MINUTES
March 6, 2006

Attending: Rahul Banerji, Janet Corson-Rikert, Sharon Dittman, Cathy Dove, Greg Eells, Amy Freitag, Ellen Gainor, Linda Grace-Kobas, Tanni Hall, Christine Holmes, Kent Hubbell, Anne Lukingbeal, Tim Marchell, Alan Mathios, Susan Murphy, Monica Neuffer, Andy Noel, Brendan O’Brien, Lisa Ryan, Bob Smith, Linda Starr, Sharron Thrasher, Catherine Thrasher-Carroll, Wai-Kwong Wong

Executive Committee member(s): Charles Walcott

Guests: Matt Boone, Sharon Mier, Mahnaz Mousavi—members of the Counseling and Psychological Services (CAPS) Community Based Services Team (CBS)

Upcoming meetings:
May 15, 2006 4:30–6:00 p.m. McManus Lounge, Hollister Hall

I. Background

A. Strategies
1. Strategies for engaging faculty and staff to better support students in distress from the last meeting were presented. These included: A 20-30 minute mental health overview approach, QPR - the 90 minute Question-Persuade-Refer Community Gatekeeper Training, and the Effective Interactions in Organizations program, a two-day program offered by Human Resources.
2. Dr. Greg Eells, Director of counseling and Psychological Services, introduced the Community Based Services (CBS) team work by stating that the model has demonstrated a high level of achievement in reaching students who would otherwise not seek or receive the services or support they need to succeed at Cornell.
   a. CBS work includes walk-in hours and other direct student support across campus, advocacy on the behalf of students regarding institutional barriers, consultation with faculty/staff, collaboration with campus partners, and building relationships with high-risk communities through informal contacts. Cases are often complex and time intensive.

B. Questions to Consider
1. Susan Murphy, Vice President of Student and Academic Services, posed the following questions for council members to consider:
   a. Given the fact that resources are finite, how do we think about balancing the allocation of these resources to adequately support both the in-house traditional counseling work and the community based services work?
   b. How can we think of a continuum of care, which is inclusive of both traditional, in-house services and community based services?
   c. What kind of staffing is needed in the units to support these two models within a continuum of care?

II. Community Based Services (CBS) A service within Gannett Health Services and a part of Counseling and Psychological Services (CAPS)

A. What are Community Based Services?
1. Training – extensive psycho-educational workshops and mentoring.
2. Off-Site Student–Centered Support – Includes:
   a. Walk-in one on one consultations at various campus sites.
b. Crisis intervention in the form of providing support to students in their communities during crises.

c. Support groups are facilitated and organized in different communities across campus.

3. Off-site clinical work happens in Ujamaa, ISSO, the Graduate School, The Tatkon Center, the CCC Building, The College of Engineering and the Law School. Hours and locations are updated on the web site and always available through the CAPS front desk.

4. Faculty/Staff Consultations are provided with the purpose being to identify, support, and appropriately refer students in distress. Two CAPS staff are designated as University Counseling and Advising Network (UCAN) consultants to respond quickly to community needs.

5. Referrals into CAPS or the Ithaca community if a student experiences more severe symptoms.

6. Advocacy for students when their distress is caused by situational, institutional, and environmental factors.

7. Needs Assessments are conducted to determine the needs for the campus.

B. Rationale for CBS work

1. Data from the 2005 Cornell Enrolled Student Survey showed that 54% of Underrepresented Minorities were unable to function academically for at least one week, within the last 12 months, and that 2.5% of Asian American students had attempted suicide as compared to 0.5% of White students.

2. Other Cornell stats include the facts that: 70% of the suicides in the last 12 years were students who had never been to CAPS; 63% of these same suicide victims were born outside of the United States; and 53% were of Asian/Asian American descent.

3. Much of the CBS work is targeted toward students who are at the greatest risk and who are least likely to seek care in the traditional manner.

4. There are a significant proportion of students in distress who are not receiving services.

5. CBS work seeks to help students succeed at Cornell and save lives.

6. There is a need for consultation and support among the network of faculty and staff on the Cornell campus, who function as community “eyes and ears” when it comes to student welfare.

C. Framework

1. Requires working from a multicultural perspective.

2. Requires the realization that traditional mental health services are outside of the “Meaning making sentence” of many groups.

3. Culture involves both an internal and external experience and is the space that cross cuts all of the work. The goal is to open up these spaces:
   a. Through asking difficult questions
   b. Through assessing the impact of crossing borders
   c. Through approaching justice by understanding that human life is more malleable than we understand

D. Conclusion/Directions

1. At this time, the team is working on:
   a. Collecting data and analyzing the rich qualitative data that already exists.
   b. Tackling the challenges of systematizing and institutionalizing the work.

E. CBS Panel Presentation

1. Panel members included: Matt Boone, LCSW; Wai Kwong-Wong, Ph.D.; Sharon Mier, Psy.D.; and Mahnaz Mousavi, M.S. who each shared their experience of this work, why it is important to them and a case example.

2. Some common themes emerged, including the following:
   • CBS work is not one single strategy, rather it is a method of working flexibly with co-workers, students, faculty, staff and community partners, both directly and indirectly, depending upon the situation. It is working in creative, out-of-the box ways. The majority of the work is with international, Asian & Asian American students, under-represented minority students, and increasingly with graduate students. These students’ emotional distress can be brought on by situational stressors within their academic field, department, or college. Cases are usually complex, emotionally-charged and time-intensive. It may require a home visit, with several resource people, as an intervention or support for one of these students.

   • For a variety of cultural, religious, socio-economic and other reasons, coming into Gannett, navigating the phone triage system and/or actually talking to a stranger about personal problems, may be extremely uncomfortable or prohibitive for many students.
- It is important to recognize that there are social benefits ("privilege") that go along with being a member of the dominant culture. These social benefits can be enjoyed without much awareness that not everyone (e.g., students of color) automatically has this same experience.

- Each semester since the inception of the CBS work 5 years ago, the numbers of students engaged has gone up. The current, underlying need that is being revealed through the CBS work, exceeds the current resources available. Therefore, in order to address these needs, further resource allocation will be required.

III. Council Members’ Questions/Panel Members’ Responses

A. How were the current walk-in sites chosen?
   1. Walk-in sites were chosen because either a need was observed (e.g., mental health data for under-represented minorities) or a specific request was made, for example in the case of the Law School.

B. How important is it to have a presence in a location throughout the semester? Do your hours increase at predictably higher stress times (e.g., separation from the university)?
   1. The unanimous response from the CBS team members was that it is very important to have a constant presence in a location. It may take a student weeks or even months of noticing a therapist in a specific location at the same time each week before s/he will walk through the door to talk with the therapist. In addition, it has seemed helpful to faculty and staff to know when and where they can consult with the therapists.

C. Are there environmental factors causing distress to go up on our campus?
   1. We have not done a campus climate assessment recently and need to do this. The Asian/Asian American Task Force did an assessment on a segment of our population.
   2. In comparison with other peer institutions, we are seeing a smaller percentage of our student body for mental health services. Comparing each successive year, over the past 10 years, we have seen a tremendous increase in the number of students we provide services to. In addition, the CAPS staffing has been doubled during the same timeframe, to meet the increasing need.
   3. There does seem to be a societal increase in mental health issues and need for services among college students.
   4. For graduate students, their faculty advisor has an enormous amount of power over their lives. A power differential such as this can create a situation filled with stress.

D. Are CBS team members being called into situations where their level of professional training is absolutely needed or might other colleagues be able to assist the students?
   1. Somebody needs to have the skill to triage and be able to build the bridges quickly. We triage first and then turn to our campus partners, Community Development, Academic Advisors, faculty, crisis managers, etc. The communication network we have created is synergistic. The network absorbs some of the work, but the therapists are a needed link.

E. Given the finite amount of our resources, are we encouraging families whose child has had mental health problems in the past to continue to pay for their child’s treatment here at college? How much do we and can we do for these students? We do need to provide reasonable accommodation. Do we need to possibly alter our policy?
   1. Janet Corson-Rikert, Executive Director of Gannett Health Services, sends out a letter to parents of undergraduates regarding these issues, prior to the arrival of new students each year.

F. How much of the CAPS staff time is used on students who have too serious mental health issues to function in this environment?
   1. Clarification: CBS therapists provide services for 2-4 hour time slots in the walk-in locations, with 8 different locations in various parts of campus. One to two locations are open each day Monday–Friday.

G. Tanni Hall, Associate Dean in the Dean of Students Office, asked about the difference in number of hours spent on a case depending on whether a student walks in or is connected to services by a faculty or staff member.
   1. A “simple referral” of a student can become very complicated. Often there is a tremendous amount of navigating systems, coaching supporter(s) of the student, and advocating for the student in many ways, in addition to working with the student directly.

IV. Comments of Council Members

A. Ellen Gainor, Associate Dean of the Graduate School, shared that the graduate school has had great success assisting students in distress as a result of working with CBS team member, Sharon Mier. In addition to providing direct student support, Sharon has done training with the DGS’s (Director’s of Graduate Studies) so they can notice warning signs of student distress and prepare student environments at the increased-risk times of the academic year.

B. Tim Marchell (Director of Mental Health Initiatives) commented that the questions raised have all been important and will need to be re-visited. Over the past 10 years, commitment to student mental health has been demonstrated
through increased resources for both in-house and community based services. Research has made us aware that there is a substantial segment of quietly suffering students who have not received needed services. Gannett and the entire campus community will need to look at sources and flow of resources to address the identified need. This is a shared responsibility.

C. A student member commented that he wished the immediate outreach services presented at this meeting had been available to him during his freshman year experience, as he might not have needed to take a leave of absence from the university. Also, he expressed his feeling that early intervention for students and training for residence life staff, faculty and other staff to notice signs earlier seems to be an important, additional need.

Minutes taken by Catherine Thrasher-Carroll