MINUTES
February 1, 2006

Attending: Rahul Banerji, Ross Brann, Casey Carr, Derek Chang, Janet Corson-Rikert, Sharon Dittman, Betsy East, Greg Eells, Amy Freitag, Ellen Gainor, Linda Grace-Kobas, Tanni Hall, Jeff Haugaard, Christine Holmes, Kent Hubbell, Tim Marchell, Alan Mathios, Susan Murphy (chair), Lisa Ryan, Kriselle Santos, Nina Shifrin, Linda Starr, Catherine Thrasher-Carroll, Charlie Van Loan, Charlie Wolcott

Executive Committee member(s):

Guests: Pam Strausser – Senior Human Resources Consultant/ Organizational Development
Martha Dewey – Artistic Director Cornell Interactive Theatre Ensemble

Upcoming meetings:
Monday, March 6, 2006 4:30–6:00 p.m. McManus Lounge, Hollister Hall
Monday, April 3, 2006 4:30–6:00 p.m. McManus Lounge, Hollister Hall

I. Background

A. Priorities
   1. We reviewed the list of key areas for the work of the Council and the campus that were identified at the November 14 meeting.
   2. Throughout the spring semester, we will address, adapt, and identify priorities for our work in these areas:
      a. Identify and engage as many seriously distressed individuals as possible
      b. Provide support or treatment for as many of these individuals as possible
      c. Increase counseling for students from high-risk groups
      d. Provide early support for students to reduce the need for therapy
      e. Prevent the onset of mental health problems
      f. Support faculty, staff and students affected by individuals with mental health problems

B. Building blocks of our work
   1. Our overall understanding of the mental health needs on our campus is guided by experiences of community members (e.g., utilization of resources, anecdotal reports, feedback), work of various work groups and committees (e.g., Campus Life, academic advising, AAATF, COSEP), as well as input from other resources that have been reviewed by this Council in previous meetings:
   2. Survey data; two key data points that are particularly compelling to our work are the following:
      a. 7-10 % (1000-2000) of students surveyed said they had seriously considered suicide within the past year
      b. 46% of Asian/ Asian American students and 54% of Under-represented minority students said that they had difficulty or were unable to function academically for a week within the past 12 months, as a function of depression or anxiety. This compares with 37% of the general Cornell population who experienced the same.
   3. US Air Force Model — The Council has carefully studied the USAF’s comprehensive population-based suicide prevention program. To review, this model takes a multi-pronged approach that includes:
      a. Messages from senior leaders
      b. Public affairs initiatives to promote social support, help-seeking behavior
      c. Mandatory “gatekeeper training”
      d. Data collection on suicides and attempts
      e. Mental health screening
f. Integration of community support services
g. Modification of procedures relating to high-risk situations (e.g., disciplinary proceedings)
h. Critical incident stress management

C. Dimensions of the USAF model under exploration at Cornell
1. T associate deans group is looking at the “critical incident” or “high risk moment” when a student is being separated from the university (suspensions, expulsions, etc.).
2. The community-based services team at Gannett’s Counseling and Psychological Services has developed ways to engage students at high risk who might (for various reasons) experience barriers to utilizing traditional counseling and support services. The Council will here from the CBS team at the March meeting.
3. A number of models for engagement of faculty as “gatekeepers” are being piloted at Cornell. The purpose of today’s meeting is to discuss these models and consider opportunities and obstacles for actively engaging faculty in crisis prevention/intervention and mental health promotion.

D. Bystander model
1. The “bystander model” is central to most of our approaches to engaging members of the community in activity to help people in crisis or potential crisis.
2. This model defines a sequential progression of thoughts, feelings and behaviors that enable people to help others who are in distress or at risk:
   a. Notice the sign
   b. Interpret the sign as a problem
   c. Feel responsibility to act
   d. Know what should be done
   e. Possess the necessary skills
   f. Overcome barriers to acting
   g. Take action
3. The bystander model provides a framework for assessing where a breakdown has occurred when needed assistance was not given, and for understanding the type of training needed to increase the likelihood of successful, future interventions.

II. Panel Presentation on Approaches to Faculty Education

A. The “Road Show” to Academic Departments (Kent Hubbell, Dean of Students)
1. Kent made an opening comment that the Dean of Students Office staff is completely in support of the emerging initiatives.
2. The “Road Show” takes information and discussion about mental health into meetings of academic departments, which, he believes, has a critical role in engaging faculty in these efforts.
3. He described the “Road Show” as follows:
   a. The team
      • Kent Hubbell, Dean of Students
      • Tanni Hall, Associate Dean of Students for Student Support
      • Greg Eells, Director of Gannett’s Counseling and Psychological Services
   b. The audience
      • 15 departments of various colleges
      • approximately 20-25 presentation.
   c. The partners: student services staff from the colleges.
   d. The presentation
      • 15-20 minutes in length
      • Reviews
        (i) national and Cornell–specific data on mental health problems
        (ii) resources available on campus
      • question and answer period
   e. The response
      • Very positive.
      • Discussion usually extends far beyond the originally allotted amount of time for the meeting.
      • Conversation often branches out beyond concerns about students into concerns of and about faculty and staff.
   f. The challenges
      • The team is still at the beginning of this process.
They have realized that trying to meet with every department in every college on campus is a huge challenge.

We need to come up with a comprehensive approach to engage people across the university.

Casey Carr (Assistant Dean, Dean of Students Office) is working to develop a handbook that can be a resource for faculty and staff who work with students.

B. QPR (Catherine Thrasher-Carroll, Mental Health Promotion Coordinator at Gannett)

1. The QPR model
   a. QPR stands for Question–Persuade–Refer
   b. It is the mental health equivalent of CPR.
   c. QPR is a gatekeeper training model for suicide prevention. Although specifically created for suicide prevention, the skills and strategies are “translatable” to intervention with the full range of emotional distress one might experience in individuals in the community.
   d. In about 1-1 ½ hours, this program prepares someone to recognize warning signs of distress, know how to approach and what to say to the distressed person, and where to seek consultation and/or refer the person.

2. Pilot of the QPR training program at Cornell
   a. Cornell staff members are collaborating with colleagues at the University of Rochester (part of the Jed Foundation collaboration we have previously discussed at these meetings) to explore the possible application of the QPR model at Cornell.
   b. The U of R team provided the training and implemented a research component to assess the efficacy of the training.
   c. On January 18 of this year, three pilot programs were held with three distinct groups:
      - Professional and graduate student staff from Community Development, Cook and Becker Houses, and Graduate and Professional Student Housing
      - Campus Life facilities staff
      - Faculty Fellows/Faculty-in-Residence (and assorted other faculty)
   d. Participants evaluated this model as a tool for increasing awareness of mental health issues as well as strengthening individuals’ confidence and ability to intervene successfully when encountering a person in distress. Though the complete evaluation is not yet complete, the overall response has been very positive.
   e. We believe that by adapting this program to encompass a range of mental health scenarios and making modifications for cultural variance, this model could be well suited to our campus community.

C. Effective Interactions in Organizations (EIO) Program (Pam Strausser, Senior Human Resources Consultant/Organizational Development and Martha Dewey, Artistic Director Cornell Interactive Theatre Ensemble)

1. Background
   a. The Organizational Development department in Cornell’s Office of Human Resources was asked by faculty of the College of Veterinary Medicine to create a training program that would equip them to deal with a variety of challenging interpersonal interactions. One of those would be an interaction between a faculty member and a student in which it appears that the student might have a significant mental health problem.
   b. The EIO Program was developed in response to this request.

2. The program
   a. Two day intensive program, providing participants with information and practice.
   b. Actors from the Cornell Interactive Theater Ensemble engage participants in viewing and discussing scenarios and role-playing.
   c. The program includes a scenario in which the faculty member is dealing with a student with bipolar disorder, to work through the steps of the bystander model to action.
   d. There have been 3 pilot and 2 actual programs in the College of Human Ecology and the Vet School. Other schools and departments have already requested this program for their own faculty. It is anticipated that there will be further requests.

3. Logistics
   a. Faculty participants were invited by the deans of the colleges.
   b. There was no charge to the colleges; there is a commitment from the university to support faculty training programs, particularly those that support more effective interactions (including those that address mental health awareness, resources and strategies for prevention and early identification).
   c. In Human Ecology, the HR director worked closely with the dean and Alan Mathios. Addressing HR issues is a priority for this college.
   d. Given the significant time commitment involved in this type of program, EIO programs will be offered during times when teaching demands are less (e.g., winter session, spring break).
4. Benefits identified by participants
   a. “cross-talk” with colleagues
   b. small group practice
   c. the very real dimension working with actors brings

D. Comments from a Participant in Both QPR and EIO (Alan Mathios, professor of Policy Analysis and Management and associate dean in the College of Human Ecology)
1. Participation in each of these programs occurred within a week’s time of each other.
2. Overall observation is that the programs do address significant concerns and needs of faculty.
3. EIO gave an intensive experience of challenging assumptions and expectations, and of underscoring the value of training and preparedness.
   a. It addressed difficult issues with colleagues as well as challenging situations with students.
   b. The fact that this program is 2 days long might be problematic in getting a commitment from faculty.
4. QPR provided valuable information, even for a person who already felt quite prepared and aware.
   a. This program teaches a great deal in a short period of time.
   b. This program clarifies that the best way to handle a student-in-distress situation is to approach the person and ask a direct question about their distress, something that wasn’t clear before taking the training.

III. Discussion

A. General ideas generated in reaction to presentations
1. None of these models is “fixed”—we are in the exploration phase of understanding and modifying various tools to identify an array of approaches that will work within our community.
2. From the perspective of some faculty members “less is more.” Successful programs will be brief in duration, easy to attend, convey most important information (referral contacts?).
3. Including a meal may be a way to recognize the value of the time faculty give to participate and increase the turnout.
4. It will be important to assure faculty that they are not expected to be or become an expert in mental health. This will lower anxiety and increase willingness to participate.
5. The provision of simple, straight-forward, and reliable resources is a priority (i.e., what to look for, what to do).
6. Sensitization of faculty at the department level is critical so they understand expectations and are aware of “local resources” right in the department/college.
7. Perhaps we should require every academic department to provide a review of resources and basic information at the beginning of every academic year.
8. One faculty member recalled the value of an email message that went out late in the semester as a reminder of students experiencing increased stress at particular times throughout the term, and included possible resources to utilize to assist students.

B. Possible institutional steps to engage faculty
1. Deans must set the tone and department chairs must implement the program(s).
2. Issues of mental illness/mental health are a reality of university life in the 21st century: prospective faculty members Cornell is seeking to attract who are interested in teaching and mentoring students will be interested in this.
3. It was suggested that someone from the mental health network attend department meetings at the beginning of every semester to go over available resources, answer questions, provide training.
4. Working with new faculty might be the way to begin to bring about a change throughout our campus environment.
   a. Education about Cornell’s policies and procedures and training for intervention and referral should be presented at orientations for new faculty and staff.
   b. The President’s Reception might be one opportunity.
   c. An easy to use resource/referral card and/or faculty handbook on issues of mental illness and mental health would be valuable.
5. One faculty member commented that he had never heard anything about these issues in his department and suspects his department is not unique.
6. In the College of Engineering, a primary goal is to train faculty to call the academic advising office when they notice a student in distress.
7. The Graduate School is looking to build on work already done with Directors of Graduate Studies and Graduate Field Administrators to make sure they understand the procedures already developed within the
Graduate School. They also hope to include a mental health component in their orientation with new Graduate Faculty members.

8. The Directors of Undergraduate Studies in the colleges also are important allies for promoting faculty gatekeeper training.

9. Many faculty are afraid to talk with students.

10. Working with the Deans and academic advising offices to develop and institute 2-way feedback (to make sure faculty make referrals and hear back whether the student actually made a connection to supportive resources) might reinforce a sense of responsibility, motivation, and closure for faculty.

11. Use of campus communication vehicles (such as Cornell Chronicle, For Your Benefit, Paw Print) will be important.

C. **Most important for Cornell faculty to know**

1. Probably different for different groups of faculty.
   a. Some faculty do not imagine they have a role in this.
   b. Some faculty may be concerned that they will “get in trouble” themselves or get someone else in trouble. They need to be told that they will not get into trouble, that there are ways for academic advising to connect with a student without using a faculty member’s name.
   c. Each college has its own culture. We need to tailor outreach to the particular culture.

2. We need to get everyone to think about their responsibility to notice signs that suggest a potential problem, because how far a person goes into the Bystander Model is a function of both comfort and role.

3. It would be helpful for faculty members to get feedback after making a referral, to be assured that the referral was valuable and that action is being taken.

4. Awareness of statistics give people a glimpse of the experience of our community and alert them to general issues, but it does not necessarily develop a sense of personal responsibility. We must find other ways to do this.

5. The QPR program can help people realize that if they know what to do in the worst possible situation, they can handle less serious challenges. This can be very valuable to developing a sense of efficacy, confidence.

6. The Graduate School has found it helpful to introduce specific resource people who are available at a specific time and place (CAPS staff members who are part of UCAN, the University Counseling and Advising Network).

7. As we make faculty aware of and able to call on specific supportive resources, we also need to help them understand what, specifically, they can expect from a “resource.”

8. Emphasizing the message about “community” conveys that “you are not alone” as you embark on assisting a student in distress.

9. We will need a “menu of approaches,” which might combine elements of the models presented today and vary in length from 15-20 minutes to 2 hours. These approaches could be delivered by various mental health professionals and collaborators from throughout the university.

*Minutes taken by Catherine Thrasher-Carroll*