COUNCIL ON MENTAL HEALTH AND WELFARE

May 6, 2004

MINUTES

Attending:
Derek Chang, Ken Clarke, Walter Cohen, Janet Corson-Rikert, David DeVries, Greg Eells, Sharon Dittman, Ellen Gainor, Jenny Gerner, Tanni Hall, Kent Hubbell, Don King, Tim Marchell, Daniel Marques, Susan Murphy, Sonia Rucker (for Ray Dalton), Lisa Ryan, Ritch Savin-Williams, Charlie Van Loan, Wai Kwong Wong

Upcoming meetings: there are no meetings scheduled at this time; the next meeting will be at the beginning of the fall semester.

1. Introduction
Susan Murphy, chair of the Council, began the meeting with appreciation for the time and attention of members of the Council through this first semester. It is clear that identification of the issues before us and the development of effective strategies for addressing them will require ongoing engagement from committed individuals in diverse areas and roles on campus. She expressed her hope that everyone will be willing to serve again in 2004-05. (She mentioned that Lisa Staiano-Coico will serve on the Council in her new role as Dean of the College of Human Ecology. Perhaps Lisa will be able to help us identify someone from the Medical School to serve in her former role as liaison with the Council.)

2. We spent most of the meeting discussing the feedback/ideas generated from Paul Joffe’s visit

- Review of meetings with Dr. Joffe on April 19 and 20:
  - Gannett leadership team
  - Council on Mental Health and Welfare
  - Council’s Institutional Policy/ Suicide Prevention Committee
  - CAPS staff
  - Student and Academic Services Administration and Legal Counsel
  - Cornell and Ithaca community (~90 people)

- Key elements in University of Illinois approach (as summarized by Greg Eells):
  - Conceptualizing interactions on a continuum of control vs. engagement
  - Suicide usually an act of violence not a cry for help
  - Initial approach was to offer services to suicidal individuals: only 5% of students approached engaged in counseling
  - Current approach mandates student service staff to serve as reporters and requires four “assessment” visits for students who threaten or attempt suicide.
  - Increase in compliance and a 58% reduction in suicides.
  - No suicides in the ~1700 individuals who have been through the program in 19 years
  - U of I model and Air Force study only programs with research data available on efficacy

- Discussion of University of Illinois approach and what it suggests for us here at Cornell:
  - We should consider this model, not in its totality, but by breaking it down into elements and seeing which might be appropriate to Cornell and potentially embedded in our overall approach.
  - Concerns about reliability of data and cost analysis raise questions about the model.
    - A closer examination of Joffe’s data reveals numerous gaps and problems that raise many questions about what the data actually tells us about the model.
- If we were able to “clean up the data,” would we know any more about whether this model, or elements of this model, might or might not be worth trying here at Cornell? Are there things we could/should try, even if we have questions about Joffe’s data?
- We need to look carefully at Cornell data. If we’re going to develop programs and policies appropriate to our community, it is desirable to have them based on data.
- Our discussion underscored the importance of the Council’s decision to create a research committee to help identify valuable research that already exists and determine the data we want to capture as we develop our own strategies. The research committee will meet during the summer. Our collaboration with the Jed Foundation and several other universities may provide some technical assistance to support our research efforts.
- Data questions for the Council’s research committee:
  1. How many students who completed suicide had made contact with CAPS. (CAPS data indicates about 38%, though many of those contacts were not proximate to the time of the suicide.)
  2. How many students who attempted suicide had made contact with CAPS. (We don’t have good data about attempts because many are not reported.)
  3. Of attempts that came to the attention of the Crisis Managers, how many followed up at CAPS? (about half)
  4. Do we know anything about why the students who had had contact with CAPS did commit suicide? (This could be studied, though again, the contacts often are not recent contacts. For the past few years, we have been developing a process in which every student death is investigated so we can see what we can learn from the circumstances surrounding the death.)
- The assumptions on which Joffe’s model is based might create false dichotomies that a Cornell model could avoid.
  - People threaten, attempt, and commit suicide for a variety of reasons: some, as Joffe suggests, may be seeking a measure of control/power; some may be just wanting to end the pain; for some, it may be a cry for help.
  - Other behaviors that constitute “violence against self” (e.g., cutting, eating disorders) could also be addressed in a Cornell model (not just the most extreme of suicide).
  - Suicidal behavior is a psychological illness or a symptom of a mental illness. Should we be considering a model that will allow us to address other manifestations of mental illness, as well?
  - It’s possible that what’s effective in the Joffe model is not the required assessment and counseling, but the fact that mandated reporters provide an “early warning system” that catches people at risk before a serious crisis hits.
  - The brief U of I experiment with what Joffe called the “invite and encourage” model was judged ineffective (only 5% of students came in for counseling). Did they use the most effective means to reach out to students to invite them to engage with services? Did they maximize the leverage opportunities that exist for “encouraging” students to engage?
  - Perhaps a combination of “inviting and encouraging” students into appropriate support services and requiring assessments under specific circumstances could work here.
- If Cornell instituted a policy that required assessments, might it be perceived as punitive and drive mental health concerns “underground”?
  - Joffe said that most students at the U of I don’t know that the policy exists.
  - His data did not indicate that students with mental health issues were forced off the radar screen, and he argued that, in their experience, the benefits of identifying students outweighed the costs.
  - A question was raised about whether there is something about the very act of requiring students to get counseling that affects the desired behavior change?
  - It would be important to consider carefully issues related to cultural diversity, the impact a policy that requires assessments might have on different communities, and the potential of increasing or decreasing effectiveness in making contact.
  - We should strive to create a policy that is not punitive to the individual but that does give appropriate weight to the disruption to community(ies) caused by suicidal threats and attempts.
We discussed particular concerns about the limitations of the U of I model in reaching international students and graduate students.

- The data about graduate student suicides at the U of I suggests that the model has not been successful with that population. (Though the data reflects an increase in the number of graduate student suicides during the 19 years of the study, the number of grad student suicides is still lower than in the Big Ten cohort.)
- Most of the students engaged through the U of I program are undergraduates, though they are exploring new ways to reach students through graduate school and international student organizations, religious groups, etc.
- International (particularly Asian) graduate students are disproportionately represented in Cornell’s suicide statistics, so this is a population of particular concern to us.
- Fewer student service staff members have contact with graduate students, so fewer problems (including suicide threats and attempts) are likely to be recognized.

We considered how an approach that designated “mandated reporters” might go over at Cornell.

- At the U of I, all of the mandated reporters are student service staff (faculty and students are encouraged to play a role as voluntary reporters). Joffe asserts that most of the mandated reporters are positive about the policy and their role.
- With training, student services staff and others could improve their ability to identify students in crisis and connect them with appropriate support. This could have a positive impact, whether they are mandated to do something or not.
- Given our large graduate and professional school population, a system at Cornell that relied exclusively on student services staff would be inadequate.
- Cornell’s bias-response program might be a useful model for the development of a mandated reporting program (e.g., for determining an appropriate “threshold” for reporting, defining what constitutes a “real” threat or attempt). In current practice, student services personnel frequently consult with each other (including UCAN and CAPS staff) to assess how seriously we should take a comment or behavior.
- If we adopt an approach that involves mandated reporters and required assessment, from what office(s) would it most appropriately be administered? (Gannett? Dean of Students Office?)

A Cornell approach should include language and strategies that address individual accountability for behaviors that disrupt the community.

- Having some kind of community statement regarding our values as a caring community, the responsibility for self-welfare, and responsibility for the welfare of others might have a positive effect on its own, even without mandatory assessment.
- We could consider a pilot program that would require assessments of a sub-set of students who threaten or attempt suicide (e.g., students who have been released from the hospital following a suicide attempt or other serious self-injuring action; or students whose self-violence is disruptive to the community of students with whom they live).

We must consider the most appropriate investment of Cornell’s resources for addressing mental health problems.

- Suicides are tragic, but they are relatively rare (and much rarer among college students than among young adults not in college). Other mental health problems are more common in our population and can compromise the ability of students to take full advantage of the Cornell experience.
- What is the cost of doing more about potentially suicidal students and how will it affect our ability to serve other students (through prevention and intervention services)?
- Do we have the resources to hire more counseling staff to provide assessments for students who threaten and attempt suicide? If we have the potential to increase the size of our counseling staff, is this the way we want to do it?
- As we proceed in our work as a Council we need to make sure we are not looking just at suicide prevention, but also at the broader issues and impacts of mental health.
- If we work from a base of addressing mental health problems more broadly, might it have an impact on more serious and, indeed, the most extreme situation: suicide?
- The U of I approach came out of the counseling center. At Cornell, we have the opportunity to build our approach with input from a broader community on the needs, priorities, resources, and opportunities that exist here.
3. **Plans for coming year**
   - Review other programs / approaches, including but not limited to:
     - United States Air Force
     - Jed Foundation
     - Princeton
     - Northwestern
   - Discuss efforts currently underway at Cornell
     - Asian/Asian-American Task Force
     - University Counseling and Advising Network
   - Define our research priorities with the guidance of the Research Committee
   - Continue exploration of institutional policy and protocol options related to suicide prevention with the guidance of the Institutional Policy/Suicide Prevention Committee

   **Meetings for Fall, 2004** will be set during the summer. We hope each of you will be able to continue on the Council next year. **If you are unable to continue, please notify Susan Murphy at shm1@cornell.edu or 255-7595.**

*Minutes taken by Sharon Dittman*