Attending: Steve Carvell, Janet Corson-Rikert, David DeVries, Greg Eells, Sharon Dittman, Ellen Gainor, Tanni Hall, Kent Hubbell, Erica Kagan, Don King, Tim Marchell, Daniel Marques, Susan Murphy, Kathy Okun, Sonia Rucker, Lisa Ryan, John Siliciano, Linda Starr, Sharron Thrasher, Charlie Van Loan, Wai Kwong Wong

Executive Committee member: Charlie Walcott

Guest: Sharon Mier (UCAN consultations coordinator from Gannett)

Upcoming meetings:

Friday, December 3 1:00–3:00 p.m. Multipurpose Room, RPCC
Tuesday, February 8 1:00–2:30 p.m. Gannett Health Center, Moore Library
Wednesday, March 16 4:00–5:30 p.m. Gannett Health Center, Moore Library
Wednesday, April 6 4:00–5:30 p.m. Gannett Health Center, Moore Library

I. Asian/Asian-American Taskforce Update (Susan Murphy)
   A. Meeting during Council weekend with a number of AAA alumni about the report and needs.
   B. Early draft of letter to AAA incoming undergrads and parents—will be vetted with Council, as well as others. (Separate letter for grads?)
   C. Low-hanging fruit we should just move on. Bigger issues need to be tied into broader planning.
   D. Minority student advisory council, student affairs council, COSEP associates—positive reception (Tanni and Wai)—observations that these are not just issues of concern to the AAA community, but for the broader CU community. Trigger for thinking about issues affecting different communities of color.

II. Research Work Group Update (Tim Marchell)
   A. Purpose of the work group
      1. Provide oversight of research for CMHW
      2. Coordinate current mental health research
      3. Initiate new research/evaluation
      4. Provide peer consultation
   B. Projects of the work group
      1. Reviewing existing data
         a. Departmental records
            • CAPS
            • Crisis managers
         b. Surveys
            • National College Health Assessment
            • Enrolled Students Survey
      2. Current study: self-injuring behavior survey
         a. Janis Whitlock, Ph.D., lecturer and John Eckenrode, PhD, co-director: Family Life Development Center (FLDC), an interdisciplinary unit of the College of Human Ecology
         b. Self-injury & co-morbidity
         c. Interview phase complete
         d. Survey design Fall ‘04
         e. Spring ’05 implementation at Cornell
      3. Proposed study: alumni survey
         a. Jeffrey Haugaard Ph.D., Human Development
         b. Administer to recent alumni
         c. Suicidality & help-seeking behavior
d. Conceptual phase/survey draft Fall '04

e. Discussion

- this survey will be piloted with seniors; depending on how that goes, we may find some value in continuing it with seniors in the future.
- we will also get information about the experience of seniors from the quadrennial COFHE (Consortium On Financing Higher Education) survey of seniors.
- the COFHE alumni surveys are conducted with alumni who were at Cornell too long ago for their experience to be helpful to us at this point.


a. The Jed Foundation is a nonprofit public charity committed to reducing the young adult suicide rate and improving mental health support provided to college students.

b. The Education Development Center, Inc. is an international, non-profit organization with more than 335 projects dedicated to enhancing learning, promoting health, and fostering a deeper understanding of the world.

c. The Jed Foundation and the EDC have created an independent partnership that is working closely with five universities – Cornell, Columbia, Harvard, MIT, and Yale – to design and implement a Pilot Suicide Prevention Program. Plans call for an evaluation of the Pilot, which will, it is hoped, produce a convincing evidence base for the implementation of such suicide prevention programs on college campuses nationwide.

d. The individuals involved in the evaluation dimension of this Pilot Program are the evaluators who conducted the study of the suicide prevention program of the Air Force (that will be presented to us on December 3). They are working closely with our research work group to evaluate several dimensions of our own efforts.

- We are developing several logic models (to detail the steps we will take as part of an intervention that will lead to desired outcomes) to help evaluate efforts currently underway (e.g., faculty information sessions).
- We are also working on plans for formative and summative data collection.

III. Policy/Suicide Prevention Work Group Update (Greg Eells)

A. The work group has been reviewing options for mandatory evaluations.

B. CAPS and Campus Life have collaborated on a “Memo of Understanding,” the intent of which is to ensure that, after a student has been released from a psychiatric hospitalization, there is an action plan in place to facilitate a safe and secure transition back to University housing, for both the student and the residential community.

1. CAPS staff will engage in the following evaluation process:

   a. Evaluate the student to determine whether s/he can safely maintain him/herself in the residence/apartment environment without causing a disruption.


   c. Obtain a release of information form from the student allowing CAPS to communicate its findings and recommendations to Community Development (CD) or Graduate & Professional Student Housing (GPSH) staff, as appropriate.

   d. Communicate to CD or GPSH all relevant information with as little personal information as necessary to facilitate the student’s safety as well as the safety/security of the residential community.

2. Based on recommendations:

   a. Campus Life staff will make a decision about the student’s ability to return to the residential community.

   b. Campus Life will not allow a student to return to live in University housing until this evaluation process occurs and reserves the right to cancel a student’s housing contract if the student refuses the evaluation or in the event that the student poses a threat to him/herself or a significant disruption to the residential community.

3. This process has been evolving over many years and seeks to treat students with compassion, offer them support, and help them succeed at Cornell or leave to get the care they need to eventually be successful at Cornell.

C. Other work group initiatives

1. Look to expand this policy to include students living outside residence halls and to follow up on suicide attempts and gestures.

2. Continue developing Caring Community Statement.

3. Reviewed and supported expansion of UCAN (see next item).
IV. University Counseling and Advising Network (UCAN) (Janet Corson-Rikert)

A. Evolution of University Counseling and Advising Network (UCAN)
   1. Traditional counseling center model
      a. Confidential 1:1 counseling services
      b. Consultation when contacted (consultation was used by those who knew they could contact CAPS, but the service was not well known or communicated.
   2. Mid 1990’s – growing concern regarding student mental health
      a. CAPS experienced increasing volume and acuity of demand.
      b. Newly formed group of academic advisors, PAAL (Professional Academic Advising Leaders) gave voice to growing concerns about students in distress and holes in the “safety net” for providing support, care, and intervention.
   3. Need for closer connection between CAPS and campus
      a. Active efforts to reach out and offer consultation
      b. Training of community members to improve identification and referral of at-risk students

B. UCAN funding
   1. 1999 grant proposal to FIPSE
      a. Comprehensive consultation, advisory and referral network linking professional staff to faculty and staff ‘in the front lines’
      b. Reach out to students who may be isolated, or whose problems increase the likelihood that they will not seek help
   2. 3-year pilot program funded by $500 K from alumni donors, Elizabeth and Mayo Stuntz
   3. 2002 EBG approval of ongoing funding

C. UCAN Initial Model
   1. 2 Gannett-based counselors
      a. Student-centered consultation
      b. Program-centered consultation
      c. Education/training
      d. Network development
   2. Experience
      a. Much appreciated / heavily utilized service
      b. High demand for student-centered consultation and ‘field’ counseling
      c. Much professional staff time occupied by organizing meetings of campus partners to determine appropriate supports and interventions
      d. Educational efforts limited by lack of integration into college/unit priorities and structures – challenge sustaining and building on training
      e. Resources insufficient to oversee development of campus network

D. UCAN Proposed Model (see Appendix below)
   1. Protected professional consultation role, integrated into CAPS
   2. Standing multidisciplinary team for evaluation of complex cases
   3. Organized approach to community education
   4. Administrative structure to support development of unit and college-based systems
   5. Designation of college and unit network partners
   6. New position to oversee network development
   7. Creation of a committee to address student health and welfare within each academic unit (CMHW will appoint a work group to think through a strategy for proposing this to the colleges, grad school, and professional schools).

E. Discussion
   1. Concerns about clinical staffing of CAPS and UCAN consultation
      a. In spite of expansion of CAPS staff in past several years, the clinical work load in CAPS increases faster than CAPS can add counselors. For now, CAPS is working to maximize the efficiencies and productivity of current systems, using phone triage to prioritize student needs, offering options such as group counseling and referral into the community.
b. CAPS outreach, including a variety of off-site locations for “drop-in” conversations with therapists, has enhanced access for students who may have not known about CAPS or experienced barriers to seeking help previously. The inevitable corollary is that the more access points CAPS maintains, the more students come in for services; in addition, the more outreach CAPS does, the fewer therapist hours are available for direct counseling.

c. Demand for UCAN consultation continues to grow and stretch available resources.

d. Gannett may need to expand number of clinicians in CAPS/UCAN—will work to optimize systems prior to approaching Cornell’s Executive Budget Group with request for further increases in allocation.

2. Developing a comprehensive campus network of trained staff, faculty, and student leaders
   a. A goal of the UCAN model is to have more people in units actively engaged in a partnership with each other, with CAPS/Gannett, and with other support offices and organizations, to allow for early intervention, education for prevention, identification and referral of students in distress, and development of appropriate systems/systems changes within academic and other units, rather than primarily out of Gannett. CAPS would focus on delivery of clinical services and outreach, consultation, and crisis intervention.
   
b. Academic advising and student service departments may even consider filling open positions, as appropriate, with people who have training that might be useful in providing leadership for these initiatives (such as Council member Sharron Thrasher, PhD in psychology and new Director of Student Affairs and Diversity in Campus Life and the open position in Arts and Sciences for Latino Studies counselor).
   
c. Each of the academic units has its own organization, staffing, systems, and protocols. For effective work to be done to address the needs mentioned above (2a), each unit will need its own committee on student health and welfare. The Council will create a task group to consider what might be involved in creating these committees and the kinds of concerns/initiatives they might address.

3. Gannett-based staffing of UCAN vs. unit-based UCAN network partners
   a. David DeVries and Ellen Gainor expressed their appreciation of the partnership they have developed with CAPS through the work of Sharon Mier/UCAN, which has allowed for the development of close, collaborative relationships, prompt response time, efficiencies that come from shared experiences, and success in reaching students who have never been reached before (½ of UCAN consultations and direct contacts are AAA grad and undergrad students; also some first generation students, underrepresented minority students)
   
b. There is a value in having the outreach coming directly to the academic units from Gannett.
   
c. This model may have benefits over a model that has “franchisees” out in the units following the usual decentralized CU approach.
   
d. Concerns were expressed about relying on “adding on” to already over-full academic and student service job descriptions, rather than hiring people explicitly for these roles.
   
e. The proposed model suggests a “both/and” approach, rather than “either/or.” CAPS will continue to have professional counselors involved in a consultation role. The units would be asked to identify leaders (both a committee and “network partners”) to provide:
      ▪ consultation with their own colleagues around student mental health issues and referrals (to appropriate resources within the college or in student and academic services; to CAPS or UCAN consultation; to the UCAN alert team
      ▪ training for faculty and staff—to help them identify students in distress and connect them to appropriate resources (not always CAPS)
      ▪ identify opportunities within the programs and systems of the unit to promote early identification, intervention, and prevention of mental health problems (e.g., the Hotel School’s policy of holding individual meetings with students who are on academic warning)
   
f. Look into Six Sigma model which focuses on “train the trainer” and systems approaches.

4. Mental health related prevention
   a. As we work to increase our ability to detect and respond to students in crisis and “pre-crisis,” we should be mindful of the importance of prevention of mental health problems—both on the individual and institutional levels.
   
b. The earlier we can catch problems, the better.
   
c. The more overloaded CAPS and the UCAN consultation coordinator are with crisis work, the less flexibility they have to deal with other crises, much less opportunities to support prevention work that
might present themselves.

5. **Conclusion**
   a. The group was unanimous in its opinion that there are more students in our community in need of mental health services than we have resources to serve; and there are more staff and faculty in need of training, timely consultation, and reliable referral routes than we have resources to serve.
   b. The Council is committed to developing a systematic approach to addressing services needs and priorities.

V. **US Air Force Suicide Prevention Program**
   A. The US Air Force developed a comprehensive, environmental approach to suicide prevention that has demonstrated effectiveness.
   B. This approach may be instructive for Cornell as we develop our own comprehensive approach to suicide prevention and mental health promotion.
   C. David Litts and Kerry Knox, researchers involved with the Council’s research work group and in the evaluation of the US Air Force Suicide Prevention Program will be on campus for two days in December.
      1. On December 2, from 2 to 4 p.m., Robert Purcell Auditorium, they will present the findings of their research on the Air Force Suicide Prevention Program in an open presentation to the community.
      2. **On December 3, 1 to 3 p.m., Multipurpose Room of Robert Purcell Community Center, they will meet with the Council on Mental Health and Welfare**
      3. The substance of these two meetings will be similar. If you cannot attend the Council meeting on 12/3, please attend the open presentation on 12/2.

*Minutes taken by Sharon Dittman*
APPENDIX

From a power point presentation at the meeting

Cornell University Mental Health and Welfare Organizational Diagram