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Falling Through the Cracks

A Report on Mental Health at
Yale Law School

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A Report on Mental Health at Yale Law School

Yale Law School Mental Health Alliance

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Executive Summary

This report provides the first in-depth analysis of student experiences with mental health challenges (MHCs) and mental health services during their time at Yale Law School (YLS). In the spring of 2014, a committee of 1L, 2L, and 3L students formed the YLS Mental Health Alliance (MHA) to develop a comprehensive survey and report on its findings. After the committee received feedback from faculty members, administrators, and students, all students at YLS were invited to participate in the survey electronically in May 2014. This report analyzes the 296 student responses, which were fairly representative of the distribution of race, gender, socioeconomic class, and academic year at the law school. It also provides key recommendations to improve YLS, Yale Health, and Yale University's graduate student health insurance coverage.

Findings

Seventy percent of all respondents—206 students in a 296-student sample—reported experiencing mental health challenges during law school. Even in the unlikely scenario that zero non-respondents faced mental health challenges, this would mean that nearly one third of the 650 students enrolled at YLS felt that they faced mental health challenges while in law school. Despite the large percentage of students who faced mental health challenges, **students overwhelmingly feared exclusion and stigma from a variety of sources, including state bar associations, faculty, administrators, and peers.** Even so, students reported very positive experiences when they relied on

close peers for support. By contrast, students reported more mixed experiences when they relied on administrators and faculty members.

The experience of mental health challenges and mental health treatment differed by race, class, sexual orientation, and gender in statistically significant ways. Women were more likely than men to report mental health challenges and seek treatment for them. Students identifying as gay, lesbian, and bisexual were more likely than straight students to report mental health challenges and seek treatment for them. Students of color were more likely to report mental health challenges yet less likely to seek treatment than white students. And students from the lowest income brackets were more likely to experience mental health challenges yet far less likely to seek or access treatment than students from the highest income brackets. A majority of users of off-campus mental health treatment were wealthy, white, and female.

While about 80 percent of students who experienced mental health challenges considered seeking clinical treatment, only 50 percent of this group ultimately did so. Twenty percent of students who experienced mental health challenges decided not to seek treatment, most often due to distrust of Yale Health's quality of service, excessive wait times, and confidentiality policies, as well as general distrust of the value of therapy. An additional 10 percent tried but were unable to seek treatment at Yale Health, and nearly all of this 10 percent cited long wait times for the reason why. Together, these two groups—**30 percent of all students who experienced mental health challenges—were “falling through the cracks.”** They were unable or unwilling to access mental health treatment, despite reporting that they faced specific and substantial academic, social, and personal harms as a result of their mental health.

The 24 percent of respondents who used Yale Health's individual therapeutic resources waited significantly longer to access mental health treatment at Yale Health than the 8 percent of respondents who accessed other off-campus mental health treatment; this translates roughly into a month longer wait for students who use Yale Health versus students who use off-campus treatment. Students waited a median of 1 to 2 weeks for an intake appointment at Yale Health and then, on top of that, waited a median of 3 weeks to 2 months for a “regular” appointment at Yale Health in the 2013-2014 academic year. Wait times have fluctuated between 2011 and 2014, but have not significantly decreased. In fact, the highest percentage of long wait times occurred in the most recent year of the survey. By contrast, students seeking off-campus treatment waited a median of less than one week for an intake appointment and a median of less than one week for a regular appointment.

Students reported having inferior access to mental health treatment through Yale's health plans in two additional ways. **Students were able to access only a small number of therapy visits per year due to an apparent unwritten rule at Yale Health, and students were unable to affordably access**

off-campus mental health resources when outside of New Haven—which, for many students, included a period of between 3 and 4 months of the year.

Recommendations

Based on these findings, we have three urgent recommendations for Yale Law School and Yale Health. **Most importantly, YLS must improve access to clinical mental health treatment for students. It must also be transparent about what treatment options are reasonably available to students.**

First, Yale Law must expand health insurance coverage for mental health treatment. YLS must ensure that the health insurance it offers its students covers a minimum number of off-campus mental health visits for law students. As it stands, law students are away from New Haven during the summer and winter breaks and are currently unable to seek non-emergency mental or physical health treatment for up to four months out of the year. This is the worst out-of-city mental health coverage of any of the top five law schools. In fact, other Connecticut and top five law schools offer comparably priced plans for individuals, spouses, and families—yet these schools’ plans offer dramatically more access to outpatient mental healthcare providers across the country than does YLS’s student health insurance.

Second, Yale Law must work to reduce the wait times its students face when seeking mental health treatment during the school year. This effort will likely involve a multi-pronged approach. In the short term, it should include some combination of hiring a counselor or social worker specifically for law students, pushing Yale Health to offer mental health care outside of a nine-to-five Monday through Friday work schedule, and covering, promoting and advertising off-campus bridge therapy for students waiting for an intake or clinical match at Yale Health, and creating a walk-in clinic at the Student Mental Health and Counseling Department at Yale Health. In the long term, YLS should both ensure that Yale Health hires enough clinicians to meet student mental health needs and cover mental health treatment off-campus.

Third, YLS should prioritize faculty training, student programming, support networks, and information campaigns that reduce stigma and de-mystify major sources of law student stress.

YLS should encourage faculty members to speak openly and publicly about strategies for coping with their own personal mental health challenges. The administration should also encourage faculty members and fellow administrators to receive basic information and training about common mental illnesses and commonly requested and needed accommodations for students with psychiatric disabilities.

YLS should host mandatory workshops about specific mental illnesses and mental health challenges. These workshops would be beneficial to individuals coping with mental illness, students who support their peers who are coping with mental health challenges, and those who may not realize that their peers are coping with mental illness. Making these programs mandatory could help reduce stigma often associated with attending such events.

YLS should also continue to work to advertise the full array of mental health resources available to law students, both on and off-campus. YLS must continue to provide clear information and programming to de-mystify major sources of law student stress, including state bar admissions, impostor syndrome, clerkship application processes, and student finances.

YLS should spend its money wisely, focusing mental health spending in a way that is guided by this survey's results and other data suggesting the best interventions to reduce stigma and stress.

And finally, the law school should advocate for its students on a University-wide level, and should focus on providing stopgap measures as long as Yale Health's mental health treatment services and Yale's health insurance coverage is inadequate.

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Introductory Note from the Authors

In the spring of 2014, we formed the YLS Mental Health Alliance to gain insight into the day-to-day mental health of students at Yale Law School (YLS). We decided to do so by surveying for a combination of qualitative and quantitative data on four broad areas of student experience: how students perceive the culture around mental health at YLS, how Yale Law students make decisions about seeking mental health treatment, how students perceive their experience seeking mental health treatment, and what kinds of wellness resources students would be interested in seeking in the future at Yale Law and at Yale Health.

After we received feedback from faculty members, administrators, and students, we invited all 650 students at YLS to participate in an electronic survey in May 2014. This report analyzes the 296 student responses, which were roughly representative of the distribution of race, gender, socioeconomic class, and academic year at the law school.¹

Before examining our findings, we note that mental health challenges are by no means unique to Yale Law students. Lawyers are known to experience a notoriously high rate of depression and other mental health conditions.² One study found that 20 to 35 percent of lawyers interviewed were “clinically distressed,”³ compared with 2 percent of the general population.⁴ Other studies have found that lawyers face the highest or some of the highest levels of mental health challenges out of all the professions.⁵

Law students may be particularly prone to developing mental health challenges. One study of law students found that 44 percent exhibited “clinically significant levels of psychological distress.”⁶ Another study found that 53 percent reported a clinically significant level of depression, which is particularly dramatic compared with what the study reported was an 11 percent depression rate for young adults on average.⁷ Professor Larry Krieger has reported that 20 to 40 percent of law students

¹ More detailed methodological information on the survey itself, as well as the sample of respondents, may be found at the end of this report in Section 11.

² Kennon M. Sheldon and Lawrence S. Krieger, *Does Legal Education have Undermining Effects on Law Students? Evaluating Changes in Motivation, Values, and Well-Being*, 22 BEHAVIORAL SCI. LAW 261, 261-63 (2004).

³ Used as “an umbrella term to signify the presence of symptoms related to depression, stress, and anxiety.” Todd David Peterson and Elizabeth Waters Peterson, *Stemming the Tide of Law Student Depression: What Law Schools Need To Learn from the Science of Positive Psychology*, 9 YALE J. HEALTH POL., L., AND ETHICS 357, 358, fn.7 (2009).

⁴ *Id.* at 358.

⁵ *Supra* note 2 at 262.

⁶ *Supra* note 3 at 359.

⁷ *Id.* at 411.

suffer from clinical depression by graduation, and that law students experience mental health challenges such as depression and anxiety at a rate eight to 15 times that of the general population.⁸ This distress appears to be triggered by law school itself: law students do not enter law school with significantly different levels of mental distress than the general population, but research has shown that students' negative symptoms increase dramatically just six months into law school.⁹

The existing research on rates of mental health challenges among law students and lawyers provides important context for this report. While the report does not purport to be able to compare the experience of Yale Law students with that of any other group, it seems likely that students at YLS may experience a higher rate of mental health challenges than other members of the Yale University community, including fellow graduate students and undergraduates. The prevalence of mental health challenges in the profession and the research indicating that these challenges may stem from or be exacerbated by law school underscores the need for a strong mental health infrastructure for students at YLS in particular.

⁸ Hollee Schwartz Temple, *Speaking Up: Helping Law Students Break Through the Silence of Depression*, ABA Journal (Feb. 1, 2012), http://www.abajournal.com/magazine/article/speaking_up_helping_law_students_break_through_the_silence_of_depression/.

⁹ Peterson and Peterson, *supra* note 3 at 359.

Definitions

In this survey and report, we defined and used several phrases to capture YLS students' experiences. Here are the two key terms and definitions as we described them in the survey to respondents.

Mental health challenges. "Throughout this survey, we use the phrase 'mental health challenges' to refer to a broad range of conditions and experiences. We use the term to include the following: anxiety or stress serious enough to cause disruption (e.g., in sleep quality, concentration, memory, or emotional stability), depression, intrusive thoughts, suicidal ideation, survival of sexual abuse or other trauma, substance abuse, eating disorders, and any other mental or psychological condition that may require treatment from a medical professional. This list is illustrative, and certainly not exhaustive."

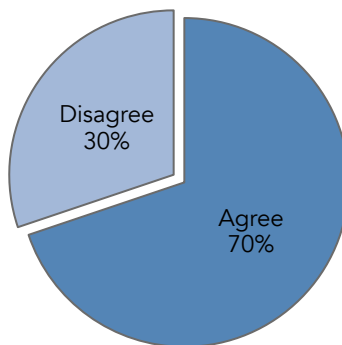
Mental health treatment. "Mental health treatment includes any service or treatment provided by a mental health professional (e.g., a doctor, therapist, or social worker), either on or off campus."

I. Mental Health Challenges at YLS

A. Most respondents struggled with mental health challenges

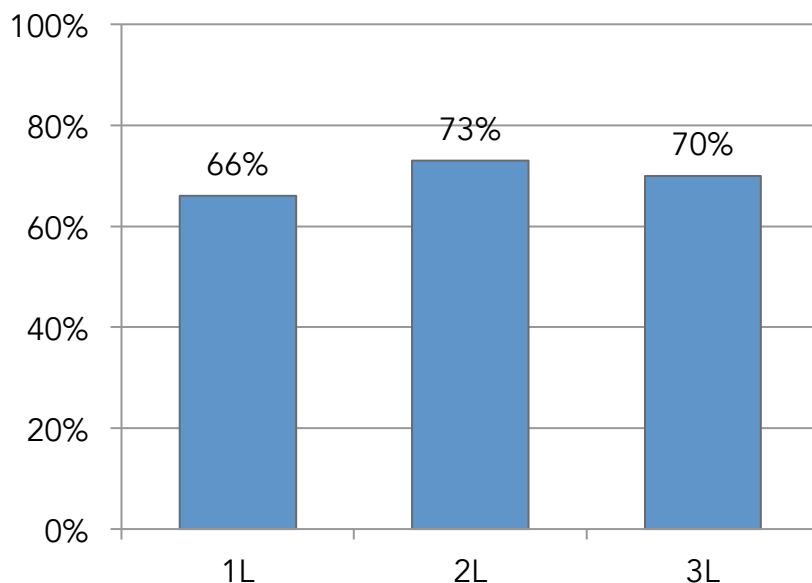
A majority of survey respondents reported experiencing mental health challenges at Yale Law School. Seventy percent of all respondents—206 students in a 296-student sample—reported having struggled with mental health during law school. Even assuming that zero non-respondents faced mental health challenges (MHCs), that would mean that 32 percent, or nearly one-third, of YLS students felt that they had faced mental health challenges while in law school.

"While at Yale Law, I believe that I have experienced mental health challenges." (n=296)



The rate of mental health challenges appeared fairly constant across class years: 66 percent of 1L respondents, 73 percent of 2L respondents, and 70 percent of 3L respondents said they had experienced such challenges while at Yale.

Percentage of JD respondents who reported having experienced MHCs, by year (n=296)



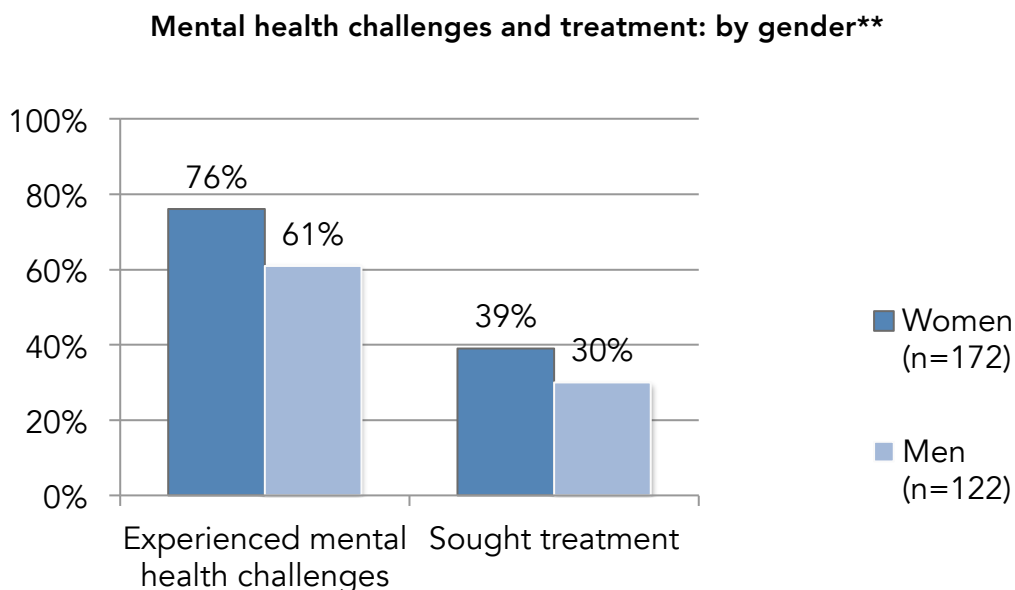
Students described a wide range of symptoms and conditions. Most common were issues like severe anxiety, depression, panic attacks, and recurrent insomnia. Some students also reported facing mental health issues that can be life threatening if untreated, such as bipolar disorder, psychosis, and depression with suicidal ideation.

In narrative responses, many students emphasized that the mental health services and processes in place at YLS and Yale Health had failed to alleviate, and often even worsened, their mental health challenges. First, students commonly described feeling afraid to confide in YLS’s faculty and staff, including staff specifically tasked with mental health services. Second, students struggled to access treatment at Yale Health or received ineffective or perfunctory treatment there. Third, they commonly found the YLS administration unhelpful in addressing academic and logistical complications resulting from mental health challenges. For example, students reported feeling that the administration minimized their mental health challenges, or advanced an “agenda” more concerned with protecting the school’s reputation than promoting student wellness. Although some students mentioned particular therapists, staff or programs that they appreciated, narrative responses on the whole more frequently expressed frustration and disillusionment with the response to mental health challenges at both Yale Law School and Yale University.

B. The experience of mental health challenges differed by race, class, sexual orientation, and gender

The proportion of students who reported experiencing mental health challenges varied by demographic group, with racial, sexual, gender, and class minorities consistently reporting more challenges than their peers in the majority. Although MHCs were common across all demographic categories, our data suggest the following:

- **Women are more likely to than men to face mental health challenges and more likely to seek treatment:**¹⁰ Female respondents were more likely than male respondents to report experiencing mental health challenges (76% vs. 61%)** and seeking treatment (39% vs. 30%).**¹¹

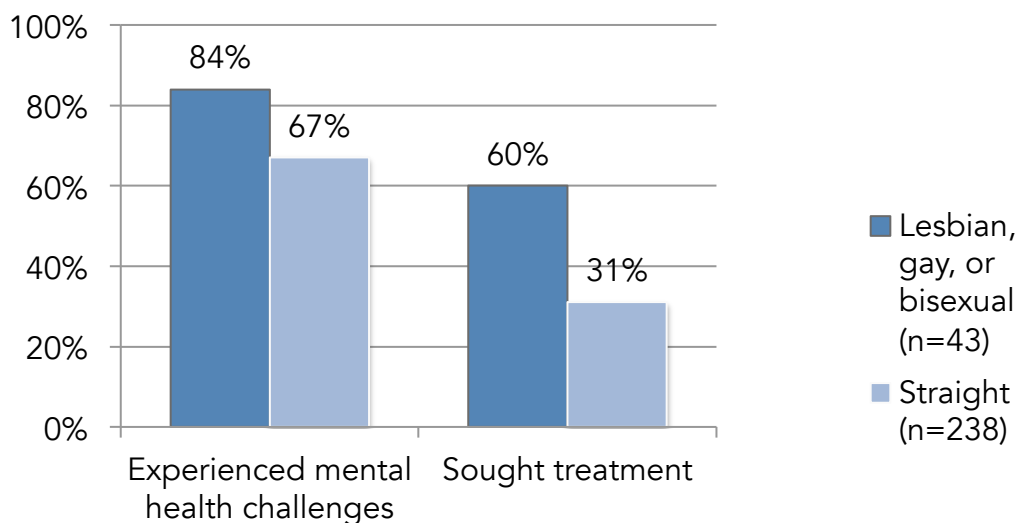


- **Students identifying as gay, lesbian, and bisexual are more likely than straight students to face mental health challenges, and more likely to seek treatment:** Respondents identifying as lesbian, gay, or bisexual were markedly more likely than straight respondents to report experiencing mental health challenges (84% vs. 67%)** and to have sought treatment (60% vs. 31%).**

¹⁰ This report does not include a comparison to the respondents who marked “trans” or “other” when responding to questions concerning gender to ensure anonymity, given the small sample size of these students.

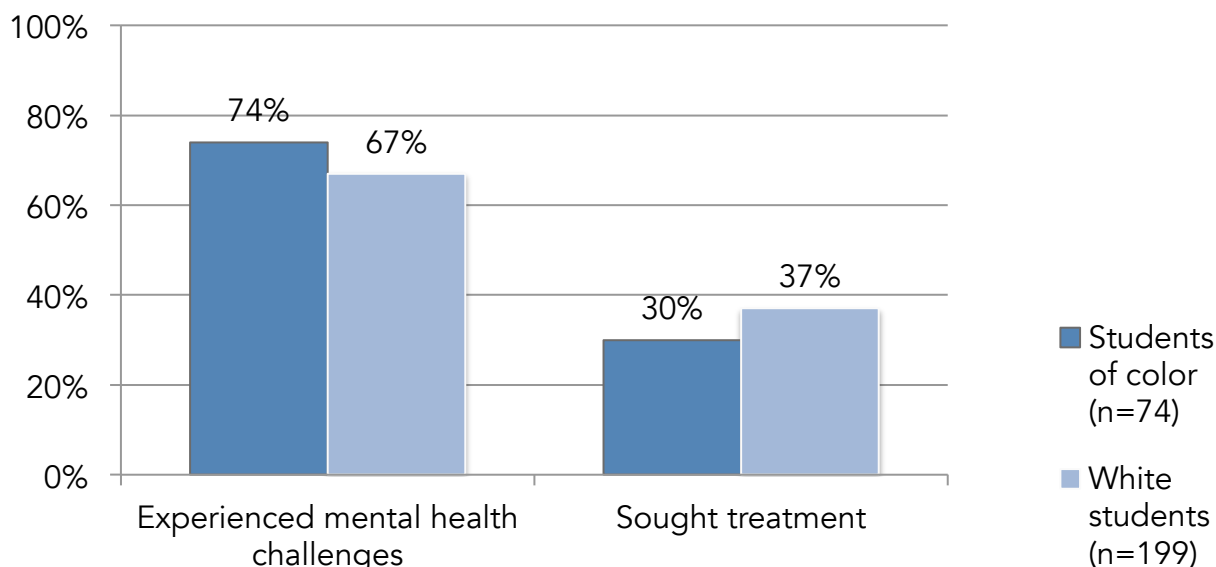
¹¹ All asterisks (**) in this subsection refer to a statistically significant comparison, using a 2-sided t-test at a confidence level of 95%.

Mental health challenges and treatment: by sexual orientation**



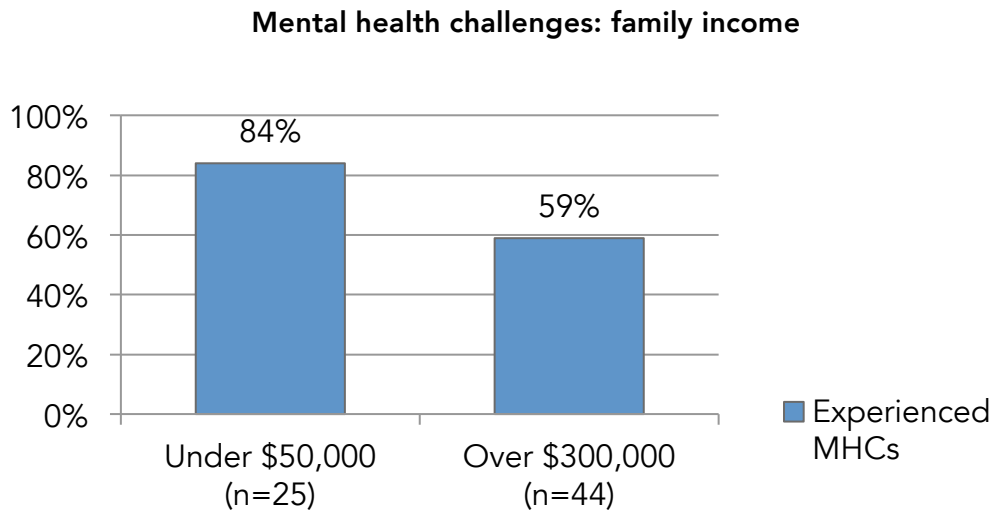
- Students of color are slightly more likely to face MHCs, and slightly less likely to seek treatment:** Respondents of color (i.e., respondents identifying as, at least in part, Black or African American, Native American or Alaskan Native, Asian or Asian American, Hispanic or Latino, or Other) were slightly more likely than respondents identifying only as White to report experiencing MHCs (74% vs. 67%), and slightly less likely to have sought treatment (30% vs. 37%).

Mental health challenges and treatment: students of color



- Students from the lowest and highest income brackets have different rates of MHCs:** Respondents whose families earned less than \$200,000 annually were not substantially

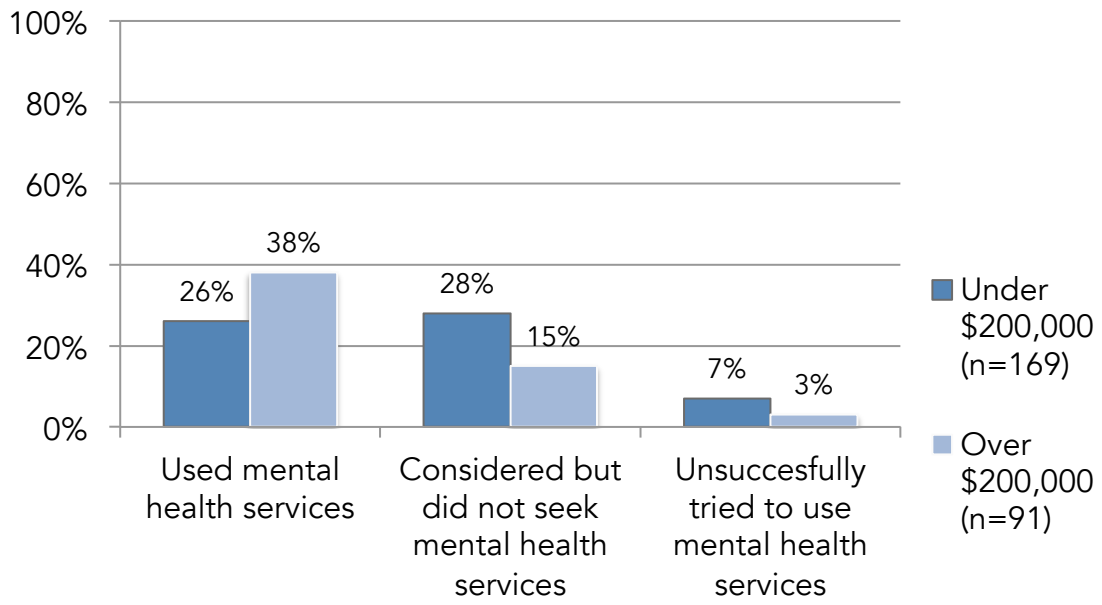
more likely than those whose families earned more than \$200,000 annually to report experiencing mental health challenges. However, 84 percent of respondents with family incomes under \$50,000, in contrast to 59 percent of respondents with family incomes over \$300,000, reported facing MHCs.



- **Family income also appeared to affect students' propensity or ability to access mental health services and treatment.**¹² Although the two cohorts experienced mental health challenges at similar rates, respondents whose families earned less than \$200,000 annually were less likely than their wealthier peers to use mental health services (26% vs. 38%),** more likely to consider but ultimately refrain from seeking mental health services (28% vs. 15%),** and more likely to report having unsuccessfully attempted to use mental health services (7% vs. 3%).** This divergence seems to be due to wealthier students' superior access to outside mental health resources: respondents with family incomes over \$200,000 made up about 30 percent of those who sought treatment for MHCs, yet accounted for about 50 percent of those who used off-campus services.

¹² Although the survey asked respondents to classify their family income into seven possible bins, this section only reports respondents in two aggregated categories (under and over \$200,000). Several income bins had a very small number of respondents, such that a more fine-grained report would lead to concerns about significance and anonymity.

Mental health treatment: family income**



II. Mental Health Treatment at YLS

Our data indicate that, of those YLS students facing mental health challenges, about 80 percent consider seeking treatment and about 50 percent successfully obtain it. The path towards successful treatment is analogous to a leaky pipeline, in which more and more students drop out of the process along the way towards receiving professional care.

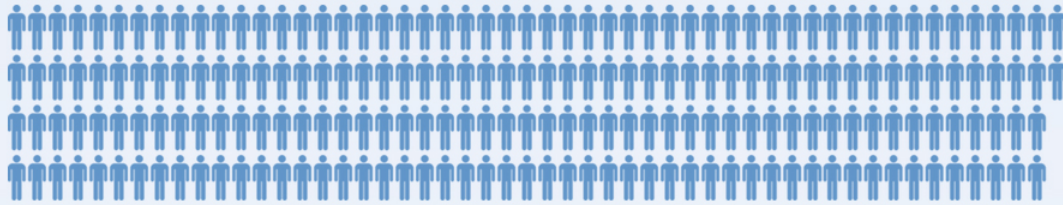
- 70 percent of respondents reported having experienced MHCs during their law school careers (206 students).
- 77 percent of this cohort (corresponding to 54 percent of the total respondent pool) reported having considered seeking treatment for MHCs (159 students).
- Of respondents who experienced MHCs and considered seeking treatment, 62 percent ultimately sought treatment (corresponding to 48 percent of the total population of students who experienced MHCs, and 33 percent of the total respondent pool) (98 students).¹³
- 16 percent of students who experienced MHCs and sought treatment reported being unable to access it. (16 students)

¹³ A total of 88 respondents to the survey reported using mental health services, including 6 who did not agree that they had experienced mental health challenges at the law school.

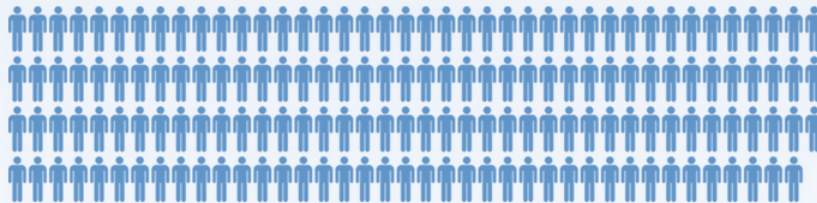
- The students who successfully obtained treatment for MHCs ultimately accessed a variety of resources:
 - 76 percent used individual therapy through Yale Health.
 - 40 percent used medication prescribed by Yale Health.
 - 25 percent used off-campus therapy or treatment.
 - Less than 10 percent used in-patient care, the resident-run program at the School of Medicine, group therapy provided by Yale Health, transitional group therapy provided through Yale Health, or unspecified other services.
 - Zero students reported using the free therapy provided through Lawyers Concerned for Lawyers Connecticut.

Many students who initially approach Yale Health for mental health support do so in a vulnerable state. In narrative responses, some respondents noted that limited access to mental health treatment, especially in the form of long wait times, had aggravated their mental health challenges or left them feeling alone when they most needed support. Several students reported a similar arc in their narrative responses: they would face a mental health challenge that was either precipitated or exacerbated by law school stresses, go to an intake appointment at Yale Health, and then not hear anything about their treatment for several weeks or even months. Some reported that they hesitated to seek professional mental health support because of either cultural or professional barriers. A few respondents reported feeling that they ought to be able to “deal with their own problems,” others simply felt embarrassed, and still others reported feeling concerned that Yale Health might not maintain true confidentiality and that treatment could adversely affect their academic standing or bar standing.

70% of respondents, or **206** respondents, reported having experienced mental health challenges.



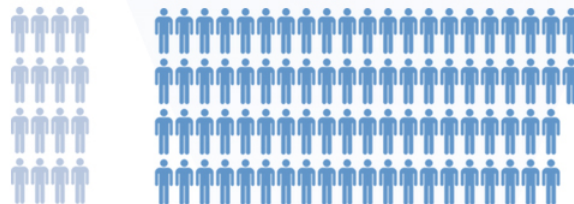
77% of this group, or **159** respondents, reported having considered seeking treatment.



62% of those who experienced mental health challenges and considered seeking treatment (**98** respondents) ultimately sought it.



16% of those respondents (**16** respondents) were unable to access treatment. **84%** successfully accessed treatment.

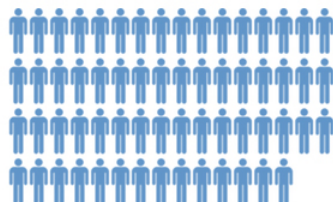


Of respondents who accessed treatment:

76% used individual therapy through Yale Health...

...40% used medication prescribed by Yale Health...

...and 25% used off-campus therapy or treatment.

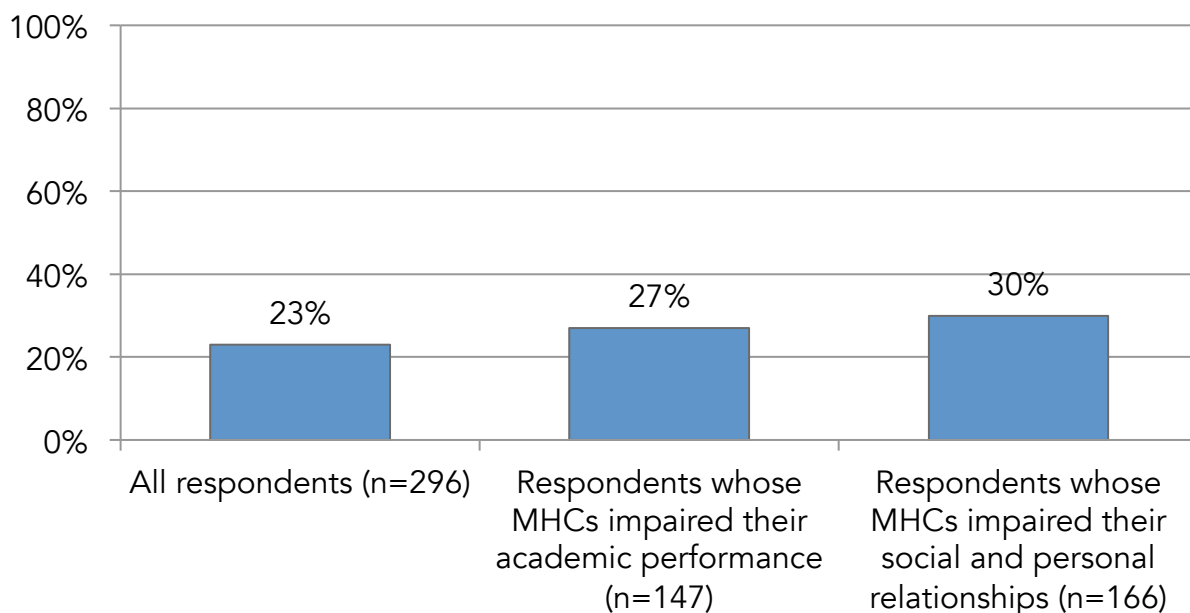


A. Students had impaired academic, social, and personal experiences when they decided not to seek, or were unable to receive, mental health care

1. A significant portion of respondents who considered seeking mental health treatment but ultimately decided not to do so still experienced serious mental health challenges

Nearly a quarter of survey respondents (23 percent) reported that they considered seeking treatment but ultimately decided not to follow through. A substantial portion of this population—at least 50 students—faced mental health challenges that impacted their day-to-day lives but still decided not to seek treatment. Twenty-seven percent of respondents (39 students) who agreed that mental health challenges impaired their academic performance, in addition to 30 percent of respondents (50 students) who agreed that mental health challenges impaired their social and personal relationships, considered treatment but ultimately decided not to seek it.

Proportion of students who considered seeking, but ultimately did not seek, mental health services



2. Respondents who sought mental health services but were unable to access care experienced significant mental health challenges

Of the 16 respondents who said they sought mental health services but were unable to access care, 13 cited long wait times at Yale Health as a cause. Five respondents also indicated that they attempted to access individual therapy but that no follow-up was provided after their initial consultation. Three-

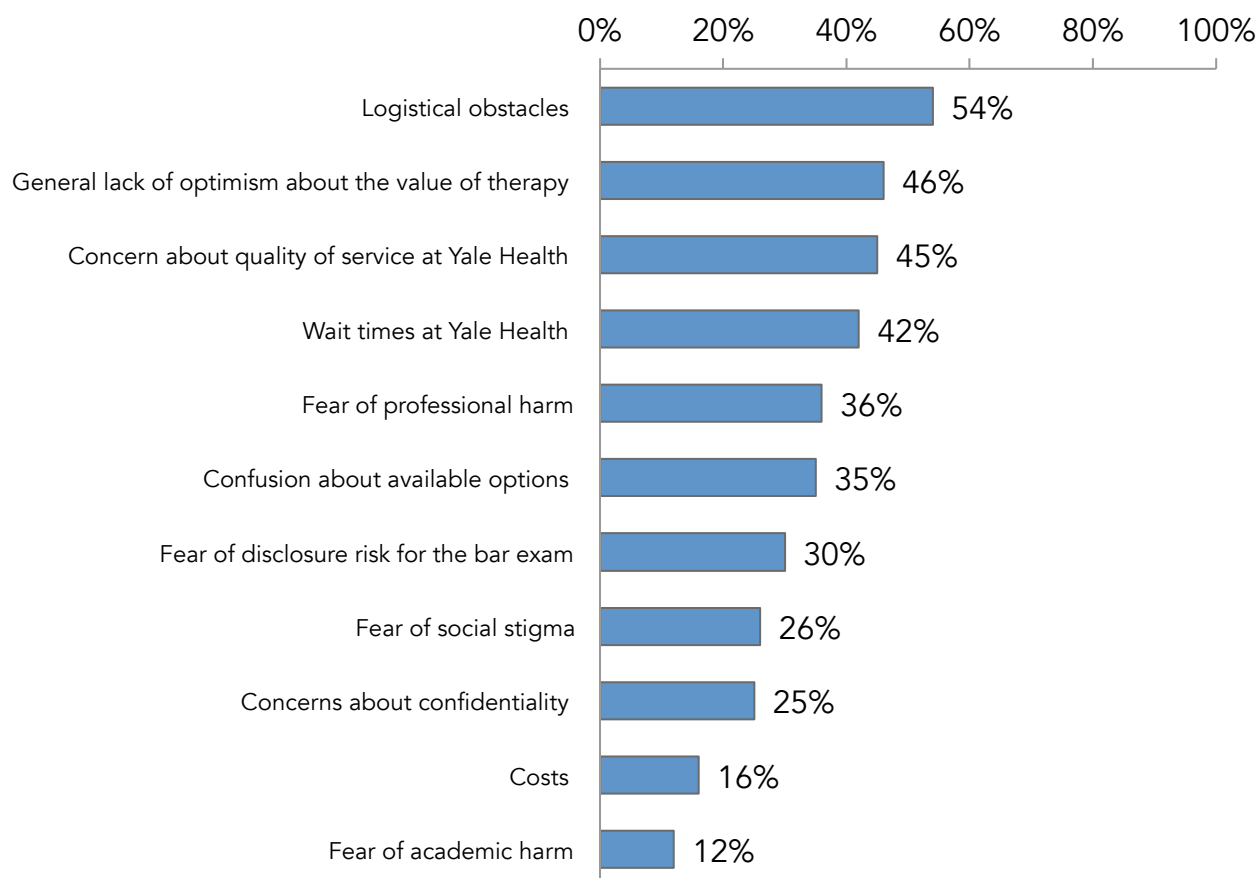
quarters of the students who were unable to access care reported that mental health challenges affected their academic performance, and almost 90 percent reported that their mental health affected their social or personal relationships while at law school.

B. Many students decided not to seek treatment because they distrusted Yale Health and were dissuaded by logistical barriers and excessive wait times

Of those respondents who considered but did not ultimately seek treatment, 42 percent (29 students) cited wait times at Yale Health as a reason why they did not ultimately seek care, and 45 percent (31 students) indicated a concern about the quality of service at Yale Health. A quarter of these respondents (17 students) also cited skepticism about confidentiality at Yale Health. In narrative responses, students worried that Yale Health would inform Yale Law administrators about aspects of their treatment.

YLS students also reported facing other more general obstacles to care, the largest of which were logistical barriers (54 percent or 37 respondents), a general lack of optimism about the value of therapy (46 percent or 32 respondents), and confusion about available options (35 percent or 24 respondents). In narrative responses, multiple students cited a lack of time as the main logistical barrier to accessing care. Students noted that a leading mental health stressor in law school is a lack of time to complete all of their necessary tasks, and they worried that adding therapy would just create an additional stressor.

"Why did you consider but decide not to seek treatment while at law school?" (n=69)



C. Yale Health consistently had long wait times for students seeking mental health treatment

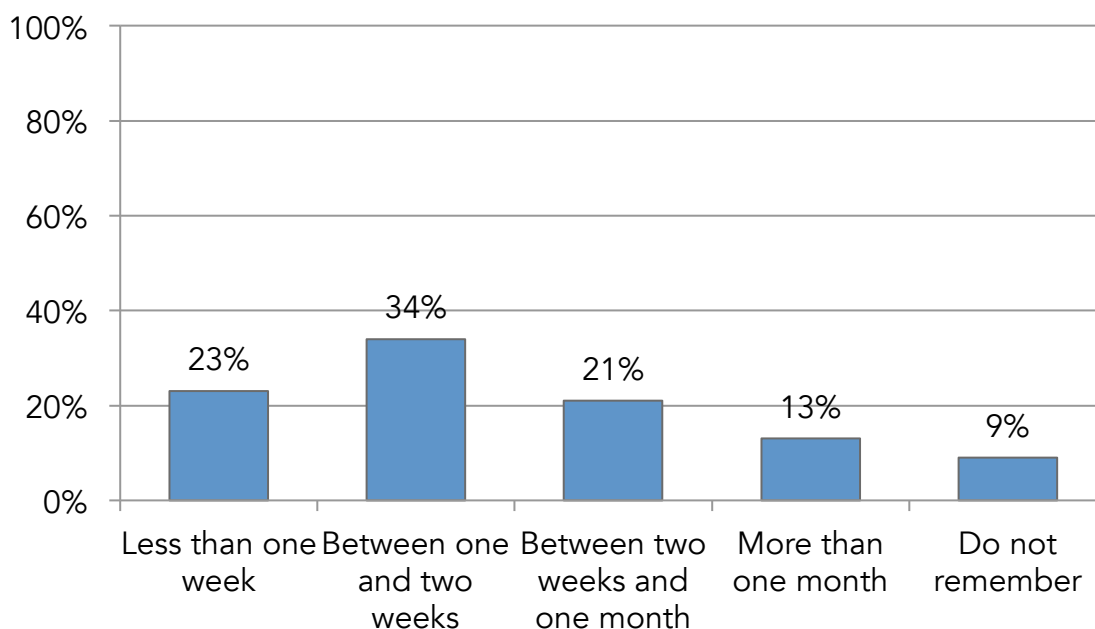
Assignment to a therapist at Yale Health is a two-step process, each part of which can involve a wait time of more than a month. First students must schedule an initial intake appointment or consultation. After the consultation the student is asked to wait to be contacted by a therapist to schedule a regular appointment. This survey collected data separately for each step of the process.

The survey did not include a specific question on emergency appointments or medical triage, and none of the narrative answers indicated that respondents had gone through any sort of triage procedure through the Yale Health mental health department before their intake appointment. Those respondents who described breakdowns or hospitalization either did not specify how they received care or reported accessing emergency medical treatment themselves.

1. *Wait times for an intake appointment were often several weeks*

Multiple students facing significant mental health challenges waited an extremely long time for an intake appointment. Thirteen percent of survey respondents (10 students) who used individual therapy at Yale Health waited for more than one month for an initial consultation. All of these respondents either agreed or strongly agreed that while enrolled at YLS, mental health challenges impaired both their academic performance and social relationships, and almost all also agreed or strongly agreed that mental health challenges negatively affected their job or internship search process. 23 percent (18 students) of survey respondents waited less than one week for an initial consultation at Yale Health, 34 percent (26 students) waited between one and two weeks, and 21 percent (16 students) waited between two weeks and one month.¹⁴ The survey did not ask respondents to quantify the severity their mental health challenges at the time they sought treatment, so there is no way to assess whether the wait times varied according to perceived urgency. However, in the narrative responses, several respondents described feeling as though they were ignored during periods of significant need.

Wait times for Yale Health intake appointments (n=70)



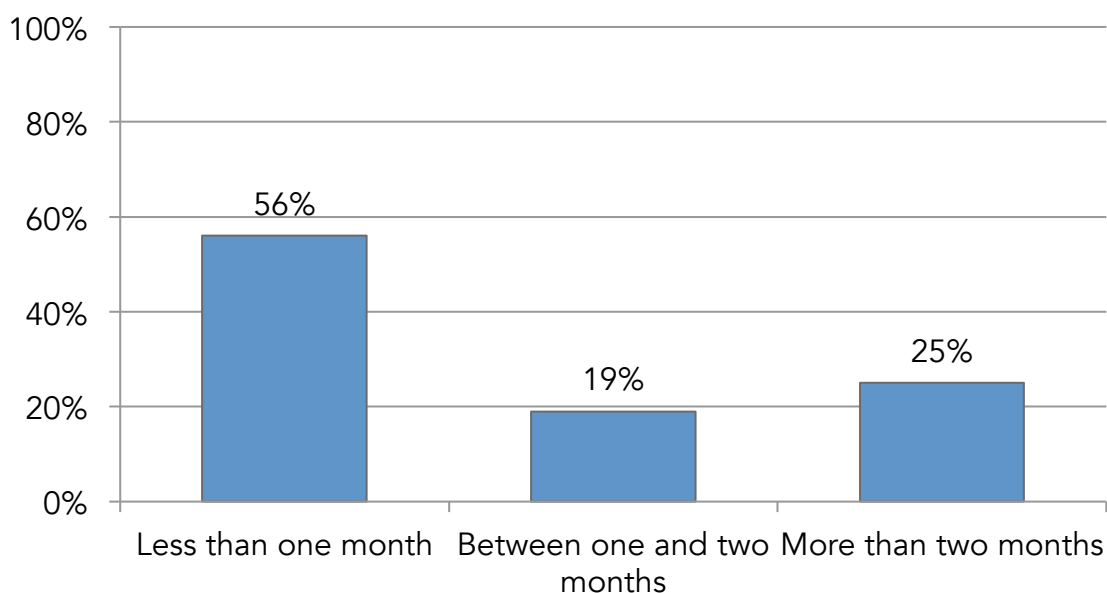
¹⁴ These numbers account for only 91 percent of respondents who used individual therapy through Yale Health. Nine percent of respondents who used individual therapy through Yale Health indicated that they did not remember how long they waited for an intake appointment.

Of the students who responded that they used Yale Health to receive medication (either for a continuation of a previously prescribed regimen or a new prescription), 10 percent waited for more than a month for their initial consultation for medication.

2. Forty percent of students using Yale Health therapy waited more than one month to be assigned to a therapist

After intake appointments, many students facing significant mental health challenges faced additional long wait times. Of the respondents who used individual therapy at Yale Health, 25 percent (19 students) responded that they waited more than two months between their intake appointments and setting a regular appointment. Another 19 percent (15 students) responded that they waited between one and two months. In other words, 34 respondents, or nearly 45 percent of students who used individual therapy, waited for more than one month after intake to be paired with a regular therapist.

Wait times between Yale Health intake appointment and first regular appointment (n=68)



79 percent (27 students) of the respondents who waited at least one month to be paired with a therapist reported that their mental health challenges impaired their academic performance at Yale Law. Eighty-two percent (28 students) reported that their mental health challenges impaired their social and personal relationships. Similarly, of those respondents who waited at least two months to be paired with a therapist, 79 percent (15 students) reported that their mental health challenges impaired their academic performance at Yale Law, and 89 percent (17 students) reported that their mental health challenges impaired their social and personal relationships. These data indicate that long wait times were not confined to students with fleeting or minor mental health problems. Instead,

students for whom mental health challenges had a measurable impact on their law school experience struggled to receive timely care.

Of the students who reported using Yale Health to access psychiatric medication, 30 percent reported experiencing waits of a month or more between their initial intake appointment and their assignment to a regular therapist. This is particularly concerning because psychiatric medication can cause dangerous side effects, and often requires regular supervision from a doctor familiar with the patient.

Long wait times for students in need of medication impeded social and academic functioning. In the narrative responses multiple students indicated that wait times meant that they were not able to refill a prescription for a medication that they had been using for some time before law school and which they felt they needed to feel healthy and function in an academic setting. This left the respondents with the options of either going outside of Yale Health and paying a doctor for the prescriptions or disrupting their treatment plans.

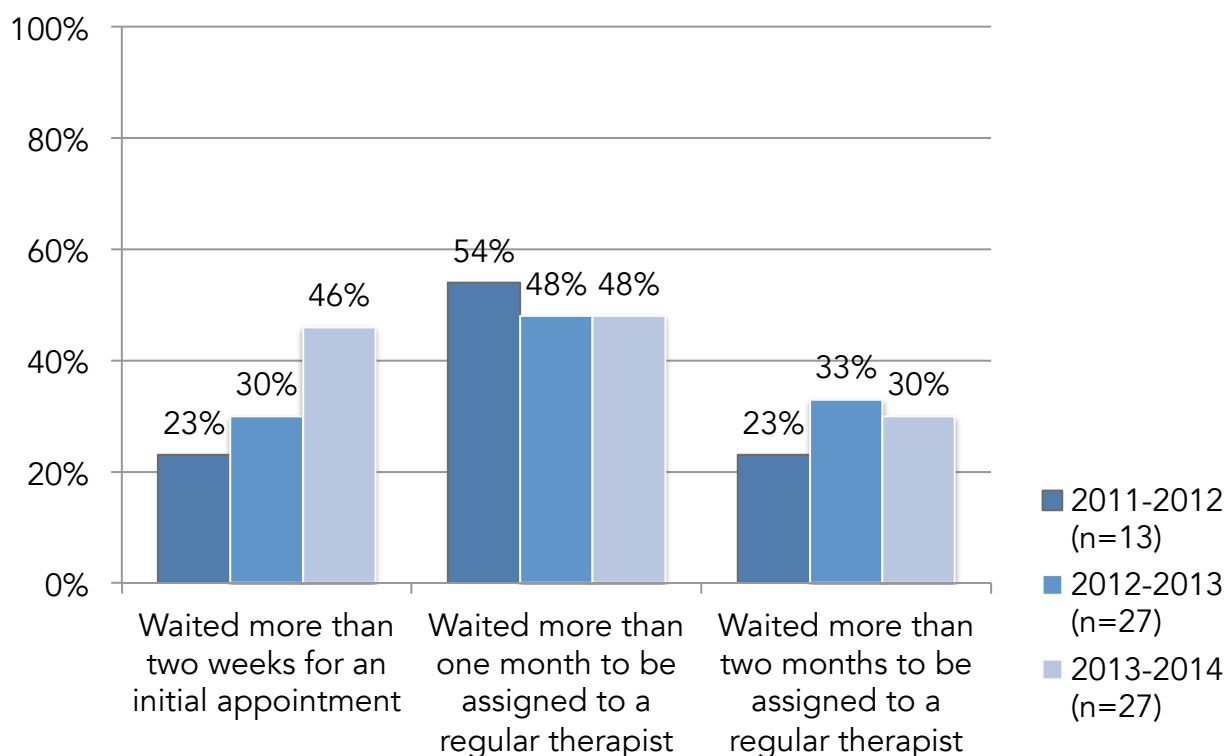
3. Wait times have not changed significantly over the last three years

The proportion of students who waited more than two weeks for an initial intake appointment climbed steadily throughout the time studied, and exceedingly long wait times for assignment to a regular therapist persisted through the 2013-2014 academic year.¹⁵ While only a handful of students (3 students, or 23 percent of the students who reported they used Yale Health mental health services in 2011-12) waited more than two weeks for their initial appointment in 2011-12, more than half waited for more than one month to be assigned to a regular therapist, and nearly a quarter (3 students) waited more than two months for assignment to a regular therapist.¹⁶ In 2012-13, 30 percent of students reported waiting for more than two weeks for their initial appointment, and just under half waited for more than one month to be assigned to a regular therapist. Nine students reported waiting more than two months. In 2013-14, 46 percent of students reported waiting for more than two weeks for their initial appointment, and half waited for more than one month to be assigned to a regular therapist, with eight waiting more than two months.

¹⁵ A note on our methodology: since we asked respondents to indicate their class year and the class they were in when they used mental health services, we were able to ascertain use of mental health services each year. A 3L who used mental health services in his or her 1L year would have used the services in 2011-2012, a 3L who used services in his or her 2L year would have used them in 2012-2013, etc. In this way we aggregated data about wait times in each of three academic years, with the sample size growing each year with the addition of a class of respondents.

¹⁶ Because only the 3Ls (approximately one-third of survey respondents) were at the law school in 2011-12, the sample size for this year is particularly small.

Yale Health wait times by year out of all students who used Yale Health individual therapy



The median wait time for an intake appointment was 1 to 2 weeks in all three years. However, the highest percentage of long wait times occurred in the most recent year of the survey, 2013-2014. The median wait time between an intake appointment and a first appointment with a clinician rose between 2011-2012 and 2013-2014. The median wait time to schedule a regular appointment was 1-2 weeks in 2011-2012, in 2012-2013 it was more than two months, and in 2013-2014 it was between 3 weeks and 2 months.

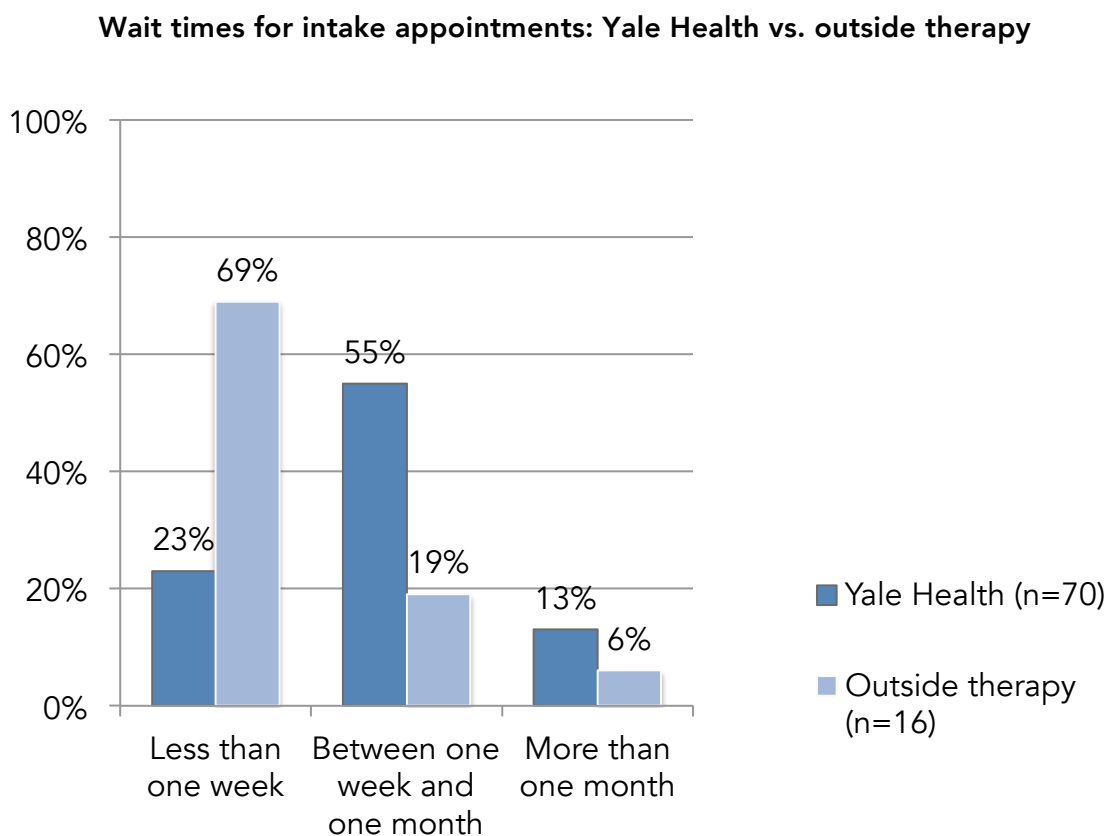
4. *Long wait times at Yale Health caused dissatisfaction and concern*

A significant portion of respondents who used mental health services at Yale Health experienced long wait times, and these wait times were a major cause of dissatisfaction. In narrative responses, students reported two major concerns arising from the long wait they faced for care. First, many felt that Yale Health was not truly looking out for their interests. Multiple respondents indicated that they lost “trust” in Yale Health or felt that they were “lost by the system” after experiencing long wait times. Students described this process as “frustrating” and “alienating.” Second, many respondents indicated that by the time they received an appointment it was often “too late.” That is, by the time they finally received care, they had already experienced the negative effects of their mental health

challenges, often in the form of falling behind academically, and felt that their appointments came too late to help them.

5. *Wait times were much shorter for students who used off-campus therapy*

Eight percent of respondents (25 students) used off-campus treatment or therapy. Not all off-campus treatment facilities distinguish between an intake appointment and a regular appointment with a clinician. Of the 16 respondents who did have an intake appointment first, nearly 69 percent (11 students) waited under a week for their initial intake appointment. Three students waited between one and three weeks and one waited for more than two months.¹⁷



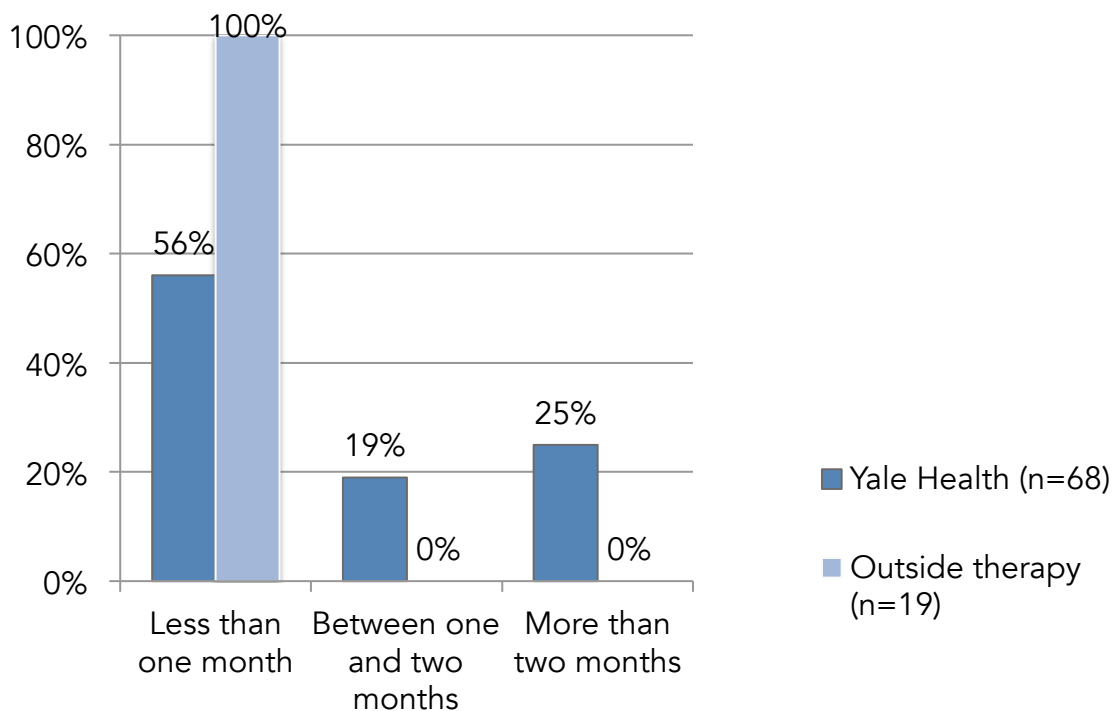
The median respondent who used off-campus therapy or treatment waited under a week for an intake appointment and then less than one more week for a regular appointment. Wait times between the initial consultation and a regular appointment were shorter for off-campus options.** Of the 19 respondents using off-campus treatment who offered wait time data,¹⁸ 74 percent (14 students)

¹⁷ One respondent did not remember how long he or she waited for an intake appointment.

¹⁸ Note that 6 students indicated using off-campus option but answered “N/A” for any questions about wait times. We have not included these responses in calculating ratios of wait times, though we suspect these answers might indicate that they experienced no wait times at all.

waited under a week between an intake appointment and an appointment with their regular clinician. The remaining 16 percent (3 students) all waited between one and two weeks to see a regular clinician.¹⁹

Wait times between intake and first regular appointment: Yale Health vs. outside therapy



The demographic breakdown of respondents who used off-campus treatment options was striking. Twenty percent of respondents (5 students) who used off-campus treatment options estimated their family's annual income before their college years to have been under \$100k. 44 percent (11 students) estimated an annual income between \$100k and \$300k. 28 percent (7 students) estimated an annual income over \$300k. In summary, students from upper-middle class and wealthier families (those with income greater than 100k per year) were more likely to seek off-campus treatment than were students from less wealthy families.**

Eighty-four percent of respondents (21 students) who used off-campus treatment options identified as White, and 16 percent identified as students of color (5 students). 68 percent of respondents (17 students) who used off-campus treatments identified as Female.

¹⁹ Two respondents did not remember how long they waited for regular appointments.

D. When students do successfully access care either at Yale Health or off-campus, they are often dissatisfied with it

Once students did manage to secure regular sessions with a designated therapist, about half reported being disappointed with the care they received. Nearly half of the survey respondents who used mental health services since coming to law school either disagreed or strongly disagreed that they were satisfied by their mental health care, whether at Yale Health or off-campus.

Students expressed dissatisfaction with several unique logistical aspects of mental health treatment at Yale Health. Students noted that the process to change therapists if they did not connect with their original placement was difficult and opaque, and several noted that the limited number²⁰ of sessions that the Yale Health plan allots to each student per academic year was not enough to make lasting progress. Others cited their inability to seek care if they are not in New Haven for the summer as disruptive and potentially dangerous. Yale Health's insurance coverage will not pay for therapy outside of New Haven for students who spend their summers elsewhere.

Students cited their inability to seek care if they are not in New Haven as disruptive and potentially dangerous.

Several respondents seemed more satisfied with ongoing therapy with a resident at Yale School of Medicine, which could continue beyond the limited sessions at Yale Health and seemed to provide more consistency in care. However, this option also included long wait times. A student is required to schedule an intake appointment at Yale Health, and only after that is connected with a resident. Half of the respondents who had used the program said that it had taken more than two months after their intake to be matched with a resident.

A number of students accessed and then chose to discontinue care for various reasons. A limited number of students chose actively to prioritize other activities over therapy. Many others discontinued therapy after feeling abandoned or frustrated by Yale Health due to long wait times. Others had difficulty scheduling an appointment or had concerns about the quality of care at Yale Health.

²⁰ Multiple students reported being limited to a maximum of 12 individual therapy sessions at Yale Health per year, even though this does not appear to be a published Yale Mental Health policy. Several respondents described in narrative answers feeling as though Yale Health's policy of limiting sessions had impeded their progress.

When students sought treatment but could not access it, or when students accessed treatment but chose not to continue, those students were unlikely to use alternative professional supports. Most students reported that they did not seek treatment outside of Yale Health and either went untreated or relied on their peer groups for support. While peer groups can be vital sources of support, peers cannot supply professional guidance and medication that some students need.

III. Mental Health Culture at YLS

A. Students described the law school's atmosphere as contributing to the occurrence or severity of their mental health challenges

In their narratives, many students described an isolating, mentally unhealthy law school environment in which competition is rampant but hidden, success is defined narrowly and comes through back doors, and students feel pressure to keep their individual struggles to themselves. While almost half (46 percent) of respondents had sought mental health treatment at some point before coming to Yale, many students who described struggling at the law school said they had never faced similar challenges before or that their mental health had unexpectedly worsened after arriving at Yale. The proportion of respondents who said they had sought help for mental health challenges before coming to the law school varied across class years: 39 percent of 1L respondents, 55 percent of 2L respondents, and 44 percent of 3L respondents.

Regardless of their mental state at matriculation, many students perceived the “pressure cooker” environment of the law school as encouraging over-commitment, isolation, and a widespread perception that activities promoting mental health are indulgent or unnecessary. While Yale has a reputation as an unusually warm and caring law school, students suggested that the “illusion of a stress-free environment” carries with it “an implicit undertone” that there is something wrong with

students who are struggling psychologically. A handful of stressors came up repeatedly in the narrative responses, including grades, the *Yale Law Journal*, and the clerkship application process, which students called “incredibly fraught and emotionally draining” and “shredding.”

Students described a culture where being stressed is seen as a “badge of honor,” where “competition is palpable,” and where students, faculty, and administration all place an inordinate amount of emphasis on “winning the rat race.” On the one hand, respondents to the survey reported a persistent fear of being perceived as “stupid,” and on the other hand a belief that peers who admitted to feeling overwhelmed or inadequate were unable to handle the

Many students perceived the “pressure cooker” environment of the law school as encouraging over-commitment, isolation, and a widespread perception that activities promoting mental health are indulgent or unnecessary.

pressures of law school. Even some of those students who did not feel that they had experienced mental health challenges at law school described “highly disruptive and unhealthy” or “significant” levels of stress and even mild depression. Several noted that while they themselves had not experienced what they would describe as mental health challenges, their peers’ experiences had colored their own and cast “a cloud over the community.” Together, the narrative responses and our dataset establish that this cultural environment causes or contributes to widespread mental health challenges at YLS.

B. Students reported that mental health challenges had a significant impact on their experience at the law school

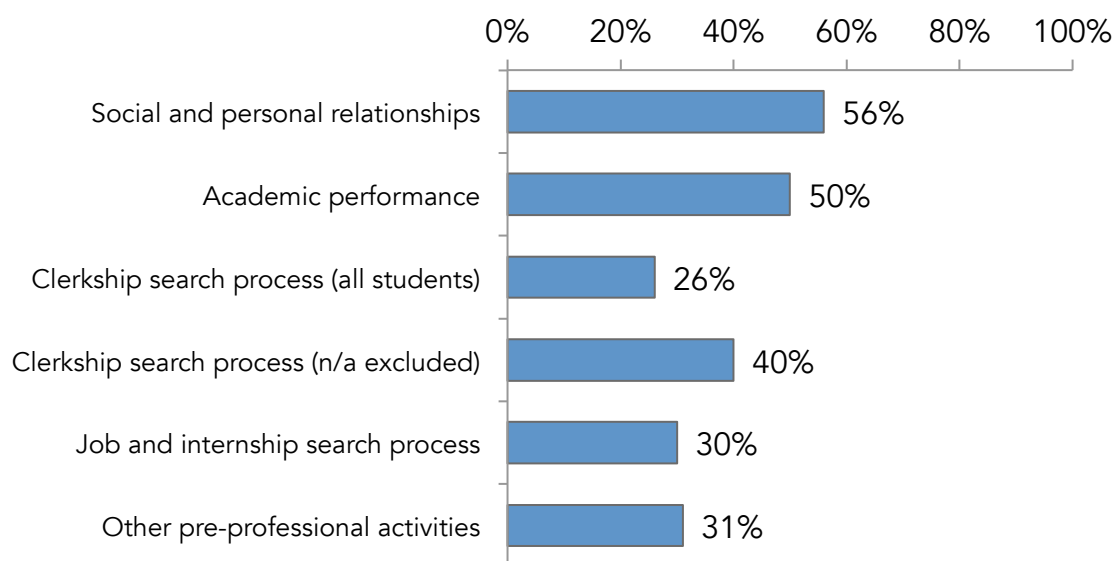
Students reported that mental health challenges impacted their law school experience in many ways:

- 56 percent of respondents agreed or strongly agreed that their mental health had impaired their social and personal relationships.
- 50 percent of respondents agreed or strongly agreed that their mental health had impaired their academic performance.
- 26 percent of respondents agreed or strongly agreed that their mental health had impaired their clerkship search process.²¹

²¹ A high percentage of respondents to this question indicated that it did not apply to them (likely either because they were not pursuing a clerkship or it was too early for them to have begun applying). Eliminating those answers, 40 percent of respondents agreed or strongly agreed that their mental health has impaired their clerkship search process.

- 30 percent of respondents agreed or strongly agreed that their mental health had impaired their job and internship search process.
- 31 percent of respondents agreed or strongly agreed that their mental health had impaired their other pre-professional activities.

"While at Yale Law, I believe that mental health challenges have impaired my..." (n=296)

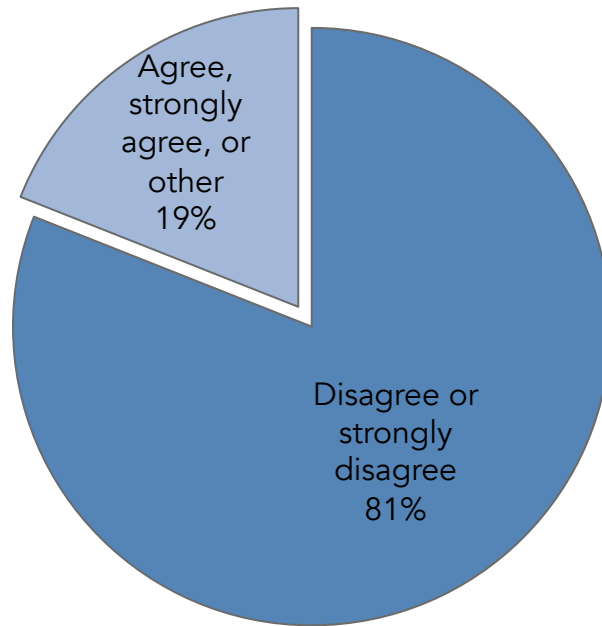


Several common themes underlie these broad experiences and are discussed below.

1. Students fear exclusion from state bar associations and do not understand the rules regarding mental health disclosures

Students deciding how to address mental health challenges reported that bar disclosure requirements were of particular concern. Eighty-one percent of respondents who knew which state they intended to practice in disagreed or strongly disagreed with the statement "I understand the bar requirements regarding mental health conditions and treatment." Students described themselves as "very concerned" about bar disclosure requirements and "afraid" to seek professional help for fear of impacting their ability to practice later in life.

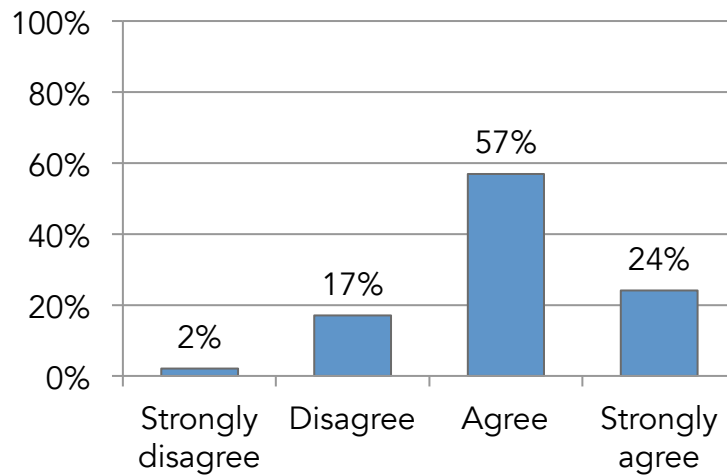
"I understand the bar requirements regarding mental health conditions and treatment." (n=296)



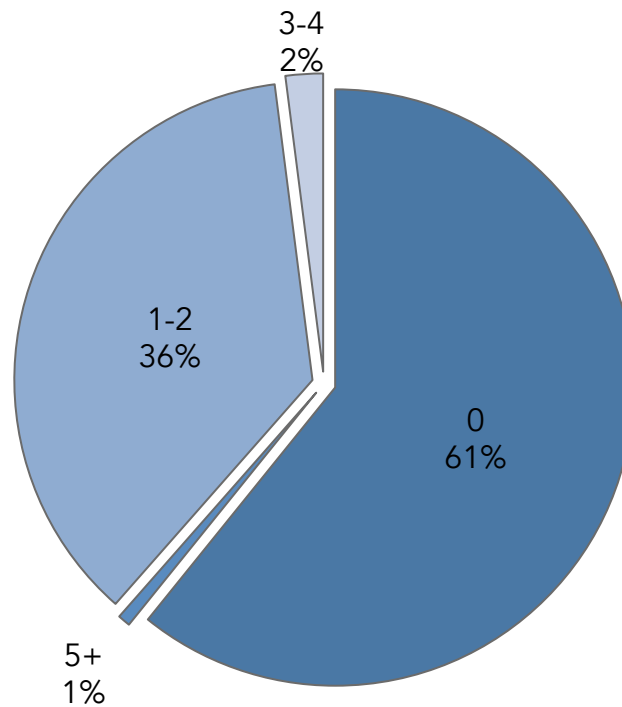
2. Students see faculty as gatekeepers and worry that they could be excluded from professional opportunities if they go to professors for help with mental health challenges

The Yale Law faculty is widely perceived to stigmatize mental health issues. The vast majority of students responding to the survey (81 percent) agreed or strongly agreed that a student who openly acknowledged mental health issues would face stigma from professors. Women were more likely than men to strongly agree that students who openly acknowledged mental health issues would face stigma from professors (28 percent of women versus 17 percent of men). One hundred eighty out of 296 students, or 60 percent of all respondents, said there were no professors with whom they would feel comfortable discussing their mental health challenges.

"When students at Yale Law openly acknowledge mental health challenges, they risk stigma from professors." (n=296)



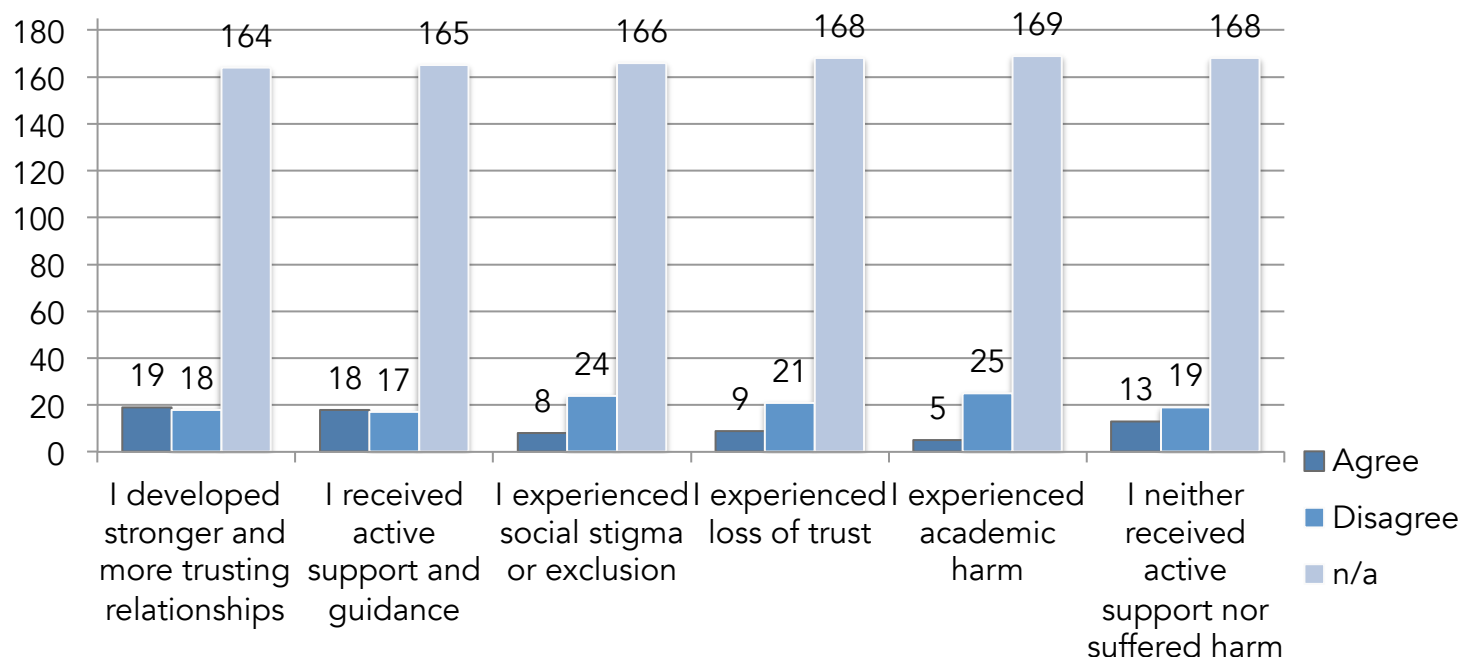
"I know ____ professors at Yale Law whom I would trust in seeking advice about mental health challenges." (n=296)



The reality for those students who had discussed mental health challenges with professors is less dire, although still problematic. Less than 20 percent of respondents indicated that they had

discussed their mental health with faculty at all.²² Nineteen students agreed that they had developed stronger and more trusting relationships as a result, and 18 students reported receiving active support and guidance.²³ On the other hand, 9 students said they had experienced a loss of trust with the professor they confided in, and 8 said they had experienced social stigma. In the narrative responses, a handful of students described feeling judged or discouraged from professional opportunities as a result of confiding in professors during difficult periods. However, other students reported “very positive” experiences, and found in professors “professional and personal support.”

Reported outcomes among students who discussed their mental health with faculty (n=207)



The general fear of confiding in professors may be related to the power professors at the law school are perceived to have over students’ careers. In particular, professors are seen as “underground” gatekeepers to various professional opportunities such as clerkships and academic careers, and the narrative responses revealed a general fear that confiding in faculty could foreclose those options.

²² The survey did not ask respondents explicitly whether they had discussed their mental health challenges with a faculty member. Rather, respondents were able to select from three answers—“Agree,” “Disagree,” or “n/a”—in response to a series of questions about the outcomes of their interactions with faculty. The number of respondents who replied “Agree” or “Disagree” rather than “n/a” varied slightly from question to question, and the total number of respondents ranged from 198 to 201. However, for no question did more than 20 percent of respondents reply either “Agree” or “Disagree” rather than “n/a.”

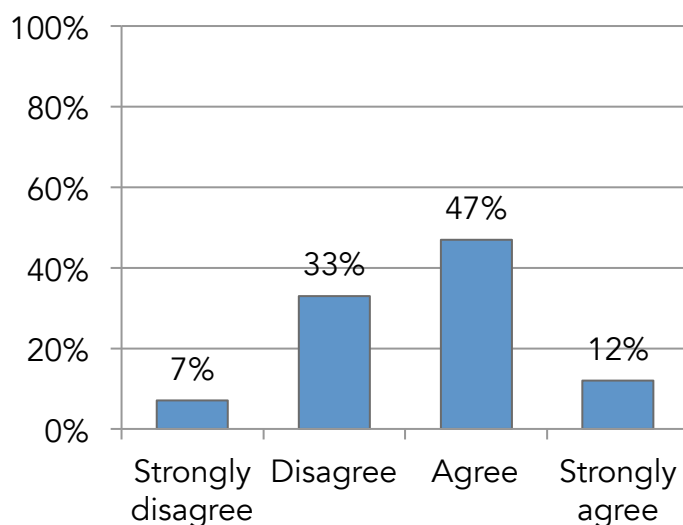
²³ As noted in footnote 21, *supra*, the number of respondents to each question in this section of the survey, as well as the number of respondents in each question who indicated that they had confided in a professor, varied. For each of the five questions asked, the number of respondents who replied either “Agree” or “Disagree” varied from 30 to 37.

Students worried that admitting to mental health challenges at the law school is “off bounds” or “puts one’s...career on the line,” and hesitated to reveal anything that could lead professors to question their professionalism or competence. Several students reported a concern that admitting to mental health issues would color recommendations for clerkships or other jobs.

3. Students find important support in their close peers but nonetheless fear social exclusion or stigma from their classmates

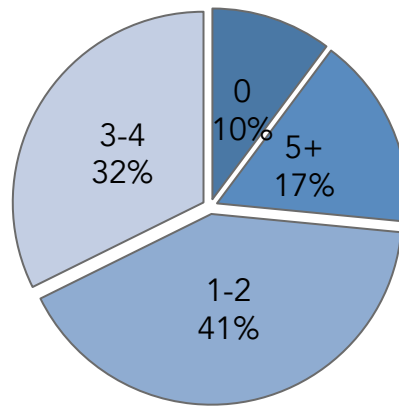
While 59 percent of respondents agreed or strongly agreed that a student who openly acknowledged mental health issues would face stigma from his or her peers, respondents reported having important resources in their fellow students. Ninety percent of respondents said they had at least one peer they could confide in, and 16 percent said they had five or more. The vast majority of respondents (125 students) who indicated that they had discussed mental health challenges with peers reported stronger and more trusting relationships as a result.²⁴ However, not all experiences were positive: a significant minority of respondents—22 students—reported feeling social stigma or exclusion as a result of discussing their mental health issues with their peers.

"When students at Yale Law openly acknowledge mental health challenges, they risk stigma from peers." (n=296)

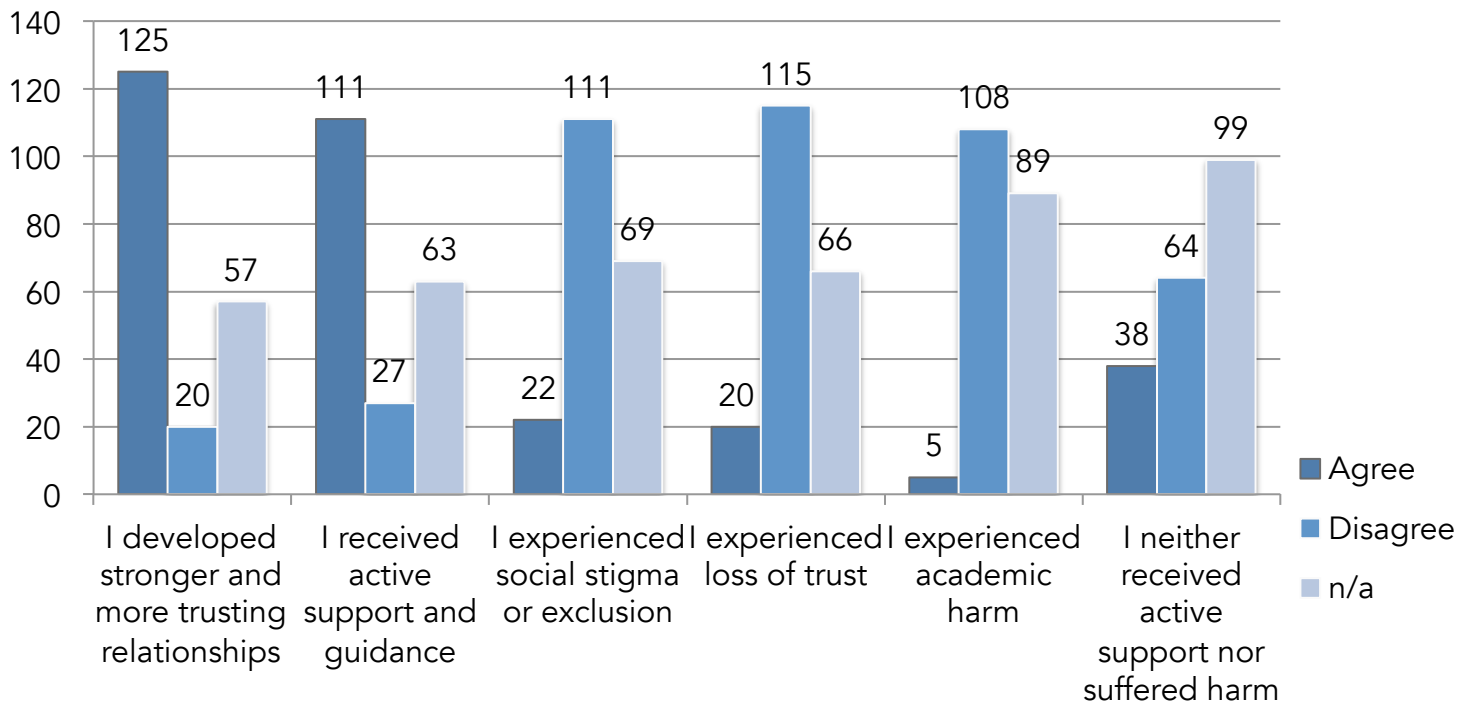


²⁴ As in the section of the survey on the experience of those who discussed mental health challenges with professors, the number of respondents to each question in this section of the survey, as well as the number of respondents in each question who indicated that they had confided in peers, varied. For each of the five questions asked, the number of respondents who replied either “Agree” or “Disagree” varied from 102 to 145.

"I know ___ peers at Yale Law whom I would trust in seeking advice about mental health challenges."
(n=296)



Reported outcomes among students who discussed their mental health with peers



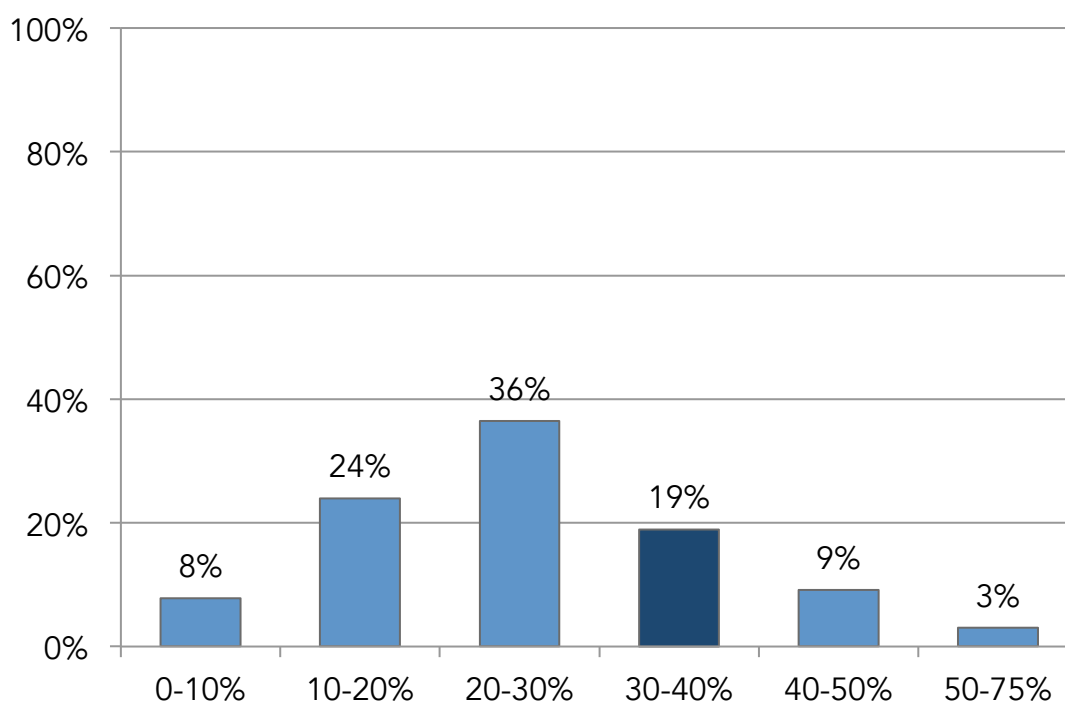
In narrative responses, some respondents described being met with judgment or avoided after admitting mental health challenges to fellow students, but far more described their experiences with their peers as “mostly” or “very supportive” or even “uniformly fantastic.” Several students cited their peers as their primary support while at the law school, describing them as a “safety net during hard times” and as creating a “place to feel supported.” A small handful said they had not spoken to

their peers at all about the mental health challenges they have faced during law school, often out of concern for the impact such discussions could have on their careers.

4. *Students underestimate the extent to which their peers seek help*

The data also suggest that many YLS students may underestimate how many of their fellow students have sought clinical treatment for mental health challenges – many by a considerable margin. While a total of 35 percent of survey respondents said they had sought treatment (successfully or unsuccessfully) while at Yale, a significant majority of respondents (68 percent) believed that 30 percent or fewer of YLS students have done so, and nearly a third (32 percent) believed the figure to be 20 percent or less.

"I believe that __ % of Yale Law students seek clinical treatment for mental health challenges while in law school." (n=296)

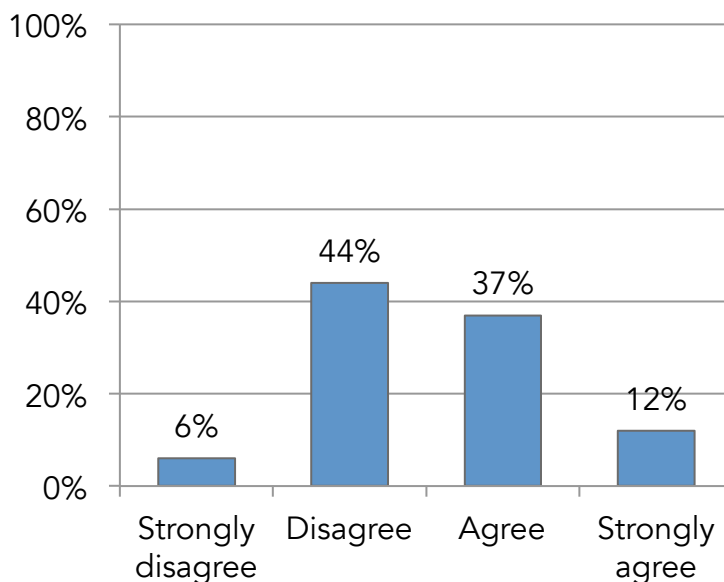


5. *Students have split perceptions about how well the YLS administration helps students cope with mental health challenges*

Students reported a mixed relationship with various administrators regarding mental health issues. Relatively few students said they had approached the administration with mental health challenges

(18 percent or fewer of respondents to the question).²⁵ Of those who reported discussing mental health challenges with administrators, 15 respondents said they developed stronger and more trusting relationships with administrators and 20 reported receiving active guidance and support as a result.²⁶

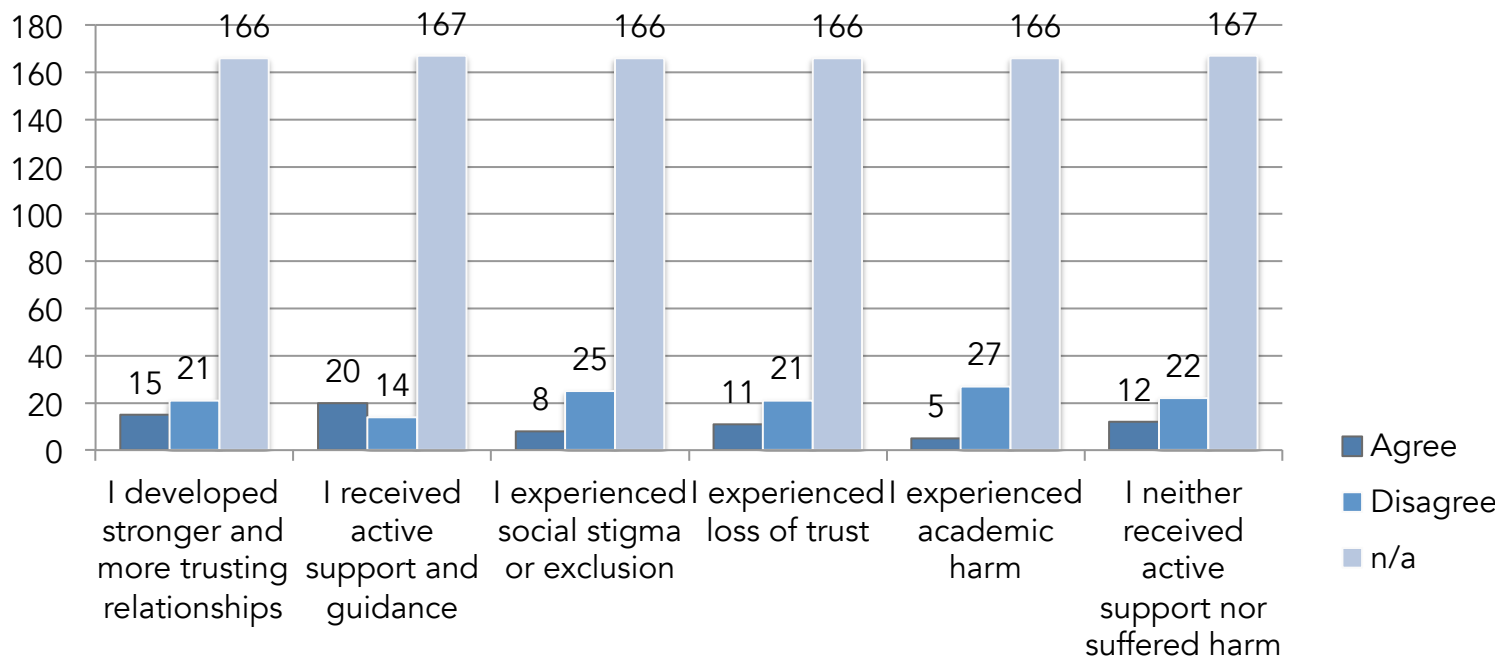
"When students at Yale Law openly acknowledge mental health challenges, they risk stigma from administrators." (n=296)



²⁵ ²⁵ The survey did not ask respondents explicitly whether they had discussed their mental health challenges with an administrator. Rather, respondents were able to select from three answers—"Agree," "Disagree," or "n/a"—in response to a series of questions about the outcomes of their interactions with faculty. The number of respondents who replied "Agree" or "Disagree" rather than "n/a" varied slightly from question to question, and the total number of respondents ranged from 198 to 202. However, for no question did more than 18 percent of respondents reply either "Agree" or "Disagree" rather than "n/a."

²⁶ As discussed for faculty and peers in footnotes 22 and 23, *supra*, the number of respondents to each question in this section of the survey, as well as the number of respondents in each question who indicated that they had confided in friends, varied. For each of the five questions asked, the number of respondents who replied either "Agree" or "Disagree" varied from 32 to 36.

Reported outcomes among students who discussed their mental health with administrators



Several students described a perception that the administration is “unresponsive to student mental health needs” and that its first priority is to “protect the institution.” However, other students had more positive experiences, describing administrators as “EXTREMELY supportive,” as “huge allies” or as “supportive advocate[s],” and reporting having “nothing but positive interactions” with them while struggling with mental health challenges. Still others found the administration “sympathetic but useless,” noting that while mental health support is “technically ‘available,’” none of the administrators designated for students to approach with mental health concerns have professional mental health training. Several respondents particularly expressed concern about the advice they received from the Office of Disability not to tell professors and peers about mental health challenges. One student noted that this advice “scared me a lot...I feel very alone.”

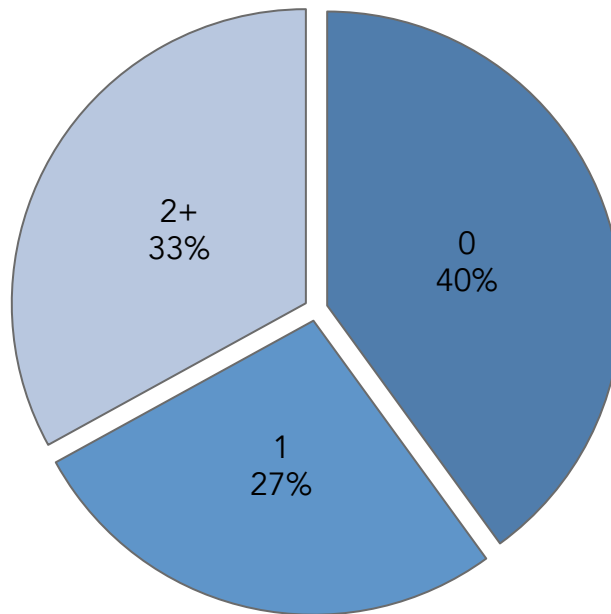
IV. Wellness Programming at YLS

The law school currently puts significant resources into wellness programming. This programming often focuses on the nexus between mental and physical health, including workout classes for Fitness Fridays and massages during exam time, in addition to providing students with mood boosters such as happy lamps or time with a therapy dog. Many students reported taking advantage of these resources and expressed appreciation that they were available. However, several also expressed a desire for a reallocation of resources to focus on supporting students whose mental health challenges go beyond everyday stress and anxiety.

A. Law students use existing wellness resources but are skeptical of their utility

Current wellness programming at the law school provides some support to students, although it fails to meet the clinical needs described in Section II. Out of the 268 respondents for this section, 161 students, or 60 percent, indicated that they used at least one wellness resource during their time at Yale Law. The most-used resources included exam-time services like massages and study breaks, happy lamps in the library, and Fitness Fridays. About half of the students who reported using wellness resources used more than one: 72 students said they used one resource, while 87 students said they used two or more.

Number of wellness resources accessed in law school (n=296)



Several respondents thought that Yale “goes above and beyond” in providing a broad array of wellness services. Similarly, some students reported being very pleased with specific existing wellness resources. Several respondents mentioned that meditation sessions were especially important, even if those students felt that the sessions were generally underutilized.

Some students suggested that public wellness events, in the absence of stronger therapeutic resources, were “infantilizing” or “insulting.”

However, a larger group of students expressed skepticism or even anger about existing wellness resources at the law school. Respondents commented that they wanted different ways to combat mental health challenges, such as quicker access to mental health clinicians, peer programming, or efforts to de-stigmatize mental illness. Several commented that they wanted “real solutions” for their mental health challenges. Others suggested that public wellness events, in the absence of stronger therapeutic resources, were

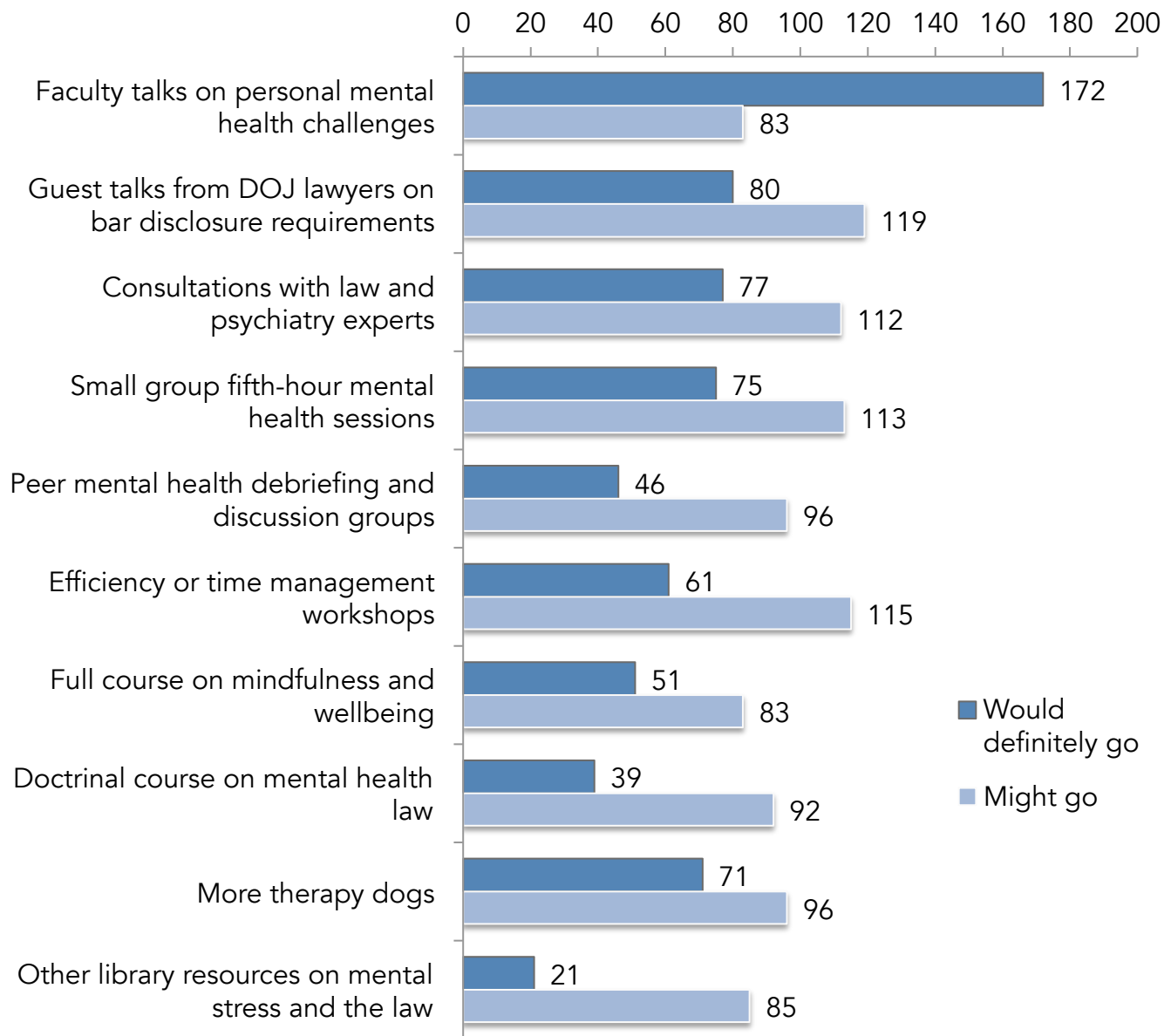
“infantilizing” or “insulting.” Students questioned the amount of money spent on wellness activities; some wanted that money to be used to address what they saw as cultural and institutional problems creating mental health issues at the law school, and others wanted that money to be used to improve therapeutic resources.

B. Students expressed interest in new wellness programs that focused on de-stigmatizing mental health challenges, creating opportunities to discuss mental health in smaller groups, and providing stronger therapeutic resources at the law school

When presented with a variety of options for new wellness programs, respondents were very interested in attending talks by faculty on their personal experiences with mental health challenges, but less interested in lunchtime talks on mental health in the abstract. Otherwise, students expressed interest in consultations with law and psychiatry experts, as well as a variety of classes and workshops.

Because about half of the law school student body responded to this survey, the actual turnout at any of the proposed events could range from the absolute numbers reported below to up to twice as many students.

Reported willingness to use additional services



1. *Students were particularly interested in personal talks from faculty on their experiences with mental health*

Survey respondents expressed overwhelming interest in hearing from faculty members about their personal experiences with mental health challenges. More respondents expressed interest in

attending faculty talks on personal mental health challenges than in any other proposed program or service in the survey: 172 students reported that they would “definitely go to this event,” and another 83 reported that they “might go to this event.” Of the students who have experienced mental health challenges while at the law school, 93 percent said they might or would go. In fact, more students said they would definitely attend these faculty talks than students who reported ever using wellness programming at the law school thus far.

Relatedly, respondents expressed satisfaction with faculty talks that even obliquely referenced mental health, including Professor Ian Ayres’s presentation on social anxiety, Professor Jean Koh Peters’s talks on various aspects of wellness and vicarious trauma, and Professor Stephen Carter’s talk on success. Students expressed excitement about past and possible future faculty talks on mental health struggles for a variety of reasons. Several thought that the faculty talks could have an important de-stigmatizing effect at YLS, and others thought that faculty members could act as important role models of lawyers who have overcome mental health challenges and become quite successful.

After faculty talks, the second-most sought after programming were guest talks from state bar association representatives and Department of Justice lawyers working on changing bar disclosure requirements for mental health conditions. Eighty students reported that they would “definitely go to this event” and another 119 reported that they “might go to this event.”

However, very few respondents expressed interest in other lunchtime talks about mental health and wellness. Only 19 students noted that they would definitely go to these talks (although 102 reported that they might). Students were concerned that attending talks focused on mental health would be stigmatizing, and some said they would hesitate to attend larger public events for fear of “outing” themselves as coping with mental health challenges. Several suggested making a small number of mindfulness and mental illness talks mandatory. Strongly encouraging a significant faculty presence at such events could also help disrupt the stigma. Students were also worried about fitting more programming into their busy schedules. Several noted that it was hard enough to make time to do the things that kept them healthy, such as exercising or seeing a therapist, and they were skeptical about adding extra activities on top.

More respondents expressed interest in attending faculty talks on personal mental health challenges than in any other proposed program or service in the survey.

2. Many students expressed interest in consultations with law and psychiatry experts and peer support groups

The third-most sought after programs were consultations with law and psychiatry experts. Seventy-seven respondents said they would “definitely” use this service, and another 112 said that they “might.” This response reflects a general sentiment among survey respondents that they desired more one-on-one counseling and advice, even if it was not within a classic therapist-patient relationship. A few students thought law and psychiatry experts could be particularly helpful in the area of vicarious trauma, especially since they already provide some similar support for clinical students.

Students were also quite interested in small group fifth-hour mental health sessions, either in the style of a support group or as an informational session. Seventy-five students reported that they would definitely use such sessions and 113 reported that they might. Those numbers aside, several students commented that they would only find small group mental health sessions beneficial if they were a mandatory component of fifth hour.

A smaller, though still sizable, number of respondents reported strong interest in peer mental health debriefing and discussion groups. Forty-six students reported that they would definitely attend such sessions and another 96 suggested that they might.

3. Students are interested in taking courses and workshops on time management, mindfulness, and mental health law

Students also expressed interest in courses and workshops on mental health. Sixty-one students noted that they would “definitely” attend efficiency or time management workshops, and another 115 suggested that they might. Fifty-one students reported that they would definitely enroll in a full course on mindfulness and wellbeing, and an additional 83 that they might. A few students wrote in to express strong opinions that a stronger focus on mindfulness in programming events could be useful to them and their peers. Finally, 39 students reported that they would definitely enroll in a doctrinal course on mental health law, in addition to the 92 who reported that they might take a mental health law class.

4. Students love the therapy dog

Students loved Monty. In fact, 71 students reported that they would definitely seek out even more therapy dogs if they were at Yale, and an additional 96 students reported that they might use the service of more therapy dogs.

However, few students noted that they would definitely seek out other library resources on mental stress and the law. Twenty-one students reported that they would definitely use such resources, although an additional 85 reported that they might, depending on the particular resources available in the library.

5. Students are interested in a full-time counselor or mental health professional who could provide support and guidance to students trying to access outside care

Although it was not a listed option in the survey, several students noted an interest in hiring a full-time counselor in the law building who would see walk-in students. About a half-dozen students wrote in that they would like to see an informal counselor whose sole role at the law school would be to provide mental health support. Several suggested that a counselor could be useful to students as they “jump...through hoops” or are otherwise delayed in accessing more formal treatment at Yale Health.

Other recommendations included adding additional mental health programming and workshops to orientation for incoming 1Ls, training professors in how to be sensitive to and spot mental health problems in students, and increasing peer-counseling resources. The 2014 orientation for incoming students, which included more information on mental health than in previous years, was a step in the right direction.

V. Recommending Improvements at YLS

The data reported here suggest that students at Yale Law School lack support at several critical junctures to keep them well and to support them in times of mental health challenges. We believe that Yale Law School should focus its efforts to improve mental health support in several key areas: improving access to mental health care, improving the quality of mental health care, prioritizing programming that reduces stigma, and prioritizing programming that addresses major stress points during law school.

A. Improve Access to Mental Health Care

Yale Law School must improve access to mental health care for its students. About one-half of students who consider seeking mental health treatment ultimately choose not to do so, often because of the logistical hurdles involved in access. This has substantially affected those students' academic and social experiences at YLS.

Students who have been able to receive mental health treatment at Yale Health—the only mental health provider covered by Yale Law's student health insurance plan—have faced large institutional barriers. They wait, on average, nearly two weeks just to have an intake appointment. Then they wait an average of another month to see a clinical provider. Many are only able to see a therapist for a limited number of visits over the course of a year, are re-matched with a different therapist every

semester or every school year, and face major gaps in coverage for mental health care during the winter break and summer.

This treatment is inadequate. Yale Law students receiving treatment off-campus appear to face much shorter wait times and may continue seeking treatment with the same provider from year to year. Those who have mental health insurance coverage outside of Yale do not lose coverage when they leave New Haven during the summer.

Moreover, students at other law schools are offered much better mental health insurance coverage than Yale Law students. For example, at Harvard Law School students' health insurance covers forty outpatient mental health visits per year, no matter whether those visits are in or out of network. Students are regularly referred to covered off-campus providers at all other law schools examined as a part of this report: Harvard Law School, Stanford Law School, Columbia Law School, New York University Law School, University of Connecticut Law School, and Quinnipiac Law School. All of these law schools' insurance plans cover mental health outpatient services outside of the city where their students live. For a full analysis of insurance coverage at these schools, see Appendix A.

The mental health treatment available to most Yale Law students is inadequate.

Given these problems, **Yale Law must first undertake some combination of efforts to quicken its students' access to mental health treatment during the school year.** Here are some recommendations YLS must review.

1. *Decrease wait times in-house at Yale Health*

- YLS should consider putting pressure on Yale Health to hire more mental health clinicians.
- At the same time, YLS should consider putting pressure on the University to provide more funding to Yale Health so that it may hire more mental health clinicians.
- YLS should also consider pushing Yale Health to ensure that mental health clinicians take appointments at times other than standard 9-5 Monday through Friday business hours. This may alleviate extended wait times for YLS students who, after long wait times, are unable to make their appointments due to conflicts with coursework.
- YLS should consider pushing Yale Health to create a walk-in clinic for students seeking mental health treatment to counteract long wait times.

2. *Bridge Yale Health wait times by providing in-house support for law students*

- YLS should consider hiring a counselor specifically for law students. This counselor would not necessarily provide therapy for students, but rather would help serve either as a bridge or patient advocate between the law school and mental health services for students who are waiting for an intake appointment or a match with a therapist. A counselor could also reduce pressure on Yale Health for students who would like to see a therapist for a small number of sessions, but have no desire to enter a longer-term therapy relationship.
- Several other law schools around the country have licensed counselors on staff specifically for law students, including Washington University in St. Louis, Georgetown University, the University of Washington Law School, and Loyola Law School.²⁷ Administrators should investigate how these programs work and consider enacting a similar program at Yale Law School.

3. Decrease wait times by providing insurance coverage for off-campus mental health treatment

- In addition, YLS should consider covering, at a minimum, off-campus bridge therapy for students waiting for an intake or clinician match at Yale Health.
- YLS should consider covering therapeutic and psychiatric care alternatives in the broader New Haven community under the student insurance plan, apart from any form of bridge therapy. This could be done either by expanding the scope of in-network mental health providers or covering some number of out-of-network mental health visits.

Second, Yale Law must improve or supplement the Yale University health insurance it offers its students. YLS must ensure that its students have basic mental health coverage year-round, no matter where its students are located.

4. Expand health insurance coverage for mental health challenges during summer and winter breaks

- YLS should consider pressuring Yale Health mental health providers to use Skype or telephone sessions for students who are outside of Connecticut during the summer or winter to allow continuity of care.
- YLS should, at a minimum, ensure that the Yale University health insurance covers some number of out-of-network mental health outpatient visits for law students away from New

²⁷ Peterson and Peterson, *supra* note 3 at 371.

Haven during the summer and winter breaks, or pressure the University to expand its network.

- YLS should consider supplementing Yale University student health insurance if the University fails to change it to cover out-of-network mental health outpatient visits or fails to expand its network of providers.

Third, Yale Law must ensure that its students have **access to long-term therapy with appropriate providers** under their health insurance coverage.

5. Improve the availability of long-term therapy

- YLS should pressure Yale Health to provide long-term therapy to a larger set of students who need it.
- In the alternative, YLS should ensure that Yale University health insurance covers other long-term therapy providers.

6. Work to improve the student-provider matching process

- YLS should work with Yale Health to ensure that students can continue therapy with the same provider from semester to semester and year to year insofar as is practicable given inherent staff turnover.
- YLS should work with Yale Health to clarify the steps students must take to request a re-match with a different therapist.

7. Increase transparency

YLS should be transparent about mental health offerings both at Yale Health and at the law school, and should be prepared to discuss what benefits are covered under the Yale University student health insurance. Otherwise, law students will continue to be unable to make fully informed choices about the insurance plan that will best meet their health needs during their time at Yale Law School.

- YLS should give students deciding between health plans information that the sole in-network mental health provider, Yale Health, offers a limited number of therapy visits per year except in specific circumstances – and they should know what those specific circumstances are.
- YLS should give students more information about the circumstances under which out-of-network mental health and physical health visits may be covered under their health insurance.
- YLS should consider training administrators in the financial aid office, or another appropriate administrative office, on students' health insurance options. This health insurance advisor

would be knowledgeable about the intricacies of Yale's graduate student health plan as well as the Connecticut health exchange and other common sources of health insurance.

8. Investigate the possibility of splitting off its mental health insurance coverage from the University

- If the law school finds that advocacy directed towards Yale Health has little or no effect, it should consider creating an alternative insurance system that provides its students with adequate mental health care. The law school already opts out of certain University-wide services, including Information Technology and Library services, and may need to opt out of the University's health system if it continues to not meet students' mental health needs.

B. Improve the Quality of Mental Health Care

Many, if not most, Yale Law students believe that Yale Health will provide them substandard mental health care. Moreover, nearly half of the survey respondents who used mental health services since coming to law school either disagreed or strongly disagreed with the statement that they were satisfied with their mental health care at Yale Health. Many narrative responses extensively detailed what students described as substandard care from Yale Health therapists.

Although a full analysis of patient satisfaction and clinical outcomes is certainly beyond the scope of our study, these data are enough to suggest that Yale Health should consider taking a look at the quality of mental health care provided to law students in particular. Yale Health should examine its procedures and treatment protocols in light of professional best practices specific to

law student mental health care. Hiring therapists with expertise in the particular stressors and challenges faced by law students, and familiarizing existing therapists with these stressors, may also help boost patient satisfaction and reassure potential patients that Yale Health will in fact help them.

Many, if not most, Yale Law students believe that Yale Health will provide them substandard mental health care.

C. Prioritize Programming and Support Networks that Reduce Stigma on Campus

Yale Law should continue to grow its wellness programming focused on reducing stigma against individuals with mental health challenges on campus. The majority of respondents expressed concern about—or experience with—on-campus social stigma against their illnesses. Thus, unsurprisingly, many survey respondents expressed enthusiasm about programming efforts aimed at destigmatizing mental health challenges.

- YLS administrators from the top down should confront and proactively work to reverse the negative and fearful impressions students have of the law school’s attitude towards mental health and student wellness.
- YLS administrators and student groups should promote and encourage faculty talks on coping with personal mental health challenges.
- YLS administrators and student groups should host mandatory or strongly encouraged workshops about mental illness, for those coping with mental illness, for those who may support others coping with mental illness, and for general awareness and stigma reduction.
- YLS administrators should encourage faculty members to receive basic information and training about common mental health challenges that their students face while at law school. This could include a faculty advocate system similar to the existing peer advocate system, in which professors could volunteer and receive training as advocates for students experiencing mental health challenges.
- YLS administrators and student groups should create stronger public resources and campaigns advertising the full array of mental health resources available to law students, both on and off of campus.
- YLS administrators and student groups should focus on data-driven wellness resources. Administrators and student groups should look to this survey’s programming section on page 45 when planning and budgeting for wellness programming in addition to other resources evaluating the effectiveness of various forms of wellness programming.

D. Prioritize Programming that De-Mystifies Major Sources of Law Student Stress

Yale Law should focus its programming energy on a number of issues that students identify as major sources of stress and aggravating factors for their mental health during law school. The following four areas recurred in student survey answers.

1. *Provide information about mental health and bar admission*

First, YLS should improve access to information about what mental health disclosure to state bar associations means for students and faculty. Students overwhelmingly report not understanding mental health disclosure requirements, and a large number of students reported not seeking mental health treatment solely because they were concerned about how that treatment might impact their ability to be admitted to their state bar.

- YLS administrators and student groups should provide resources to students concerning legal issues with bar disclosure requirements, and what exactly constitutes mental illness that must be disclosed to state bars.
- YLS administrators and student groups should provide mental health clinicians at Yale Health with information about state bar disclosure requirements for mental health so that providers do not misinform students about the consequences of seeking treatment.
- YLS administrators and student groups should provide faculty members with information about state bar disclosure requirements for mental health conditions.
- YLS should continue to update the 50-state guide to bar disclosure requirements every year and make the guide easily accessible on the YLS:Inside and/or Career Development Office website year-round.

2. *Work to mitigate “Impostor Syndrome”*

Second, YLS should work hard to provide programming and support services to students dealing with issues related to “Impostor Syndrome,”²⁸ social anxiety, over-commitment, and intrusive feelings of inadequacy. This issue came up repeatedly among respondents.

- YLS should consider providing mandatory programming during the 1L fall to address “Impostor Syndrome” issues directly.
- YLS should also consider providing a forum for students to engage with common feelings of “Impostor Syndrome” throughout students’ law school experiences.

3. *Improve clerkship application structures and processes*

Third, Yale Law should provide a stronger, clearer structure for students entering the clerkship application process. YLS has control over only a portion of what causes stress in the clerkship

²⁸ A phrase coined to describe people who “attribute their accomplishments to luck rather than to ability, and fear that others will eventually unmask them as a fraud.” See Kirsten Weir, *Feeling Like a Fraud?*, AMERICAN PSYCHOLOGICAL ASSOCIATION GRADPSYCH MAGAZINE, November 2013, <http://www.apa.org/gradpsych/2013/11/fraud.aspx>.

application process; however, since the process was reported to be one of the largest sources of stress at YLS, the institution should make changes to improve student health where it can. Students repeatedly emphasized concerns about transparency at the law school as a source of mental health challenges.

- YLS should work to make the clerkship process as transparent as possible, focusing particularly on the side of faculty recommendations, putting application packets together, and faculty support after an application has been submitted.
- YLS should provide more structured and more organized means for students to receive faculty recommendations and support, as well as administrative support, potentially through the functioning of the Faculty Clerkship Committee.
- Centralized services should provide real-time, updated information on clerkships and individualized services for students. In particular, the law school should focus on creating an environment of information-sharing to remedy the imbalance between those students with an inside line on news about application and interview schedules and those who have to rely on sources such as OSCAR and out-of-date spreadsheets. This could include making a more than token effort to have students communicate the information they learn to a centralized spreadsheet or data repository.

4. *Work to mitigate financial stressors*

Fourth, YLS should provide programming to help students cope with financial issues at key points during law school.

- Administrators should continue to implement reforms and recommendations in the Class/Action²⁹ report on recurring financial stressors students at the law school face.
- Administrators should work to ensure that all students are familiar with their loan options in the event of medium or large medical bills. Student Affairs and the Financial Aid Office should consider better advertising their ability to, on a case-by-case level, increase students' loan budgets for non-refundable medical expenses.
- Administrators should continue to ensure that adequate grant or loan flexibility programs exist and are appropriately advertised for other major moments of financial concern for students.

²⁹ A report detailing law school student experience with class, available to Yale community members at the link: <https://yale.app.box.com/classactionreport>.

Conclusion

Until Yale Law School acts to address student concerns, whether through these recommendations or other steps, our data suggest that a large portion of students will continue to suffer from significant but treatable mental health challenges. YLS must improve its students' mental health care access and quality, prioritize efforts to de-stigmatize mental illness, and prioritize efforts to demystify common sources of law school stress.

These actions will be vital in working towards making the YLS student body healthier, safer, and more supported. We urge YLS administrators, staff members, faculty members, and students to work together to make these changes a reality.

Methodology

A. Survey design and implementation

This survey was designed to gain insight into four broad areas: the culture around mental health at Yale Law School, how Yale Law students make decisions about seeking mental health treatment, how students perceive their experience seeking mental health treatment, and what kinds of wellness resources students would be interested in seeking in the future at Yale Law and at Yale Health. In the spring of 2014, a committee of students from the MHA developed initial survey questions. The committee then received feedback and comments on the questions from a number of Yale Law faculty and administrators and revised the survey accordingly. The survey questions were designed to be dynamic: certain answers opened up a set of related questions that were not provided to respondents whose answers indicated that the questions did not apply. A copy of the survey questions in their entirety, and as presented to survey participants, may be found in Appendix B.

After developing the survey questionnaire, the committee applied for an exemption determination from the Yale University Human Subjects Committee and received that exemption on April 30, 2014. A copy of the exemption application and determination may be found in Appendices C and D.

All students at Yale Law were invited to participate in the survey electronically in May 2014. Students were primarily invited to participate in the survey in an email that was distributed to the Wall³⁰ at the start of the survey period, which may be found in Appendix E. Mental Health Alliance members sent follow-up emails at several points in the following two weeks with the same set of instructions for participants. These follow-up e-mails were sent to the Wall.³¹ Members of the MHA also reached out individually to the heads of student groups requesting that they encourage their members to complete the survey. In addition, a large number of Yale Law faculty members and administrators signed a letter indicating their support of the survey and encouraging students to participate, which was also sent to the Wall. That letter may be found in Appendix F.

The online survey was conducted using Qualtrics software and was open for approximately two weeks. Survey participants could only access the survey by clicking a link available on the YLS:Inside

³⁰ A listserv of the Yale Law School community that includes all enrolled students (except those who have affirmatively opted out) and those faculty members who have opted in.

³¹ The Wall is an listserv that includes all students at the law school except for those that have affirmatively opted out.

homepage, ensuring that only Yale Law students could participate in the survey. In addition, the survey committee enabled the “Prevent Ballot Box Stuffing” function in Qualtrics, ensuring that only one survey could be completed for each IP address. Each survey entry was entirely anonymous, and respondents were asked to refrain from using personally identifiable information when describing their own experiences or others’ experiences with mental health at YLS. Survey respondents were not required to answer any individual question on the survey, could stop at any time, and could resume their survey response at a later time within the two-week survey period. The introductory materials to the survey, informing students of the way in which the survey would be analyzed and reported on, may be found in Appendix B.

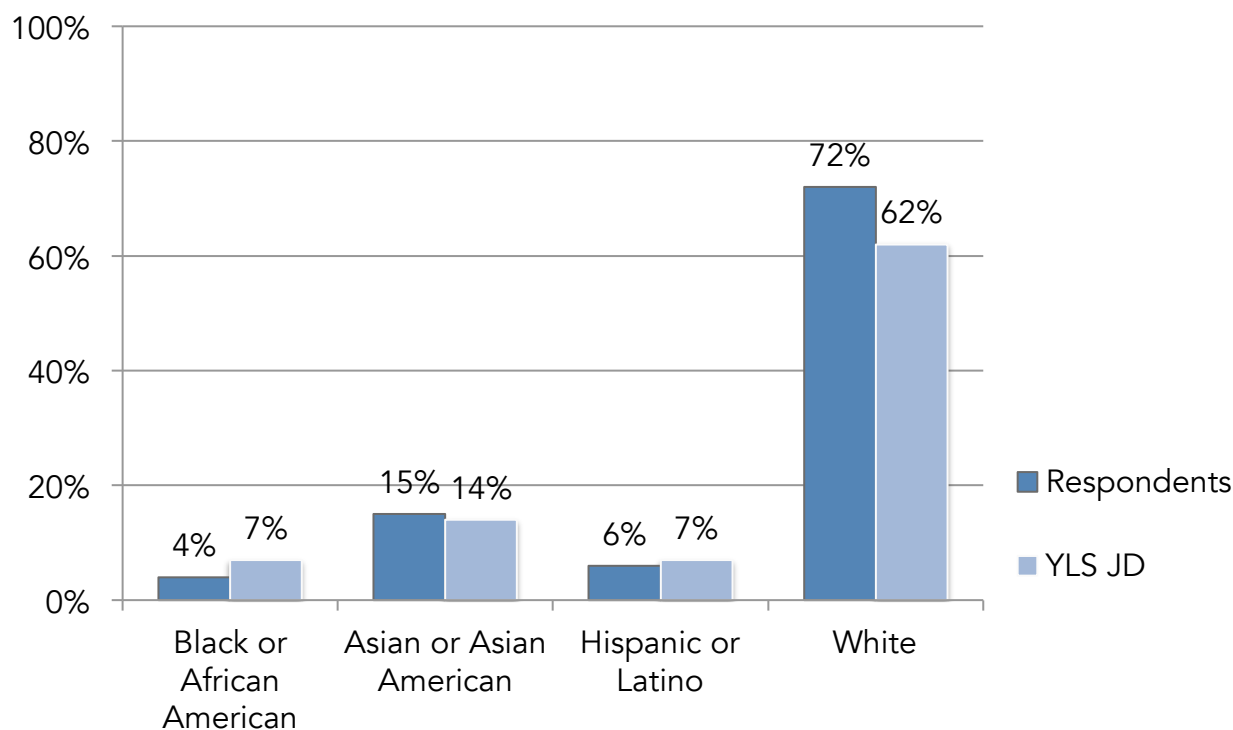
Once the survey was closed, the MHA student committee began reviewing summary statistics and narrative responses to open-ended questions immediately. To ensure confidentiality and anonymity of survey participants, only members of the MHA student committee had access to the data. During the summer and fall of 2014, the student committee performed basic summary statistic analyses of the data and reviewed the narrative responses for recurring themes. In order to preserve anonymity, the committee scrubbed all narrative responses of identifying details and used only illustrative words and phrases to reflect student experience. The results of this work are contained in this report.

B. Survey demographic sample

The survey sample was fairly representative of the J.D. student body at YLS as reported to the ABA in 2013. Out of the 650 full-time students at YLS, roughly half of the student body completed the survey (296 students in total). Respondents were divided evenly among class years: 92 1Ls, 93 2Ls, and 97 3Ls responded to the survey, along with a small number of L.L.M., J.S.D., Ph.D., and Joint Degree students. The racial distribution of respondents roughly matched Yale Law School’s racial distribution, although white students appear to have been slightly overrepresented.³²

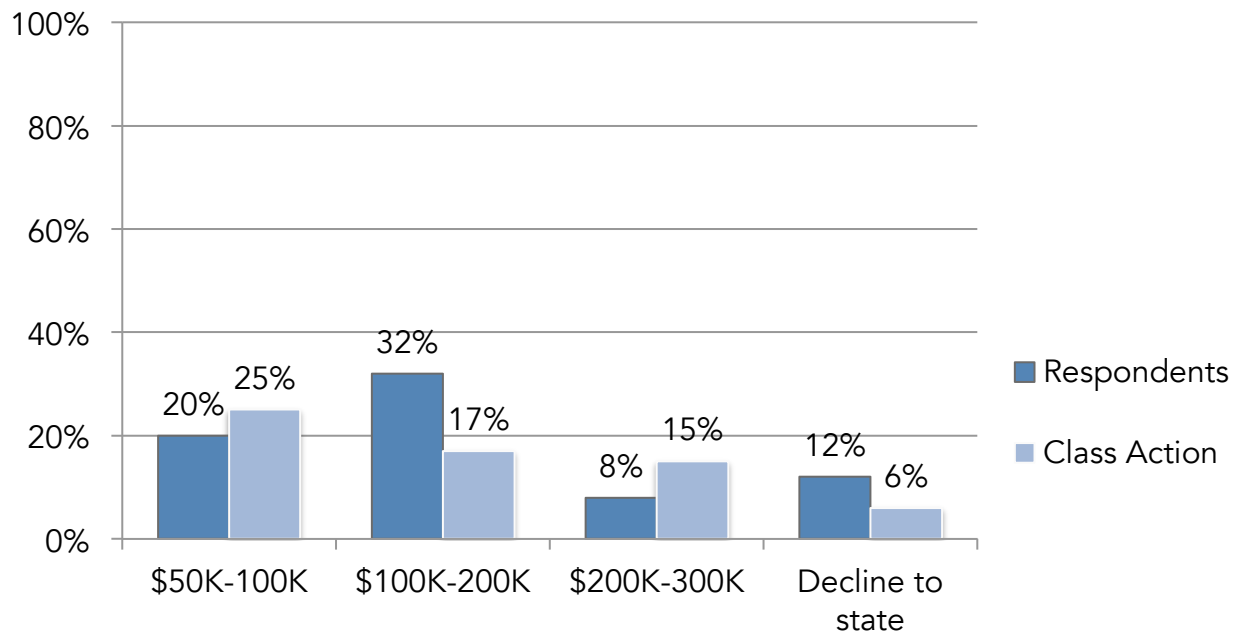
³² Our sample included a handful of non-JD students; however, LSAC publishes demographic data only for YLS JDs. Although the samples are not perfectly comparable for this reason, the number of non-JD students is small enough that our sample can be compared to LSAC’s JD-only sample in a very rough sense.

Selected major demographics: race and ethnicity



Respondents matched the overall class distribution reported in the 2013 Class/Action report only roughly. The mental health survey had a slightly lower percentage of students reporting that their family's average household income was between \$50K and \$100K than the Class/Action sample (20% versus 25%), a substantially larger percentage of students reporting a family income between \$100K and \$200K (32% versus 17%), a smaller percentage of students reporting a family income between \$200K and \$300K (8% versus 15%), and more students who preferred not to answer questions about their family's economic background (12% versus 6%).

Selected major demographics: family income



In addition, this survey's sample skewed slightly female. While 46 percent of the YLS student body was female and 54 percent was male in 2013, this survey's respondents had a reversed gender distribution; 55 percent of respondents were female and 42 percent were male. Another 3 percent of respondents preferred not to answer the question.

Even so, the survey's data on student use of Yale Health mental health resources appear to match Yale Health's own reported mental health data. About 25 percent of the survey's respondents reported using Yale Health's individual therapy at some point during their three years at law school. While Yale Health does not distribute precise year-to-year statistics, more than 20 percent of Yale Law students use Yale Health's mental health services in any one year.³³

The results may have been affected by several selection biases. Those students who have opted out of receiving e-mails from the Wall are less likely to have seen the survey than students who have not. Because affinity groups were asked to encourage their members to respond, there may have been higher participation from members of those groups than from other students. The survey was distributed during exams, which may have impacted students' perceptions of their mental health. Finally, there may have been two conflicting pressures related to experience of mental health challenges while at the law school. Students who have not experienced mental health challenges may

³³ E-mail from Kathleen Overly to the Wall, September 13, 2013 at 9:00:26 AM.

have been less likely to respond and complete the survey due to a lack of interest. However, students who *have* experienced mental health challenges may also have been less likely to respond due to fears, difficulty, or discouragement surrounding the act of reporting their challenges. We have done our best to limit our reporting to reflect these dueling potential selection biases.

Appendices

Appendix A

Health and Mental Health Insurance Coverage at Peer Schools

Single														
School	Insurance Provider and Type	Network	Price (per year)	Deductible		Out-of-pocket Maximum	Mental/Behavioral Health Outpatient Coverage		Mental Health Inpatient Coverage		Substance Abuse Outpatient Coverage		Substance Abuse Inpatient Coverage	
				In-Network	Out-Of-Network		In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Yale Law	Yale Health Hospitalization/Specialty Coverage (HMO)	Yale Health Center, New Haven, CT	\$2,102	\$0	\$0	\$1000 for hospital admission and surgical procedure copayments; no maximum for other copayments or premiums	\$0 copay; no written policy on maximum number of visits, but apparent 12 therapy visits per year rule for many students	Not covered	\$200 copay per admission; coverage limited to 60 day/year combined for mental/behavior healths and substance abuse	Not covered	\$0 copay	Not covered	\$200 copay per admission; coverage limited to 60 day/year combined for mental/behavior healths and substance abuse	Not covered
UConn Law*	UConn Student Health Insurance Plan (PPO)	Cigna PPO Network	\$2,628	\$250 (waived at UConn Student Health Center and for outpatient lab expenses, in-network prescriptions, and Prevention/wellness and immunization)		\$500	\$25 copay (waived at UConn Student Health Center)	30% coinsurance of reasonable and customary charge	10% coinsurance of preferred allowance (a pre-negotiated rate with specific providers)	30% coinsurance of reasonable and customary charge	\$25 copay (waived at UConn Student Health Center)	30% coinsurance of reasonable and customary charge	10% coinsurance of preferred allowance (a pre-negotiated rate with specific providers)	30% coinsurance of reasonable and customary charge
Quinnipiac Law*	Quinnipiac/Aetna Student Healths Plan (PPO)	Aetna PPO Network	\$1,560	\$100	\$200	\$6,350	\$30 copay	40% coinsurance of recognized charge	20% coinsurance of negotiated charge	40% coinsurance of recognized charge	\$30 copay	40% coinsurance of recognized charge	20% coinsurance of negotiated charge	40% coinsurance of recognized charge
Stanford Law	Cardinal Care (EPO)	Heath Net of California EPO Network (mental health insurance administered separately by MHN Services)	\$4,296	\$0	N/A	\$1000 (plus \$75 per emergency room visit)	\$20 copay off-campus and non-hospital setting; \$0 copay on-campus and in participating hospitals	N/A	\$0 copay per admission	N/A	\$20 copay off-campus and non-hospital setting; \$0 copay on-campus and in participating hospitals	N/A	\$0 copay	N/A
Harvard Law	Harvard University Student Health Program (PPO)	Blue Cross Blue Shield PPO Network	\$2,566	\$0	\$250	\$1700 in-network; \$7,500 out-of-network	\$35 copay; limit of 40 outpatient visits per year	30% coinsurance after deductible	\$0 copay per admission	30% coinsurance after deductible	\$35 copay; limit of 40 outpatient visits per year	30% coinsurance	\$0 copay	30% coinsurance after deductible
Columbia Law	Columbia Student Health Insurance Plan Gold Level	Aetna PPO Network	\$2,508	\$150	\$500	\$5000 in-network; \$6,000 out-of-network	\$20 copay	30% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	\$20 copay	30% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible
	Columbia Student Health Insurance Plan Platinum Level	Aetna PPO Network	\$3,441	\$150	\$500	\$3,000 in-network; \$3,000 out-of-network	\$20 copay	\$30 coinsurance after deductible	\$250 copay per admission	30% coinsurance after deductible	\$20 copay	\$30 coinsurance after deductible	\$250 copay per admission	30% coinsurance after deductible
NYU Law*	NYU Student Health Insurance Basic Plan	MagnaCare + Multiplan PPO Networks	\$2,094	\$0 for mental health	\$0 for mental health	\$5,000 in-network; \$10,000 out-of-network	Short-term therapy at Student Health: \$0 copay. Designated Providers: \$5 fee. Non-designated providers: 20% coinsurance up to out-of-pocket limit; 0% coinsurance after that	50% coinsurance of reasonable charges up to out-of-pocket limit; 0% coinsurance after that	At NYU Hospital: \$0 copay; 20% coinsurance of negotiated charge up to out-of-pocket limit	50% coinsurance of reasonable charge up to out-of-pocket limit	\$0 copay	\$0 copay	20% coinsurance of negotiated charge up to out-of-pocket limit	50% coinsurance of reasonable charge up to out-of-pocket limit
	NYU Student Health Insurance Comprehensive Plan	MagnaCare + Multiplan PPO Networks	\$3,236	\$0 for mental health	\$0 for mental health	\$5,000 in-network; \$10,000 out-of-network	Short-term therapy at Student Health: \$0 copay. Designated Providers: \$5 fee. 10% coinsurance up to out-of-pocket limit; 0% coinsurance after that	40% coinsurance of reasonable charges up to out-of-pocket limit; 0% coinsurance after that	At NYU Hospital: \$0 copay; 10% coinsurance of negotiated charge up to out-of-pocket limit	40% coinsurance of reasonable charge up to out-of-pocket limit	\$0 copay	\$0 copay	10% coinsurance of negotiated charge up to out-of-pocket limit	40% coinsurance of reasonable charge up to out-of-pocket limit

*includes administrative student health fee

Two Person (Adult Spouse)														
School	Insurance Provider and Type	Network	Price (per year)	Deductible		Out-of-pocket Maximum	Mental/Behavioral Health Outpatient Coverage		Mental Health Inpatient Coverage		Substance Abuse Outpatient Coverage		Substance Abuse Inpatient Coverage	
				In-Network	Out-Of-Network		In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Yale Law	Yale Health Hospitalization/Specialty Coverage	Yale Health Center, New Haven, CT	\$7,824	\$0	\$0	\$1000 per person for hospital admission and surgical procedure copayments; no maximum for other copayments or premiums	\$0 copay; no written policy on maximum number of visits, but apparent 12 therapy visits per year rule for many students	Not covered	\$200 copay per admission; coverage limited to 60 day/year combined for mental/behavior health and substance abuse	Not covered	\$0 copay	Not covered	\$200 copay per admission; coverage limited to 60 day/year combined for mental/behavior health and substance abuse	Not covered
UConn Law*	UConn Student Health Insurance Plan (PPO)	Cigna PPO Network	\$7,270	\$250 per person (waived at UConn Student Health Center and for outpatient lab expenses, in-network prescriptions, and Prevention/wellness and immunization)		\$500 per person	\$25 copay (waived at UConn Student Health Center)	30% coinsurance of reasonable and customary charge	10% coinsurance of preferred allowance (a pre-negotiated rate with specific providers)	30% coinsurance of reasonable and customary charge	\$25 copay (waived at UConn Student Health Center)	30% coinsurance of reasonable and customary charge	10% coinsurance of preferred allowance (a pre-negotiated rate with specific providers)	30% coinsurance of reasonable and customary charge
Quinnipiac Law*	Quinnipiac/Aetna Student Health Plan (PPO)	Aetna PPO Network	\$4,264	\$100 per person	\$200 per person	\$12,700	\$30 copay	40% coinsurance of recognized charge	20% coinsurance of negotiated charge	40% coinsurance of recognized charge	\$30 copay	40% coinsurance of recognized charge	20% coinsurance of negotiated charge	40% coinsurance of recognized charge
Stanford Law	Cardinal Care (EPO) for student; Cardinal Care (PPO) for dependant spouse	Heath Net of California EPO Network (mental health insurance administered separately by MHN Services) for student; Health Net of California PPO Network for spouse	\$8,025	Student: \$0 Spouse: \$300	Student: N/A Spouse: \$500	Student: \$1000 (plus \$75 per emergency room visit) Spouse: \$6000 in-network and \$8000 out-of-network	Student: \$20 copay off-campus and non-hospital setting; \$0 copay on-campus and in participating hospitals Spouse: \$35 copay	Student: N/A Spouse: 40% coinsurance	Student: \$0 copay Spouse: 20% coinsurance	Student: N/A Spouse: 40% coinsurance	Student: \$20 copay off-campus and non-hospital setting; \$0 copay on-campus and in participating hospitals Spouse: \$35 copay	Student: N/A Spouse: 40% coinsurance	Student: \$0 copay Spouse: 20% coinsurance	Student: N/A Spouse: 40% coinsurance
Harvard Law	Harvard University Student Health Program (PPO)	Blue Cross Blue Shield PPO Network	\$7,704	\$0	\$250 per person or \$500 per family	Per member: \$1700 in-network; \$7,500 out-of-network Per family: \$3,400 in-network; \$15,000 out-of-network	\$35 copay; limit of 40 outpatient visits per member per year	30% coinsurance after deductible	\$0 copay	30% coinsurance after deductible	\$35 copay; limit of 40 outpatient visits per member per year	30% coinsurance	\$0 copay	30% coinsurance after deductible
NYU Law*	NYU Student Health Insurance Basic Plan	MagnaCare + Multiplan PPO Networks	\$8,348	\$0 for mental health	\$0 for mental health	\$5,000 in-network; \$10,000 out-of-network	Short-term therapy at Student Health: \$0 copay. Designated Providers: \$5 fee. Non-designated providers: 20% coinsurance up to out-of-pocket limit; 0% coinsurance after that	50% coinsurance of reasonable charges up to out-of-pocket limit; 0% coinsurance after that	At NYU Hospital: \$0 copay; 20% coinsurance of negotiated charge up to out-of-pocket limit	50% coinsurance of reasonable charge up to out-of-pocket limit	\$0 copay	\$0 copay	20% coinsurance of negotiated charge up to out-of-pocket limit	50% coinsurance of reasonable charge up to out-of-pocket limit
	NYU Student Health Insurance Comprehensive Plan	MagnaCare + Multiplan PPO Networks	\$11,704	\$0 for mental health	\$0 for mental health	\$5,000 in-network; \$10,000 out-of-network	Short-term therapy at Student Health: \$0 copay. Designated Providers: \$5 fee. 10% coinsurance up to out-of-pocket limit; 0% coinsurance after that	40% coinsurance of reasonable charges up to out-of-pocket limit; 0% coinsurance after that	At NYU Hospital: \$0 copay; 10% coinsurance of negotiated charge up to out-of-pocket limit	40% coinsurance of reasonable charge up to out-of-pocket limit	\$0 copay	\$0 copay	10% coinsurance of negotiated charge up to out-of-pocket limit	40% coinsurance of reasonable charge up to out-of-pocket limit

*includes administrative student health fee

Family														
School	Insurance Provider and Type	Network	Price (per year)	Deductible		Out-of-pocket Maximum	Mental/Behavioral Health Outpatient Coverage		Mental Health Inpatient Coverage		Substance Abuse Outpatient Coverage		Substance Abuse Inpatient Coverage	
				In-Network	Out-Of-Network		In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Yale Law	Yale Health Hospitalization/Specialty Coverage	Yale Health Center, New Haven, CT	\$7,824 (for a family of two); \$13,126 (for a family of more than two)	\$0	\$100 annual deductible for outpatient psychotherapy for enrolled dependant children	\$1000 for hospital admission and surgical procedure copayments; no maximum for other copayments or premiums	\$0 copay; no written policy on maximum number of visits, but apparent 12 therapy visits per year rule for many students	For enrolled dependant children: covered for 25 visits/year and 80 visits/lifetime, and maximum reimbursement up to \$25/visit combined for mental/behavioral health and substance abuse	\$200 copay per admission; coverage limited to 60 day/year combined for mental/behavior health and substance abuse	Not covered	\$0 copay; no written policy on maximum number of visits, but apparent 12 therapy visits per year rule for many students	For enrolled dependant children: covered for 25 visits/lifetime, and maximum reimbursement up to \$25/visit combined for mental/behavioral health and substance abuse	\$200 copay per admission; coverage limited to 60 day/year combined for mental/behavior health and substance abuse	Not covered
UConn Law*	UConn Student Health Insurance Plan (PPO)	Cigna PPO Network	\$7,270 (for one child); \$10,012 (for two or more children); \$10,012 (for one spouse and one or more child)	\$250 per person (waived at UConn Student Health Center and for outpatient lab expenses, in-network prescriptions, and Prevention/wellness and immunization)	\$500 per person	\$2,500 per person or \$12,500 per family	\$25 copay (waived at UConn Student Health Center)	30% coinsurance of reasonable and customary charge	10% coinsurance of preferred allowance (a pre-negotiated rate with specific providers)	30% coinsurance of reasonable and customary charge	\$25 copay (waived at UConn Student Health Center)	30% coinsurance of reasonable and customary charge	10% coinsurance of preferred allowance (a pre-negotiated rate with specific providers)	30% coinsurance of reasonable and customary charge
Quinnipiac Law*	Quinnipiac/ Aetna Student Health Plan (PPO)	Aetna PPO Network	\$3122 (one child); 4684 (two children); 5919 (three or more children); \$3826 (one child and one spouse); \$7388 (two children and one spouse); \$8623 (three or more children and one spouse)	\$100 per person	\$200 per person	\$12,700	\$30 copay	40% coinsurance of recognized charge	20% coinsurance of negotiated charge	40% coinsurance of recognized charge	\$30 copay	40% coinsurance of recognized charge	20% coinsurance of negotiated charge	40% coinsurance of recognized charge
Stanford Law	Cardinal Care (EPO) for student; Cardinal Care (PPO) for dependant spouse	Heath Net of California EPO Network (mental health insurance administered separately by MHN Services) for student; Health Net of California PPO Network for spouse	\$6,200 (one child); \$7,700 (two or more children); \$9,990 (one child and one spouse); \$11,430 (two or more children and one spouse)	Student: \$0 Spouse/Child: \$300	Student: N/A Spouse/Child: \$500	Student: \$1000 (plus \$75 per emergency room visit) Spouse/Child: \$6000 per member or \$12,000 per family in-network; \$8000 per member or \$24,000 per family out-of-network	Student: \$20 copay off-campus and non-hospital setting; \$0 copay on-campus and in participating hospitals Spouse/Child: \$35 copay	Student: N/A Spouse/Child: 40% coinsurance	Student: \$0 copay Spouse/Child: 20% coinsurance	Student: N/A Spouse/Child: 40% coinsurance	Student: \$20 copay off-campus and non-hospital setting; \$0 copay on-campus and in participating hospitals Spouse/Child: \$35 copay	Student: N/A Spouse/Child: 40% coinsurance	Student: \$0 copay Spouse/Child: 20% coinsurance	Student: N/A Spouse/Child: 40% coinsurance
Harvard Law	Harvard University Student Health Program (PPO)	Blue Cross Blue Shield PPO Network	\$5,168 (one child); \$6,578 (two or more children); \$10,586 (one child and one spouse); \$11,916 (two or more children and one spouse)	\$0	\$250 per person or \$500 per family	Per member: \$1700 in-network; \$7,500 out-of-network Per family: \$3,400 in-network; \$15,000 out-of-network	\$35 copay; limit of 40 outpatient visits per member per year	30% coinsurance after deductible	\$0 copay	30% coinsurance after deductible	\$35 copay; limit of 40 outpatient visits per member per year	30% coinsurance	\$0 copay	30% coinsurance after deductible
NYU Law*	NYU Student Health Insurance Basic Plan	MagnaCare + Multiplan PPO Networks	\$5,724 (one or more children); \$11,978	\$0 for mental health	\$0 for mental health	\$5,000 in-network; \$10,000 out-of-network	Short-term therapy at Student Health: \$0 copay. Designated Providers: \$5 fee. Non-designated providers: 20% coinsurance up to out-of-pocket limit; 0% coinsurance after that	50% coinsurance of reasonable charges up to out-of-pocket limit; 0% coinsurance after that	At NYU Hospital: \$0 copay; 20% coinsurance of negotiated charge up to out-of-pocket limit	50% coinsurance of reasonable charge up to out-of-pocket limit	\$0 copay	\$0 copay	20% coinsurance of negotiated charge up to out-of-pocket limit	50% coinsurance of reasonable charge up to out-of-pocket limit
	NYU Student Health Insurance Comprehensive Plan	MagnaCare + Multiplan PPO Networks	\$7,522 (one or more children); \$15,990 (one or more children and one spouse)	\$0 for mental health	\$0 for mental health	\$5,000 in-network; \$10,000 out-of-network	Short-term therapy at Student Health: \$0 copay. Designated Providers: \$5 fee. 10% coinsurance up to out-of-pocket limit; 0% coinsurance after that	40% coinsurance of reasonable charges up to out-of-pocket limit; 0% coinsurance after that	At NYU Hospital: \$0 copay; 10% coinsurance of negotiated charge up to out-of-pocket limit	40% coinsurance of reasonable charge up to out-of-pocket limit	\$0 copay	\$0 copay	10% coinsurance of negotiated charge up to out-of-pocket limit	40% coinsurance of reasonable charge up to out-of-pocket limit

*includes administrative student health fee

Appendix B

Survey Design and Questions

This document includes all of the questions in the mental health survey. Because of the responsive nature of the survey, not all respondents saw each of the following questions. No respondents saw the number of the question (eg. Q9), and questions are not necessarily numbered in the order respondents saw them. Answers are numbered in this document for convenience but were not numbered on the actual survey.

The front page of the survey began as follows.

"Dear colleagues,

Thank you for taking this survey on mental health at YLS. We are grateful for your thoughtfulness in addressing these difficult and vital issues. We ask that you read through the following information before you begin.

Survey format

The survey is approximately twenty-five questions and ten minutes in length. It includes questions in several formats, including "strongly disagree / disagree / agree / strongly agree," "check all that apply," and free response.

Navigating the survey platform

As you move through the survey, you may return to previous questions and edit your responses. To do so, use the back button on the bottom-left of the page, which will sometimes be available. DO NOT use your browser's back button, as Qualtrics may then lose some of your previous responses.

Voluntary and anonymous participation

Participation in this survey is voluntary. You may choose to end your participation and exit the survey at any time; however, please note that your responses will not be recorded unless you click submit on the final page of the survey. All responses are anonymous, and you may also choose not to answer any question. We will analyze and disseminate findings only in aggregated forms.

If you have any questions regarding this survey, please contact the student leadership of the Mental Health Alliance at yale.mha@gmail.com, or individually at david.kim@yale.edu or jessica.agatstein@yale.edu.

Human Subjects IRB approval

This study has been approved for exemption by the Human Subjects IRB. That is, the Human Subjects IRB has determined this survey to be (a) research involving a survey procedure and (b) anonymous. In order for that exemption to apply, we, the survey administrators, are required to publish the following:

"By clicking forward to the next page, you are agreeing to the following statement: 'I have read the above information, have had the opportunity to ask questions about this survey, and agree to participate in this survey.'"

Q1. What is your class year?

- ☐ 1L (1)
- ☐ 2L (2)
- ☐ 3L (3)
- ☐ L.L.M. (4)
- ☐ M.S.L. (5)
- ☐ J.S.D. (6)
- ☐ Ph.D. (7)
- ☐ Joint Degree Student (8)
- ☐ Visiting Student (9)

Throughout this survey, we use the phrase "mental health challenges" to refer to a broad range of conditions and experiences. We use the term to include the following: anxiety or stress serious enough to cause disruption (e.g., in sleep quality, concentration, memory, or emotional stability), depression, intrusive thoughts, suicidal ideation, survival of sexual abuse or other trauma, substance abuse, eating disorders, and any other mental or psychological condition that may require treatment from a medical professional. This list is illustrative, and certainly not exhaustive.

Q45. While at Yale Law, I believe that I have experienced mental health challenges.

- ☐ Agree (1)
- ☐ Disagree (2)

Q3. I understand the bar disclosure requirements regarding mental health conditions and treatment in the state(s) in which I intend to practice.

- ☐ Strongly Disagree (1)
- ☐ Disagree (2)
- ☐ Agree (3)
- ☐ Strongly Agree (4)
- ☐ I do not know which state I intend to practice in. (5)

Q4. While at Yale Law, I believe that mental health challenges have impaired my:

	Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)	Not Applicable (5)
Academic performance (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social and personal relationships (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clerkship search process (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job and internship search process (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other preprofessional activities (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q38. Optionally, please elaborate on your responses.

Q7. Have you ever considered seeking mental health treatment since coming to law school? Mental health treatment includes any service or treatment provided by a mental health professional (e.g., a doctor, therapist, or social worker), either on or off campus.

- ☐ Yes, and I have used mental health services. (1)
- ☐ Yes. I tried to access mental health services, but I was unable to use those services. (2)
- ☐ Yes. I considered seeking mental health treatment, but ultimately decided not to do so. (3)
- ☐ No. I have never considered seeking mental health treatment. (4)

Q6. Had you ever sought any form of mental health treatment before coming to law school?

- ☐ Yes (1)
- ☐ No (2)

Q10. Which services have you sought and accessed since coming to law school? Please check all that apply.

- ☐ Group therapy through Yale Health (1)
- ☐ Individual therapy through Yale Health (2)
- ☐ Transitional therapy (like short-term group therapy designed as a ramp to individual therapy) through Yale Health (3)
- ☐ Medication through Yale Health (4)
- ☐ The resident-run program at the School of Medicine (5)
- ☐ Free therapy provided through Lawyers Concerned for Lawyers Connecticut (6)
- ☐ In-patient care (7)
- ☐ Other off-campus therapy or treatment (8)
- ☐ Other: (9) _____

Q17. I am satisfied by the quality of the treatment I received while in law school.

- ☐ Strongly Disagree (1)
- ☐ Disagree (2)
- ☐ Agree (3)
- ☐ Strongly Agree (4)

Q11. Did you stop treatment after accessing it? If so, why? Please check all that apply.

- ☐ No, I am still receiving treatment (1)
- ☐ Yes, I felt better (2)
- ☐ Yes, I was satisfied with the care I received (3)
- ☐ Yes, I became too busy (4)
- ☐ Yes, I did not connect with my therapist (5)
- ☐ Yes, I couldn't receive the care I needed (6)
- ☐ Yes, I wasn't satisfied with the care I received (7)
- ☐ Other: (8) _____

Q39. Optionally, please elaborate on your responses.

Q77. Which services have you sought since coming to law school? Please check all that apply.

- ☐ Group therapy through Yale Health (1)
- ☐ Individual therapy through Yale Health (2)
- ☐ Transitional therapy (like short-term group therapy designed as a ramp to individual therapy) through Yale Health (3)
- ☐ Medication through Yale Health (4)
- ☐ The resident-run program at the School of Medicine (5)
- ☐ Free therapy provided through Lawyers Concerned for Lawyers Connecticut (6)
- ☐ In-patient care (7)
- ☐ Other off-campus therapy or treatment (8)
- ☐ Other: (9) _____

Q12. Why have you been unable to access or utilize that treatment while at law school? Please check all that apply.

- ☐ Inability to schedule an initial consultation (1)
- ☐ No follow-up provided after my initial consultation (2)
- ☐ Wait times (3)
- ☐ Logistical obstacles (4)
- ☐ Costs (5)
- ☐ Lack of a match with a physician (6)
- ☐ Other: (7) _____

Q43. Optionally, please elaborate on your responses.

Q13. Why did you consider but decide not to seek treatment while at law school? Please check all that apply.

- ☐ Costs (1)
- ☐ Logistical obstacles (2)
- ☐ Fear of professional harm (3)
- ☐ Fear of academic harm (4)
- ☐ Fear of social stigma (5)
- ☐ Fear of disclosure risk for the bar exam (6)
- ☐ Concern about other serious academic consequences (7)
- ☐ Confusion about available options (8)
- ☐ Wait times at Yale Health (9)
- ☐ Wait times for off-campus treatment (10)
- ☐ Concern about quality of service at Yale Health (11)
- ☐ Concern about quality of service of off-campus treatment (12)
- ☐ Concerns about confidentiality (13)
- ☐ General lack of optimism about the value of therapy (14)
- ☐ Other: (15) _____

Q66. Optionally, please elaborate on your responses.

Q16. How long did you wait before having a screening/intake appointment, either by phone or in person?

	1 day or less (1)	< 1 week (2)	1-2 weeks (3)	2-3 weeks (4)	3-4 weeks (5)	1-2 months (6)	> 2 months (7)	I don't remember (8)	N/A (9)
Group therapy through Yale Health (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individual therapy through Yale Health (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transitional or "bridge" therapy through Yale Health (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication through Yale Health (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School of Medicine resident- run program (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Therapy through Lawyers Concerned for Lawyers Connecticut (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In-patient care (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other off- campus therapy or treatment (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please fill in the form	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

of treatment you sought or considered seeking: (9)									
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Q76. How long did you wait between your screening/intake appointment and setting a regular appointment?

	1 day or less (1)	< 1 week (2)	1-2 weeks (3)	2-3 weeks (4)	3-4 weeks (5)	1-2 months (6)	> 2 months (7)	I don't remember (8)	N/A (9)
Group therapy through Yale Health (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individual therapy through Yale Health (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transitional or "bridge" therapy through Yale Health (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication through Yale Health (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School of Medicine resident- run program (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Therapy through Lawyers Concerned for Lawyers Connecticut (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In-patient care (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other off-	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

campus therapy or treatment (8) Please fill in the form of treatment you sought or considered seeking: (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Q50. When did you experience these wait times? Check all that apply.

	Time of year:					Year in law school:			
	First 3 weeks of the semester (1)	Middle of the semester (2)	Last 3 weeks of the semester (3)	Exam period (4)	Academic break (5)	1L (1)	2L (2)	3L (3)	Other (4)
Group therapy through Yale Health (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual therapy through Yale Health (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transitional or "bridge" therapy through Yale Health (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication through Yale Health (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School of Medicine resident-run program (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapy through Lawyers Concerned for Lawyers Connecticut	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(6) In-patient care (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other off- campus therapy or treatment (8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please fill in the form of treatment you sought or considered seeking: (9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q18. Please check all that apply to the following statement. While waiting, I:

- ☐ Did not seek other assistance (1)
- ☐ Successfully reduced my wait time via personal referral (2)
- ☐ Sought unsuccessfully to reduce my wait time via personal referral (3)
- ☐ Sought assistance from other Yale resources, short of clinical support (4)
- ☐ Sought clinical resources outside of Yale (5)
- ☐ Decided to stop seeking care (6)
- ☐ Other: (7) _____
- ☐ Not applicable (8)

Q40. Optionally, please elaborate on your responses.

You have indicated that you have experienced mental health challenges while in law school. The following question asks about your experiences discussing your mental health challenges with members of the law school community. If you have not talked with peers, faculty, or administrators about your mental health challenges, please mark N/A in the appropriate spaces.

Q58. Upon talking about my mental health challenges with peers, faculty, and/or administrators,

	Peers			Faculty			Administrators		
	Agree (1)	Disagree (2)	N/A (3)	Agree (1)	Disagree (2)	N/A (3)	Agree (1)	Disagree (2)	N/A (3)
I developed stronger and more trusting relationships (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I received active support and guidance (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I experienced social stigma or exclusion (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I experienced loss of trust (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I experienced academic harm (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I neither received active support nor suffered harm (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q56. Optionally, please elaborate on your responses.

Q24. Please fill in the blank. I know ____ peers at Yale Law whom I would trust in seeking advice about mental health challenges.

- ☐ 0 (1)
- ☐ 1-2 (2)
- ☐ 3-4 (3)
- ☐ 5+ (4)

Q61. Please fill in the blank. I know ____ professors at Yale Law whom I would trust in seeking advice about mental health challenges.

- ☐ 0 (1)
- ☐ 1-2 (2)
- ☐ 3-4 (3)
- ☐ 5+ (4)

Q62. Please fill in the blank. I know ____ administrators at Yale Law whom I would trust in seeking advice about mental health challenges.

- ☐ 0 (1)
- ☐ 1-2 (2)
- ☐ 3-4 (3)
- ☐ 5+ (4)

Q21. Have you used wellness programming at Yale Law? Please check all that apply.

- ☐ Fitness Fridays (1)
- ☐ Meditation (2)
- ☐ Mental Health Month activities (3)
- ☐ Scheduled talks (4)
- ☐ Therapy dog (5)
- ☐ "Happy lamps" in the library (6)
- ☐ Exam-time services (like massages and study breaks) (7)
- ☐ Other: (8) _____
- ☐ None (9)

Q23. If I openly acknowledged mental health challenges to professors, peers, or administrators at Yale Law, I would:



Q41. Optionally, please elaborate on your responses.

Q25. Please fill in the blank: I believe that ___ % of Yale Law students seek clinical treatment for mental health challenges while in law school.

- ☐ 0-10% (1)
- ☐ 10-20% (2)
- ☐ 20-30% (3)
- ☐ 30-40% (4)
- ☐ 40-50% (5)
- ☐ 50-75% (6)
- ☐ 75-100% (7)

Q26. When students at Yale Law openly acknowledge mental health challenges, they risk stigma from professors.

- ☐ Strongly Disagree (1)
- ☐ Disagree (2)
- ☐ Agree (3)
- ☐ Strongly Agree (4)

Q68. When students at Yale Law openly acknowledge mental health challenges, they risk stigma from administrators.

- ☐ Strongly Disagree (1)
- ☐ Disagree (2)
- ☐ Agree (3)
- ☐ Strongly Agree (4)

Q27. When students at Yale Law openly acknowledge mental health challenges, they risk stigma from peers.

- ☐ Strongly Disagree (1)
- ☐ Disagree (2)
- ☐ Agree (3)
- ☐ Strongly Agree (4)

Q22. Which of the following services and supports would you utilize? Please drag and drop each item into the appropriate bin.

I would definitely go to this event or use this service	I might go to this event or use this service	It is highly unlikely that I would go to this event or use this service
_____ More lunchtime talks about mental health wellness (1)	_____ More lunchtime talks about mental health wellness (1)	_____ More lunchtime talks about mental health wellness (1)
_____ Consultations with law and psychiatry experts (2)	_____ Consultations with law and psychiatry experts (2)	_____ Consultations with law and psychiatry experts (2)
_____ Small group 5th hour mental health sessions (3)	_____ Small group 5th hour mental health sessions (3)	_____ Small group 5th hour mental health sessions (3)
_____ Peer mental health debriefing and discussion groups (4)	_____ Peer mental health debriefing and discussion groups (4)	_____ Peer mental health debriefing and discussion groups (4)
_____ More therapy dogs (5)	_____ More therapy dogs (5)	_____ More therapy dogs (5)
_____ A course on	_____ A course on	_____ A course on

<p>mindfulness and well-being (6)</p> <p>_____ A doctrinal course on mental health law (7)</p> <p>_____ Guest talks from faculty members on their experiences with mental health challenges (8)</p> <p>_____ Library resources on mental stress and the law (9)</p> <p>_____ Guest talks from DOJ lawyers working on bar requirements (10)</p> <p>_____ Efficiency or time management workshops (11)</p>	<p>mindfulness and well-being (6)</p> <p>_____ A doctrinal course on mental health law (7)</p> <p>_____ Guest talks from faculty members on their experiences with mental health challenges (8)</p> <p>_____ Library resources on mental stress and the law (9)</p> <p>_____ Guest talks from DOJ lawyers working on bar requirements (10)</p> <p>_____ Efficiency or time management workshops (11)</p>	<p>mindfulness and well-being (6)</p> <p>_____ A doctrinal course on mental health law (7)</p> <p>_____ Guest talks from faculty members on their experiences with mental health challenges (8)</p> <p>_____ Library resources on mental stress and the law (9)</p> <p>_____ Guest talks from DOJ lawyers working on bar requirements (10)</p> <p>_____ Efficiency or time management workshops (11)</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Q42. Optionally, please elaborate on your responses or provide suggestions for programming.

Q31. Please check all that apply. Do you consider yourself:

- ☐ Black or African American (1)
- ☐ Native American or Alaskan Native (2)
- ☐ Asian or Asian American (3)
- ☐ Native Hawaiian or Pacific Islander (4)
- ☐ Hispanic or Latino (5)
- ☐ White (6)
- ☐ Other: (7) _____
- ☐ I would prefer not to answer this question (8)

Q32. Please check all that apply. Do you identify as:

- ☐ Male (1)
- ☐ Female (2)
- ☐ Trans (3)
- ☐ Other (4)
- ☐ I would prefer not to answer this question (5)

Q33. Do you consider yourself to be:

- ☐ Heterosexual or straight (1)
- ☐ Gay or lesbian (2)
- ☐ Bisexual (3)
- ☐ Other (4)
- ☐ I would prefer not to answer this question (5)

Q34. Please estimate your family's annual income during your pre-college years.

- ☐ \$30K or below (1)
- ☐ \$30K to \$50K (2)
- ☐ \$50K to \$100K (3)
- ☐ \$100K to \$200K (4)
- ☐ \$200K to \$300K (5)
- ☐ \$300K to \$500K (6)
- ☐ \$500K or above (7)
- ☐ I would prefer not to answer this question (8)

Q29. We think narratives can be powerful tools for illuminating statistics. As such, we are very interested in your stories and experiences with mental health at Yale Law. If you would like, please share your experiences here. This could be a space to discuss personal issues with mental health at Yale, times when you have helped others with their mental health at Yale, times when you have discussed mental health in the classroom, and reactions you may have had to broader community experiences around mental health, among many other stories. In order to ensure anonymity, please refrain from using any personally identifiable information, either about yourself or anyone else.

Q30. Is there anything else you would like to share?

Please click the "next" button on the bottom right to submit your responses to this survey.

Appendix C

IRB Exemption Application



Yale University
Human Investigation Committee/Human Subjects Committee
Request for Exemption Determination
100 FR 9 (2014-1)

Need by Friday (May 2) afternoon.

A. Investigator and Project Information

Title of Project: Yale Law Student Mental Health Survey

***Principal Investigator:** Jessica Agatstein

Dept: Yale Law School **Address:** 924 State Street #5, New Haven, CT 06511

Telephone: (916) 752-0474 **E-mail:** jessica.agatstein@yale.edu **Fax:** N/A

PI's Association or Status with Yale: Yale Law Student (1L)

Correspondent: Jessica Agatstein **Telephone:** (916) 752-0474 **E-mail:**

jessica.agatstein@yale.edu

Funding Source: N/A

***Other Investigator(s):** David Kim (Yale Law Student, 2L).

Faculty Advisor: Yair Listokin (Professor of Law, Yale Law School)

Does the principal investigator, co-investigator, or any other responsible research team member, or any of their family members (spouse, child, domestic partner) have an incentive or interest, financial or otherwise, that may be viewed as affecting the protection of the human subjects involved in this project, the scientific objectivity of the research or its integrity? See Disclosures and Management of Personal Interests in Human Research

<http://www.yale.edu/hrpp/policies/index.html#COI>

☐ Yes ☒ No

If yes, list names of the investigator or responsible person:

All Yale University faculty, graduate students, post-docs and fellows and all Yale New Haven Hospital individuals listed as co-investigators must have a current financial disclosure form on file with the University's Conflict of Interest Office. If this has not been done, the individual(s) should follow this link to the COI Office Website to complete the form: <http://www.yale.edu/coi/>

NOTE: The requirement for maintaining a current disclosure form on file with the University's Conflict of Interest Office extends primarily to Yale University and Yale-New Haven Hospital personnel. **Whether or not they are required to maintain a disclosure form with the University's Conflict of Interest Office, all investigators and**

individuals deemed otherwise responsible by the PI who are listed on the protocol are required to disclose to the PI any interests that are specific to this protocol.

B. Human Subject Protection Training (HSPT) and Health Insurance Portability and Accountability Act (HIPAA) Training:

All individuals involved in the design, conduct or oversight of human research should have knowledge of the relevant ethical principles and federal, state and institutional requirements related to such research, appropriate to their role and obligations in human research. Human Subject Protection training is required for all researchers listed on the exemption request. Yale human subject protection training is available at (<http://info.med.yale.edu/irbtraining/>) HIPAA for researchers training (<http://hipaa.yale.edu/training/index.html>.) is required for all study personnel participating in biomedical research. Training must be completed before submission of the request to the IRB.

C. Principal Investigator

As the Principal Investigator of this research project, I certify the following:

- The information provided in this application is complete and accurate.
- That I assume full responsibility for the protection of human subjects and the proper conduct of the research.
- That subject safety will be of paramount concern, and every effort will be made to protect subjects' rights and welfare.
- That all members of the research team will be kept apprised of research goals.

Signature of PI

Date

Faculty Advisor

As Faculty Advisor, I certify that I have reviewed the application and approve it for submission. I will train the student investigator in matters of appropriate research compliance, protection of human subjects and proper conduct of research. I further certify that the student is competent to perform the proposed research involving human subjects. I will oversee and take full responsibility for the conduct of the research.



Faculty Advisor

Date

D. YNHH Human Subject Protection Administrator Assurance Statement

Required when the study is conducted solely at YNHH by YNHH Health Care Providers

As Human Subject Protection Administrator (HSPA) for YNHH, I certify that:

* I have read a copy of the protocol and approve its being conducted at YNHH

* I agree to notify the IRB if I am aware of any real or apparent institutional conflict of interest

* The Principal Investigator of this study is qualified to serve as PI, and has the support of the hospital for this research project.

YNHH HSPA Name (PRINT) and Signature

Date

E. Instructions:

Certain research activities may be exempt from review, if confirmed by the IRB Chair or his/her designee and confirmed in writing to the Investigator. Research may be exempt from review when the only involvement of human subjects in the research falls into one of the categories noted below. **The IRB does not exempt studies that involve the Introductory Psychology Subject Pool.**

Choose one of the following exemption categories for consideration and provide the information as requested under the corresponding category. **Delete all other categories that do not apply. For paper submissions, we only need one (double-siding is encouraged) copy of the form. Applications to Human Subjects Committee can be emailed to human.subjects@yale.edu.**

F. CATEGORY OF EXEMPTION FROM COMMITTEE REVIEW

X (**Category 2**) 45 CFR 46.101(b)(2) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), *survey procedures, interview procedures, or observation of public behavior*, **unless** the information is obtained and recorded in such a manner that the human subjects can be identified, directly or through identifiers linked to the subjects; **and** any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

1) Describe the purpose of the study.

Through this study, we hope to gain a better understanding of how Yale Law students perceive, experience, and use mental health resources at Yale. Through the use of an online, anonymous survey, we hope to gain insight into four broad areas: the culture around mental health at Yale Law, how students make decisions about seeking treatment, how students perceive their experiences seeking treatment, and what kinds of wellness resources students would be interested in in the future. The results of the survey, which will only be studied and shared in an aggregated form, will hopefully help inform future advocacy and programming at Yale Law.

2) Describe the target population including the expected number of subjects and the expected duration of the study.

The study's target population is the student body of Yale Law School. We expect that about 300 students will participate in the anonymous survey, which will be open and receiving responses for about two weeks.

3) Describe the location of the study.

The study will exist entirely as an online survey, such that the study does not have a physical location.

a. Does this study include an international location? ☐ Yes ☒ No

If yes, specify location:

4) Describe the procedures that will be used to recruit subjects, obtain consent, research authorization (or waiver), and conduct the research. Provide the text that will be used to recruit subjects. Attach a copy of the written consent or research authorization form, if used. If written consent will not be used, give the text of the verbal statement used to obtain consent/assent.

Subjects will be recruited entirely through emails to the general Yale Law discussion listserv ("The Wall"). The following email will be included with the link to the survey:

"Dear colleagues,

We're reaching out to you as members of the Yale Law Mental Health Alliance, a group of students passionate about making YLS a safe and supportive environment for students facing mental health issues. This semester, we have carefully developed a survey on perceptions of and experiences with mental health at YLS, with the gracious support of students, faculty, and administrators from within and without the law school.

We invite you to participate in this online anonymous survey. Your input is crucial to the success of this project, and we hope to receive responses from as broad range of the student body as possible. The survey will be used in a wide array of mental health programming for the following year, and it will be an important advocacy tool moving forward.

All survey responses will be completely anonymous. We will have no way to connect any survey to any member of the law school, and we will not share any information in a disaggregated way. The entire survey should take you no more than 10 minutes, and we have taken steps to ensure that the site is secure. The following link will take you to the online survey platform, where you will receive instructions on how to participate.

[link]

We hope you will take the time needed to complete the survey. We would be happy to address any questions or concerns you have about the survey: you can reach us at david.kim@yale.edu and at jessica.agatstein@yale.edu.

Take care,
Jessie Agatstein and David Kim
Yale Law Mental Health Alliance"

On the first page of the online survey, we will have the following message:

"The following page will take you to questions about your perceptions of and experiences with mental health at YLS. Through administering this survey, the student-run Mental Health Alliance hopes to gain a better understanding of how Yale Law students perceive, experience, and use mental health resources here. The results of the survey will help inform future advocacy and programming at YLS.

Participation in this survey is completely voluntary, and you are free to decline to participate, to end participation at any time for any reason, or to refuse to answer an individual question.

All of your responses will be completely anonymous. There is no way to connect any survey to any member of the law school, and no information will be shared in a disaggregated way.

If you have any questions about this survey, please contact one of the survey coordinators, David Kim (david.kim@yale.edu) and Jessie Agatstein (jessica.agatstein@yale.edu).

By clicking to the next page, you are agreeing to the following statement: 'I have read the above information, have had the opportunity to ask any questions about this survey, and agree to participate in this survey.' "

At the bottom of each page of the online survey, we will have the following message:

"If, after filling out this survey, you would like professional support, please call the Yale Mental Health Call number at 203-432-0290. If you are in distress and require immediate assistance, please call Acute Care at 203-432-0123. Acute Care staff are available 24/7."

At the end of the survey, we will have the following message:

"If you are interested in bar disclosure requirements, the following external link will take you to YLS's Student Affairs Fifty State Survey on bar disclosure requirements. [link here] Students with specific questions about bar disclosure requirements are encouraged to talk confidentially with Dean Overly or Reva Pollack."

5) Clarify whether data will be recorded with or without identifiers.

The data will not be recorded with personal identifiers. Participants will have the option to include broad demographic data, including: their year, race/ethnicity, gender, sexual orientation, and parents' income.

6) Clarify whether disclosures will place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

Disclosures will be entirely anonymous and unrelated to these criteria. They will not place the subjects at risk of criminal or civil liability, and they will not be damaging to the subjects' financial standing, employability, or reputation.

7) Submit the survey(s), instrument or interview questionnaire that will be used.

The survey (which will include the language in question 4 above) is attached to this application.

A note on the second question in the survey: this question will help us assess student perceptions of the culture around mental health at Yale Law. We do not anticipate that the question will cause participants any distress; however, we have provided information on how to access several mental health support resources in the survey in the event that the question (or any other question) inadvertently causes a participant to experience concern or distress.

The survey also provides a full list of mental health resources available to students through several questions, and may be one of the only locations where all of that information is available in one place. While the goal of the survey is to better understand student experiences and perceptions around mental health, it has a side benefit: some participants may find answering the questions helpful, since the multiple choice answers detail mental health resources that participants might not have previously known were available to law students.

Appendix D

IRB Exemption Determination

Yale University

*Human Subjects Committee
53-55 College Street
P.O. Box 208010
New Haven, CT 06520-8010
Phone (203) 785-4688
human.subjects@yale.edu*

To: Jessica Agatstein
From: The Human Subjects Committee
Date: 04/30/2014
Committee Action: **Exemption Granted**
IRB Action Date: 04/30/2014
IRB Protocol #: 1404013893
Study Title: Yale Law Student Mental Health Survey

This study qualifies for exemption under 45 CFR 46.101(b)(2). Any changes to the project to include identifying information must be submitted to the Human Subjects Committee for review as such changes may impact the exemption status.

Any changes in the protocol must be submitted to the Committee for approval. This includes, but is not limited to, changes in the recruitment procedures, informed consent, investigators, or study design. Such changes may alter the exempt status of the study. Investigators are also asked to promptly report any unanticipated problems or complaints to the Committee.

You should retain a copy of this letter for your records.

Appendix E

Mental Health Survey Invitation to the Wall

Dear fellow students,

I'm writing on behalf of the newly-formed Yale Law Mental Health Alliance (MHA). We are a group of first-, second-, and third-year students who are committed to making YLS a safe and supportive environment for students facing mental health challenges. Under the advisement of Professor Yair Listokin, we have developed a survey to gauge the attitudes and needs of the YLS student body with regard to mental health.

We invite you to participate in this anonymous online survey. We hope to capture as broad a range of student experiences as possible, regardless of a student's familiarity with mental health challenges. The survey will be used in a wide array of mental health programming for the following year, and it will be an important advocacy tool moving forward.

All survey responses will be completely anonymous. We will have no way to connect any survey to any member of the law school, and we will not share any information in a disaggregated way. The entire survey should take you no more than 10 minutes. **Please log into the YLS Inside page, where you will find an anonymized link to the Qualtrics survey in the middle of the page, above your course listing. We must ask you to access the survey via YLS Inside to ensure the integrity of results — but, again, your NetID will NOT be linked in any way to your responses.**

We are particularly excited about the level of support that we have already received from students, faculty, and administrators for this student-led effort. We look forward to further collaboration with any individuals or groups that are interested.

All the best,

Josh McLaurin, on behalf of the MHA
Jessie Agatstein
Rachel Dempsey
David Kim
Emily Rock
Joya Sonnenfeldt
Josh Weiss

Appendix F

Faculty and Administration Letter of Support

May 2, 2014

Dear All,

We write to express our strong endorsement of the student survey launched by the Yale Law Mental Health Alliance.

First, we urge you to take the survey. It promises crucial insights into students' experiences with mental health care at the Law School. Its data will inform future advocacy, programming, and policy. Responses are anonymous, and respondents need share only as much as they like.

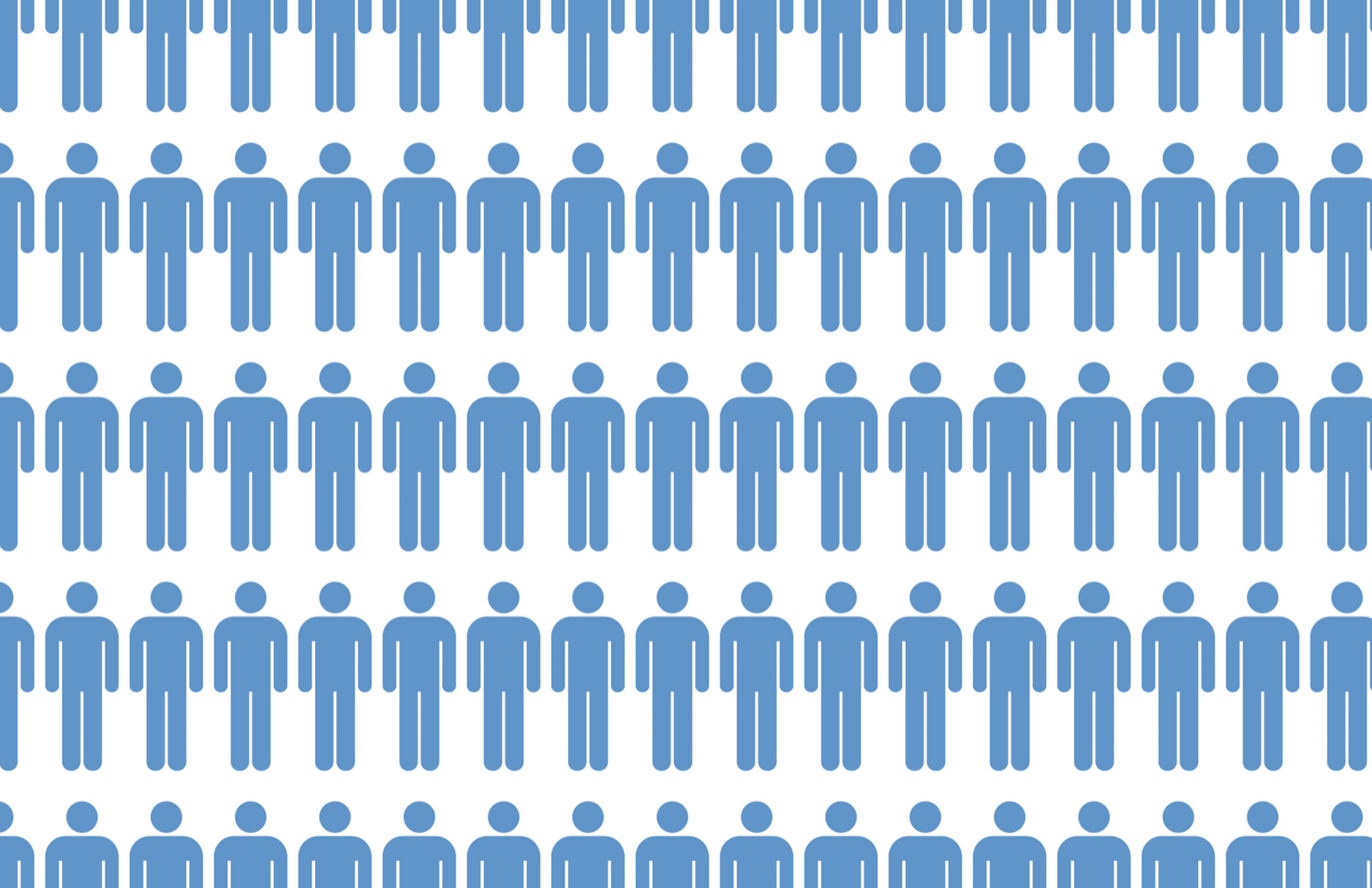
Second, we affirm our shared vision: YLS must be a safe environment for all students facing mental health distress. We aspire to a community in which students are not afraid to admit distress and seek support; in which students do not suffer stigma or other harms; and in which mental health care is timely, confidential, sensitive, and effective.

Finally, we pledge our support in realizing that vision. Now, and in the future, we will collaborate with students to identify needs and deliver meaningful responses.

Best regards,

Bruce Ackerman, Sterling Professor of Law and Political Science
Muneer I. Ahmad, Clinical Professor of Law
Anne L. Alstott, Jacquin D. Bierman Professor in Taxation
Ian Ayres, William K. Townsend Professor of Law
Megan Barnett, Associate Dean
Robert Burt, Alexander M. Bickel Professor of Law
Guido Calabresi, Sterling Professor Emeritus of Law and Professorial Lecturer in Law
Toni Davis, Associate Dean
Fiona Doherty, Clinical Associate Professor of Law
Robert C. Ellickson, Walter E. Meyer Professor of Property and Urban Law
William Eskridge, Jr., John A. Garver Professor of Jurisprudence
James Forman, Jr., Clinical Professor of Law
Heather Gerken, J. Skelly Wright Professor of Law
Abbe Gluck, Professor of Law
David Singh Grewal, Associate Professor of Law
Henry B. Hansmann, Oscar M. Ruebhausen Professor of Law
Robert D. Harrison, Lecturer in Legal Method
Oona A. Hathaway, Gerard C. and Bernice Latrobe Smith Professor of International Law
Paul W. Kahn, Robert W. Winner Professor of Law
Amy Kapczynski, Associate Professor of Law
S. Blair Kaufmann, Law Librarian and Professor of Law
Alvin Klevorick, John Thomas Smith Professor of Law and Professor of Economics
Douglas Kysar, Joseph M. Field '55 Professor of Law

Yair Listokin, Professor of Law
Jerry L. Mashaw, Sterling Professor of Law
Tracey L. Meares, Walton Hale Hamilton Professor of Law
Noah Messing, Lecturer in the Practice of Law and Legal Method
John D. Morley, Associate Professor of Law
Kathleen B. Overly, Associate Dean
Nicholas R. Parrillo, Professor of Law
Jean Koh Peters, Sol Goldman Clinical Professor of Law
Claire Priest, Professor of Law
Asha Rangappa, Associate Dean
Judith Resnik, Arthur Liman Professor of Law
Cristina Rodriguez, Professor of Law
Alan Schwartz, Sterling Professor of Law
John G. Simon, Augustus E. Lines Professor Emeritus of Law and Professorial Lecturer
in Law
Kate Stith, Lafayette S. Foster Professor of Law
Mike K. Thompson, Associate Dean
Michael Wishnie, William O. Douglas Clinical Professor of Law
John Fabian Witt, Allen H. Duffy Class of 1960 Professor of Law
Stephen Wizner, William O. Douglas Clinical Professor Emeritus of Law and
Professorial Lecturer in Law
Gideon Yaffe, Professor of Law, Professor of Philosophy, and Professor of Psychology



The Yale Law School Mental Health Alliance

Jessie Agatstein
Zach Arnold
Rachel Dempsey
Joya Sonnenfeldt
Josh Weiss

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