Minutes: October 5, 2011


Upcoming meetings: November 2, 2011 and February 29, April 2, 2012

Welcome and Introductions: Susan Murphy

1. The Council’s role is critical in meeting institutional priorities as well as those set for Student and Academic Services Division. The work of student mental health and well-being is more than crisis management and is one of the university’s strategic objectives prepared last year by the faculty: “to promote the health and well-being of students (undergraduate, graduate and professional) as a foundation for academic and life success.”

2. This objective also is relevant for faculty, staff and students already working to improve campus spiritual health, diversity, civic engagement, and increase involvement of faculty with students outside of the classroom.

3. Greg Eells, director of Gannett’s Counseling and Psychological Services (CAPS) reviewed changes made in this fall:
   • Saturday hours for counseling from 10am-4pm
   • Extended hours for CAPS brief assessment and consultation, Monday-Thursday, 5-7pm (faculty/staff can walk students over to Gannett.)
   • Students can make appointments for the initial, phone assessment appointment through the “My Gannett” portal on the website
   • Expanded counseling staff by about 3.2 FTEs
   • Revised administrative structure of five assistant directors to enhance service operations: Robin Hamlisch, clinical service operations; Matt Boone, medical/caps integration and health leaves; Wai Wong, community-based services such as Let’s Talk and Community Consultation and Intervention (CCI); Randy Patterson, on-call service, post doc in-services education and group therapy.
   • New Community Consultation and Intervention (CCI) counselors: Samantha Schwartz and Keba Rogers
   • The Faculty and Staff Assistance Program (FSAP) is now administratively aligned with CAPS, although counseling records and services remain separate.
   • Interactive screening program is offered to some transfer students through an online screening tool. CAPS staff follow-up with students via secure email and offer counseling services when students might benefit from this support.
Overview of Current Alcohol Initiatives

1. Tim Marchell introduced Cornell’s Alcohol and Other Drug Framework that describes Cornell’s comprehensive approach to the prevention of alcohol abuse. The President’s Council on AOD (similar to the Council on Mental Health and Welfare) was established to create a campus and community-wide approach to the prevention of AOD-related problems. This council is charged with designing, implementing, and evaluating the university's AOD prevention efforts.

2. Council on Mental Health and Welfare members may also review the AOD Program Framework for a description of the range of activities implemented to assist individuals, groups and the community as a whole.

3. Some of the intersections identified between mental health and alcohol use/abuse/dependency include:

   - The effects of alcohol on the young adult brain. The National Institutes of Alcohol Abuse and Alcoholism (NIAAA) state that “Young people can help maximize their neurocognitive potential by refraining from heavy drinking.”
   - Alcohol use/abuse can exacerbate some mental health conditions.
   - Early regular use of alcohol increases the risk of dependence.
   - Alcohol abuse and depression can be co-existing disorders.
   - There is no single solution to these health issues; each requires a public health approach
   - Strategies must be aimed at multiple levels: Micro (Individual), Mezzo (Group), and Macro (Institution/community/public policy).
   - Education is necessary, but not sufficient.
   - Environmental strategies are critical to addressing the issues.

4. Last summer, Cornell joined the National College Health Improvement Project (NCHIP) along with 32 other campuses from around the country to address the problem of binge drinking. The NCHIP Learning Collaborative uses evaluation and measurement techniques to identify and implement strategies to tackle binge drinking and the associated harm. Cornell’s overall goal is to reduce high-risk drinking among first-year students in the Greek-life system and those who are not Greek affiliated. (Use the link above to learn more.)

Discussion on the intersection between alcohol and mental health initiatives:

1. On November 14th, Cornell Minds Matter will host another Dining with Diverse Student Leaders dinner where the discussion topic will be on alcohol and social life at Cornell.
   - Comment: The Fraternity and Sorority system seems to both attract students who drink as well as acculturates students to drinking.

2. The NIAAA’S statement on alcohol and the brain presents a cognitive issue that needs to be shared with students. Could this be a media message?

3. Sleep is another area to address. There is an increased risk for the negative consequences of drinking when a person is sleep deprived. Alcohol use also disrupts healthy sleep, which in turn creates sleep deprivation.

4. The question was asked “where can students go to have fun between the hours of 11pm and 2 am?”
   - Plans are underway to open the Ivy Room in WSH, Wednesday-Saturday night for low-risk late night recreation. But this venue only holds 200-300 people.

5. Other approaches being used to encourage healthy norms and reduce high risk drinking or access to alcohol were identified:
   - A new “quarter system” was instituted within the Greek house system this fall with the intention of reducing First Year Students exposure to Greek parties where alcohol is served until late in the spring semester-- where they can attend the functions, but not drink alcohol.
   - A change in current practices where students are able to access alcohol through use of City Bucks and the Bursar bill is another area that is being explored. Currently some Greek
Chapters and students use these billing options to purchase alcohol for parties and/or at bars/restaurants.

- The Cayuga Watchers is a new initiative being discussed by the Student Assembly where a number of students would receive training and be paid to attend parties to “watch” for students who may need assistance. There are still several unresolved issues being discussed: Who is funding this? Could this be by-line funded by the SA? Should these students be paid? How does this fit into other support networks on campus? Who would hold liability for the actions of the Cayuga Watchers?

6. A representative from the GPSA Mental Health Focus Group noted that very few surveys have been conducted with graduate and professional students. More information is needed to identify factors influencing their health and well-being so that effective strategies can be created to address these.

7. The Vet. School has increased social events (i.e., skating parties, inflatables, Zumba classes) for its students where alcohol is not served. These have been well attended and enjoyed.

8. Several people talked about the pressure many students feel to drink. In fact, many students see their college years as “the best time in their life” when one can drink heavily and it won’t really matter. “If you don’t drink now, you will never have this opportunity again.” How can we challenge this cultural norm? Others commented that this norm is not the same in other cultures, where students don’t drink and still have just as much fun at parties. How can you make “healthy” cool in the social scene? “We also need to change the perceptions others have of the norms.”

9. One suggestion offered was to begin looking at these issues from a positive psychology perspective. Where we could focus more on what helps students thrive in this environment and strengthen those links and supports.

**Issues for future discussion:**

- **What kind of data can we collect for graduate and professional students?**
- **How to create affirming events that students will enthusiastically attend and view as ‘cool.’**
- **How to make the NIAAA statement relevant for students.**

*Minutes taken by Janis Talbot*