

**Recommendations on Student Mental Health at Cornell University**

*A Presentation to The Mental Health Review Committee and the External Review Team, Cornell University Mental Health Review*

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I am Scott MacLeod, co-founder of The Sophie Fund, and I am speaking on behalf of myself and my wife Susan Hack, also a co-founder of The Sophie Fund.

Thank you for the opportunity to speak directly to the review teams conducting a review of student mental health at Cornell University.

As you may know, we established The Sophie Fund in 2016 after the suicide of our daughter Sophie, Cornell class of 2014, who died in Ithaca while on a mental health leave of absence from Cornell.

We have come to believe that as a society and as individuals we can do much more to prevent suicide, and to generally support the increasing numbers of people who are struggling with mental illness. Our society vigorously responds to health crises when they involve physical ailments—whether they be HIV/AIDS, cancer, heart disease, or measles outbreaks. We cannot do less when it comes to the epidemic of mental illness. The health of our communities and indeed our society depends on our efforts to fight mental illness, in all the ways that we can.

In searching for understanding about Sophie’s suicide, we learned many things about how society deals with mental illness. One of the things that we concluded was that colleges face significant challenges concerning the mental health of their students. In our increasingly complicated world, college students are dealing with immense pressures during a transitional time in their lives and at an age when they are vulnerable to the onset of mental illness. We have concluded that much more needs to be done by institutions of higher education—including Cornell—to address those challenges.

More needs to be done not only to prevent more suicides, as important as that goal is. But we need to better support the legions of students who are struggling with anxiety and depression and other disorders so that their mental health experiences do not break their trajectory toward successful and fulfilling lives.

As you also may know, we wrote a [letter](https://thesophiefund.org/2018/01/13/cornell-says-no-to-independent-review-of-mental-health-policies/) to the Cornell University President on March 27, 2017 saying that we had “observed systemic failure in Cornell mental health policy and practice” and calling on the President to create a task force to review the challenges facing Cornell and the university’s policies and practices for addressing those challenges. We appreciated that President Pollack agreed to the [comprehensive review](https://thesophiefund.org/2018/10/11/cornell-president-promises-holistic-review-of-student-mental-health/) that you are now conducting.

**The Critically Important Role of Leadership**

Cornell, in common with probably all institutions of higher education, is confronted by a student mental health crisis. The data is staggering and alarming.

Cornell’s [2017 Perceptions of Undergraduate Life and Student Experiences (PULSE) Survey](http://irptesting2.wpengine.com/wp-content/uploads/2018/02/2017-Cornell-PULSE-tables-1.pdf) of 5,001 undergraduates reported that [11.8 percent](https://health.cornell.edu/resources/health-topics/suicide) of the respondents—about 590 students—reported “having seriously considered suicide at least once during the last year,” and about 105 students ([2.1 percent of respondents](https://health.cornell.edu/resources/health-topics/suicide)) reported having actually attempted suicide at least once in the last year. These figures are the tip of the iceberg of the crisis facing Cornell.

We’d like to share some perspectives and recommendations for addressing the crisis.

Leadership is the ultimate key to successfully addressing the crisis, especially given the complexities around mental health and the complexities of managing an extremely large institution. These are not easy challenges. Leadership will make all the difference in whether Cornell achieves real progress in better supporting student mental health, or tinkers around the margins with no tangible and sustainable improvement.

* Cornell leadership should humbly acknowledge the existence of the crisis and the systemic challenges that must be overcome, and commit to working vigorously and transparently with all stakeholders to address the crisis.
* Cornell leadership should publicly recognize that the university is a community in itself and has a profound responsibility for the safety of the members of that community, and commit to fully ensuring that safety.
* Cornell leadership should acknowledge that Cornell’s relative isolation in rural upstate New York imposes an additional responsibility on the university for the safety of its community members. Unlike a vibrant metropolitan area like a New York City, a Boston, or a Philadelphia, Ithaca lacks adequate resources to handle the mental health needs of Cornell’s 22,000 student community members.

**Aim for a Student Mental Health “Gold Standard”**

* Cornell leadership should aim for a student mental health gold standard, sparing no effort or expense in finding ways to successfully address the student mental health crisis. The crisis demands a gold standard, not a band aid.

Cornell leadership should pursue a gold standard because the results will benefit the Cornell students of today and tomorrow. A gold standard will undoubtedly assist countless Cornell students toward successful rather than catastrophic academic and indeed life trajectories.

As a world-leading research institution, Cornell leadership should also seize the opportunity to create a gold standard that will be a model for the hundreds of other IHEs in the United States and beyond. The student mental health crisis is one afflicting an entire generation of young Americans, and Cornell should step up to the leading role it can play at this time in addressing this societal problem.

**Provide Sufficient Financial and Human Resources**

* Cornell leadership should provide and be held accountable for student mental health resources that are commensurate with the challenges, sufficient to support best practices, and in proportion with spending on other institutional priorities.

Cornell has reportedly added to its clinical counseling staff over the past year or two. But Cornell has been among the universities failing to match the surge in demand for counseling with an increase in the number of counselors, despite possessing one of the largest collegiate endowments, and setting some of the highest tuition and student fees in academia. In 2018, the [Cornell endowment reached $7.2 billion](https://news.cornell.edu/stories/2018/10/cornell-sees-106-percent-return-fy18-investments), its highest value ever, with the help of a [10.6 percent return on investment in 2017-2018](https://news.cornell.edu/stories/2018/10/cornell-sees-106-percent-return-fy18-investments). Cornell’s endowment is benefitting from a skyrocketing stock market. Funding for mental health should be based on objective need and in the context of overall university revenues and spending. When necessary, Cornell should identify innovative means and strategies for securing any required additional funding, rather than focusing only or primarily on exploring “efficiencies.”

**Improve Campus Climate and Institutional Accountability**

According to the [2017 PULSE survey](http://irptesting2.wpengine.com/wp-content/uploads/2018/02/2017-Cornell-PULSE-tables-1.pdf), 71.6 percent of Cornell student 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 a huge jump compared to how those students felt in high school. In contrast, 37.2 percent of incoming Cornell freshmen reported feeling “overwhelmed” often or very often during their final year of high school, according to the [2017 Cornell New Student Survey](http://irptesting2.wpengine.com/wp-content/uploads/2012/03/2017-New-Student-Survey-tables.pdf).

* Cornell leadership should implement a cross-campus framework for supporting student mental health and wellness, with the aim of strengthening accountability, streamlining policies, programs, and practices, and enlisting schools, faculty, staff, and students in a comprehensive, coordinated, results-oriented effort that prioritizes student mental health, healthy living, and unqualified support for every student’s academic success.

Administrators, faculty, and staff must be responsible and accountable for student mental health as an integral part of the educational mission. Alongside mental health professionals, senior administrators, deans, and department chairs must be fully engaged in avoiding excessive academic and social stress levels; providing reasonable accommodations for mental health and other disabilities; encouraging help-seeking behaviors; offering meaningful mentoring, advising, and tutoring; providing healthy residence life conditions; promoting resilience and coping skills; and in generally creating the “caring community” that Cornell aspires to be.

All faculty and staff must play a role in prevention and early intervention (PEI).

* All faculty and staff should be provided with a “Gold Folder”—a one-page chart on recognizing signs of distress related to mental health or sexual assault, how to engage students in distress, and how to guide them to professional help.
* Deans should be responsible for knowing the identities of Students of Concern and closely following their cases.
* Administrators, deans, and department chairs must be engaged in identifying and supporting at-risk students.

**Ensure Clinical Best Practices**

In upgrading student mental health services, Cornell leadership’s highest priority should be fully optimizing current and anticipated best practices in the mental health policies, programs, and practices at Cornell Health and the Counseling and Psychological Services unit. Long wait times for appointments, interruptions in continuity of care, blind outsourcing to over-stretched community resources, and high staff turnover are among the symptoms of insufficient clinical services at Cornell in common with many IHE’s across the country.

* Psychological clinical services must be upgraded to ensure that every student who needs help gets the best possible support, and that no student falls through the cracks of an overburdened and distracted healthcare system.

**Rationalize Ithaca Community Resources**

* Cornell leadership should cease the practice of outsourcing student mental health treatment based on overburdened campus services. If more campus services are needed, then they should be provided.
* Cornell should ensure that referrals to community providers are made solely on the basis of student preference, and are made to providers who are capable of accepting new clients and have been fully vetted.
* Cornell leadership should also establish close partnerships with Ithaca community leaders and providers to ensure that Cornell referrals do not undercut resources required by community members.

We believe that Cornell has been negligent in making referrals to community providers in the past. I’ll share a few anecdotes in this regard.

We heard from a graduate student who was given a list of 10 therapists in Ithaca to contact for treatment. She called all 10, never got through, left voice mail messages, and never heard back from any of them. What is the use of the referral other than to tie up in knots a student who is already struggling?

One parent told us about their child being given a list of four psychiatrists in Ithaca. The parent did some due diligence and discovered that one of the psychiatrists was on a three-year state probation and under a state sanction for improper prescription practices. When the parent called out CAPS about this, CAPS actually defended the referral arguing that the psychiatrist was on probation but had not lost their license. Would any of us accept that logic if it was our child receiving the referral?

Another alarming case involved the Tompkins County Mental Health Clinic, which sees large numbers of Cornell students. In 2017, CAPS website hailed its “close partnership” with the clinic aimed at ensuring that students in need of counseling and support “receive the attention they require in a timely fashion.” CAPS said that the clinic “has been providing high quality services for young adults, including Cornell students, for many years.”

That turned out to be very questionable information. A 2016 recertification review of the clinic conducted by the New York State Office of Mental Health led OMH to immediately [suspend the clinic’s certification](https://ithacavoice.com/2016/03/tompkins-mental-health-clinic-fire-state/) and place it under monitoring. OMH declared the clinic to be “at serious risk” after an inspection visit determined that it “does not currently meet the *minimum* standards for recertification.” OMH’s Monitoring Outcome Report cited the clinic’s failure to meet standards of care in nine of 10 areas reviewed; most of the shortcomings were repeat offenses from inspections conducted in 2014 and even as far back as 2012. The clinic was cited for not having a quality improvement plan, and not even responding to OMH’s repeated demands that it present one. Of particular concern to those working in suicide prevention, the OMH cited the clinic in 2012, 2014, and *again* in 2016 for not meeting standard of care in assessing initial client risk of self-harm.

The Tompkins County Mental Health Clinic cleared up those problems after it was put under new leadership.

**Develop a Comprehensive Suicide Prevention Policy**

* Cornell leadership should develop and publish a comprehensive suicide prevention policy incorporating current and anticipated best practices.

This policy should include, among other elements:

* Implementation of the Zero Suicide Model in healthcare.
* Other effective prevention, early intervention, and crisis intervention practices.
* Mandatory training in QPR or similar suicide prevention tools for gatekeepers including RAs, deans, department heads, academic advisors.
* Robust community education and outreach.
* Systematic data collection.

**Improve Strategies to Prevent Trauma and Support Victims**

* Cornell leadership should develop new and effective strategies to combat the serious problems of sexual assault and hazing within its student body.

Research indicates that victims of sexual assault and hazing are at risk of life-long mental health problems. Data indicates that the prevalence of sexual assault and hazing at Cornell has reached levels that no civilized institution should accept. Past and present strategies have failed to eliminate or even reduce the problems. To allow these problems to continue without a robust and effective response is a serious abrogation of responsibility.

The Association of American Universities [2015 Campus Climate Survey on Sexual Assault and Sexual Misconduct](https://cpb-us-e1.wpmucdn.com/blogs.cornell.edu/dist/1/2666/files/2015/09/cornell-aau-final-report-tables-280rtlj.pdf) showed that, at Cornell, 9.9 percent of participating undergraduate women and 3.9 percent of participating women graduate students reported being victims of rape through physical force and/or incapacitation since entering college. Of Cornell female seniors participating in the survey during the Spring 2015 semester, 31.6 percent—nearly 1 in 3—reported being victims of rape or sexual battery during their years in college; 12.8 percent said they had experienced non-consensual penetration through force and/or incapacitation.

On hazing, approximately 50 U.S. college students have died in hazing-related incidents since 2010. In February 2011, George Desdunes passed out and died during a hazing incident at Cornell’s Sigma Alpha Epsilon chapter. He was reportedly kidnapped, blindfolded, had his wrists and ankles bound with duct tape, and forced to drink a shot of vodka for every incorrect answer to a trivia question. According to data from the webpage [Hazing at Cornell](https://hazing.cornell.edu/violations), 42 Greek organizations and other student groups at Cornell have been sanctioned for hazing violations since Desdunes’s death, despite two major [presidential initiatives](https://statements.cornell.edu/2018/20180504-greek-letter-org-reforms.cfm) aimed at curbing hazing.

**Improve Strategies for Alcohol and Drug Addiction**

* Cornell leadership should develop new and effective strategies for addiction prevention, intervention, treatment, and recovery support.

Cornell data indicates that large numbers of students, many coping with their academic pressures and psychological disorders, are swept up in a harmful culture of excessive drinking. Sixty-three percent of Cornell students consume alcohol regularly, and 40 percent of those students consuming alcohol report high-risk drinking at least once in the past two weeks, according to the [Alcohol and Social Life Survey Fall 2018](https://health.cornell.edu/sites/health/files/docs/Alcohol-and-Social-Life-Survey-Results.pdf). In contrast, only 6.7 percent of incoming Cornell freshmen reported drinking alcohol often or very often during their final year of high school, according to the [2017 Cornell New Student Survey](https://health.cornell.edu/sites/health/files/docs/Alcohol-and-Social-Life-Survey-Results.pdf). Cornell administrators privately estimate that 4-5 percent of students are afflicted with addiction.

**Institute a Mandatory Online Mental Health Education Module During Freshmen Orientation**

* In line with existing requirements for alcohol education and a swim test, Cornell leadership should institute a mandatory online education module prior to freshman registration that provides students with information about mental health risk factors and warning signs, Cornell data related to student mental health, and resources for receiving support.

**Reform Cornell’s Health Leave of Absence Policy**

* Cornell leadership should create and implement a leave of absence policy that prioritizes the interests of the student over those of the institution, and is designed to fully safeguard students’ health, academic, financial interests, and successful life trajectory.
* Cornell leadership must fully support students throughout the leave process—i.e., before, during, and after leaves are taken.

Health leaves are beneficial for many students. But they also entail significant and potentially dangerous disruptions in a college student’s self-identity, social connections, financial security, and life trajectory. Leave decisions at Cornell have often been made abruptly and impulsively, and without full information or consultation with psychological counselors, academic advisors, and parents.

**Establish a Student Mental Health Ombuds**

* Cornell leadership should create an ombuds position to serve as an independent campus advocate for student mental health rights and to provide practical assistance to students navigating the university’s healthcare system and academic accommodations.

An ombuds is a mechanism for making administrators, faculty, and staff accountable for student mental health decisions, and a valuable ally for students at the mercy of a bureaucracy when their ability to self-advocate is impaired by mental health issues.

**Involve Parents in Mental Health Discussions**

Cornell leadership should adopt a policy of strongly involving parents in matters of student mental health.

* Cornell leadership should provide an effective factual presentation about student mental health risks and responses to parents of all incoming students before or during freshman orientation.
* Psychological counselors and academic advisors should encourage struggling students to consult their parents and include them in discussions related to important decisions such as health leaves of absence.

Privacy laws protecting students forbid an institution from sharing information with parents without students’ consent. But there is nothing to prevent counselors from encouraging clients to include parental involvement. Family support can be a critical element in responding to a mental health crisis, and should be actively encouraged rather than effectively discouraged.

**Effectively Leverage Online Communications**

* Cornell leadership should leverage online platforms including Internet websites and social media accounts to deliver *effective* mental health education, *effectively* fight stigma and encourage help-seeking behavior, and most importantly, *effectively* provide resources for addressing mental health crises.

Why do we emphasize the word “effective”? It’s not enough to say we have information on the website. It needs to be prominently placed, well organized, and easily understandable. Otherwise you have dead web pages that are of little use.

Currently, on [www.cornell.edu](https://www.cornell.edu/), the homepage displays no mention of health or mental health. If you go to the “Emergency” tab on the homepage, you get directed to information about how to deal with power outages, summer heat, and local thunderstorms (summer) and wind chill temperatures, hypothermia, frostbite, and keeping pets safe (winter). If you instead click on “Caring Community” on the homepage, you will be euphemistically advised to “take time periodically to take an emotional inventory. Reach out for support when needed.” Only when they click on “Student Life” on the homepage, and then “Health & Safety,” and then “Mental Health Care,” and then “Urgent Concerns,” will the Cornell student (or parent) be able to learn about signs of distress and ways to respond.

What if a student is urgently searching for help for themselves or a friend in a suicidal crisis? Once you get to the “Mental Health Care” page, you click on a buried tab called “Resources for Students,” which then takes you to another page, “Tips and Information to Help You Thrive.” There, fourteenth on a list of “Health Topics,” is a tab for “Suicide.” Then click that, and you’ll finally get a page with information about getting help “if you or someone you know is contemplating suicide.”

**List Crisis-Support Contact Information on Student ID Cards**

* Cornell should print the telephone number for the [National Suicide Prevention Lifeline](https://suicidepreventionlifeline.org/) on student ID cards.

This practice has been enacted into law in California with [SB 972](https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201720180SB972), implemented in 2019. The ID cards should also contain the national Crisis Text Line number, a local suicide prevention hotline number, and local emergency and non-emergency numbers. This practice educates students about mental health, destigmatizes seeking help, and provides contact information that may save a life in the event of a suicidal crisis.

**Create an Independent Standing Mental Health Committee**

* Cornell leadership should establish a Standing Committee on Student Mental Health including a range of key campus stakeholders to regularly review Cornell’s policies and practices and issue annual reports on identified needs for continued quality improvement.

The committee should be comprised of students, senior and junior faculty members, and university staff, and report to the vice president for student life. Senior staff from Cornell Health, CAPS, and the Office of the Dean of Students should be excluded from membership to ensure the committee’s independent and impartiality.