Cornell University’s Campus-Wide Approach to Student Mental Health

Cornell University Faculty Senate
May 12, 2010
<table>
<thead>
<tr>
<th>Institution</th>
<th>Annual Percentage</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cornell</td>
<td>14%</td>
<td>’08-09</td>
</tr>
<tr>
<td>Yale</td>
<td>23%</td>
<td>’08-09</td>
</tr>
<tr>
<td>Princeton</td>
<td>20%</td>
<td>’07-08</td>
</tr>
<tr>
<td>Dartmouth</td>
<td>19%</td>
<td>’07-08</td>
</tr>
<tr>
<td>MIT</td>
<td>17%</td>
<td>’07-08</td>
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</tbody>
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Mental health & academic functioning

Was unable to function academically (e.g., missing classes, unable to study or complete homework) for at least a week due to depression, stress or anxiety

– 39% overall
– 54% of URM

- Enrolled Students Survey, 2005
- (n=4,790 undergraduate responses; response rate 37%)
Suicide

- 1 in 10 seriously considered suicide in past year*
- Cornell reputation vs. data
- Current: cluster & contagion

* National College Health Assessment, Cornell 2006
  N = 1,906, RR = 38%
Public Health Approach to MH

- Clinical services (vital but not sufficient)
- Campus-wide network of support
- An educated, caring community
  - Notice and Respond
  - Faculty Handbook
Academic practices
(e.g., grading, scheduling, instruction, advising)

+ 

Resulting Stress

Low Moderate High
Academic practices
(e.g., grading, scheduling, instruction, advising)

+ 

Internal & external contextual factors
(e.g., expectations, resilience, mental health, support)

Resulting Stress

Low  Moderate  High