

Mental Health Review Final Report

April 2020

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INTRODUCTION

During the past decade, concerns about college student mental health have escalated nationwide. Surveys conducted at colleges and universities around the country show that students are experiencing greater distress, and demand for mental health services is increasing. Conservative estimates indicate that 20-35% of college students may face mental health challenges of varying severity during their years in college. The late teens and early twenties remain the critical age of onset for many mental health disorders. At the same time, more students are coming to Cornell with pre-existing mental health diagnoses, and there has been an increase in student distress related to local and national events, particularly for students of color. As stigma decreases, more students are seeking mental health care. In addition, generational research suggests that the current college age population is more stressed and isolated, less likely to get enough sleep, and less independent—all factors that can impact their mental health.¹

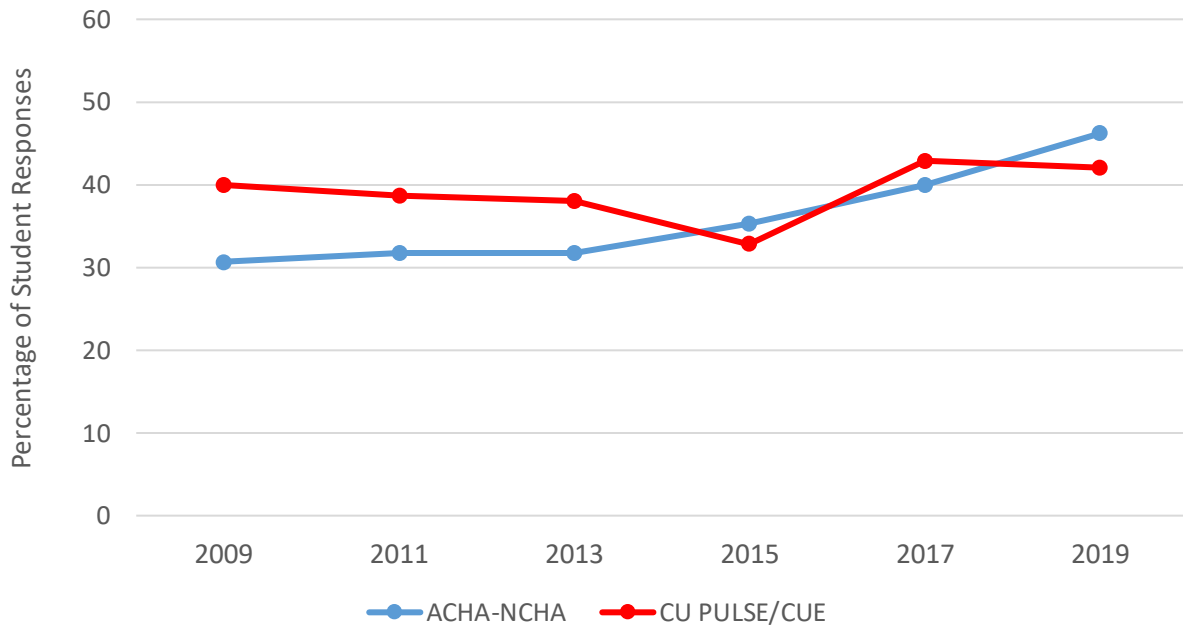
All colleges and universities are grappling with these challenges and data specific to Cornell University reflects these national trends. Despite the University's longstanding commitment to student mental health, multiple measures indicate that the mental health needs of students have increased significantly in recent years. The proportion of undergraduates who reported that they were unable to function academically (e.g., missing classes, unable to study or complete homework) for at least a week in the past year due to depression, stress, or anxiety increased from 33% in 2015 to 42% in 2019 (Figure 1). From Fall 2015 to Fall 2018, individual therapy encounters in Cornell Health's Counseling and Psychological Services (CAPS) increased by 19%.²

In September of 2018, the Office of the President announced that Cornell University would conduct a comprehensive review of student mental health. This decision reflects the University's commitment to promoting health and wellbeing as a foundation for academic and life success for all students. Recommendations of the Presidential Task Force on Campus Climate also identified bias as a public health issue because of its negative impact on mental health and wellbeing for many students.

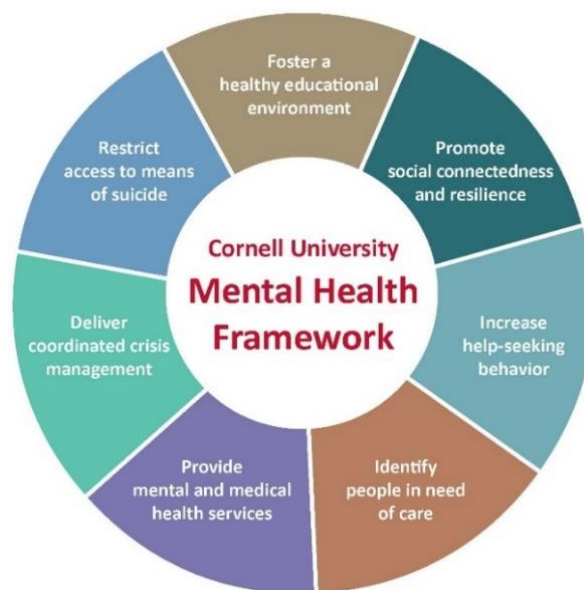
¹ Twenge, Jean M. *iGen: Why Today's Super-connected Kids Are Growing Up Less Rebellious, More Tolerant, Less Happy-- and Completely Unprepared for Adulthood (and What This Means for the Rest of Us)*. First Atria Books hardcover edition. New York, NY: Atria Books, 2017.

² Figure 1 compares results from the Cornell PULSE survey with national trends in the national ACHA-NCHA survey. The results may not be precisely comparable because the questions are slightly different. *National College Health Assessment – data from the Undergraduate Student Reference Set for spring odd years. **Cornell University PULSE and CUE Surveys sent to undergraduate students only.

Figure 1. At least once in the last 12 months:
*NCHA**: felt so depressed it was difficult to function
*Cornell***: unable to function academically for at least a week due to depression, stress, or anxiety



Cornell takes a campus wide, public health approach to student mental health that involves both clinical services and a wide range of campus-based services, systems, policies, programs, and initiatives. The University’s Mental Health Framework involves seven broad aims as depicted in the graphic below:



Mental Health Review Charge and Membership

In response to the President's call for a comprehensive review of student mental health, the Campus Health Executive Committee (CHEC) initiated development of the program review with leadership from Cornell Health. Throughout the fall 2018 semester, campus stakeholders provided feedback about what to examine in the review. Two broad themes emerged—clinical support and the campus environment. A team of three external reviewers was engaged to examine both Cornell Health's clinical services and campus-based strategies. To focus the review, the scope was limited to *student* mental health at the Ithaca campus; out of scope were faculty and staff mental health needs and other campuses (e.g. Weill Cornell Medical School, Cornell Tech).

Around the country, either a panel of outside experts or an internal team generally conducts reviews of campus mental health programs. Because of the diversity and complexity of the University (e.g. multiple colleges with considerable autonomy), the significance of the issues, and the scope of current initiatives, the Cornell review used both approaches. An internal Mental Health Review Committee (MHRC) composed of students, staff, and faculty, was charged with conducting a listening tour to gather information and observations about the Ithaca campus context, including the academic and social environment, climate, and culture related to student mental health. Additionally, the External Review Team (ERT) reviewed both mental health care at Cornell Health (primary care and CAPS) and campus based strategies. Working independently and in concert, the ERT and the MHRC focused on priority areas of the Cornell Mental Health Framework: foster a healthy educational environment, promote social connectedness and resilience, increase help-seeking behavior, and identify people in need of care. This report reflects data and perspectives gathered by both the MHRC and the ERT, but was written and submitted by the members of the External Review Team.

External Review Team

Michael Hogan '69, Ph.D., chaired the review team. Dr. Hogan is former Commissioner of Mental Health for New York State, Ohio, and Connecticut and was the chairman of the President's Commission on Mental Health in 2002-2003. He now works as a consultant on behavioral health issues, particularly suicide prevention.

Karen Singleton, Ph.D. is a psychologist and Associate Medical Director and Chief of Mental Health and Counseling Services at MIT Medical. She specializes in trauma, multicultural psychotherapy, and bereavement. She has helped review college mental health services at other peer institutions and serves on mental health and wellbeing advisory committees at Princeton University and Harvard University. She formerly directed the student health service at Columbia Medical School.

Henry Chung '84, M.D., is Senior Medical Director of Care Management Organization of Montefiore Medical Center and Professor of Psychiatry at Albert Einstein College of Medicine. He formerly served as Associate Vice President for Student Health at New York University from 2005-2010, and is an expert on integrating mental health and medical care.

Mental Health Review Committee

Co-chairs:

Marla Love, Senior Associate Dean of Students, Office of the Dean of Students, Student and Campus Life
Miranda Swanson, Associate Dean for Student Services, College of Engineering

Committee Members:

- Conor Bednarski '21, Law School
- Marcus Brooks, Cornell Team and Leadership Center Coordinator, Cornell Outdoor Education, Student and Campus Life
- Tanzeem Choudhury, Associate Professor, Computing and Information Sciences
- Chelsea Kiely '20, College of Arts and Sciences
- Reba McCutcheon '96, Associate Dean of Students, Office of the Dean of Students, Student and Campus Life
- Laurence Minter '21, College of Arts and Sciences
- Manisha Munasinghe, graduate student, Computational Biology
- Nana Sarpong '20, Dyson School of Applied Economics and Management
- Dawn Schrader, Associate Professor, Communications, College of Agriculture and Life Sciences
- Catherine Thrasher-Carroll, Mental Health Promotion Program Director, Skorton Center for Health Initiatives, Cornell Health, Student and Campus Life
- Rob Thorne, Professor, Physics, College of Arts and Sciences

Mental Health Review Project Lead:

Andrea Kiely, Assessment and Planning, Student and Campus Life

Mental Health Review Student Assistant:

Relicious Eboh, MPH '21

Context

It is important to note four significant factors that shaped the course of the Mental Health Review and will affect ongoing efforts to improve mental health:

1. In response to student concerns about access to mental health services and a steadily increasing utilization of mental health services over the past decade, Cornell Health began an internal examination of clinical mental health services in fall 2018. The start of the Mental Health Review coincided with implementation of a new service delivery model at Cornell Health, designed to reduce waiting times for an initial counseling appointment and reduce the need for referrals to off-campus therapists (except by student choice).

With the new model, students can access free 25-minute counseling sessions at Cornell Health's Counseling and Psychological Services (CAPS) on a same day basis. Students also have greater flexibility in deciding which mental health provider they see and when. For medication management, both CAPS psychiatrists and primary care medical clinicians can provide prescriptions to treat mental health concerns, whether or not the student receives counseling at CAPS.

Throughout the review process, the External Review Team and the Mental Health Review Committee remained cognizant of the impact of the changes at Cornell Health on student experiences, as well as the stress that the new model has placed on the clinicians at Cornell Health.

2. The external reviewers had planned to visit campus on September 16-18, 2019, but deferred the site visit until the end of October out of respect for those in the Cornell community grieving the

loss of Greg Eells. He was the Director of Counseling and Psychological Services at Cornell from 2004-2019, and was known nationally as a transformational leader in collegiate mental health. He left Cornell in March 2019 to assume a similar role at the University of Pennsylvania. His death by suicide was a devastating shock to his many friends and colleagues on campus, in the community, and in his field. The loss was particularly difficult for his former co-workers at Cornell Health.

3. There have been multiple changes in University leadership in recent years, affecting both Cornell Health and the broader campus community. These include Cornell's 14th President, Martha Pollack, whose term began in 2017, as well as new leaders in many key offices including Student and Campus Life and Cornell Health, where Sharon McMullen began as Cornell's first Assistant Vice President for Health and Wellbeing leading health services in 2020. A search for a new leader of Counseling and Psychological Services (CAPS) is now underway. These transitions create both challenges and opportunities.
4. The ERT and MHRC conducted most of the Mental Health Review process in fall 2019, prior to the COVID19 pandemic. The suspension of classes on March 13, 2020, with the accompanying transition to online instruction and remote work for staff, the reduction of the student population and provision of services on campus, and the closure of labs, will result in financial strain as well as other changes and challenges for the University. The review teams made the decision to submit this report based on the information already gathered, with the understanding that the current situation will create ongoing challenges, but may also provide unexpected opportunities with regard to implementation of the recommendations.

Process

External Review Team Process

The external reviewers assessed needs and challenges and evaluated current efforts by considering the state of collegiate mental health nationally, examining reviews conducted at other institutions, reviewing Cornell Health data, conducting a site visit, and holding teleconferences with key stakeholders on campus and in the community.

The external team also reviewed an inventory of more than 70 different programs and initiatives related to student wellbeing compiled by the MHRC (Appendix A). The review process revealed the scope and diversity of mental wellness and care efforts at Cornell. Both the internal and external teams commend Cornell's leadership, and especially the students, staff, and faculty members, who are addressing these issues and working tirelessly to build a supportive and healthy community through their initiatives.

During the site visit from October 28-30, the team met with the following individuals and groups to learn about their roles, experiences, and perspectives related to Cornell's mental health services and initiatives:

Table 1. External Review Team Site Visit Meetings

Students	Staff	Faculty	Health Care Providers
Graduate and Professional Mental Health Advisory Council and Graduate and Professional Student Assembly Members	Ryan Lombardi, Vice President, Student and Campus Life	Associate Deans West Campus House Deans	CAPS Leadership Team CAPS Clinicians Medical Leadership Medical Clinicians Student Disability Services
Undergraduate Student Mental Health Advocates	University Student Services Leaders and College Advising Leads	North Campus Faculty in Residence	Skorton Center for Health Initiatives
Students of Color	Student and Campus Life Leaders		Cornell Health Administrative Services Leadership
LGBTQ+ Students	Threat Assessment Team		Community therapists and leaders of local mental health service organizations

Mental Health Review Committee Process

The MHRC used the four methods described below to gather information about the campus culture. The MHRC also collected demographic data for all methods to assess representation throughout the process (Appendix B).

Surveys

In September, the MHRC launched an online survey with open-ended questions, which was available to students, faculty, staff, parents, alumni, and community members. The survey closed at the end of January and garnered close to 1,000 responses. Respondents could choose to answer any or all of the following questions related to student health and wellbeing:

1. What does Cornell do well in support of student mental health? What opportunities do you see to improve mental health on campus?
2. What is the impact of social identity on student mental health at Cornell?
3. What impact does the Cornell culture have on student stress?
4. What ideas do you have to reduce the impact of stress on students?
5. What questions do you want the Mental Health Review Committee to consider?
6. What else do you want us to know?

The MHRC used Atlas.ti, a tool for analyzing large qualitative data. The survey responses were coded into categories that correspond to the Cornell Mental Health Framework (e.g. responses about grading were coded as Foster a Healthy Educational Environment, and references to CAPS were coded as

Provide Medical and Mental Health Services), and analyzed to identify the themes that informed the committee's recommendations.

The MHRC launched a second survey in January to gather information from fall 2019 Graduate Student Teaching Assistants (TAs) because the reviewers identified the need to understand in greater depth the crucial roles that TAs play in supporting undergraduate students and the distinctive nature of graduate student mental health concerns. More than 300 TAs responded to questions about their roles, mental health training and resources, and the impact of supporting students on their own wellbeing.

Focus Groups

The MHRC held 37 focus groups with students, staff, and faculty to identify problems and potential solutions (Table 2). MHRC members and Public Health Fellows used a script to facilitate hour-long focus groups, and a note taker documented comments and feedback (Appendix C). Facilitators identified three to five major takeaways from each focus group, which contributed to preliminary findings (Appendix D). The focus groups notes were coded in Atlas.ti, and analyzed using a process similar to the survey responses.³

³ Despite multiple and varied efforts to engage with international students in the MHRC listening sessions, their participation in focus groups, World Cafés, and Telling Stories workshops was limited. Faculty and staff concerns and suggestions, as well as best practices at other institutions, shaped recommendations pertaining to the needs of international students.

Table 2. MHRC Focus Group Participants

Students	Staff	Faculty
ILR Students (10/9/19)	Engineering Student Services (9/13/19)	Directors of Graduate Study (10/18/19)
CALS Student Advisory Council (10/16/19)	Crisis Managers (9/24/19)	CALS Faculty (9/27/19)
Veterinary Students (10/11/19)	Professional Academic Advising Leaders (10/8/19)	Human Ecology EPC/DUS (10/31/19)
Student Athlete Advisory Committee (10/21/19)	CALS Collaboration Team (10/10/19)	Law School Administrative Committee (11/04/19)
Sober@Cornell (10/22/19)	Bias Assessment & Review Team (10/16/19)	Engineering & CIS Directors of Graduate Studies (11/08/19)
AAP Students (10/24/19)	CURW Chaplains (11/06/19)	Department Chairs Lunch (2/11/20)
Gender Justice Advocacy Coalition (11/05/19)	CAPS clinicians (12/20/19)-2 groups	
EARS Peer Counselors (11/06/19)	Career Services (1/21/20)	
Panhellenic Council (11/14/19)		
Engineering Dean's Advisory Council (11/21/19)		
Students with Disabilities (11/22/19)		
Acapella Singers (12/11/19)		
Latinx Students (1/24/20)		
Law Students (1/27/20)		
Student Veterans (1/31/20)		
First Generation College students (2/3/20)		
Open Call (2/4/20)		
Focus on Undergraduate Academic Environment (2/10/20 and 2/13/20)		
Resident Advisors (2/18/20)		
MBA students (3/5/20)		
Men of Color (3/6/20)		

Telling Stories

From November 14-18, 2019, the MHRC offered Telling Stories workshops lasting 2½ hours and individual consultations with Traci Kato Kiriya, an artist and writer who works with college students and community organizers around the country to create healing and supportive spaces for participants to document their stories around mental health, race, class, gender, and/or sexuality. More than 20 students participated in workshops for five different groups of students:

- students who returned from Health Leave of Absence
- graduate STEM students
- students registered with Student Disability Services
- international graduate and professional students
- international undergraduate students

Using exercises and prompts from the workshops, twelve students wrote and shared letters with the MHRC about their journey around mental health (Appendix E).

World Cafés

The MHRC utilized the World Café methodology to host large group dialogues about mental health and wellbeing at Cornell. In a World Café, participants enter a warm and welcoming environment and engage in progressive rounds of small group conversations that move the group toward creating common understandings and strategic solutions. World Cafés held in November focused on understanding the campus ideal for a healthy student, classroom, and campus. Events held in January and February generated ideas for recommendations related to creating a sense of belonging, fostering healthy co-curricular engagement, and encouraging students to access resources and engage in healthy practices (Appendix F). The following groups participated in Mental Health Review World Cafés:

- Biology Peer Advisor students (11/14/19)
- “Dining With Diverse Minds” students (11/15/19)
- Staff, faculty and students in the Mental Health Coalition (11/19/19)
- Staff from Residential Life & Campus Activities (1/9/20)
- Staff from the Office of Academic Diversity Initiatives, Learning Strategies Center, and the Office of Global Learning (1/30/20)
- Asian, Pacific Islander, Desi/American students (2/27/2020)

When the University moved to online instruction and remote work in March 2020, the MHRC had to cancel a World Café for faculty.

ERT and MHRC Collaboration

The MHRC co-chairs and the external reviewers conducted virtual meetings on a monthly basis to share updates and findings from the on campus review process. Starting in May 2019, the MHRC met monthly to implement the listening tour and discuss emerging takeaways and themes. Some of the concerns and questions that came out of the review prompted discussions with campus leaders, which informed ongoing efforts and discussions. The MHRC provided draft recommendations to the ERT in early March for independent and expert review and incorporation into the final report.

Four major themes emerged from the MHRC listening tour, which shape the recommendations that follow:

1. A culture of competition—sometimes rising to unhealthy levels—pervades both the academic and social environments.
2. With heavy course loads and extensive extracurricular involvement, students’ lives lack a healthy balance, including time for self-care.
3. Students have difficulty finding and building community.
4. Students have difficulty navigating Cornell’s decentralized campus and structures.

Report Structure

While treatment offered by counseling centers can benefit students directly through symptom relief, increased levels of academic and social functioning, and increased retention and graduation rates, improving mental health requires a degree of culture change, which must be a university wide effort, as Cornell’s mental health model suggests. Progress will require cooperation of students, faculty, and staff at all levels to create an environment that is supportive, sensitive to mental health issues, and encouraging of open dialogue. This report is the product of a review of the current state of mental health needs, services and initiatives on campus, best practices at peer institutions, and significant research from the broader fields of mental health, especially collegiate mental health. The recommendations that emerged from this process must be addressed and ongoing change led at an institutional level to ensure that mental health and wellbeing is valued and embedded in the culture of the University. To this end, the report is organized in four sections reflecting Cornell’s Mental Health Framework:

- Section A: Foster a healthy educational environment,
- Section B: Promote social connectedness and resilience,
- Section C: Increase help-seeking behavior, and identifying people in need of care, and
- Section D: Provide mental and medical health services.

Each section of the report begins with observations about general issues and trends, identifies strengths and opportunities, and concludes with recommendations. As required by the charge, a timeline for each recommendation has been proposed. Immediate goals that will likely require limited time and resources are marked with a single asterisk*, intermediate goals that may take a year or more to achieve are indicated with two asterisks**, and aspirational goals that involve a significant investment of staff time and financial resources, or long-term culture shift, are shown with three asterisks***. We also note that effort related to high priority recommendations should begin immediately, but may take time to achieve full implementation. We also note there is some overlap between some of our recommendations and those listed in the Presidential Task Force on Campus Climate Final Report of the Campus Experience Subcommittee, and such instances are marked with a dagger†. For background and reference, the report also includes detailed appendices.

Overarching Recommendation

In addition to the specific recommendations in the following sections, the review teams recommend:

Creation of a widely representative permanent committee on mental health to ensure the implementation of immediate recommendations, and to monitor progress and conduct further review of those recommendations that will require more time and resources to enact.

SECTION A: FOSTER A HEALTHY EDUCATIONAL ENVIRONMENT

Observations

For the past decade, the percentage of Cornell undergraduate and graduate students who report that they have experienced more than average stress within the past twelve months has increased, and may be higher than the norms found in other surveys.⁴ While coping with a moderate amount of stress is part of everyday life and a sign of personal resilience, struggling with significant stress can become clinically significant depression and anxiety. Excess stress thus has a deleterious impact on health itself. It can also affect an undergraduate or graduate student's ability to achieve their full academic potential and manifest in incomplete work, dropping courses, receiving lower grades, and disrupting dissertation research and writing. Moreover, current trends in collegiate mental health suggest a significant increase year over year in students coming to campus with prior psychological counseling and/or experiences with trauma and family distress, which implies that a more wide-ranging and coordinated approach to creating an environment of wellbeing is required.⁵ Comprehensive strategies for addressing and reducing academic stress need to extend further beyond Cornell Health and into the academy, as Cornell's Mental Health Framework implies and peer institutions and professional schools have started doing.

Strengths

There is much to celebrate about Cornell's educational environment, with its unique vision of "any person, any study." Both curricular and co-curricular excellence at Cornell exemplify this educational ethos. Examples include Engaged Cornell, the Global Cornell Initiative, the Living-Learning Experience, and the Active Learning Initiative. There has also been significant re-investment in student support through a re-organized Dean of Students office, academic support offices like the Office of Academic Diversity Initiatives and the Learning Strategies Center, and college-based initiatives, such as Engineering's Academic Excellence Workshops and TA Development Program. Affirming the principle that graduate students also need work-life balance, the Graduate School recently updated Policy 1.3 on Graduate Student Assistantships to include vacation and holiday time for students on assistantships and fellowships. And within Cornell Health, Student Disability Services has begun proactively engaging the faculty on accommodation needs, and the Skorton Center for Health Initiatives continues to provide campus wide training and education through a range of programs for faculty, students, and staff. Although the breadth and diversity of these efforts is a strength of Cornell's approach to mental health, the significant autonomy of the colleges and decentralization of efforts can make it harder to achieve common goals. University wide structures and leadership around issues like mental health need to be bolstered.

Opportunities

Admission to Cornell is highly competitive, and academic and extracurricular achievement are fundamental to the identities of matriculating students. Once at Cornell, students maintain a culture of competition in the curricular, co-curricular, and social spheres, which normalizes course and extra-curricular overloads that can become a detriment to physical and mental health. Similarly, Cornell faculty have high expectations of students and of themselves. While culture and context vary across colleges and majors, we have observed that the culture of competition may take on an unhealthy cycle of expectation and behavior that can reach traumatizing levels for students, faculty, and staff. In this

⁴ ACHA and NCHA surveys

⁵ Center for Collegiate Mental Health

high stress environment, students find it difficult to prioritize their wellbeing and navigate Cornell's complicated and decentralized structure. An emphasis on excellence is part of the preparation that affords Cornell students the abilities and opportunities to fulfill their goals. However, in these times there is a need to complement this emphasis with pedagogical innovation and efforts that foster community, collaboration, and autonomy in both the academic and co-curricular spheres.

The changing racial, ethnic, socioeconomic, and gender demographics in Cornell's student population are a strength of the institution. At the same time, this adds urgency and complexity to the question of how to support students of multiple and intersecting identities. Student feedback during this project suggests that a desire for increased multicultural competency and fluency would be beneficial, as well as a framework for understanding the intersection of mental health and healthcare disparities among marginalized groups. Throughout this project, student feedback also indicated that finances are a major source of stress. Cornell has made significant investments in financial aid over the past decade. Nonetheless, some students described how insufficient funds for basic needs, books, supplies, and travel expenses affect their mental health, academic performance, and access to opportunities. Progress in providing students with equitable access to and experience with the abundant offerings of the institution must accompany Cornell's progress in cultivating a more diverse student body.

Graduate students feel particularly vulnerable within Cornell's rigorous yet loosely structured academic environment. Financial independence, loneliness and isolation, power differentials with faculty and mentors, work-life balance, and ambiguity and vulnerability in advisor/advisee relationships, seem to intensify stress in the graduate student experience. The culture of each field of study and degree program also shapes graduate student experiences. Their needs and roles as students, as well as educators (Teaching Assistants), require special attention.

Recent strides have been made in higher education pedagogy, including improvements in teaching and learning with multiple and varied means of grading and evaluation, academic credit limits, and flexible timing in exam administration to name a few. Significantly, these efforts have exploded in response to the novel coronavirus pandemic, and the implications for the future are unclear. These efforts present an opportunity to maintain Cornell's high academic standards while increasing transparency, providing informed choice, and enhancing student autonomy. Actions in all of these spheres can play a role in decreasing student stress and anxiety. Cornell, like its peer schools, must rethink what it means for students to strive for excellence, and design an enhanced version of excellence, which has as its foundation a healthy educational environment.

Student feedback suggests that learning environments that promote collaboration over competition may help counter the toxic effects of Cornell's highly competitive culture on some students. Students also indicated a preference for courses that encourage their engagement through active learning and inclusive learning environments. Cornell's University-wide Active Learning Initiative provides a framework for continued adoption of evidenced based practices that promote collaboration. The Center for Teaching Innovation created an online course to help faculty respond to changing demographics in the student population and adopt inclusive classroom practices. Teaching & Learning in the Diverse Classroom modules explore strategies for inclusive course design, social identity and self-reflection, and pedagogical practices that effectively support student engagement and belonging across difference.

We also note that peer institutions have implemented successful approaches to reduce stress and maintain academic rigor. Along with Brown University and California Institute of Technology, Massachusetts Institute of Technology (MIT) has implemented Pass/Fail grades for first semester

students. Moreover, MIT faculty recently (prior to the pandemic) approved new wording about grading, which states:

the grade for each student shall be determined independently of other students in the class, and shall be relate to the student's mastery of the material based on the grade descriptions below. Grades may not be awarded according to a predetermined distribution of letter grades.⁶

The imperative of social distancing has changed grading dramatically in ways that are both significant and crisis-driven. Examining which changes have value going forward will be necessary. Other universities are providing pre-professional students multiple curricular options to fulfill basic science requirements, as well as more group learning, writing, and field based opportunities to demonstrate excellence. While some of these innovations have started at Cornell, we encourage the faculty to evaluate and expand them across the University.

The Campus Student Engagement Initiative (CSEI), a campus wide technology solution that informs the work of student development professionals and supports student engagement, can play an important role in addressing needs identified by campus stakeholders during the review process. Using the Salesforce platform, the CSEI has the potential to help make Cornell easier to navigate, collect actionable data for assessment, encourage collaboration and transparency, and support equitable access and opportunity for students. It will be important to capitalize on the institutional investment in Salesforce by expanding the scope of the CSEI to a wider range of university offices and explore alternate communication strategies for those offices that will not have access to the platform.

Students often look to faculty for assistance, and the roles that students expect the faculty to play are increasingly complex. We were pleased and heartened by the many faculty and staff members who expressed their interest in and commitment to supporting a healthy academic environment and learning about best practices to help students cope with stress. However, this puts additional strain upon people asked to do more with fewer resources since the economic recession of 2007-2009. Throughout the review process, stakeholders across campus consistently raised concerns about faculty and staff health and wellbeing. There may be opportunities to align efforts to support faculty and staff wellbeing with the new Human Resources Employee Wellbeing at Cornell program and the launch of Belonging @ Cornell. It is imperative to note the impact that increasing expectations has on faculty and staff wellbeing and their ability to support students, and this warrants continued attention.

Recommendations about the academic environment are organized according to four themes: academic policies and practices, faculty and staff training and resources, campus collaboration, and communication. Each recommendation includes a suggested timeframe for implementation: *immediate, **intermediate, ***aspirational.

⁶"Rules & Regulations." *Rules & Regulations | MIT Faculty Governance*, 2018, facultygovernance.mit.edu/rules-and-regulations.

Recommendations

A.1. Academic Policies and Practices

A.1.1. Create a centralized mechanism for institutional oversight of academic policies and practices that negatively influence student mental health. This process necessitates close engagement with college/school leadership and faculty from across Cornell to examine:

- use of grading on a curve**
- exploration of a first semester of Pass/Fail grading for first year students and certain types of classes depending on declared/intended major**
- adherence to Faculty Senate Resolution 85: Academic Work During Scheduled Breaks*
- adherence to the credit limit established by each college**
- transparency and fairness of attendance policies, particularly with regard to absences related to health and wellbeing⁷**
- consistency and transparency with regard to the amount of time required outside of class per credit**
- increasing availability of course syllabi during pre-enrollment*
- mandatory advising meetings between students and advisors**

A.1.2 Address aspects of prelim administration, which students identified as significant sources of stress:

- Develop a policy around multiple prelims.⁸*
- Coordinate prelim scheduling to avoid clustering.**
- Evaluate the pros and cons of the current system of evening prelims in addition to regular class meetings.**

A.1.3 Develop and launch a uniform course feedback instrument, to be used university wide, that includes questions about student wellbeing and inclusiveness.^{†9}**

A.1.4 Raise the profile of advising as a critical component of student success. Students cite advising as a key institutional support. To ensure a consistently excellent student experience with regard to advising, it will be important to:

- Clarify roles and responsibilities for various advisors on campus, including professional academic advising staff, faculty advisors, and student affairs professionals.**
- Strengthen the Professional Academic Advising Community (PAAC) to implement best practices in the field of academic advising, create a culture of regular assessment (utilization, student satisfaction, and impact of resources and interventions), and pay particular attention to vulnerable student populations.**

⁷ According to the [Faculty Handbook](#): “Students have an obligation to be present throughout each term at all meetings of courses for which they are registered... In most courses, however, attendance is not taken, and the student’s responsibility is for the work covered in the class rather than for being physically present when the class is held. A student is then not penalized directly for missing a lecture, for instance, but is held responsible (in subsequent tests) for knowledge of material presented in the lecture.” (p.87)

⁸ See final exam policy for possible model: <https://registrar.cornell.edu/calendars-exams/final-exam-policies>

⁹ Recommendation E.3.4—Teaching Evaluations (Presidential Task Force on Campus Climate, Final Report of the Campus Experience Subcommittee)

- Identify which staff are responsible for supporting the wellbeing of undergraduate, graduate, and professional students in each college or department, and create a central listing for use by faculty, staff, Cornell Health, and other central offices.*

A.1.5 Encourage academic departments to conduct a self-study to identify key stressors in the student experience and strategies to mitigate them.***

A.1.6 Address the concerns raised by graduate students:

- Incorporate an evidence-based module on mental health and resilience into the online TA training program under development by the Center for Teaching Innovation. TAs are transitional role models for students, who are often a first point of contact for undergraduates. TAs also need encouragement to self-manage and seek support and advice when necessary.^{†10*}
- Review whether each department has clear and consistent standards for degree completion at the PhD level. If these do not exist, develop a plan for creating them.**
- Develop a mechanism for graduate students to deliver feedback safely about problematic advisor behavior. Simultaneously, work to ensure that there is a process to act upon the feedback. Start by convening candid leadership conversations about how to ensure that units forthrightly address ongoing issues of concern.**
- Develop a template for advisors and advisees to complete together and document discussion of expectations when graduate students select a committee chair.***
- Provide training for new faculty advisors and graduate students on best practices for developing positive mentor/mentee relationships, managing projects and people, and addressing conflicts that arise in the workplace.***

A.2. Faculty and Staff Training and Resources

A.2.1 Require that faculty and staff attend at least one mental health training opportunity every two years (e.g., Skorton Center’s Notice and Respond, WISE pilot). Consider purchasing an online training platform to complement and extend in-person training. Consider embedding training in new faculty orientation.^{†11***}

A.2.2 Encourage faculty and staff to model and discuss behaviors that promote support for mental health as part of course orientation lectures and initial meetings (e.g., establishing and articulating boundaries around evening and weekend communication and deadlines, endorsing sleep, learning from disappointment, and accessing resources).*

A.2.3 Explore options for effective customer service training for Cornell administrative and service staff to create a consistently engaging experience for students. Feedback from students indicates that unfriendly and inefficient encounters with frontline staff (i.e., being shuffled from office to office) exacerbate stress and a sense of not belonging to the Cornell community.**

¹⁰ Recommendation D.5—Guarantee TA training (Presidential Task Force on Campus Climate, Final Report of the Campus Experience Subcommittee)

¹¹ Recommendation D.6.2—Raise Faculty Awareness about Professional Support for Students (Presidential Task Force on Campus Climate, Final Report of the Campus Experience Subcommittee)

A.2.4 Provide faculty and staff with information and feedback about the student experience in order to bridge gaps (e.g., generational, socio-economic, racial, national, etc.) between their own experience and that of our current student population.***

A.3. Campus Collaboration

A.3.1 Review *actual* costs for an equitable Cornell experience (i.e., costs and fees that are not factored into financial aid), as well as financial aid and student loan information and policies. Students and their families need clear and comprehensive information in order to plan and budget realistically. Many students are trying to handle their finances (often for the first time) while they manage the transition to college or graduate school. Students need support and guidance that is sensitive to the challenges they face in understanding unfamiliar costs, financial aid, and loan policies, as well as the stress they experience around finances.*

A.3.2 Identify the opportunities and experiences that are central to a Cornell education, and ensure that funding is available to provide equitable access.***

A.3.3 Expand the concept of “One Cornell” to encourage collaboration and communication between colleges, schools, and units across campus that do similar work (e.g., share effective practices, build partnerships, pool resources). One example is to build on the work already underway with the Vice Provost for Undergraduate Education and Associate Deans to establish uniform deadlines and academic policies.**

A.3.4 Assess student needs with regard to career preparation and prospects. Students, regardless of major, consistently identified post-college employment and graduate/professional school admission as areas of significant stress. Initial steps may include:

- Conducting a holistic review of career support across campus to identify stressors, understand student and employer expectations, benchmark against peer institutions, and develop strategies to mitigate stress.**
- Fostering greater integration of career development and graduate school preparation into academic programs. Successful examples include Office of Academic Diversity Initiatives’ Pre Professional Programs (P3) and McNair Scholars, Engineering’s Ryan Scholars, and the Biology Scholars Program.***

A.4. Communication

A.4.1 Streamline communication to improve ease of access to information and campus resources:

- Convene a university wide committee that includes students to develop strategies for more effective communication with students.*
- Prioritize centralized websites (with links to college-specific sites) to improve access to information and resources.**
- Review the protocols for communication to campus audiences in times of, or following, crises (e.g., public health issues, environmental disasters, national or international tragedies). By improving internal communications, student support offices across campus will be in a better position to coordinate and align their student outreach efforts.*

A.4.2 Review University messaging and materials to prospective and admitted students (undergraduate, professional, graduate) and their families to set realistic expectations of the Cornell student experience and establish norms in which wellbeing and a culture of inclusivity and collaboration are highly valued.***

SECTION B: PROMOTE SOCIAL CONNECTEDNESS AND RESILIENCE

Observations

Social support mitigates mental health stress and is a protective factor against suicidal and self-harm behaviors. A growing body of research also links students' sense of belonging (perceived social support, acceptance, and connectedness on campus) to wellbeing and persistence in college. Used appropriately, social media can be helpful in fostering greater connection, but overuse and the resulting reduction of in person contact may result in greater levels of mental distress, as well as a false sense of security and intimacy regarding social connections. Regular and healthy interpersonal contact with friends, family, classmates, faculty, and staff provide an important sense of social connectedness for students.

With an enrollment of nearly 15,000, Cornell's undergraduate student population is 30-60% larger than other Ivy League institutions. Students are attracted to Cornell's prestige and reputation, diverse academic offerings, research opportunities, beautiful campus, and alumni network. At the same time, they seem to want the personal attention, extensive services, and close community often found at smaller colleges. Although many students benefit from both the dazzling array of learning and social opportunities and the camaraderie of a community within their college, the size and complexity of the campus is simply overwhelming for some. Proactive communication to shape expectations and prepare students for life at Cornell, as well as more robust support for new students, may mitigate some of the stress students experience.

Strengths

With Cornell's clear and effective efforts to recruit an ethnically, socio-economically, and internationally diverse student population, building community is essential to achieve the ideal of "any person, any study." To that end, Cornell has engaged in several campus climate assessments over the past decade, including the 2018 Presidential Task Force on Campus Climate. Due to the importance of social belonging and connectedness for student mental health, progress toward implementing recommendations from the Presidential Task Force will address some concerns that arose during the Mental Health Review.

In recent years, the University has devoted resources to initiatives that will enhance social connectedness among the student body. A restructured and expanded Dean of Students team is charged with building a sense of belonging, creating opportunities for students to engage in intersectional programming, and deepening Cornell's commitment to underserved student communities. In terms of facilities, the significant investment in the North Campus Residential Expansion will provide students with developmentally appropriate housing during their formative college years and promises to enhance the college transition, community creation, and living-learning experiences. Further investment in technology, such as the Student Campus Engagement Initiative, promises greater coordination of student services and communication to students.

In addition to supporting social connections, the University encourages mental health and wellbeing through programs aimed at reducing stress and boosting resilience. For more than thirty years, the Skorton Center for Health Initiatives (formerly the Health Promotion Office) has worked to create a healthy campus and positive culture change through policy, programming, and research. In fall 2019, they reached more than 4,000 students with the Thrive resilience program. The Skorton Center is renowned nationally for its programs, resources, and research, but it may not have the resources to carry out its broad and essential mission. In addition, colleges and units throughout the University

contribute to campus efforts to build resilience by offering first-year seminars, ongoing programs, and one-off events that provide opportunities for social connection.

Opportunities

Throughout the review process, students articulated that having a social group and an identity beyond academics is vital for their wellbeing. The different colleges and schools provide a source of group identity, but each has a different personality, ethos, and culture, which can diffuse and blunt efforts to support a sense of belonging to the larger Cornell community. At the same time, competition and a culture of achievement at all costs pervade the academic and social environments and hinder social connections.

In the co-curricular realm, there are also barriers to creating and investing in social relationships and fostering a sense of belonging. With more than 1,000 student organizations, opportunities appear to be abundant for students to get involved on campus and meet other students. However, many student organizations at Cornell have a competitive application and selection process, and an emphasis on professional development and executive board leadership positions that may be driven by “resume building.” Opportunities for students to participate in general body meetings and activities are limited. These barriers lead to rejection and loneliness, often felt most keenly by the newest members of the Cornell community and those with diverse backgrounds.

Students cite the Cornell fraternity and sorority community as the primary venue for social gatherings. The University is undertaking a series of substantive reforms to address hazing, sexual assault, and alcohol misuse in the Cornell Greek Letter community and usher in positive changes that will provide a safer environment for students. The reviewers strongly endorse these important and challenging steps as key aspects of supporting campus wide mental health, while noting there is also a need for alternative University sponsored activities that encourage students to take a break from their studies and build meaningful connections with their peers.

Some student organizations are involved in actively promoting student health and wellbeing. Those that do are primarily clubs with missions explicitly related to mental health (e.g. Cornell Minds Matter) and those that represent traditionally marginalized populations. Providing incentives and opportunities to involve other clubs and engaging student leaders could support and grow efforts to build resilience on campus.

Like Teaching Assistants (TAs) in the academic environment, some Resident Advisors (RAs) feel overwhelmed with responsibility for supporting the mental health and wellbeing needs of student residents. RAs may manage traumatic and deeply emotional situations in addition to their own stress as Cornell students, leading in some cases to secondary trauma and burnout. Despite the vital student support roles that RAs play on campus, they often feel a lack of support or academic consideration from the academy. Faculty may not be aware of these challenging dimensions or the changing nature of the RA role.

Graduate and professional students also face challenges related to social connectedness and resilience. Achieving work-life balance is particularly difficult. The time that graduate and professional students must devote to their classes, research, employment, and job searches severely limits the time they have to engage in activities that reduce stress. With 90% of graduate and professional students living off campus, they tend to have few social connections outside of their lab or program of study and they are often in competition for jobs and resources with the very people they are most likely to befriend. In this

environment, it is difficult for students to let down their guard and develop a support system within their peer group. Additionally, graduate and professional students are looking to their advisors to provide guidance in areas that some faculty and Principal Investigators (PIs) may not be well prepared to support, such as lab management/human resources, job prospects in industry, work-life balance, and conflict resolution.

Cornell's competitive environment, complex structure, and physical layout compound feelings of isolation and underutilization of resources that may be appropriate and helpful. Students describe the campus as inconvenient and unfriendly. Geographically, the Ithaca campus is large and decentralized, with steep hills and long, cold winters. Almost half of the undergraduate student body lives off-campus, which typically adds to the distances that students must travel to attend classes and access support services on campus. With limited parking and public transportation on campus, the distance from one area of campus to another can hinder students' ability to access offices during business hours. Students sometimes choose demanding course loads without an adequate appreciation for the level of challenge and time commitment they will face, which further limits the time students have to attend to their basic needs, take care of personal business, seek assistance, or meet up with friends. Moreover, few spaces on campus cater to the needs of our considerable off-campus student population. Students indicated a need for facilities on campus for gathering with friends, relaxing, as well heating and storing affordable meals prepared at home. A number of peer institutions are investing in the creation of social gathering spaces for graduate students—from small scale revamped departmental lounges at Harvard University to an entire work/study/dining space for all graduate students at Columbia University. Others are creating wellbeing hubs, which centralize social gathering spaces, fitness spaces, healthy dining options, and student support resources.

It is important to note that when asked for their recommendations, undergraduate, graduate, and professional students consistently prioritized the need for access to free physical fitness opportunities to cope with stress and build resilience. With Ithaca's climate, students want free and convenient indoor fitness options. We acknowledge the challenge that this presents given both financial and facility constraints.

Under prior leadership, messaging emphasized that Cornell is a 'caring community.' While many campus stakeholders affirmed this ideal, there is also a perception that there is not sufficient campus wide support for this goal. Ironically, this may be in part because Cornell's many diverse resources are not promoted via a strong and sufficiently integrated model or message. Within Cornell's large decentralized structure, efforts to promote social connectedness, mutual support, and help-seeking behavior come from many places, including the Skorton Center for Health Initiatives, Cornell Outdoor Education, New Student Programs, Physical Education and Recreational Services, college-based student services offices, and student organizations. The unintended effect is a weakening of the overall message of a caring community. A cohesive university strategy with central oversight is missing (e.g., MindHandHeart at MIT, DuWell at Duke University, and Live Well at Arizona State University). Designing such a strategy requires urgent attention and needs to be deeply rooted in and aligned with campus culture, values, and priorities. Significant changes in senior leadership in recent years provide an opportunity to reinvigorate and unify institutional efforts in this area. A campus wide approach is necessary, and it requires substantial, personal, and sustained support from University leadership.

Recommendations related to social connectedness and resilience are divided below into sections according to key themes that emerged through the review process: college transition, wellbeing

resources, and student programming. Each recommendation includes a suggested timeframe for implementation: *immediate, **intermediate, ***aspirational.

Recommendations

B.1. College Transition

B.1.1. Review orientation and programming for new students to foster greater student understanding of and competence with navigating university resources, facilitate social connections, and manage student expectations related to the college transition process.

Specific suggestions include:

- Provide new students with concrete guidance about the staff who make up their Cornell support network.*
- Identify ways to use technology to streamline communication with incoming students and provide a central platform for campus resources (e.g., revamped To Do List and Student Essentials Page).^{†12**}
- Expand onboarding communication and programming throughout the first semester.^{13**}
- Develop new incentives to increase the number of Orientation Leaders (OLs) and embed evidence-based peer mentorship strategies into the OL program.**
- Implement evidence-based programs to prepare highly successful and achievement oriented students to manage the transition from high school to Cornell's competitive culture.**
- Create a student CULearn course that orients students to the scope of faculty, administration, and staff roles.^{14 ***}

B.1.2 Explore best practices within housing and residential life to provide adequate training and support for student staff (RAs), so they are better equipped to manage the changing mental health needs of students in residential communities.*

B.1.3. Develop consistent learning outcomes regarding wellbeing, accessing resources, and social connection for college-based first-year seminar classes, and expand offerings to all colleges.**

B.1.4 Assess needs and expand ongoing outreach and support for vulnerable populations (e.g., international students, transfer students, student veterans, first generation/low income students) with regard to advising on course enrollment, careers and internships, and social connection.**

B.2. Wellbeing Resources

B.2.1. Establish a University task force -- co-chaired by the Assistant Vice President for Health and Wellbeing and another campus leader with expertise regarding wellbeing in higher

¹² Recommendation C.1.1—Central Portal and App for Finding Resources (Presidential Task Force on Campus Climate, Final Report of the Campus Experience Subcommittee)

¹³ See Skidmore College Weeks of Welcome <https://www.skidmore.edu/weeksofwelcome/booklets.php>

¹⁴ Existing CULearn models include Understanding the Academic Operations of the University and Understanding the Business of Higher Education.

education -- to provide campus wide thought leadership in developing a cohesive strategy and direction for campus efforts, including those in the academic units, related to wellbeing. Ideas to consider include:

- Create and maintain a comprehensive and centrally maintained wellness app with information about events, initiatives, information, and resources related to wellness and stress reduction offered throughout campus.***
- Curate a set of consistent weekly wellness events.^{15***}
- Take advantage of expertise in the Skorton Center and Cornell Wellness to lead a working group (with student, faculty, and staff representatives) in the creation and implementation of a social norms campaign that emphasizes healthy work-life balance, good habits around nutrition, sleep, and exercise, and community building events that do not involve alcohol.^{16**}

B.2.2. Expand access to free physical fitness opportunities:

- Prioritize fundraising for free physical fitness under Affordability within the capital campaign. Specific funding projects may include: free gym memberships for low-income students, expanded and free access to Cornell Outdoor Education experiences, and expansion of free Physical Education course offerings¹⁷.**
- Explore alternatives to fitness centers on campus, such as virtual group fitness classes, satellite locations for classes and group exercise, and the use of virtual and augmented reality.*

B.2.3. Integrate a student wellness component with a dedicated staff position into the existing Cornell Wellness program for staff, faculty, retirees, and spouses/partners offered by Cornell Recreation Services.***

B.2.4. Study the feasibility of offering an academic credit bearing class on wellness.^{18***}

B.2.5. Revamp university services to more adequately meet student needs and align with student schedules. Suggestions to improve convenience include:

- Adding more dining locations on central campus that take meal swipes.**
- Expanding evening hours at central campus eateries.*
- Increasing the number of meal swipes that West Campus residents can use on central campus to accommodate lunch between classes.*
- Offering students more flexibility for meeting with student support staff (e.g., advising, financial aid, bursar, and registrar) by providing options for remote access.*
- Piloting a CAPS tele-therapy option during business hours.*

B.3. Student Programming

B.3.1. Regulate exclusive or application-based student organizations.

¹⁵ See Duke University's Moments of Mindfulness: <https://studentaffairs.duke.edu/duwell/wellness-activities>

¹⁶ This group will need to identify ways to tailor messaging to the experiences of graduate and professional students and engage academic units and the Graduate School and professional schools in the process.

¹⁷ Only one-third of Physical Education classes are currently free.

¹⁸ See Student Flourishing Initiative: <https://csc.virginia.edu/page/student-flourishing-initiative>

- Implement accountability structures and policies through Campus Activities that require application-based student organizations to adhere to equitable standards for recruitment, interviewing, and selection.^{†19*}
- Charge the Student Assembly with creating penalties for organizations that are exclusive and inequitable in their recruitment, interviewing, and selection processes.**

B.3.2 Assess needs and develop intentional interventions and programmatic solutions in Residential Life to improve sense of belonging and inclusion among students who live in campus housing.**

B.3.3. Increase staffing and funding in Campus Activities to establish and promote a weekly slate of robust alcohol free student activities and night programming.***

B.3.4. Establish a task force led by Campus Activities in collaboration with key stakeholders, such as Alumni Affairs and Development, Student Assembly, Employee Assembly, and faculty to identify positive shared Cornell experiences and develop a strategy for promoting Cornell pride, including the creation of new traditions.^{†20}**

B.3.5. Offer opportunities for student organizations to support campus-based student resilience efforts. This may involve:

- Providing meaningful incentives for student organizations to offer programming and resources that raise awareness and promote social norms campaigns among their members and/or campus wide.**
- Establishing a well-consolidated and funded alliance of student groups who are working on health and wellbeing topics and advised by a wellbeing expert.**

B.3.6. Create and expand spaces on campus for programming and social interaction:

- Prioritize fundraising for the Center for Equity and Belonging under Diversity and Equity within the capital campaign. The proposed center will provide a centrally located space for underserved students, allowing more interaction with professional staff resources and facilitating community building and social interaction among students.**^{†21}
- Create a student space in Collegetown with programming that recognizes the needs of students who live off campus.***

¹⁹ Recommendation G.4.2—Recruiting Protocols for Selective Student Organizations (Presidential Task Force on Campus Climate, Final Report of the Campus Experience Subcommittee)

²⁰ Recommendation A.2—Inclusive Community Events (Presidential Task Force on Campus Climate, Final Report of the Campus Experience Subcommittee)

²¹ Recommendation F.3.3—Create Multicultural Student Center (Presidential Task Force on Campus Climate, Final Report of the Campus Experience Subcommittee)

SECTION C: INCREASE HELP-SEEKING BEHAVIOR AND IDENTIFY PEOPLE IN NEED OF CARE

Observations

Help-seeking for mental health services has been increasing on college campuses, and demand is outstripping supply at virtually all college counseling centers. Cornell is no exception to this national phenomenon. Student demand for mental health services at Cornell Health exceeds expected use based on historical epidemiological data on the prevalence of mental health conditions, both among students and in the community. This increased demand may be a result of University efforts, as well as the increased willingness of this generation to seek help. Community and public health based approaches continue to play a critical role in promoting healthy behavior but also in identifying students at moderate to high risk who might delay seeking help, and encouraging students at lower risk levels to access services before clinical symptoms worsen.

Cornell Health has used active surveillance techniques, primarily around the Pulse/CUE Survey, which continue to show high needs among students, particularly for depression and anxiety. Community oriented approaches to improve help-seeking behavior typically incorporate media campaigns to raise awareness of mental health and alcohol/substance use symptoms, services, and appropriate self-help. Multiple campus surveys indicate that there is widespread recognition among Cornell students of the necessity and availability of mental health services. Although it appears that the stigma for seeking help has decreased, the unfortunate exception is seeking services for alcohol and substance use disorders. Indeed, students frequently identified alcohol consumption as a means to cope with stress.

Strengths

The Skorton Center for Health Promotion and a handful of student organizations lead campus efforts in raising awareness about mental health and the availability of Cornell Health's Counseling and Psychological Services (CAPS). The Skorton Center offers interactive bystander education programs about assisting students in distress (e.g. Notice and Respond, Friend 2 Friend, and Intervene). Cornell Minds Matter, a student-run organization, holds more than 200 programs each semester aimed at reducing stigma associated with mental illness and promoting mental wellness and balanced lifestyle. Empathy and Referral Service (EARS), a student peer-to-peer support service, also offers training and workshops on empathy and reflective listening, and provides referrals to other resources.

In order to facilitate communication and early intervention, the colleges and schools that serve undergraduates encourage faculty to use an online tool to alert college-based student services offices to concerns related to students' attendance, work completion, poor grades, and behavior. Several weeks into the semester, faculty receive an email reminder to look out for and communicate concerns regarding students who may be struggling academically and/or personally.

CAPS has also developed innovative programs that encourage student to seek help and connect with mental health services. Through the nationally recognized and replicated "Let's Talk," students can access drop in consultation with a CAPS counselor at various on-campus locations. Faculty and staff working with students in distress can contact Community Consultation and Intervention (CCI) counselors at CAPS to discuss a course of action. CCI therapists also provide case management and crisis intervention. In addition to CCI, faculty, staff, and students lauded the support provided by crisis managers, led by the Care and Crisis Services Team in the Office of the Dean of Students, who provide

support for individual students who are experiencing health or personal emergencies, and organize community support meetings in the aftermath of tragedies.

Cornell Health has also implemented evidence-based screening for symptoms of depression and anxiety in primary care medical services, as well as offering an online student self-evaluation tool.²² Primary care screens over 95% of students for depression and alcohol use, with up to 11% of students screening positive for potential clinical depression and 18% for alcohol misuse. Of note, high percentages of nonwhite students are screened positive, creating opportunity for improved access for students who often face higher stigma in seeking services.

Changes to the CAPS service delivery model in fall 2019 enabled more students to access care, with shorter wait times for an appointment, and fewer referrals to therapists off campus. Therapists' daily schedules include brief same day appointments, allowing more students to seek and receive more immediate help (Appendix G).

Opportunities

Despite the breadth and depth of mental health and substance use resources, Cornell students still report some reluctance to seek mental health care. Lack of time and a perception that their symptoms are not "bad enough" to seek professional help seem to be the primary barriers. Students also cited culture bound aversion to help-seeking, negative experiences with help seeking, and concerns about confidentiality. The need to be productive at all times coupled with the sense that "everyone is stressed" at Cornell seems to deter students from prioritizing self-care or seeking help before symptoms become acute. Therefore, it is critical that all members of the community play a role in recognizing and responding appropriately to students in distress, as well as those who could benefit from proactive intervention. Faculty, staff, and students all expressed uncertainty about their roles, abilities, and preparedness to respond to students experiencing mental health concerns, which indicates a need to expand and deepen training.

Campus stakeholders expressed concerns about Health Leave of Absence (HLOA) policies and practices throughout the review process. Since spring 2019, the Cornell Health Leave of Absence/Triple Aim Committee has been working to revise the HLOA policy, improve communication with students on HLOA, and enhance support as students return from leaves of absence. This issue has emerged as a national problem and priority, as illustrated by a recent Stanford University lawsuit and settlement. Attention to improving HLOA processes should continue, and indeed accelerate.

Increased utilization of formal treatment services may not be necessary for all students with mental health concerns. The key question is *what types of help* are most appropriate to meet student stress-related and mental health needs. There could be an opportunity to improve student knowledge of clinical symptoms and offer pathways to care (including self-care) that are appropriate to both symptoms and function. Otherwise, the main message is inadvertently "seek professional help for all levels of symptoms" which can only overwhelm campus professionals. Pathways to self-care or intermittent coaching can be useful and technological advances may allow new methods of delivery.

Our recommendations are divided below according to two components of the Cornell Mental Health Framework: promote help-seeking behaviors and identify students in need of care. Each

²² Cornell Health uses ULifeline for online self-assessment.

recommendation includes a suggested timeframe for implementation: *immediate, **intermediate, ***aspirational.

Recommendations

C. 1. Promote Help-seeking Behaviors

C.1.1. Develop a single comprehensive and centrally maintained source of information about health, mental health, and wellbeing that brings together Cornell Health services, as well as resources available in Student & Campus Life, the colleges, and other units on campus. This resource would include information about preventative care, self-assessment, self-management, campus resources, what to expect during medical visits and counseling visits, and student testimonials.**

C.1.2. Charge the Office of Global Learning with creating and maintaining a comprehensive pre-departure guide for international students for university wide use, which would include information about arrival logistics, finances, the U.S. academic system, mental health and wellbeing, accessing medical and mental health resources in the U.S. context, and student testimonials.^{23***}

C.1.3. Ensure that all new students (undergraduate, graduate, and professional) receive information about how to recognize symptoms of mental illness, where to find resources and support, how to talk to friends who might be struggling, and how to provide appropriate support to friends. This recommendation builds upon the success of Friend 2 Friend workshops offered by the Skorton Center for Health Initiatives.**

- Given the size of the student population, this may require additional staffing and resources in the Skorton Center, as well as exploration of an online resource which can also be used for follow up training.***

C.1.4. Add proactive communication about mental health to the parent orientation guide that will equip families to encourage help-seeking behavior among students, recognize signs of distress, and reduce stigma.*

- Consider convening a One Cornell parent communication committee that includes a charge to utilize families as partners in supporting student health and wellness.**

C.1.5. Include mental health services planning as part of the new student checklist and in recruitment materials.^{24*}

C.1.6 Implement a social norms campaign in partnership with student organizations (e.g., Cornell Minds Matter) aimed at reducing stigma around mental health conditions, raising awareness of clinical symptoms, teaching coping skills, emphasizing the need for self-

²³See University of Minnesota Twin Cities mandatory online orientation for international students <https://isss.umn.edu/publications/prearrivalguide.pdf>

²⁴ See the JED transition of Care Guide <http://www.settogo.org/wp-content/uploads/2017/03/Transition-of-Care-Guide.pdf> and Washington University in St. Louis Mental Health Services for Incoming Students website <https://students.wustl.edu/mental-health-services-incoming-students/>

advocacy, offering pathways to care that are appropriate to symptoms and function, and promoting campus resources.^{25**}

C.1.7. Provide a social media platform for faculty, staff, and students to model help-seeking by sharing their stories of asking for help, seeking professional assistance, and experiencing challenges and disappointment.*

- Cornell Minds Matter initiated the “Any Person, Any Story” campaign on Facebook and Instagram in 2018, which could be updated, promoted, and expanded.²⁶

C.1.8. Evaluate the intersection of mental health and alcohol use in the campus environment for undergraduate, graduate, and professional students, and develop a comprehensive strategy for mitigation.***

C.1.9. Establish a clear protocol for students to notify course faculty of health or wellbeing issues that affect attendance or work completion.*

- Remind faculty that Cornell Health does not provide excuses for routine illnesses, injuries, and mental health problems that may lead to missed classes, exams, or deadlines.^{27*}
- Assess the need for student services staff support as a central point of contact in this process.^{28**}

C.1.10 Evaluate the placement of EARS (Empathy and Referral Service). As an “upstream” resource, situating EARS within the Skorton Center for Health Initiatives may facilitate referrals to CAPS and coordination of programming.*

C.2. Identify Students in Need of Care

C.2.1. Implement a “Big Red Folder” initiative to provide a quick reference guide for faculty, staff, Teaching Assistants, and Resident Assistants who may interact with distressing or distressed students.^{29*}

C.2.2. Address faculty concerns associated with the Student of Concern system.* Suggestions include the following:

- Add a link to the system in Faculty Center.
- Allow more than one report per student each semester.
- Establish a protocol for efficient and consistent follow up by student services staff.
- Establish a protocol for student services staff to circle back faculty who report concerns.
- Clarify the primary student services contacts in each academic unit.

C.2.3. Accelerate efforts that are already underway (Triple Aim Project) to improve the student experience of HLOA.

²⁵ See UNC’s Stigma Free Carolina campaign <https://stigmafree.unc.edu/>

²⁶ See <https://www.facebook.com/Any-Person-Any-Story-438247173265750/>

²⁷ See [Cornell Health Excuse policy](#) and The Dean of the Faculty [guidelines](#) to the faculty with regard to flexibility and academic consideration.

²⁸ See MIT Student Support Services Excuse Notes <https://studentlife.mit.edu/s3/support-advocacy>

²⁹ See University of California Red Folder Initiative <https://www.ucop.edu/student-mental-health-resources/training-and-programs/faculty-and-staff-outreach/red-folder-initiative.html>

- Identify an appropriate home outside of Cornell Health (and the accompanying HIPAA restrictions) for leave administration that facilitates effective communication and consistency across colleges.*
- Commit resources for a staff position to help students navigate the variety of campus offices involved in taking and returning from leave.***
- Review the entire process that students experience from the decision to take a leave, to being on leave, to returning.*
- Increase supportive communications to students while they are on leave, and as they return, to overcome barriers related to receiving care.*
- Utilize a disability accommodation framework in the HLOA re-design.*

C.2.4. Increase the number of sexual victim advocates to a level that reflects best practices for an institution of Cornell's size.***

C.2.5. Create a mechanism to require students to update their local address and emergency contact information on an annual basis. Having access to accurate information is critical in times of crisis.³⁰ *

C.2.6. Offer training for faculty and staff about invisible disabilities. Students consistently stated that they face resistance from faculty when they seek accommodations or academic consideration for conditions that may not be apparent.***

C.2.7. Increase staff resources to the Skorton Center for Health Initiatives wellness and resiliency promoting efforts.

- Update the nationally recognized Notice and Respond program, and provide adequate staffing to scale up delivery to all faculty and staff.**
- Offer additional training opportunities on an annual basis for interested faculty and staff who have already completed Notice and Respond, such as Mental Health First Aid, the Campus Connect Suicide Prevention Training (Syracuse University), or the I Can Help Early Detection and Suicide Prevention Training (Humboldt State University).***

³⁰ See The University of Chicago's Annual Confirmation process <https://registrar.uchicago.edu/records/student-profile-information/annual-confirmation/>

SECTION D: PROVIDE MEDICAL AND MENTAL HEALTH SERVICES

Observations

Professional mental health and medical services are the recognized standard of care for treating mental health disorders, especially more serious problems that cause distress and sometimes disability. The demand for professional services among college students—both undergraduate and graduate—has been exploding across the country and indeed internationally. Wait times, concerns about referrals off-campus, stress among the counseling staff, and angst about staffing levels are near-universal issues. Cornell is no exception.

Part of Cornell’s response must be to provide students with alternative and complimentary ways to handle mental health stresses, including self-care (e.g., inadequate sleep contributes significantly to mental health problems), peer support, use of reputable staff endorsed electronic supports such as the Crisis Text Line, and calling hot lines such as the National Suicide Prevention Line (1-800-273-TALK). Continued efforts to make these alternatives available to students and to promote their use are essential. At the same time, continued improvements in the professional medical and mental health services at Cornell Health are necessary. These changes must take place in a challenging and shifting environment. Cornell Health will need leadership that is both strong and gentle, persistent and flexible, incremental but also transformational to manage the many change efforts underway, as well as the threats, uncertainties, and increased demand due to the COVID19 pandemic.

Strengths

Cornell has a strong and distinctive history of professional care for mental health services that positions the University well to address the continuing challenges faced across higher education. Highlights of this legacy include the well-regarded CAPS program, a willingness to treat mental health challenges within the primary care practice, an exceptional new Cornell Health facility, and the establishment of a health fee to support basic primary medical and mental health care for all Cornell students in Ithaca. Cornell has taken strong steps over many years to improve the quality and accessibility of health care and behavioral health services and facilities. The staff in these programs are experienced, capable, dedicated, and hardworking. The quality of services has been recognized by external reviewers (e.g., accreditation), by peers in the college health community, and by students and families. Community clinicians expressed appreciation for the protocols and practices associated with accepting and transitioning students back from acute care, and new efforts to create dedicated staff support for students in crisis are excellent. In all, Cornell Health has a strong foundation to build on.

We note and commend Cornell’s approach to providing mental health both through CAPS—which is solely focused on this mission—and through its primary care services. This approach to “whole person” or “integrated” care is an emergent national trend for multiple reasons. There are not enough therapists and psychiatrists. Many people prefer to see the same physician to support both mental and physical health. Brief counseling or medication treatment in primary care can treat many mental health concerns—with the right training and supports. Although fully implementing whole person care and balancing it appropriately with traditional counseling services will require significant work, the commitment to this approach is a distinctive strength.

Providing integrated behavioral health services within Cornell Health while sustaining an open-access counseling service (CAPS) is an appropriate, indeed notable, goal. Early implementation has been rapid and challenging, raising issues for students and staff. Cornell Health should stick with this goal but

approach implementation in a flexible, step wise, and disciplined way. Effective implementation will take time, support, and leadership from experts from both the behavioral health and primary care disciplines.

CAPS has a distinguished history of quality outpatient mental health services for students. Demand for professional care has accelerated dramatically, outpacing even increased staffing levels that exceed national norms (which are, perhaps, outdated). There have been significant recent changes to improve access, including hiring additional staff and a major push to provide near-immediate access to brief counseling sessions (Tables 3 and 4). In fall 2019, CAPS initiated a new model of initial outpatient visits based on innovation at Brown University, providing 25-minute sessions virtually on demand. The approach has already led to increased utilization, significant reductions in wait times, and decreased referral to community therapists (Appendix G).

Table 3. Cornell Health Budgeted Full Time Employees

Cornell Health Staff Category	FY20 FTE	FY19 FTE	FY18 FTE	FY16 FTE	FY14 FTE
Counselor Therapist (Includes Director)	37.90	31.77	27.62	25.42	25.42
Psychiatry Clinician	4.18	4.18	4.18	4.15	4.20
Medical Clinician (Includes Director)	18.53	17.09	16.09	12.80	12.30
Nutritionist	2.54	2.93	1.93	1.51	1.76
Behavioral Health Consultant	2.75	2.83	2.83	0.00	0.00
Registered Nurse (includes Director)	21.70	22.26	22.26	17.49	17.84
Clinical Support - CMA/LPN	17.40	15.79	13.41	8.20	8.60

Table 4. Cornell Health 2018-2019 Actual Staffing

Cornell Health Staff Category	FY19 FTE
Counselor Therapist (Includes Director)	34.10
Psychiatry Clinician	4.18
Medical Clinician (Includes Director)	18.83
Nutritionist	2.54
Behavioral Health Consultant	2.75
Registered Nurse (includes Director)	21.73
Clinical Support – CMA/LPN	14.72

Let’s Talk is a nationally recognized, frequently replicated program, which originated at Cornell. Access to drop-in counseling is available for two-hour time blocks at twelve locations across the campus. In fall 2019, 232 students utilized Let’s Talk, which represented a 25% decrease from the previous fall semester (312 visits). Decreased utilization may correlate to the increase in same day access to CAPS services, suggesting the need to evaluate the status of the program.

Cornell has an exemplary public health approach to suicide prevention, which includes “upstream” prevention activities, attention to promoting help seeking and mutual support, efforts to reduce access to means of self-harm, and professional treatment at Cornell Health. The decision in 2010 to make the

bridges safer was a courageous and effective measure. International evidence suggests that where a dominant means of suicide is available, that specific means must be reduced to significantly prevent suicide. The success of Cornell's efforts are evident in data that show reduced rates of student suicide deaths since 2010. Compared to age group norms, Cornell's rates are not high, but continued vigilance and improvements are necessary in Cornell Health and the University at large.

Opportunities

The effort to improve health and mental health services involves building on strengths rather than starting from scratch. It will be a continuing, long-term quality improvement process, not a quick fix. It is dependent on the contributions of new leaders, as well as experienced staff. Significantly, it must balance support and attention to staff wellbeing with a fierce commitment to continuous improvement of services—as we realize in the face of new threats, such as the novel coronavirus.

Levels of demand, levels of acuity, pace of change, leadership transitions, and high expectations for quality and accessibility of care are sources of stress for Cornell Health staff. The new CAPS service delivery model has also been stressful for staff, with increased brief visits leading in some cases to unsustainable daily and weekly service expectations for therapists. These changes have come at a time of leadership transition for both Cornell Health overall and for CAPS. Again, efforts to make continued improvements must balance the urgency of change with attention to the core mission of caring and the wellbeing of staff.

Improvements in medical and mental health services must address three objectives:

- **Access:** Timeliness in receiving professional services is a first goal and a very challenging one given increased demand and finite resources. Access is crucial, both so distress is not prolonged and because mental health conditions can worsen when untreated. Brief initial access visits are convenient for students and improve access to CAPS services. Primary care services face a similar challenge, where medical visits are short and consultation with behavioral health specialists is limited. Continued efforts to balance these demands will be required.

The on-line scheduling system for initial appointments as well as incentives (e.g., no co-payments for brief visits) have been helpful in improving access. However, as leadership has acknowledged, finding the right approach to help students get the right appointment at the right time remains an ongoing quality improvement challenge. It is not clear to students where they should go first. Similarly, guidelines are unclear for determining whether a student's needs are met best in primary care or CAPS, or for making adjustments as their needs change.

- **Quality/outcomes:** Getting relief from symptoms is the core goal of care, and achieving good outcomes requires professional skill to diagnose the problem, determine the right treatment, provide care competently, and assess results. Mental health challenges are intensely personal, and competence with cultural and personal attributes and preferences are intrinsic to the best care. Improving quality in health and mental health services increasingly requires a focus on measuring outcomes consistently and working with data continuously to improve.
- **Satisfaction:** Because mental health challenges are personal, the quality of the relationship between patient and provider may be more important than it is in health care generally. Sustaining staff quality and continuing to measure both satisfaction and concerns are essential.

Students have reported concerns about the quality of the pharmacy services, especially as it relates to copays and coinsurances. Moreover, there have been perceptions that some medical and mental health providers seem insensitive to cultural and identity concerns.

Each recommendation includes a suggested timeframe for implementation: *immediate, **intermediate, ***aspirational.

Recommendations

D.1.1. Implement the recommendations from Dr. Lori Raney’s fall 2019 consultation on behavioral health integration to refine short-term, intermediate, and long-term goals and strategies for improvement with regard to:

- Training for prescribers*
- How Behavioral Health Consultants (BHCs) work with teams and patients and measure student satisfaction and clinical outcomes**
- Workload and assignment of BHCs**
- Building Electronic Health Record supports for integrated care,*** including:
 - Clinical workflow.
 - Objective measurement of student/patient progress (“measurement informed care”) to guide individual care but also report group level outcomes for quality improvement. (Note: doing this in alignment with CAPS is essential.)
 - Registry in an Electronic Medical Record to facilitate above.
 - Role of the psychiatry consultant with medical teams.

D.1.2. Develop a framework for student/patient access and continuity of care including:

- Provide clear guidance for students on where and how to seek and secure appointments for behavioral health concerns. *
- Facilitate access to care which values student choice, but is driven by professional judgement. *
- Create a framework that clarifies the right site for care. Clinical guidance should help clarify when students/patients should move from primary care to CAPS for care of a behavioral health issue and vice versa (e.g. a student is experiencing success with medication management and does not need or desire psychotherapy). It is unlikely that “rules” can satisfactorily govern all of these transitions, and collaborative staffing or decision-making processes that consider practical considerations like workload are essential.**

D.1.3. Clarify and promote a process (online and paper) with a patient advocate/ombudsman, for students to register complaints and compliments. *

D.1.4. Utilize best practices to provide optimal care to underserved populations, such as the [Healthcare Equality Index \(HEI\) Certification](#) and the [Equity in Mental Health \(EMH\) Framework](#).

HEIC is a benchmarking tool that evaluates policies and practices regarding the provision of health care to LGBTQ+ patients. Both the University of California Berkeley and MIT Medical have integrated transgender health care teams. Cornell Health (as well as Cornell at large) can ensure that the EMH recommendations developed by the Steve Fund and the JED Foundation are woven through their work. Achieving a health care staff that is as diverse as

Cornell's student body is desirable but very difficult. Therefore, continued attention to equity is essential.**

D.1.5. Assess care patterns in Cornell Health overall, and in CAPS, against best practice standards in suicide care by using the [Zero Suicide self-study](#) to direct any needed improvements. Two examples of changes may include:

- Replacing the traditional (but now judged ineffective) practice of “contracting for safety” with the evidence-based approach of Safety Planning.*
- Training for clinical staff on managing care of individuals with suicidality (e.g., Collaborative Assessment and Management of Suicidality or CAMS).**

D.1.6. Conduct ongoing assessment of outcomes and experiences related to the new service delivery model in CAPS. The difference in fees and wait times between shorter sessions and longer sessions may not be based on clinical need and instead may foster an inadvertent two tier system of mental healthcare.**

D.1.7. Implement “measurement informed care” to provide aggregated outcomes data for common mental health conditions treated by CAPS. Ideally, use of common measures (e.g., PHQ-9) for individuals receiving behavioral health care across CAPS and primary care must be a long range goal.***

D.1.8. Evaluate the scope and scale of Let's Talk. Utilization of Let's Talk has been lower since access at Cornell Health has improved. Evaluating whether those students would have come to Cornell Health and whether better focusing Let's Talk on students who are traditionally underserved by Cornell Health may be indicated.*

D.1.9. Consider consultation with the International Accreditation of Counseling Services (IACS) to benchmark against other collegiate mental health services, particularly with regard to cutting-edge practices such as same day appointments and integrated healthcare.**

D.1.10. Initiate a project to evaluate and improve integration of records, accuracy of billing and quality of patient/customer experiences with pharmacy service.*

D.1.11 Consider recruiting a sports psychologist to the CAPS staff to respond in a more focused way to concerns of athletes. This has improved satisfaction at some other institutions, including MIT.**

D.1.12 Implement annual professional development training expectations for all clinical staff, funded by Cornell Health, on crucial topics in collegiate mental health:**

- Interviewing suicidal patients,
- Risk management and documentation,
- Multicultural competency and threat assessment.

Student feedback indicates a strong preference for long-term, weekly 50-minute psychotherapy sessions. The External Review Team considered whether access to such care through CAPS is justified based on research evidence about the effectiveness of specific psychotherapies, as well as current

practices in insurance coverage and access to care at other university counseling centers. We briefly summarize patterns that shape current coverage and access policy and provide our recommendation.

Credible research and clinical best practices focus on specific well-studied models of psychotherapy (e.g., Cognitive Behavioral Therapy or CBT, Interpersonal Therapy, Dialectical Behavioral Therapy or DBT) in order to focus resources on specific, diagnosable psychological problems, such as depression, anxiety, and suicidal self-injury. Frequently, but not always, these therapies use weekly 45 or 50-minute sessions. These well tested therapies usually are defined as “brief” (6-10 sessions) or “intermediate” (12-16 sessions).

For general mental health concerns that do not rise to the level of a diagnosable illness or condition, best practices now often provide for immediate access (within a week or so) to 1-3 sessions of counseling to provide skills or alternatives to help reduce distress. Current practice favors quick access to counseling via brief (30 minute) or typical (50 minute) sessions, and ongoing access within the clinic or within an insurance benefit **for treatment of specific, diagnosed conditions.**

Good practice always involves the judgement of the therapist in consultation with the patient to make some adjustments—often minor—in these parameters. Clinics and insurance plans do not generally support unlimited paid access to weekly counseling, especially where treatment is not needed to address a specific diagnosis/es and a return to an adequate functional level. This is not to say that there is no benefit to long term counseling. Clinics and insurance plans encourage individuals desiring such care to seek and pay for it on their own, so that available resources are used to benefit the entire community, and can be focused especially on those with immediate and serious concerns.

The Review Team recommends continued application of these practices and policies to CAPS. These considerations drive both mental health staffing and access to counseling. The team finds that, with recent improvements, Cornell Health meets or exceeds current generally accepted recommendations in both staffing and access policies and there is not a need for significant alterations at this time. However, continued monitoring of the data to sustain access and quality are essential. If increases in demand continue and cannot be moderated by the other measures we have recommended throughout this report, future increases in CAPS clinical staffing may be justified. Ongoing opportunities to provide health care literacy to students should also be prioritized.