MINUTES
October 23, 2006

Attending: Ginia Anderson, Matt Boone, Joe Burke, Casey Carr, Derek Chang, Janet Corson-Rikert, Betsy East, Kathy Edmondson, Kent Fuchs, Ellen Gainor, Tanni Hall, Christine Holmes, Tim Marchell, Alan Mathios, Susan Murphy, Angela Narayan, Andy Noel, Brendan O’Brien, Lisa Shaffer, Linda Starr, Stan Taft, Sharron Thrasher, Catherine Thrasher-Carroll, DeAngelo Washington

Executive Committee on Campus Health & Safety member(s):

Guests: Krishna Ramanujan, staff writer for the Cornell Chronicle.

Upcoming meetings:
- Wednesday November 29 3:30–5:00 p.m. Willard Straight Hall, 5th floor lounge
- Monday February 26 3:30–5:00 p.m. Willard Straight Hall, 5th floor lounge
- Wednesday April 11, 2007 3:30–5:00 p.m. Willard Straight Hall, 5th floor lounge

I. An Overview of Cornell’s Approach to Mental Health – presentation by Tim Marchell
A. Context
   1. Mental health is vital to the University’s academic mission.
   2. Charge to this council is “…[to be] responsible for studying the campus environment in order to advise the Provost and the Vice President on opportunities for reducing risks and increasing support for members of the Cornell community facing mental health challenges.”
   3. Promotion of a Caring Community as illustrated in new President Skorton’s Convocation Address, August 19, 2006.

B. Goals Set by Council Last Year
   1. Identify as many seriously distressed individuals as possible.
   2. Provide support or treatment for as many of these individuals as possible.
   3. Increase support for students from high-risk groups.
   4. Provide early support for students to minimize the severity of problems.
   5. Reduce the onset of mental health problems.
   6. Support faculty, staff, and students affected by individuals with mental health problems.

C. Impact of Mental Health and Other Problems
   1. Academic problems may be an indicator of other, larger challenges, such as: mental health problems, relationship difficulties, cultural adjustment, learning disabilities, funding issues, exploitive circumstances, and hazing.
   2. Survey data reveals levels of distress
      a. Cornell National College Health Assessment Spring 2006
         - N=1920 undergraduates; response rate of 38%
         - When asked, “In the past year, where you so depressed it was difficult to function?”
           (i) 44% responded “yes”
           (ii) national data also 44%
         - When asked, “Have you seriously contemplated suicide?”
           (i) 9.5% responded, “yes”
           (ii) national data was 9%
         - When asked, “Have you attempted suicide?”
           (i) 1.3% responded, “yes”
(ii) national data also 1.3%
b. Data from the spring 2005 Enrolled Students Survey of undergraduates showed findings similar to that of the 2006 NCHA data, with higher rates of distress and suicidal ideation among international, Asian-American, and under-represented minority students.

3. Cornell University Suicide Data 1996-present
   a. CU suicide rate is approximately the same as the national average for colleges and universities.
   b. There have been 16 confirmed student suicides of enrolled students in the past 10 years.

4. The Role and Relationship of Alcohol and Other Drugs (AOD) to Mental Health Problems
   a. High-risk groups within the drinking population
      • Students who have been referred to the BASICS program for a judicial sanction:
        (i) CORE 2005 research data shows that the percent of students “consuming 5+ drinks in a sitting at least once within the past two weeks” is significantly higher for students who’ve been referred to BASICS, than for the general undergraduate population.
        (ii) Additionally, the percent of female students experiencing negative consequences (e.g. memory loss, missed class, been hurt or injured, been taken advantage of sexually, tried unsuccessfully to stop using) from AOD in the past year is almost twice as high for sorority members as it is for non-members.
   b. Selected AOD strategies to address high-risk drinking
      • Clinical
        (i) BASICS program
        (ii) Clinical multi-disciplinary team
      • Educational
        (i) AlcoholEdu study
        (ii) Smart Women campaign
      • Policy
        (i) Medical amnesty
        (ii) Slope Day
        (iii) Fraternity regulations

D. The Institutional Response
   1. Leadership Structure
      a. The Executive Committee on Campus Health and Safety receives recommendations from:
         • The Council on Mental Health and Welfare; and
         • The President’s Council on Alcohol and Other Drugs
   2. Mental Health: College Pilot Study
      a. The Jed Foundation (a national organization dedicated to suicide prevention and mental health promotion in colleges & universities) and the EDC (Educational Development Center) initiated a multi-campus project to develop best practices in college mental health.
      b. The University of Rochester's Center for the Study and Prevention of Suicide now leads this project, which involves adapting components of the U.S. Air Force community mental health model to reduce suicide and other mental health problems. This project includes:
         • Community Gatekeeper Training
         • Clinicians Core Competencies Training on Assessing & Managing Suicide Risk
         • Mental Health Research
      c. Principles Underlying the Project Strategy
         • Clinical services are necessary but are not sufficient to address every aspect of mental health needs within a community.
         • Mental health problems require an institution-wide, community-based network of support.
         • This network includes:
           (i) environmental support (e.g. residential initiative, caring community, & diversity initiatives)
           (ii) community-based services (e.g. “Let’s Talk” off-site, walk-in hours, outreach to high-risk populations, community based consultations & interventions for faculty/staff)
           (iii) educational strategies (e.g. print and web-based resources for faculty/staff, informational presentations and trainings)
           (iv) policy initiatives (e.g. protocols for early detection, assessment of functioning, communication with parents, separation protocols)
           (v) a continuum of organizational support systems
              1. Pre-crisis = Alert Team
              2. Crisis = Crisis managers
3. Post-crisis = Community Support Meetings

   - 13% of the student body received services
   - 27% of these visits were for medication
   - 124 medical leaves were coordinated
   - 62 hospitalizations occurred

4. Clinical Services Comparison: Yale ’05-’06
   - 18% of students received services
   - 1 counselor/500 students (vs. 1/800 students at CU)
     (i) This is important in that recent research has revealed that services provided by counseling centers reduce the suicide rate for clients to one sixth of what it would otherwise be.

II. Questions and discussion about presentation material
   A. Clarification was asked for regarding the national statistics on suicide rate for college students
      1. The suicide rate for college students is lower, by half, compared to that of the same age group who are not enrolled in a college or university. Therefore, college is a protective factor against suicide.
      2. Suicide attempt data vs. completion data present a very different picture from each other.
         a. Men are more lethal
         b. Women attempt more
   B. The question was asked, “How has our joining with the College Pilot Project influenced us here at Cornell?”
      1. The implementation of community wide strategies, such as the Community Gatekeeper Training, Clinician’s Core Competencies Training for Assessing & Managing Suicidal Clients, and mental health research strategies have been influenced by our participation in the College Pilot Project.
   C. The concern about what we can do to identify and address needs of high-risk groups was voiced.
      1. In light of survey data that suggests that students go to a friend first when stressed or depressed, efforts in the Dean of Students office are being made to educate students as gatekeepers.

III. Update on Asian and Asian-American Campus Climate Task Force (AAATF) - presentation by Susan Murphy
   A. Progress on the recommendations made in Fall 2004
      1. Establish a staff position dedicated to Asian and Asian-American student programs and support.
         a. Position not created.
         b. Raises question as to fundamental design of minority student services.
         c. Issue to be addressed in context of new diversity framework being developed through the President/Provost’s office. Item already suggested for agenda of Executive Committee of the University Diversity Council.
         d. Several specific program recommendations related to position have been addressed.
         e. Expansion of CASMP
            - 120 Asian-American students
            - 306 Asian-American mentors
      f. Expanded offerings through Dean of Students Office of Student Support.
         - Cornell Minds Matter
         - EARS
         - Asian and Asian-American Student Forum
         - Annual Parent Program in June
      g. Gannett on-line health screening [http://www.gannett.cornell.edu/](http://www.gannett.cornell.edu/)
      h. CAPS/SelfAssessment.html
      2. Establish a centrally located Asian and Asian-American student community/cultural center of space.
         a. Space not created.
         b. Some improvement for student groups will occur with renovation of Student Support Suite in WSH.
      3. Provide support services by mental health professionals in more natural settings.
         a. Expanded community based services through CAPS.
            - *Let’s Talk*
              (i) Carol Tatkon Center
              (ii) Engineering
              (iii) CLT
              (iv) Law School
              (v) ISSO
              (vi) Graduate School/JGSM
b. Outreach from DOS to graduate students.
c. Expand and strengthen UCAN outreach and services.
   • ALERT Team
   • Community Consultation and Intervention
   • Cornell as a caring community
4. Utilize on line resources for student support.
b. faQ on-line mentoring
c. Dear Uncle Ezra
5. Provide more training on cultural sensitivity for faculty and staff.
a. Dr. Henry Chung ‘84 visit last spring
b. Staff training programs for harassment advisors
c. Prejudice reduction workshops
d. Professional development series in Campus Life
e. Multicultural programming as part of continuing education in UHS
f. Tapestry of Possibilities program for all new students, resident advisors, residential staff; led by Ordinary People student troupe
6. Strengthen recruitment and retention of ethnically similar staff in academic, career, support, campus life units, etc.
a. Remains a priority for University.
b. In last two years increases among employees of Asian descent:
   • Faculty, from 108 to 118;
   • Academic Non-faculty: from 125 to 150
   • Staff: from 167 to 185
   • Within SAS: from 34 to 50
7. Consider instituting a Diversity Course Academic Requirement.
a. Conversations with Deans and Provost’s staff…unlikely requirement.
b. Listing of courses provided through Tapestry web site this fall.
8. Examine pertinent policies and procedures in order to reduce environmental stressors, to improve services and provide clear communication to the community.
a. Debrief after every student death with DOS, University Counsel, relevant others.
b. Associate Dean discussions this fall regarding communication with parents.
c. Discussion with Associate Deans about communication with students facing academic discipline.
d. Review of early warning systems in the colleges.
e. Discussion with President Skorton regarding suicide on campus.
f. Gannett collaboration with JED foundation and other schools; also with Dr. Chung and others.

IV. Questions and discussion from council members

A. Derek Chang, faculty member in the College of Arts & Sciences, commented that from his perspective as an Asian American faculty member, the clinical mental health response to the AAATF recommendations has been excellent; however, the two primary recommendations – a staff position and a program space – haven’t really been addressed. He went on further, referencing Tim’s presentation, stating that clinical services are necessary but not sufficient to meet the mental health needs of the community. He stated concern that the non-clinical services recommendations are not being addressed even though they are recognized as a vital component to reaching at-risk populations. He emphasized that it is particularly important to have a cultural/social space for Asian and Asian-American students in order to draw them out of their rooms and away from their computers.
1. Susan responded that it will be important to look at the roles the DOS, ALANA, OMEA and Student Activities board can play in order to meet some of this social/cultural need.
2. She underscored that a new, executive level diversity committee is being formed and that she will take these concerns to this group.

B. The Student Disabilities Services Office was mentioned as an underutilized mental health resource, both for undergraduate and graduate students.
1. The graduate school has found this office particularly helpful this semester, helping student’s access resources previously unknown.

C. Gannett is beginning to pilot a depression screening tool in medical appointments. It is hoped that this screening tool will identify students who might not recognize or label symptoms of depression, but who might instead come
in for what they think of as only a medical problem. The project is being initiated by Dr. Henry Chung, ’84, who founded this work with Asian and Asian American patients who often present who physical symptoms rather than complaints of “depression”.

V. Meeting adjourned at 5pm

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