COUNCIL ON MENTAL HEALTH AND WELFARE

March 16, 2004

MINUTES

Present:


Invited Cornell Community Members: Marin Clarkberg and Marne Einarson (Institutional Research), Lisa Staiano-Coico (Vice Provost for Medical Affairs)

Upcoming meeting schedule:

Monday, April 19, 1 to 3 p.m. at Robert Purcell Community Center, Multipurpose Room
(If you cannot attend this meeting, please try to attend the open presentation by Paul Joffe on the University of Illinois suicide prevention model on Tuesday, April 20, 1 to 3 p.m. at Robert Purcell Community Center, Auditorium)
Thursday, May 6, 4 to 5 p.m. at Gannett, the Moore Library, on Level 5

1. Call to Engagement: A Framework for Thinking about Campus Mental Health

   • Charlie Van Loan, Vladimir Gogish, and Kent Hubbell met after the last Council meeting to think about President Lehman’s Call to Engagement from the perspective of the charge to this Council.
   • As discussed at the previous meeting, we agreed that a thoughtful response to the President’s question will:
     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.
     4. Give mental health prominence as President Lehman clarifies his own thinking about the eight questions.
   • Charlie presented a “first draft” of responses to the eight questions and engaged Council members in discussion.
   • Council members are urged to read over this draft and consider our goals for this exercise. Consider what kind of institution Cornell is and wants to be. Submit suggestions for the next draft to Sharon Dittman (SD15).
   • Review of the Call to Engagement: A Framework for Thinking about Campus Mental Health
     1. What should we be teaching our students?
        ▪ Stress is a force field that varies with time and location; it torques the outcome of the academic mission.
        ▪ The ability to handle stress depends upon physiology, personal experience, and perspective.
        ▪ We must teach students that stress is manageable.
     2. How should we be teaching?
        ▪ Mental health concerns should be integrated into orientation programs for new students, faculty, and staff.
        ▪ Physical education is mental health education. Wellness program facilities are facilities that support mental health.
More effective safety nets can be developed because of internet-based technologies, but they must be non-intrusive and respectful of privacy.

**Discussion:**
- **We need to think broadly about all the things that support mental health:** those that are obvious, as well as those that are not. (Going to a hockey game or getting exercise can be very good for mental health).
- **Cornell has a very vital residential program** (home to 100% of freshmen and 2/3 of sophomores) that is also very important to students’ mental well-being.
- **Orientation programs have a significant role in communicating the importance of individual well-being, caring community, support resources and activities.**
- **Do we/how do we engage parents in teaching their children about the values, skills, and resources that are critical to mental health?**

3. **Whom should we be teaching?** What mix of undergraduates, graduate students, professional students, and non-degree students will best help Cornell achieve its educational mission?

- The mix of students—grad and undergrad, domestic and international—make Cornell great. Variation makes empathy a much-valued commodity.
- The campus should be sensitive to the stresses and strains that are unique to each of our degree programs and unique to each student group.
- For undergrads, there is the pressure to keep up with 4 or 5 courses at once, the overbearing parent, the problematic roommate, and the general feeling that life pivots on getting high grades.
- For Masters and PhD students, the project and the dissertation are intensely personal and self-esteem is always threatened when the going gets tough.
- Added levels of pressure can exist for freshmen, first-year graduate students, international students, students of color, women, and gay and lesbian students.
- Students who have been denied entry into our degree programs, who have had a brush with academic integrity, or who are in poor academic standing are also vulnerable.

**Discussion:**
- **As we think about the vital mix of students who make up the Cornell community, we should consider that any student who finds him/herself in a minority position vis a vis the majority will have additional stressors** (e.g., students of color; women in engineering; men in the vet school; older undergraduates).
- **Undergrads are dealing with pressures involved with being on their own for the first time and learning to be autonomous in decision-making.**
- **The academic calendar can be particularly challenging for undergrads, as their higher stress work (e.g., exams, papers, projects) tends to clump together at peak times during the semester and final exam time.**
- **Many graduate students are challenged to balance academics and work, sometimes family.**
- **Economic issues can have a significant impact on students’ lives. Students without health insurance may not be able to afford needed care. Academic trouble can lead to loss of scholarships and, for international students, visa issues.**
- **When we talk about mental health, we usually focus on the particular challenges arising in the academic environment. We also need to address the fact that there are students at Cornell with significant mental illnesses.**
- **We should be teaching all those who can take advantage of what we are teaching, including those with significant mental illnesses, and provide appropriate support.**
- **But students must be able to use the support that is available. There are significant differences in how students get help in college from how they got help in high school. Self-advocacy, taking care of oneself is important. Cornell needs to be more explicit about expectations and work closely with parents of incoming students who have mental illnesses.**
- **What is the message for admissions? We cannot, and do not want to discriminate against students with mental disabilities; but potential students should be able to demonstrate ability to integrate the various parts of life that are necessary to be successful at Cornell.**
It is important for staff and faculty to know how to help students who are here who might have illnesses; to what extent can they be informed of students’ disabilities, illnesses?

It’s important to keep in mind that many students feel that getting help is very demeaning; we need to help them see it as support.

4. Where should we be present?
   - As our world has changed, we have added new places where we teach those who would earn Cornell degrees.
   - The world has changed and parents are more concerned than ever about Campus life.
   - They need to be as informed about student stress as the students themselves.
   - Cornell needs to have a careful presence on the border between students and parents.
   - **Discussion:**
     - What is the appropriate relationship between the university and parents and to what extent are they/can they be valuable partners in supporting student mental health? Some Council members expressed the desire that the university be proactive about informing parents about stress on campus and engaging them in providing support. Others feel more cautious about this.
     - We need to consider Cornell’s value of “freedom with responsibility” as we consider the evolving role and expectations of parents. Of course, this issue needs to be considered differently for grad/professional students and undergrads.
     - Federal legislation (HIPAA and FERPA) guide and limit the university’s communication with parents and others about what is happening in students’ lives. We discussed questions related to parental notification and the importance of informing both parents and students about what we can and cannot communicate without permission from the student.

5. What does our land grant mission mean today?
   - We need to communicate to high schools the correlation between mental health and academic success.
   - Liberal education relieves stress because it gives perspective. Therefore, we should export the values of liberal education to the larger society with the same vigor as we export the practical research findings of science and engineering.
   - **Discussion:**
     - What role does the university have in outreach to high schools about the importance of mental health for students in college?
     - Are there questions that should be considered in admissions in terms of students’ abilities to connect with others, balance competing demands, access resources?

6. How should we collaborate?
   - We should be as famous for our constructive perceptions about the student mental health climate as we are for teaching and research.
   - The metric for success should be the same as in other research domains: our peers should turn to us for advice and collaboration.
   - **Discussion:**
     - Opportunities exist in the areas of mental health and substance abuse research for collaboration with the medical college.
     - We should be at the leading edge of fostering new models of student mental health; our work should be pioneering, recognized by others as contributing to the understanding of college students mental health issue and effective strategies in the university environment for minimizing risk/harm and maximizing protective behaviors/supportive communities.

7. Should we be identifying special domains of research emphasis where Cornell is unusually well situated to make enduring and significant contributions?
   - The close proximity of teaching and research makes Cornell great and unique.
   - The close proximity of different cultures on campus makes Cornell great and unique.
   - Because these proximities can induce stress, we are in a unique position to address the ensuing tensions.

8. Might organizational changes better enable faculty, students, and staff to achieve their individual and institutional ambitions?
   - There needs to be a network of mental health services that span the colleges even though the colleges have very different cultures that should be respected.
2. **Model for Cornell Suicide Prevention Research**

- In previous meetings, the Council identified research as a priority for our work. We agreed that we need to utilize research in order to:
  a. Understand more about the causes of student distress and opportunities for intervention.
  b. Enable early identification of those at high risk.
  c. Assess effectiveness of policies, protocols and interventions

- Tim Marchell provided some background information related to research on suicide prevention:
  a. Historical context: a suicide on campus in 1967 led to the development (following the initiative of a student and the leadership of Jack Lewis, director of Cornell United Religious Work) of a suicide prevention hotline that eventually became Ithaca’s Suicide Prevention and Crisis Services. This was based on a successful experience in Los Angeles with the first suicide hotline in the US.
  b. Though there has been a great deal of research about suicidality and risk and protective factors, there have been very few research studies of suicide prevention models on college campuses.
  c. In the absence of research, we have to draw upon theoretical assumptions, our own intuition, and experience. We have to be careful that we are making appropriate assumptions.
  d. Research helps in defining the problem(s) to be addressed, formulating solutions, and evaluating effectiveness. It must be integrated with our planning and interventions, not just tacked onto the end.
  e. We cannot evaluate everything. We must ask ourselves:
    - what data do we have?
    - what do we need?
    - what are we going to prioritize?
    - what can we do and should we do with the resources we have?
    - what other resources exist to support our research needs?

- Tim presented a logic model for understanding Cornell suicide prevention research
  a. Research tasks:
    1. Define problem (e.g., numbers of suicides, suicide attempts)
    2. Identify risk and protective factors in literature (individual; institutional/environmental)
    3. Characterize Cornell target population risk factors (e.g., suicides, suicide attempts)
    4. Characterize Cornell at-risk population (e.g., individual characteristics, demographics, high risk events)
    5. Characterize CU environmental/institutional risk and protective factors (e.g., stressors, means, support systems)
    6. Evaluate formation and implementation of strategies (formative and intermediate evaluation)
    7. Monitor changes in risk factors in at-risk population (suicidal threats, suicidal ideation, depression)
    8. Monitor changes in target behaviors (suicides, suicide attempts)
  b. For each of these research tasks, we should consider:
    1. What are the research variables?
    2. What data do we have, have but have not analyzed, not have?
    3. What are our actual or potential data sources?
    4. What priority do we give to each variable, need, data source?

- Discussion
  a. Though there are few suicide prevention approaches that have been evaluated (e.g., University of Illinois and US Air Force programs), there is extensive literature about “best practices.” How do we consider that in prioritizing our own approaches?
  b. There was concern about the extent to which extensive literature might delay action. We need to consider how we can be expeditious in our efforts and have strategies that are informed by research.
  c. We must be careful not to limit ourselves to “linear” thinking about this process. To be effective, the logic model will have feedback loops built in throughout.
We will convene a small group to consider in more depth research questions, priorities, and resources.

3. **Paul Joffe visit to Cornell**
   - Paul Joffe, PhD, Director of the University of Illinois Suicide Prevention Program, will be visiting Cornell on April 19 and 20 to help us consider possible applications of his model in our campus community.
   - He will meet with the Council on Mental Health and Welfare on April 19, 1 to 3 p.m., in the Robert Purcell Community Center Multi-Purpose Room.
   - He will meet with the newly formed committee of the Council to address institutional policies around suicide prevention immediately following the Council meeting in RPCC.
   - Council members who cannot attend the meeting on April 19 are encouraged to attend Joffe’s open presentation for members of the Cornell and Ithaca community on April 20, 1 to 3 p.m., in the Robert Purcell Community Center Auditorium.

4. **“Homework” assignment for all Council members:**
   - Read over the draft of the Call to Engagement and consider ways in which we can add to/strengthen it.
   - Consider what Cornell faculty members/grad programs might be interested in assisting with our research needs, as well as resources to support new research or analysis of existing data.
   - Please send your ideas to Sharon Dittman (SD15; 255-4499).

*Minutes taken by Sharon Dittman*