



**When Mentally Ill Students Feel Alone**—<http://www.theatlantic.com/education/archive/2015/03/when-mentally-ill-students-feel-alone/386504/>

**Protesters say Yale Needs to Improve Mental Health Care**—

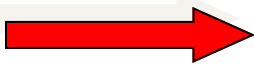
<http://www.nhregister.com/article/20151208/NEWS/151209552>

Issue 43

*focus*

### What is the Focus?

The *Focus* newsletter highlights important issues in mental health, providing timely information on a range of topics, including supported education, organizational development and sustainability, peer-to-peer services, youth transition and system transformation. Have a suggestion for a topic? Let us know!



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## Campus Mental Health and Leaves of Absence: A First-Hand Perspective

Unfortunately, instances in which students with mental health needs have been coerced out of the campus community and presented with significant barriers to returning are fairly common. In the typical scenario, a student will experience some type of disruption in their academic progress as a result of a mental health issue. Then they seek help, possibly from a campus counseling center or health center. They fall behind in their coursework, and the school recommends they take a leave of absence to address their health.

Once they begin their recovery and become well enough to come back to campus, they are confronted with a frustrating process. **Whereas in cases of physical health leaves of absence, the readmission procedure is simple and the definition of wellness is clear, establishing that same clarity for returning students with mental health issues is often difficult.** In order to return, they must meet whatever criteria the school has set. Students end up jumping through multiple hoops, only to find that whatever documentation or testimonial they provide is insufficient in the eyes of the university.

The reasons for this trend are complex, and lie at the intersection of universities' concerns over liability, their reluctance to take on the challenge of accommodating or treating students, and the continuing stigma, apprehension and fear surrounding mental health.

While the factors at play are multiple, the prevalence of the issue



is clear. Instances of students finding it nearly impossible to return to their studies after a mental health-related absence have been well-documented, including an account of one student's ongoing attempts to return to Brown University in "[How Colleges Stop Depressed Students From Returning To Campus](#)," which appeared in BuzzFeed earlier this year, and Newsweek's 2014 report "[How Colleges Flunk Mental Health](#)," which examines numerous cases. Just this December, [students at Yale have gathered to protest the expelling of a student that fell short of academic requirements](#) because of an absence related to depression. Even when students do succeed in returning to campus, the accommodations, supports and culture that they come back to can be lacking.



Given its focus on supported education and campus mental health, the CAFÉ TA Center has paid close attention to this issue, gathering accounts and sharing insights on the issue. Recently, that process connected us with a Bangladeshi-American young woman, Naas Siddiqui, who talks openly about her bipolar diagnosis. Naas is someone that is engaged in mental health advocacy and peer work, with almost 5 years' experience as a trainer and administrator in the Peer Specialist movement, including nearly 2 years as a Certified Peer Specialist Trainer, and 2 and a half with the Department of Behavioral Health of Philadelphia. She's currently at the California Institute of Integral Studies, pursuing a Masters in Counseling Psychology and doing a practicum at a community mental health agency, the Liberation Institute.

Naas' experience as a student with a mental health diagnosis touches upon many of the issues in campus mental health today. She experienced the profound difficulties of returning to campus after a mental health-related absence first-hand, interacting with counselors, administrators, and her peers. She also gained an understanding of the culture shift that must occur to make campuses welcoming, supportive environments for all students. Naas approached CAFÉ TAC, and requested a platform to share her experience in her own words. Here's her story:

**I**n my sophomore year at Yale in the Spring of 2001 I was grappling with depression. I went to the student mental health services, which then was called "mental hygiene" (nice one, Yale). The therapist, who I had just met, asked me about my history with depression, and when I mentioned suicidality **asked me, pressured me, really, about the percentage likelihood I was going to kill myself.** I was dumfounded, but didn't really know what to say – so I threw out a high number because I was really in a state of despair. I was involuntarily hospitalized for the first time. And then forced to medically withdraw.

After the readmission process, I returned to Yale in the Spring of 2003. I became very involved as a creative activist in the UnFarallon campaign, which was created to disclose Yale's billions of dollars in dirty investments. It turned into a national campaign with a coalition of schools that got national attention. I think I might have been branded a troublemaker.

In Fall of 2004, I was struggling, and my psychiatrist in student health services involuntarily hospitalized me for racing speech and some slight paranoia. It was not the standard grounds for hospitalization – I was not a danger to myself or others. **I was eventually let out of the hospital, but was not given any extra support. Instead I received a bunch of pills.** I ended up in the hospital again after a few weeks, and then again was forced to medically withdraw from school. I felt like I was subhuman after the head psychiatrist dismissed me with some harsh words.

Again, I went through the readmission process. Sum total, **I had to reapply 5 times because I wasn't allowed back in right away.** Readmission is tough – it required taking two

classes at an accredited university, earning at least a B, steady paid or volunteer work, recommendations from a clinician and supervisors, etc. But I did it. In my first interview for readmission (you have to interview with a series of Deans), one of the first questions the Dean asked me was, “So you were thinking of killing yourself?” It prompted me to cry. I wasn't let back in that time. When I was finally let back in, one of the dean's lauded me on my straightforward essay – **he mentioned that another student had written their readmission essay in a spiral – there was no way she being let back in, he chuckled.**

I had many friends who were dealing with suicidal feelings who were afraid to go to student mental health services and risk that they'd get thrown out of school. I even started to or-

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ganize a grievance letter against Yale's services and policies, and there was much interest, but it perceivably fell through because students **were afraid to speak out and didn't want to be stigmatized or targeted.** I tried to start a peer support group on campus for people with bipolar disorder through the student mental health

awareness group on campus, Mind Matters, but it was discouraged by the organizer who commented, “Don't you think if you get a bunch of people like that together in a room, they'd spin out of control?”

Given the [tragic suicide of Luchang Wang '17 last year](#), linked to Yale's withdrawal policies, Yale needs substantial change in its culture around treatment of mental and emotional distress. As a response to the suicide, Yale is changing some of its withdrawal and readmission policies, but to me, reading about it, it seems pacifying and not enough.

I have lumped the whole experience at Yale as trauma for years and successfully blocked it out. As a result of that I lost touch with many aspects of myself, including my radicalism, my edge, aspects of my creativity, aspects of my intellectual self, some charming eccentricities, and most importantly, my capacity to feel healthy anger. **Now 8 years after graduation, I am finally able to really focus on processing this trauma, and regain and strengthen these aspects to become my full self again.**

**W**hile Naas Siddiqui's story ends with successful graduation, it also illuminates the many pitfalls along the way, and the personal cost of navigating the treacherous territory of campus mental health. **Students are clamoring for their schools to support and encourage their well-being, but too many schools are ignoring those calls, and creating environments in which asking for help results in outcomes that seem more like punishment than help.** For American colleges and universities to meaningfully address the needs of students like Naas, and so many others, they must listen to the voices of those that are discouraged from seeking help or excluded from participating in campus life each year. If those voices are heard, real change is possible, and the transformational experience of higher education can become available to every student, regardless of mental health diagnosis.

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