Cornell University Mental Health Framework

- Foster a healthy educational environment
- Promote social connectedness and resilience
- Restrict access to means of suicide
- Increase help-seeking behavior
- Deliver coordinated crisis management
- Provide mental and medical health services
- Identify people in need of care
Mental Health Programmers Work Team

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A framework for building resilience on college campuses

The Mental Health Programmers Workgroup
Cornell University
When we talk about mental health…

The term “mental health” is fluid and generally refers to a range of psychological and emotional states. For our purposes, mental health refers to a positive state of psychological and emotional well-being and the conditions that foster it.

Mental illness: any disorder of the mind; the psychological state of someone who has emotional or behavioral problems serious enough to require psychological/psychiatric intervention.

Thriving: Flourishing, living up to one’s potential (e.g. academic, personal, social) and experiencing a sense of purpose, life satisfaction and wellbeing.
Psychological distress

Of all students:

- 6% show signs of high psychological distress
- 35% show some distress
- 59% show no distress

Whitlock, et. al., 2011 and in prep; Keyes, 2007
The mental health landscape: What the data say
The mental health landscape

- Rates of mental health challenges among everyone, particularly youth, are high and may be increasing (Twenge, 2010; Kessler et. al., 2004; Guthmnan et., 2010; Gallagher et. al., 2003).

- Age of onset for most mental disorders is 18-24 but symptoms often begin earlier (most common are depression and anxiety)

- Four in ten students say that they have been unable to function in the past 12 months do to stress, depression, and/or anxiety (NCHA, 2010; Blanco, 2008).
Accumulation of NSSI, suicide, and psychological distress (GPD) over a 2 year period

Changes in GPD

- No GPD: 28.7%
- History of GPD but none after: 71.3%
- No T1 GPD, added while here: 6.9%
- T1 GPD and added more: 3.6%

Changes in GPD <20 yrs at T1

- No GPD: 31.7%
- History of GPD but none after: 68.3%
- No T1 GPD, added while here: 19.3%
- T1 GPD and added more: 7.5%

In sum: **10.5% students are adding some form of PD in 2 years; among those <20 at T1, the equivalent is 12.4%.**
Okay, but is there anything we can do to prevent or ameliorate psychological distress?
What predicts who is at risk for later psychological distress (as measured by NSSI, suicidality, and global psychological distress)?

Model identified would correctly predict 80 of every 100 people at risk for conversion.
Take away messages

- Many students at risk for later psychological distress entered with potentially mutable vulnerabilities (e.g. social connectedness, emotion acceptance and regulation, cognitive style, sense of life meaning etc..)

- Academic stress does not cause distress but exacerbates distress tendencies among those with existing vulnerabilities

- Cognitive style (pessimism / optimism) is a particularly powerful predictor of distress and thriving (and is mutable)

- Parents exert a powerful influence on mental health and wellbeing – even from afar
So, what do we do?

A Framework for building resilience
What is resilience?

*Human resilience is:*  
An individual’s ability to positively cope with stress and adversity; “bouncing back” to a previous state of normal functioning, or using the experience of adversity to enhance flexibility and overall functioning.

*And stems from:*  
The interaction of a person with their environment and the resulting processes that either promote well-being or protect them against the overwhelming influence of risk factors.

These processes can be helped along by experiences in families, schools, and other communities that help individuals learn how to productively confront adversity.
What are the dimensions of resilience?

Resilience is multi-dimensional (Wong, 2012):

**Cognitive:** How events are interpreted (cognitive style, appraisal, attribution) And how daily stressors and life circumstances are negotiated (coping)

**Behavioral:** Habits of persistence and endurance in face of obstacles and failures (behavioral practice and reinforcement)

**Motivational:** Clear sense of life purpose and commitment (will to live)

**Existential/spiritual:** Sense of larger purpose and meaning of human life (meaning and life purpose)

**Relational:** Sense of social connectedness, engagement, and altruism

**Emotional:** Ability to tolerate negative emotions and rejection and to maintain emotional confidence and hopefulness (emotion regulation, emotional intelligence)
Opportunities for Connectedness to Others
Opportunities for Service
Opportunities for Efficacy & Mastery
Opportunities for Self Awareness

Pathways for building student resilience

Resilience
Meaning

Attention / presence

Resilience

Self awareness & care

Efficacy & Mastery

Social engagement

Generosity
Integrity
Authenticity
Humility

Connectedness to Others

Service

Self Awareness

Generosity
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Humility
Meaning

Attention / presence

Resilience

Social engagement
- Generosity
- Integrity
- Authenticity
- Humility

Efficacy & Mastery

Service

Connectedness to Others

Self awareness & care
- Self-regulation
- Persistence
- Adversity tolerance
- Cognitive (re)framing
- Healthy physical habits

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How do we enhance/expand our efforts?

• Assess how many programs, policies, and practices we already have in each of the four action areas (service, connectedness, efficacy and mastery, self-awareness)

• Assess alignment with framework *within* existing programs in each domain (e.g. in stated intention, in messages about resilience and growth, and in assessments of individual experience and impact)

• Create new strategies, programs, and/or approaches to better incorporate underrepresented action areas (e.g. self-awareness and care)

• Focus on building universal and targeted outreach to particular groups (including early assessment of resilience and vulnerability profiles)

• Group specific messaging and programming

• Adapt framework to systems to identify opportunities for building resilience within groups, programs, and organizations (e.g. staff/faculty, departments, units etc..)
Questions for you

• What questions, comments, thoughts come up for you?

• What are the barriers and opportunities in your work environment for building resilience?

• What else do you need in order support the building of resilience?