Megumi Asada
FOR GU OPEN PORTFOLIO OFFICER

Hi all! I'm Megumi (they/them) and I'd like to run for one of the Open Portfolio positions this year! My proposed project is related to issues of mental healthcare access particularly for students who aren't sufficiently supported by what's currently in place. My understanding (based on word-of-mouth) is that the UCS offers on average 4-6 sessions and the NHS max 12. For many students, including myself, 3 months of treatment is not anywhere near enough. I've been in therapy for three years (and counting!) and while I'm so proud of the progress I've made, it is very much necessary for my survival and health. This experience is not at all unusual. Moreover, the UCS and NHS both have—often, long—waitlists and in some cases, this means not getting an appointment until we've finished our MPhil or several months of a PhD.

But even if you don't have a chronic condition now, Cambridge is a tough place. No matter how healthy you may be when you get here, you may at some point struggle with insomnia, eating, getting out of bed, or oversleeping. It's hard to know who to go to when struggling with day-to-day tasks. It seems to be the norm here to rely on the kindness of individuals to catch us when we trip: college counselors, tutors, supportive students in DSc Facebook pages, etc. These resources are essential but we need a more robust system. I'd like to work towards developing clear guidance on what to do and where to go including when these individual safety nets fall through.

I had a really hard time adjusting and trying to sort out medical care having come from the U.S. where the medical system is completely different. It takes so much time navigating who to go to, how much to disclose, whether private care is worth it, and how hard to push when you're not taken seriously. I've helped friends navigate things here but it's likely that at some point you'll feel confused or concerned that you're not doing it right.

Collectively grad students have a lot of wisdom about these services but this knowledge is scattered and based on anecdotes and word-of-mouth. I want to find a way to make this knowledge accessible to everybody so that they'll have it ready before things get really bad.

I've done a decent amount of activism around mental health and sexual violence during my time in undergrad. I'm also very interested in improving the recovery resources available to survivors. I also have personally used/met with: the UCS, my college counselor, a private psychotherapist, a psychiatrist, the NHS, PRSIM, the Disability Resource Centre, my tutor, and Samaritans.

I am very aware of the immense time it takes to manage all this information. I'm hoping I can cut down the time you'd need to navigate all of this.