

Broken Promises

**The Costs of the Student Income Contribution
and Inadequate Mental Healthcare on Yale's
Student Body During COVID-19**

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SUN

Students Unite Now

INTRODUCTION

As the COVID-19 pandemic deepens inequality nationwide, Yale continues to break its promises to students and divide our campus by upholding the Student Income Contribution and failing to provide adequate mental healthcare. COVID-19 has impacted all students, but its toll is not equal: low-income people of color are more likely to get sick and die, lose work and income, and endure the psychological consequences of a terrifying and isolating disease. Still, Yale chooses to uphold policies it can easily afford to improve.

Since 2012, students have pushed Yale to eliminate the Student Income Contribution (SIC), a financial aid policy requiring students on aid to contribute between \$3700 and \$5950 a year to their educational costs.¹ The SIC divides our campus by preventing us from participating in our education on equal ground, as detailed in a 2019 report from Students Unite Now. Now, Yale plans to require students on aid living and working in New Haven to pay the SIC,² continuing to break their promise of full financial aid even as hundreds of students face financial precarity.

Yale has also broken its promise to provide adequate mental healthcare to students, particularly in regards to appointment wait times and student preference for therapists who are people of color and LGBTQ+. These inadequacies make it difficult and at times impossible for us to access the care we need, which will only worsen as COVID-19 provokes unprecedented grief and anxiety.

The university's progress towards equity on campus has been hesitant, in spite of its often lofty promises. Last year, Local 33 described the disappointing progress the university has made toward diversifying its faculty, despite repeated public relations announcements of new processes and millions of dollars in funding for implementation. But in a moment of crisis, the consequences of this neglect are more dire than ever. It is disgraceful for a \$30 billion institution to continue to break its promises of financial aid and mental healthcare to students as we face unprecedented precarity. Although taking action on these issues alone is not enough to bring about equality on campus, without action, Yale will move backward rather than forward toward racial and economic justice.

We call on Yale to:

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

We can't afford to wait.

AN UNEQUAL TOLL

COVID-19, Race, and Class

Coronavirus cases in the U.S. sit at over 4 million cases and 149,000 deaths.³ In a bleak accompaniment, U.S. unemployment has skyrocketed, nearly 15% by April, five percentage points higher than peak unemployment during the 2008 recession.^{4,5} While everyone has felt the impact of the deaths and economic downturn, people of color shoulder the brunt of this catastrophe.

Initial data about the pandemic's effects glimpse the disproportionate devastation hurting Black, Native, and immigrant communities of color:

- Compared to their white counterparts in July, Indigenous people have been hospitalized for COVID-19 at a rate about 5.5 times higher, while Black and Latinx people have been hospitalized at a rate about 5 times higher.⁶
- July data showed that Black people make up 13% of the U.S. population but 23% of COVID-19 deaths, and the age-adjusted COVID-19 death rate for Black people is 3.6 times that of whites, as of June.^{7,8}
- Chronic federal undermining of healthcare and infrastructure within tribal nations is taking huge tolls on Native communities, including a per capita infection rate 10 times higher among Diné residents in the Navajo nation compared to the neighboring state Arizona.^{9,10,11} As of July, Native peoples comprise 1.7% of the U.S. population but about 12% of COVID-19 deaths.^{12,13}
- In one out of five Latinx households, at least one member lost their job since May.¹⁴ In San Francisco, Latinx people make up 15% of the population and 50% of positive cases, and the age-adjusted national death rate for Latinx people is 2.5 times that of whites, as of June.^{15,16}
- Asian Americans and Pacific Islanders who are immigrants are overrepresented among essential healthcare workers, indicating overexposure to the virus, and have been targets of anti-Asian violence and hostility.^{17,18}
- Unemployment rate increase for noncitizen immigrants was 3.2 percentage points higher than that of citizens, and many noncitizens remained locked out of federal relief, exacerbating the toll of undocumented workers' overexposure to the virus.^{19,20,21}

New Haven, which has long been burdened by segregated development, has experienced a similar disparate impact from the COVID-19 crisis. The highest COVID-19 infection rates have occurred in New Haven's poorest neighborhoods where a majority of the residents are Black and Latinx.²² These same neighborhoods experienced the highest foreclosure and unemployment rates after the 2008 crisis. In New Haven county, income for the typical African-American family fell by 17% between 2009 and 2011, while income for the typical white family fell by 3%.²³ Unfortunately, Yale's growth in New Haven has not significantly curbed inequality, and without different engagement from the University the current crisis will likely make inequality in New Haven even more intractable.

AN UNEQUAL TOLL

Anti-Blackness and Policing

In addition to COVID-19, a series of police killings sparked civil protest across the country this spring, bringing the deadly toll of anti-Black police violence to the forefront of national news. On March 13th, plainclothes police killed Breonna Taylor in her own home in Louisville, KY. On May 25th, police officer Derek Chauvin killed George Floyd in Minneapolis, MN, by pinning his neck to the ground while three other officers watched. These recent police killings, in addition to the killings of Ahmaud Arbery and Dominique Fells, set off weeks of protests in all 50 states.²⁴

The 2019 YPD shooting of Stephanie Washington led to widespread protest from the larger New Haven community, and to the creation of Black Students for Disarmament at Yale (BSDY).²⁵ This summer, amidst national calls for defunding of police, BSDY launched a new campaign to disarm, defund, and ultimately dismantle YPD.²⁶ BSDY also calls on Yale to invest in differential response systems, a form of crisis intervention and harm reduction that does not involve policing.²⁷

A lawsuit in 2008 revealed that the annual operating budget of YPD was about \$10.3 million,²⁸ despite Yale's self-imposed austerity following the 2008 financial crisis.²⁹ Why does Yale have millions of dollars to police Black New Haven residents and students - such as when an officer with his gun drawn forced Tahj Blow to the ground outside of Bass Library because he supposedly matched a robbery suspect³⁰ - but not enough for a differential response system, adequate mental health services or full financial aid? Yale's reluctance to invest in students or New Haven while spending millions policing Black students and New Haven residents calls into question where its priorities lie.

Students Unite Now supports the demands of Black Students for Disarmament at Yale. The continued existence of the YPD divides our campus by putting the lives of Black New Haven residents and students at risk.

THE COST OF BROKEN PROMISES

As COVID-19 deepens preexisting inequalities, Yale's broken promises stand in the way of students' ability to weather this storm and participate fully in our education.

The Yale College Council and Yale College Committee on Teaching and Learning's survey from March showed how spiraling national conditions began to take a toll on Yale students:

*COVID-19 Academic Accommodation Survey:*³¹

- 1255 students reported financial insecurity
- 311 students reported food insecurity
- 1885 students reported mental health problems
- 692 students reported having to search for a new job upon returning home
- 754 students reported lack of reliable technology

The Yale Daily News survey from early June demonstrates how the national context of inequity is poised to influence student needs in the upcoming school year:

*Yale Daily News Fall 2020 Survey:*³²

- 35% of students reported financial concerns as factors influencing their decisions about fall semester
- 36% of students reported academic fairness as a factor influencing their decisions about fall semester
- 17% of students reported housing security as a factor influencing their decisions about fall semester

Across college campuses, evidence shows that "the coronavirus pandemic has shed light on existing disparities in student wealth and security."³³

This section will examine the cost of the Student Income Contribution and inadequate mental healthcare on Yale's student body under COVID-19.

THE BROKEN PROMISE OF FULL FINANCIAL AID

Now More Than Ever

As COVID-19 eliminates job opportunities and throws families into financial precarity, the expectation that students promised full-need financial aid will contribute thousands of dollars to their yearly educational costs becomes not only inequitable but impractical if not altogether impossible.

Yale has taken steps to reduce the Student Income Contribution in recent years. During Yale's Bulldog Days in the spring of 2019, 24 students were arrested after two sit-ins against the Student Income Contribution following a weekend of encampment outside of Sheffield Sterling Strathcona Hall.^{34, 35, 36, 37} The following semester, Yale reduced the SIC for students on full aid to \$3,700 and froze the SIC amount for upper-level students on partial aid at \$5,950.^{38, 39} We are glad to see Yale follow students' lead on financial aid. But reduction measures are not enough, particularly now.

As discussed earlier in the report, national conditions since the YCC's March survey have only worsened, disproportionately hurting low-income people of color. College students face particular burdens. A survey by the Healthy Minds Network and the American College Health Association surveyed 18,764 students on 14 campuses, finding that 66% of students report the pandemic has caused them more financial stress, "a known predictor of student mental health."⁴⁰ More than 1 in 4 college students surveyed by Student Loan Hero report food insecurity or trouble paying bills as a result of COVID-19.⁴¹

As low-income students face lost income and scarce job opportunities, how can Yale, a \$30 billion institution, claim that it needs our wages more than we do?



"I have always been aware of what could happen if something drastic occurred to change my status from "poor but doing okay" to "downright struggling." That "something drastic" has occurred. I'm working three jobs to pay for groceries and essentials at home. I cannot be responsible for a semester's worth of schoolwork on top of the work I already do to survive: by imposing the additional burden of the SIC, Yale makes my academic success impossible."

My name is Hyun Park, and I can't afford to wait."

THE BROKEN PROMISE OF FULL FINANCIAL AID

COVID-19 Economy and The Summer Contribution

On the financial aid website, Yale highlights how students in the past could use summer employment to make the labor hours of the SIC more manageable during the school year:

“The Student Share is a combination of two estimates: an estimate of what a student could earn through term-time employment and an estimate of what a student could earn from wages earned during the summer [....] To meet the full estimated Student Share through only term-time and summer employment, a student would expect to work 7–9 hours per week while on campus and earn \$1,600 before their first-year and \$2,600 before subsequent academic years through other employment.”⁴²

National upheaval due to COVID-19 eliminated many summer jobs that students counted on, including an estimated loss of 35% of internships, with summer job cuts across most industries.^{43,44} In fact, 64% of employers who canceled internships offered no compensation at all.⁴⁵ With 22 million job losses in a single month, unemployment reached the highest rate since the Great Depression.⁴⁶

Yale has already demonstrated its ability to waive the SIC through increased financial aid by eliminating it for students during remote enrollment semesters.^{47,48,49} Notably, Harvard College removed the term-time work expectation of all their students on financial aid for the upcoming fall.⁵⁰

Yale touts the summer contribution as a way to minimize term-time work such that we may participate more fully in our education during term. Now, as the global economy buckles, where does Yale expect that money to come from?

Crisis reveals character. Yale promises us full financial aid, but by upholding the Student Income Contribution, they prioritize their endowment over their most vulnerable students.

“I lost all my summer income due to COVID-19, and I’m going to have to work twice as much to pay my SIC. I want to work on my senior thesis, but I don’t know how I’ll make time. Yale promised me an equal education, but by upholding the SIC, they force me to sacrifice my thesis to work while my wealthy, predominantly white peers don’t have to. If Yale truly wants to provide a world-class education to all its students, why do they uphold a policy that keeps me from studying what I love?”

My name is Danielle Collins, and I can’t afford to wait.”



THE BROKEN PROMISE OF CARE

The precarity and grief caused by COVID-19 mean that Yale's broken promise of adequate mental healthcare, described in the sections that follow, will cause students increased suffering and hurt our ability to participate fully in our education.

Eliminating the SIC permanently is one step Yale must take to improve student mental health. Financial strain can directly or indirectly "impact students' psychological symptoms and academic and social integration,"⁵¹ a conclusion supported by the hundreds of testimonies that Students Unite Now has collected from Yale undergrads. Without the SIC, we will experience less stress and have more time to pursue the mental health resources we need to heal. However, eliminating the SIC is not enough.

In the following section, we identify two measures Yale must take to fulfill its promise of adequate mental healthcare.



"Either I'm working on a project and thinking about money, or at my job and thinking about my project. I try to make time for therapy, but with the pressure of work, I feel like I shouldn't be investing in my mental health. Without the SIC, I would use my weekends to take care of myself; I'd become the well-rounded student Yale claims they want me to be. Yale knows I can't afford to go here, so why do they still ask me to pay money I don't have to access the amazing resources they claim to offer all students equally?"

My name is Sophia Elizalde, and I can't afford to wait."

THE BROKEN PROMISE OF CARE

We Can't Afford to Wait

College years can trigger or exacerbate serious mental health issues, including depression, addiction, mood disorders, disordered eating, and psychotic disorders. Yale understands that Yale Mental Health and Counseling can help students gain the “skills to thrive at Yale,”⁵² and promises that “most students are connected with their therapist within a couple of weeks.”⁵³ Yet, 54% of respondents to a 2018 Yale College Council survey disagreed or strongly disagreed that the time they “waited before receiving help was reasonable, relative to the urgency” of their condition, reflecting widespread dissatisfaction.⁵⁴

The following data from that same survey demonstrate how Yale has broken the promise of timely mental healthcare.

- After initially contacting YMHC, 56% of students surveyed waited more than 7 days for an intake appointment, and 35% of respondents waited more than 14 days⁵⁵
- Then, after waiting for intake, 65% of students surveyed waited more than 7 days to be assigned a therapist, and 39% of respondents waited more than 14 days⁵⁶
- Finally, after waiting for an intake appointment and waiting for a therapist assignment, 43% of respondents then waited at least another 7 days to receive their first therapy session, and 14% of respondents waited more than 14 days⁵⁷
- 8% of respondents attended their intake appointment but were never assigned a therapist at all⁵⁸

The survey responses and dozens of testimonies SUN has collected demonstrate that Yale students seeking mental health services often wait many weeks, if not months, to receive support, and some do not receive it at all.⁵⁹

Is this what thriving means to Yale?

“I had an intake appointment in October, and once it was established that I was not suicidal, it felt like my case was dropped to the bottom of an endless pile. I was still feeling extreme anxiety, but I did not receive a second appointment until April. Students shouldn't have to wait until we're in crisis to receive care.”

My name is Jordan Perry, and I can't afford to wait.”



THE BROKEN PROMISE OF CARE

We Can't Afford to Wait

Yale Mental Health and Counseling lists 38 providers on their website and Yale recently enrolled 13,462 undergraduate, graduate, and professional students who can access YMHC, meaning there are about 353 students per clinician.^{60,61} Yale Mental Health and Counseling released a statement in the summer of 2020 claiming that it was "making additional clinicians available for same day appointments as an added resource for students."⁶²

These measures are welcome, but it is difficult to trust that walk-in service will be adequate during a pandemic when Yale cannot treat students promptly under normal circumstances.

Indeed, the pandemic has had a devastating impact on mental health. As a benchmark, from January to June 2019, about 11.0% of American adults over 18 had symptoms of anxiety or depressive disorders.⁶³ However, the U.S. Census Bureau, in collaboration with five federal agencies, found that in June 2020, 42% of young adults aged 18-29 showed indicators of anxiety or depression, a higher rate than that of older adults.⁶⁴ Young adults are at "far greater risk of psychiatric disorders that can be triggered or worsened by social isolation," with a lack of peer support contributing to this high toll on mental health.^{65,66} According to the American College Health Association's recent survey of 18,764 students, of the 41.8% of students who attempted to seek mental healthcare since March, 60% indicated that the pandemic has made it more difficult to access mental health care.⁶⁷ The survey also shows that relative to fall 2019, the prevalence of depression increased in spring 2020.⁶⁸

Yale is already aware that a student body can only "flourish" with adequate mental health resources, and yet, students wait weeks and even months to get the care we need. If Yale truly wants students to flourish, they must reduce wait times to two weeks.



"As someone who has struggled with anxiety and depression all throughout high school, the transition to college was not easy for me. During quarantine, my social anxiety, depression, and body dysmorphia have only gotten worse. At school, horror stories about how long it takes to get an appointment completely deterred me from reaching out for help. I would have to sacrifice either my sport, my academics, or my social life. Instead, I have suffered in silence. I have felt alone and helpless. I have felt like my university does not care about me."

My name is Sydney Grobman, and I can't afford to wait."

THE BROKEN PROMISE OF CARE

Don't Leave Our Identities in the Waiting Room

Students of color must grapple with the psychological consequences of COVID-19's unequal toll on our communities in addition to our everyday experience of racism under normal circumstances. Particularly, the potential effect of racism and anti-Black police violence on the mental health of Black students is devastating. One 2018 study in *The Lancet* journal suggested that videos of "police killings of unarmed black Americans have adverse effects on mental health among black American adults in the general population."⁶⁹ Researchers have suggested that increased suicide rates among Black young people in the last twenty years, in particular among Black women, is connected to anti-Black violence. They argue that professional mental health care is essential to combat the mental toll of racism.⁷⁰

However, studies show that Black and Latinx students are less likely to utilize mental health services at predominately white institutions than their white counterparts.⁷¹ Yale can combat this by hiring more mental healthcare professionals of color. Evidence shows "ethnic minority clients generally felt that issues regarding race and ethnicity were more important than did White clients," and patients who were ethnic minorities reported lower satisfaction with treatment when race sensitivity was not present in care.^{72,73} Simply increasing race sensitivity training for white counselors is not enough. Studies have shown "racial match" between therapists and patients to be associated with increased utilization, favorable treatment outcomes, lower treatment dropout, and greater satisfaction.^{74,75}

"During my intake, I was asked if I wanted a therapist of color and I said yes. As a Black student, this felt important. I was surprised when the therapist doing my intake asked if I would be okay with having her as my therapist, as she was non-Black and white-passing. I felt obligated to say yes, even though her not being Black was a big issue for me. I knew that saying no could prevent me from getting a therapist soon. I had a couple of appointments, which didn't help. I have not gone back."

My name is Jordan Ashby, and I can't afford to wait."



THE BROKEN PROMISE OF CARE

Don't Leave Our Identities in the Waiting Room

Yale claimed in summer 2020 that Yale Mental Health & Counseling is "committed to do [its] part to create an environment that opposes racism and promotes an inclusive environment that is free of hate."⁷⁶ Student testimony, however, demonstrates that Yale struggles to match students of color with therapists who meet our preferences. Moreover, testimony shows that the scarcity of therapists of color often works in tandem with long wait times to push students away from YMHC, as we feel forced to choose between seeing a therapist unequipped to help and waiting weeks or even months for our next appointment.

The scarcity of therapists of color at Yale stands in the way of our successfully navigating the psychological toll of racism, detracting from our ability to participate fully in our studies and social lives. If Yale truly wants students of color to participate in campus life on equal ground, they must hire more therapists of color, particularly Black therapists.

LGBTQ+ students often face similar challenges, particularly trans students, who have about twice the risk for most mental illnesses than cisgender students.⁷⁷ With "over one-third of transgender individuals reporting a negative experience with a healthcare provider and one-quarter not seeking health services because of a fear of mistreatment,"⁷⁸ Yale must also hire more LGBTQ+ therapists to fully meet student needs.



"I'm from a family of Middle Eastern refugees, and seeing the majority white therapists at YMHC, I didn't think it was an option to ask for someone from a similar background. I felt I had to settle for what I could get, even though I would have been able to verbalize things I had struggled with my entire life if my therapist shared my identity. Instead, I had to learn by myself."

My name is Dereen Shirnekhi, and I can't afford to wait."

RECOMMENDATIONS

Yale may claim that the problems of COVID-19 are not its responsibility to solve, and that it does not have the resources to solve them. It is true that Yale did not cause the pandemic. However, the inequalities outlined in this report are inequalities that Yale has upheld through its policies and its broken promises. COVID-19 has only exacerbated them.

Yale claims to value an inclusive campus where all students may participate on equal ground. Now, it has the power to rise to the urgency of this moment and ensure it. Will it? Or will a \$30 billion institution leave low-income students of color to face the devastating consequences of inequalities it helped create?

We call on Yale to fulfill its promises by eliminating the Student Income Contribution, reducing appointment wait times to a maximum of two weeks, and hiring more therapists of color and LGBTQ+ therapists.

We need these changes to participate fully in our education, particularly in this time of crisis. We are fighting for full financial aid, for mental healthcare, and for each other. We can't afford to wait.

Yale claims to value an inclusive campus where all students may participate on equal ground. Now, it has the power to rise to the urgency of this moment and ensure it. Will it? Or will a \$30 billion institution leave low-income students of color to face the devastating consequences of inequalities it helped create?

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