## Agenda Items

<table>
<thead>
<tr>
<th>Agenda Items</th>
<th>Discussion</th>
<th>Action Items</th>
</tr>
</thead>
</table>
| **Welcome**  | • Tim Marchell, PhD, welcomed members to the Coalition meeting and shared the agenda.  
• Members introduced themselves. | • Review presentation slides. If you need this presentation in an alternate format for accessibility, email ct265@cornell.edu. |
| **Hazing and Mental Health** | • There is an intersection between hazing and mental health and understanding and addressing this intersection is critical to enhancing student well-being.  
• Cultural views of hazing have changed over time. Increasingly, it is understand that hazing occurs in a variety of different types of student organizations, and takes on many forms beyond physical abuse and impacts individuals mentally and emotionally. As a result, the physical harms associated with hazing are really just the “tip of the iceberg” of the long-lasting, adverse effects of hazing practice.  
• The Cornell Code of Conduct Definition of Hazing was reviewed.  
• Survey data was provided to illustrate the prevalence of hazing behavior on Cornell’s campus. See slides for data. Of note, only a small portion of students who have been hazed self-identify as having experienced hazing. This is reflective of the complicated... | |
relationship between hazing and “voluntary participation”.
- The need for social acceptance acts as a strong motivator to participate or go along with hazing behaviors.
- Hazing can be harmful to mental health in ways that are not always outwardly apparent. And, each person’s individual subjective experience of hazing activity can be drastically different from someone else undergoing the same activity due to their different lived experiences. Therefore, understanding the impact of a hazing behavior must take into account the observable behavior as well as the internal experience of the individual unto which the behavior is done. For example, there is no such thing as “light hazing”.
- A tabletop exercise was presented for Coalition members to identify and explore behaviors and impacts of various activities that may not be initially thought of as hazing, but actually are. Through this exercise, individuals uncovered the complicated layers and multitude of subjective experiences that could arise from a single activity. The group discussed the important of context when determining whether or not a behavior constitutes hazing.
- The Cornell University Hazing Framework was introduced to describe the University’s approach to hazing prevention. The prevention framework encompasses a multifaceted set of initiatives to address hazing as a public health problem, involving various members of the campus community.

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<th>3</th>
<th>Update on Mental Health Review and Clinical Services</th>
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| **Kent Bullis, MD; Executive Director, Cornell Health** | **Student wellness is a priority of Cornell’s mission, as stated in Institutional Initiative V.**
**In the Fall of 2018, Cornell Health began the process of conducting a comprehensive review of student mental health by engaging campus stakeholders to determine the scope of such a review.**
**Input was collected using a framework of two questions, previously addressed by this coalition: “What are the key issues or questions that should be examined in the review?” and “What other suggestions do you have about the review?”**
**Themes from campus input fell into two broad categories: how to best meet the clinical needs of students facing mental health challenges, and ways in which the campus environment and culture might change to better support student mental health.**
**The comprehensive review will be a coordinated approach involving a campus mental health review committee and a small group of external evaluators.** |

- Review presentation slides. If you need this presentation in an alternate format for accessibility, email ct265@cornell.edu.
The campus committee will be made up of students (4-5 undergraduate, graduate, and professional), staff (2-3), and faculty (2-3) and will provide insight into the Cornell campus context and culture for the external reviewers. The external reviewers will conduct a comprehensive review of clinical services and campus-based strategies.

- The Mental Health Review Committee will be chaired by Miranda Swanson, Associate Dean for Student Services in the College of Engineering, and Marla Love, Senior Associate Dean of Students for Diversity and Equity. The two co-chairs introduced themselves and shared their backgrounds and experience that aligns them well with the co-chair role.

- The projected timeline was detailed (see slides).

- Clinical services at Cornell Health will undergo changes beginning Fall 2019 informed by the experience of our colleagues at Brown University. Changes will address the ease and accessibility of initiating care with a mental health professional at CAPS.

- Cornell Health will prioritize same-day access to mental health care by shifting away from telephone "brief assessment" screenings and to in-person first appointment, creating capacity for more students seeking care each day, and matching the length and number of sessions to student’s needs and goals. Additionally, Cornell Health will enhance student’s access to psychotropic medication management services.

- Coalition members were encouraged to ask questions. Initial themes included questions about feasibility of meeting student demand on a same-day appointment basis; creation of additional positions; “fit”-matching of students to therapists; and representation of diversity of student perspective on the review committee.

- Students will be able to access care when they need it, through 25-minute counseling sessions that can often be scheduled the same day.

- Students will have increased flexibility in deciding which mental health provider they see and when: they can select a counselor based on convenience or availability (i.e., first available appointment or a visit with a provider of their choosing).

- A student’s first visit will be a 25-minute session during which the counselor will focus on meeting the student’s immediate needs, learning about the student’s goals for treatment, and making a recommendation for next steps, if needed (e.g.,
another 25-minute session, individual or group counseling, or referrals to other resources on or off campus).

- Students who want follow-up counseling can work with their provider to determine appointment frequency and length (25 or 50 minutes).
- Students who do not schedule follow-up appointments can still return for 25-minute counseling visits in the future.
- Students will have increased access to “Let’s Talk” consultations across campus, group counseling, skills-based workshops, and psychotropic medication management services. They will also benefit from enhanced collaboration between the mental health and primary care medical providers at Cornell Health.
- Opportunity to provide feedback about this system, or any services received at Cornell Health, are always available through an online Feedback Form located in the footer on each page of the Cornell Health website. Additionally, students who have received services at CAPS are invited to participate in a monthly feedback survey through the Cornell Health portal (myCornellHealth).
- Finally, these changes to mental health services will take place concurrently with the comprehensive mental health review, beginning in Fall 2019, and will continue to evolve as suggestions are provided from the committee and the community.
- Watch for updates on the Cornell Health website: health.cornell.edu/mentalhealth