

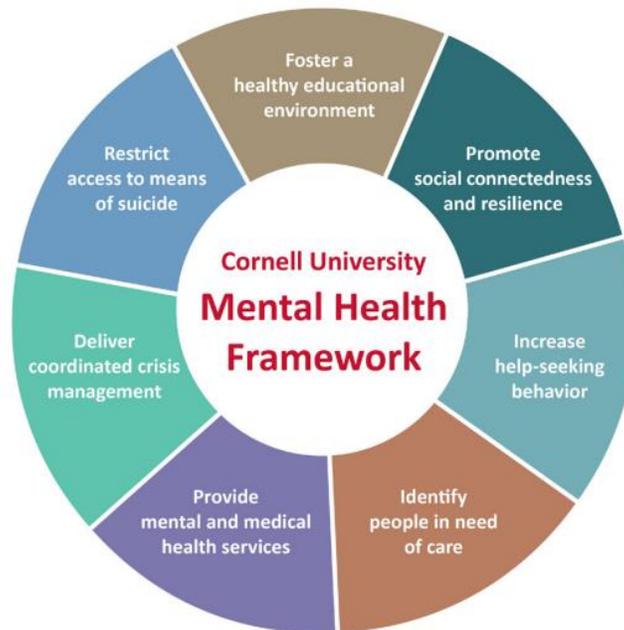
Appendix 16: Mental Health Considerations for Campus Reactivation

INTRODUCTION

As Cornell explores options for safely reactivating instruction on campus in fall 2020, it is important to consider and address the mental health impacts of the COVID-19 pandemic. In addition, it is vital to respond to the emotional impact of the overlapping national crisis related to systemic racism and racial violence. These co-occurring crises pose significant challenges to supporting the mental health and well-being of undergraduate, graduate, and professional students.

Graduate and professional student leaders recently conducted a survey of their peers' experience during the COVID-19 pandemic on behalf of the Subcommittee on Teaching and Social Distancing of the Committee on Teaching Reactivation Options. The survey included questions related to well-being, physical health, and mental health; results were compiled, and a report was provided to committee members. This document complements that report by surfacing key considerations and concerns, and making recommendations, below. It has been informed by input from graduate student leaders, including members of the group that administered the survey. A limitation of this report is a lack of undergraduate input, which was solicited but unsuccessfully achieved, likely due to a very tight turn-around deadline.

[Cornell's comprehensive and integrated public health approach to mental health](#) provides a useful framework for examining key issues related to the reactivation of campus for fall semester 2020.



FOSTER A HEALTHY EDUCATIONAL ENVIRONMENT

Key Considerations and Concerns:

- Modifying the academic schedule may have unintended negative consequences for student health and well-being. For example:
 - If the academic calendar is condensed and students are expected to complete coursework at an accelerated pace to complete classes before Thanksgiving, this could increase stress and anxiety among students (especially if fall break is removed in the updated calendar).
 - Students with special learning styles and/or disabilities may be impacted disproportionately.

- Relationships between students and academic advisors/faculty may be impacted by decreased in-person interactions.
- Students' residential circumstances may inhibit their ability to create a successful, productive learning environment, particularly if some instruction is conducted remotely.

Specific Concern for Graduate and Professional Students:

- ***Relationship with faculty advisor:*** Graduate students shared that some of their peers are experiencing too little communication from their faculty advisor during this difficult time (e.g., disengagement), while others are experiencing too much communication (e.g., micro-managing). While the Graduate School has disseminated information about this issue, graduate students have said they are not sure how effective this communication has been in influencing faculty members' choices.
- ***Concerns about expectations:*** Graduate students are experiencing concerns about navigating their return to Ithaca (for those who have been away), returning safety to campus, expectations to teach undergraduates remotely or in-person, and being required to conduct research at a rapid pace to make up for the lost time during the spring 2020 semester. Some graduate students do not know how to navigate those potential conflicts, especially if they do not feel comfortable or safe returning to campus or interacting with undergraduate students.

Strategies and Recommendations:

- Clear leadership statements from senior university officials and student leaders that include:
 - A timely acknowledgement about societal events that are unfolding.
 - Acknowledgement and recognition that the changes in the educational environment (e.g., online learning vs. in-person instruction, changes to the academic calendar) may have on one's mental health and well-being and/or level of productivity.
 - Active promotion of resources and de-stigmatization of help-seeking behavior.
- Develop and disseminate updated guidelines/tips for faculty on ways to support undergraduate, graduate, and professional student mental health during the COVID-19 pandemic. Guidance should address the pandemic-related incidents of racial/ethnic violence toward people of Asian descent, and the co-occurring incidents of racial violence that have resulted in protests nationwide. For example, tips for talking with advisees could include how to acknowledge and normalize the challenges and toll of COVID-19 and/or the trauma many people have faced in relation to the recent incidents of racial violence against Black people.
- Develop educational materials to illustrate reasonable vs. unreasonable expectations faculty can ask of students and promote resources to support students navigating these challenges. Examples of unreasonable expectations identified by graduate students:
 - An advisor expecting a student to work in the research lab 70 hours a week because they are the only member of the lab team physically located in Ithaca.
 - An advisor expecting a student to go into the lab at odd hours of the night (between 10pm - 7am) because they are limiting the number of personnel allowed in the facility at a time.
 - An advisor expecting a student to work double overtime because they can do research remotely while others cannot do their research at all.

PROMOTE SOCIAL CONNECTEDNESS AND RESILIENCE

Key Considerations and Concerns:

- Necessary public health measures (e.g., physical distancing, limited size gatherings, isolation of positive COVID-19 cases and 14-day quarantine periods for potential exposures) inevitably inhibit social connectedness with others.
- Students may experience increased social isolation and feelings of loneliness, especially if they are living alone rather than with peer roommates or housemates, or if living at home with family who may not have a shared understanding of the undergraduate or graduate school experience.

- Young adults may be susceptible to peer pressure, including pressure to engage in social contact that increases the risk of COVID-19 viral transmission. Finding ways to connect virtually without the benefit of touch, visual cues, or shared engagement is logistically challenging and emotionally taxing. There may be subgroup-specific concerns, for example:
 - Undergraduate student athletes who are used to daily practice and regular athletic competition may experience an increase in loneliness if athletic practice and competition cannot occur safely.
 - Graduate students who live alone and are engaging in research independently may experience increased social isolation.
 - Individuals or non-majority or marginalized communities (e.g., LGBTQ students) may face further isolation if they are not living in supportive spaces.
- Extracurricular clubs, activities, and events which often provide opportunities for social connectedness and belonging will need to be halted and/or significantly modified to adhere to physical distancing measures.
 - Recruitment for student organizations may be limited, which will further compound the barriers students have in finding connection.
 - Non-majority students may face added difficulty finding connectedness and support on campus.
 - Members of Greek life chapters, athletic teams, and other student organizations may face peer pressure to behave in ways that violate administrative guidelines or public health best practices related to COVID-19.

Strategies and Recommendations:

- Provide instructors (faculty, graduate students, TAs) with online strategies to help people feel recognized and like they belong (e.g., welcome people as they join Zoom either verbally and/or saying hello to them in the Chat at the beginning of class)
- Provide opportunities for connection, conversation, and normalization of feelings:
 - Cornell Health could provide additional CAPS workshops, support and/or therapy groups designated for different types of students (e.g., specific to graduate students).
 - Campus Activities and the Big Red Barn could provide virtual social events.
- Consider potential online spaces that could be used for community building. This is important for most students, but especially important for students who hold marginalized identities.
- Consider interventions or strategies to build resilience remotely, including:
 - online resilience building/stress management program available to all students
 - online sleep interventions
 - safe and physically-distanced time in nature (e.g., Nature Rx).
 - physical activity that can be done with low risk of viral transmission.

INCREASING HELP-SEEKING BEHAVIOR

Key Considerations and Concerns:

- Students from marginalized communities may need additional outreach and/or new/expanded pathways to seeking care.
- Some students remain unaware of the availability of campus support services, including telehealth services for mental health support.

Strategies and Recommendations:

- Caring Community website revision/replacement
 - Update a webpage to serve as the landing page/gateway for information about campus resources, local resources, and international resources to support students wherever they may be residing [caringcommunity.cornell.edu].

- Consider expanding parent and family communication and education to inform them about mental health issues, indicators of distress, and services/resources.
- Engage existing student organizations to increase help-seeking behavior virtually (e.g., Cornell Minds Matter, Reflect at Cornell, graduate student field associations)

IDENTIFY PEOPLE IN NEED OF CARE

Key Considerations and Concerns:

- Assess for the need to modify existing campus structures that identify people in need of care. For example, the Alert Team and AOD Team work to identify students in need of care and to connect them with appropriate resources in-person. These structures will need to adapt to address a partially remote campus operation.
- Staff and faculty have been provided guidance on how to recognize and respond to students in distress based on cues that were appropriate and relevant before COVID-19 (e.g., if a student has been absent from class for a few days).
 - Without the availability of as many community “eyes and ears” on students, we may not know who is experiencing high levels of mental distress (e.g., How does distress manifest at a distance? What are signs people should know to look for in a remote living and learning environment?)
- Reconsider which student may be in greatest “need of care” at this time:
 - Marginalized students:
 - Communities of color are not only disproportionately affected by COVID-19 but are also facing significant added trauma related to institutional and systemic racism.
 - Financially-insecure students:
 - Students may be experiencing family loss of income related to the economic collapse and/or loss of their own part-time jobs.
 - Survivors of abuse:
 - Students may have been exposed to physical or emotional abuse, relationship violence, substance abuse, etc. while being quarantined or in lockdown with family members and friends.
 - Students struggling with alcohol or other drug abuse may be increasing use due to increased emotional distress but may be doing so in isolation (and thus not identified as readily by others).
 - Backdrop of collective trauma: the extent of grief and loss varies with individual experience, but to an extent there is a universal experience of loss that is shared by all members of the community during the pandemic.
 - Concern specific to graduate students who are teaching undergraduate students: Emotional burden of noticing and supporting undergraduate students they are teaching who may be struggling in some capacity.
 - Graduate students often have teaching responsibilities and those who are teaching are noticing that their undergraduate students are also experiencing high levels of distress. The emotional labor of working to find ways to support the undergraduate students is contributing to a decline in the mental health and well-being among some graduate students.

Strategies and Recommendations:

- Consider having academic advisors, Directors of Undergraduate Study (DUS) and Directors of Graduate Study (DGS) reach out to students in their departments more regularly during the fall 2020 semester to do check-ins and share resources.
- Update bystander intervention trainings for undergraduate, graduate, and professional students as well as faculty and staff about how to notice and respond to students or peers in distress in a partially virtual context.
 - Develop educational materials to help graduate and professional students be better equipped to identify if a peer or someone in their department may be experiencing distress, including best practices for how to navigate a conversation with a peer about getting help.

- Provide education that includes updated information about signs that a student may be in distress in a virtual instruction or remote learning environment, what people can say in the moment and how to refer students to additional support. These resources should be provided to faculty, graduate students who are teaching, and academic services staff in the colleges.
- Work to develop and widely share resources that exist to support graduate students who are working to support a student in distress and the resources that are available to support the student in distress (wherever they may be located).

PROVIDE MENTAL AND MEDICAL HEALTH SERVICES

Key Considerations and Concerns:

- Potential for increased need of bereavement and grief support for students who have experienced the death of a loved one during the COVID-19 pandemic.
- Potential for increased need of mental health support to address the collective trauma students are experiencing during the COVID-19 pandemic including the public health pandemic but also the ramifications from economic losses, the political crisis, as well as they racial violence and civil unrest the U.S. is facing.
- Potential for increased need of support for students who are dealing with anxiety and the unprecedented levels of uncertainty, especially about the future (e.g., job/internship prospects).
- Uncertain utilization of mental and medical health services in Fall 2020:
 - Routine preventative medical appointments and procedures have been delayed during the first phase of the pandemic.
 - People may be less willing to seek medical care if worried about risk of contracting COVID-19 at Cornell Health.
- If resources will be largely limited to telehealth services, not all health-related needs may be met and not all students may be able to access telehealth services (or want to access telehealth services for a variety of reasons):
 - lack of private space where they are living
 - laws prohibiting clinicians from practicing in some states or outside of the country
- International students who are unable to return to Ithaca safely may be particularly vulnerable due to lack of access to mental health/counseling services and medical services for students who are not residing within the U.S.
- Victim advocacy and the support it provides will not be in-person, which limits accompaniment to services and hearings.
- Need for pandemic-related support groups (e.g., bereavement groups for those students affected by pandemic deaths, and support groups for students in fields facing disproportionately high unemployment, such as the hospitality industry).
- Uncertainty exists regarding the mental health impacts of a range of pandemic-related impacts to campus life: quarantining in residence halls, loss of socializing in dining halls, eliminating breaks from the calendar, loss of in-person student activities, eliminating sports, and closing outlets for stress relief (e.g., gyms, social gatherings).

Strategies and Recommendations:

- Increase number of support and therapy group offerings.
- Increase promotion of services that remain available to students depending on their location.
- Increase/ improve promotion of international mental health hotlines: <https://ibpf.org/resource/list-of-international-suicide-hotlines/>

DELIVER COORDINATED CRISIS MANAGEMENT

Key Considerations and Concerns:

- Significantly larger numbers of students may be experiencing situations that warrant coordinated crisis management support from the university.

Strategies and Recommendations:

- Increase Crisis Management capacity to be able to provide support to meet the demand.
- Consider expanding Community Support Team staff who provide support to groups in the aftermath of tragedies or other crises and consider how to scale this support up.

RESTRICT ACCESS TO MEANS OF SUICIDE

Key Considerations and Concerns:

- The social, economic, and emotional effects of the COVID-19 pandemic may be contributing to an increase in the potential for death by suicide.
- Firearms purchases have increased nationwide, which may elevate the risk of suicide.

Strategies and Recommendations:

- Provide education (including for family and friends) about gun safety measures (e.g., proper storage) and the importance of removing firearms and other methods of self-harm from the residences of suicidal individuals.