

**REPORT ON THE NEED FOR ROBUST MENTAL HEALTH PROGRAMS AND SERVICES ON THE GEORGETOWN LAW CAMPUS**

Prepared By

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## INTRODUCTION AND SUMMARY

Mental health challenges are surprisingly prevalent in the legal profession. This is particularly true in law school, where many students experience a sharp decline in their mental health and wellbeing over the course of their education.<sup>2</sup> Prior to matriculation, only 8-9% of law students have experienced depression— similar to the general population; by the end of the third year, however, depression has affected a striking 40% of law students.<sup>3</sup> This means that every graduating J.D. class of 650 at the Georgetown University Law Center could include as many as 250 students who have experienced depression. Mental health outcomes are similarly troubling after graduation. The legal profession ranks fourth among professions in its rate of suicide, and lawyers are 3.6 times more likely to suffer from depression than non-lawyers.<sup>4</sup> Despite these alarming statistics, recent surveys have also found that 64% of law students will not seek professional help for any mental health challenges because they fear professional consequences.<sup>5</sup>

Georgetown University Law Center has been a leader in this field among top law schools, and has provided an example that other schools strive to match. The dedicated CAPS satellite office is a boon to the campus's most vulnerable students, and there are a number of additional programs, such as Lawyers in Balance, which provide additional resources for suffering students. The existent apparatus for mental health care at GULC is substantial, and clearly represents a significant and effective investment of time, effort, funding, and thought. Nonetheless, while GULC is more effective than most other law schools at addressing this epidemic, there remains a great deal of room for improvement and expansion, which would help many students who are not served or are under-served by the current system.

The Mental Health Task Force was formed by a group of students in the fall of 2014 to address a growing desire among Georgetown Law student body for more and higher-quality mental health services at the Law Center. This belief stemmed from personal experiences and extensive anecdotal evidence of students suffering from mental health issues being unable to obtain quality services to meet their needs. In March 2015 the Task Force sent out an anonymous online law student mental health survey through an email that Student Bar Association (SBA) President Andrew Warner sent to the student body. More than 128 students responded to the survey and their responses are incorporated in this report. While individual responses are anecdotal, the large number of responses paints a more comprehensive picture of the myriad mental health issues that students face.

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<sup>2</sup> See, e.g., 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](http://www.abajournal.com/magazine/article/speaking_up_helping_law_students_break_through_the_silence_of_depression).

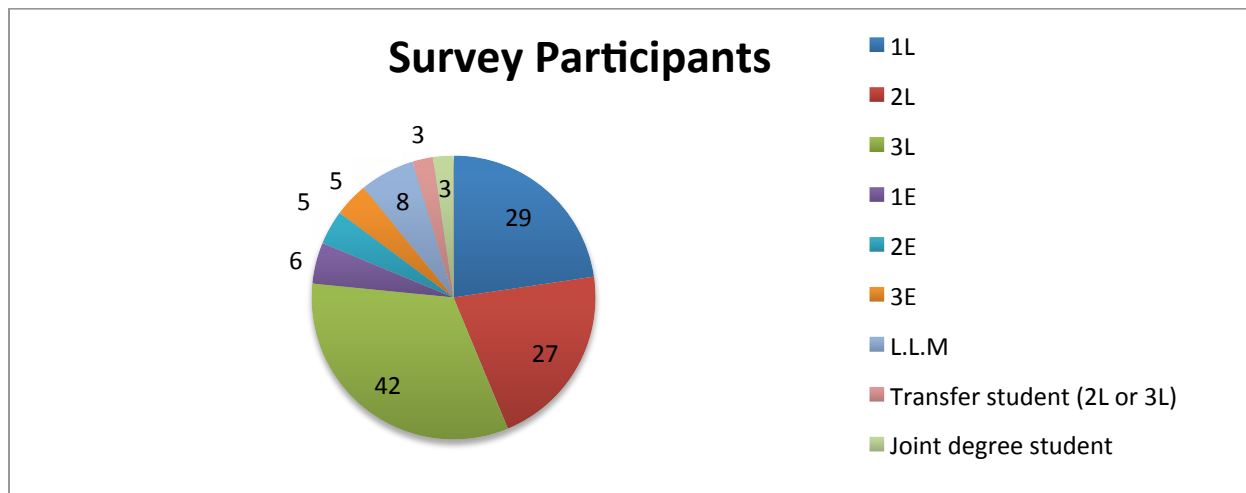
<sup>3</sup> *Lawyers & Depression*, DAVE NEE FOUNDATION, <http://www.daveneefoundation.org/scholarship/lawyers-and-depression/> (last visited Feb. 21, 2015); see also *Law School Depression*, LAWYERS WITH DEPRESSION, <http://www.lawyerswithdepression.com/law-school-depression/> (last visited Feb. 3, 2015).

<sup>4</sup> Debra Cassens Weiss, *State Bars Battle Lawyer Depression; Legal Profession Ranks Fourth in Suicide Rate*, ABA JOURNAL (Jan. 22, 2014), [http://www.abajournal.com/news/article/state\\_bars\\_battle\\_lawyer\\_depression\\_legal\\_profession\\_ranks\\_fourth\\_in\\_suicid](http://www.abajournal.com/news/article/state_bars_battle_lawyer_depression_legal_profession_ranks_fourth_in_suicid); see also Rosa Flores & Rose Marie Arce, *Why are Lawyers Killing Themselves?*, CNN.COM (Jan. 20, 2014), <http://www.cnn.com/2014/01/19/us/lawyer-suicides/>.

<sup>5</sup> *Starr Initiative on Character and Fitness*, DAVE NEE FOUNDATION, <http://www.daveneefoundation.org/programs/starr-initiative-on-character-and-fitness/> (last visited Feb. 21, 2015).

The report contains a summary of the survey data and recommendations that take a more holistic approach to treating mental health issues, which will ensure that the Law Center provides mental health programming and resources that are supportive and efficacious. These recommendations fall into three broad categories: (I) recommendations to improve counseling and psychiatric services, (II) recommendations to create a community of allies for students with mental illness, and (III) recommendations to improve student awareness of mental health resources.

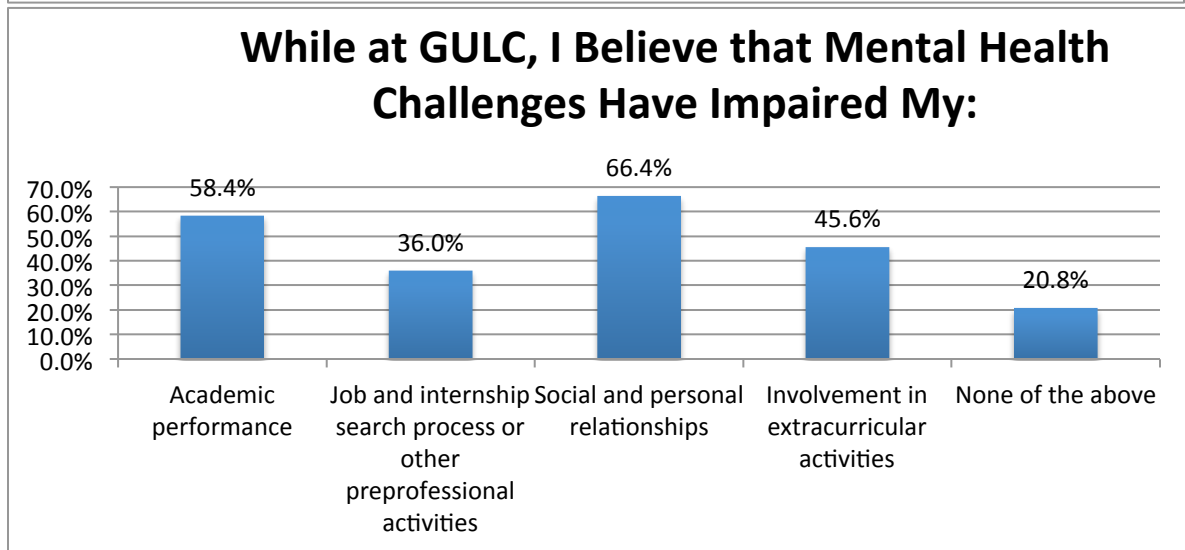
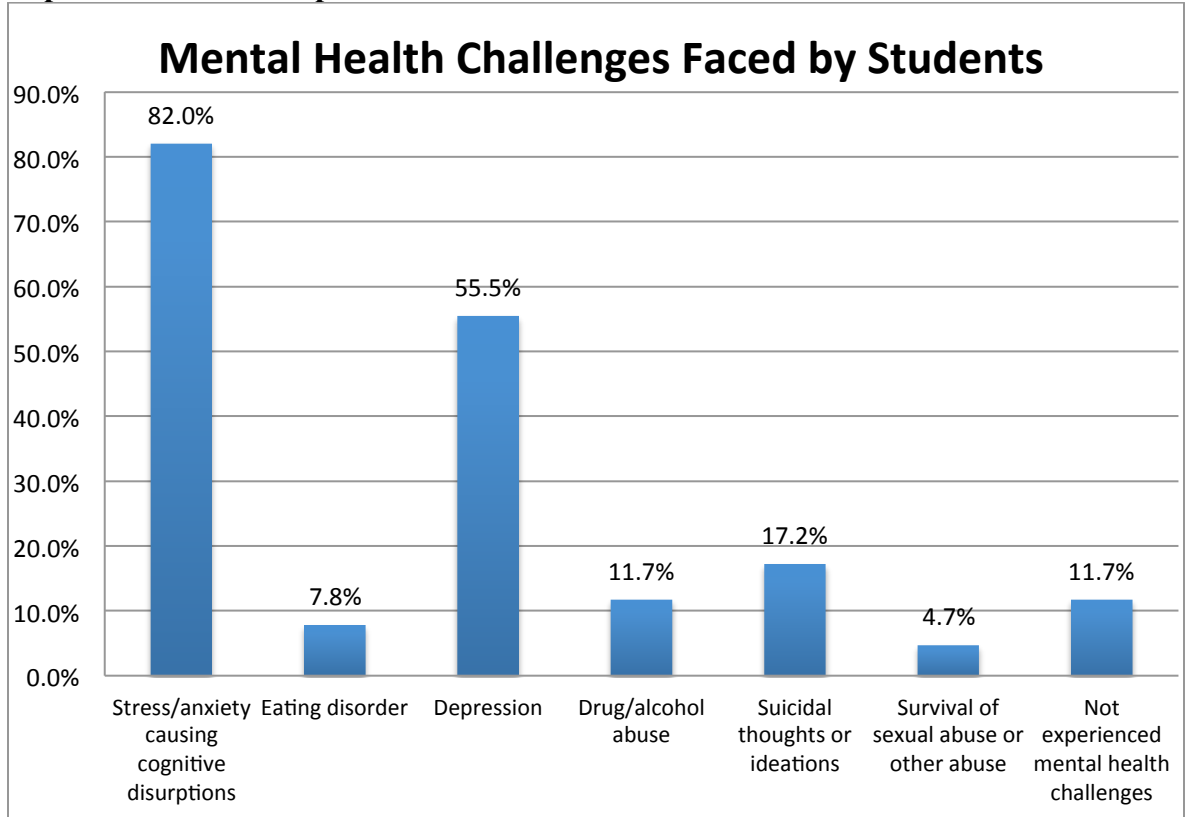
## I. DATA FROM THE STUDENT SURVEY<sup>6</sup>



- Of the almost **130** law students who participated in the survey, there were: **29 1Ls, 27 2Ls, 43 3Ls, 6 1Es, 5 2Es, 5 3Es, 8 LLMs, 3 transfer students** and **3 joint degree students**.
- In answer to the question *I believe I have personally experienced these mental health challenges*, **82%** have experienced **stress or anxiety serious enough to cause disruptions** (e.g. in sleep quality, concentration, memory, or other cognitive functions or emotional stability), **55%** have experienced **depression**, **17.2%** have experienced **suicidal thoughts/ideations**, **11.7%** have experienced **drug/alcohol abuse**, **7.8%** have experienced an **eating disorder**, and **4.7%** have survived **sexual or other abuse**. Only **11.7%** of survey respondents have never experienced mental health challenges at law school.
- Since coming to law school, **39%** of the respondents have used mental health services (either at school or outside of school). **10.2%** tried to access mental health services but was unable to access those services, **24.2%** considered seeking treatment, but ultimately decided not to do so. **26.6%** have never thought about seeking treatment.
- In response to the question *while at GULC, I believe that mental health challenges have impaired my:* **58.4%** of the respondents checked **academic performance**, **36%** checked

<sup>6</sup> All quotations from the survey are taken verbatim from the response sheet; please excuse grammatical errors.

**job/internship search or other pre-professional activities, 66.4% checked social and personal relationships and 45.6% checked involvement in extracurricular activities.**



When asked about the *causes of law student mental health issues at GULC*, the survey respondents pointed to these factors:

- “The fact that students have one exam at the end of the semester that determines their entire grades, and first year grades in essence determine one's ability to pay off law school debt quickly after graduation. The hype surrounding exams--including the dreaded

curve and the fact that everyone stresses that law school exams are ‘nothing like any exams you've ever taken before’--also feed into it.”

- “Much of this is systemic--there are a limited number of good grades and those grades are absolutely necessary to get many of the jobs that would give someone a reasonable chance of paying off their loans. The stakes are just extremely high. Hundreds of thousands of dollars are being invested and a few B's can just tank someone.”
- “Fear of being put on the spot in front of peers during class; juggling many conflicting tasks of classes, externships, and journal; and job for summer and after graduation in particular.”
- “...Lack of diversity, extreme privilege among most students”
- “...Unlimited alcohol at official events.”
- “The constant pressure to always be at your best. While that is inherent in law school, the size and prestige of Georgetown sometimes make it seem like you have to do more to stand out and be successful.”
- “Isolation, both physical and mental/emotional. This burden is shared by both the individual and the community, but it is very easy for the school to feel like an enclave of self-directed and self-powered advancement. On paper that sounds great, but ‘self’ is easily code for ‘you're on your own’.”

## **II. RECOMMENDATIONS TO IMPROVE COUNSELING AND PSYCHIATRIC SERVICES**

### **A. Increasing Access to CAPS**

When it comes to seeking help for mental health issues, students face the initial barrier of perceived and actual stigma. According to one survey respondent, “*Students are afraid to seek help because they are worried about having to report it on their bar application. People who would otherwise go to or continue previous counseling won't out of concern for their future employability and bar admission process.*”

Even when students get over this initial barrier, they face logistical challenges to getting the help that they need. Despite the best efforts of CAPS counselors to accommodate as many students as possible, the need for services has outstripped the hours CAPS is able to allocate for counseling. Some students have problem scheduling the initial appointment, which involves calling a number on Main Campus. According to one student: “*I was not able to schedule an intake with CAPS. Every time I called (10 times) the intake was busy. Every time he called back, I was busy. Eventually he stopped calling back.*” This is especially concerning because, according to another student, “*When you're depressed, it's a huge hurdle to work up the energy to ask for help.*” Additionally, students have complained about the wait time for CAPS counseling appointments, which may be as long as two weeks, which is an unacceptably long time to wait for students who

are in dire need of services. In general, many survey respondents felt that there was need for better access to CAPS psychologists and psychiatrists on campus:

- “More practitioners. I shouldn't have to be referred out especially when I find someone that I can actually connect with.”
- “Increase [the number of] CAPS counselors - I was shocked that I couldn't even come in for an initial appointment and short term counseling, i.e. just a few sessions.”
- “There's too much demand and no availability after the initial consult, and I don't have the time to find an outside psychologist, since what was driving my stress/anxiety was grade concerns and lack of study time.”
- “Have more availability for mental health services. Waiting times are too long. There are not enough mental health care providers.”
- “I think we need to make resources more noticeable and we need to have more of them available to cope with high demand. If there are long waits for CAPS counselors or not enough people can get into support groups, then we just don't seek treatment...”
- “Put more money into providing for more hours and psychologists at the CAPS center...”
- “...It's just very difficult to get an appointment with the psychiatrist.”

Evening students in particular have no access to services if they work during the day, and students who maintain full course loads have difficulty finding appointment times that work with their schedules. **83.3% of the survey respondents would like CAPS to be open more hours than it is now.** In response to the question of whether the CAPS office at GULC should be open for more hours than the 9am - 5pm weekdays currently offered, students responded:

- “M-F 9-5 makes the service almost entirely unavailable to evening students. Weekend hours would be beneficial.”
- “Even if [CAPS] just swung the hours early one day and late another that might be a good first step”
- “Yes! As a part time student who works a full time job, I would be much more likely to come to CAPS if they had hours either before or after that. Most of my vacation days in the last three years have gone to law school, so I don't have tons of time to take off.”

Additionally, since there is only one CAPS psychiatrist who comes to the Law Center once a week, appointments with the psychiatrist fill up quickly, which also results in long wait times. Moreover, due to the infrequency of the psychiatrist's presence on campus, students cannot develop quality doctor-patient relationship with the psychiatrist. Some students do not even know that psychiatric services are available to them – according to one survey respondent: *“I had no idea there was a CAPS psychiatrist. I would have liked to have known that, especially*

*since I was considering changing my medication. The CAPS counselor never mentioned it to me.”* There are law students whose mental health conditions cannot be treated with counseling alone; delaying access to a quality psychiatric care may prevent these students from getting the treatment they need to recover.

The three simplest and most effective solutions are:

1. Hire at least one additional psychologist and increase the availability of the psychiatrist’s hours on campus.
2. Stagger the psychologists’ schedules to make hours available for therapy outside the current 9:00am-5:00pm working day.
3. Increase the availability of psychiatric services on campus to two days a week, especially during periods of peak stress.

These solutions would allow more students to have access to CAPS than currently do, and the latter two solutions would also simplify access for students who have internships or other obligations that make it impossible to avail themselves of services.

In addition, while both solutions could be adopted year-round, there is an additional priority that hours be increased during times of peak stress on campus when services are needed most direly, like around exam periods. Early Interview Week (EIW) is another stressful time for students, and currently CAPS is not open for that week. The beginning of the second semester (January – February) when first semester grades come out can be another difficult time, especially for first-years. The Mental Health Task Force strongly suggests that CAPS open for EIW and increase hours around exam periods.

## **B. Providing a Better Space for Mental Health**

It is important that students who decide to seek counseling and psychiatric services at GULC believe they are entering a welcoming, safe, private, and positive space. Yet because (1) the CAPS offices are located in a relatively small basement area shared by GULC’s daycare and physical health services, and (2) the waiting area for the CAPS office is a hallway, the CAPS facility does not lend itself to feelings of positivity, safety, or privacy. While a few students found the on campus CAPS location “convenient,” most of the comments on the space were negative:

- “What waiting area? I was in crisis and went down to the basement area and was greeted by two locked doors and utter despair. GULC needs to make clearer that it does not have on-demand services for students in crisis.”
- “It is scary to go down there in Gewirz, especially in the first year, because paranoia that you will be noticed by one of your peers.”
- “I think it needs to be more private. I’ve run into classmates, and I’ve been embarrassed/deterred from coming back.”
- “I’m not sure where CAPS is.” (Several people had this response)

- “The area is a bit cramped and a bit depressing. Luckily when I went I was the only one there, but it could definitely get too crowded too quickly especially with student health right next door.”
- “There should be a waiting area for CAPS. When my counselor was busy or running late, I would either stand awkwardly outside her door for everyone to see (other students going to the Health Center would see) or I would sit in the Student Health Center.”
- “...It does feel like going to a bunker. It'd be nice to have a window...”

Additionally, students are particularly concerned that they can be heard outside of the counselors’ offices, even with noise canceling machines. Dr. Lokker’s office in particular has little privacy, and sound travels easily through the doors and walls, for example allowing children from the day care center next door to be fully audible despite closed doors. Speech emanating from the adjacent Health Center offices is also discernible without difficulty. As law students are even more attuned to the need for privilege and confidentiality in such environments, this poses a major obstacle to CAPS creating a suitable environment for counseling.

The CAPS office should be a warm and uplifting place that makes students feel as though they have made the right decision to seek counseling. The facility should be conducive to the privacy and confidentiality necessary for effective counseling and psychiatric services. A more positive and easily accessible space could encourage more students to seek counseling and psychiatric services, get more students thinking and talking about mental health issues, and ultimately decrease any stigma surrounding receiving CAPS services at the Law Center.

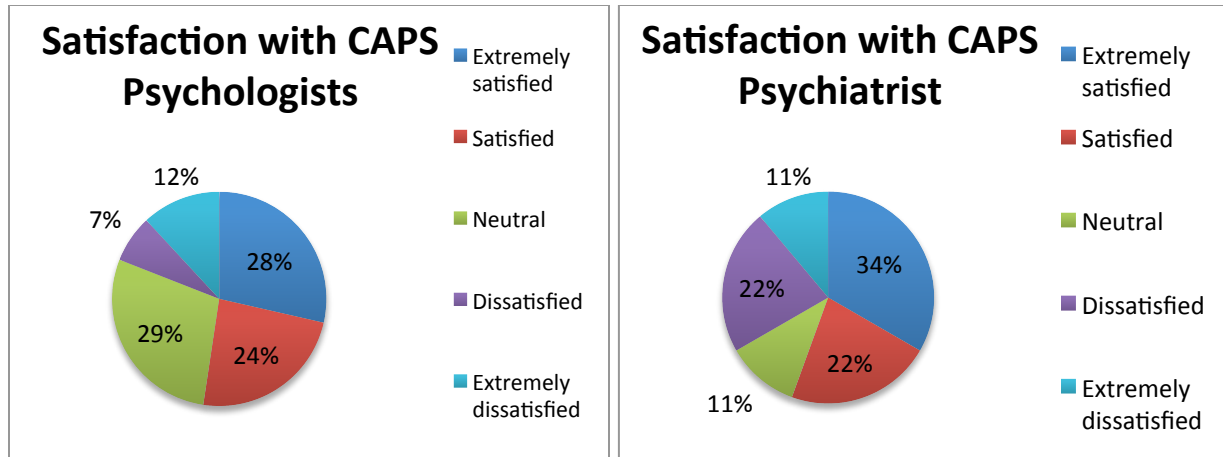
The Mental Health Task Force suggests two solutions to this problem:

- The current space could be completely renovated by combining the student health center and CAPS services so that both would be served by one waiting area. Any renovation must keep confidentiality in mind.
- CAPS could be moved from the Gewirz basement to a more welcoming, dedicated space on the law school campus, such as the sixth floor of Hotung.

### **C. Improving Quality of Care through CAPS Oversight**

Students have had mixed responses on the quality of treatment they have received through CAPS. Here are some student perspectives:





- “Dr. [name redacted] is kind and capable. We just were not a good fit. It is also difficult to invest in a psychologist (with the kind of openness and honesty that is required) when it is made clear to me that the psychologist can at most perform a referral service -- why even have these short-term relationships? This may be an effective service for those with transient, minor mental health struggles, but it is not a helpful service to those of us who are truly at risk and generally need ongoing mental health treatment throughout our lives.”
- “Very good. I simply sought to better understand my relationship with my girlfriend, and she was helpful.”
- “Meeting with Dr. [name redacted] was one of the best things I have done in my life. I have always been hesitant about meeting with a [psychologist], but she made me feel very comfortable and "normal." I think everyone should go see her!”
- “I cannot speak more negatively of my experiences with Dr. [name redacted] - extremely unprofessional in her interactions with a student who came by her office while I was in her session (yelled at her, slammed door on her, and then when she came back into the session with me, she sat down and had to take "calming breaths"). I felt that she was extremely judgmental, exhibited a lot of impatience with me, and was unhelpful. She did not write down anything from our sessions, and it was very notable from session to session - she did not recall anything from session to session (including the matters we had been discussing, the homework she had been giving me, the prior counseling she had been giving me). I dreaded our sessions, and ended up stopping going after a couple of months.”
- “Way better than past experiences with psychologists. Very open, ready to listen, and good background understanding of how to deal with law students, specifically.”
- “I went to Dr. [name redacted] last year to talk about my panic attacks and to lay the groundwork for a potential accommodation (getting class recordings). She asked me what I ate that day. I told her--honestly--just a cup of yogurt and a half slice of pizza (this was

late afternoon). She said that seemed like a good amount of food and that I looked healthy. Dr. [name redacted] is not a nutritionist, and she was dead wrong about how much I should be eating...I told her that she was not being helpful and that I would prefer to be referred elsewhere. She seemed relieved and told me she would send me a list of DC psychologists specializing in treating anxiety. The list never came.”

- “I think that more coordination between the CAPS psychologists and CAPS psychiatrist might be helpful.”

In particular, students were unclear on how many sessions they should get with the psychologists before being referred out to other practitioners. Additionally, the referral process is especially opaque and sometimes results in students not receiving the care that they badly need:

- “The psychologist told me that my sessions were limited and that I should see an outside provider, but was not helpful in providing referrals. Then, I found out that some students get to have unlimited sessions with the CAPS counselors. I'm not sure what differentiated me. Also, scheduling the initial appointment was a hassle because I had to call two or three times before speaking with the intake person.”
- “I really liked the psychologist but she had to refer me out. The center to which she referred me gave me a run around and I almost changed my mind about seeking help.”
- “I thought my evaluation appointment went really well. But then I didn't receive the follow up I had been told I'd get. I was directed to another clinic service at GW and told that she was searching for providers for me. But then I never received any follow up after that. No names of doctors, no email letting me know there actually weren't any in the area taking patients, no follow up to see if I had tried GW or anything.”
- “I was referred to a professionally deficient individual. CAPS needs to do a significantly better job at vetting referral sources and establish standards.”

It is apparent from these last excerpts that students have widely different experiences with the same psychologist or psychiatrist. Therefore, effective feedback and oversight is vital to improving the quality of care at CAPS and at the outside providers that CAPS refers to. Unfortunately, there exist no formal mechanisms for feedback or oversight. Currently, CAPS administers a patient survey on the main campus, but not at the Law Center. The Law Center does, notably, possess the capacity to solicit student feedback, e.g., through the annual graduating student survey.

The Mental Health Task Force recommends four solutions:

- The Law Center should routinely solicit student feedback on CAPS and report the feedback to CAPS management.
- The Law Center should address student concerns in a timely, responsive, and transparent manner.
- The Law Center should directly survey all students, at least once per year, and should solicit feedback via an online tool that is easy to use.

- CAPS should report on the data it receives and the progress it makes toward improving campus mental health services to the Student Bar Association and on its website.

#### **D. Providing Alternative Mental Health Services through CAPS**

CAPS should provide group therapy for students on the law school campus. Group therapy is a treatment modality with documented results in improving psychological outcomes when led by an experienced psychologist.<sup>7</sup> Law students who are struggling with issues of anxiety and depression feel extremely alone, since most students do not admit that they are suffering to other law students. They may feel that their mental illness is a weakness and expect classmates to ostracize them if they tell the truth. Group therapy, led by an experienced CAPS psychologist, may provide a confidential and welcoming environment that facilitates students' treatment. **34.4% of the survey respondents said that they would like to see group therapy with a CAPS counselor.**

#### **E. Gaining Better Access to Mental Health Information through the CAPS Website**

When it comes to mental health, access to information is key. **According to the survey, almost 90% of students did not know whom to see at GULC to seek advice on bar disclosure requirements regarding mental health conditions and treatments. Moreover, only 9.5% of survey respondents knew how to claim outside therapy sessions through their GULC student insurance.**

To help improve access to mental health services, the Law Center can better distribute information to students via the CAPS website. The CAPS website needs to be updated to streamline the information distribution process. Several links on the site are broken.<sup>8</sup> Also, some of the information is misleading and suggests that resources exist at the Law Center that are actually on the main campus.<sup>9</sup>

Substantively, the CAPS website should include:

- Whether the student insurance plan covers mental health services, and to what extent it is covered.
- A step-by-step guide on how to claim outside mental health care services through Georgetown insurance.

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<sup>7</sup> See, e.g., *Why It's Important to Join a Depression Support Group*, LAWYERS WITH DEPRESSION (Jan. 6, 2015), <http://www.lawyerswithdepression.com/articles/important-join-depression-support-group/>.

<sup>8</sup> As of the writing of this report, the following links on the website are broken: DC Bar Lawyers Assistance Link, CAPS Links & Resources Link, Mental Health Screening Link, and the Main Campus CAPS Link.

<sup>9</sup> For example, the CAPS website suggests that after-hours services and walk-in intakes are available on the Law Center campus, when in reality, they are only available on the main campus. See *CAPS Hours, Appointments, and Location*, GEORGETOWN LAW, <http://www.law.georgetown.edu/campus-life/advising-counseling/personal-counseling/caps-hours-appts-location.cfm> (last accessed Feb. 21, 2015).

- Where to find information about bar passage in each state given a mental health diagnosis.<sup>10</sup>
- Links to external resources, such as affiliated off-campus clinicians, free or subsidized mental health awareness and support services,<sup>11</sup> and student peer group support programs.

For reference, the George Washington University Counseling Center and Harvard Counseling Center carry useful information including Peer Educator programs,<sup>12</sup> the Eating Concerns Hotline,<sup>13</sup> and a streamlined referral system.<sup>14</sup>

In addition, an online appointment system, akin to that of the Office of Career Services, would be more effective for students to schedule their visit to CAPS. Currently, a student must call the main campus hotline and speak to an intake coordinator; then, the intake coordinator connects the student with a CAPS counselor; at that point, the student can schedule an appointment. The student schedules subsequent appointments with the CAPS counselor through email.

The Law Center should:

- Add a simple, step-by-step guideline for questions regarding insurance and effects on bar passage to lower the threshold of service seeking students.
- Regularly update the CAPS website and check its workability.
- Make use of an online appointment system.

### III. RECOMMENDATIONS TO IMPROVE STUDENT AWARENESS OF MENTAL HEALTH RESOURCES

#### A. Capitalizing on Mental and Emotional Health Resources for First-Year Law Students

The Law Center provides good resources to first-years with the aim of helping these students assimilate into the legal community. Still, the first year of law school is such a formative and

<sup>10</sup> Dean Bailin meets with students and advise them individually on state bar rules regarding mental health diagnoses, but the fact that this information is available in the Office of Dean of Students is not at all well known to students. Additionally, the Starr Initiative on Character and Fitness works to reduce stigma around disclosure of mental health challenges. *See Starr Initiative on Character and Fitness*, DAVE NEE FOUNDATION, <http://www.daveneefoundation.org/programs/starr-initiative-on-character-and-fitness/> (last visited Feb. 21, 2015).

<sup>11</sup> Many such resources exist, but students are not typically aware of them. Examples include: the Dave Nee Foundation's LawLifeline at <http://www.lawlifeline.org/>; the American Bar Association's Mental Health Initiative at [http://www.americanbar.org/groups/law\\_students/initiatives\\_awards/lshealth.html](http://www.americanbar.org/groups/law_students/initiatives_awards/lshealth.html); and the DC Bar's Lawyer Assistance Program at <https://www.dcbar.org/bar-resources/lawyer-assistance-program/>, which itself maintains a list of resources specifically for law students at <https://www.dcbar.org/bar-resources/lawyer-assistance-program/students.cfm>. The DC Bar also provides a flyer describing its services for law students at <https://www.dcbar.org/bar-resources/lawyer-assistance-program/upload/LAP-Student-Flyer.pdf>.

<sup>12</sup> *Peer Educator Program*, GEORGE WASHINGTON UNIVERSITY, <http://counselingcenter.gwu.edu/peer-educator-program> (last accessed Feb. 21, 2015).

<sup>13</sup> *Eating Concern Hotline and Outreach*, HARVARD UNIVERSITY, [www.hcs.harvard.edu/~echo/](http://www.hcs.harvard.edu/~echo/) (last accessed Feb. 21, 2015).

<sup>14</sup> *Request a Referral*, HARVARD UNIVERSITY HEALTH SERVICES, <http://huhs.harvard.edu/need-care/request-referral> (last accessed Feb. 21, 2015).

sometimes draining experience. According to one student, *“1L year is by far the biggest trigger of stress. The combination of a new environment, heavy course load, cold calling, grading curves, and 2L summer jobs hinging on the grades achieved during that 1st year creates tremendous pressure.”*

The Law Center should capitalize on its existing mental and emotional health resources to ensure that our students are as holistically well as possible and that guidance is easily and efficiently accessible. Often, students do not know the extent of the mental health resources available on and off campus: according to one student: According to one survey respondent, *“...I think GULC can do a much better job at letting students know the resources available to them. I spoke to a student who did not even know the ABA offers 12 free counseling sessions. These are great resources that GULC should remind us of frequently. Not just twice a year: at orientation for 1Ls and on Mental Health Day.”*

The Mental Health Task Force has identified three growth opportunities to achieve the goal of providing more effective and responsive mental and emotional health resources to first-year Georgetown Law students:

1. The Law Center should work to provide more comprehensive mental and emotional health training to Law Fellows, Senior Writing Fellows, professors and administrators. Since these upper class mentors spend a significant amount of time monitoring, advising, and learning with first-years, they are in a good position to identify and respond to some mental and emotional health issues that may arise during the rigorous first year of law school. Because the Law Center already has programs that train Resident Fellows, and Peer Advisors, Law Fellows and Senior Writing Fellows should receive programs with targeted mental health awareness training as well.

The relationship of professors and administrators with students also play a big role in their mental health. According to one survey respondent, GULC should *“train professors on mental health issues so that when someone comes to them with concern/challenges, they will be understanding and not make the situation worse.”* **74% of survey respondents said that they would support more mental health awareness training for professors and administrators.**

2. The Law Center should encourage CAPS to increase its visibility on campus. In order to raise awareness of the resources and programs CAPS offers to first-years, the Mental Health Task Force proposes a simple yet meaningful suggestion: CAPS representatives should visit each first-year section in one class midway through each semester (in October and March). The purpose of these visits would be to remind first-years, as potentially stressful exams are approaching, of the ways that CAPS can work with students to mitigate their mental and emotional anxiety, or even serve as an easily accessible, friendly, confidential, and responsive open door.

## **B. Disaggregating Wellness from Mental Health**

The law school has quite a few resources dedicated to general student wellness, including the Lawyers in Balance program, daily meditation sessions, intramural sports and the yearly health

fair. Although students appreciate these resources, wellness is a distinct concept from mental health. Puppy therapy before the exam period, for example, does not help the students who are struggling in a thick fog of heavy depression or generalized anxiety. The Lawyers in Balance program, although an important resource for stress management, is not a substitute for therapy for the many students whose stress contributes to more serious issues.

In the monthly wellness email newsletters the Center for Wellness Promotion sends out to the student body, mental health resources are combined into a dozen different topics that include blood donations, nutrition advice, smoking awareness, recipes, and flu vaccines. Several students have said that they do not read these emails or do not read far enough to get to the mental health resources that they need. Students do not understand how to access CAPS services, what effect mental health issues has on bar passage, and where to go when they are in crisis—these are the resources that a “wellness” discourse fails to address.

The law school’s communication should promote transparency of and awareness about mental health resources.

### **C. Improving Medical Leave**

The medical leave process is a means by which students can take time off from school for serious mental health issues. The current process for medical leave is as follows:

- After in-depth discussions with the student who is suffering from mental health issues, CAPS sends a recommendation for medical leave, which has to be approved by the Dean of Students.
- If the medical leave happens during the middle of the semester, the student withdraws from all classes.
- Once the student takes medical leave, the student no longer has access to mental health services on campus.
- In many cases, in order to return from medical leave, the student has to perform volunteer or paid work and get a certification from the organization that she has performed the work in good faith, see an outside counselor and get a certification from this counselor that she is healthy enough to return, get permission from the Office of the Dean of Students and pass an interview with a CAPS counselor.

The current medical leave process can be more supportive of students. The decision for a student to go on medical leave is often a wrenching one: students who take this route often suffer from depression, anxiety or other serious mental health issues from which they cannot see an exit. These mental health issues are compounded by the likelihood that the students view taking medical leave as a personal failure on their part, a derailment from an academic career that has brought them much success so far. Students are not given information such as how many other students go on medical leave per semester and what percentage return successfully from medical leave. No one from CAPS or the Office of Dean of Students is in touch with the student who is out on medical leave: initiating the process of coming back to school and fulfilling all the requirements is entirely the responsibility of the student. According to one survey respondent

who took medical leave, *“I would have actually preferred a bit more guidance or contact from the school during my leave.”*

There are several ways to make the medical leave process more supportive:

- The Office of Dean of Students and CAPS should collect statistics on exactly how many people elect to take and return from medical leave and have this information available to students who are considering the option.
- The Office of Dean of Students should connect students who are struggling with the decision to take medical leave with other students who have successfully returned from medical leave.
- The Office of Dean of Students and CAPS should designate someone from their respective offices to check periodically on the progress of students who are currently out on medical leave, in order to make these students feel like they are still part of the Law Center community.
- The Law Center should eliminate the requirement that the law students perform work or volunteer work, at least in the first few months of medical leave.
- Students returning from medical leave should be provided with follow up counseling to ensure their integration back into the law school community and reduce the possibility that they will suffer from further mental health issues after their return.

All of these steps will ensure that students make the right decision to take medical leave and that students who are on out on medical leave can make a full recovery and return to their legal education.

## CONCLUSION

There is a growing need among students for adequate mental health services, and the Task Force has uncovered some areas for improvement in the Law Center’s existing mental health programming. In order to offer mental health services that are supportive and effective, the Law Center must create mental health programming, provide mental health resources, and change existing mental health services to meet the needs of its students. The demands and rigors of a top-tier legal education require that special attention be paid to the mental health needs of Georgetown Law students. By working together, students, administrators and professors can make the Law Center’s current mental health services into a model for the nation’s top law schools.

UPDATE AS OF SEPTEMBER 15, 2015

Since the publication of this report, members of the Georgetown Law Mental Health Alliance (formerly the Mental Health Task Force) have had several productive meetings with Georgetown Law’s Dean of Students, Mitchell Bailin, and the Dean of the Law Center, William Treanor. The school administration has taken substantial steps to improve access to mental health resources for its students and will continue to work with the Mental Health Alliance to make the Law Center a place where its students can truly thrive.