. | Graham S. | Louis M. | Sélah R. |
| Ashtan Grace T. | Greg G. | Lucinda S. | Sema Alara D. |
| Athena F. | Griffin G. | Lydia B. | Serena S. |
| Audrey C. | Haley P. | Lydia C. | Serena R. |
| Audrey Y. | Haleyann H. | Lyra C. | Serena T. |
| Audrey L. | Hamzah J. | Maansi D. | Shaima S. |
| Austin L. | Hana G. | Mackenzie T. | Shannon L. |
| Ava H. | Hanae Y. | Macrina W. | Sharla M. |
| Ava K. | Hanna D. | Maddie W. | Shayna S. |
| Avery L. | Hannah N. | Maddie P. | Shayna E. |
| Avi C. | Hannah L. | Maddie W. | Sheikh N. |
| Ayanle N. | Hannah S. | Madeleine H. | Sherrie W. |
| Ayodimeji A. | Hannah S. | Madeline D. | Sherry C. |
| Ayoung K. | Hannah K. | Madeline M. | Sidney H. |
| Bailey K. | Hannah S. | Madison M. | Sidney V. |
| Baji T. | Hannah M. | Madison C. | Simon D. |
| Bao P. | Haron A. | Mahdeen K. | Sinem S. |
| Beans V. | Harper L. | Mahea . | Sita S. |
| Beasie G. | Harrison B. | Malak K. | Skylar R. |
| Beatrice . | Hasan T. | Malcolm K. | Sofia G. |
| Becca R. | Heeral M. | Malia M. | Sofia M. |
| Bela M. | Helen T. | Marc-Henry D. | Soizic L. |
| Ben S. | Helen M. | Marcela S. | Sonali D. |
| Ben C. | Helena W. | Marcello R. | Sophia D. |
| Ben B. | Hema P. | Marco R. | Sophia Z. |
| Benedito M. | Henry J. | Marco M. | Sophia E. |
| Benjamin S. | Henry S. | Maria G. | Sophia C. |
| Benjamin J. | Hilary G. | Maria M. | Sophia H. |
| Benjamin K. | Hristo S. | Maria M. | Sophie E. |

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|-------------|--------------|-------------------|--------------|
| Bernardo E. | Huahao Z. | Maria M. | Sophie A. |
| Beverly H. | Huaijin W. | Mariana V. | Sophie L. |
| Bhargav R. | Ian H. | Mariel B. | Soren S. |
| Bianca B. | Iman J. | Mariko R. | Spencer B. |
| Bibiana T. | Imani M. | Mariluz T. | Sreeja K. |
| Biman X. | Immanuel B. | Marissa B. | Stefy G. |
| Blaise F. | Imogen H. | Marjorie S. | Stella X. |
| Blanca T. | Iragi N. | Martine C. | Stephanie M. |
| Blaze N. | Irene V. | Mary H. | Sukesh R. |
| Brandon C. | Iris Fern G. | Maryanne C. | Sumita G. |
| Brandon P. | Isaac Y. | Mason W. | Sunnie L. |
| Brandon W. | Isaac R. | Matt A. | Susan S. |
| Brendan C. | Isabel M. | Matt S. | Suzanne B. |
| Brian L. | Isabel S. | Matthew M. | Suzanne E. |
| Brianna J. | Isabella L. | Matthew C. | Syd B. |
| Brianna S. | Isabella L. | Matthew Elmore M. | Sydney B. |
| Bridget H. | Isabella E. | Maude L. | Sydney H. |
| Brienna C. | Isabelle R. | Maureen B. | Sydney G. |
| Brittany M. | Isabelle T. | Mawuli A. | Syimyik K. |
| Brooke H. | Isabelle T. | Max T. | Tabea B. |
| Bryan O. | Isabelle W. | Maya K. | Tal Z. |
| Bryan M. | Isaiah M. | Maya K. | Talat A. |
| Bryleigh O. | Ishana A. | Maya R. | Tamar L. |
| Caitlin M. | Ismail J. | Maya S. | Tavi W. |
| Caitlyn C. | Ivan M. | Maya S. | Taylor T. |
| Caleb C. | Ivana B. | Maya V. | Teigist T. |
| Cali B. | Ivory F. | Maya I. | Tess W. |
| Callie B. | Ivy L. | Mckayla M. | Thais S. |
| Calvin K. | Ivy V. | McKenna R. | Thelo . |
| Camden R. | Izzi H. | Meg L. | Theo E. |
| Cameron M. | Izzy L. | Meg B. | Thomas P. |
| Camila C. | Jack A. | Megan A. | Thompson U. |

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|--------------|---------------|----------------|--------------|
| Camila R. | Jack F. | Megan B. | Tiana M. |
| Candice M. | Jack T. | Mel D. | Tiffany P. |
| Caramia P. | Jacob Y. | Melat E. | Tilden C. |
| Carina H. | Jacob E. | Melissa T. | Tina O. |
| Carla D. | Jacqueline T. | Melissa L. | Tom W. |
| Carla R. | Jad B. | Melquisedec L. | Trey P. |
| Carlos V. | Jadan A. | Meredith R. | Tri H. |
| Caroleine J. | Jaden M. | Mia J. | Tricia V. |
| Carolina P. | Jaelen K. | Mia A. | Tully G. |
| Caroline R. | Jake T. | Micah A. | Tulsi P. |
| Caroline B. | Jake G. | Michael Y. | Ugonna A. |
| Caroline C. | Jake J. | Michael B. | Uma D. |
| Caroline P. | Jake M. | Michael G. | Ursula R. |
| Casey G. | Jameel A. | Michaela F. | Valentina G. |
| Cassandra N. | Jane R. | Michelle O. | Valerie A. |
| Cat O. | Janet M. | Michelle T. | Valerie N. |
| Catherine W. | Janna W. | Michelle E. | Vanessa Z. |
| Catherine d. | Jasmine K. | Miguel V. | Vanessa C. |
| Cavan W. | Jasmyne P. | Miki C. | Veronica W. |
| Celia M. | Jason S. | Miles H. | Veronike L. |
| Chanwook P. | Jay M. | Mill H. | Vicky W. |
| Charlene M. | Jay Z. | Mimi K. | Victoria W. |
| Charlie M. | Jaycie M. | Miriam K. | Viet D. |
| Charlie L. | Jaye M. | Miriam H. | Viktor D. |
| Charlotte P. | JD W. | Mitchell L. | Vishwa P. |
| Charlotte F. | Jeffrey C. | Mitchell D. | Vivian V. |
| Charlotte W. | Jenna S. | Mohit S. | Wen Long Y. |
| Charlotte E. | Jennifer T. | Molly S. | Weronika B. |
| Chase B. | Jennifer Q. | Molly W. | Will S. |
| Chase F. | Jennifer P. | Monika K. | Will W. |
| Chase D. | Jennifer M. | Montana L. | Will C. |
| Chelsea C. | Jennifer J. | Morgan H. | Willa F. |

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|----------------|-----------------|--------------|-------------|
| Chelsea K. | Jennifer Y. | Moses G. | William H. |
| Chiara S. | Jenny L. | Michael T. | Willow S. |
| Chibuzo E. | Jeremy B. | Murilo D. | Wisteria D. |
| Chloe A. | Jesse K. | Nadja U. | Won J. |
| Chloe G. | Jessica C. | Naima G. | Wyatt S. |
| Chloe S. | Jessica B. | Namra Z. | Xavier R. |
| Christelle T. | Jessica G. | Nanyan W. | Xilonem P. |
| Christian L. | Jessica W. | Nash K. | Yannis M. |
| Christian R. | Jessica L. | Nat I. | Yasmin A. |
| Christine S. | Jessica K. | Natalia A. | Yasmin A. |
| Christion Z. | Joanna W. | Natalie S. | Yeji L. |
| Christopher P. | Joanna R. | Natalie T. | Yuka S. |
| Christopher S. | Joanna W. | Natasha G. | Yuliia Z. |
| Ciara B. | Jocelyne A. | Nate O. | Yunyi A. |
| Claire D. | Joe C. | Natenin C. | Zach M. |
| Claire M. | John C. | Nathan K. | Zach B. |
| Claire C. | John L. | Nathan H. | Zach T. |
| Clayton L. | John Richard M. | Nathan P. | Zachary R. |
| Cleo T. | Johnny L. | Nathan S. | Zahra C. |
| Cole L. | Jojo A. | Nathaniel S. | Zia M. |
| Conor D. | Jon M. | Nathaniel M. | Zoe H. |
| Conor K. | Jonathan W. | Neal S. | Zoe K. |