COUNCIL ON MENTAL HEALTH AND WELFARE

February 27, 2004

MINUTES

Present:

Additional Executive Committee Members: Charlie Walcott

Upcoming meeting schedule:
Tuesday, March 16, 3:30 to 5 p.m. at Gannett: the Moore Library, on Level 5
Monday, April 19, 1 to 3 p.m. at Robert Purcell Community Center, Multipurpose Room

1. Priorities/Places to begin
   • At the close of the first meeting of the Council on January 15, Susan Murphy asked Council members to take on a homework assignment: review the Framework for Intervention and Prevention that was introduced at that meeting and consider two questions. First, are there other circles or bullet points that should be added? Second, what do you see as priorities and/or places to begin?
   • The consensus was that the Framework for Intervention and Prevention is a useful model to guide our work—no amendments were suggested.
   • Priorities for the work of the Council fell into four distinct areas and were also seen to have sufficient urgency to be identified as the “places to begin.” We discussed recommended approaches to each of these four areas:
     1. Communication/networks for support and intervention
        a. Develop opportunities for communication
           1. About mental health, campus resources
           2. Among providers of services
           3. Between faculty and staff, students and faculty, staff and students
        b. Create a campus-wide message
           1. Raising awareness
           2. Communicating Cornell’s values
           3. Setting a ‘standard of care’ for self and others
        c. Develop integrated systems for identification, support, referral
           1. Use grades, attendance, leaves, as flags
           2. Develop pro-active case management to oversee/assist in high risk situations
        d. Enhance and coordinate current efforts
           1. Academic and Student Program Professionals network (ASPP)—a wide network of people from across the university which meets twice a year to learn about campus issues, trends, services, priorities.
           2. Student and Academic Services divisional priority for student welfare—this is one of four priorities for the SAS division and is engaging departments throughout the division in thinking and planning about opportunities to enhance our commitment to and effectiveness in supporting the welfare of students. Early emphasis is on mental health.
3. University Counseling and Advising Network (U-CAN)—U-CAN is a program that is working to strengthen the relationships between the colleges and various student services departments in order to increase the university’s effectiveness in identifying students in distress or at risk in a timely way and connecting them to appropriate services. With oversight from Gannett and the Dean of Students Office, U-CAN provides training, program consultation, and individual consultation and case management.

4. Faculty training pilot program—Kent Hubbell (Dean of Students), Tanni Hall (Associate Dean of Students for Student Support), and Greg Eells (director of Gannett’s department of Counseling and Psychological Services) are launching a pilot program to talk with faculty and staff in the colleges who work with them about student mental health issues and opportunities for providing assistance.

e. **Immediate plan:** rely on the above efforts already underway; evaluate in fall, 2004 and consider next steps.

2. **Research**
   a. We need to utilize research in order to:
      1. Understand more about the causes of student distress and opportunities for intervention
      2. Enable early identification of those at high risk
      3. Assess effectiveness of policies, protocols and interventions
   b. What do we know about existing research?
      1. What research already exists or is underway that could be helpful?
      2. How do we mine data from current student surveys?
      3. Can we identify resources to support this work?
   c. Who are our potential collaborators?
      1. Office of Institutional Planning
      2. Faculty/graduate student research
      3. Grants / collaborations with other universities and organizations
   d. **Immediate plan:** primary focus of discussion at next Council meeting (3/16)

3. **Call to engagement**
   a. Charlie Van Loan wisely suggested that the Council participate in and try to shape the current campus dialogue about President Lehman’s Call to Engagement by framing brief answers to the questions from a mental health perspective.
   b. Reasons:
      1. Integrate mental health concerns with the academic mission of the university.
      2. Make mental health part of “the big picture” of Cornell.
      3. Leverage the opportunity for university-wide attention and dialogue.
   c. **Immediate plan:** convene a small group to take on this task and present a draft to the Council. Volunteers: Charlie Van Loan, Vladimir Gogish, Kent Hubbell. Other Council members are encouraged to think about this and join the group or send ideas to Charlie (cv@cs.cornell.edu).

4. **Suicide prevention**
   a. This was the issue of most pressing concern on the minds of people who responded to the homework assignment.
   b. Referring back to the Framework for Intervention and Prevention discussed at the first meeting, this seems an appropriate place to begin our efforts to examine and shape institutional policies.
   c. We acknowledged that we cannot develop policies that “assure intervention” with high-risk individuals, but we certainly can develop policies to increase the likelihood of effective interventions.
   d. **Immediate plan:**
1. Convene a committee to examine these issues and strategies in depth to begin meeting in March. Committee should include representatives from the assemblies, the faculty senate, university counsel’s office, Community Development, the colleges, the graduate school, Gannett. If you are interested in serving on the committee or want to suggest categories or specific people who should be included, please contact Greg Eells (GTE3).

2. Schedule campus visit with Paul Joffe, PhD, director of a successful suicide prevention program at the University of Illinois to discuss the U of I model with the Council on Mental Health and Welfare, campus and community partners, Gannett staff.
   - **Council on Mental Health and Welfare meeting**: Monday, April 19, 1 to 3 p.m. at Robert Purcell Community Center, Multipurpose Room
   - **Open presentation**: Tuesday, April 20, 1 to 3 p.m. at Robert Purcell Community Center, Multipurpose Room (if you cannot attend the Council meeting, please try to attend this meeting)

2. Discussion of scenarios
   - We had an extensive discussion of three scenarios, not actual events (see PowerPoint notes). Considering notable elements of each raised many questions, prompted some sharing of information, and suggested some strategies.
   - **SCENARIO 1**: a possibly suicidal freshman living in residence hall
     a. Significant issues
        1. Level of honesty/denial of the suicidal student may limit others’ ability to intervene.
        2. What is the relationship between self-harming behaviors and suicidality.
        3. The caring response of the roommate and the RA are notable.
        4. This incident (and others?) may have a significant impact on well-being of hall mates and friends, some of whom might have witnessed the incident or its fall-out, and to whom the student will return, ready or not, after the ER evaluation.
        5. Policies and training in Community Development support timely communication: from RA to RHD, from RHD to Gannett and Crisis Manager.
     b. Suggestions/strategies:
        1. Gannett must be widely recognized as an accessible, caring, and effective resource for both physical health and mental health.
2. All members of the campus community should be aware of clearly stated Cornell values regarding the importance of the welfare of each and every one of us and be provided with resources and, where possible, training to increase the likelihood that they will recognize and aid people in distress, including themselves. (Consider “standard of self-care“ from the University of Illinois model.)

3. Gannett should continue to work closely with the hospital to maximize communication within the limitations imposed by federal legislation.

4. We should explore opportunities for developing policies, protocols, and networks that will facilitate the sharing of significant information about student distress and provide effective interventions with students whose distress reaches a serious level of acuity. (University of Illinois model requires students who threaten or attempt suicide to have several sessions with a therapist.)

- SCENARIO 2: a suicide of an international graduate student in the natural sciences who lived off-campus
  
a. Significant issues
  1. Social isolation can be a significant contributor to suicidality, but is not necessarily so (it is notable that students in the hard sciences—over-represented in Cornell’s suicide statistics—are perhaps among the least isolated graduate students (at least academically)).
  2. Students in the graduate and professional schools have ready access to many fewer student services, and academic and social support structures.
  3. Power dynamics between students and faculty may make students reluctant to ask for help from a faculty advisor or to discuss concerns about a fellow student; they also contribute to reluctance on the part of faculty to “get involved” in personal matters or even notice distress until it impinges on academic progress.
  4. International students may have additional challenges in adjusting to this environment (academics, interpersonal dynamics, etc.) and may bear a heightened burden of expectations and pressures from their home country and/or family. Resources may seem even less accessible. Cultural understanding of stress, anxiety, depression, and mental illness may limit help-seeking behaviors.
  
b. Suggestions/strategies:
  1. We need to identify resources available to graduate and professional students and evaluate their effectiveness and sufficiency. What could we be doing differently, better? What other resources are needed?
  2. We should look for ways to reach out more effectively to international students with guidance about adjusting to the US, Ithaca, Cornell, and graduate school culture and culturally-sensitive information about how and when to access and use resources.
  3. We should work with faculty to increase their willingness and ability to identify and refer students in distress, as well as their understanding of mental health issues and challenges they can expect to see in the grad student population. We should engage faculty in reviewing ways in which the fields might do more to support the mental health of graduate students.
  4. Following the example of the Vet School, acknowledgement of the challenges of embarking on a graduate/professional degree program could be included in communications with incoming students.

- SCENARIO 3: a suicide in a gorge of an Asian-American sophomore in Engineering
  
a. Significant issues
  1. Many students experience clashes their own values and expectations and those of their parents (these may be related to culture, economics, or other factors), but often they are unable to express the differences or imagine that there is any way to address them.
  2. Cultural values may affect a student’s willingness to seek help from anyone outside the family; but they may also make it impossible to discuss issues openly and receive appropriate help within the family.
  3. Cornell’s values (e.g., freedom with responsibility) and American values (e.g., autonomy, individuation) may be in conflict with other cultural values and may impede our ability to provide needed assistance or to be seen as an appropriate resource.
4. To what extent do we have a culture in which the colleges reach out in a timely and helpful way to students who are doing poorly. Some students, even those having significant and obvious academic difficulties “fall through the cracks.”

b. Suggestions/strategies:
1. We should provide education for parents about ways in which Cornell and they can be helpful to a student who is confused, dissatisfied, failing, or otherwise “in trouble.” (We should review the brochure that the College of Arts and Sciences sends out to parents.)
2. We should consider whether the university has a role to play in fostering capacities in our students for resiliency, handling family pressures, recovering from setbacks/failures, etc.
3. To what extent should the admissions process consider students demonstrated ability to cope with adversity, maintain balance between competing pressures, access supportive resources?
4. The Council should learn more about what the colleges do to identify and make helpful contact with students who are having academic (or other?) problems and encourage sharing of “best practices.”

3. University of Illinois Suicide Prevention Program
   • We had a brief discussion, based on the Psychology Today article, “Not Always a Cry for Help,” that was distributed to the Council to read in anticipation of this meeting.
   • Council members agreed that this is a model worth exploring to evaluate its potential application in the Cornell context.
   • We understood that any program implemented at Cornell would have to:
     a. make sense in the Cornell culture of “freedom with responsibility”
     b. keep lines of communication open for students in distress
     c. consider how students might react (our experience with the medical amnesty protocol should be informative in this regard)
     d. be very careful in the language it uses to describe a “standard of self-care”
     e. consider how we might develop a program that could be more effective with graduate students
   • Paul Joffe will spend two days at Cornell on April 19 and 20 talking with us about this model and issues that need to be considered as we evaluate its potential for effectiveness in this setting.
   • Council members are encouraged to attend either April 19 Council meeting or, if you cannot make that date, the open meeting on April 20 (see page 3 for details).

4. “Homework” assignment for all Council members: Please give some thought to the discussion planned for our next meeting on research.
   • What are the questions we need answered? What are our priorities? Where should we begin?
   • What existing research are you aware of? Is there data from existing surveys that could be mined for helpful information?
   • What faculty members/graduate programs are you aware of that might have an interest in conducting research that would be helpful?
   • What resources do you know of to support new research or analysis of existing data?
   To assist in our preparations for this discussion, please send your ideas by March 10 to Greg Eells at Gannett (GTE3; 255-5208).

Minutes taken by Sharon Dittman