A Framework for Thinking About Mental Health on Campus

Council on Mental Health and Welfare
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The Call to Engagement\(^1\) is an occasion to think about campus mental health issues in the broader context of the University mission. Excellence in teaching, learning, and research depends as much upon the well being of the “players” as it does upon their intellectual capacity. It is both practical and humane for the Council to address the Lehman questions from the standpoint of mental health.

A good place to start is with the stress factor, a force that torques all aspects of campus life. It is the combined responsibility of faculty and staff to teach students how to manage stress. Differences in physiology, personal experience, and perspective must be taken into account. The last of these can be shaped by helping students realize that personal growth is just as important as their academic achievement. College studies are part of a life-long process of learning and self-development, something that is hard to appreciate fully when you are nearing the end of your formal schooling. Transitioning to a life that is both full and complex is hard; students need to be reminded that mental distress is a natural part of the scene and that emotional problems are surmountable with the support of others. That is why empathy on campus is so very important—we all must be sensitive to the stresses and strains that are unique to each group of students and each degree program. This is the only way to make Cornell greater than the sum of its parts.

The mix of grads and ugrads and their diversity is an asset for Cornell, but only if the campus is cognizant of the potential stresses and does something about them. Cultural tensions exist for international students, women in male-dominated fields, men in female-dominated fields, students of color, gay, lesbian, bisexual, and transgendered students, and other groups that feel in the minority.

For undergraduates, there is the pressure to keep up with four or five courses at once, the overbearing parent, the problematic roommate, and the general feeling that life pivots on getting high grades. Freshmen take what is sometimes the hardest course of all: On-Your-Own 101. Students who have been denied entry into a major, who have had a brush with academic integrity, or who are in poor academic standing are also vulnerable.

Similar stressors apply to graduate students, but at this level the Masters project and the PhD dissertation dominate the landscape. These endeavors are intensely personal and frequently lonely; self-esteem takes a pounding whenever a contribution falls short in the eyes of the faculty advisor.

\(^{1}\) President Lehman’s eight-question “Call to Engagement” was a challenge to all campus units. The idea was to offer fresh perspectives on the University mission. Streamlined versions of the questions are displayed in the left margin.
Of course, for students every issue is intensified by the high cost of tuition and the need to balance academic pursuits with family responsibilities.

In the classroom we should be teaching with enthusiasm and humanity, building confidence in students so that they can revel in the intellectual challenges that define Cornell. Orientation and wellness programs are complementary venues for promoting mental health. A caring university is proactive, publicizing support services and developing non-intrusive safety nets that respect privacy. It is not just about stress-related problems; it is about the full range of mental illness that is in our midst. Teaching each other how to spot problems and act upon them is a high priority. This requires tact and persistence because many students feel that getting psychiatric or psychological help is demeaning and a sign of weakness.

There are two “border areas” where mental health advocacy requires a presence. One is between parent and student and the other is between the high school senior year and the Cornell freshman year.

The world has changed; parents are more concerned than ever about life on campus. They need to be as informed about student stress as the students themselves. How can we engage parents in teaching their children the values, skills, and resources that are critical to mental health? How are they to be involved as problems unfold? These are difficult issues because there is such variety in the parent-child relationship. Moreover, Cornell has a tradition of “freedom with responsibility”, preferring to treat its students as independent adults who are masters of their own psychological destiny. The issue needs to be considered differently for grads and undergrads. Finally, federal legislation (HIPAA and FERPA) has to be taken into account. These statutes regulate the communication channel between the university and the student’s family in ways that both sides do not always appreciate.

There are significant differences in how students get help in college and in high school. Self-advocacy, taking care of oneself, is important and Cornell needs to be more explicit about expectations in this regard. There is a message that needs to be sent to University Admissions but it is unclear just what to say. We cannot, and do not want to discriminate against students with mental disabilities. On the other hand, “leadership skills” have become a very important factor in freshman admissions. Are these skills valid predictors of academic success and do they filter (one way or the other) for mental health risk?

We need to communicate to high schools the correlation between mental health and academic success. As we mentioned, the ability to manage stress partly depends upon having a certain perspective, and nothing gives perspective quite like liberal education. We should export the values of liberal education to the larger society with the same vigor that we export the practical research findings of science and engineering. Toleration and understanding would be the by-product; societal features that work in favor of mental health.
Cornell can be as famous for its handling of the student mental health issue as it is for academic teaching and research. Opportunities exist for joint research with the Weill Medical College in matters that relate to mental health. We should be at the forefront fostering new models of student mental health; our work should be pioneering and recognized by others as contributing to the understanding of the college student mental health. We need to publicize effective strategies that minimize risk/harm elements and maximize the creation of protective behaviors and supportive communities.

There needs to be a network of mental health services that spans the colleges and respects their cultural differences. Gannett needs the resources to oversee this and to facilitate collaboration between faculty and staff. This is the only way to ensure the development of a mental health policy that squares with the academic mission.

Along these lines, there should be more attention and reward paid to academic advising, and a more extensive student support structure within the graduate school. Faculty and staff should receive more training in recognizing and responding to students in distress.