MINUTES
September 14, 2005


Guests: John Eckenrode, Janis Whitlock, Amanda Purington from Family Life Development Center; Nina Cummings from Gannett Health Promotion

Upcoming meetings: Monday November 14 4:30–6:00 p.m. McManus Lounge, Hollister Hall

I. Welcome and introductions
   A. Janet Corson-Rikert, executive director of Gannett Health Services, extended welcome and appreciation to new and returning Council members as we began the third year of the Council on Mental Health and Welfare.
   B. The Council is chaired by Susan Murphy, who was unable to attend this meeting, as she and several other Council members are attending the Faculty Senate meeting scheduled at the same time.
   C. Janet introduced guests to the meeting from the Family Life Development Center who were at the meeting to present preliminary results of a recent, major study of self-injury and related mental health issues, and to Nina Cummings from Gannett Health Promotion, who collaborated on the study.

II. Overview of Council – Janet Corson-Rikert
   A. The campus environment has been and will continue to be studied regarding ways to decrease the risk of suicide and to increase support for community members facing mental health difficulties.
   B. Guiding principles
      1. The work of the Council is guided by the shared belief that:
         a. mental health is vital to overall health and optimal academic/ professional functioning
         b. mental health problems affect the entire community, as well as individuals; our concerns range from problems with anxiety, depression, eating disorders, psychosis and at the extreme, suicide.
      2. Addressing mental health needs on campus requires a combination of:
         a. adequate mental health services
         b. a shared community-based approach that shapes the environment
         c. leadership of the Council in the expansion of our community approach by identifying strategies and fostering political will
   C. Organizational structure:
      1. Council was charged by the Provost and Vice President for SAS.
      2. Council reports to the Executive Committee on Campus Health.
      3. The council has been the catalyst for new mental health initiatives and 3 sub-committees:
         a. Mental Health Policies
         b. Mental Health Research
         c. Asian/ Asian-American Task Force
   D. Review of activities to date
      1. Up to now the primary focus has been on students, specifically, potentially high-risk populations, but we also need to look at supports for faculty and staff (e.g., education and training around suicide and other mental health issues)
      2. Exploring the needs of the campus has resulted in some success already as particular, at-risk communities (i.e., Asian/ Asian-American; grad students) and specific situations that can make students more vulnerable (i.e., violations of academic integrity) have been identified.
3. In addition, models of community based approaches have been presented for consideration as the notion that Gannett staff/ CAPS clinicians can effectively manage all the campus mental health needs has changed.
4. Conversations with the associate deans group about enhancing collaboration within academic units are underway.
5. UCAN Alert Team has begun meeting and formalizing its role and responsibilities. The UCAN Alert Team is a group of individuals from both, academic and non-academic units throughout campus who meet weekly to review complex cases, recommend interventions and to conduct ongoing system needs assessment.
6. Tim Marchell’s position has been expanded to that of Director of Mental Health Initiatives, and we have a new position of Mental Health Promotion Coordinator, held by Catherine Thrasher-Carroll. We have two new CAPS therapists, Maurice Haltom and Anshon Moore as well as a new AOD counselor position to be filled this month.

E. Areas of focus for CMHW meetings this year will include:
1. the needs of international students
2. the model and experiences of Gannett’s Community Based Services Team from CAPS
3. the collaboration with the Jed Foundation and five other universities to develop a campus-wide suicide prevention program.

III. Mental Health Initiatives – Tim Marchell

A. Tim introduced the meaning of the phrase “cura personalis”, which is being used at Georgetown University, to describe a sense of caring for the whole person. This is important in relation to the guiding principles for the Council, including but not limited to:
   a. Mental health is a critical determinant of an individual’s overall health and welfare.
   b. Collectively, mental health problems undermine the academic mission of the university.
   c. A significant portion of Cornell students experience mental health problems that interfere with their academic performance or social functioning.
   d. Mental health issues are intertwined with issues of diversity and inclusion.
B. We know from survey data that 1 in 10 Cornell students in the past year have seriously considered suicide; 4 in 10 students have been so depressed they had difficulty functioning. These data indicate that there are many students we are not reaching.
C. It is not possible to meet the mental health needs of our campus community solely with the CAPS clinicians.
D. We need to increase the capabilities and motivation of “natural helpers” in the community to be “eyes and ears” for students who are experiencing distress. We need shaping of individuals, policies and practices. The Jed Foundation, with whom Cornell is in partnership, is trying to motivate institutions of higher education to change policies & procedures related to student mental health. Catherine and Tim will be providing leadership to departments across campus to examine policies, practices and educational strategies.
E. Cornell has made considerable progress already on mental health initiatives and we will be pursuing the development and expansion of strategies aimed at promoting mental health and identifying students in distress, in the coming year.

I. “The Cutting Edge”: preliminary results from the survey on college mental health and well-being

A. Janice Janis Whitlock (Director, Study of Self-Injury in Adolescence) was joined by two of her colleagues from the Family Life Development Center, John Eckenrode (FLDC Director and Professor in Human Development) and Amanda Purington (Study Coordinator) to begin a dialogue with the CMHW about the findings of “The Survey of College Mental Health and Well-Being.”
B. “The survey is designed primarily to assess self-injurious behavior in college populations. However, it also aims to assess a variety of other mental health and well-being indicators useful in understanding student mental help and help-seeking behaviors in relation to and independent of self-injurious behavior.” – Purpose of the Study from meeting handout.
C. Because this study is under contract for imminent publication, specific details involving methodology, results, and implications cannot yet be put in print anywhere public. These minutes are a public record on the Cornell University website; therefore further details of this study as presented will not be recorded here. However, it can be noted that:
   a. There are many more students than ever anticipated who have been and are engaging in self injurious behavior.
   b. There is a relationship between self injuring behavior without suicidal intent and suicide attempt(s) at a later point in time.
   c. Many students engage in self injurious behavior without getting medical intervention or without telling anyone.
d. When students do tell someone about either self-injurious behavior or suicidal ideation, they are more likely to tell a friend or boyfriend/girlfriend.

D. Questions and comments from the council were expressed
   1. Common themes to these comments included surprise/shock regarding apparent prevalence of self-injurious behavior, both from student members and faculty council members.
   2. How can we engage the Cornell community with this?
   3. There is still important information to pull out of the collected data.
   4. Future question for data might include: Do students overestimate perception of this behavior, like they do for alcohol?
   5. How do we deliver the information from this study to increase awareness without the possibility of stimulating more of this kind of behavior?

IV. Meeting adjourned 6pm

Minutes taken by: Catherine Thrasher-Carroll, Mental Health Promotion Coordinator at Gannett