



**“No Cap’: Imperative Improvements in Rutgers University - New Brunswick Counseling and Psychiatric Services”**

**By Emily Grzesiowski**

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**Rutgers, The State University of New Jersey**



**RUTGERS**  
THE STATE UNIVERSITY  
OF NEW JERSEY

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November 21, 2019

Melody Lasky, MD, Assistant Vice Chancellor for Health and Wellness  
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Re: Rutgers Mental Health Services Improvement

Dear Dr. Lasky,

Once again, I would like to thank you for attending my presentation at Scott Hall last month. The neglect that Rutgers students face due to the lack of care from Rutgers Counseling and Psychiatric Services (CAPS) has reached an overwhelming level. As a public health major but also as a part of the Rutgers community myself, I truly appreciate your concern for the wellbeing of the undergraduate population, especially in regards to your role as the Vice Chancellor for Health and Wellness.

As discussed in the presentation, much of the psychiatric dilemmas that the average college student face today are great, but the challenges universities face to help them can be even greater. At Rutgers, I have found that many of the methods that the Counseling and Psychiatric Services executes can have serious deficiencies. For many students, CAPS does not provide mental aid, and rather lacks necessary accessibility and quality of care. Many students find it extremely difficult to find an adequate date for an appointment, and when they finally get to a service center, they are treated with virtually the same regimen as their peers, with no differentiation between each patient. As a result, the Rutgers population must suffer with both untreated mental illness, or with the burden of helping someone who is ill. However, as detailed in this proposal, there is room for improvement with appropriate investment back into CAPS.

Based on extensive research, I propose that the university replenish care to its growing, diverse population by providing more experienced, accessible, and individualized services. To reach these goals, we must raise the number of hired professionals, extend the service hours of CAPS, and shift its methods to more unique approaches, such as shared decision making. Only then may Rutgers University boast its ability to produce well-rounded, educated, and healthy graduates.

Once again, I would like to thank you for taking the time to review this proposal. Please feel free to contact me with any questions or concerns by email at [ecg78@scarletmail.rutgers.edu](mailto:ecg78@scarletmail.rutgers.edu) or by telephone at (973) 862-7516 at any time. I greatly appreciate your work for the Rutgers community, and am looking forward to hearing from you soon.

Sincerely,  
Emily Grzesiowski

**‘No Cap’:  
Imperative Improvements in Rutgers University – New Brunswick  
Counseling and Psychiatric Services**



**Submitted By:**  
Emily Grzesiowski

**Submitted To:**  
Dr. Melodee Lasky  
Assistant Vice Chancellor for Health and Wellness  
Rutgers University Counseling and Psychiatric Services  
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New Brunswick, NJ 08901

**December 11, 2019**

**Prepared for:**  
Writing for Business and Professionals  
Professor Francesco Pascuzzi

## **Abstract**

This is a research-based proposal that reviews the inadequacy of mental health care in the Rutgers University – New Brunswick population. The piece discusses the quantitative issues of the topic. Details focus specifically in the New Brunswick population, and then turn to the prevalence of mental illness in the college population as a whole. Qualitative evidence from testimonials, editorial pieces, and interviews are cited as critical sources of information as well. The gathered data shows that mental illness is a serious threat to the wellbeing of the student body at Rutgers University, and that the therapeutic services that the school provides have been proven ineffective.

Included in this proposal is a suggested plan to improve the mental health services at the University. Background research is utilized to present a strategy to help solve the population's growing need. Procedures recommended will include the expansion of counselor staffing, the extension of weekday hours, and the introduction of weekend services. To further the quality of care, this proposal aims to also provide outreach through media, collect and assess patient feedback, and track improvements in each student case. These processes aim to, overall, provide better-quality care for students at Rutgers through the means of individualized, personal counseling and continuous program improvement, so that students may leave the university not only as educated professionals, but also mentally healthy individuals.

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## Executive Summary

At the largest academic institution in the state of New Jersey, Rutgers University – New Brunswick can have unique, but highly prevalent issues in its student body. The school is an extremely diverse community, with students coming from various states, countries, and backgrounds. Because of this, the student body is not only externally diverse, but internally diverse as well. In many instances, the issues that each student at the university deals with their mental health, and further mental illness is unlike from person to person. Mental health in college students is a widely-discussed topic that many in the public agree is a dilemma. However, many people cannot figure out what to do with this population, which deals with its own set of particular lifestyles and objectives.

Most college students, due to grades, interpersonal relationships, and work, run into trouble with their mental health. At Rutgers, over 57 percent of students surveyed said they have suffered from or are currently suffering from a mental illness. This is almost double the rates nationwide; according to the World Health Organization, about one third of college students suffer from mental illness (Auerbach, et. al). Stress and unhealthy lifestyles build up to be determinants of this prevalent problem, and, being far from home, students seek help with mental services in their schools. At Rutgers, the program that the university runs to try to alleviate this suffering is named Counseling and Psychiatric Services (CAPS). This service is run out of Student Health and Wellness, an area that also deals with medical issues for students. At CAPS, students can make an appointment with a mental health counselor or go for a group therapy session. In practice, however, many students run into trouble working with these services.

At Rutgers, students who are mentally ill are reach out to CAPS for health, but the system is completely overwhelmed with the demand of students who need care. There are not enough counselors or other professionals to help serve people. When students try to make appointments online through the Rutgers Health Portal, there can be no availability for up to 3 weeks. The service also lacks flexibility in its hours: CAPS is not open after 4:30pm each work day, and does not open at all during the weekends. This can keep many students who have irregular schedules, whether it be unconventional schedules, or simply busy, without accessibility to care.

In addition to the physical limitations of care, it is important to note that there is a compelling amount of concern regarding the quality of overall care. In research for this project, the author conducted and administered a survey of students at Rutgers. Those who have used CAPS at Rutgers rated their satisfaction on a scale of 1 to 5, with 1 being “Not satisfied at all, the service provided no help to me” and 5 being “Completely satisfied, Rutgers CAPS fulfilled my mental health needs”. 69.3 percent of people rated their experience with psychiatric services to be 1 (“Completely unsatisfied”) to 3 (“Fair”) (Appendix A).

In order to address and ameliorate these critical issues, there must be an effective change of action. To do this, one must focus on a few key principles, which include providing individualized care for Rutgers Students through expanding resources, hours, and staff, so that scholars are able to receive proper treatment for their mental health problems. In this report, one

will look at research on mental health care, as well as take examples from other successful psychiatric services, to determine what fits the needs of our population.

To improve CAPS, one of the primary goals for this project will be for Rutgers Health and Wellness to increase the number of counselors that they have for its services. By hiring 7 new counselors, with diverse backgrounds and care styled, one may be able to accommodate for the varied needs of such a diverse university. These counselors would assign some of their hours to the weekends and evening hours (past 5 p.m.), to be able to ensure that all patients receive care at convenient times. Additionally, I propose that in treatment, student-patients are treated differently through the process of shared decision. Shared decision making is “a process by which a healthcare choice is made jointly by the practitioner and the patient” (Légaré, et. al), and has been shown to be successful not only in health care services, but especially in mental health services.

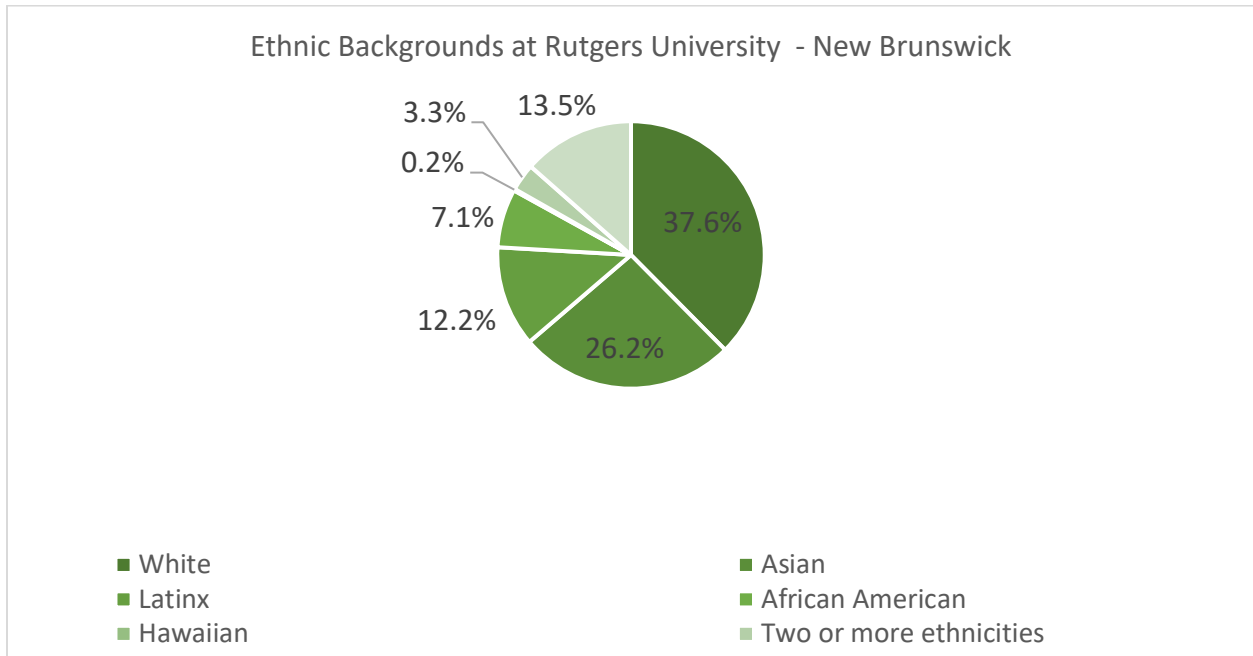
The primary budget that this project will take on is \$486,000. The money will primarily go to annual salaries for new staff, paying yearly income for 7 new counselors for the College Avenue Counseling Center. Additional funding will be allocated to the extra cost of online media outreach exit surveys for patient satisfaction, and any extra utilities for extending hours at the Counseling Center. The plan is to initially see how it fares at the CAPS main office, at 17 Senior Street on the College Avenue Campus. If Rutgers Health and Wellness finds a positive return on this initial investment, we can move to expand this program to the other campuses around New Brunswick and Piscataway, and then hopefully to the other Rutgers locations around New Jersey. In short, it is time to reinvest into the mental health of the students. By putting funds to programs that make people happier and healthier, not only will Rutgers achieve an improved community, but a positive reputation around the world after its students graduate as successful alumni.



## Introduction

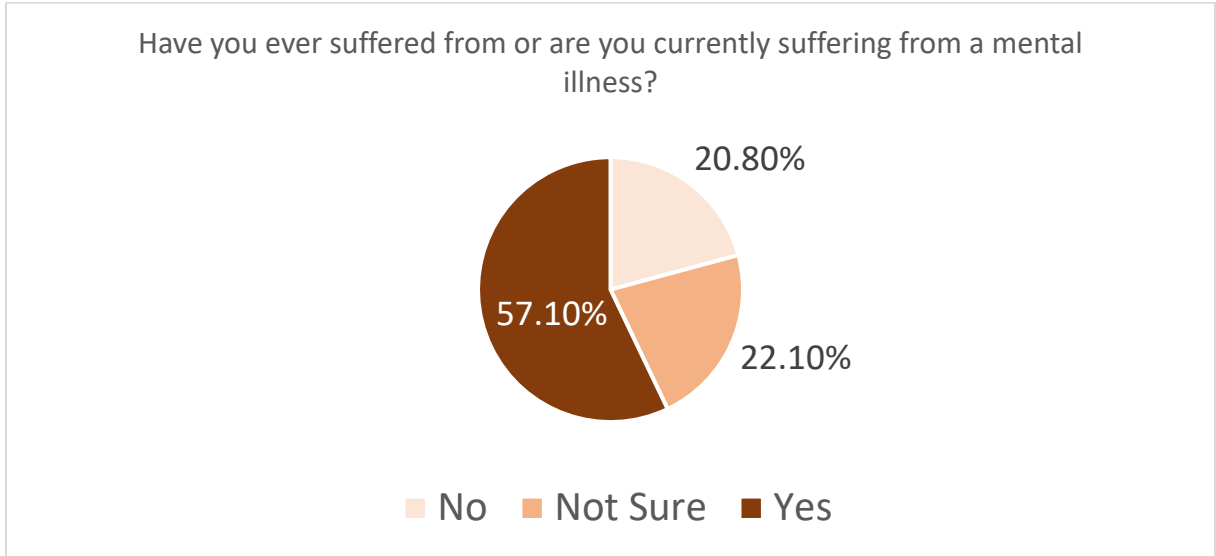
To understand the current problems that the University faces, one must have thorough understanding of what its population consists of. Rutgers University – New Brunswick has a little over 50,000 students, including graduate and undergraduates. Of undergraduates, 50 percent are men, and 50 percent are women. About 37.6 percent of students are White, 26.2 percent Asian, 12.2 percent Latino, 7.1 percent African American, 0.2 percent Hawaiian, 3.3 percent of two or more ethnicities, and 13.5 percent that are other, unknown, or international (*Rutgers University – New Brunswick*). This demographic is depicted in Figure 1 below. With such a large and diverse population, the student body comes its own set of diverse needs. Considering the immense number of students that are of racial or ethnic minorities, these groups are at a higher likelihood of suffering from mental illness than their White counterparts. According to the American Psychiatric Association, minority populations “often bear a disproportionately high burden of disability resulting from mental disorders”.

**Figure 1: Ethnic Diversity at Rutgers University**



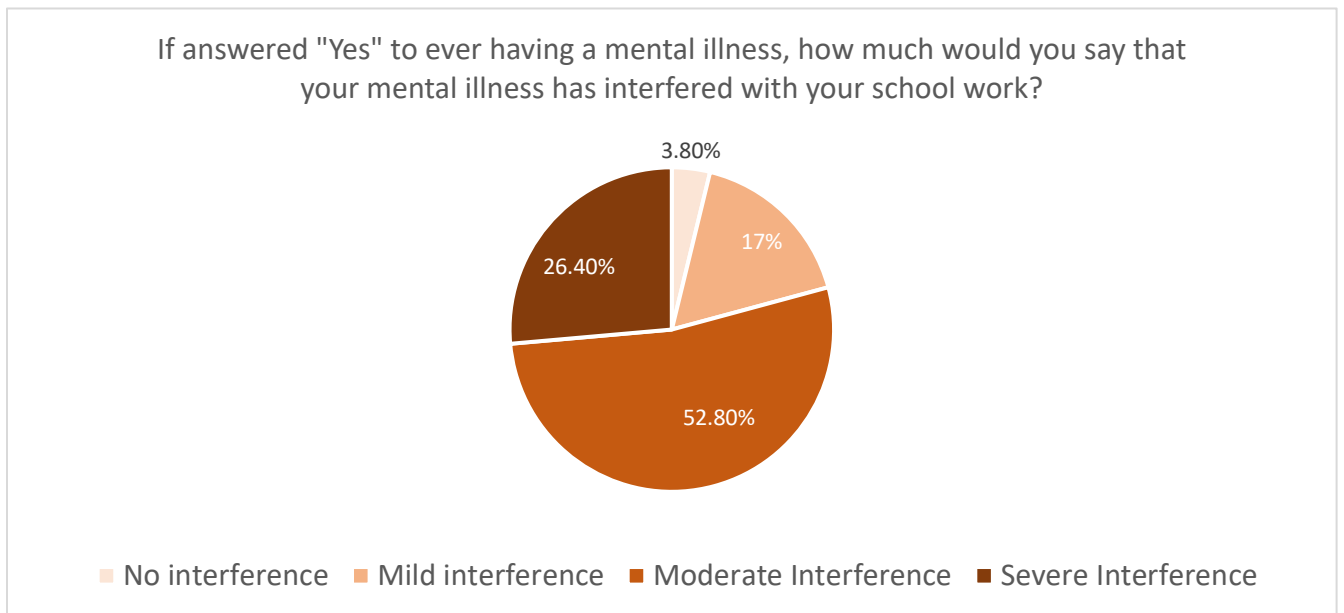
When one studies college populations more specifically, the data emphasizes how prevalent the issue really is. As the typical student starts their university career in their late teens and early 20's, this is when many people start to see symptoms of their mental illness. About “half of all lifetime mental disorders ... start by the mid-teens and three quarters by the mid-20s”, according to Kessler et al. As many illnesses uncover in this period does not help that, overall, college can be an extremely stressful time one's life. Most students account feeling “overwhelmed ‘at least once’ during the past academic year, and nearly half felt ‘so depressed it was difficult to function at least once; almost 1 in 10 ‘seriously considered suicide’” (Iarovici 6). All of these points can contribute to the World Health Organization's estimation of about a third of all college students having a mental illness (Auerbach, et. al 635) at school.

**Figure 2: Mental Illness Prevalence at Rutgers University**



At a closer glance, there was no data found for the prevalence of mental illness at Rutgers University. In response to this lack of information, I generated and administered a survey to the student body population at Rutgers University – New Brunswick. The survey was titled “Mental Health Services at Rutgers University”, and was administered to 77 individual students at Rutgers University, via online link sharing via emails and direct contact. The survey was also shared via social media platforms Facebook and GroupMe. Upon reviewing results, over 57 percent of the students who took the survey identified that they have suffered or are currently suffering from mental illness. This is illustrated in Figure 1.

**Figure 3: Interferences with School Work due to Mental Illness**



For many cases, mental illness interferes with schoolwork as well. As students focus on classwork as their main occupation, it is often hard to find time for self-care or external help when dealing with small psychological issues. But if mental illness becomes severe, it can severely disrupt a person's life, and thus their duties as a student. 79.2 percent of students surveyed rated that their mental illness has impacted their school work with a moderate to severe interference. If students cannot do their work, then is not their reasoning for going to school rendered obsolete? The numbers from this survey are illustrated in Figure 2, though one can find more information on the survey in Appendix A.

There are a multitude of reasons that contribute to the origin of mental illness. Many professionals believe mental illness stems from stress, unhealthy lifestyles, genetics, chemical imbalances, and inadequate social activity, to name a few. By traveling around campus myself, and asking my friends and colleagues, many of my peers identify school work, clubs, and interpersonal relationships as main stressors. It was alarming to see that at Rutgers, stress and mental illness are a result of the fundamental aspects of student life. All of these issues cannot be solved with a quick and easy approach, though there is certainly a necessity for improvement, starting with Rutgers Counseling and Psychiatric Services. This is the place students come for help when they need it, and where we will focus this proposal on.

If one accounts for Americans in general, it is important to note that people who need the psychiatric help do not necessarily receive it: only about 43 percent of people with any mental illness obtain any mental health treatment (*American Psychiatric Association*). In regards to student lifestyles, treatment may be even further inhibited due to factors such as irregular class scheduling and dynamic living conditions. The only constant that a Rutgers student can truly rely on during their academic tenure is the university itself. This is why it is so crucial to establish counseling roots at places like Rutgers, so that students in their young adulthood can receive adequate care. Without it, they may not be able to form healthy habits, like independently seeking help when they need it.

As of the present, the current system that Rutgers has in place is ineffective in dealing with the mental health needs of such a large student population. Though Rutgers Counseling and Psychiatric Services offers both group and individual therapy, the system tries to push students into group therapy as much possible, citing it as the "best way to work on problems" (*Therapy Options*). However, this strategy to care for students may end up marginalizing them instead. According to a study released by the Society for Psychotherapy, researchers found that the effectiveness of group therapy and individual therapy are virtually the same (Seebeck, et. Al). This can incentivize Rutgers CAPS to save money to treat many students at one time by relying on group therapy, allowing one staff member to help multiple people at once. However, even though on the broad scale, things may look equal, in a university setting, there is evidence to demonstrate that this type of care may not be the most coveted, or even the most effective. In many instances, it has been found that college students avoid discussing their problems in fear of a breach of confidentiality and privacy (McCoy), indicating that it may not be of interest to start talking about their mental health in a Rutgers-preferred group setting.

When students are finally able to get ahold of a private counseling session, they are limited in time and quantity of care. CAPS standardizes the way that a student is treated by only counseling

a student for, on average, a maximum of “six sessions”, and afterwards “[encourages students] to search for other options” (*The Daily Targum*). However, this marginalizes the many who need a single professional to rely on. In many instances, it is necessary for a person to build a relationship with a counselor, so that one has the chance to gain trust, and learn about each other.

In further qualitative review of the Rutgers population, many students indeed desire to be able to see a trained professional, that they may see on normal basis, trust, and be able to talk to at times that work for them. At Rutgers, however, people who would like to see a single professional are faced with considerable hurdles in making an appointment. For instance, when students want to schedule an individual CAPS session, openings are far and few in between. When reviewing the Rutgers student health medical appointment system, openings for counseling meetings do not open for up to 3-4 weeks later than the date accessed. “It’s frightening,” a senior I interviewed notes, “I really need to see [a counselor], but [when] everything is booked up so far in advance, that appointment would not even help me anymore” (Grzesiowski). In many instances, students may leave the service altogether, citing the difficulty of obtaining follow up appointments (Han).

In my survey’s research, it was alarming how many people disagreed with the quality of care that they received. If students rated their satisfaction from 1 to 4 on a scale of 1 to 5, with a 5 otherwise indicating complete satisfaction, students were asked why they did not award CAPS with a perfect score: “If you answered 1 to 4 in the previous question, what reason(s) have made you dissatisfied with Rutgers CAPS?”. Out of a total of 26 respondents, one student answered:

It's really hard to get appointments, and I feel like all the providers I've met with have a consensus on a treatment plan for me that I don't quite agree with. I know it takes time, but I don't think I am being listened to when I ask to change my treatment... (Appendix A)

Another student’s response reflected on a much more serious situation:

Because of a history of mental illness, CAPS immediately referred me out in my freshman year... to programs that did not work with my issues or that I was told could work around my class schedule when they couldn't. I gave up on trying to get help from them then. Sophomore year, my best friend died from suicide and I went to CAPS for an emergency walk-in appointment. Not only did the psychologist repeated mis-gender my friend, even after my corrections, she kept telling me that I should just "be happy she is no longer suffering" and that there is nothing I could have done because "her happiness these past few months was probably that she made up her mind on when and how to go." I left the appointment feeling even worse and given improper information about what my next steps dealing with Rutgers should have been (which ultimately led to me failing nearly every class that semester because she told me it was too late to withdraw even with a Dean's help, and it wasn't). Absolutely the worst experiences of my life, and even though I'm struggling now, I absolutely refuse to go to CAPS for anything (Appendix A).

Though this is an extreme situation, it is important to include this narrative of an example of the people who desperately need support from Psychiatric Services, but are failed. As students receive ‘help’, such as in this mentioned instance, from CAPS, there little autonomy in their care.

With many citing a complete dissatisfaction with their services, it is obvious that change is imperative. Not only are students being pushed aside with the lack of availability of appointments, many of them have no say in the type of care that they receive. From the accounts of these students, it is clear that the situation is dire. CAPS, in its methodology, fails to build the baseline patient-provider relationship that Rutgers students so desperately need, in which students are able to quickly make an appointment, have flexible hours, and have a say in their treatment. In this proposal, I would like to plan an expansion of mental health care at Rutgers, so that students can more effectively live their lives and grow while attending the University.

## **Literature Review**

Upon review of this situation, it is necessary to look for ways in which Counseling and Psychiatric Services may improve for the better. It is clear that not only Rutgers faces this problem. STAT News drove a report for information across the United States and found that many colleges faced some of the same problems: large universities, to small, liberal arts colleges, found wait times for counseling services to take on average, 10 days to 2 weeks (Thielking).

Individualized therapy can yield many advantages for its patients. American Addiction Centers cites that there can be many benefits to this type of care, including better maintenance of confidentiality, more thorough understanding of specific problems, more comprehensive analysis, and a strong therapeutic alliance (*American Addiction Centers*). In many cases, many universities have taken steps to improve the overwhelming number of students with issues by increasing the number of counselors as well. Megan Thielking writes in STAT News that “The wait times at Ohio State University were so alarming to Dr. Michael Drake — a physician who stepped into the president’s office in 2014 — that he hired more than a dozen new counselors. That pushed the school’s ratio down to one provider for roughly every 1,100 undergraduates. ‘We were doing it to really smooth the pathway of success for students,’ Drake said. National data suggest the additional providers will help; 7 in 10 students who seek counseling say the mental health care improved their academic performance” (Thielking). As other universities find ways to improve their mental health care, Ohio State University has been able to make a simple, yet solid change to their system by hiring more staff members, and thus increasing the ratio of students-to-counselors. By looking at Ohio State University methods of ratio increases, one can better distribute treatment here at Rutgers, and better carry the overwhelming burden that the current health care demand has on the system.

In providing more effective and inclusive mental health services, CAPS may also find success in establishing a better continuity of care, which would work especially for its non-traditional students, including those with work schedules that conflict with the hours of typical CAPS services, with families or dependents, etc. In a study done by Pedrelli, et al., research found that in order “to ensure that... students receive adequate [psychiatric] services, providers should have extended and flexible hours” (Pedrelli et. Al).

An imperative way that many people have now been treating illness is through the method of shared decision making, which is, in short, when both the health care provider, such as a doctor, or counselor, and the patient (or in this case, the Rutgers Student), agree upon a line of care together. Légaré et. al finds that this method “[reduces] overuse of options not clearly associated

with benefits for all”, such as to reduce things like putting people into group therapy, and to “promote the right of patients to be involved in decisions concerning their health” (Légaré et al.). In practice, shared decision making has been very successful. A notable case can be made for the Camden Child and Adolescent Mental Health Services (CAMHS) in the United Kingdom. This program uses shared decision making to support young people dealing with mental illness so that they may have a strong role in their care. The project was found to be quite successful:

Clinicians reported that using shared decision making radically changed the way they interacted with service users, making relationships more open and transparent. Young people reported feeling more engaged and involved in their care, more able to take responsibility for their actions, and more committed to following care plans they’d been involved in developing. The team found evidence of improved outcomes in individual cases and anecdotal evidence from nurses in an outpatient unit suggested that shared decision making led to fewer incidences of aggressive behavior (The Health Foundation).

As one can observe, these types of improvements are both easy in their nature to replicate, and extremely effective in patient care. As we discuss the different solutions to the problem at hand, let us consider shared decision making as one of them. In this way, they can have more autonomy in their care, feel empowered, and also build a trusting relationship with CAPS, and the university as a whole.

### **Proposed Improvements for CAPS**

The development of Rutgers Counseling and Psychiatric Services comes with a solution, though one with a long road ahead of it. To start off at the 17 Senior Street CAPS location would be a first step in improving the school: starting off small, then evaluating through feedback and seeing where we can go from there. What we first must do to improve Counseling and Psychiatric services is to expand the number of individuals that can better help the large population of Rutgers students that seek individualized mental care. This may seem simple, but the allocation of resources in providing more counselors for students is what the university needs in order to better accommodate the student body.

The plan is to hire 7 new counselors at the College Avenue Counseling Center, allocate their hours to be focused on off-hours past 5 p.m., and during the weekend as well. As there are currently 36 CAPS staff currently, this will be about a 20 percent increase in counselors working in the system overall. This will not only decrease waiting times for students who are trying to make an appointment with CAPS, but also allow more flexibility in the caretaking process. In hiring this staff, we will try to choose those who not only specialize in certain subject areas, but also are diverse in gender, ethnic background, and professional background. This will ensure that the diversity in students can be met by diversity in caretakers.

In CAPS methodology, one will be able to empower a student and allow for growth, as well as more autonomy in health care planning. Using the methods of shared decision in practice, patients as well as counselors will be able to improve each patient’s plan to allow a student to help determine what works for them. This contrasts from the usual model of treatment at

Rutgers, in which each student has a predetermined course of action for their care, as standardized by CAPS already. This will be synergistic with the plan to increase the number of counselors who work at CAPS, so that one will be able to take more time to treat more students in a more effective manner, and that situations such as those illustrated in the survey results (Appendix A) can be minimized. In a counseling session, it will be imperative to improve the way that Rutgers counselors treat students: with proper respect to their individual situations, and with care. To do this, we will emphasize shared decision-making, taking lessons from cases such as the Camden Child and Adolescent Mental Health Services to see what works and what does not work for college students, with their own problems. As adults, they are entitled to make a care plan that works for them and their schedules, and not just fit into the ‘cookie cutter’ mold that CAPS is currently working with. It will be the shared decision of the student and counselor whether individual or group therapy is the necessary plan of action. It will also be important to agree on the frequency of meeting: is a once-a-week paramount, or is once per month enough to keep a student on track?

In addition, it is proposed that there will be other small programs to provide outreach and support the new plan. In order to better connect with students and communicate the future improvements, CAPS will launch a small social media and online marketing campaign, sending newsletters, emails, and posting on its networks. This will ensure students of an environment of continuous improvement, and even hopefully reconcile with students who have been wronged by the previous system. It will also be necessary to include feedback, both informally in counseling sessions, but also through the use of exit surveys and interviews. This will also come at a small additional cost, as detailed below, but will prove rewarding as CAPS receives constructive feedback to be used for continuous development.

Despite the emphasis on individualized therapy, I would like to note that this proposal does not denounce group therapy, or the other options that Rutgers Health Services has to offer. As mentioned before by Seebeck, et al., as well as many other studies in general, the effectiveness of group therapy can equate to the same as that of individual care and can be very cost effective as well. However, there is still a huge demand at Rutgers University for students to receive private appointments if they need it. This is why, by hiring more professionals, the breadth of students treated with quality care may expand.

## **Budget**

With the correct course of action planned out, there is no progress without putting the appropriate amount of resources towards it. In this proposal, the data shows that one-on-one services are desperately needed to properly improve the increasing demand for better psychiatric help. By hiring new professional counselors, expanding the window of care, and emphasizing shared decision making in individual care, Counseling and Psychiatric Services will be able to better accommodate what the students truly need. By reallocating the funds back from the now defunct Rutgers pharmacy costs (*The Daily Targum*), Rutgers University would be better able to complete this plan and provide the necessary care. This is why I propose that Rutgers Student Health allocates an additional \$486,000 per year to Counseling and Psychiatric Services. The breakdown of the cost will occur as follows: The money will primarily go to annual salaries for new staff, paying \$66,000 per year for 7 new counselors for the College Avenue. \$4,000 will be

allocated to the extra cost of online media outreach, \$10,000 on creating evaluative projects such as exit surveys for patient satisfaction, and the last \$10,000 will be dedicated to any extra utilities for extending hours at the Counseling Center.

A majority of the resources asked by this proposal would go towards the salaries of certified professionals. Nationally, Mental Health Counselors at Junior Colleges are paid a mean of \$65,090 per year (*U.S. Bureau of Labor Statistics*). If Rutgers were to pay the mean salary to mental health counselors, at about \$486,000 per year, they would be able to hire 7 quality CAPS counselors per million dollars spent per year. Considering that Health Services currently has 36 current staff on its current team, an additional 7 therapists would grow human capital by over 20 percent. This means that on top of the extra staffing available, CAPS would be able to extend its service hours as well to provide better care for regular students with busy schedules, as well as the many non-traditional students as previously mentioned. Whether it would be an extra two hours a day, to an extra four hours a day, this will be able to greatly benefit the student body. The total expenses are detailed in Figure 4 below.

**Figure 4: Proposed Budget for Proposal**

<b>Expense</b>	<b>Approximate Cost</b>
Counselor Yearly Salary (x7)	\$462,000.00
Online Media Outreach (x1)	\$4,000.00
Evaluative Services (x1)	\$10,000.00
Utilities and Upkeep	\$10,000.00
<b>Total</b>	<b>\$486,000.00</b>

## **Discussion**

To many at Rutgers University, CAPS is considered a “‘triage service’ rather than a long-term counseling option” (*The Daily Targum*), but Student Health Services has now the opportunity to change that. One must revolutionize the paradigm around mental health counseling; Instead of focusing on who can get in and out as fast as possible, the focus must turn to tending to the needs of the students and providing service for them, to provide solid, longstanding care. It is a well-known fact that Rutgers is one of the largest schools in the country, and that with such an immense student population, there comes a proportionally immense amount of issues with mitigating personal psychiatric needs. However, by giving the individual student quality care, Rutgers will be able to support for the entire student body as a whole. Student feedback regarding CAPS will improve, and the university can gain the reputation that it is a safe and effective place to help students when their health is at risk. The university must prioritize individual needs in order to help develop, heal and stabilize the mental health of Rutgers students. Only then would the university be able to pride itself on not only educating its students but providing a basis for mental development for the years beyond college. Rutgers students will not only be able to become seasoned professionals, graduates, and academics, but ones with stable, or at least improved mental health as well.



It will be also necessary in this process to make an effort in constant improvement. One should be able to establish some form of feedback process so that students can provide reviews of the new system to counselors, and staff assess the changes to upper level management. In this way, the University will be able to see the improvement made in the program and see how much it affects its students. If there is an adequate level of improvement shown by students and counseling, rating in the qualitative satisfaction of both, then there could be room to expand this project. Other campus resource centers, such as on Busch and Cook Douglass campuses at the Rutgers – New Brunswick location, will be also able to extend their open hours, hire more mental health counselors, and care for students with shared decision-making. Another, much larger expansion, could be to the other Rutgers campuses in Newark, NJ and Camden, NJ.

In conclusion, I would like to thank the reader for their concern for the current situation, and for their aspirations of making the university a happier and healthier place. Over time, it is expected that by improving the CAPS system and methodologies, we can improve Rutgers University as a whole. And by improving the University, we may nature the minds that grow up in the institution, and thus improve the world.

## Works Cited

- Auerbach, Randy P., et al. "WHO World Health Organization World Mental Health Surveys International College Student Project (WMH-ICS): Prevalence and Distribution of Mental Disorders." *Journal of Abnormal Psychology*, vol. 127, no. 7, 2018, pp. 623–638., doi:10.1016/j.jaac.2018.07.723.
- Brightman, Brendan, and Daniel Han. "Rutgers Will Close All Student Pharmacies on Campus Later This Fall." *The Daily Targum*, 3 Sept. 2019, [www.dailytargum.com/article/2019/09/rutgers-will-close-all-student-pharmacies-on-campus-later-this-fall](http://www.dailytargum.com/article/2019/09/rutgers-will-close-all-student-pharmacies-on-campus-later-this-fall).
- "EDITORIAL: Rutgers CAPS Should Not Be Capped." *The Daily Targum*, <https://www.dailytargum.com/article/2017/10/rutgers-caps-should-not-be-capped>.
- "Facts & Figures." *Rutgers University–New Brunswick*, Rutgers, The State University of New Jersey, 2019, [newbrunswick.rutgers.edu/about/facts-figures](http://newbrunswick.rutgers.edu/about/facts-figures).
- Five different ways to improve mental health services. (2014, November 27). Retrieved from <https://www.health.org.uk/newsletter-feature/five-different-ways-to-improve-mental-health-services>.
- Grzesiowski, Emily. Personal Interview with undisclosed senior Rutgers University student. 10 October 2019.
- Han, Daniel. "New App Developed by Rutgers Students Promises to Help with Mental Health Issues." *The Daily Targum*, 3 Oct. 2019, [www.dailytargum.com/article/2019/10/new-app-developed-by-rutgers-students-promises-to-help-with-mental-health-issues](http://www.dailytargum.com/article/2019/10/new-app-developed-by-rutgers-students-promises-to-help-with-mental-health-issues).
- Iarovici, Doris. *Mental Health Issues and the University Student*, Johns Hopkins University Press, 2014. ProQuest Ebook Central,

<https://ebookcentral.proquest.com/lib/rutgers-ebooks/detail.action?docID=3318797>.

“Junior Colleges (Including Private, State, and Local Government Schools) - May 2016 OES Industry-Specific Occupational Employment and Wage Estimates.” *U.S. Bureau of Labor Statistics*, U.S. Bureau of Labor Statistics, 31 Mar. 2017, [www.bls.gov/oes/2016/may/naics4\\_611200.htm](http://www.bls.gov/oes/2016/may/naics4_611200.htm).

Kessler, Ronald C, et al. “Age of Onset of Mental Disorders: A Review of Recent Literature.” *Current Opinion in Psychiatry*, U.S. National Library of Medicine, July 2007, [www.ncbi.nlm.nih.gov/pubmed/17551351](http://www.ncbi.nlm.nih.gov/pubmed/17551351).

Légaré, France et al. “Interventions for improving the adoption of shared decision making by healthcare professionals.” *The Cochrane database of systematic reviews* 5 (2010): CD006732 .

“Mental Health Disparities: Diverse Populations.” *Psychiatry.org*, American Psychiatric Association, 2017, [www.psychiatry.org/psychiatrists/cultural-competency/education/mental-health-facts](http://www.psychiatry.org/psychiatrists/cultural-competency/education/mental-health-facts).

McCoy, Almier. “Prioritizing Mental Health Reduces Academic Burnout.” *The Daily Targum*, Daily Targum, 31 Jan. 2019, <https://www.dailytargum.com/article/2019/01/semester-survival-tips-2019>.

Pedrelli, Paola et al. “College Students: Mental Health Problems and Treatment Considerations.” *Academic psychiatry : the journal of the American Association of Directors of Psychiatric Residency Training and the Association for Academic Psychiatry* vol. 39,5 (2015): 503-11. doi:10.1007/s40596-014-0205-9

Seebeck, J., Whitcomb, K. E., & Burlingame, G. M. (2017, June). Individual vs. group psychotherapy: Couching it in everyday practice. [Web article]. Retrieved from:

<https://societyforpsychotherapy.org/individual-vs-group-psychotherapy>

Staff, Editorial Staff. "Group Therapy vs. Individual Therapy." American Addiction Centers, American Addiction Centers, 2019, [americanaddictioncenters.org/therapy-treatment/group-individual](http://americanaddictioncenters.org/therapy-treatment/group-individual).

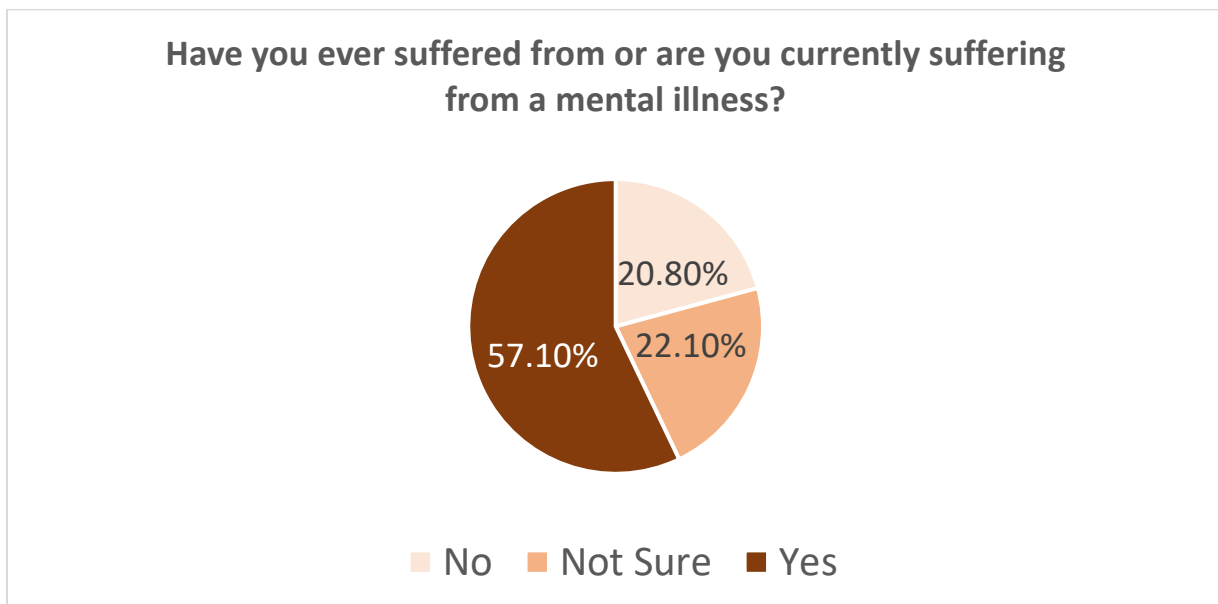
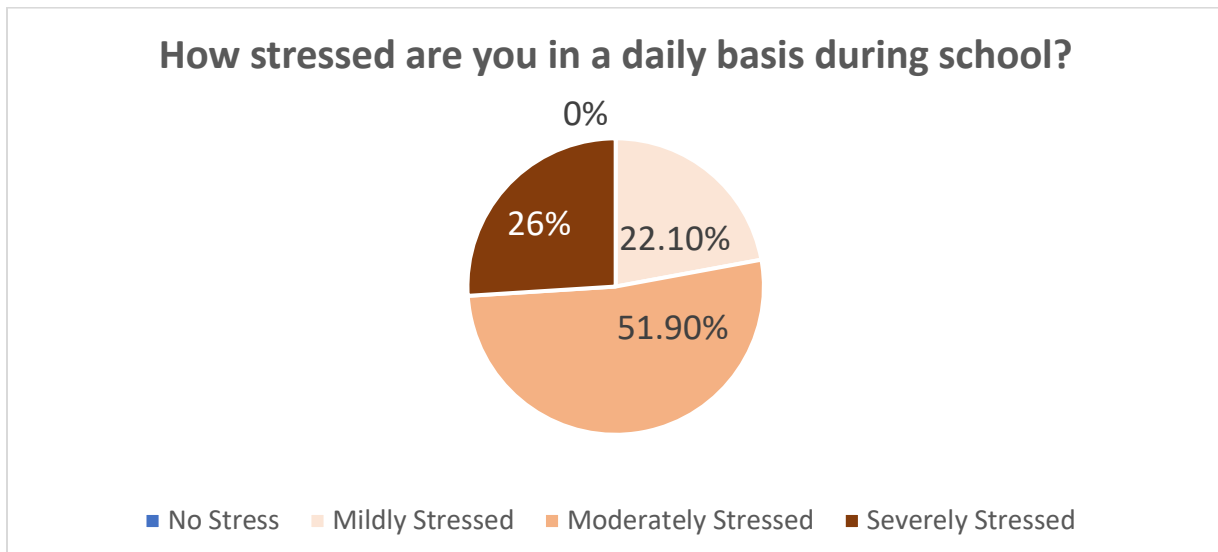
Thielking, M. (2017, December 7). As mental health crises soar, colleges can't meet student needs. Retrieved from <https://www.statnews.com/2017/02/06/mental-health-college-students/>.

"Therapy Options." Rutgers Student Health, Rutgers, the State University of New Jersey, 2019, [health.rutgers.edu/medical-counseling-services/counseling/therapy/](http://health.rutgers.edu/medical-counseling-services/counseling/therapy/).

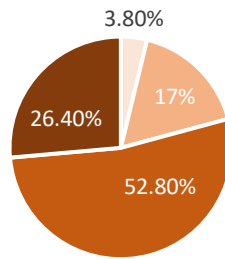
"21-1014 Mental Health Counselors." *U.S. Bureau of Labor Statistics*, U.S. Bureau of Labor Statistics, 31 Mar. 2017, [www.bls.gov/oes/2016/may/oes211014.htm](http://www.bls.gov/oes/2016/may/oes211014.htm).

## Appendix A

The following is the results that the author created and administered on their own for this project. The survey was titled “Mental Health Services at Rutgers University”. The survey was administered to 77 individual students at Rutgers University, via online link sharing via emails and direct contact. The survey was also shared via social media platforms Facebook and GroupMe. The following is an illustration to some of the questions for this survey, which are referenced in this project proposal. In some questions, only some of the respondents answered to questions. Please note that in the qualitative question “*If you answered 1 to 4 in the previous question, what reason(s) have made you dissatisfied with Rutgers CAPS?*”, some answers were lightly edited for spelling and grammar.

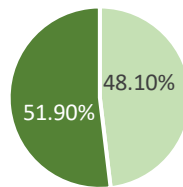


If answered "Yes" to ever having a mental illness, how much would you say that your mental illness has interfered with your school work?



■ No interference ■ Mild interference ■ Moderate Interference ■ Severe Interference

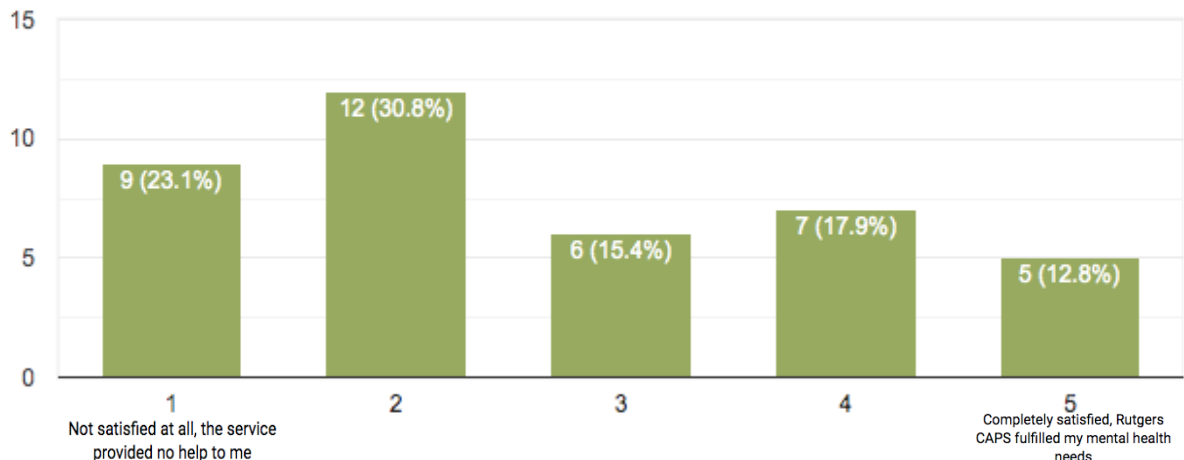
Have you ever used Rutgers Counseling and Psychiatric Services (CAPS)?



■ Yes ■ No

If you have ever used Rutgers CAPS, please rate your satisfaction:

39 responses



**If you answered 1 to 4 in the previous question, what reason(s) have made you dissatisfied with Rutgers CAPS? (26 responses)**

Appointment timing

Appointments have large gaps, groups are helpful but not enough spots in groups for people. They need more personnel, getting appointments in a timely fashion is very difficult.

Because of a history of mental illness, CAPS immediately referred me out in my freshman year... to programs that did not work with my issues or that I was told could work around my class schedule when they couldn't. I gave up on trying to get help from them then. Sophomore year, my best friend died from suicide and I went to CAPS for an emergency walk-in appointment. Not only did the psychologist repeated mis-gender my friend, even after my corrections, she kept telling me that I should just "be happy she is no longer suffering" and that there is nothing I could have done because "her happiness these past few months was probably that she made up her mind on when and how to go." I left the appointment feeling even worse and given improper information about what my next steps dealing with Rutgers should have been (which ultimately led to me failing nearly every class that semester because she told me it was too late to withdraw even with a Dean's help, and it wasn't). Absolutely the worst experiences of my life, and even though I'm struggling now, I absolutely refuse to go to CAPS for anything.

Counseling sessions too technical

everything felt like atypical help like breathing exercises and positive thinking.

I totally understand that they're busy and limited, and that they have additional crisis services, but it can be hard to get an appointment as soon as I'd prefer

I was given how where I had to record my sleep schedule and mood but it felt like how and I got stressed and the appointments kept getting postponed and eventually I just didn't go

I wish they had longer term 1 on 1 counseling or a better referral system to therapists that are low cost in the area to deal with mental health issues

It was kind of inconvenient that they gave me a Douglass counselor at 9am when I live on [Livingston Campus] and I told them the main issue with my depression is getting up in the morning so.... don't know why that was a good option

It's really hard to get appointments, and I feel like all the providers I've met with have a consensus on a treatment plan for me that I don't quite agree with. I know it takes time, but I don't think I am being listened to when I ask to change my treatment. I think a lot of that comes from the facility being extremely busy all the time, so I don't really hold it against them. On the other hand, there are many groups that they offer but they are all at very inconvenient times, which again I don't really hold against them because it depends on the kind of traffic that they get.

Made me feel worse about myself, also the psychiatrist billed me without warning me about it before.

Not enough time with [CAPS].
Psychologist tried to prescribe me extremely strong medications upon meeting me for the first time (for BPD, which I was never diagnosed with). I refused, and she never followed up
The best they can do is "talk about it".
The long wait. The inconsistency in practice and attitude among the practitioners. The time constraints and limits of therapy they allow. Mostly the availability. Some of the practitioners don't seem to have the clinical knowledge to be providing to students. Many of them are students themselves and should be shadowing rather than holding this own private practice within these services.
The person.
The process for setting up appointments were sometimes frustrating, especially if you wanted to speak with someone instantly.
The questions felt like an interrogation.
The services I was looking for were not available.
Their services seem very basic and there is not a wide range of different kinds of services available. That being said, I am satisfied with the services I did choose.
There were only two options. I felt uncomfortable doing group therapy and the individual therapy was only conducted by graduate students. I was told that if I did not have my sessions recorded for research I could not do the individual sessions. The individual sessions were unproductive and too numerically based. I was ridiculed for missing sessions and I eventually dropped out and did not receive any follow up despite my diagnosis.
They did not have the resources to help me. I needed regular counseling to help with depression and anxiety and they only offer goal-based short-term counseling.
They do not help at all. They are not psychiatrists.
They told me I was not emotionally unstable enough to receive resources even though I was seeking them out.
They told me they were unable to help me beyond a few sessions but did not refer me to any other resources. They also did not give me any advice or assistance in regards to problems solving with the issues that affected my classes.
Unreliable, not many options, not satisfied with the options