

Connecting Students to Mental Health Resources

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INITIAL POV

After studio, we found the following POV most compelling:

We met a director and counselor at CAPS.

We were amazed to realize that students are becoming more willing to reach out, but the current direction of students to resources isn't meeting their needs.

It would be game-changing to provide students with the appropriate resources and support as soon as possible, regardless of urgency.

ADDITIONAL NEEDFINDING RESULTS

First, we spoke with Maria, a former live-in counselor and teacher of The Bridge training class, and a user of The Bridge and CAPS. She described how she initially went to The Bridge at the recommendation of her RA, and how her positive experiences there and her desire to help other people inspired her to become a Bridge counselor herself. It could be interesting to explore how people who have received help could pass it on to those currently seeking it.

Throughout her story of a successful counsel, Maria emphasized that the most important role of a counselor was to just be there for the person and listen - skills that everyone can use. It was surprising to hear this, given the extensive training Bridge counselors go through. This makes us consider how even an "untrained" person can make a huge impact on another's mental well-being.

When describing one of her frustrating counseling experiences, Maria noted it was unfortunate that The Bridge isn't intended to be a resource for continuous therapy. There seems to be a dichotomy between CAPS and The Bridge; while The Bridge offers drop-in appointments and a less clinical and more homey feel, it does not offer the incredibly beneficial support of repeated, professional interactions like CAPS. It's interesting to explore how these experiences differ and how we can best match students to what they need.



We then spoke with Jessica, a former freshman PHE and current Terra RA. As we've heard before, Jessica was inspired to become a PHE because of the help she received early on. The notion of the supportive community around mental health presents an interesting challenge in how we can best leverage that.

According to Jessica, a fundamental reason for mental health issues on campus is Stanford duck syndrome. Students experiencing failure often feel alone, and this causes many to "spiral" as they extrapolate this failure to other endeavors. Because duck syndrome is so widely recognized, it was surprising to hear that it's a main stressor. There seems to be significant room for impact in opening up a dialogue about failure. However, it's also interesting that Jessica actually felt the syndrome's prevalence caused it to lose its impact on students, an insight to keep in mind.

Jessica then described her experience with a class taught by PHEs that discussed resilience. Taking the class was the first time she heard people discuss failures at Stanford without being ashamed, and felt that people were really comfortable with themselves. When asked about possible solutions that she'd like to see on campus, Jessica wanted more programming in dorms that destigmatize failure. This was interesting to hear as it almost contradicts the previous point about widespread discussions about duck syndrome causing the issue to lose impact. This implies that there is a delicate balance to how much programming or dialogue the campus should have about specific issues.



REVISED POVs WITH SAMPLE HMW STATEMENTS

Our first POV:

We met a CAPS counselor stressed out about the flood of students coming to CAPS.

We were amazed to realize that more people are coming to CAPS both because mental health is becoming less stigmatized, and because it's more prevalent on campus.

It would be game-changing to address mental health problems before they require the professional services of CAPS.

Some HMW statements stemming from this POV:

- HMW foster a less stressful environment on campus?
- HMW make going to CAPS a last step instead of a first?
- HMW reduce the duck syndrome on campus?
- HMW encourage people to work on their problems independently?
- HMW connect students to the help they actually need?

Our second POV:

We met students who have sought counselling services from CAPS.

We were amazed to realize that the process of getting an appointment and regularly meeting with counselors was stressful in itself.

It would be game-changing to remove the extra stressors introduced by the complex process of scheduling and connecting with professional counseling services on campus.

Some HMW statements stemming from this POV:

- HMW reduce wait times for CAPS's appointments?
- HMW help counselors connect with each other regarding a student?
- HMW increase the efficiency of the CAPS's infrastructure?
- HMW increase the number of CAPS counselors?
- HMW replace CAPS's initial phone evaluation?

SELECTED HMW STATEMENTS

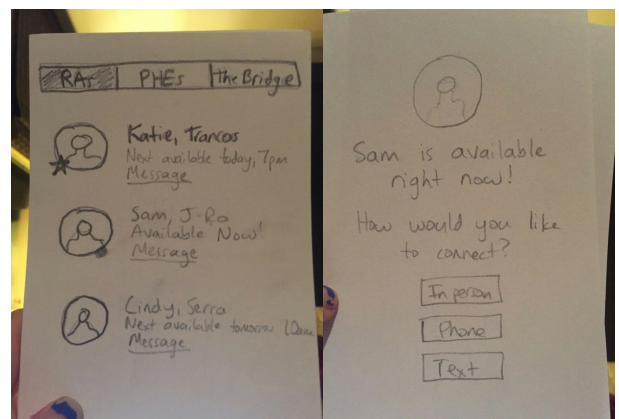
We came up with the following HWMs as our top three:

- How might we destigmatize failure at Stanford?
- How might we leverage the supportive community surrounding mental health issues?
- How might we support CAPS patients outside of their appointments?

The first two stem from the first POV presented above, as they relate to the challenge of addressing mental health problems on campus before they require professional services. The third HWM relates to the second POV, as it addresses the stressors facing students once they are seeking help from CAPS.

EXPERIENCE PROTOTYPES

Our first prototype sought to better connect students with resources already made readily available to them in the community, namely RAs, PHEs, and The Bridge. The assumptions we made were that students are aware of the resources around them, but don't know how to best use them; moreover, even though resources are available for them, students feel like they are imposing if they utilize them.



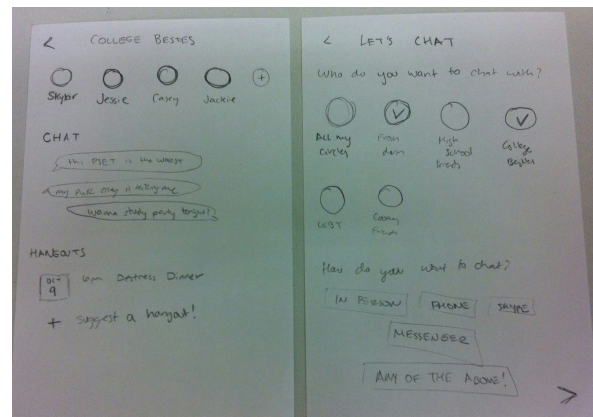
Because of the situational nature of this idea, we made a low-fi prototype to display the concept to users and see how they would respond. We tested this by setting up a stressful situation for our subject¹, namely that they just went through an unexpected and painful breakup. We told them they could either check the schedules of nearby resources, or choose to be matched up with one that was available now. Depending on how they responded, we played the role(s) of their selected resource.

This prototype worked really well, and the subject responded very positively to the idea that this was handling the process of reaching out and starting the conversation for them, as they noted randomly emailing/texting/knocking on someone's door felt awkward. The matching process also worked well, as they felt the wealth of resources was overwhelming. Our assumptions were definitely valid, as the subject noted that they appreciated the structured nature of being matched to someone who was available now. Knowing the resource was available was also valuable to the subject, validating our assumption that students feel imposing if they reach out for help. From this, we learned that a key factor in connecting students to existing surrounding resources is removing the daunting step of starting the conversation.

Our second prototype tried to leverage community groups already surrounding students, namely their friend groups, or the greater Stanford community as a whole. The assumptions here were that students wanted to talk not only with their friends, but also anonymously with strangers. We also thought that students would appreciate a dedicated place for regularly checking in about mental health.

This situation is similar to the previous case, where the subject was prompted with a stressful situation, and presented with a low-fi interface of options in order to see how they responded to the experience. They had the options of chatting/arranging a meeting with a specific group of friends, or anonymously with strangers.

The subject had mixed reactions to this experience. They liked the concept of having a dedicated space to discuss mental health issues with a specific group of friends, but shied away from the idea of discussing with strangers, even anonymously. This went against our assumption, as we thought commiserating with other students experiencing the same stressors would be beneficial. They noted that if they were ever going to meet with a stranger, they wanted assurance that there were degrees of separation between them, an interesting new assumption. More lightweight, anonymous chatrooms with a specified theme sounded more appealing to the subject, as they said they could see themselves wanting to vent/rant



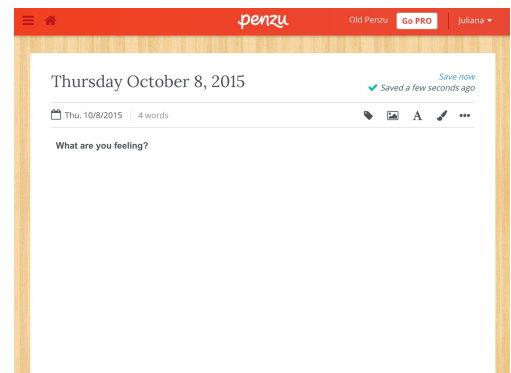
¹Due to the sensitive nature of our topic and resulting discussions, the identities and specifics about our test subjects will remain confidential, and no pictures will be included.

in a space like that. This touched on the assumption of regularly checking in with people, but brought up a new assumption of preferring those anonymous interactions in a more chatroom forum style.

Our third prototype explored a method of connecting students and therapists by allowing students to write to their therapists in between sessions and receive advice and strategies for dealing with their emotions in the moment. Our assumptions were: that patients are interested in contacting their therapist in between sessions, that patients are willing to actually sit down and write when they are struggling emotionally, and that receiving advice based on their writing would be beneficial.

To prototype this idea, we used the diary application Penzu to simulate a digital journal. We tested our prototype with a subject who attends therapy, setting them up with an upsetting scenario occurring between sessions and asking them to journal about it to their therapist. We then gave them an actionable piece of advice for handling their emotions in the moment.

Overall the prototype worked well. The subject noted that while they initially thought that it would be just like journaling, writing to their therapist felt different than writing simply to themselves; they were more able to think about the situation from an outsider's perspective, and more thoughtful about applying the tools from their therapist to their current situation. The subject mentioned that even just a method of "checking in" with their doctor to stay accountable for meditating or taking a daily walk would also be helpful. These points validated the first two assumptions we made. However, the subject felt negatively about the advice aspect of the prototype, stating it felt forced and unhelpful. They commented that having advice they had previously put in a personalized "toolbox" would be more beneficial, as it would be drawing from resources they themselves had picked, a new insight and assumption to replace the third stated above.



MOST SUCCESSFUL PROTOTYPE

We found the first prototype most successful, as the subject most readily took advantage of the tools we were providing them. The subject also seemed most happy with the outcome of her experience with the first prototype - she felt more able and prepared to talk and connect with the resources around her. It directly removed a block between a student experiencing mental distress, and finding help, while also matching him/her to a best-fit resource given their specific circumstance. We think this could have a huge impact on students and helping them address their mental health issues before it spirals into a situation where more professional help, namely CAPS, is required.