

August 23, 2018

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Dear President Pollack,

We write to you once again to share our concerns about Cornell University's policies, practices, and programs for supporting student mental health.

As Cornell parents we detailed our concerns about "systemic failure" in Cornell's institutional handling of mental health matters in our April 19, 2017 letter to you, in which we called on you to establish an independent task force to report on Cornell's mental health policies, practices, and programs and to make recommendations on needed improvements.

In your response on January 11, 2018, you declined our request for an independent review (or for a meeting to discuss our concerns with you personally). Instead, you cited The JED Foundation's "external assessment," JED's on-site visit to the Cornell campus in the summer of 2017, and Cornell's "ongoing engagement with the foundation to ensure we are providing holistic support." For its part, JED has praised Cornell for the "tremendous amount of work on your campus in promoting well-being and prevention of suicide and substance abuse" and has noted "areas where much excellent and innovative work has been done."

We have examined what Cornell has made public about JED's "external assessment." We have concluded that it is plainly insufficient; it is not the independent, transparent, and robust review that we sought and that we believe Cornell's students deserve; and it does not adequately address many of the concerns we raised in our April 19, 2017 letter. Accordingly, we respectfully ask you to reconsider your decision and appoint without further delay an independent, external-led task force to review and assess the mental health challenges for Cornell students, and the university's policies, practices, and programs to address them; and to make recommendations to the Cornell President to ensure that the university is implementing current best practices. As we requested in 2017, we ask that the task force's findings be made public and be the subject of a university forum.

The independent task force should be led by a recognized public health expert with a strong background in mental health and without any current or previous ties to Cornell or to organizations and professional associations focused on collegiate mental health. Its mandate should be a comprehensive public health review that extends beyond Cornell Health to the roles and work of other campus stakeholders including faculty and of community providers.

The independent task force could make use of the work of two student-led task forces that we understand are currently examining Cornell's mental health policies. This would help ensure that the independent review fully includes student input, and would help show the student community that its interests and safety are the No. 1 priority here.

We do not believe that the JED review is an independent external assessment. Institutions of higher education pay The JED Foundation a \$22,000 fee to join what JED calls "a partnership" with the JED Campus program. Whatever value Cornell received from the JED review, it is more accurately described as a consulting arrangement.

If Cornell regards JED's "external assessment" as an independent external review, then it would involve apparent conflicts of interest that are not normally tolerated at research institutions. The director of Cornell's Counseling and Psychological Services (CAPS) has a longstanding professional relationship with JED; according to his LinkedIn profile, he is a member of the foundation's Advisory Board. The on-site campus visit you referenced to us was conducted by a JED External Contributor who is a longstanding professional colleague of the CAPS director; they list each other among their LinkedIn endorsements.

Addressing Cornell's Graduate and Professional Student Assembly (GPSA) on January 29, 2018, you explained your rejection of an independent task force by again citing the JED Foundation's "external review" and offered to share its outcomes with the public, according to the *Cornell Daily Sun*. In an interview with the *Sun* subsequently published on May 23, 2018, you stated: "It is fully our intention to make the report public. We have no interest in hiding it."

In April 2018, Cornell Health did post two documents related to the JED review on its website. While we appreciate Cornell Health's gesture toward transparency, to date Cornell has not released the full JED report and associated documents as you pledged to do.

Neither of the two posted documents contain any JED findings about Cornell's mental health policies, practices, and programs. Rather, in the first document, in what appears to be JED's Baseline Assessment "measuring systems, policies, and programs," JED merely makes brief comments on Cornell's self-reported survey responses; and in the second document JED makes recommendations without reference to any findings they are presumably based on. It is worth noting that the second document is actually a Cornell-produced document rather than a JED document. Citing its confidentiality agreement with Cornell, The JED Foundation declined to release its full Cornell report to us. When

we asked JED about the Cornell-produced document, a spokesperson said it was “representative of the recommendations we have shared with them.”

According to the JED Campus program, its partnerships with participating colleges’ mental health programs include the following five elements which Cornell has not released: a Strategic Plan “complete with detailed objectives and action steps for implementation”; a Fourth-Year Post-Assessment “evaluating systems change”; a Healthy Minds Study, which JED describes as “an in-depth assessment of students’ attitudes, behaviors and awareness of mental health issues”; a Feedback Report on the JED Campus and Healthy Minds Study findings; and a Summary Report containing data analysis for the JED Campus assessment and the Healthy Minds Study.

Finally, the two JED review documents posted on the Cornell Health website encourage our skepticism about the thoroughness of this review.

It is evident that the review process lacked the urgency and due diligence that the Cornell student community should be able to expect; it took nearly four years for Cornell to finally see any JED recommendations. Cornell officially became a member of JED Campus in 2014, completed the survey in 2016, hosted the on-site campus visit in 2017, and finally received JED’s report in 2018.

A glaring omission in the two posted documents is any reference—either in findings or recommendations—regarding the capacity of the CAPS counseling and psychological staff to meet the rising demand of students for services. This omission is particularly troubling—anybody who listens to Cornell students’ concerns will feel the deep frustration of many of them with CAPS services.

CAPS alone is unable to meet the overall student demand for its counseling and psychological services, and thus refers many students to providers in the Ithaca community; another glaring omission is any reference to the capacity of those community services to address the needs of Cornell students. We understand that the JED External Contributor did not meet with any of those community providers as part of JED’s on-site visit.

The posted JED review documents report no findings and make no recommendations in other important areas of concern to students, such as academic workloads and faculty and academic staff handling of students in distress.

Of special interest to us as Sophie’s parents, there is no indication in the two documents that the JED review included a comprehensive assessment of Cornell’s suicide prevention policies and practices. We have repeatedly asked to see a copy of Cornell’s written suicide prevention policy but none has been provided to us. (On a related note, we would like to commend Cornell Health Executive Director Kent Bullis for recently announcing provisional support for the Zero Suicide Model initiative within the framework of the Tompkins County Suicide Prevention Coalition. We believe that Cornell’s full

implementation of this healthcare model for safer suicide care would be an important step forward.)

In one of the documents posted on the Cornell Health website JED makes a total of 21 recommendations, many of which contain boilerplate language that raises the question of whether actual findings based on a rigorous review lay behind the recommendations. Example: “Develop/refine a family notification policy to be used in emergency situations.” Most recommendations were highly general, and some recommendations seemed to be recommending practices Cornell already had in place. We understand that the JED on-site campus visit you referenced to us (and to the GPSA) involved a sole JED representative, whose visit lasted a total of three hours.

In our reading, the only two recommendations with fresh, specific, and substantive value concerned the development of Dialectical Behavior Therapy (DBT) skills and implementation of an annual campus environmental scan to identify lethal means and minimize risks for suicide.

In conclusion, we again call your attention to the fact that our society is experiencing a serious mental health crisis. According to the National Alliance on Mental Illness, 43.8 million American adults—18.5 percent of the population—are experiencing mental illness in a given year. The Centers for Disease Control and Prevention recently reported a 25.4 percent increase in the national suicide rate since 1999. Suicide is the second leading cause of death among young people aged 15-24 years. According to a recent article in the medical journal *Pediatrics*, the annual percentage of all visits to children’s hospitals for suicide ideation or suicide attempts nearly doubled between 2008 and 2015.

As you are aware, Cornell students are not immune from the mental health crisis. The 2017 Cornell PULSE Survey of 5,001 undergraduates reported that 71.6 percent of respondents often or very often felt “overwhelmed,” and 42.9 percent said that they had been unable to function academically for at least a week on one or more occasions due to depression, stress, or anxiety. Nearly 10 percent of respondents reported being unable to function during a week-long period on five or more occasions. (That’s about 500 of the respondents—extrapolated to include the entire undergraduate population, the number is around 1,400 students.) Nine percent of the respondents—about 450 students—reported “having seriously considered suicide at least once during the last year,” and about 85 students reported having *actually attempted suicide* at least once in the last year.

In an area known to have very harmful short- and long-term effects on mental health, 9.8 percent of undergraduate female students participating in a recent campus climate survey reported having been the victims of rape or attempted rape since enrolling at Cornell. (Source: 2017 Cornell Survey of Sexual Assault and Related Misconduct)

We trust that this data concerns you as much as it does us. We believe that the escalating mental health challenges at Cornell require a commensurate response. Given the serious mental health pressures that so many of our beautiful and talented young people are facing today, as they strive to succeed in college as well as in life, we urge you to appoint

an independent task force to examine how Cornell University can provide the best possible mental health policies, practices, and programs for a large student community located in a small town in rural upstate New York. The Cornell and Ithaca communities look to you for leadership, and we truly hope that a relentless approach to addressing student mental health will be part of your leadership legacy.

Respectfully,

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