Minutes
November 14, 2005

Attending: Rahul Banerji, Ross Brann, Janet Corson-Rikert, David DeVries, Sharon Dittman, Cathy Dove, Betsy East, Kathy Edmondson, Greg Eells, Amy Freitag, Ellen Gainor, Tanni Hall, Jeff Haugaard, Kent Hubbell, Anne Lukingbeal, Tim Marchell, Alan Mathios, Susan Murphy (chair), Kirsten Post-Eynav, Sonia Rucker (for Ray Dalton), Kriselle Santos, Nina Shiffrin, Bob Smith, Linda Starr, Stan Taft, Sharron Thrasher, Catherine Thrasher-Carroll

Guest(s): Wendy Tarlow, Office of the University Counsel

Upcoming meetings:
TBD in February 2006 4:30–6:00 p.m.

I. Welcome and introductions
   A. Tim Marchell, Director of Mental Health Initiatives, extended welcome to all Council members.
   B. Tim introduced guest, Wendy Tarlow, Associate University Council, as an expert on the legal perspective and implications for faculty and staff regarding assisting students in distress, in light of the Massachusetts court ruling in the Shin vs. MIT suit.

II. Overview of Meeting’s Agenda
   A. Tim outlined that the meeting would be structured, in three sections:
      1. Wendy sharing about the legal aspects and implications of the Shin vs. MIT case.
      2. Greg Eells sharing information about how Counseling And Psychological Services (CAPS) already has protocols and practices in place that MIT did not when Elizabeth Shin took her life.
      3. Tim facilitating discussion about strategic planning for mental health priorities and resource utilization.

III. Legal Perspective on Shin Case & Implications for Cornell University – Wendy Tarlow
   Wendy discussed the Shin case and implications for Cornell University. She also responded to questions raised by council members.

IV. Counseling And Psychological Services (CAPS) – Greg Eells
   A. Greg began by emphasizing that we are all in this together and that mental health for our campus community is a shared responsibility.
   B. Greg then shared points outlined in a recent speech by the MIT Chancellor, in which specific changes to be made to their psychological services provision were identified to decrease the risk of suicide. Most of these identified points have already been implemented here at Cornell and include:

   1. Improved Access to Services
      a. CAPS has increased clinical hours in-house with a new clinician this year.
      b. Implementation of the triage system with same day visits for emergent situations.
      c. The UCAN clinicians and the Community Based Services Team (CBS) providing walk-in hours, support group sessions and program consultations.
      d. CAPS is currently in the process of hiring 3 additional, term therapists for the remainder of the academic year to handle the recent increase in demand for mental health services. (Compared with 2004, CAPS has seen a 12% increase in students; a 32% increase in demand for individual psycho-Therapy; a 121% increase in group services; and a 19% increase in total clinical hours.)

   2. Use of a Team Approach Between Therapists and Psychiatrists
      a. Gannett clinicians are continually working to improve communication and case coordination among staff.
3. Improved Leave Policy
   Cornell has policies in place that look at behavior and address what a student must do to return after a leave.

4. Engage in Outreach Efforts for Improved Early Identification of Mental Health Issues
   The CBS Team and UCAN, along with Health Promotion are all engaged in activities to increase early identification of students in distress.

C. Council Discussion
   1. Parental Notification Issues and Confidentiality
      a. Kent Hubble, Dean of Students, noted that in a situation where a faculty or staff member observes or has information about a student engaging in self-harming behavior, a parent could be called.
      b. Greg added that in a situation where a faculty or staff member is not sure about whether or not to call a parent, consultation with CAPS, a UCAN therapist and/or the University Council’s Office would be appropriate.
      c. It is possible that a student services staff or faculty member could call a student’s parent when a therapist could not, due to confidentiality requirements.
      d. Greg reiterated that faculty and staff do not have to deal alone with a student in distress. There are multiple resources available campuswide.

   2. Coordination
      The question was raised about when helping a student in distress, is it always clear who is in charge? Tim commented that when different priorities are involved (e.g., academics, residential life, CAPS, etc) the UCAN Alert Team can look at these cases for policy/protocol needs; therapists can provide direct clinical services and faculty and student services staff can be the much needed link to the other parts of the student’s Cornell world. We each have a role to play.

V. Our Goals and Objectives - Tim Marchell
   A. Backdrop
      1. Data obtained from the Enrolled Student Survey sent to all undergraduate students last year included three questions on mental health. These questions were:
         a. During the last year, how many times have you experienced the following: (Scale: never; 1-2; 3-4; 5 or more)
            i. Was unable to function academically (e.g., missing classes, unable to study or complete homework) for at least a week due to depression, stress, or anxiety.
            ii. Seriously considered attempting suicide.
            iii. Actually attempted suicide
      2. Nearly 40% of all respondents indicated that they were unable to function at least once over the previous year.
         i. The percentage unable to function at least once was higher for women than men
         ii. The percentage unable to function at least once was highest for under-represented minorities (54%)
      3. 7 ½ % of all respondents indicated that they had seriously considered attempting suicide in the past year.
         i. Asian American and International students were more likely than white students and under-represented minorities to consider suicide.

   B. On the 2002 National College Health Assessment of Cornell undergraduate and graduate students approximately 1 in 10 students responded that they had seriously considered committing suicide within the last year. This figure is consistent with the national average for college students.

   C. Tim opened the discussion regarding setting and prioritizing mental health goals. As a discussion starter, Tim offered a list of sample goals for the council to consider:
      1. Identify as many seriously distressed individuals as possible
      2. Provide support or treatment with as many of these individuals as possible
      3. Increase counseling for students from high-risk groups
      4. Provide early support for students to reduce the need for therapy
      5. Prevent the onset of mental health problems
6. Support faculty, staff and students affected by individuals with mental health problems

VI. Council Discussion

A. Sample Goals Discussion
   1. One comment was that the sample goals seemed to be appropriate goals and in order of priority.
   2. Another comment questioned whether the goals and priorities could be determined without further exploration of actual resources and budget allocation.
   3. The question was posed, is the source for funding for student support services the sole responsibility of Gannett or a shared responsibility by the entire Cornell community?

B. Industry Standard for Mental Health Care in Colleges & Universities
   1. Janet Corson-Rikert responded regarding Gannett, stating that we have doubled the CAPS staffing over the past 10 years and we need to do more.
   2. Despite the increases in staffing, the trajectory suggests we will have a continuing need for expanded services.
   3. Greg noted that we are implementing numerous innovations, (e.g. triage, off-site community based services), as compared with other Ivy League schools.

C. Potential of Prevention of mental health problems
   1. Tim Marchell noted that there are cases, for example, where a student is in an exploitive or racist situation, which can lead to an inability to cope with those stressors and can bring on mental health problems. In this type of situation, there is the potential to prevent the onset of mental health problems if there is an intervention to change the environmental stressors.
   2. Research by Martin Seligman at the University of Pennsylvania has shown that 1st year students exposed to a Cognitive Behavioral Therapy (CBT) group led to lower levels of anxiety and moderate levels of depression in the student participants 2 years later.

VII. Triage and Appointment System in CAPS – Greg Eells

A. Everyone who calls CAPS gets triaged by phone – this is about a 20 minute process.
B. If classified as “emergent”, the student gets a same day appointment.
C. If classified as “urgent”, the student gets an appointment within 72 hours.
D. If classified as “routine”, the student usually gets in within 7-10 days, but right now it’s about 3 weeks. (Or the student can see someone in the community.)

VIII. Closing

It was noted that responding to the mental health needs of students requires multiple levels of engagement, including services by licensed clinicians as well as various levels of support by student services staff and faculty members. Each has an important role to play in noticing students in distress and referring on an as needed basis. Council members determined that there is a need for continued discussion on priority needs/goal setting and resource allocation.

Meeting adjourned 6pm

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