MINUTES
February 8, 2005


Executive Committee member: Charlie Wolcott

Guests: Phil Meilman

Upcoming meetings:

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. Welcome and introduction of new members

· Rahul Banerji – College of Arts and Sciences, ’07; founder and president of Cornell Minds Matter
· Betsy East – College of Engineering, Assistant Dean, Student Services
· Anne Lukingbeal – Law School, Associate Dean and Dean of Students

II. Follow-up from fall semester

A. Asian/Asian-American Task Force
   1. There is no question about the fact that we should increase our services to A/AA students; the question is how to do so.
   2. Conversations with A/AA alumni who have expressed strong interest in and support for the work of the Task Force.
   3. Susan Murphy is having conversations with the President and Provost about how to incorporate recommendations related to staffing and space into the administrative structures of the university. The President expressed his appreciation for the quality of the report.
   4. Susan is also working with others to consider ways in which we can begin to address some of the other recommendations of the report.
   5. Letter to parents and students
      a. Susan circulated drafts of letters to A/AA students and parents
      b. Please send feedback regarding:
         ▪ content of letter
         ▪ concept of a letter going to parents, as well as students
         ▪ from whom the letter should be sent (faculty and deans within the colleges; student services?)
         ▪ whether this should be a “stand alone” letter or incorporated into another mailing

B. Student support systems / UCAN
   1. Mental health promotion coordinator position in Gannett funded for three years by gift from Liz and Mayo Stuntz, generous alumni contributors who funded the first phase of development of the UCAN program.
   2. Gannett has been expanding clinical consultation/community-based services in response to demand; is in conversations with several colleges about ways in which we can develop this in the future.
   3. University has committed funding for a new counselor-therapist for Gannett’s Counseling and Psychological Services.
4. Gannett staff will be meeting with associate deans at their meeting on 3/30 to discuss ways in which the academic units can provide leadership for addressing issues related to student welfare and the recommendation that each college/school create a unit-based committee to engage these issues.

C. Air Force Suicide Prevention Program
1. Community forum (12/2) attended by over 100 people from across campus and from several other counseling centers.
2. CMHW meeting (12/3)
3. At today’s meeting, we will review relevant elements of the Air Force model and experience and discuss the ways in which they might inform our efforts here at Cornell.

III. USAF Suicide Prevention Program: Lessons for Cornell

A. USAF program
1. Background
   a. Community of 350,000
   c. Leadership of the Air Force, including the Chief of Staff, decided that this rate was unacceptable and that the USAF needed to address this as a community
   d. 1996: implementation of comprehensive, community-based suicide prevention program
2. Identified risk factors for suicide
   a. Personal characteristics
      ▪ Psychopathology (mood disorders, depression, substance abuse)
      ▪ History of prior attempt
      ▪ Cognitive and personality factors
      ▪ Biological factors
   b. Family characteristics
      ▪ Parental psychopathology
      ▪ Adverse life circumstances / stressful life events
      ▪ Physical abuse
      ▪ Sexual abuse
   c. Socio-environmental factors
      ▪ Academic or professional problems/failure
      ▪ Legal problems
      ▪ Media influence (contagion)
3. Identified protective factors for suicide
   a. Family cohesion
   b. Religiosity or spiritual belief
   c. Resilience, self-esteem, direction, optimism, perseverance, empathy
   d. Coping, insight, intellectual competence
   e. Social support, close relationships, caring adults/authority figures
4. Many organizations limit efforts to “high-risk approach” to suicide prevention
   a. Targets people at highest risk for suicide
   b. Examples:
      ▪ Joffe / University of Illinois model – mandated evaluation following suicide threat or attempt
      ▪ At Cornell: Gannett/Community Development letter of understanding that requires mental health evaluation for students before return to residence halls following mental health hospitalization
5. Suicide recognized by the Air Force as the “Tip of the Iceberg” for significant physical, mental, and social health problems. Air Force decided to address the high risk concerns, but to also target people who might be at moderate risk through a comprehensive community-based approach.

B. Multi-pronged strategy
1. Messages from senior leaders
2. Public affairs initiatives to promote social support, help-seeking behavior
3. Mandatory training for all staff and for people in leadership roles
4. Data collection on suicides and attempts
5. Mental health screening
6. Integration of community support services
7. Modification of procedures relating to high-risk situations (e.g., disciplinary proceedings)
8. Critical incident stress management

C. Results: success
   Very clear linear trend for a reduction in:
   1. Suicide
   2. Homicide/accidents
   3. Severe family violence
   4. Moderate family violence
   5. Mild family violence was actually up, but attributed to successful efforts for early identification and intervention

D. Lessons learned
   Must be effective with three essential elements:
   1. Knowledge base
   2. Social strategy
   3. Political will

E. Differences between USAF and Cornell
   1. Cornell is more decentralized.
   2. Cornell’s leadership/authority structure is not a simple hierarchy.
   3. Cornell has a more disparate array of services and network of gatekeepers.
   4. Cornell has a more diverse population and probably less of a feeling of common identity.
   5. Academic freedom is a primary value at Cornell.
   6. Acceptance to a highly competitive university probably screens out many people with more serious and/or untreated mental health problems before they get here

F. Commonalities between USAF and Cornell
   1. Emphasis on community protective factors
   2. Promotion of social cohesion
   3. Increase social supports
   4. Increase (early) identification
   5. Facilitate access to services
      a. enhance awareness
      b. increase availability
      c. provide multiple points of access
      d. encourage help-seeking behaviors
      e. reduce stigma
   6. Concern to reduce suicide, as well as the “iceberg” that underlies it.
      At Cornell, elements of the iceberg include:
      a. academic failure
      b. relationship difficulties
      c. substance abuse
      d. stress, anxiety, depression
      e. feeling disconnected in the environment

G. COUNCIL DISCUSSION regarding the implementation of the 3 essential elements to create an integrated, comprehensive, community-based model at Cornell similar to the USAF
   1. Knowledge base
      a. Council
         • building our own knowledge base and extending opportunities to others has been the primary work of the Council in its first year
         • public forums to examine best practices, meeting with Associate Deans in March, etc.
      b. Research
         • Documentation of CAPS services and crisis managers experience provides critical information.
         • Research committee and Jed Foundation collaboration will provide more an ongoing information about our student population, as well as the effectiveness of various strategies.
      c. Education
         • Dean of Students, Crisis Managers coordinator, and CAPS director have conducted several faculty education sessions in the colleges.
• Creation of Cornell Minds Matters, student advocacy group, will enhance student knowledge base.

2. Social strategies
   Important to look for best practices that are research-based, data driven.
   
a. Leadership/communication strategies
   • High level message (USAF message from AF Chief of Staff: seeking help is a sign of strength; Caring community statement from Cornell leadership?)
   • Faculty (in particular, faculty who serve as advisors, chairs) who:
     – are knowledgeable of resources and encourage students to use them
     – help to destigmatize help-seeking behaviors, mental health problems
     – are motivated to “own” student welfare initiatives without top-down pressure
   • Deans and other leaders within the colleges/schools who:
     – facilitate a culture within the college
     – make leadership statements that set a tone, inspire, destigmatize, motivate
   • Student leaders (RAs, TAs, student assembly, fraternity/sorority leaders, athletic team leaders) who are:
     – knowledgeable about mental health concerns/resources
     – encourage others to seek help
   • At Cornell, change may require a combination of top-down, as well as grass-roots leadership.

b. Education/knowledge
   • Education at all levels
   • Curriculum infusion
   • Targeted communications to:
     – at-risk populations
     – first year students
     – graduate students
     – TAs
     – faculty
     1. find ways to “lower transaction costs” for faculty. What are the elements of advising we want all faculty throughout the university to know? How can we organize information for faculty in a way they can use to help students? We should seek to take the burden away from them; help faculty feel useful as advisors, rather than feeling like they are making it up as they go along.
     2. how do we come up with this in a way that works across different departments? need to remember that faculty function in very different ways in their work with undergraduate students and their work with graduate students; need to differentiate roles and resources

c. Coordination/accessibility of services
   • Enhance access to mental health services through adequate staffing, multiple entry points, effective referrals
   • Provide ongoing training and professional development for academic advising and student services staff to improve coordination, utilize non-mental health professional skills and expertise, provide options for people who do not want or need counseling.
   • Enhance awareness among faculty, students, and student services staff about the services offered by academic advising staff and deans.
   • Establish priority for collaboration and seamless integration of services
   • Address problems associated with taking a medical leave:
     – financial issues: loss of financial aid; delay of loan payments
     – international students are permitted to stay in the US, but are not permitted to work
   • Tighter collaboration between academic side and student support
     – Work with academic records committee who make decisions about leaves-of-absence, suspensions, expulsions to enhance their understanding of non-academic factors in academic failure.
     – Look at current interface between faculty and professionals in student services and where those interfaces are not working optimally or at all. Target interventions to improve those intersections.
     – Assigning students to both a faculty advisor and a student services advisor is a useful strategy in some colleges.
Hotel has “master advisors” for freshmen who have responsibility for coordinating information on their own students. They have a mechanism for identifying students who are having multiple difficulties.

- Communication with parents, significant others, friends—we need to consider how the university deals with federal regulations re privacy in order to protect and maximize support for students.

d. Detection/monitoring systems
- Judicial administrator
- Academic integrity boards
- Precipitating moment or emerging pattern
  - Personal crises
  - Academic failure
    1. mid-semester grades
    2. communication with students who are not doing well
    3. leaves, suspensions, expulsions

[Steve Carvell, Assistant Dean in the Hotel School and member of the council, spoke of Hotel School requirement that all students on academic warning have to meet with him in person. University does not have a mechanism to make sure that every student who is on warning must see somebody. We need to develop protocols that assure contact and guide response.]

- PhD failures (losing advisor, support being withdrawn, not progressing)
- Writing seminar TAs (can provide a very good early warning system)
- Need to build systems that facilitate aggregation of information
- Do we have a way to recognize when a faculty member/advisor may be the problem for a number of different students?

3. Political will
a. What would motivate stakeholders to seek change?
b. What would be the barriers to implementing new social strategies?
c. What individuals or organizational entities could facilitate change?
d. How would leaders go about fostering change? (e.g., funding, job descriptions, setting expectations/protocols)
e. Issues related to faculty:
  - Expectations of faculty/particularly junior faculty (activities that support student welfare are likely to be considered “beside the point”).
  - We assume we cannot mandate faculty.
  - Faculty care deeply about teaching and care deeply about students (in addition to their commitment to research). Make it easy for the faculty to be sympathetic, to respond, and to know what to do to follow through with students.
  - Reward system for faculty doesn’t take into consideration work on behalf of students; incent or reward faculty to give more time/attention to students.
  - 120 faculty fellows who don’t get rewarded for participation
  - Look at recent study of CU faculty participation in student lives; in any given year, over 300 faculty are involved in some way in SAS activities.
  - First year instructors and faculty advisors are in unique positions to identify first year students in distress.
  - Faculty tend to be better at academic advising than other kinds of advising (academic training does not reinforce interpersonal skills)

f. Creating community
[Kathy Edmonson, Associate Dean, Veterinary Medicine, and member of the Council, talked about the challenge to create community and encouraged people to look at The Tipping Point: How Little Things Can Make a Big Difference, by Malcolm Gladwell. In the Vet School, part of setting tone for “we care” is conveyed through attention to who is in class and how they seem. Students who have not been to class are contacted by student services. Students understand that the expectation is that they will call in when they are sick. Faculty consult with student services about students they are concerned about. Since 9/11, there’s been a shift in the language and priority of college regarding the value of community. There has been a normative shift in the culture of the college that manifests itself in language. As a result, it is very hard for students in Vet College to fall through cracks.]
H. If you have further ideas, questions, reflections, please send them to Sharon Dittman (SD15).

IV. **Next meeting**: the focus of our discussion will be on issues for graduate students and challenges/strategies within the Graduate School  
Wednesday, March 16  4:00–5:30 p.m.  Gannett Health Center, Moore Library

*Minutes taken by Sharon Dittman*