We are pleased to accept the Task Force's thoughtful report. We thank Co-Chairs Dr. Rebecca Bushnell and Dr. Anthony Rostain and all the Task Force members for their time, energy, and dedication in developing these recommendations, which seek to foster resiliency and ensure that students have a supportive campus environment. We also thank the many students, faculty, and staff who served on the Task Force's working groups or who offered their insights and expertise, all of which have greatly contributed to the report.

The University has implemented early recommendations made by the Task Force, such as the establishment of a HELP Line. We look forward to taking up the report's other recommendations as well, in our ongoing commitment to support the overall wellbeing and safety of our students. We also thank the members of the Penn community who are working hard every day in this essential effort.

> —Amy Gutmann, President — Vincent Price, Provost

Report of the Task Force on Student Psychological Health and Welfare

Executive Summary

President Gutmann and Provost Price announced the formation of the Task Force on Student Psychological Health and Welfare on February 19, 2014, which they charged to "examine the challenges confronting students that can affect their psychological health and wellbeing, review and assess the efficacy of Penn resources for helping students manage psychological problems, stress, or situational crises; and make recommendations related to programs, policies, and practices designed to improve the quality and safety of student life." Dr. Rebecca Bushnell, School of Arts and Sciences Board of Overseers Professor of English and former Dean of the School of Arts and Sciences, and Dr. Anthony Rostain, Professor of Psychiatry and Pediatrics and Director of Education for the Department of Psychiatry at the Perelman School of Medicine, served as co-chairs of the Task Force. The other members of the Task Force were Joann Mitchell, Vice President for Institutional Affairs, who served as vice chair; Andrew Binns, Vice Provost for Education and Professor of Biology; Jody Foster, Clinical Associate Professor of Psychiatry, Perelman School of Medicine and Chair of the Department of Psychiatry at Pennsylvania Hospital; Eric Furda, Dean of Admissions; Charles Howard, University Chaplain; Valarie Swain-Cade McCoullum, Vice Provost for University Life; Maureen Rush, Vice President for Public Safety; and Wendy White, Senior Vice President and General Counsel. Leah Popowich, Deputy Chief of Staff in the Office of the President, and Rob Nelson, Executive Director of Education and Academic Planning in the Office of the Provost, provided research and administrative support to the Task Force.

The Task Force found that Penn offers a comprehensive set of educational and outreach programs focused on student mental health for undergraduate, graduate, and professional students through Counseling and Psychological Services (CAPS), Student Health Service, College Houses and Academic Services, Graduate Student Center, cultural resource centers, an array of other offices, and dozens of peer-health focused student groups. The resources and programs address a wide range of needs from counseling, advising, self-care, mindfulness/meditation, and psychoeducation to developmental issues like stigma reduction, managing competitiveness, and learning to help others in distress. Targeted outreach programs for underrepresented minority, LGBT, international, and other students are offered in collaboration with resource centers and student groups. In general, particularly in recent years, Penn students have become much more interested in their wellness and in shaping a campus culture that is supportive and caring.

Our review confirmed that the colleges and universities across the country face similar challenges associated with ensuring that their students—undergraduate, graduate, and professional—have the necessary tools and resources to foster resilience. All schools want to send a clear and consistent message about the importance of wellness and taking care of oneself to their success on campus and beyond. However, the pressures engendered by the perception that one has to be perfect in every academic, co-curricular, and social endeavor can lead to stress and in some cases distress. The often endemic use or misuse of alcohol or other drugs, lack of sleep, improper nutrition and other factors have a detrimental impact on student success and can compound students' stress.

The commitment of the staff and faculty to ensuring that University out-

reach and support programs, policies, and practices regarding student psychological wellbeing reflect best practices was clearly evident in our conversations and analysis of the direct services and educational and outreach programs offered. Notwithstanding these efforts, we found that there are opportunities to further strengthen the University's efforts in the following ways:

- Communicating at every level of the student experience about the importance of mental health and wellbeing to student success:
- · Making information about available resources and supports for student mental health and wellness across the University easily accessible;
- Educating and training faculty, staff, students, parents, and families about fostering mental health and responding to students who need help;
- Optimizing the resources devoted to CAPS to meet the needs of students as efforts continue to engage the entire community in sustaining and improving the psychological health and wellbeing of Penn students.

The appointment of the Task Force generated conversations across campus regarding the importance of wellness to future success. Many students have spoken about the stigma associated with mental illness and the pressure inherent in a culture in which they feel compelled to perfection and perceive that they will be judged by their peers if they fail to meet those unrealistic standards. Remarks made during Convocation and at other times since the Task Force's appointment have explicitly referred to the need to take care of oneself and to seek help in times of stress. We are encouraged by the work that is already in progress to educate members of the community about the importance of taking care of oneself and others. The implementation of the HELP Line (215-898-HELP) and the psychological health and welfare website that is in development are two examples of steps that have been taken in response to the Task Force's activities, which will make information about resources and supports more readily accessible to all members of the community. The I CARE training offered by Counseling and Psychological Services provides an experiential learning opportunity that provides information about warning signs of student distress as well as advice and strategies for how to and when to intervene. We applaud this effort and strongly support the development of I CARE training that is modular that can be more broadly distributed to faculty, staff, and students. The clinical staff added to Counseling and Psychological Services has already resulted in significantly reduced wait times for first-time non-emergency appointments. A new location that provides additional space for support groups and educational programs has been well received. It is essential that continued focus be directed to ensuring that such resources devoted to student psychological health are deployed to optimal effect.

The unwavering commitment of the dedicated faculty, staff, and students working hard to ensure that students in distress receive the help and support they need to be successful is very impressive. The Task Force is indebted to the students, faculty, and staff who offered advice and suggestions for new initiatives or modifications to existing programs that would support a caring culture on campus. The work of supporting the wellness and psychological health of all students is an ongoing challenge for Penn and all colleges and universities. Our conversations and consultations made clear that there is broad support for working together to provide a campus environment in which care of one's own psychological and physical health are seen as essential components of success as a student; and as importantly, for success in life after graduation.

¹ See http://www.upenn.edu/pennnews/news/penn-forms-new-task-force-studentpsychological-health-and-welfare

Introduction

On February 19, 2014, President Amy Gutmann and Provost Vincent Price announced the formation of a Task Force on Student Psychological Health and Welfare. The Task Force was charged to "examine the challenges confronting students that can affect their psychological health and wellbeing; review and assess the efficacy of Penn resources for helping students manage psychological problems, stress, or situational crises; and make recommendations related to programs, policies, and practices designed to improve the quality and safety of student life." As is the case at colleges and universities across the nation, many of our undergraduate, graduate, and professional students struggle with stress, depression, and other challenges that impact their academic achievement and personal development. The Penn community itself has been deeply saddened by recent student deaths. As President Gutmann has said, "now is the time to review our work to ensure that we have in place the best practices in outreach, education intervention, and treatment."

The Task Force was chaired by Dr. Rebecca Bushnell, School of Arts and Sciences Board of Overseers Professor of English and former Dean of the School of Arts and Sciences, and Anthony Rostain, Professor of Psychiatry and Pediatrics and Director of Education for the Department of Psychiatry at the Perelman School of Medicine. The other members of the Task Force were Joann Mitchell, Vice President for Institutional Affairs, who served as vice chair; Andrew Binns, Vice Provost for Education and Professor of Biology; Jody Foster, Clinical Associate Professor of Psychiatry, Perelman School of Medicine and Chair of the Department of Psychiatry at Pennsylvania Hospital; Eric Furda, Dean of Admissions; Charles Howard, University Chaplain; Valarie Swain-Cade McCoullum, Vice Provost for University Life; Maureen Rush, Vice President for Public Safety; and Wendy White, Senior Vice President and General Counsel. Leah Popowich, Deputy Chief of Staff in the Office of the President, and Rob Nelson, Executive Director of Education and Academic Planning in the Office of the Provost, provided research and administrative support to the Task Force.

The Task Force was ably assisted in carrying out its charge by two working groups—one that focused on outreach and education and one that focused on intervention and treatment. Dr. Bushnell led the working group on education and outreach which included five Task Force members, two faculty members, two graduate students, and two undergraduate students. Dr. Rostain led the working group on intervention and treatment that included five Task Force members, two faculty members, two undergraduate students, and two graduate students. (A list of the members of the working groups can be found in Appendix 1.) The Task Force met regularly as did its two working groups. The Task Force consulted broadly with individuals and groups including internal and external experts and a wide array of student organizations, staff, and faculty. (A representative list of those consultations can be found in Appendix 2.) The Task Force benefitted greatly from the suggestions, advice, and feedback received during those conversations.

Campuses across the country, including Penn, face challenges relating to the health and wellbeing of their students—undergraduate, graduate, and professional. Students arrive on campus having been at or near the top of their classes and find themselves surrounded by other high-achieving students. Significant transitions, like that from high school to college or from college to graduate school or professional school, can be very stressful. These stressors are compounded when the student's resilience and other life skills have not been developed to allow them to recover from setbacks and challenges in ways that allow for growth rather than distress.

Another important context for understanding the challenge before us is that "mental illness begins very early in life. Half of all lifetime cases begin by age 14; three quarters have begun by age 24. Thus, mental disorders are really the chronic diseases of the young. For example, anxiety disorders often begin in late childhood, mood disorders in late adolescence, and substance abuse in the early 20's." According to the 2014 American College Health Association's National College Health Assessment, 49.3% of graduate and professional student respondents across the nation reported having felt "overwhelming anxiety" during the preceding 12 months. Of the undergraduate respondents, 54.7% reported having felt "overwhelming anxiety." Depression, anxiety, and alcohol and drug abuse impact individual students and the community as a whole with 10% to 15% of college students in the United States reporting having experienced academic impairment from mental distress. Whether in treatment or not, some students may become suicidal as a result of the evolution of serious mental illness,

profoundly affecting their families, friends, and campus communities.⁵

Like its peer institutions, Penn has a highly competitive academic and extracurricular culture that some students perceive to demand perfection. Such perceptions may lead to pressures to succeed both academically and socially that may be unrealistic and lead to feelings of being overwhelmed. Some experience depression or other forms of distress often evidenced by changes in behavior. To support its students, Penn has created a comprehensive set of offices and programs for fostering the psychological health and welfare of its students, extending from preventative care to responses to crises. Programs have been developed that are aimed at having students, from the beginning of the Penn experience, think about taking responsibility for their health by engaging in behaviors that support health and wellbeing including eating a healthy diet, getting enough sleep, not misusing alcohol or other drugs, and seeking help when they need it for their physical or mental wellbeing. As a part of its ongoing efforts to ensure the health and safety of its students, Penn has reviewed resources available to eliminate the misuse of alcohol and other drugs, sexual violence, and other high-risk and unhealthy behaviors. The Task Force's work intersected with and benefited from the analysis of reports focused on those issues

Responsibility for fostering student success and wellbeing goes far beyond the institutional programs that have been instituted. Every student at Penn has a network of support, official and unofficial, that spans friends, family, peers, peer educators, academic advisors, faculty, and staff in student services and other roles. Students (undergraduate, graduate, and professional) are expected to take responsibility for their own wellbeing, but we recognize that during times of stress or distress, it is challenging to maintain one's perspective and to make sound decisions about whether and to whom to turn for help. For these reasons, Penn has a strong and committed network of individuals and offices that can either provide direct assistance or ensure that students are appropriately referred. The University is fortunate that so many members of the Penn community are already actively engaged in supporting students and want to do more.

Selected Resources and Supports

The Task Force found that Penn does indeed offer a broad range of resources and programs that provide education, outreach, intervention, and treatment, including Counseling and Psychological Services, Student Health Service, Student Intervention Services, Office of the Chaplain, College Houses and Academic Services, Graduate Student Center, undergraduate and graduate department chairs, student affairs professionals in each of the 12 schools, the cultural resource centers, and dozens of peer-health focused student groups. A wide array of issues ranging from self-care, mindfulness/meditation, and psychoeducation to developmental issues like stigma reduction, managing competitiveness, and learning to help others in distress are addressed through these efforts. The Division of Recreation and Intercollegiate Athletics offers stress reduction programming that ranges from massages to exercise and fitness programs that focus on the mind/body connection.

Programs designed for the entire student body are offered as are targeted outreach to students including those who are minorities, LGBT, and international through collaboration with resource centers and student groups. In general, Penn undergraduate, graduate, and professional students are increasingly interested in their wellness and in shaping a campus culture that is supportive and caring. The array of resources and programs in schools and administrative divisions reflects Penn's deep commitment to wellness. (A listing of University offices available to students appears in Appendix 3.) We highlight here just six of the resources that lead Penn's efforts to ensure the psychological health and wellbeing of its students.

Counseling and Psychological Services

Counseling and Psychological Services (CAPS) is at the forefront of the University's efforts to provide professional mental health services to all Penn students. The services provided by CAPS include therapy for individuals, couples/family therapy, and group sessions. In order to have the maximum impact, the individual counseling offered by CAPS is typically short-term, with an average of less than seven sessions per student —50% of students have between one and five sessions. (Students who need long-term therapy are usually referred to high-quality local care providers.)

² National Institutes of Health, National Institute of Mental Health (2005). Mental Illness Exacts Heavy Toll, Beginning in Youth, http://www.nih.gov/news/pr/jun2005/nimh-06.htm

³ See http://www.acha-ncha.org/reports_ACHA-NCHAII.html

⁴ Ibid.

⁵ Currently, roughly 1,100 college students take their lives each year making suicide the second leading cause of death in this age group after motor vehicle accidents. See, National Alliance on Mental Health, http://www2.nami.org/Content/NavigationMenu/Find_Support/NAMI_on_Campus1/Mental_Illness_Fact_Sheets/Suicide.pdf

⁶ See http://www.vpul.upenn.edu/caps/concerned.php

The percentage of students receiving direct service from CAPS has steadily increased (from 11.9% in FY2009 to 14.2% in FY2014)—which is in addition to crisis management (increase from 1,337 in FY2009 to 1,636 in FY2014), and contacts resulting from CAPS outreach efforts (increased from 7,502 in FY2009 to 10,490 in FY2014).

Outreach and prevention programs include a wide variety of workshops, specialized trainings, and peer education programs for students as well as faculty and staff. The CAPS' staff aims to promote education about mental wellness, offer strategies for identifying students in distress, and promote resilience and self-care strategies. One of CAPS' most successful programs is the I CARE program, an intensive and interactive 7-hour training to learn the signs of distress and mental health crises that can affect students. The outreach and education efforts of the CAPS staff are complemented by those of a number of students and student organizations, including the CAPS Student Advisory Board, RAPLine, Active Minds, and PennShape.

CAPS also plays a crucial role in responding to students in crisis. During regular office hours, students are seen immediately by a clinician. After hours, a CAPS clinician is on call and can be reached through the office's emergency number (215-349-5490) which connects the caller to the emergency operator at the Hospital of the University of Pennsylvania (HUP), or who can be contacted by the Division of Public Safety or other first responders. On occasions when it is warranted, students are referred to the Psychiatric Emergency and Evaluation Center (PEEC) at HUP to be evaluated. Penn Police, often in partnership with the student-run Medical Emergency Response Team (MERT), play a crucial role in evaluating students in mental distress after business hours and ensuring students receive the help they need. CAPS also works very closely with Student Intervention Services to manage cases in which students are in distress.

In the spring of 2014, the President and Provost authorized three additional clinical staff members for CAPS.7 With the additional resources authorized, CAPS was able to recruit 4 new clinicians (3 clinical staff and 1 postdoctoral fellow). The additional clinicians, all of whom are now onboard, have aided in reducing wait times for appointments from an average of 21.6 days in December 2013 to an average of 8.5 days in December 2014. (As noted above, those who are in crisis are seen immediately.) On January 6, 2015 CAPS moved to its new location at 3624 Market Street—less than three blocks from their old location at the corner of 36th and Walnut Streets.8 The new space increases CAPS' footprint by 25% and provides more flexible workspace for clinicians and introduces new group therapy rooms.

With the full support of the Task Force, President, and Provost, CAPS led the effort for the University to affiliate with the Jed and Clinton Health Matters Campus Program. ⁹ This program will help Penn better align its efforts to support its students' emotional wellbeing with national standards and guide CAPS and its partners in continuously improving campus programs. A campus-wide interdisciplinary oversight team will be established as part of this effort.

CAPS has been accredited by the American Psychological Association (APA) as a training site for postdoctoral interns for more than two decades. At present, CAPS has 5 APA interns who receive valuable professional development and training at the same time they provide additional clinical support for Penn students. CAPS also is seeking accreditation by the International Association of Counseling Services, Inc. As part of that process, a site visit will be conducted by the Association in the spring of 2015. Accreditation, which includes external reviews, will help ensure that CAPS continues to meet the highest professional standards and employs best practices consistent with nationally established criteria.

Student Intervention Services

Student Intervention Services (SIS) coordinates the University's response to individual students in need and provides support and assistance to groups of students affected by a crisis. The SIS staff and members of the SIS network team are trained in crisis intervention and management and are available 24-hours-a-day, 7-days-a-week. SIS works closely with a number of other offices within the Division of the Vice Provost for University Life, including CAPS, Student Health Service, and the Office of Alcohol and Other Drug Initiatives as well as the Division of Public Safety, Office of the Chaplain, academic advisors based in the schools, and the staff of the College Houses. The number of cases managed by SIS has increased steadily from 567 in academic year 2012-2013 to 678 in academ-

ic year 2013-2014. These increases are spread across all categories from brief interventions to wellness checks to critical incidents. The staffing for the office has increased to meet changing needs since its founding as a one-person office in 2001. A full-time case manager was added in 2009 with another being added in 2013 which brought the total number of fulltime staff in the Office to three.

In academic year 2014, SIS began to more formally convening a Case Management Support Team (CMST) that includes representatives of the Offices of the General Counsel, Office of the Provost, and the Division of Public Safety. The CMST meets as needed to assess and respond to cases requiring coordination among multidisciplinary partners, including those in which a student may pose a threat to himself/herself or to the University community.

Office of the Chaplain

The Office of the Chaplain and affiliated campus ministries play a particularly important role in supporting students through the religious communities on campus. In times of personal or communal crisis, many students turn to the Office of the Chaplain, the Interfaith Fellows, or campusaffiliated ministries for help and advice. Some students look to the Office for spiritual support and guidance; however, many students who do not see themselves as a part of a faith community have found it to be a safe space to talk about stress, pressure, anxiety, future decisions, and other issues. Also, when the University community finds itself mourning the loss of a student or another member of the community, the Office of the Chaplain provides guidance and support during the grieving process.

Division of Public Safety

The Division of Public Safety offers comprehensive and integrated safety and security programs through its six departments, which include the University of Pennsylvania Police Department, Special Services Department, and Technology and Emergency Communications. The Division's PennComm Operations team provides emergency communications for police, fire and medical emergency responders 24-hours-a-day, 7-days a-week. The Division responded to 150 requests for checks on the wellbeing of students in 2014 and 149 in 2013. UPENN Alert Emergency Notification System and Penn Guardian, which allows for rapid identification of the registered participant's location, are administered by the Division of Public Safety. In addition, the Division is an active advisor to the student -run Medical Emergency Response Team (MERT). MERT members, who are certified emergency medical technicians, and Penn Police Officers receive training from CAPS on recognizing signs of emotional distress and the campus resources available to support students in crisis.

The Department of Special Services in the Division of Public Safety offers comprehensive and sensitive support for members of the Penn community who have been affected by crime. The Department also provides safety education and helps members of the community navigate the criminal justice system. Working in concert with other offices, the Department provides support services to students and other members of the Penn community who have been a victim of or impacted by any type of criminal behavior. The staff also provides investigative support for sensitive crimes and incidents, such as rape, sexual assault, relationship or domestic violence, harassment and stalking. Highly trained personnel are available to offer immediate assistance 24-hours-a-day, 7-days-a-week, including crisis intervention, accompaniment to legal and medical proceedings, options counseling and advocacy, and linkages to other University and community resources. The Department also provides assistance to families of students who are in crisis or who need information about the resources available to provide support.

Student Health Service

Student Health Service is a full-service primary care center providing patient-focused healthcare designed to meet student needs. The services provided include care for acute and chronic health issues, preventive health services, and health and wellness education. Student Health Service provided direct services or care to 15,926 students during academic year 2014. As part of its screening procedures, the Student Health Service identifies signs of depression and advises students of the availability of care through CAPS or other resources. 10 The Student Health Service's public health arm, Campus Health, collaborates with CAPS to support and improve the health and wellbeing of students across campus through health education and promotion. The 9 main program areas in which Campus Health works to promote wellness include stress reduction, exercise, smoking cessation, nutrition, proactive interventions such as flu clinics,

See http://www.upenn.edu/pennnews/news/message-penn-community-addressing-student-mental-health-issues

See http://www.vpul.upenn.edu/caps/

⁹ See https://www.jedfoundation.org/professionals/programs-and-research/CampusProgram

¹⁰ Thus far this year 9,518 preliminary screenings for depression were conducted with additional screening being undertaken for 1,145 student and 492 were referred

sex education, rest and sleep, and educating the community about diseases through periodic updates.

Support for Targeted Populations

The Weingarten Learning Resources Center (Weingarten) provides academic support services and programs for thousands of undergraduate, graduate, and professional students. Weingarten works to remove barriers to success by offering free, confidential, individualized services and outreach programming through its two offices—Student Disabilities Services and Learning Resource Center. Core workshops by the Learning Resources include time management, study strategies, learning across cultures, and academic reading. The Office of Student Disabilities Services offers an increasing array of reasonable accommodations for nearly 1,000 students each year, including students with learning and psychological disabilities.

Penn's six cultural resources centers support exploration and celebration of culture and identity—across the curriculum and in daily life. As noted earlier, the centers also provide a "safe space" for students to test ideas, ask tough questions, and seek advice from the professional staff and peer mentors. The Center for Hispanic Excellence: La Casa Latina, The Greenfield Intercultural Center, Lesbian Gay Bisexual Transgender Center, Makuu: The Black Cultural Center, Pan-Asian American Community House (PAACH), and Penn Women's Center offer programming that fosters understanding across communities at the same time they help focus the broader University's attention on issues that impact special populations in particular ways. Each of the centers also works closely with colleagues at CAPS, Student Health Service, and SIS.

International students often are managing their adjustment to living and learning in another country with all of the other challenges their peersface. The stigma associated with seeking counseling or other psychological help varies widely in different countries and cultures. CAPS works closely with Penn Global to ensure that all of its professional staff are sensitive to the needs of Penn students. In addition, several of the clinicians at CAPS have special expertise in working with international students.

Challenges and Recommendations

Stress is a normal part of life, and life at Penn can be highly stressful at times. The drive for academic excellence along with the perception that to be successful one needs to hold leadership roles in multiple realms contributes to the amount of stress and distress experienced by Penn students. We found that students often have trouble coping when they receive anything other than a perfect grade. We also heard accounts of the negative impact of seeking to join and not being accepted by groups or organizations that have selection criteria. Although this phenomenon is not unique to Penn, our students may not always have a reference point that places success in a more realistic framework. Indeed, it is the perception that there is only one pathway to success which demands a near-perfect academic record and demonstrated leadership in extracurricular activities that leads some students to be especially vulnerable when they experience setbacks. When stress is overwhelming it can lead to distress which, in turn, can manifest as demoralization, alienation, or conditions like anxiety or depression. If untreated, these conditions may lead to serious impairment.

For some students, mental illness can lead to suicide, with devastating consequences for families, friends, and entire communities. We did not find any evidence that the stress experienced by students in colleges and universities puts them at any higher risk for suicide than others in their age group. However, we do believe that the University and all members of our community must do all we can to reduce the risk of suicide, even if the complete elimination of that risk is not possible. As we found, Penn has multiple resources and programs that are already being brought to bear in this undertaking. To complement those efforts, all members of the University community can help by conveying constructive messages about managing the often conflicting demands of life and work both in school and thereafter.

While the Task Force was impressed by the breadth, depth, and diversity of the University support for students who are in distress and efforts to enhance student mental health and wellness overall, we found that Penn has particular challenges that derive from the University's size and decentralization. Support programs are spread across the University's 12 schools and its administrative divisions, which makes systematic coordination of these resources difficult. For graduate and professional students in particular, their identity as students is often more tied to their department or program than to the University. Thus their academic and social supports are

often departmental or school-based. A significant proportion of undergraduate (approximately 40%) and almost all graduate and professional students (more than 90%) live off campus, which makes it more difficult than is the case for some peer institutions to provide residentially-based programming and other support. The question we faced was how best to leverage existing resources to optimize the support available to students.

Time and again during our consultative meetings we heard that Penn's faculty, students, and staff care deeply about student mental health, but they do not always know how to respond or where to turn for support when they observe a student in need of help. Parents, partners, and other family members seeking information about Penn resources face a similar challenge when they are concerned about a student, or a friend who needs support. Many of those with whom we consulted also wanted guidance on recognizing students in distress and advice on the most effective means of providing support. Finally, CAPS provides high-quality service to students with great care and compassion. Yet in recent years the number of students seeking help had led to significantly increased wait times for non-crisis appointments.

It is with this general backdrop, informed by our many consultations, that we developed our recommendations which focus on four main areas:

- Communicating at every level of the student experience about the importance of mental health and wellbeing to student success;
- Making information about available resources and supports for student mental health and wellness across the University easily accessible;
- Educating and training faculty, staff, students, parents, and families about fostering mental health and responding to students who need help;
- Optimizing the resources devoted to CAPS to meet the needs of students as efforts continue to engage the entire community in sustaining and improving the psychological health and wellbeing of Penn students.

Communication and Education

Communication about the importance of mental health to success in education and life overall should begin with the college or graduate school admission process and extend throughout a student's career at Penn. As much as possible, it should also be consistent across all 12 schools and the University's diverse communities. From the very first message they receive about Penn, students should hear that Penn is a "caring community" as well as an institution with the highest academic standards and extraordinary opportunities for leadership and service. It should be emphasized that mental and physical wellbeing are critical to a student's ability to fully realize their potential and to take advantage of Penn's academic and social opportunities. These messages need to be closely aligned with and become deeply embedded in Penn's campus culture.

For prospective undergraduates, the Admissions Office staff play a critical role in shaping the impressions that students have of the University through the messages conveyed to prospective students and families about the importance of balance in life and in the admissions process itself. The many dedicated alumni who aid in student recruitment—both those participating in the Penn Alumni Interview Program and those engaged in more informal interactions with prospective students—also influence the way the Penn culture may be perceived. Secondary schools scrutinize Penn's admissions materials and we can send powerful signals through messages that we believe student success is predicated on caring for one's physical and psychological wellbeing as well as one's intellectual development. We recognize that sending consistent messages to that effect to applicants for Penn's graduate and professional schools is more challenging. Nonetheless, we recommend that graduate groups and programs incorporate messages about the importance of self-care to continued success into recruitment efforts.

We noted that messages of support to incoming students were sent during New Student Orientation that reflected the University's commitment to creating a culture of wellness as a key foundation for success. Last summer, the Greenfield Intercultural Center, La Casa Latina, the LGBT Center, Makuu, PAACH, and the Penn Women's Center jointly produced My Safe Space at Penn to introduce students to these important campus resources that support student success in and out of the classroom. Likewise, the Say Something¹² peer education program which encourages students to speak-up if they are concerned about another student's behavior is a model for encouraging students to take care of one another. Also, the remarks delivered at Convocation by President Gutmann, Provost Price, Dean Furda, Chaplain Howard, and Trustee Lomax reflected that striving for excellence, taking care of one's self and others, and being willing to ask for help are essential to their future success. These messages of support must be reinforced at New Student Orientation and at other critical

[&]quot;College Student Suicide in the United States: 1990-1991 through 2003-2004," Schwartz, A.J., Journal of American College Health, 54:6, 341-31 http://www.ncbi.nlm.nih.gov/pubmed/16789650.

¹² See, http://www.vpul.upenn.edu/alcohol/saysomething.php.

points during the academic year including major selection, midterms, finals, and peak periods during on-campus recruiting season. One initiative that will help in that regard is a new orientation module to be debuted in the summer of 2015 that will focus on student psychological health and wellness.

During a number of our discussions with students, two concerns were raised about the University's policy regarding leaves of absence: first, policies were not consistent across the four undergraduate schools; and second, that there is a stigma associated with taking a leave of absence. After reviewing the policies for leaves of absence in the four undergraduate schools, we concluded that while the underlying policies are the same, the way they are described on school websites and in other materials was different. For example, the material describing the undergraduate leave of absence policy for the Wharton School stated that it was at least a semester while the College's website stated that leaves were generally for an entire year. In reality, student leaves of absence in both schools are generally for a full academic year with students exiting and re-entering at the same point in the academic year. All student leaves from the University are recorded in University records without specifying a reason. Students' reasons for taking a leave vary from launching an entrepreneurial venture to working on a political campaign to health reasons (their own or those of a relative). Taking a leave of absence is far more common than most students believe with 5% of the class that graduated in 2013 (125 of 2,521 traditional undergraduates) and 4.5% of students graduating with a PhD that same year (19 of 426) having taken a leave of at least one semester. Almost all Penn students who take a leave of absence return and complete their degrees.

Obviating the stigma associated with taking a leave is a more difficult challenge, but one that must be addressed. An important step requires communicating to our students that taking time to take care of oneself, including a leave related to mental health, is a means to the successful completion of a degree and not a barrier to degree completion. This work will require continued collaboration by and between the schools, CAPS, SIS, and other campus offices. It also was suggested that having alumni, faculty, and staff who have taken leaves at some point during their academic career talk about their experiences would help normalize the practice. In addition, the work of ensuring that students' transition at the start and end of a leave of absence is as smooth as possible will help affirm the University's commitment to supporting its students who take a leave of absence.

Campus-wide events that focus on wellness and resilience are important opportunities to reinforce the message that student psychological health is a University priority. Students, faculty, and staff must partner even more effectively to showcase and promote existing programs and resources. It is clear that more creative communications tools could be explored such as utilizing social media, videos, mobile applications, and other media.

Centralized Information about Mental Health

The University thrives in having its 12 schools co-located on a single campus each of which has a unifying overarching mission with their own distinctive character. The schools have their own advising and support resources which supplement those available centrally from CAPS, SIS, and other offices. While it is wonderful to have so many faculty and staff available to assist students, it can also be confusing and make it difficult for someone already stressed to discern to whom they can turn. Faculty, staff, parents, and partners can also find it challenging to navigate or may be unaware of the rich network of trained professionals available to counsel, support, and advise students in the absence of a central source that describes what is available. CAPS publishes a guide for faculty and staff, but it is not as widely known as it should be and school websites do not consistently provide links to contacts or resources outside of their school.

The Task Force strongly recommends the creation of a single University website by the fall of 2015 to serve as a portal to the wealth of Penn resources for support of student psychological health and welfare. This website should present centralized information about programs and opportunities (e.g., school/University sponsored and student programs, opportunities for mental health screening, and a calendar of events and programs). It should also provide information specific to the needs of different Penn communities (undergraduate, graduate, and professional students, as well as parents and families, faculty, and staff). The website should include information about CAPS and the Student Health Service as well as more holistic resources available including advising and mentoring, tutoring, healthy eating, good sleeping habits, exercise, mindfulness, and resiliency programs. We understand that the Division of the Vice Provost for University Life is exploring the development of a web application that could be available to students, parents, and partners, and would

among other things, provide information about warning signs of distress and the many places where students can get help. We urge that the website and a wellness application be available by the fall of 2015.

Upon the recommendation of the Task Force, the University created a HELP Line (215-898-HELP or 215-898-4957), a single phone number that provides an easy to remember, 24-hour-a-day, 7-day-a-week, point of entry for members of the University community seeking information about how to get help with personal problems, either their own or those of a partner, friend, colleague, or student. Callers do not need to decide whether they are facing a crisis [although those in crisis may call that number as well as the CAPS emergency number (215-349-5490) or the Division of Public Safety's emergency number (215-573-3333) or 511 from a campus phone]; rather, it is a place to call when someone is grappling with an issue and isn't sure where to turn for help or information. The HELP Line is answered by staff members in PennComm who have received training about referral options. In emergencies, the HELP Line staff will connect callers to the CAPS clinician on call or send emergency responders as appropriate. In the case of non-urgent concerns, the staff will advise the caller on the best place to find help suited to their needs. The HELP Line is available to any member of the Penn community—faculty, staff, students, parents, and family members—and has been integrated into the existing support systems—(CAPS, Student Health, SIS, etc.). Since its launch on December 1, 2014, the HELP Line has responded to 54 calls, 2 were handled as checks on the wellbeing of a student, 17 were transferred to the CAPS clinician on call, and 8 were requests for information.¹³ We thank the Division of Business Services for their assistance in publicizing the HELP Line by printing the information on the back of new PennCards. We are pleased that this addition to the options available for finding help was implemented so quickly and has already begun to help members of the community obtain help and support.

We strongly encourage members of the community to register for the UPENN Alert system and Penn Guardian which facilitates the University's ability to communicate with them in the event of an emergency.\(^{14}\) When students, partners, parents or other concerned community members seek assistance, including checks on the welfare of a student, and medical emergencies, it is essential that the Division of Public Safety or other first responders be able to locate the student. Similarly, updated addresses and contact information allow the University to contact students and other members of the community in the event of an emergency or the issuance of an alert that affects the area where they live. We support the Registrar's efforts to remind students to update their contact information in Penn InTouch.\(^{15}\) We urge all students to update their information and recommend that the Division of the Vice Provost for University Life, Student Financial and Registration Services, and the Division of Public Safety continue their efforts to remind students to update their contact information whenever it changes.

Engaging Faculty, Staff, Students, and Families

Even though Penn provides many resources to provide help for students when they are in distress, we found that the stigma associated with revealing any vulnerability or with any kind of indication of distress prevents some students from seeking help. We believe it is the responsibility of all members of the Penn community—faculty, students, staff, parents, partners, and families—to become more involved in looking after and supporting each other, and guiding each other on where and how to seek support and treatment. The new HELP Line, and the proposed website and web-based application, will assist in that regard. Another important initiative underway is Penn's I CARE program, an experiential education initiative launched by CAPS in the spring of 2014. It provides formal training opportunities to faculty, staff, and students to support skills in early identification, crisis intervention and referral to campus resources. 16 The program has proven to be an effective model for educating members of our community in how to care for each other. In less than one year, more than 200 faculty and staff members and approximately 120 students have completed the seven-hour program and given it high marks for its effectiveness. CAPS is developing a modularized version of the program

16 See http://www.vpul.upenn.edu/caps/icare.php

 $[\]overline{\ }^{13}$ During that same period, the Division of Public Safety responded to 26 requests for wellness checks.

¹⁴ To update information in Penn Alert, please see http://www.publicsafety.upenn.

edu/pennready/upennalert

15 Beginning in 2012, the University began sending messages to students during course registration reminding them to update their addresses and emergency contact information. Parents of undergraduates also receive information asking that they provide contact information in the event of an emergency as part of an annual message to all parents of undergraduates for whom we have an email address.

to allow them to expand this program. I CARE training has proven to be an important new tool in and we urge that support be provided to develop shorter modules and other tools to foster opportunities to build resilience, awareness of warning signs of distress, and options to seek help.

Poor academic performance can be seen as a risk factor for depression and other mental illness and thus faculty and academic advisors can play a key role in identifying and supporting students in distress. While faculty and teaching assistants often observe symptoms of student distress (absences, poor test performance, late papers, etc.), they don't always know when or how best to intervene. We recommend that all faculty and teaching staff be provided with a one-page summary of the warning signs of distress and a list of phone/email contacts for each school, and information on the centralized web portal. This summary should be distributed at the beginning of each academic semester. A reminder also could be emailed by the Dean, Department Chair, Undergraduate Chair, or Graduate Group Chair to faculty and teaching assistants at known high stress times such as midterm and exam periods reminding them to be aware of students who may need help. In addition to our recommendation that CAPS develop a shortened version of its I CARE training, we recommend that CAPS develop an overview for presentation during Department/School faculty meetings. We also recommend that these communications and presentation include guidance for the effective use of "Course Problem Notices." The Provost's Faculty Council on Access and Academic Support developed a précis entitled "Five Suggestions from the Faculty Council on Access and Academic Support" to help students thrive in and out of the classroom.¹⁷ This is one example of the initiatives being undertaken by Penn faculty members to support their students.

Staff play a critical role in the support of student mental health on campus; whether in professional roles as clinicians in CAPS, physicians in the Student Health Service, or as members of the SIS team, academic advisors or graduate program coordinators. Staff often see students in different contexts than the faculty, and students may be more likely to turn to them for information and help than faculty (for example, a number of graduate students indicated to us that they would be more likely to confide in the program coordinator of their graduate group than their faculty advisor). As important partners in caring for students, staff should be educated about campus resources and indicators of distress. A "MentalHealth.edu' module could be created for Penn staff-modeled after the Alcohol.edu module and be made available to new and continuing staff (as well as faculty) through KnowledgeLink. We could also provide supplemental training for employees during the academic year through brown bag seminars and workshops led by appropriate professionals in CAPS, the Division of the Vice Provost for University Life, and the Division of Public Safety in partnership with Penn's Division of Human Resources.

Through programs such as mandatory sessions during New Student Orientation, screenings at the Student Health Service, and residencebased programs, students already actively participate in activities that support mental health awareness on campus. For all this abundance of effort, we still hear that there are gaps, and some students still don't know where to turn when they, or a friend, need help. When we consulted with the Undergraduate Assembly, one of the students suggested student organizations could be an effective means of disseminating information to students. It was suggested that an officer or member of each organization could be identified to participate in the I CARE training and serve as a resources for other students in the group. The students believed this would be particularly effective for non-traditional students, international students, and other populations that might be particularly hesitant to seek help from a professional. These student ambassadors would facilitate connections to campus resources and aid in creating a caring and supportive environment for all members of the organization. We found this to be a compelling idea that is well worth pursuing and we recommend that I CARÉ training be extended to organizations and communities where students spend much of their time such as sports teams, student organizations, and fraternities and sororities.

Parents, partners, and families play an important role in supporting the mental health of their student. The Penn Parents website provides useful information for supporting undergraduates. The Graduate Student Center's website lists an array of resources available to graduate, and professional students. Similarly, the College of Liberal and Professional Studies provides information about resources for non-traditional students. Through these and other sources, Penn already provides assistance to families of undergraduate, graduate and professional students—particularly international students-and we should maintain that practice. Our educational and communication efforts should extend to parents and families from the very beginning of a student's contact with Penn through graduation. The new website we have recommended should include information that is of particular use to parents, partners, and other family members and include updates and announcements of new programs (such as those offered during Family Weekend, through the Penn Parents Program, CAPS webinars, etc.) The new website and the existing websites for CAPS, Penn Parents, the College of Liberal and Professional Studies, and the Graduate Student Center should be utilized as vehicles to provide educational information from campus and external experts on identifying signs of distress, research on resiliency and mindfulness, and other topics that would be helpful to families.

Optimizing Resources for Counseling & Psychological Services

While the Task Force found that CAPS provides excellent services to a wide range of students, one of the most frequent concerns raised by students, families, and others with whom we consulted was the wait time for being seen for non-urgent appointments. Penn should ensure CAPS continues to deploy its resources effectively to keep wait times for first-time appointments in non-emergency situations to no more than seven days, even during periods when demand is high. When students request a firsttime appointment, irrespective of whether they are experiencing stress or distress, they should have prompt access to a CAPS clinician. The addition of three clinicians to the CAPS staff in the fall of 2014 significantly reduced wait times and the expanded space where CAPS was relocated in January 2015 allows for additional onsite counseling and programming space. We strongly support efforts to continue to ensure that the office is able to efficiently meet the needs of Penn students. We also support CAPS efforts to develop a web-based wellness application that could serve as a useful tool in aiding students in need of support. The wellness application would allow CAPS to leverage its education and outreach efforts and should be developed in collaboration with students as soon as possible.

In view of the limits on its resources, CAPS needs to continue to clearly delineate the scope of its services for the students it serves. This information should be available to students who visit CAPS for individual or group counseling as well as to faculty, staff, and students who regularly refer students and need access to clear and concise information regarding available services. The fact that CAPS generally provides short-term care and can provide options for referrals to other care providers either through Penn Behavioral Health or other sources should be communicated. In those instances in which a referral is the best or preferred option assistance in navigating the healthcare insurance process should be provided.

Finally, CAPS should strengthen its collaboration with Penn Behavioral Health and the Student Health Service. The University's Psychiatric Emergency and Evaluation Center (PEEC) already provides important support to students who need emergency care. Taking fuller advantage of the clinical services offered by the University of Pennsylvania Health System would provide additional opportunities to support CAPS' programs and services. This may necessitate the creation of a new position or role to facilitate referrals and to ensure that the care provided to students by other providers is optimal. Although strong collaborations between the Student Health Service and CAPS already exist, there are opportunities to better coordinate efforts, including by adding a few questions to the Student Health Service's intake survey that screens students for depression to look for other psychological issues. In addition, cultivating stronger partnerships with the School of Social Policy and Practice, the School of Nursing, and the Perelman School of Medicine would enhance CAPS ability to provide outreach, education, and other services.

¹⁷ See https://provost.upenn.edu/education/teaching-at-penn/fcaa

Conclusion

The wide array of resources, peer-education, and support groups available to Penn students is impressive. The University has invested well in providing the necessary programs and staff to promote student mental health and wellness and to support students in distress. Nonetheless, the breadth of services and the need to coordinate them across all 12 schools, centers and administrative divisions, requires that communication and information about those important resources be conveyed in a more systematic and centralized fashion. The launch of the HELP Line along with the proposed website and web-based application are important interventions.

Further, we found that the members of the Penn community, including faculty, students, staff, parents, and families, care deeply about seeing students flourish in all aspects of their lives. There is, however, a strong need for the University to consistently and clearly communicate to students about the importance of caring for one's psychological wellbeing to the academic and future success. We applaud the increased efforts to convey messages of mindfulness, resilience, and self-care along with the need to lean on others for support in times of stress or distress. We can do more to ensure that everyone in the community understand the signs of distress and where to turn for help—for themselves or others. All members of the Penn community must focus on how best to contribute to the creation of an environment that fosters mental wellbeing which is essential to success. That work, in which every member of the community has a stake and a responsibility to carry forward, must continue until it is fully and inextricably imbedded in Penn's culture.

The Division of the Vice Provost for University Life should convene meetings with student leaders including the Graduate and Profession-

al Student Assembly, the Undergraduate Assembly, the CAPS Advisory Board, the Penn Undergraduate Health Coalition's Leadership Council, the Student Committee on Undergraduate Education, and other interested student organizations to discuss student psychological health and strategies to more effectively support students. The advisory boards in the College Houses and student organizations within each of the 12 Schools should also engage in conversations about best practices for ensuring student welfare and explore opportunities to share information and strategies.

The new campus-wide oversight committee that will be established as part of the Jed Foundation and Clinton Health Matters Campus Program will foster greater coordination across campus and will be important to identifying ways to ensure that faculty and staff are also engaged with students in fostering a culture of wellbeing for all Penn students.

The Vice Provost for Education should lead the Councils of Undergraduate Deans, Graduate Deans, and Professional Master's Degree Deans in the assessment of programs, policies, and processes to ensure student success and to review the overall coordination of support services for their specific student constituencies. The University Council should ensure that student psychological health and wellbeing is a regular agenda item for its Committee on Campus and Community Life and for the body as a whole. Finally, we recommend that the Provost provide an update about the University's efforts in this regard during his annual State of the University presentations to University Council in academic years 2016 and 2017.

We are grateful to President Gutmann and Provost Price for their leadership and support. We stand ready to lend our support to the University's efforts to foster resiliency and wellness.

Appendix 1: **Working Group Membership**

Education and Outreach Working Group

Task Force Members:

Rebecca Bushnell, Andrew Binns, Eric Furda, Valarie Swain-Cade McCoullum, Joann Mitchell, Maureen Rush, and Leah Popowich

Working Group Members:

Priyanka Aggarwal, WHG'15

Peter Capelli, George W. Taylor Professor of Management, Wharton Peter K. Davies, Professor and Department Chair, Materials Science and Engineering

Ashlee Halbritter, Health Educator, Campus Health Initiatives, Student Health Service

J. Matthew Hartley, Professor, Higher Education Division, and Executive Director, Penn AHEAD (Alliance for Higher Education and Democracy)

Abrina Hyatt, C'15, English and Africana Studies

Meeta Kumar, Director of Outreach and Prevention, CAPS Anita Mastroieni, Director, Graduate Student Center and Family Re-

source Center Sharon McMullen (until June 30, 2014), former Director of Campus Health Initiatives, Student Health Service

William Meadows, EAS'16, Mechanical Engineering and Applied Mechanics

Benjamin Partridge, G, Chemistry, SAS

Chelcee Washington, C'16

Intervention and Treatment Working Group

Task Force Members:

Anthony Rostain, Jody Foster, Charles Howard, Joann Mitchell, Wendy White, and Rob Nelson

Working Group Members:

William Alexander, Director, Counseling and Psychological Services Patricia Brennen, Director, Special Services, Division of Public Safety Nancy Hanrahan, Dr. Lenore H. Kurlowicz Term Associate Professor of Nursing

Grace Kunas, C'15, Biology, Penn Undergraduate Health Coalition, and MERT

Lisa M. Lewis, Associate Professor of Nursing

Leah Quinn, Nu'16, Nursing

Edward Douglas Scott, Jr., MSW'15

Lisa Seng, Nu'14; MSN '16

Sharon Smith, Director, Student Intervention Services

Susan Sorenson, Professor, Social Policy and Practice and Director of the Evelyn Jacobs Ortner Center

Appendix 2:

Selected Internal and External Consultations

April 7: Vice Provost for University Life and Division of Public Safety (Sharon Smith, Patricia Brennan, Karu Kozuma)

April 14: Student Health Service (Max King, Sharon McMullen, Erica Gross)

April 21: New Student Orientation (David Fox and Anita Mastroieni)

April 28: Cultural Resource Centers (Valerie De Cruz, Johnny Irizarry, Felicity Paxton, Brian Peterson, Bob Schoenberg, Peter Van Do, William Gipson, Karu Kozuma)

May 5: Academic Advisors (Christina Costanzo, Gary Clinton, Lois Mac-Namara, Michael Nusbaum, Scott Romeika, Joseph Sun, Janet Tighe)

May 12: Athletics (Steven Bilsky, Alana Shanahan, Rosemarie Burnett)

June 2: Weingarten Learning Resources (Myrna Cohen, Susan Shapiro,

Max King)
June 9: College Houses and Academic Services (Dennis DeTurck and Mar-

July 10: The Jed Foundation, Victor Schwartz, Medical Director

August 27: Kenneth R. Ginsburg, Professor of Pediatrics C-E, Perelman School of Medicine and specialist in adolescent medicine at CHOP

September 8: Penn Resiliency Program, Karen Reivich, Co-Director

October 1: Faculty Senate Tri-Chairs

October 13: Active Minds, Alison Malmon, C'03, Founder and Executive Director (with Joseph Pyle of the Scattergood Foundation)

October 20: Stephen MacCarthy, Vice President for University Communications, and Monica Yant Kinney, Executive Director, Communications and External Affairs (VPUL)

October 29: Faculty Senate Executive Committee

November 24: Grace Calhoun, Director of Recreation and Intercollegiate Athletics

January 29: Faculty Senate Committee on Students and Educational Policy

Meetings with Students and Student Organizations

April 7: Green Ribbon Movement

April 15: Undergraduate Assembly Steering Committee

April 21: CAPS Student Advisory Board

April 24: Penn Undergraduate Health Coalition

May 7: Graduate and Professional Student Assembly Executive Board

September 23: Undergraduate Assembly Steering Committee

September 24: Graduate and Professional Student Assembly Meeting

October 6: Student Health Groups (Penn Undergraduate Health Coalition, Student Health Advisory Board, CAPS Advisory Board)

October 27: Daily Pennsylvanian Editorial Board

November 5: 5B (Asian Pacific Student Coalition, Latino Coalition, UMOJA, and United Minorities Council)

(See Appendix 3 on next page)

Appendix 3: **Selected Campus Resources**

HELP Line

(215) 898-4357 (HELP)

http://www.publicsafety.upenn.edu/news-and-events/announcing-the-

Office of the Chaplain

(215) 898-8456

http://www.upenn.edu/chaplain/

Graduate Student Center

(215) 746-6868

http://www.gsc.upenn.edu/

Penn Behavioral Health Services

(866) 301-4724 or (866) 301-4PBH

http://www.med.upenn.edu/psych/outpatient.html

Division of Public Safety

UPENN Alert

http://www.publicsafety.upenn.edu/pennready/upennalert

- Penn Guardian
- Emergencies (PennComm): (215) 573-3333 or

511 from any campus phone

Special Services Department (215) 898-6600 (24/7 Hotline)

Division of Recreation and Intercollegiate Athletics

Department of Recreation

(215) 898-6100

http://www.upenn.edu/recreation/

 Academic Coordinator, Department of Athletics (215) 898-9479

Division of the Vice Provost for University Life

Counseling and Psychological Services (CAPS)

(215) 898-7021; (215) 349-5490 (Nights and weekends:

Request the CAPS counselor on call)

http://www.vpul.upenn.edu/caps/

Cultural Resource Centers

http://www.vpul.upenn.edu/campus.php#Cultural%20Resource%20 Centers

· Greenfield Intercultural Center

(215) 898-3358

http://www.vpul.upenn.edu/gic/

• The Center for Hispanic Excellence: La Casa Latina

(215) 746-6043

http://www.vpul.upenn.edu/lacasa/

· Lesbian Gay Bisexual Transgender Center

(215) 898-5044

http://www.vpul.upenn.edu/lgbtc/

• Makuu: The Black Cultural Center

(215) 573-0823

http://www.vpul.upenn.edu/makuu/

• Pan-Asian American Community House

(215) 746-6046

https://secure.www.upenn.edu/vpul/paach/

• Penn Women's Center

(215) 898-8611

http://www.vpul.upenn.edu/pwc/

Office of Alcohol & Other Drug Program Initiatives

(215) 573-3525

http://www.vpul.upenn.edu/alcohol/

Student Health Service

(215) 746-3535

http://www.vpul.upenn.edu/shs/

Student Intervention Services

(215) 898-6081

http://www.vpul.upenn.edu/intervention.php

Tutoring Center

(215) 898-8596

http://www.vpul.upenn.edu/tutoring/

Weingarten Learning Resources

Learning Resources Center

(215) 573-9235

http://www.vpul.upenn.edu/lrc/lr/

• Office of Student Disability Services

(215) 593-9235 (voice) or (215) 746-6320 (TDD)

http://www.vpul.upenn.edu/lrc/sds/

School Advising and Student Affairs Offices

Annenberg School for Communication

(215) 573-6349

School of Arts and Sciences

 College of Arts and Sciences (undergraduate students) (215) 898-6341

Graduate Division

(215) 898-7577

• Professional and Liberal Education

(215) 898-7326

School of Dental Medicine

(215) 898-4550

School of Design

(215) 898-6210

School of Engineering and Applied Science

(215) 898-7246

Graduate School of Education

(215) 898-7019

Law School

(215) 898-7491

Perelman School of Medicine

(215) 898-7190

School of Nursing

(215) 898-6687

School of Social Policy and Practice

(215) 746-5895

School of Veterinary Medicine

(215) 898-3525

Wharton School

• Undergraduate: (215) 898-7613

• Graduate: (215) 573-5756