Present:

Council Members: Derek Chang, Walter Cohen, Janet Corson-Rikert, Ray Dalton, David DeVries, Kathy Edmondson, Greg Eells, Sharon Dittman, Cheri Farrell (for Leo Renaghan), Cynthia Farina, Kent Fuchs, Ellen Gainor, Jenny Gerner, Tanni Hall, Kent Hubbell, Don King, Tim Marchell, Daniel Marques, Susan Murphy (chair), Andy Noel, Brendan O'Brien, Bob Smith, Linda Starr, Charlie Van Loan

Additional Executive Committee Members: Linda Grace-Kobas, LeNorman Strong

Upcoming meeting schedule:

Friday, February 20 at 3:30-4:30 p.m. at Gannett: the Moore Library, on Level 5
Monday, March 22 at 2:00-3:00 p.m. at Gannett: the Moore Library, on Level 5
Monday, April 19 at 1:00-2:00 p.m. at Gannett: the Moore Library, on Level 5

1. **Introductions**

Chair Susan Murphy welcomed the members of the newly formed Council on Mental Health and Welfare. Members of the Council (or their substitutes) and of the Executive Committee on Campus Health introduced themselves by name, position, and reason for participating.

2. **Formation of the Council**

   - Susan Murphy briefly discussed the background of the Council which is modeled after the President’s Council on Alcohol and Other Drugs and will report to the Executive Committee on Campus Health.
   - She offered appreciation for the Council members who represent many parts of the campus community and for the wide variety of perspectives, experiences, and expertise they bring to this work.
   - Referring to the Council’s Charge (found in the notebooks that were distributed at the beginning of the meeting), Susan summarized her hope that the Council will use its first few meetings to answer the questions:
     1. What do we know about the mental health of the campus and the problems that cry out for attention?
     2. What can we learn from others (both at Cornell and from colleagues on other campuses who are having similar experiences, facing similar demands)?
     3. What issues might we address, or engage with others to address?
     4. How do we structure the Council to get the work done?
   - Susan reminded us that to have open discussion about sensitive issues, we must have a shared understanding that we will not release information unless/until we as a group decide to do so. Though we expect and hope to be very open about the Council, its work, and the issues it is addressing, we count on the discretion of each member to assure that this is done in the most constructive ways.

3. **Why does Cornell need a Council on Mental Health and Welfare? What will it do?**

   See notes in Council notebook on PowerPoint presentation by:
   - Janet Corson-Rikert, MD, Executive Director, Gannett: Cornell University Health Services, and
   - Greg Eells, PhD, Director, Counseling and Psychological Services (CAPS), Gannett
4. **Discussion of presentation; questions**
   - Several people were interested in the data about students who receive services from CAPS and the suicide statistics.
     - Asian and Asian American students are over-represented in the number of suicides at Cornell and under-represented in the number of students who are seen at CAPS
     - The same is true of international students.
     - Graduate students are over-represented in the number of suicides at Cornell, but their use of CAPS services is at least proportionate to their numbers in the population or slightly higher.
     - The representation of underrepresented minority students (African-American, Latino, American Indian) among CAPS clients is proportionate or slightly higher.
   - 11% of Cornell students used CAPS services in the past year. Based on our own experience and recent studies at Harvard and MIT, we expect we should be planning to serve a higher percentage (perhaps 16 to 18%). It remains to be determined how best to provide those services (with more CAPS staff or by providing services in the colleges or other offices) and how to fund those services.
   - The Council would like to review data from other sources (the Colleges and Schools?) that would provide additional information about student mental health.
     - The Graduate School conducted a survey last year that has data that may be helpful.
     - The Asian/Asian American Task Force has collected data that may be informative.
     - Some data may be available through the college advising and deans offices; but that data reflects only the students who are seen in those offices they” don’t know what they don’t see”).
     - We all are challenged by the difficulty in identifying students who are experiencing mental health issues/distress/crises and who don’t present for services.

5. **Framework for intervention and prevention** (see PowerPoint notes): **Council discussion**
   - Council members discussed the proposed framework and the extent to which its goals reflect their sense of the issues and needs.
   - Across the university, many people and systems work to identify and provide support and services to students in distress. We need to have ongoing efforts in all areas of the framework.
   - We grappled with questions about how we figure out where to start (where the consequences are most horrific? with particular at-risk communities? using existing mechanisms for early identification of students at risk, such as grades?) and how we identify which interventions have the greatest likelihood of succeeding. We agreed that the Council will spend this semester learning more about the problems, current services, best practices; prioritize issues and opportunities; and develop an action plan for developing and implementing strategies.
   - The Council will create committees or task groups to take on specific charges, will delegate work to already existing offices/committees, and will make recommendations to the Executive Committee about priorities for university efforts (e.g., the Council might recommend that the Office of Institutional Research analyze existing data for information that would inform our efforts). It is essential that the Council consider ways in which these questions/concerns should be addressed in the context of other University initiatives (e.g., residential initiative, faculty advising).
   - We identified or underscored several important additional concerns:
     - We must consider ways in which financial pressures on students contribute to mental health problems and access to services.
     - Interventions with students in distress that result in recommended or required time off can be very difficult for students. International students with health issues that might require a reduced course load or leave of absence have particular concerns related to visa requirements.
     - Unregistered students are at particularly high risk of serious mental health problems.
     - Social connections seem to make a significant difference to students (e.g., athletes, state programs students, participants in the pre-freshman summer program). Students without those supports may be at significantly higher risk. (Do we have data on this?)
• The sense of isolation that we see in many students on campus reflects the isolation they experience at home. This is a significant factor in the inability of some students to thrive, or even cope in appropriate ways, at Cornell.
• Many students have a genetic risk for mental illness and addiction that manifests during their years at Cornell.
  ▪ Reducing suicide and suicide risk seemed to be a primary concern for many Council members and constituencies they represent (e.g., crisis managers).
  • The University of Illinois has a model for mandated intervention with students who make a suicide attempt or threat we might want to investigate.
  • Cornell already is involved with the Jed Foundation and several other Ivies in sharing strategies for reducing suicide risk.
  • Comparing our data about completed suicides and data about suicide attempts might identify possible targets for intervention.
• Though mental illness is not contagious, it can have tremendous adverse effects, not only on the ill individual but on others, as well; tragedies reverberate across campus. We need to be as diligent in identifying and intervening with students with mental illness as we are with students with other illnesses that impact the “public health.”

6. **Goals for the spring semester work of the Council**
   ▪ Review current policies, programs and services
   ▪ Identify gaps and opportunities
   ▪ Determine priorities

7. **“Homework” assignment for all Council members: PLEASE COMPLETE BY FEBRUARY 1.**
   ▪ Review the Framework for Intervention and Prevention (see PowerPoint notes).
   ▪ Are there other circles or bullet points that should be added?
   ▪ What do you see as priorities and/or places to begin?
   ▪ Please direct your comments to Sharon Dittman at Gannett (SD15; 255-4499).

*Minutes taken by Sharon Dittman*