



WHITE PAPER SERIES

From President Jonathan Brand and Vice President for Student Affairs John Harp

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Mental Health and Well-Being at Cornell College

Mental health and well-being may be one of the most pressing issues in higher education and the United States today. While the nation is grappling with a mental health crisis on numerous fronts, colleges and universities have been among the front lines. Student mental health needs have become more severe and are outpacing existing resources. The numbers of students seeking mental health care on college campuses increased by 30% in 2015, according to a March 2018 Time magazine article.

In many ways the experience at Cornell has tracked the national trend: greater numbers of students are suffering from mental health concerns; there are increases in the incidences of serious mental health conditions; and the traditional model and resources of health, counseling, and wellness are overmatched. We have work to do.

As a result, we at Cornell are increasing our attention to the mental and physical well-being of our students. Improved response to mental health crises, proactive education regarding student well-being, and support for healthy behaviors during and after college are important priorities, not only for the sake of individual students, but also for the campus culture and the health of our college. Helping students achieve mental and physical well-being has significant positive ramifications for our society.

It all starts with our staff in our counseling and health services offices who continue to do such important work for our students. Like the rest of the nation, Cornell student needs in this area continue to grow. Our goal is to offer a cutting-edge mental health and well-being program that reduces students' mental health challenges in an unprecedented way, providing a potential model for every college and university in the country. And, like with so

many other compelling projects at Cornell, these vital mental health and wellness initiatives now underway are all thanks to the significant support of a private foundation (associated with a dear supporter of Cornell).

National mental health concerns are increasing in frequency.

Nationwide, a lack of well-being is affecting an increasing number of college students each year. Anxiety, depression, unhappiness, loneliness, hopelessness, and feelings of being overwhelmed or of being exhausted are some of the conditions that significantly interfere with students' likelihood of successfully completing their college educations. The Center for Collegiate Mental Health reported that the number of students nationwide attending counseling appointments from 2009-2015 grew by 38.4%; this is the most recent statistical report of this trend.

Matters are likely to worsen, as evidenced by a concerning 2017 report about adolescents and mental health issues produced by the Substance Abuse and Mental Health Services Administration, an agency of the U.S. Department of Health and Human Services. According to the report, 13.3% of adolescents aged 12 to 17 (3.2 million) had a major depressive episode that year, and 9.4% of adolescents (2.3 million) had a major depressive episode which severely disrupted their ability to do well at school or work, get along with family, complete chores, or socialize. These percentages are higher than the same measurements taken with this age group for the past 10 years. Also, among the 3.2 million adolescents experiencing a major depressive episode, only 41.5% received treatment for depression.

National mental health concerns are increasing in severity.

Colleges and universities are also attempting to respond to these increasingly serious concerns. A 2017 survey by the Association for University and College Counseling Center Directors (AUCCCD) revealed that a majority of the 621 counseling center directors completing the survey reported an increase in severity of mental health concerns and behaviors on their campuses in the past year. On average, according to the survey, 25.5% of students seeking services had prescriptions for psychotropic medications.

Concern for students who are experiencing hopelessness, loneliness, and feelings of being overwhelmed is well founded. Suicidal ideations and attempts are high among college students. The Centers for Disease Control and Prevention reported in 2016 that suicide was the second leading cause of death among individuals between the ages of 10 and 24.

Well-being issues are interfering with student success.

According to Cornell's Coordinator for Academic Support and Advising, 75% of the students referred to that office (including self-referrals) are academically capable, but have behavioral challenges like depression, poor sleep habits, and poor time management skills. For too many Cornell students, these behavioral challenges lead to a lack of engagement in academic and social activities, difficulty in making friends, low self-esteem, and feelings of isolation even in the midst of hundreds of other students. The outcomes for those students are often negative, including failing

grades, dropped courses, leaves of absence, and withdrawals from the college. We are fortunate that more than eight out of 10 first-year students return for their second year. However, annually over the past three years, approximately 35% of Cornell's first-year students who left the college have very likely experienced a mental health-related issue. The percentages are higher, although the totals are smaller, for sophomores, juniors, and seniors.

The problems created by these characteristics are compounded with college-aged students' tendency to be dependent upon an electronic existence. A recent New York Times article titled "The Campus Scourge" addresses the disconnection between students' social media personae and their actual feelings while at college, where students may spend more time on the relationships in their phones than on real life ones. Their failure to make friends eventually results in loneliness and immersion in negative thoughts about themselves and their surroundings. This can lead to stress, anxiety, depression, and often result in academic difficulties and departure from the college.

If these factors are not troubling enough, demographic characteristics nationwide of future college students, including those likely to enroll at Cornell, suggest heightened vulnerability to becoming overwhelmed, experiencing stress, and dropping out of college. There are increasing numbers of first-generation college students, students from low socio-economic backgrounds, students with diagnosed learning disabilities, and students with mental health concerns. According to national research, severe financial pressures, weaker academic preparation, and limited access to mental health care are frequent and more significant obstacles for students from these backgrounds.

It is also true that the demanding pace of the block system and the college's location in a small, semi-rural town—Mount Vernon—increase the need for enhanced resources. With the academic calendar, life moves very quickly, and concerns need to be addressed more immediately. The proximity of specialists (the nearest psychiatrist is a 30-minute drive from campus) is a problem that is compounded by the fact that first-year students (the student population with the greatest mental health needs), are less likely to have a vehicle at Cornell. Less than 40% of them have cars.

Was that sobering? Fortunately, we are doing something about it. The first step to solving a problem is understanding it. The second step is addressing it. And, we are doing both.

The opportunity we have

We are pleased to highlight that Cornell students have responded more positively to help than students at other institutions, noting that they want information and services on critical mental health topics from their college. Referring to data from the American College Health Association's Fall 2017 National College Health Assessment, Cornell students are more likely than students at the other institutions to seek:

	Cornell	National average
Depression and anxiety information	62%	60%
Information on how to help others in distress	70%	65%
Relationship difficulties assistance	54%	48%
Sleep difficulties information	65%	62%
Mental health resources provided by their college	31%	20%

We are now building a cutting-edge mental health and well-being program for our students that will reduce their mental health challenges in a way that no other school has to date, and we anticipate may become a model for every college and university in the country. The **Cornell Well-being**Network is unique because it:

- Incorporates a unique preventive approach to accompany traditional counseling.
- Connects the necessary resources to address students' mental health, physical health, academic success, and personal development concerns.
- Makes mental and physical health care more accessible by utilizing technology and mobile specialists, and by providing transportation to health care appointments and well-being activities in nearby cities.
- Makes student well-being a campus priority by educating students, parents, faculty, and staff members in a broad-based approach that encourages student success in and out of the classroom above all else.

We are focusing on both students who can benefit from preventive services and those who need more significant help.

More specifically, at the proactive level—to encourage healthy living in advance of serious problems—we are:

- Conducting a preventive, broad-based, health promotions program.
- Engaging students in frequent well-being activities.
- Aligning resources (including staff positions, responsibilities, and programming funds) to provide effective support for individual students and manage broad-based, student success initiatives.
- Providing a 24/7 technology platform that connects students with specialists to help them feel and function better.
- Increasing our communication with all parents about supporting student success.

And, in response to students who need additional care and support, we are:

- Providing telepsychiatry services from the University of Iowa Hospitals and Clinics.
- Providing transportation to mental and physical well-being services in Cedar Rapids and Iowa City.

Cornell is fundamentally a people-focused institution. In every corner of the college—in the classroom, in the residential halls, on the stage or the athletic fields, in social and meeting spaces—anywhere really—we help our students by working directly with them, face-to-face. Mental health and well-being are no different. Under our new program, we have increased our staffing. We have hired a health promotions coordinator to oversee proactive, broad-based, well-being initiatives such as for stress management, anxiety reduction, sleep improvement, performance psychology, and technology dependence (just to name a few) with the goal of increasing student resilience and coping skills. We have also hired a campus recreation coordinator to engage students in physical and recreational activities to support their minds, bodies, and spirits. We are very enthusiastic about these positions, particularly because they will focus so singularly on mental health and well-being.

No doubt, we are writing on an urgent matter. At the same time, we hope that you can see how seriously we are taking it. And, we have to—for our students. After all, we know that the initiatives we are launching will make an enormous difference in their lives, including beyond their Cornell experience.

Jonathan Brand

Jana L Brans

PRESIDENT

This presidential white paper is part of a series on matters of importance to Cornellians.

I welcome any comments or observations you might have on this white paper topic.

You can always reach me at 319.895.4324 or jbrand@cornellcollege.edu

Citations

- American College Health Association. American College Health Association-National College Health
 Assessment II: Undergraduate Student Reference Group Executive Summary Fall 2017. Hanover, MD: American
 College Health Association; 2018.
- Bruni, F. (2017, September 2). "The Real Campus Scourge." The New York Times. Retrieved from https://www.nytimes.com/2017/09/02/opinion/sunday/college-freshman-mental-health.html.
- Center for Collegiate Mental Health. (2016, January). 2015 Annual Report (Publication No. STA 15-108).
- Centers for Disease Control and Prevention. (2016). Retrieved from https://www.cdc.gov/injury/images/lc-charts/leading_causes_of_death_age_group_2016_1056w814h.gif
- Reilly, K. (2018, March 19). "Record Numbers of College Students Are Seeking Treatment for Depression and Anxiety But Schools Can't Keep Up." Time. Retrieved from http://time.com/5190291/anxiety-depression-college-university-students/.
- Substance Abuse and Mental Health Services Administration. (2018). *Key substance use and mental health indicators in the United States: Results from the 2017 National Survey on Drug Use and Health* (HHS Publication No. SMA 18-5068, NSDUH Series H-53). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/
- The Association for University and College Counseling Center Directors Annual Survey
 Bershad, C., Gorman, K., & LeViness, P. (2018). The Association for University and College Counseling Center
 Directors Annual Survey: Reporting period: July 1, 2016 through June 30, 2017.
- Watt, P. "A New Model for Campus Health: Integrating Well-being into Campus Life." Leadership Exchange Fall 2017: 10-15.
- Williams, L.B. "Under Pressure: The Growing Demand for Student Mental Health Services." Trusteeship May/June 2017: 20-25.

