

University of Minnesota students battle to find sufficient mental health care through university resources.

By Casey O'Brien



Mental health services at the University of Minnesota struggle to keep pace with students' needs. Photo by Casey O'Brien.

Nora McCullough, a 20-year-old sophomore from Milwaukee studying psychology, said delays in accessing care from the university's primary mental health resource, Boynton Health, heavily influenced her to discontinue therapy.

McCullough said she contacted Boynton Health in the fall, but to her surprise she didn't see a provider until the spring.

"I had to wait like months, which is crazy," she said.

McCullough said she only managed to attend one intake session, which was only to provide her insurance, and by the end of the semester, she felt therapy wasn't worth continuing if the wait would be months between appointments.

"Creating a relationship with a therapist is important for care," she said. "If I don't even remember your name, that's not a good relationship."

Mental health concerns among University of Minnesota students are highlighted by the university's own reports, but many say that the university's resources are still playing catch-up.

At the University of Minnesota, 57.2% of students reported at least one mental health diagnosis in their lifetime, and around half of those students received the diagnosis within the past year, [according to the University of Minnesota 2024 College Student Health Survey Report](#). The data showed at least 45.6% of students reported two or more mental health diagnoses in their lifetime.

Some students experience long wait times for university mental health resources and limited session availability, often struggling in a system that can't keep up with students' growing demand for help.

Matt Tveter, the assistant director of marketing and communications at Boynton Health, said wait times vary and Boynton has been compiling data on student wait times. Tveter said in an April 16 email he would provide the data once it was compiled, but did not respond to follow up emails or requests for the data or details about when it would be published. He declined to be interviewed.

Caley Conney, the director of marketing and communications for the Office for Student Affairs, declined several times to provide contact information or facilitate interviews with anyone on the [Mental Health Care Team](#) at Boynton, citing limited staff availability. She declined to provide any interviews on behalf of Boynton.

Liza Meredith, a counseling psychologist and University of Minnesota professor who specializes in college student mental health, said students are frequently peeved with Boynton.

"I've heard a lot of students express frustration about what you can access at Boynton specifically," Meredith said. "If you're looking for kind of occasional appointments, they can be a really good fit, but I've heard frustrations with how you can't see a provider on a weekly basis or maybe even biweekly."

When Meredith was a grad student at the University of Minnesota from 2010-2016, she struggled with understanding how to access Boynton, when she should go there and what location provided the services she needed.

For students in crisis or dealing with long-standing issues, the wait times between appointments can be discouraging, she said.

“I think when you're really ready to get help, it can feel really frustrating and discouraging to have to wait. It might increase your sense of hopelessness,” Meredith said.

Meredith said she witnesses student stress firsthand. Academics are not the only stressor students face.

“I'm hearing students talk about political things that are playing into their stress and financial concerns that are playing into their stress,” she said. “I certainly think a lot of students are quite stressed and overwhelmed, and you can see that in the Boynton survey.”

Barriers to mental health care: Students struggle for consistent therapy at Boynton

Sara Guy, a student in the College of Science and Engineering, said she began attending therapy in high school after the pandemic. Although she paused therapy upon starting college, she realized she needed it again due to the rigor of her academics.

Guy sought out therapy at Boynton because it was free, but she encountered unexpected scheduling difficulties.

Boynton Health offers a variety of mental health services, including but not limited to psychiatry services, group therapy, care coordination, psychotherapy services, substance use and abuse care, solution-focused therapy and other mental health resources, [according to Boynton's website](#).

Some students, like Guy, wondered what the point of offering multiple services is if the supply of professionals cannot meet the demand or needs of students.

“Since there are so many students, it's really hard to get a session,” Guy said.

At the beginning of her experience with Boynton, Guy wanted to have regular weekly sessions with a therapist like she was used to having.

“My therapist recommended every two weeks for me, but she could only do like once a month,” she said.

Although her medication has been effective, the one session a month she was provided made it hard to develop a strong connection with her provider, whom she wishes she had a closer relationship with.

“It’s hard to summarize the last month of your life in one hour,” Guy said.

Guy would not recommend Boynton to students experiencing severe mental health issues.

Climbing mental health rates

University of Minnesota students ages 20–24 have the highest lifetime rates of depression diagnosis, while students ages 18–19 showed the highest rates of depression within the past year, [according to the university report](#). Students dealing with multiple stressors – like finances, academics, or family concerns – also reported higher levels of substance use.



Professionals at UMN said they are worried about the growing intensity of depression among young adults. Photo by Casey O'Brien.

Jessica Cici, a child and adolescent psychiatrist at M Health Fairview and assistant professor of psychiatry at the university's medical school, said the severity of cases has worsened significantly in recent years.

"Pre-COVID, kids were not nearly as sick as what I'm seeing now," she said. "It's not uncommon that we're dealing with safety concerns on a daily basis, whether it be suicide or self-harm or substance use or overdose."

Cici said younger patients are now showing signs of mental illness that she previously saw mainly in older teens.

"We're seeing younger kids who are like 12, 13, coming in with symptoms that I wasn't really seeing quite as much of until kids were a bit older, like 17 or 18," she said.

Similar to Meredith, Cici said there is a clear supply and demand issue.

“There are wait lists and there are insurance barriers,” she said. “There are not enough psychiatrists for the population.”

Cici said wait times can not only be discouraging, but dangerous.

“I think it’s really not acceptable to have to wait a week,” Cici said. “We certainly see individuals act on safety concerns when they have to wait that week.”



On a national scale, college students' serious thoughts of suicide increased from 10% in 2014 to 14% in 2022-2023, [according to the American Council on Education](#). Photo by Casey O'Brien.

Among University of Minnesota students, 3.6% reported reaching out to a mental health crisis line in the past 12 months, [according to the Boynton report](#). Of these students, 13.3% contacted a crisis line three or more times during that period.

At the University, 38.2% of students have received a diagnosis of depression at some point in their life, while 10.9% have been diagnosed within the past year, [according to the report](#).

In 2023, college students reported mental health problems almost 50% more often than high school students, especially with more serious issues such as depression, anxiety, stress and suicidal thoughts, [according to UnitedHealthcare's 2023 student behavioral health report](#).

A 2024 U.S. News and generational lab report surveyed 3,649 college students in March 2024 and said that 70% of students said they have struggled with their mental health since beginning college, [according to the report](#).

Experts urge Boynton to offer alternative mental health solutions

Professionals recommended Boynton try other options to meet the demand. Meredith said there should be a wider variety of providers to meet the diverse student population.

Kathryn Cullen, a professor in the Department of Psychiatry and Behavioral Sciences and the director of the Division of Child and Adolescent Mental Health, researches depression in young people.

Cullen said her collaboration with Yuko Taniguchi, an artist and professor at the University of Minnesota, Rochester, who has been creating an art-based curriculum using creative activities to address and support young people's mental health issues such as depression.

Cullen said she, Taniguchi, and other researchers completed a study called the [Imagination Studio Project](#) during the fall 2023 semester that aimed to understand how participating in creative arts activities could enhance mental health and well-being among undergraduate students with depression.

The students participated in a six-week workshop at the Weisman Art Museum and the Masonic Institute for the Developing Brain in which they completed art activities and cognitive tasks for 28 students, she said. The research team also looked at cognitive mechanisms including creativity, flexibility and curiosity.

"We found that depression symptoms significantly decreased, well-being significantly increased, and some of the performance on the cognitive tasks also improved," Cullen said.

Cullen said that the study was incredibly rewarding, as students involved enjoyed it and even invited friends and family to view the art exhibition of the work they created throughout the workshop.

Cullen emphasized the need for more creative outlets and resources for mental health support in universities.

“I think most college experiences at universities or other places are not about creativity or individual expression,” she said. “It's more about rigor. And I'm not saying that's bad. It's all good, but we probably need a bit more balance.”

Cullen said the study is not currently published, but she expects more insights will emerge by analyzing the qualitative data.

Cici said that Fairview has responded to the growing provider demand by opening what they call a “[transition clinic](#)” to provide temporary care for those waiting for long-term providers, as well as an “[emPATH](#)” unit in their emergency department, a separate, therapeutic space where individuals can be seen immediately and stay for several days if needed.

Cici also recommended that the university and Boynton provide clear alternative referral sources, including Fairview or other clinics, to students if the university cannot immediately meet a student's mental health needs, she said.

Meredith thinks colleges around the country are experiencing similar supply and demand issues and suggested partnering with nearby clinics.

Meredith said that strong alternative referral systems should be in place, ideally within walking distance or accessible via the light rail. This approach would meet the needs of many students who prefer regular, weekly appointments.

“I think Boynton should continually be doing a self-assessment about how to meet students where they're at,” Meredith said. “It's never going to be solved, and there are always things we can do better.”

McCullough said she wished Boynton was more transparent about wait times when she first reached out for help. Not only to save Boynton's time, but her own.

“I don't know if I would have even made an appointment if I knew that I would have to wait that long.”

If you or anyone you know is struggling, call or text Minnesota's Suicide and Crisis Lifeline at 988.

Visit the [Minnesota Department of Human Services](#) to find the mental health crisis response phone number for your county.