

STANFORD
UNIVERSITY



STUDENT MENTAL HEALTH AND WELL-BEING
TASK FORCE REPORT

October 2008

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EXECUTIVE SUMMARY

Acknowledging the changing landscape of student mental health issues at Stanford and throughout the country, Provost John Etchemendy convened the Student Mental Health and Well-Being Task Force under the leadership of Vice Provost for Student Affairs Greg Boardman in Fall Quarter 2006. The Provost charged the Task Force with the broad responsibility of studying student mental health and well-being with particular emphasis on both campus climate and current University policies and procedures. (See Appendix A for the Provost's charge to the Task Force.)

Vice Provost Boardman enlisted the participation of 48 faculty, staff and students as members of the Task Force and its working groups. The Task Force further divided into two committees, one focusing on campus climate, the other on policies and procedures. (See Appendix B for organizational structure.). The Task Force and its committees met regularly from Fall Quarter 2006 through Winter Quarter 2008. (Appendix C lists the membership of the Task Force and its sub-committees.)

At the outset, the Task Force recognized that the mental health and well-being challenges facing today's students are not confined to Stanford or to the college-age student. Indeed, many students experience these challenges well before they arrive on campus. Known as the Millennial Generation, many college students, and especially those who come to Stanford, are high-achieving and highly accomplished, but their intense drive to succeed does not necessarily mean they are prepared for the rigors of Stanford or the eventual disappointment of achieving less than they expect.

Current research shows that this generation of students brings new emotional and mental health challenges and that many colleges and universities are pressed to deal with a growing need for student support. While the University cannot be expected to offer mental health services that equate to those of a medical facility, the Task Force believes that providing resources necessitated by the current environment has become increasingly important. (In Appendix D, Morton Silverman, senior adviser to the Suicide Prevention Resource Center at the Education Development Center, Inc., outlines a comprehensive approach to promoting mental health on college campuses). Moreover, the Task Force concluded that supporting student mental health and well-being falls within the province of all of us - - faculty, staff and students - - and that this recognition is crucial to student success and the University's mission as a leading research and teaching institution.

Through its study of campus climate, the Task Force found that students are often confused, concerned and unrealistic about academic performance and that these expectations can detract from their emotional well-being. In arguably its most surprising observation, the Task Force discovered that academic success is not a reliable indicator of emotional well-being, suggesting that though they are academically accomplished, some students may not have developed the maturity or personal resiliency skills to help them cope with the demands of student life. Some students are also hampered by concerns about competition, academic advising, administrative bureaucracy, a sense of isolation, the need to be part of a community, the difficulty of making and sustaining friendships, and the demands of family.

Though students present a complicated blend of individual needs, the Task Force acknowledges and affirms that Stanford offers many helpful resources to address these challenges. The existing safety net of staff, services and programs is widely considered a highly effective and

collaborative network that generally serves students well. However, the Task Force also noted that, because support resources are decentralized, some students (as well as some faculty and staff) find them difficult to access.

Consequently, the Task Force recommends that relevant policies and practices be simplified, clarified, and widely disseminated. Furthermore, the Task Force recommends the implementation of a number of initiatives in order to strengthen leadership related to student mental health and well-being, improve academic support, strengthen the safety net, enhance community and personal resiliency, and improve education and training. Lastly, the Task Force stresses the need for on-going research to enable us to better understand and deal with evolving mental health and well-being trends. Research on topics such as the onset of mental illness, prevalence of mental illness, coping mechanisms, and emotional development could result in extremely valuable information to guide us in the future. (See Appendix E for a list of Task Force recommendations.)

Throughout its history, Stanford University has demonstrated its ability and willingness to adapt to change. The University's mission, based on teaching, learning, and research, complements the Founding Grant directive to "qualify ... students for personal success and direct usefulness in life." Supporting and promoting emotional and mental well-being in our student population to the best of our ability continues this time-honored tradition.

I. INTRODUCTION

To better address the mental health and well-being of the Stanford student community, Provost John Etchemendy convened the Student Mental Health and Well-Being Task Force in Fall 2006, stating:

“The prevalence and complexity of student mental health issues has grown in recent years both nationally and here at Stanford. Increasingly, we are seeing students struggling with mental health concerns ranging from self-esteem issues and developmental disorders to depression, anxiety, eating disorders, self-mutilation behaviors, schizophrenia and suicidal behavior. The impact of these mental health problems on the individual student can be devastating both socially and academically. Furthermore, the implications are far-reaching for the entire campus community, as well as for academic and clinical support services.”

Specifically, the Provost charged the Task Force with the following tasks:

1. Examining campus-wide policies and practices for responding to student mental health crises;
2. Evaluating policies and practices around emergency contact communication, including the role of parents;
3. Reviewing Stanford’s policy on voluntary and involuntary leaves of absence;
4. Evaluating efforts to increase awareness of mental health issues through education and training;
5. Examining counseling resources including capacity to meet demand for services as well as screening and assessment procedures;
6. Reviewing what policies and practices are in place for early intervention and in what ways we can augment early intervention strategies;
7. Examining how the academic, residential, and extracurricular environments impact the mental health of students;
8. Obtaining a more detailed understanding of the academic and personal stresses facing graduate and undergraduate students at Stanford; and
9. Investigating what contributes to and/or detracts from a supportive environment for all members of the Stanford student community.

Appointed by the Provost to chair the committee, Vice Provost for Student Affairs Greg Boardman invited 48 staff, faculty and students to participate as members of the Student Mental Health and Well-Being Task Force and its affiliated working groups. In order to complete its work while involving a large number of participants, the Task Force was divided into two groups: the Policy and Practice Review Committee and the Campus Climate Study Group. The Policy and Practice Review Committee addressed the first six topics listed in the charge and the Campus Climate Study Group addressed the final three. Smaller working and consultation groups evolved from the Policy and Practice Review Committee and the Campus Climate Study Group and a Steering Committee met almost weekly. Additionally, a half-time Project Coordinator was hired in June 2006 to manage the work of the Task Force.

As the culmination of the work performed by the Task Force and its sub-committees, this report begins with a broad perspective and ends in a series of recommendations and proposed actions that the Task Force believes will improve the University’s commitment to supporting students’

mental health and well-being. Chapter I provides an introduction to the work of the Task Force and Chapter II focuses on background information and research that establish a national context for the main topics addressed by the Task Force. Chapter III describes campus climate and Chapter IV discusses current University policies and procedures. Chapter V is a summary of aspects of the University environment and student experience that the Task Force identified as particularly supportive of student mental health and well-being. Chapter VI summarizes the Task Force recommendations with proposed next steps and Chapter VII is the conclusion to this report.

A copy of this report is available on line at <http://www.stanford.edu/group/mhwb/>.

II. BACKGROUND

“Stanford has offered me an unparalleled education for which I am most grateful; however, I feel that much of it has been at the expense of my emotional and physical health. I work so hard that I rarely have time for friends, fun, adequate sleep, exercise or to explore the outside world. I feel so lucky to have been able to attend Stanford and to have been exposed to so many great academic opportunities, yet I will be glad to leave so that I can start living life in a more balanced and enjoyable way (Stanford senior, 2007)¹.”

Extraordinarily gifted students of promise come to Stanford to be challenged and to be stretched intellectually. But they come to this environment as complex human beings, not just as students, with new and perhaps unique challenges for which higher education in general has limited experience. They are highly motivated people propelled by - - and, at the same time, saddled with - - extraordinary internal and external expectations for success. Sometimes the tension between who these students are and what they encounter in this and other challenging environments creates concerning levels of stress and risks to mental health and well-being.

Most students adapt to the environment, learn and succeed at Stanford, as generations have before them. But it has become evident that among today’s students, some are not sufficiently emotionally prepared or psychologically resilient to deal with the stresses of the Stanford experience. Paradoxically, some of our students are succeeding academically while trying to cope with psychological or emotional distress. Some engage in significant risk taking behaviors. Like other universities across the country, Stanford has been affected by the tragedy of suicide, the most jarring expression of emotional and mental health problems. We know that suicide is more than an individual tragedy. It shakes the very foundation of a community (See Appendix F, G, and H for related information).

A Broader Mental Health Context

Today’s college students are part of the so-called Millennial Generation, born roughly between the early 1980s and the late 1990s. Academic researchers, including Stanford’s Denise Clark Pope, have chronicled this generation’s strengths and challenges. They are goal-oriented, collaborative and seek to make a difference globally. They have received tremendous attention from their Baby Boomer parents, who have sheltered them and treated them as special and important. Their closeness to their parents has resulted in a confident generation influenced by values of family and service to others.

But, born into a highly pressured, overly scheduled and high-achieving environment where much is expected, they appear to suffer when confronted with perceived failure. They may lack resilience and the emotional depth that results from coping with adversity. In her research, Pope (2001) suggests this generation may “do school,” that is, collecting credentials that are evidence

¹ This quotation from an anonymous senior is taken from a 2007 survey of enrolled Stanford undergraduates. The research is documented in a report entitled *The Enrolled Students Survey of 2007*. The report was written by Lisa A. Kramer and published by Decision Support Services of Stanford.

of success without internalizing the lessons learned or absorbing the range of experiences that lead to maturity (p. 4).

Mark Reed, director of counseling and human development at Dartmouth, expresses it this way:

“It’s more stressful to be a kid growing up these days. These students experienced competition to get into kindergarten. Today’s kids have portfolios to get into the best prep schools. Many are on a treadmill with blinders. Most of their self-esteem comes from a few areas of excellence. They fail to develop an internal system to sustain them in all environments. They’ve sunk under the weight of obligation at an early age” (Marano, p. 7).

A “Silent Epidemic”

There is abundant evidence that this generation suffers increased emotional and mental health challenges. For instance:

- Clinical psychologist Madeline Levine (2006), in “The Price of Privilege,” writes that this generation is “exhibiting epidemic rates of emotional problems beginning in junior high school and accelerating throughout adolescence” (p. 21).
- In a 2006 *New England Journal of Medicine* article, “Uncovering an Epidemic—Screening for Mental Illness in Teens,” Richard Friedman, professor of clinical psychiatry and director of the Psychopharmacology Clinic at Cornell Medical College, refers to a “silent epidemic of mental illness among teenagers” as he argues for increased mental health screening (p. 2717).
- The 1999 Surgeon General’s report on the nation’s mental health determined that “at any one time between 10 and 15 percent of the child and adolescent population has some symptoms of depression. The prevalence of the full-fledged diagnosis of major depression among all children ages 9 to 17 has been estimated at 5 percent and in adolescents, considerably higher (in some studies, as high as 8.3 percent)” (p. 151).
- The Centers For Disease Control and Prevention's *Morbidity and Mortality Weekly Report* (2007), shows an eight percent increase in suicide rates for individuals between the ages of 10 and 24 in 2004, following a 28 percent decrease over the last 15 years. This is the largest escalation in this group since the agency began collecting suicide data in 1979.
- Nationwide, 14.5 percent of students in grades 9 through 12 had seriously considered attempting suicide and 11.3 percent made a plan about how they would attempt suicide, according to the National Center for Disease and Prevention’s “Youth Risk Behavior Surveillance,” published in June 2008.

Millennials at College and at Stanford

Clearly, most college students, whether at Stanford or elsewhere, adjust to their new environment and succeed. But the broader national context indicates that Millennials have brought new mental health and emotional challenges to colleges and universities, which may not yet have clarity about how to react.

For instance, in an April 2008 article in the Chronicle of Higher Education, Morton Silverman, senior adviser to the Suicide Prevention Resource Center at the Education Development Center, Inc. and senior medical advisor to The Jed Foundation, wrote:

“Respondents to the 2007 National Survey of Counseling Center Directors reported that almost half of their student clients had severe psychological problems, and close to 8 percent had impairments so serious that they could not remain in college, or could do so only with extensive psychological or psychiatric help” (p. A51).

Other evidence among college and university students:

- In “College of the Overwhelmed” (2004), Richard Kadison, chief of mental health services at Harvard, and coauthor Teresa Foy DiGeronimo, outline the growth in mental health problems on campuses, citing statistics showing that almost half of all students will become seriously depressed during their college career and may engage repeatedly in binge drinking.
- A 2008 study in *ACTA Psychiatrica Scandinavica* compared mood elevation, distress and depression among first-year undergraduates at Oxford and Stanford, revealing that 38.2 percent of Stanford students experienced distress, 6.6 percent suffered depression and 3.5 percent took psychotropic drugs.
- In June 2006, scholars from Cornell and Princeton wrote in the journal *Pediatrics* that they surveyed undergraduate and graduate students at two northeastern U.S. universities and found that the prevalence of having one or more self-injurious behavior incidents was 17 percent, and that they tended to keep their emotional turmoil secret.
- In 2006, an American College Health Association (ACHA) survey of 94,806 students from public and private colleges, including Stanford, revealed that:
 - 44 percent have felt so depressed that it was difficult to function;
 - 12 percent reported having an anxiety disorder;
 - 15 percent reported having received a diagnosis of depression in their lifetime;
 - 9 percent reported having seriously considered suicide in the past year;
 - 28 percent reported that stress has negatively impacted their academic performance.
- A telephone survey of 2,196 Stanford students conducted in 2007-2008 showed that 23.4 percent experienced depressed mood, often transiently, in the previous month and 3.2 percent met the diagnostic criteria for Major Depressive Disorder in the past month. Moreover, 32.9 percent experienced high levels of stress. In their lifetime, 11.7 percent of the students had thought of suicide, usually transiently, 1.6 percent had thought of a plan and 0.5 percent had attempted to end their own lives (M. Ohayon, personal communication, August 2008).

Evidence of changing student needs becomes even more relevant in light of the University's purpose, established in the Founding Grant, to prepare students for future success. In an address (which amended the Founding Grant) to the Board of Trustees on October 3, 1902, Jane Stanford expressed her expectations in this way:

“In my judgment it is the duty of the University authorities to send out into the world students with good physical health as well as with good mental attainments, in order that they may successfully fight the battle of life” (p. 21).

Her words, spoken over 100 years ago, seem especially meaningful given the current research on student mental health.

III. CAMPUS CLIMATE

A. Background: Why Study Campus Climate?

Clinicians and researchers have shown that social climate has a strong influence on the people in a setting, affecting each person's behavior, feelings and adaptation (Moos, 2002). Social climate can affect a wide range of quality of life areas, including emotional well-being, personal aspirations and achievement, self understanding, decision making, effectiveness, impulse control and risk-taking. As Moos (2003) states,

“The social climate is the ‘personality’ of a setting or environment, such as a family, a workplace, a social or task-oriented group, or a classroom. Each social setting has a unique ‘personality’ that gives it unity and coherence. Like people, some social environments are friendlier and more supportive than others. Just as some people are self-directed and task oriented, some environments encourage self-direction and task orientation. Like people, environments differ in how restrictive and controlling they are” (p.1).

In research on social contexts and socio-ecological perspective, Moos (2003) has demonstrated that psychological well-being and mental health are intimately linked to the social climate of an environment. Thus, in order to respond proactively to student distress, it was essential to understand and assess the Stanford University campus climate.

B. Quantitative and Qualitative Studies

The Campus Climate Study Group assembled a Consulting Group to bring added perspective and knowledge to its tasks. (Appendix H lists members of the group and a description of methodology.) Consulting Group members shared their expertise in research instrument design, data collection and analysis, and specific segments of the University community. Group members sought to better understand the Stanford campus climate by conducting a qualitative web-based survey and by interviewing students in focus groups. This research brought to life the quantitative data group members reviewed.

Qualitative Research: The Survey

The Campus Climate Consulting Group designed, piloted, and administered a qualitative survey about issues of mental health, well-being and stress within the Stanford community. The web-based survey was designed to allow and encourage students, as well as staff and faculty, to offer their input and insight into these issues as freely as possible. Survey exercises provided respondents an overall organizing structure without imposing predetermined answers. Specifically, the survey was designed to gather data from respondents in three areas:

- manifestations or symptoms of academic, residential or extracurricular stress at Stanford;
- roots or underlying causes for this stress; and
- aspects of Stanford that promote student well-being.

Conducted in Spring 2007, the survey included Stanford undergraduates, graduate students, staff and faculty. Responses were collected from 374 undergraduates and 300 graduate students, as well as 74 faculty members and 25 staff members. The total response was 788. Finally, the group

conducted three information-gathering meetings for Stanford staff members directly involved in student life, using the same framework as the campus climate survey and collected 277 responses.

Considering that the total number of matriculated Stanford students during the 2006-07 academic year was 14,890, the survey results represent 5 percent of the student body, which does not allow generalization to the larger population. However, a collection of 700 responses is sufficient to indicate multiple, valid, descriptive and thematic categories for further consideration.

Qualitative Research: The Focus Groups

In addition to the survey, the Campus Climate Study Group conducted focus groups with Stanford students. Interview questions were based on the charge to the Task Force, the questions on the survey, and issues suggested by data that had been reviewed. Through these extended group interviews, the study group was able to hear directly from individuals, to target specific student communities, and to collect data that resulted from group conversation.

Specifically, 17 focus group interviews were conducted during spring and summer 2007 to determine themes and trends. The focus groups included participation by 134 invited undergraduate and graduate students and 25 staff members.

C. Findings: Trends and Themes

The following trends and themes derive from a review of national and Stanford-based quantitative surveys and the qualitative work of the Campus Climate Study Group. For findings that relate to the quantitative data, citations (including sample sizes and date of administration) are listed in Appendix I. When discussions are based on qualitative findings and related themes from the Task Force focus groups and/or the campus survey, these sources are noted and include representative verbatim quotations to illustrate the points.

1. Emotional Health and Resilience

- a) National research reveals that college students are experiencing significant levels of stress which can interfere with their well-being.
 - In its National College Health Assessment, conducted in spring 2006, the American College Health Association found that students are experiencing significant academic and personal stress and distress. According to the student responses (ACHA-NCHA, Spring 2006):
 - 32 percent report that stress has negatively impacted their academic performance;
 - 62 percent felt hopeless at least once in the past academic year;
 - 13 percent felt hopeless nine or more times;
 - 67 percent of female students reported feeling hopeless at times and 85 percent said they felt very sad at times, compared to the lower rates of 55 percent and 70 percent respectively for male students.

b) Some students experience considerable psychological distress.

- Nationally, 15 percent of students reported they had been diagnosed with depression at some point in their life while the rate of individuals who reported having been on medication in the last 12 months was 5.25 percent (ACHA-NCHA, Spring 2006).
- A study by Whitlock et al. (2006) found that 17 percent of students reported a lifetime rate of one or more incidents of self-injurious behavior. Of the students who had ever harmed themselves 75 percent indicated doing so more than once. More than one in three students (36 percent) with a self-harm history said no one knew about it.
- Some ten percent of college students nationwide have wished they were dead (Drum & Brownson, 2006); nine percent reported having seriously considered suicide (ACHA-NCHA, Spring 2006) and one percent have attempted suicide (ACHA-NCHA, Spring 2006).
- Further national research indicates that suicide and suicide crisis do not affect all student communities equally. Some student communities are more vulnerable to suicide than others. The literature suggests increased vulnerability among Native American individuals and gay, lesbian, and bisexual individuals (Grunbaum et al., 2000; Shaughnessy et al., 2004; Silenzio et al., 2007).

c) Not all students are ready for the demands of University life.

Students may arrive at Stanford without a well-developed understanding of the importance of self-care and resilience. Nationally, 10 percent of students never feel rested in the morning (ACHA-NCHA, Spring 2006) and 24 percent indicate that sleep difficulties have negatively impacted their academic performance (ACHA-NCHA, Spring 2006). Sleep deprivation may enhance anxiety and depression. National research indicates that manipulations of sleep, such as total sleep deprivation, partial sleep deprivation and phase shifting, may induce significant changes of mood in affective disorders (Van den Hoofdakker et al., 1989).

“On that note, I’ve felt that in high school [I was] more focused and excited about things. Not to say [it is] not [possible] here, ... if I were to get enough regular sleep, I could be a lot happier and more involved in things, more energetic, more excited and an overall better person than I am now. Concentration issues, focus and energy – it’s all going down” (Stanford Campus Climate Focus Groups, 2007).

Individuals differ in their capacity for coping with adversity. Some people are more sensitive to the effects of stress than are others. Stress has been associated with increased rates of depression, conduct disorder, antisocial personality disorder, post-traumatic stress disorder, and alcohol and substance abuse disorders (Kendler et al., 2005).

In 2003 the Center on Addiction and Substance Abuse (CASA) found that, nationally, some students acknowledged using alcohol and drugs as self-treatment for existential pain. Teens were asked to rate the amount of stress they feel they are under, using a 10-point scale. High-stress teens (7 to 10 on the stress scale; 26 percent of teens) are twice as likely as low-stress

teens (0 to 3 on the stress scale; 29 percent of teens) to smoke, drink, get drunk, and use illegal drugs.

2. Academic Experiences

a) Academic success does not necessarily equate to well-being.

Academic success is not always a reliable indicator of whether a student is experiencing distress. Many students who experienced suicidal ideation denied that their academic performance was significantly negatively impacted (Drum & Brownson, 2006). Nationally, of those who seriously considered attempting suicide, 61 percent of graduate and 55 percent of undergraduate students indicated that their thoughts about seriously considering a suicide attempt interfered moderately or not at all with their academic performance (Drum & Brownson, 2006). This seeming paradox – that academic success or failure is not necessarily reflective of distress or well-being – was also clearly indicated in the qualitative research done by the Campus Climate Study Group among Stanford students. In other words, many students are succeeding academically despite being burdened by significant mental health issues.

b) Students themselves do not believe that their academic performance is adversely affected by otherwise troubling behaviors, such as substance abuse and eating disorders.

- While 83 percent of students nationally indicated that they use alcohol, only 7 percent believed that their academic performance was adversely affected by their use of alcohol (ACHA-NCHA, Spring 2006).
- Similarly, while 36 percent have used marijuana, 6 percent cocaine and 7 percent amphetamines, only 2 percent concluded that their academic performance was adversely affected by their use of drugs (ACHA-NCHA, Spring 2006).
- While 4 percent of the students nationally indicated that they have anorexia or bulimia and 51 percent are trying to lose weight (despite the fact that only 33 percent indicate that they are slightly overweight and 4 percent indicate they are very overweight), only 1 percent said that their academic performance was adversely affected by their eating disorders (ACHA-NCHA, Spring 2006).

c) Students are unclear and anxious regarding expectations for achievement.

Some Stanford students believe there is never room at the top for everyone. Furthermore, they perceive that expectations are always increasing. Instead of learning for the sake of knowledge, many students focus on looking for the top.

“As soon as you hit the expectation, the bar is raised and it goes higher—so the reward for accomplishing a benchmark is to be asked to go further” (Stanford Campus Climate Focus Groups, 2007).

Students question their assumptions about success and failure. One Campus Climate Study Group member suggested Stanford students do not experience a “dog-eat-dog” environment. They experience “dog-eat-self.”

“A big stress in my life is [questioning] ‘Am I good enough? Smart enough? Or is this all banal self doubt?’ But also I spend a lot of time thinking about whether this is the right way to use my brain” (Stanford Campus Climate Focus Groups, 2007).

The Stanford Residential Education Survey (2004) indicated that many students worry about direction, performance, competition and success. Fifty-nine percent of students do not feel they have a clear sense of, or have found, their “passion” or “calling” at Stanford.

- d) Students do not know what “failure” is, and they are uncomfortable with the resulting ambiguity.

Many students expressed a desire to understand not just what success is, but also what failure is at Stanford. They want to know how they would know it when they saw it — what does failure look like and what are its implications? They want more “upfront” and “official” talk about what students “really” do and get (in terms of grades) from the beginning of their Stanford education. Without this candidness, students tend to invent definitions of failure and then spend significant time trying to avoid it.

“The people who ask for help ... have gotten their midterms back and know their grades. But even then people feel that [their grades] may be just a fluke. ‘I will just keep doing what I am doing.’ It isn’t until you are in a desperate situation that you ask for help, when you think you are going to fail. It is not always too late, but sometimes it is, and you don’t really know when that is” (Stanford Campus Climate Focus Groups, 2007).

- e) Students worry about clandestine competition or the “Duck Syndrome.”

Many students see themselves and others as promulgating the “Duck Syndrome,” meaning they appear placid above the water while paddling like crazy beneath the surface. They experience this syndrome as a form of intentional competition with others. One student renamed it the “The Ugly Duckling Syndrome”—“ugly” meaning that not only does everyone else look “good,” but the students think of themselves as looking — or being — “bad.”

“[Friends say to each other] ‘How is it going? Oh it’s going great!’ Everyone [seems] happy all the time, even if it is not [going great]. If you [admit to not doing well] then you must really have a problem” (Stanford Campus Climate Focus Groups, 2007).

- f) Students, especially graduate students, feel scrutinized in terms of how they handle adversity.

Some students think they are being observed to see how they flail or fail. They have the notion that they are expected to “pick [themselves] up,” and if they can’t, that will be seen as a further failure, beyond the failed benchmark or accomplishment. There is a sense among graduate students in particular that those who are observing their “sinking or swimming” (principally advisors) are tacitly saying, “That’s what you’ll be dealing

with in this profession That's what I dealt with, so ...” Furthermore, there is the perception that adversity has been “set up” or encouraged as a means to test them.

“There is a fear of showing weakness and saying anything. Depending on who is receiving it, it can be interpreted as showing weakness. There is a survival of the fittest idea” (Stanford Campus Climate Focus Groups, 2007).

- g) Students perceive a psychological cost to graduate school red tape.

Many graduate students see otherwise isolated bureaucratic snafus, hurdles, and “mistakes” -- likely the result of decentralization or a lack of resources on a department level -- as an indication of the way Stanford as an institution regards them. This translates into issues of stress and mental health. For instance, a single paycheck -- perhaps delayed by a simple bureaucratic problem -- causes stress and is internalized as a general judgment from the institution about their value or worth (or lack thereof) as individuals.

“My hobby horse that I found working through the EVCA (Escondido Village Community Associate) program is that health insurance is different from department to department. When you get into Stanford -- and it may be in the Bulletin or somewhere -- some document says ‘You can't pay for all of it, but the expectation is there.’ I'll be doing nothing this summer but my work. I mean, this is my job. But I am not registered. So it seems to be somewhat disingenuous that I don't get health insurance at this point. I know people in Chemistry who pay half their insurance all year. It is completely scattershot” (Stanford Campus Climate Focus Groups, 2007).

- h) Some students may hold unrealistically high expectations about advising.

Many students identified multiple expectations and roles for their advisors: personal counselor, cheerleader/advocate, professional model/ career counselor, definitive information source, provider of funding, family member and maker of connections. Given the complex, high and sometimes unrealistic expectations of advisors, some students are destined for disappointment (Stanford Campus Climate Focus Groups, 2007).

- i) Many students are disappointed with the level of academic support and faculty-student engagement.

More students expressed dissatisfaction than satisfaction with advising, faculty contact/ involvement, tutoring, mentoring and other academic support. For example, twice as many respondents to the Campus Climate Survey identified advising as a weak area of the University compared to those who experienced it as source of support. Respondents were evenly divided on whether faculty are a source of support or another frayed area of the University (Stanford Campus Climate Survey, 2007).

“I often feel like I can't get academic support from some faculty. Some don't care about students; they don't want to hear about it. It would be better if I expected that sort of behavior, but Stanford has a reputation of

being a hand-holding, family-type place, so when [the absence of support] happens, it's like you are counting on something that wasn't there. And that's a horrible source of stress in my opinion" (Stanford Campus Climate Focus Groups, 2007).

Despite some high levels of anxiety regarding academics, undergraduate students -- for the most part -- do not fully access available resources. During the 2003-04 academic year, 75 percent did not access undergraduate advising, 53 percent did not access residence staff and 44 percent did not talk with their parents about academic matters (Spring Residential Education Survey, 2004).

3. Social Connectedness and Well-Being

- a) Students believe isolation significantly contributes to the absence of psychological well-being.

There is significant empirical support for what students intuitively know. In one of the largest scientific investigations of civic engagement ever conducted in America, the Social Capital Community Benchmark Survey (2002) found that social connectedness is a much stronger predictor of the perceived quality of life in a community than the community's income or educational level. Similarly, personal happiness is much more closely tied to the level of community social connectedness and trust than to income or educational levels². Many Stanford students also recognize the value of having a sense of belonging and community. The focus group participants often noted the costs when this sense of belonging is lacking, particularly loneliness and social disengagement.

"Another way people break stress is spend time with friends. So if you don't have that ability to be around people that could be a problem. It's a problem if you don't have friends available. They're overseas, or dating someone. So, I spend time alone, watching TV. It's isolating. Because we're used to being self sufficient, we don't want to admit we're isolated and need friends. But people need to acknowledge they need friends" (Stanford Campus Climate Focus Groups, 2007).

Consistent with this, the circumstances of suicide more often involve difficulty in relationships and self-expectations than mental health problems. Nationally, a Center for Disease Control study (2002) of young adults found that intimate partner problems (usually break-ups) topped the list of problems faced by suicide decedents and were noted more often than mental health problems.

At Stanford, some graduate students spoke movingly of the stress of isolation and about the need for friends. They are concerned about not having friends and not being able to make them (Stanford Campus Climate Focus Groups, 2007).

² The Social Capital Community Benchmark Survey (2002) is comprised of a national sample of 3,000 respondents and representative samples in 40 communities nationwide (across 29 states) covering an additional 26,200 respondents. It was conducted July to November 2000 and was designed by the Saguaro Seminar: Civic Engagement in America, a project at the John F. Kennedy School of Government at Harvard University. The principal investigator on this project was Prof. Robert D. Putnam.

“There are two kinds of friends at Stanford: the professional ones who you talk about academics with and then real friends, to talk about anything with. Trying to figure out which is which and make the switch, to show weakness to friends is hard. There is a reluctance to admit weakness here” (Stanford Campus Climate Focus Groups, 2007).

- b) The demands of friendship also can cause stress.

Undergraduates are more likely to be connected, but some of them spoke about the responsibilities of friendship and how difficult friendship can be when friends are in need (Stanford Campus Climate Focus Groups, 2007).

“I end up as default therapist for my friends. That stresses me out” (Stanford Campus Climate Focus Groups, 2007).

- c) Differences between home, family and campus are difficult to reconcile.

Many students refer to home as “back home,” locating it as a place quite different from -- and foreign to -- Stanford. There is literal and implied discussion about the added difficulty of figuring out how to discuss such a different place and life experience (at Stanford) with people “back home” who cannot fathom it. Similarly, many students feel isolated at Stanford because they don’t feel anyone can really understand their family background (Stanford Campus Climate Focus Groups, 2007).

“I wonder if it is going to be feasible for me to go home [now] with that background. Are they going to be able to employ me or am I going to have to go elsewhere? That is very much on my mind ... I want to go home, but I don’t know enough yet to know how. If I go home, am I going to be happy?” (Stanford Campus Climate Focus Groups, 2007).

Socio-economic differences between students are seldom discussed openly at Stanford, but may play a role in the choices available to students and in the quality of their experiences. For example, some students remarked that they “struggled to afford books and other course materials,” and that the constant worry of “working multiple jobs during the week and on weekends, along with doing school work,” has caused undue stress (Spring Residential Education Survey, 2004).

- d) Students want to be part of a caring community.

The Campus Climate Study Group found – and national statistics confirm – that a sense of belonging helps students feel included, connected and valued. This need for affiliation and relationships can be seen in academic, residential and extracurricular settings. A significant number of students identified friends, peers, roommates, family members, classmates and colleagues as essential to providing support or relieving stress at Stanford (Drum & Brownson, 2006).

This social support and sense of belonging not only promotes psychological well-being, it is literally life-saving. Among those students nationwide who have seriously considered suicide, the factors most important in the decision not to attempt suicide were not wanting to disappoint or hurt family (77 percent), or friends, partner/spouse/boyfriend/girlfriend (54 percent), as well as support received from family (35 percent) and friends (35 percent). Other

protective factors include religious or moral beliefs (33 percent), wanting to finish school (37 percent) and feeling hopeful or having plans for the future (40 percent) (Drum & Brownson, 2006).

However, some students are struggling to integrate their personal with their academic life.

“The largest challenge is to integrate and balance my personal life because I have a partner. What I have found is that Stanford, or perhaps universities in general, are not good at having partners be a part of your life on campus.” (2007 Stanford Campus Climate Focus Groups).

- e) Family is an integral part of students’ Stanford experience.

The National Survey for Student Engagement (2007) found that undergraduates who frequently contact their parents and whose parents frequently contact college officials on their behalf are more satisfied with their college experience and report higher levels of engagement and academic fulfillment than do their counterparts. However, the survey also found that too much contact with family and friends from high school can inhibit student learning and development. Students with hyper-involved parents had significantly lower grades than their peers.³

“So when [I would] talk with [my] parents, [and they would] ask how I’m doing, I’d tell them. But other people don’t tell their parents, [they] keep it to themselves. In telling my parents, they take it the wrong way, they overemphasize things. So if I get a C, they don’t realize it’s curved, and most of the class got C’s [and they] think I’m doing a really bad job. My dad started accusing me of things I’d never do. “You gotta stop partying, slacking off, gotta focus on work.” Weird, I’ve never been treated that way before. [I’m] always trying hard, but all of the sudden, [there is] so much distance between us and they assumed the worst immediately and they saw me as one of the stereotypical college students. It’s kind of scary and sad” (Stanford Campus Climate Focus Groups, 2007).

- f) Residential life and residential staff are key supports for students in distress.

Residential life and residential staff and faculty are an integral part of the resources students use for support and to relieve stress, according to students themselves. Most Stanford undergraduate students (86 percent or more) experience a positive sense of community and support living in the residences (Spring Residential Education Survey, 2006). Freshmen who live in frosh-only dorms report higher rates of satisfaction with their living experience than freshmen living in mixed-class dorms (67 percent vs. 59 percent) (Freshman Year at Stanford Survey, 2002)⁴.

³ National Survey of Student Engagement Annual Report (2007): Experiences That Matter: Enhancing Student Learning And Success. This survey provides data to colleges and universities to use to improve undergraduate education, inform state accountability and accreditation efforts, and facilitate national and sector benchmarking efforts, among others. Indiana University Center for Postsecondary Research in cooperation with the Indiana University Center for Survey Research.

⁴ Freshman Year at Stanford Survey (2002): This survey was designed to provide an understanding of the student perspective on the freshman year at Stanford, and to suggest the most effective ways to enhance the experience and increase satisfaction. Response rate was 49 percent.

- g) Student involvement and engagement in University life buffers distress.

The Task Force believes community-building among recognized minorities remains the greatest means we have in addressing isolation. Students identified their involvement and participation in social, identity and spiritual groups as providing support or relieving stress at Stanford. Similarly, they identified social events and the availability of gathering spaces as helpful in providing support or relieving stress on campus (Stanford Campus Climate Focus Groups, 2007).

- h) Stanford counseling resources are essential for the support and well-being of students.

Nationally, 19 percent of undergraduates and 21 percent of graduate students report receiving services from their campus counseling center (Drum & Brownson, 2006). While they find these services essential to their well-being, a number of Stanford students expressed frustration with some aspects of the counseling resources available to them, most prominently lack of prompt access, session limits, stigma associated with mental illness and lack of awareness about the resources (Stanford Campus Climate Survey, 2007).

“As a school, there are a lot of resources available for a lot of needs...But they need to make us more aware...It seems like there is a stigma attached to seeing a psychiatrist. And, well, should I tell people? Where do I seek it out? [At] GSB, we had a weeklong orientation, and they pushed a lot of this on us. I think they can't reiterate this enough. When it is the first week, you think, am I going to need all this? Maybe periodically, they could remind us” (Stanford Campus Climate Focus Groups, 2007).

This frustration was also expressed with some aspects of the non-counseling resources for dealing with stress. For example, some Stanford students indicated that there is not enough support for groups that promote emotional, spiritual and academic dialogue. Other students stated that they found it difficult to figure out how some student services work. A number of them said they thought Stanford was not adept at dealing with eating disorders (Stanford Campus Climate Focus Groups, 2007).

- i) Research supports the concept of the BeWell@Stanford campaign.

National research suggests that physically active people have lower rates of anxiety and depression than sedentary people. In a recent study (Wilkinson et al., 2007), researchers found a significant positive association between cultural activities and self-reported health, even after controlling for age, gender, marital status, race, number of children, subjective social class, employment status, household income and educational attainment. Specifically, the more cultural activities people reported attending, the better their self-reported health. Stanford students seem aware of the association between exercise, participation in cultural activities and stress relief, and these activities are an integral part of the way students say they take care of themselves (Stanford Campus Climate Focus Groups, 2007; Stanford Campus Climate Survey, 2007).

j) Stanford's physical environmental is an asset to build on.

In a UQ News Online article (2007), Dr. Jan Packer from the University of Queensland notes that there is a well-documented link between natural environments and the ability of people to recover from the stresses of life. The well-tended and beautiful Stanford campus environment appears to offer Stanford students the opportunity to recover mentally from stress and to regain the ability to focus on their studies (Stanford Campus Climate Focus Groups, 2007; Stanford Campus Climate Survey, 2007).

IV. UNIVERSITY POLICIES AND PRACTICES

A. Background

Although a strong mental health safety net for students has long been a value and a reality at Stanford, recent trends concerning student mental health and well-being have certainly challenged not only Stanford but other colleges and universities across the country to have appropriate resources, policies and procedures in place.

In recent years there has been movement nationally toward institutional reviews of university resources, and policies and procedures concerning students with mental health conditions. Some institutions have embarked on comprehensive reviews and task forces. In 2006, The Jed Foundation convened a professional roundtable to develop a list of issues to be considered when drafting or revising university protocols (The Jed Foundation, *Framework*). Furthermore, United Educators (2008) has actively provided guidance and training to the higher education community on best practices in this area.

Beyond assessing Stanford's policies and procedures vis-a-vis external benchmarks or minimum standards, the Task Force engaged in this review with a shared belief, reflecting a Stanford value, that a supportive University response has a major impact for many students on their experience and success at Stanford.

B. Review and Research

The Policy and Practice Review Committee's work plan established a core group to examine six issues in the Provost's charge comprehensively. The Jed Foundation's 2006 "*Framework for Developing Institutional Protocols for the Acutely Distressed or Suicidal College Student*" was consulted extensively.

In an effort to refine recommendations and build consensus, the work group reported its preliminary findings and recommendations to the entire committee for discussion and ratification.

The work group brought in special internal consultants, outside experts and organizations as appropriate to the topic being considered. The Jed Foundation was consulted as to best practices in each area. Meetings included presentations of current Stanford policy, comparative statistics, benchmarks and current issues of concern.

Topics reviewed in Fall Quarter 2006 were leaves of absence and emergency contact communications. Extensive discussions also focused on legal issues impacting and limiting disclosure of clinical data such as HIPAA (Health Insurance Portability and Accountability Act), or FERPA (Family Educational Rights and Privacy Act) and state privacy laws, and administrative information contained in student records (FERPA).

In Winter Quarter the work group intensively discussed how the University responds in mental health (and other) crisis situations and explored the need to expand counseling resources, given the ever-growing student demand for such services. It should be noted that Provost Etchemendy has authorized such an expansion; new positions are in the process of being filled.

In Spring Quarter 2007, the core group combined the final two topics — early intervention and education and training — since many of the elements of one almost invariably involved elements of the other. The goal was to propose a host of initiatives that together would comprise a comprehensive and coordinated mental health early intervention and risk reduction program. Students, faculty and staff on the committee played a significant role in defining Stanford's needs. Other universities and The Jed Foundation were consulted about effective programming elsewhere.

C. Findings

1. Counseling Resources

a) Demand for Counseling Services and Staffing Level

Counseling and Psychological Services (CAPS) is currently experiencing an unprecedented demand for services. Furthermore, clinical demand is expected to rise in the future due to increased publicity of mental health issues as well as increased student willingness to seek help.

Colleges and universities naturally vary in the range of their counseling resources. The International Association of Counseling Services (IACS) states, “Every effort should be made to maintain minimum staffing ratios in the range of one F.T.E. professional staff member (excluding trainees) to every 1,000 to 1,500 students.” The Task Force concluded that the suggested IACS ratio should be adopted as the intended goal.

As in many counseling centers, access to Stanford CAPS services is limited by staff availability. Over the years, efforts have been made to increase the number of appointments. As a result of new resources, additional CAPS counselors will be hired by the end of September 2008 and a director of outreach will also join the staff.

b) Outreach

As demand for counseling sessions and crisis intervention has increased, CAPS has had to reduce its outreach efforts and activities. Specifically, when CAPS staff appointments are fully booked, staff are not available to spend time with students in the residences or with faculty or staff elsewhere in the University. Initiating counseling, even when a student knows he or she needs it, can be difficult, and the Task Force believes that if a student recognizes the familiar face of a CAPS staff member who has engaged in a residence-based dialogue, the student may be much more likely to reach out for a therapeutic appointment.

c) Insurance

Although all students have access to mental health services at Vaden Health Center, there remain gaps in mental health insurance coverage related to hospitalization, emergencies, and referral for long-term treatment for underinsured students and for unregistered students who remain on campus during the summer. Some students opt out of purchasing Stanford's insurance plan — Cardinal Care — choosing instead to remain covered by another policy (through a parent, spouse or employer). However, there can be great

variability in coverage for mental health purposes, depending on the policy. For instance, some policies, especially international policies, do not have adequate mental health coverage, while others cover only catastrophic medical problems.

d) Other Departments

Task Force discussions focused primarily on clinical counseling resources. Today's student population is much more willing than its predecessors to seek mental health related services, information and consultation, and this increase in case load, accompanied by a concomitant increase in the complexity of issues presented, has put significant strains on other, non-clinical safety net support systems (including academic and other University departments), that play such an integral role in maintaining a supportive campus environment.

2. Crisis Response

a) University Administrative Crisis Response

University procedures for responding to students in crisis are comprehensive and result in appropriate and timely responses in the vast majority of situations. These responses are characterized by a team approach, collaboration and communication. The Task Force found that protocols for crisis response and responding to a student death are well documented and followed by first responders as well as the team members who are managing the crisis. However, these protocols are not widely disseminated within the student affairs division. The consensus was that centralizing information on all crisis response protocols and resources would be helpful and would likely reduce anxiety for students, their parents, staff and faculty.

b) Administrative Documentation and Access to Information

It was made clear to the Task Force that a number of University offices maintain non-academic student records or otherwise have information that might be helpful when responding to or managing a crisis (for instance, the Freshman Dean's Office, Office of Accessible Education, academic advisors, Residential Education, Resident Fellows, community and ethnic centers), but that this information usually is made accessible only to individuals in those particular departments or offices.

Recordkeeping procedures regarding students are not consistent within the University. Official records regarding incidents identifying specific undergraduates are documented in a database maintained by and housed in Residential Education; this database is not designed for easy extraction of information. In the graduate area, there is no designated database that systematically tracks incidents and identifies specific students; rather, records typically are kept in the form of emails and/or hard copy files. While the Task Force recognizes and respects the need to keep most student data private, it also believes that it may better serve students when crisis responders have the means to more readily access, on a need-to-know basis, relevant information from a centralized student database.

Additionally, the Task Force recognizes that accessing information needed immediately in a crisis (for instance, emergency contact information, where the student lives and

whether there are roommates) may be unnecessarily restricted or impeded by outdated technology. Currently, for example, when a Residence Dean or a Graduate Life Dean receives a crisis call after business hours, they return to their respective offices in order to access the PeopleSoft information system on their computers —time that otherwise could be better spent. The Task Force believes that providing first responders with the means to access certain information in the field or during non-business hours would increase the efficiency and effectiveness of crisis response to the benefit of the student.

c) Administrative Staffing and Resources

Two critical components of the Stanford safety net are the undergraduate Residence Deans and the Graduate Life Deans. They are often not only the first responders to a student crisis, initiating the essential “first things first” (contacting parents or other responsible parties), but also referring the student to the appropriate support resources and providing follow-up, as needed. The Task Force recognizes these individuals as the often “unsung heroes” of campus crisis response, noting that at any given time, at least one Residence Dean and one Graduate Life Dean have 24-hour on-call duty (including weekends), and also noted that their case loads continue to increase in number, complexity, and intensity, absorbing staffing resources to the point where there is not enough time for education, outreach, or attention to less urgent student issues. Additionally, crisis responders frequently learn “on the job” from their peers and formal crisis management training varies.

Finally, the Task Force notes that while often there is an immediate need for funds in order to properly manage a crisis (for instance, the purchase of an airline ticket because of a death in the family), there is no established or budgeted University emergency fund available.

3. Emergency Contact Communication

The Task Force deliberated extensively on policies and practices regarding contacting a responsible party when there is concern about a student. These incidents include a mental health crisis, troubling behavior, injury, a missing student, or student death.

Depending on the circumstance, a responsible party may be any of the following: a parent/legal guardian, spouse, partner, or other family member. The responsible party may or may not be the student-designated emergency contact.

a) Legal Considerations

When considering disclosing private student information, administrators and clinicians must follow specific legal requirements. Laws such as FERPA, HIPAA, and other state laws governing privacy may apply.

An adult student’s privacy is protected from information disclosure to other parties, except under certain circumstances. For administrative information, FERPA allows disclosure to other parties under these circumstances:

- To appropriate parties in connection with an emergency if knowledge of information is necessary to protect the health or safety of the student or others.

- Alcohol or drug violations may be disclosed to parents if the student is under age 21.
- Information derived from personal knowledge or observation of a student, and not from the student's education records.
- If a student is a dependent for tax purposes under IRS rules, education records may be disclosed to the supporting parents/guardians.

For clinicians at Counseling and Psychological Services, HIPAA and California state law allow disclosure without authorization under these circumstances:

- If a student discloses an intent to cause imminent, life-threatening harm to him/herself or others, the clinician is legally obligated to take whatever actions seem necessary to protect the student or others from harm.
- If a student discloses an intent to do imminent bodily harm to a specific person(s), the law requires the clinician to inform the authorities and intended victim(s), and to take additional action if necessary.
- Under lawfully issued subpoena or court order.

Although these privacy issues are well understood by Stanford staff that respond to student crises, University policies, informed by law, regarding when responsible parties can be contacted without a student's consent, have not been widely distributed and are not fully understood by many in the campus community.

b) Administrative Policy and Practice

University administrators reach out to emergency contacts and responsible parties when there is a concern about a student's well-being, consistent with legal requirements, and when it is judged to be in the best interest of the student. However, many faculty, staff and students remain unaware of this practice, and guidelines for sharing otherwise private information between the University and a responsible party have not been widely distributed.

In practice, parents (of undergraduates) can be and often are involved in the immediate response to a student crisis. University staff inform family and/or emergency contacts when there is an imminent risk to a student's safety or the safety of others and it is considered to be in the student's best interest.

It should be emphasized, however, that the University's primary relationship is with the student, not with parents or other third parties. The University believes in balancing a student's right to privacy and developmental needs for autonomy with the potential benefit of involving parents to help resolve critical situations. Students are encouraged to maintain open communication with their parents, but are also told that the University may contact parents without the student's consent when it is judged to be in the best interest of the student and consistent with the law.

c) Emergency Contact Information (ECI) Collection

Recently, students were required to update or confirm emergency contact information in Axxess, the on-line information portal for student records. Students were encouraged to provide multiple contacts. Depending on the student's choice, parents may or may not be included.

d) Tax Dependent Status Information

The Registrar's Office recently implemented a program to gather tax-dependent status information from incoming students. Under FERPA, the University may (but is not required to) communicate educational records to parents if they claim the student as a dependent on their tax returns. This program is not intended to alter the long-standing principle that Stanford's primary communication efforts are made directly with students.

4. Leaves of Absence

a) Voluntary Leaves of Absence

The ability for undergraduates to take an approved voluntary leave of absence without review is a positive experience for many students, including those with disabilities and mental health problems. Both undergraduate and graduate students take voluntary leaves of absence for mental health reasons. Currently, there is no formal system to help support a student transitioning to a leave and returning to Stanford. Of most concern to the Task Force is that before or upon their return, there is no evaluation of the ability of these students to succeed academically and live independently in the campus community as is the expectation for any Stanford student.

A student is "discontinued" in PeopleSoft when he or she does not obtain an approved voluntary leave of absence or does not enroll in classes by the study list filing deadline. Currently, the Academic Standing Office conducts a limited review of their ability to succeed academically and live independently in the campus community when the student is approved for return to campus.

b) Involuntary Leaves of Absence

Placing a student on an involuntary leave of absence due to mental health reasons is a topic that has received widespread attention at universities across the nation. At Stanford, there is no "involuntary leave of absence" category. There is, however, a process whereby a student is placed on an "administrative hold" which is essentially deemed an involuntary leave of absence.

5. Education, Training, Early Intervention

Currently, the University offers many programs and services in the areas of screening, intervention, education and mental health awareness through Residential Education, Vaden Health Center's Health Promotion Services, The Bridge, Counseling and Psychological Services, the Graduate Life Office, the Office of Accessible Education, the community and ethnic centers, School of Education and other staff and student-led groups. However, many of these programs operate independently of one another leading to decentralization of

services. Many students, staff, and faculty could benefit from services that already exist but are underutilized and/or under-publicized.

The Task Force has reviewed a number of programming options utilized at other colleges and universities and believes some of them might be valuable additions to those offered at Stanford.

V. STRENGTHS ASSESSMENT

While the Task Force ultimately focused on recommendations aimed at improving the status quo, the committee also found significant areas of strength where the University can be proud of its support for student mental health and well-being. The Task Force sees these key programs, services and staff as a valuable foundation and crucial to current and future efforts that the University undertakes.

Residential Life

Residence life is a formative aspect of the student experience, especially for undergraduates. The residential nature of the Stanford campus means that the programming and staffing associated with University housing provide an important resource and connection for students within the larger community. A variety of professional and student staff associated with undergraduate residence halls and, to a lesser extent, graduate residences are widely viewed as valuable in supporting students and beneficial to their daily lives.

Safety Net Resources

Stanford's safety net, the extensive network of resources provided by the University to students who experience problems that require extra guidance and support (i.e., academic difficulty, personal and emotional distress, physical trauma, mental or psychological crisis), has proven to be essential to the University's ability to support students effectively. The network of services, programs and staff is collaborative and offers multiple points of entry, though all lead to a coordinated response. Because the safety net is elaborate and staff are sensitive to student well-being, the University can anticipate and respond to student needs.

Crisis Response

Whenever there is a critical student incident, the University relies on well-developed and well-documented protocols for quick and effective response. Utilizing a team approach based on collaboration and communication, staff provide support to all those impacted by the situation, including students, faculty, parents and other colleagues. Staff that have roles in crisis response situations are experienced, knowledgeable, dedicated and diverse, all of which contribute to the effectiveness of the response.

Case Management

For individual students who are having serious difficulties within the University, Stanford often employs a case management approach. Stanford's case management resembles its team approach to crisis response and is a well established model for problem-solving. As needed, an ad hoc group of staff and, when appropriate, faculty with the necessary expertise, is assembled (often led by the Dean of Student Life). Unique to each specific situation, the group spans a variety of offices and works quickly to address potential problems or to solve problems that have arisen. The Vice Provost for Student Affairs chairs a weekly meeting to review student-related incidents so that case management occurs proactively as much as possible.

Orientation and Outreach

Stanford places a premium on welcoming and orienting new students. New Student Orientation (NSO), New Graduate Student Orientation (NGSO) and International New Graduate Student Orientation (INGSO) all introduce incoming students to life at Stanford. Augmenting these programs are specific events and orientations including Admit Weekend for prospective undergraduates, Graduate Diversity Admit Weekend for invited graduate school applicants and orientations sponsored by the six ethnic and community centers which are tailored to their specific populations. In all these orientation sessions messages are incorporated about the resources and services that are available to support students in all aspects of their well-being.

Peer Outreach

Many of our students are actively engaged in promoting student wellness and creating sources of peer support. Examples such as The Bridge and many other student run groups offer an assortment of opportunities for students to engage with their peers around topics pertaining to mental health and well-being.

Campus Culture

Many aspects of campus culture contribute positively to student mental health and well-being. Student involvement helps promote a sense of connection and community; through extracurricular activities, students are able to find an association or a sense of accomplishment and personal satisfaction that can be meaningful to them. These affiliations also promote the development of leadership and citizenship. The popularity of Haas Center programs, Voluntary Service Organizations (VSOs) and student religious organizations attests to the fact that students benefit from being involved in activities that expand their life on campus. Stanford clearly encourages physical activity and overall health through the BeWell@Stanford campaign (the University's wellness program), the accessibility and variety of sports on campus and in the community and the prevalence of performing arts opportunities.

CAPS Referral System

Counseling and Psychological Services (CAPS) has access to an extensive network of clinicians who are part of the Cardinal Care plan and who have offices located in communities near the Stanford campus. Students seeking long-term psychotherapy and/or psychotropic medication can be referred to a clinician within the nearby area. To assist students requiring hospitalization for a mental health reason, CAPS relies on its strong relationship with, and close proximity to, Stanford University Hospital.

Means Restriction

Research by Mann, et al. (2005) has shown that one of the most effective ways to prevent suicide is "through restriction of access to lethal means" (p. 2065). Stanford banned guns on campus in 1927 following its designation as a wildlife preserve. California State Law, both the Penal Code and the Fish and Game Code, prohibits firearms on campus.

VI. RECOMMENDATIONS

The Task Force respectfully submits the following recommendations to Provost Etchemendy. Each recommendation is accompanied by one or more proposed next steps designed to help accomplish the specific proposal.

A. Strengthening Leadership Related to Student Mental Health and Well-Being

Recommendation 1: Ensure broad and long-term commitment to understanding, supporting and encouraging student mental health and well-being.

Proposed Next Steps

- a) With the endorsement of the Provost, the Vice Provost for Student Affairs (VPSA) should appoint an Oversight Committee that will assume responsibility for coordinating and planning many of the University's student mental health initiatives, including the work initiated by the Student Mental Health and Well-Being Task Force.
- b) The University should continue to focus on related research and to support faculty who are conducting research in the areas of student mental health and well-being.
- c) Oversight Committee should discuss with student government and other voluntary student organizations the possibility of initiating student-led efforts related to student mental health and well-being that increase student-to-student support, as well as educate students, in order to reduce perceived barriers and stigma associated with seeking care and support.

B. Improving Academic Support

Recommendation 2: Create academic initiatives that will help to decrease student stress while maintaining Stanford's high academic standards.

Proposed Next Steps

- a) The Committee on Undergraduate Standards and Policy (CUSP) should consider establishing a working group composed of faculty, staff and students to investigate the creation of academic initiatives for undergraduates aimed at reducing stress while maintaining academic standards.
- b) VPGE, graduate schools and departments should explore the implications of academic programs that admit more first-year graduate students than ultimately will be accepted for Ph.D. study and how to provide alternative paths for students who do not conclude Ph.D. programs (for instance, support for alternative careers and students obtaining M.S. degrees) to avoid binary success/failure assessment.

Recommendation 3: Improve advising, mentoring and academic support in departments.

Proposed Next Steps

- a) VPUE should be encouraged in its efforts to provide academic advising for all undergraduates (not just freshmen) who have not declared a major, possibly in the residence halls so that advising is more readily accessible. The role of advisors should be expanded to include mentoring as well as advising.
- b) VPUE should continue to support academic mentoring and community-building efforts such as the successful Partners for Academic Excellence (PAE) program.
- c) VPGE should clarify the expectations and boundaries of the advisor-graduate student relationship and specifically address the desire of some graduate students for more advice and counsel than they feel they receive now.
- d) Graduate departments and programs should consider appointing second advisors for graduate students who can offer guidance which is separate from students' academic lives (i.e., grades, careers and funding).
- e) Academic departments should be encouraged to create a primary source of contact that is responsible for timely response to students' concerns with the goal of reducing stress; implement as appropriate for undergraduate and graduate students.

C. Strengthening the Safety Net for Students

Recommendation 4: Ensure that safety net resources related to Counseling and Psychological Services (CAPS) have adequate capacity to address the needs of students.

Proposed Next Steps

- a) CAPS staffing should meet expected service demands and the staffing ratio recommended by the International Association of Counseling Services (IACS), as well as support the essential role of CAPS in providing outreach and education to the campus. To achieve this recommended standard, the University is currently increasing CAPS staffing; recruitment and hiring will be complete in the 2008-09 academic year.
- b) The scope of services offered at CAPS should be reviewed in comparison to peer institutions, including screening, assessment procedures, and hours of operation, and modified if appropriate. CAPS is currently conducting this review.

Recommendation 5: Ensure that non-clinical offices providing safety net services (including, but not limited to, the Office of Accessible Education, Residential Education, the Graduate Life Office, and the ethnic and community centers), have sufficient resources to meet the increased demand and complexity of student issues.

Proposed Next Steps

- a) VPSA should conduct a review of the case load for related offices to determine if staffing levels are appropriate to adequately perform education, outreach and follow-up activities, while also responding to the full spectrum of student issues.
- b) Graduate Life Office should review the role of the Community Associates (CAs) in responding to important, non-crisis situations in the graduate area (such as roommate conflicts and noise complaints) and determine whether CA responsibilities should be expanded.

Recommendation 6: Strengthen University requirements related to students' health insurance so that student coverage is adequate to meet potential off-campus mental health care needs.

Proposed Next Steps

- a) Vaden Health Center should determine whether to require students to purchase a 12-month Cardinal Care policy to avoid a summer insurance gap.
- b) Vaden Health Center should determine whether to require international students to purchase Cardinal Care to prevent international students being underinsured by international insurance policies.
- c) Vaden Health Center should review the Cardinal Care purchase waiver process to determine whether steps should be taken to reduce the frequency of students being underinsured by other policies.

Recommendation 7: Improve the flow of information among University offices and departments that support students, in compliance with laws designed to protect student privacy.

Proposed Next Steps

- a) VPSA should appoint a committee to evaluate information sharing practices among offices that support students and develop a budget if necessary. Specific topics to be addressed are:
 - functionality of the student incident database in use by Residence Deans and the possibility of extending its use to include graduate student incidents;
 - how to enhance crisis response by facilitating immediate access to centralized information for all student response offices; and
 - updated technology (such as a hand-held device able to access emergency contact information and housing information) that will provide student support staff access to essential crisis response information when they are in the field.

Recommendation 8: Establish a fund to assist students when they have emergency needs.

Proposed Next Steps

- a) VPSA should convene discussions with Residential Education, Graduate Life Office, Financial Aid, Dean of Student Life and Dean of Educational Resources to develop policies and procedures for an emergency fund, as well as estimate need for these funds.

Recommendation 9: Develop programs that enhance the University’s collaboration with parents, guardians and family members on behalf of students.

Proposed Next Steps

- a) VPSA in consultation with VPUE and VPGE should appoint a staff committee to review relations with parents and families to:
 - assure that Stanford can stay cognizant of the changing roles and expectations of parents of incoming college students, while at the same time emphasizing that Stanford’s primary relationship is with the student;
 - clarify Stanford’s expectations of the role and responsibilities of parents and Stanford students; and
 - determine how Stanford can better partner with families to support the well-being of Stanford students in keeping with the laws protecting students’ privacy.

Recommendation 10: Strengthen support for students to facilitate successful transitions to leaves of absence and transitions back to Stanford.

Proposed Next Steps

- a) Responsible offices/staff should assist students who are in transition to leaves of absence by making sure they are aware of support resources and how to access them.
- b) Registrar should chair a group to study the desirability and feasibility of having a consistent review of “readiness to return” for both undergraduate and graduate students who take a voluntary leave of absence due to mental health reasons.
- c) Academic Standing Office should thoroughly review the ability of “discontinued” undergraduate students to succeed academically and live independently in the campus community when they return to campus.
- d) VPSA and VPUE should review current involuntary leave practices and consider a formal leave policy.

Recommendation 11: Expand the University’s efforts in prevention, early intervention and risk-reduction in the area of mental health.

Proposed Next Steps

- a) Responsible offices should create and develop related programs and initiatives. Examples are:
 - expanding on-going suicide risk reduction training (specifically, QPR© training) for students, faculty, and staff;
 - creating a comprehensive resource website;
 - designing web-based educational tools targeting faculty, staff, and students; and
 - incorporating depression screening in primary care medicine, referral and case management.

- b) Oversight Committee should review existing peer mental health initiatives (e.g., Peer Health Educators, the Bridge, Stanford Peace of Mind, and other student groups) and mental health resources in residences, make recommendations for expansion as appropriate and develop necessary budget proposal.

D. Enhancing Community and Personal Resiliency

Recommendation 12: Expand or improve programs, staff and other resources to support development of personal relationships between students, so that they feel connected and valued in their communities.

Proposed Next Steps

- a) Graduate Life Office and Freshman Dean's Office should review new student orientation to determine how programs promoting community and connections can be enhanced or improved.
- b) Ethnic and community centers should continue to promote programs focused on connectedness for students in their respective communities.
- c) Community-building programs for undergraduates, including residential life programs such as Off the Farm and Crossing the Line, should be continued and additional programs for undergraduates beyond the freshman year should be developed by Residential Education.

Recommendation 13: Continue support for efforts affirming diversity and support for students whose personal background may make them more vulnerable to isolation and disconnection from their peers and the wider community (such as first-generation college students, low income students, international students, students with disabilities, students of color, gay, lesbian, or transgender students and students who identify with other minorities).

Proposed Next Steps

- a) VPSA should lead a group of relevant offices to study the needs of specific populations and develop a plan to be used to address economic disparities that might discourage some students from fully participating in academic and community programs and events.

Recommendation 14: Promote development of interpersonal and conflict resolution skills for students.

Proposed Next Steps

- a) VPSA should expand skill-building opportunities in mediation and conflict resolution for students, possibly through the auspices of Residential Education and the Graduate Life Office.

Recommendation 15: Improve community-building efforts specifically aimed at graduate student needs.

Proposed Next Steps

- a) The Graduate Life Office should work with partner offices to develop new programs and opportunities for community building among graduate students, especially activities that foster interpersonal relationships with students in other disciplines (those who are not seen as “competition”) and within the wider University community.

E. Improving Education and Training

Recommendation 16: Provide opportunities for students to broaden their attitudes and expand their knowledge and skills that support their mental health and well-being.

Proposed Next Steps

- a) Freshman Dean’s Office and Graduate Life Office should add training/education programs to New Student Orientation (NSO) and New Graduate Student Orientation (NGSO) that focus on students’ abilities to deal with life’s challenges and their abilities to enhance their coping skills.
- b) Oversight Committee should develop initiatives that promote wellness programs dealing with common challenges, such as sleep deprivation, substance abuse and eating disorders; promote the BeWell@Stanford campaign, a University sponsored wellness program, to encourage exercise and enhance stress management.
- c) Oversight Committee should design and implement education and training initiatives that reduce the stigma that may be associated with seeking mental health counseling resources, focusing especially on populations often exhibiting higher rates of stress, such as first-generation students, students of color, students with disabilities, students with financial stress, international students and LGBT students.

Recommendation 17: Expand communication efforts to promote awareness in the campus community (faculty, staff, students, and parents) of safety net and support and counseling resources for students and how to access them.

Proposed Next Steps

- a) Admissions Office and Freshman Dean’s Office should work together to develop a program that will improve outreach to incoming students so that they are aware of University resources and support systems.
- b) Graduate Life Office and partner offices should continue to refine orientation programs for graduate students (e.g., offer Grad School 201 to graduate students as a follow-up to Grad School 101, an Autumn quarter orientation program), including insights into graduate student culture and information about safety net resources.

- c) Graduate Life Office and partner offices should create a resource for graduate students similar to “Approaching Stanford.”
- d) VPSA and partner offices should inform faculty and staff about resources and support systems available to students in distress, so that they can make appropriate referrals.
- e) Policies and practices for emergency contact and responsible party notification should be summarized by VPSA-designated offices and made available to students, faculty, staff and parents, with the goal of clarifying when Emergency Contact Information (ECI) might be utilized (e.g., mental health crisis, medical emergency, a campus-wide emergency) and encouraging a dialogue between students and parents about appropriate ECI listings.
- f) VPSA should centralize and update crisis resource information on Stanford’s web site.

Recommendation 18: Offer training for faculty, staff and student staff regarding early recognition of student distress and making referrals to appropriate services.

Proposed Next Steps

- a) CAPS should build on its successful trial of QPR© training and sponsor programs focused on suicide risk reduction education and training for faculty and staff working closely with students, such as advisors, teaching assistants, resident assistants and other student residential staff, and athletic coaches. (See Appendix K for information on QPR© training.)
- b) VPSA should clarify core competencies for crisis responders and provide ongoing training in crisis response for staff, including training on privacy/confidentiality issues.
- c) VPSA should disseminate protocols and procedures for responding to student crises or student death and incorporate into training for residential and student affairs staff.

VII. CONCLUSION

Diverse opinions, wide-ranging experience and an assortment of perspectives from all corners of the University guaranteed that the Student Mental Health and Well-Being Task Force engaged in lively, rich and often intense dialogue about student mental health and well-being. Though individual differences were consistently present, the 18-month project led to shared perceptions and to the emergence of a common vision.

The Task Force acknowledges that the mental health and well-being challenges facing students are part of a larger phenomenon and are not merely limited to Stanford or to college-age students. Research demonstrates that students experience these challenges well before they enter college. Unfortunately, we can neither expect nor hope that complicated, often complex mental health challenges that students bring will simply disappear.

Realistically, the University cannot be expected to offer the level of mental health services that a medical facility does. While students entering Stanford are academically accomplished and highly driven, they may not have developed the resiliency skills to help them cope with the demands of college life. Consequently, the Task Force believes that providing the resources necessitated by today's situation has become increasingly important. It is incumbent on the University to broadly and effectively publicize the strong safety net of predominately decentralized services that currently exists on campus and to help students understand how to access these services.

Beyond that, a shift in cultural norms and expectations is needed. The University is committed to fostering students' development through learning, personal growth and success and yet the definition of success cannot be limited to academic achievement alone. The Task Force believes that it is necessary to critically examine expectations surrounding academic achievement and to assess their impact on students' mental health and well-being. Qualifying students for "personal success and direct usefulness in life" as outlined by the Founding Grant means that a student's academic achievement may not be the most significant measure of qualification and preparation.

The Task Force does not expect that a fundamental change in culture and perspective comes quickly or easily. Nevertheless, the Task Force affirms its belief that supporting student mental health and well-being is the province of all of us - - faculty, staff and students alike. Through a deliberate and intentional collective effort combined with an institutional commitment to providing necessary services and resources we can continue to support and promote the best emotional and mental well-being of our students.

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Princeton University
<http://www.princeton.edu/hwbtf/final-recommend.shtml>

University of California
<http://www.sa.ucsb.edu/giving/pdf/mentalhealthreport.pdf>

IX . APPENDIX

- A. Charge Statement to the Student Mental Health and Well-Being Task Force from Provost John Etchemendy
- B. Student Mental Health and Well-Being Task Force Organization Chart
- C. Student Mental Health and Well-Being Task Force and Committee Members
- D. “Campus Security Begins with Caring” by Morton Silverman
- E. Task Force Recommendations
- F. President John Hennessy’s letter
- G. Vice Provost for Student Affairs Greg Boardman’s letter
- H. *Stanford Daily* articles
- I. Campus Climate Study Group Methodology
- J. Campus Climate Study Group Web Survey
- K. QPR© Training

Appendix A

Charge Statement to Student Mental Health and Well-Being Task Force from Provost John Etchemendy

It is now well recognized that the prevalence and complexity of student mental health issues has grown in recent years both nationally and here at Stanford. Increasingly, we are seeing students struggling with mental health concerns ranging from self-esteem issues and developmental disorders to depression, anxiety, eating disorders, self-mutilation behaviors, schizophrenia and suicidal behavior. The impact of these mental health problems on the individual student can be devastating both socially and academically. Furthermore, the implications are far reaching for the entire campus community, as well as for academic and clinical support services.

As part of Stanford University's response, The Student Mental Health and Well-Being Task Force is charged with:

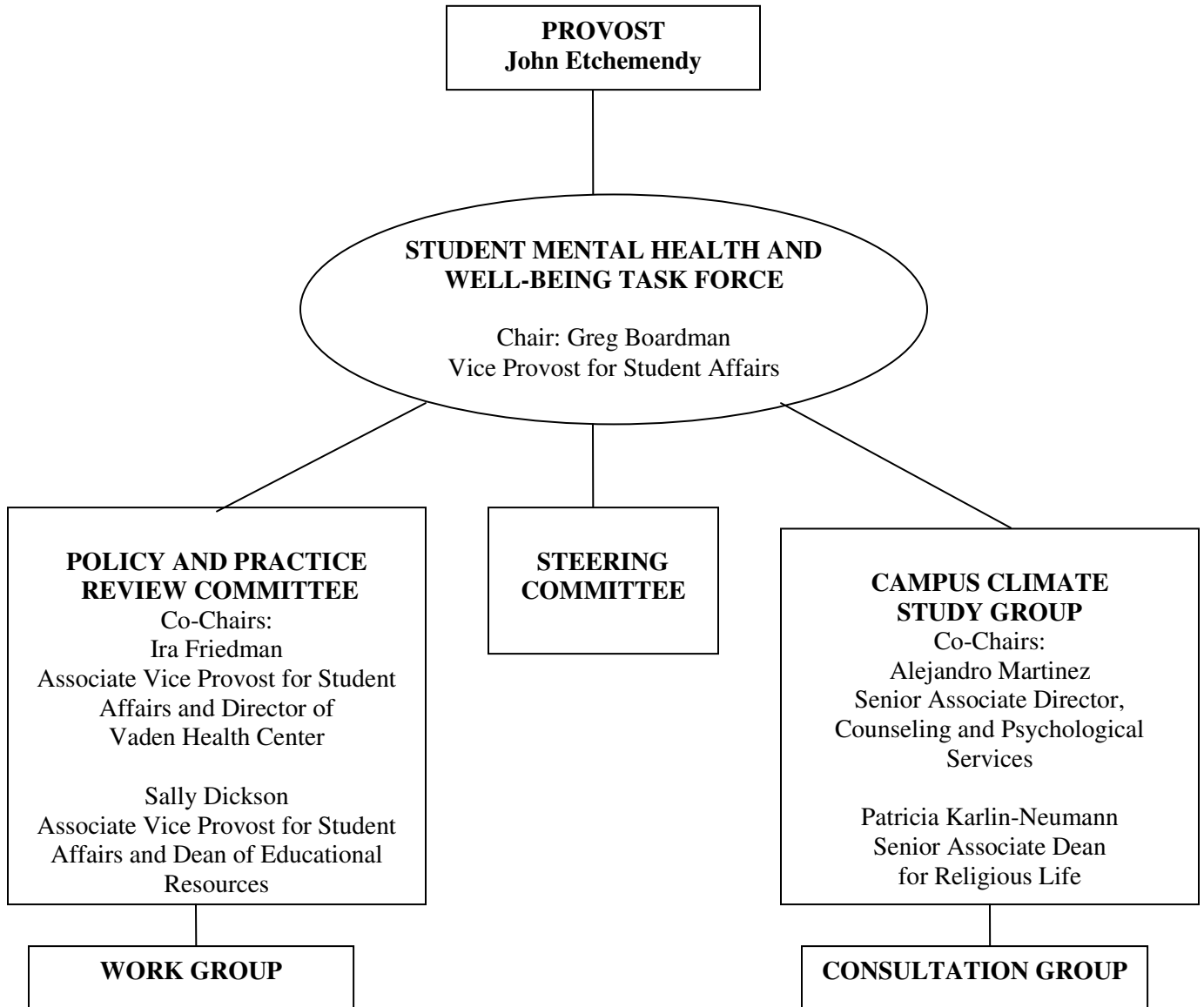
1. Examining campus-wide policies and practices for responding to student mental health crises;
2. Evaluating policies and practices around emergency contact communication including the role of parents;
3. Reviewing Stanford's policy on voluntary and involuntary leaves of absence;
4. Evaluating efforts to increase awareness of mental health issues through education and training;
5. Examining counseling resources including capacity to meet demand for services as well as screening and assessment procedures;
6. Reviewing what policies and practices are in place for early intervention and in what ways we can augment early intervention strategies;
7. Examining how the academic, residential, and extracurricular environments impact the mental health of students;
8. Obtaining a more detailed understanding of the academic and personal stresses facing graduate and undergraduate students at Stanford; and
9. Investigating what contributes to and/or detracts from a supportive environment for all members of the Stanford community.

Items number one through six will be studied by the Policy and Practice Review Committee while items seven through nine will be studied by the Campus Climate Study Group.

At the conclusion of its work, the Task Force will make recommendations for reducing risks and increasing support for members of the Stanford community facing mental health challenges. This will take the form of a final written report to the Provost.

Appendix B

Student Mental Health and Well-Being Task Force Organization Chart



Appendix C

Student Mental Health and Well-Being Task Force and Committee Members

Student Mental Health and Well-Being Task Force

Greg Boardman – Student Affairs (Chair of Task Force, PP*, CC**)
Joan Bisagno – Office of Accessible Education (PP)
Susie Brubaker-Cole – Undergraduate Advising Program (PP)
Rosalind Chow– Student Representative, Graduate (CC)
William Damon – School of Education (CC)
Alejandro de Los Angeles – Student Representative, Undergraduate (CC)
Larry Diamond – Hoover Institution (CC)
Sally Dickson – Student Affairs (PP Co-Chair)
Tina Dobleman – Risk Management (PP)
Ira Friedman – Vaden Health Center (PP Co-Chair, CC)
Christine Griffith – Student Affairs (PP)
Michael Haberecht – Counseling and Psychological Services, Vaden Health Center (PP)
Patricia Karlin-Neumann – Office for Religious Life (CC Co-Chair)
Julie Lythcott- Haims– Freshman Dean’s Office (CC)
Alejandro Martinez – Counseling and Psychological Services, Vaden Health Center
(CC Co- Chair, PP)
Marie-Jo Mont-Reynaud – Student Representative, Undergraduate (CC)
Brad Osgood – School of Engineering (CC)
James Poole – Student Representative, Graduate (PP)
Denise Pope – School of Education (CC)
Maureen Powers – Dean of Students, 2006-07 (PP, CC)
Paris Schaefer – Vaden Health Center, Task Force Project Coordinator (PP, CC)
Mirra Schwartz – Student Representative, Undergraduate (PP)
Richard Shaw – Undergraduate Admissions (CC)
C. Barr Taylor – Department of Psychiatry (PP)
Rebecca Smith-Coggins – School of Medicine (PP)
Jennifer Westerlind – Office of the General Counsel (PP, CC)
Laura Wilson – Department of Public Safety (PP)
Debra Zumwalt – Office of the General Counsel (PP, CC)

Steering Committee

Greg Boardman – Student Affairs (Chair of Task Force, PP, CC)
Sally Dickson – Student Affairs (PP Co-Chair)
Ira Friedman – Vaden Health Center (PP Co-Chair, CC)
Patricia Karlin-Neumann – Office for Religious Life (CC Co-Chair)
Alejandro Martinez – Counseling and Psychological Services, Vaden Health Center
(CC Co- Chair, PP)
Paris Schaefer – Vaden Health Center, Project Coordinator (PP, CC)
Lauren Schoenthaler – Office of the General Counsel
Jennifer Westerlind – Office of the General Counsel (PP, CC)

* PP: Policy and Practice Review Committee ** CC: Campus Climate Study Group

Policy and Practice Review Committee

Joan Bisagno – Office of Accessible Education
Greg Boardman – Student Affairs
Susie Brubaker-Cole – Undergraduate Advising Program
Ralph Castro – Alcohol and Other Drug Prevention, Vaden Health Center
Sally Dickson — Student Affairs (Co-Chair)
Tina Dobleman – Risk Management
Ira Friedman – Vaden Health Center (Co-Chair)
Christine Griffith – Student Affairs
Michael Haberecht – Counseling and Psychological Services, Vaden Health Center
Jim Kim – Freshman Dean’s Office
Alejandro Martinez – Counseling and Psychological Services, Vaden Health Center
James Poole – Student Representative, Graduate
Maureen Powers – Dean of Students, 2006-07
Paris Schaefer – Vaden Health Center, Task Force Project Coordinator
Mirra Schwartz – Student Representative, Undergraduate
Rebecca Smith-Coggins – School of Medicine
C. Barr Taylor – Department of Psychiatry
Jennifer Westerlind – Office of the General Counsel
Laura Wilson – Department of Public Safety
Debra Zumwalt – Office of the General Counsel

Policy and Practice Work Group

Joan Bisagno – Office of Accessible Education
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Ira Friedman – Vaden Health Center (Co-Chair)
Michael Haberecht – Counseling and Psychological Services, Vaden Health Center
Jim Kim – Freshman Dean’s Office
Alejandro Martinez – Counseling and Psychological Services, Vaden Health Center
Paris Schaefer – Vaden Health Center, Task Force Project Coordinator
Jennifer Westerlind – Office of the General Counsel

Campus Climate Study Group

Nan Andrews – Sexual Harassment Policy Office
Koren Bakkegard – Freshman Dean’s Office
Shalini Bhutani – Bechtel International Center
Greg Boardman – Student Affairs
Jim Cadena – Residential Education
Rosalind Chow– Student Representative, Graduate
Patrick Cordova – Student Representative, Undergraduate
William Damon – School of Education
Ben Davidson –Lesbian, Gay, Bisexual and Transgender Community Resources Center
Alejandro de Los Angeles – Student Representative, Undergraduate
Larry Diamond – Hoover Institution
Ira Friedman – Vaden Health Center
Ken Hsu – Graduate Life Office
Patricia Karlin-Neumann – Office for Religious Life (Co-Chair)
Irene Kennedy – Overseas Studies Office
Earl Koberlein – Department of Athletics
Julie Lythcott- Haims– Freshman Dean’s Office
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Campus Climate Consultation Group

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Amy Booras – Vaden Health Center Health Center, Administrative Support

Appendix D

“Campus Security Begins with Caring” by Morton Silverman

THE CHRONICLE OF HIGHER EDUCATION

Commentary

<http://chronicle.com/weekly/v54/i32/32a05101.htm>

From the issue dated April 18, 2008

Campus Security Begins With Caring

A comprehensive program can help students who are at risk of doing violence, whether to themselves or others

By MORTON M. SILVERMAN

Following the mass shootings at Virginia Tech and Northern Illinois University, I have repeatedly been asked, as a former director of the Student Counseling and Resource Service at the University of Chicago and clinical associate professor of psychiatry, two questions: "Could this have been prevented?" and "How can we ensure that it doesn't happen on our campus?"

I have no easy answer to either one, because it is virtually impossible to "violence proof" or "suicide proof" any campus. Beefing up security or increasing counseling-center staffs may be important first steps, but they can go only so far in preventing violence and promoting mental health.

Short of creating a virtual police state, with metal detectors and constantly monitored surveillance cameras in all buildings, how can we guarantee that our campuses will be safe havens? Higher-education institutions are simply microcosms of the world around them — a world that often includes violence. Also, while mental illness usually plays a role in mass killings that end in suicide, most of the emotional disorders that students struggle with do not lead to violence, and students are more likely to die by harming themselves than by violence inflicted by others. The challenge is to preserve an open educational culture for everyone at a time when the focus is on safety, security, and stability.

The facts and figures about mental-health problems on our campuses are sobering. When the American College Health Association's National College Health Assessment surveyed college students in the fall of 2006, 78 percent reported having felt very sad at least once within the preceding 12 months, 42 percent felt so depressed it was difficult to function, 9.4 percent had seriously considered attempting suicide, and 1.4 percent had attempted suicide. Fourteen percent of women and 10 percent of men reported feeling hopeless nine or more times.

Similarly, respondents to the 2007 National Survey of Counseling Center Directors reported that almost half of their student clients had severe psychological problems, and close to 8 percent had impairments so serious that they could not remain in college, or could do so only with extensive

psychological or psychiatric help. On the 272 campuses surveyed, almost 2,000 students were hospitalized for psychological problems in 2007.

Indeed, for people the age of traditional undergraduates, 17 to 22 years old, as well as for those who are the age of typical graduate students, 23 to 30 years old, suicide is the third-leading cause of death, after accidents and homicide. The median age of onset for most major mental illnesses is between the late teens and late 20s.

Yet with earlier diagnosis and better treatments available, more students are now able to complete high school and enter college. Hence student mental-health services are faced with at least three categories of students with major mental disorders: those coming to campuses already diagnosed and actively seeking continuing treatment, those who develop major mental illnesses while enrolled, and those who decide to forgo further treatment once enrolled and subsequently have relapses.

It's clear that students perceive campus life as stressful, and they often lack the basic coping skills and strategies to perform at their full potential. Moreover, certain groups whose numbers are growing on campuses — among them returning veterans; older, nontraditional students; and international students — experience increasing difficulties. Many students have had traumatic and stressful life experiences that can't be adequately resolved by brief interventions. Many are still in various stages of recovery, while others lack the resiliency to confront the stresses and strains of campus life. Still others come from cultural backgrounds and belief systems that do not advocate "talk therapy" as a means of coping with the stresses of college life.

As we in higher education think about ways to help such students, we should first distinguish between students whom I would call "distressed and distressing" and those whom I would call "disturbed and disturbing." Although the underlying makeup and outward behaviors of the two types overlap, they are not one and the same, and accurate differentiation will lead to better outcomes for all of us who study and work on campuses.

The differences relate to the interactive domains of cognition, emotion, and behavior. Students don't go to college without good cognitive skills — memory, learning, intelligence, speech, language — and they don't advance as students unless those cognitive skills are further developed over time. Coping skills, among the domains of cognitive functioning, involve different levels of psychological functioning and are often seen as protective factors. Some examples include problem-solving abilities, anger management, and stress management. Coping skills are needed to deal with stress and help navigate among cognitions, emotions, and behaviors. Without adequate and accessible sets of coping skills, we are psychologically vulnerable.

Distressed and distressing students have developed coping skills over time but under certain circumstances are unable to access them. Disturbed and disturbing students, in contrast, may have not developed coping strategies to the degree that they can be used. There are many reasons why, including genetic, structural, and developmental factors.

One tantalizing theory is that the prefrontal cortex of the brain — where, we believe, reasoning, judgment, impulse control, and the capacity for coping skills reside — continues to develop and mature into people's mid-20s. According to that theory, some students lack the ability to cope with stress because parts of their brain have yet to develop that capacity. Such students are deficient, or "immature," in some of the key functions that are essential for community living,

socialization, and accurate perceptions of socially acceptable behaviors. For those students, the struggle to develop into mature and responsible adults is quite difficult.

Hence the fundamental difference between distressed and distressing, and disturbed and disturbing students is that one group has learned adaptive ways of coping with stress and developed the requisite skill sets to do so, while the other group has not. When under stress, disturbed and disturbing students resort to less adaptive and age-appropriate behaviors than their peers. They lack resiliency. While student-counseling services can help distressed and distressing students regain their coping skills or teach them adaptive ones, counseling centers may not be able to help disturbed and disturbing students. That's because those students are not easily amenable to the traditional forms of counseling and therapy available on their campuses — nor do they even have the skill sets to ask for help or know when they need it most.

All of us on campuses must be alert to disturbed and disturbing students and communicate better about them with one another. We should also recognize that college is not for everyone, and that campuses are not therapeutic communities. Sometimes the safety, security, and stability of the community trump the needs of individuals. Sometimes students are not ready to benefit from or engage in that which a college environment can offer. Sometimes plans for their own recovery dictate that those students spend some time away. Under certain circumstances, it is in everyone's best interests for some distressed and disturbed people not to try to function as students, even when it appears that their cognitive skills are in place and they are deemed "capable" of doing the academic work. An absence or deficit in coping strategies can preclude being a responsible member of a community, even when other cognitive functions are intact. Decisions about recurring enrollment should ideally occur case by case, and be based on due process and due diligence.

At the same time, colleges have an obligation to try to help students learn, develop, and succeed. Those of us in higher education should strive for the ideal of maintaining openness and inclusiveness whenever possible. We should demonstrate, encourage, and reward civility, respect, tolerance, social support, and caring in ways that set standards and provide examples for this generation of students. Part of the learning process itself should include how to be responsible for one another and part of a community.

The Jed Foundation and the Suicide Prevention Resource Center, which work to prevent suicide among college students, recommend that colleges take a comprehensive approach to promoting mental health on campuses. Institutions should:

Promote social networks that reinforce a sense of campus community and relationships among students. Colleges should work to reduce student isolation and to encourage feelings of belonging. It is not simply a matter of urging each student to "get involved" but of creating opportunities in an environment of caring and connection. For example, the trend on many campuses to create smaller living-and-learning environments fosters relationships among students and between students and faculty members. Such relationships can be a significant protective factor against depression and suicide.

Help students develop life skills to face challenges. Colleges should encourage and create programs that improve students' management of the rigors of campus life and equip them with the tools and techniques to manage triggers and stressors. Arizona State University, among other institutions, offers workshops to increase coping skills and help manage stress.

In addition to workshops, we should evaluate how the entire college experience provides opportunities to learn life skills that are appropriate for the developmental stage of traditional college students — not quite adults, no longer just adolescents. Toward that end, Arizona State is also working to include life-skills development in academic and orientation programs such as ASU 101, a course that the University encourages first-year students to take.

Educate students about mental health and wellness, and encourage them to seek appropriate treatment for emotional issues. According to last year's National Survey of Counseling Center Directors, about 20 percent of student suicides involved former or current clients, suggesting that counseling may be a protective factor against suicide — and that only a fraction of the students who need such help are seeking it. Thus it's important to stimulate campuswide cultural change that reduces the stigma surrounding mental illness and the barriers that keep students with suicidal thoughts and behaviors from looking for help. For example, Howard University has developed a film aimed at reducing the stigma associated with help-seeking among its primarily African-American student population. Colleges should also teach students about the signs and symptoms of mental illness and suicide, and provide on-line self-assessment tools and information.

Identify students who may be at risk for suicide or violent behaviors, through the use of outreach efforts, screening, and other means. Some examples include asking questions about mental health on students' medical-history forms, voluntary screening to identify high-risk or potentially high-risk students, and increasing coordination between campus disciplinary processes and mental-health services. Colleges should also consider establishing a case-management committee, made up of people from various disciplines and areas of the institution, to deal with troubled students.

All administrators, faculty members, and students should also learn how to identify and refer a student in distress to the people who can help that student — and then practice those skills. As with CPR, it is one thing to learn how to do it from a manual, but it is another to practice it and receive feedback. Syracuse University, for instance, has developed an experiential training program based on that principle, teaching people on the campus how to recognize and respond appropriately to a student exhibiting the warning signs and risk factors for suicide.

Increase access to effective mental-health services that accurately diagnose and appropriately treat students with emotional problems. Colleges should institute policies and procedures that improve counseling services, work with other organizations in the community that focus on mental-health issues, and train counseling-center staff members and others about confidentiality, parental notification, and other legal issues.

At the same time, it is important to take the broadest possible view of mental-health services and recognize that the help students need may not always be clinical. Simply adding more therapists isn't always the best way to improve access to high-quality services. Students from cultures that do not understand or acknowledge mental illness, or that discourage revelations of personal problems, are not likely to seek services, so colleges need to develop creative approaches to respond to those students in ways that they will find helpful and non-threatening.

Many small colleges can't afford to increase counseling-center staffs, so they require more-creative approaches to meeting the demand. Some colleges are being more innovative in providing access to services that are perceived by students as less stigmatizing. The University of Massachusetts at Amherst and Cornell University, for example, have triage systems, which allow brief, same-day appointments by phone, for quick assessment and determination of the urgency of

the student's need. Northeastern Illinois University, a commuter campus without residence halls, offers a "Feel Better Fast" option of four group sessions for students who may not need more-intensive therapy.

Create policies and procedures that promote the safety of distressed or suicidal students and outline how to respond to crises, including suicidal acts. That includes policies and procedures that respond to suicide attempts and high-risk behaviors, as well as the development of a comprehensive disaster and follow-up plan. The State University of New York at Albany has a protocol in place, Care Net, to identify students who may be suicidal and help them find the crisis treatment, and educational services they can use to cope with their problems and remain productive contributors to the university. Many colleges have also found the Jed Foundation's "Framework for Developing Institutional Protocols for the Acutely Distressed or Suicidal College Student" to be an excellent blueprint for the development or revision of crisis procedures. Using it as a guide, the Massachusetts Maritime Academy's counseling center convened the president, the vice president for student services, the commandant of cadets, faculty members, and the academic dean to review and revise existing policies.

Restrict access to potentially lethal sites, weapons, and other agents that may facilitate suicide attempts. Such actions might include limiting access to roofs of buildings, replacing windows or restricting the size of window openings, denying access to chemicals, like cyanide, that are often found in laboratories, prohibiting guns on the campus, and controlling the use of alcohol and other drugs. A working group at Oregon State University is examining the availability of lethal means on its campuses, reviewing institutional and national data about the most common forms of dangerous behavior, and studying other colleges' firearms policies. The group also plans to inventory toxic chemicals and review policies for their storage, and to survey buildings to identify where students have access to high places.

Developing a comprehensive institutional plan that incorporates such strategies requires campuswide collaboration among many people, who are as diverse as bus drivers, coaches, campus ministers, dining-service personnel, facilities managers, and faculty members. We can avoid mass killings on our campuses similar to those at Virginia Tech and Northern Illinois, but only through cooperative and coordinated efforts that maintain vigilance and continuity over time. And although we can't ever "fix" the problem of suicide or stop all violent deaths from occurring on our campuses, we can at least demonstrate to our students and faculty and staff members some better ways of communicating and caring for one another by exhibiting appropriate attitudes, beliefs, values, and skills that can be applied throughout life. Suicide prevention is violence prevention, and compassionate and caring campus communities are crucial.

Counseling centers are but one facet of a total response. Maintaining safety and security on campuses is everyone's responsibility — not just that of campus security and the student-affairs office. Only by clarifying policies and procedures, and engaging key individuals and groups who communicate regularly and well with one another, can we begin to provide the safety net that we all wish to have in place.

Morton M. Silverman is a senior adviser to the Suicide Prevention Resource Center at the Education Development Center Inc. and senior medical adviser to the Jed Foundation. He is also a clinical associate professor of psychiatry at the University of Chicago, where he previously served as director of student counseling and associate dean of students.

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Appendix E

Task Force Recommendations

A. Strengthening Leadership Related to Student Mental Health and Well-Being

Recommendation 1: Ensure broad and long-term commitment to understanding, supporting and encouraging student mental health and well-being.

B. Improving Academic Support

Recommendation 2: Create academic initiatives that will help to decrease student stress while maintaining Stanford's high academic standards.

Recommendation 3: Improve advising, mentoring and academic support in departments.

C. Strengthening the Safety Net for Students

Recommendation 4: Ensure that safety net resources related to Counseling and Psychological Services (CAPS) have adequate capacity to address the needs of students.

Recommendation 5: Ensure that non-clinical offices providing safety net services (including, but not limited to, the Office of Accessible Education, Residential Education, the Graduate Life Office, and the ethnic and community centers), have sufficient resources to meet the increased demand and complexity of student issues.

Recommendation 6: Strengthen University requirements related to students' health insurance so that student coverage is adequate to meet potential off-campus mental health care needs.

Recommendation 7: Improve flow of information among University offices and departments that support students, in compliance with laws designed to protect student privacy.

Recommendation 8: Establish a fund to assist students when they have emergency needs.

Recommendation 9: Develop programs that enhance the University's collaboration with parents, guardians and family members on behalf of students.

Recommendation 10: Strengthen support for students to facilitate successful transitions to leaves of absence and transitions back to Stanford.

Recommendation 11: Expand the University's efforts in prevention, early intervention and risk-reduction in the area of mental health.

D. Enhancing Community and Personal Resiliency

Recommendation 12: Expand or improve programs, staff and other resources to support development of personal relationships between students, so that they feel connected and valued in their communities.

Recommendation 13: Continue support for efforts affirming diversity and support for students whose personal background may make them more vulnerable to isolation and disconnection from their peers and the wider community (such as first-generation college students, low income students, international students, students with disabilities, students of color, gay, lesbian, or transgender students and students who identify with other minorities).

Recommendation 14: Promote development of interpersonal and conflict resolution skills for students.

Recommendation 15: Improve community-building efforts specifically aimed at graduate student needs.

E. Improving Education and Training

Recommendation 16: Provide opportunities for students to broaden their attitudes and expand their knowledge and skills that support their mental health and well-being.

Recommendation 17: Expand communication efforts to promote awareness in the campus community (faculty, staff, students, and parents) of safety net and support and counseling resources for students and how to access them.

Recommendation 18: Offer training for faculty, staff and student staff regarding early recognition of student distress and making referrals to appropriate services.

Appendix F

President John Hennessy's letter

Friday, May 4, 2007
Stanford Daily

Op-Ed: Hennessy reflects on tragedy

By John Hennessy

On April 16, 2007, our country suffered a terrible tragedy when a troubled student killed 32 members of the Virginia Tech community.

Such tragedies are unfathomable. Words, as eloquent and sincere as they may be, fail to convey the shock and sadness we all felt upon hearing that news.

At Stanford, I was struck by the deep and sincere evidence of sympathy and concern throughout campus, from the moments of silence at many meetings to the cards signed in dining halls to the moving ceremony at Memorial Church. Today, Stanford's condolences stand among those of more than 300 other colleges and universities on the Virginia Tech website. Ours is a caring community, and that fact was never so clear as it was on April 16 and the days immediately thereafter.

Not surprisingly, I have been asked about emergency protocols here at Stanford. I want you to know that in the wake of the Virginia Tech tragedy, a group has been convened by Vice President Randy Livingston to review all of our emergency protocols, as well as our methods of communication. Stanford has had an emergency management program in place for many years. The emergency plan has evolved from one primarily focused on earthquake preparation and response and now includes an "all hazards" approach. We practice annually for all types of emergencies, including intentional acts. In addition, we have various methods available through which to communicate with the entire campus, but we are seeking to improve the speed and efficiency with which we can do so. Our emergency protocols are good, but the realities of today's society demand that they be even better.

As important as they are, emergency protocols are unfortunately after-event procedures, and therefore only part of a necessary dialogue. As has been made very clear in the days following the tragedy at Virginia Tech, the challenge of how society addresses mental health issues is serious and complicated. We pray that what happened at Virginia Tech was a horrible aberration that will not be repeated anywhere. We know in retrospect that more must be done to recognize the warning signs of mental distress, including its potential for violence. We know we must learn more about how and when to intervene appropriately.

The deaths at Virginia Tech are a tragedy of national proportions, but college campuses are experiencing smaller, quieter, yet profoundly distressing tragedies every day — young people who have chosen to take their own lives. The Stanford community has been no exception in this regard. Since the beginning of the academic year, we have lost several Stanford students. As we think through the maze of mental health challenges, we must also confront the problem of suicide — openly, constructively and with determination.

For many, the imponderability of suicide may make us feel powerless to know where to begin in addressing such a painfully personal issue. So perhaps the place to start is in the recognition that we all do indeed have a role to play. A university is a deeply intimate community — what touches one, truly touches all. That means that as a community we have a set of responsibilities to each other. We have the responsibility to understand, to comfort, to reach out and, in some cases, to act.

Mental and emotional distress knows no bounds of gender, background or color. I am hopeful for a day when the stigma associated with depression and other mental health problems — whether imposed by others or one's self — dissipates and goes the way of other misplaced fears and biases. Helping each other overcome that stigma is an important first step.

This stigma, which often results in a reluctance to seek help, implies an additional responsibility: We must share a commitment to be compassionate, to not turn away from seeing and acknowledging a difficult circumstance, and then take the opportunity to reach out to help — or even seek help ourselves.

There are many resources available at Stanford, including Counseling and Psychological Services (CAPS) at Vaden Health Center, the Bridge Peer Counseling Center, the Office for Religious Life, the community centers and residence staff, among others. But these resources can only be brought to bear if they are engaged.

Last fall, Provost John Etchemendy appointed a group to examine issues around the psychological well being of our students and assess the services we offer in this area. Other colleges and universities are taking similar measures in the face of an increasing demand for mental health and well being services. Some of you will be asked to participate in focus groups this spring or to take an on-line survey, and I hope you will choose to participate.

It goes without saying that one suicide is too many, and we must look within ourselves to be certain that we are doing everything we can to prevent such tragedies. I have been gratified by the strength and compassion of students, faculty and staff in the last few weeks. I hope and believe we can build on that to create an even healthier, safer and more caring community.

John Hennessy is the president of Stanford University.

Appendix G

Vice Provost for Student Affairs Greg Boardman's letter

Friday, February 2, 2007
Stanford Daily

Op-Ed: Coping with campus tragedies

By Greg Boardman

In the last several weeks, the University community has experienced the tragic and still unexplained deaths of an undergraduate and a graduate student and the media attention that may accompany such incidents.

I wanted to first share with you my own personal sadness and sense of loss. I feel that I speak for the entire campus community in extending my condolences to the families, friends, and colleagues and to all who have been touched by these tragic losses.

The death of a student is a haunting, and in many ways, incomprehensible event — one that profoundly affects all of us. It touches the entire University community — students, faculty, administration and staff. Sadly, these are not the only student deaths that we have endured: there have been a total of four student deaths in the past few months and, as we grieve the loss of all these talented young people, we are left with questions.

How much is known and can be shared about the circumstances, and causes of these deaths? As an administrator, I feel acutely the need we all have for answers. It is human nature to seek explanations and closure, especially when faced with the issue of death; however, it is not always possible to have the certainty we seek.

Determinations of the cause of death can be complicated and may take time. Coroners are the authorities who gather all the data, and only they can and should speak definitively. While that process unfolds, I understand that tension may lead to speculation and allegations. I urge all to avoid those and be patient as the facts are disclosed.

Just as important, the University is not in a position to supersede the privacy, legal rights and prerogatives of families following a student death. We wish to support families in their grief, and not to complicate their difficulties with unwanted intrusion and speculation. It may at times appear that the University is holding back, and is somehow not forthcoming, but it is the way we must respond as a community and an institution. I hope you will understand that, and support it.

I am aware that many in our community are asking about the implications of our recent deaths. Is this a safe campus? What about student well being? I want you to know that these issues are of paramount concern to me and that Stanford is committed to do its best to assure the well being of our students.

First, Stanford is a safe campus. Our crime statistics and the experience of those living on campus show that this is a safe place to live and work.

Though Stanford is first and foremost an academic institution, we are also a caring community committed to the well-being of all our students. We have a large network of services designed to proactively support students. Please make sure that you are personally aware of these services and take advantage of them whenever appropriate. You can find a list of campus resources online at <http://news-service.stanford.edu/news/>

2007/january31/resource-013107.html.

In addition, we are actively collecting ideas on how to enhance the supportiveness of the campus community through an existing student mental health and well being task force created last summer. We will soon have a Web site available where you can post your ideas and suggestions.

We have the unique opportunity to live, study and work alongside truly remarkable, talented and diverse individuals who each contribute to our life experience. In the coming days, weeks and months as we cope with our losses, let's all reach out to one another and express the care and concern we feel as members of this community.

Greg Boardman is Vice Provost for Student Affairs. He can be reached at gboardman@stanford.edu.

Appendix H

Stanford Daily articles

News

Tuesday, February 6, 2007

Health services abound

A plethora of health services await students in need

By [Niraj Sheth](#)

This is the second of a multi-part series on mental health at Stanford. The first part ran in yesterday's Daily ("Mental health reevaluated").

At Stanford, sometimes it seems as if help is always right around the corner. Resident Assistants, Resident Fellows and Resident Deans are readily available for consultation in dorms. Counseling and Psychological Services (CAPS) at Vaden Health Center and The Bridge offer professional mental health services. The University has even designed resources specifically for faculty and staff.

But after recent student deaths — several of which authorities consider to be apparent suicides — Stanford's mental health resources have come under increased scrutiny from both students and University officials.

Many students and counselors told The Daily that while they generally feel the University's mental health support network is extensive, several glaring inadequacies remain. The responsibility for reform, they said, rests on both students and administrators.

Filling the Gaps

After the body of 23-year old graduate student Mengyao "May" Zhou was discovered in Santa Rosa last week, the University released a list of campus support resources that spanned 18 different administrative offices.

"They're all pretty good services," said James Poole '05, who worked at The Bridge for several years as a Stanford undergraduate. "The University has something for everyone."

University officials acknowledged that there is room for improvement.

"Because the University is dedicated to supporting student well-being, we are always interested in enhancing our network of services," Vice Provost for Student Affairs Greg Boardman wrote in an email to The Daily.

Two resources that students and mental health counselors have targeted are the main counseling services on campus: CAPS and The Bridge.

According to both current and past counselors, The Bridge does not come close to meeting its full capacity of students, despite the fact that it is the only on-campus service dedicated to counseling other than CAPS. Some attribute this under-utilization to a lack of publicity.

“The University doesn’t publicize as much about us and doesn’t give us as much credit as we deserve,” said Kyle Evaldez ‘09, a live-in counselor at The Bridge. “The University should recognize our presence more.”

Evaldez blamed The Bridge’s relative obscurity on a lack of funding. He noted that the counseling service currently raises most of its funds through its own efforts, pointing to the Spring Faire that The Bridge helps organize each year. The University’s only contributions to The Bridge last year, Evaldez said, were free phone lines.

For many students, The Bridge is only the “first stop.” Most students, counselors said, are eventually referred to CAPS, which provides the kind of long-term counseling The Bridge cannot give students.

On the other hand, some say CAPS can be over utilized and that they are sometimes too busy to accommodate the number of students who request appointments.

While CAPS maintains a commitment to handle urgent crises on a same-day basis, students with long-term issues have sometimes waited for weeks before getting an appointment.

“We can, at times, be very busy,” said Dr. Alejandro Martinez, director of CAPS.

Recognizing the problems posed by long waits, Martinez said that CAPS would ideally be able to offer students appointments within three or five days of the initial call.

“I feel the same frustrations as the student [who cannot get an appointment],” he said. “We’d like to do better. We’d like to have students not wait for more than five days.”

Most students who had sought counseling offered by CAPS told The Daily that they found the services helpful and rated their experiences positively. The popularity of CAPS among students may partially explain the difficulty in making appointments.

Those familiar with mental health at Stanford also told The Daily that the University should improve outreach efforts, instead of waiting for students to seek help on their own.

In an effort to review its mental health services, the University convened the Mental Health and Well-Being Task Force last fall. According to Boardman, the responsibilities of the Task Force include “gaining a more complete understanding of the stresses that students face” and “investigating ways to provide a more supportive environment for all members of the Stanford community.”

Boardman and other ranking University officials have declined to release important specifics about the Task Force — including a list of its members and what issues it has discussed.

Working Together

While students, counselors and University officials agreed that mental health was a primary concern on campus, many acknowledged that students and the University have often failed to work together to reform existing services.

“Unfortunately, it seems the students do not really trust the administration,” Poole said.

Students significantly involved with mental health on campus agreed with Poole, suggesting that their peers should recognize that the University is attempting to improve its current services.

“The administration is doing the best [it] can,” said Alejandro De Los Angeles ‘07, one of the founders of Stanford Peace of Mind, a student group that addresses mental health and life issues on campus.

Students, De Los Angeles said, are often unaware of critical mental health issues felt by their peers.

“It is a lot more difficult to have activism here about mental health issues because it is not considered to be a mainstream problem,” he said.

In the past few weeks, many students have expressed concerns about the administration’s apparent unwillingness to reveal information about possible suicides.

“We do make as much of an effort to find out what happens,” Martinez said. “But we don’t always get to know firsthand what happens to a student.”

Concerns of privacy for both the individual and his family have also sometimes precluded the University from releasing information.

“Once Stanford is informed, it disseminates information to University departments and offices which need to have this information,” Boardman said. “We respect privacy to the greatest extent possible.”

Both University officials and students said they anticipate more student activity concerning mental health in the coming weeks as the University grapples with the fallout of recent student deaths.

But, like others, Evaldez took a moment to reflect on the reasons for students’ recent interest in mental health.

“It’s sad,” he said with a sigh, “that it has to be done in light of a suicide.”

Contact Niraj Sheth at nsheth17@stanford.edu.

News - Task force eyes mental health issues

[March 14, 2007](#)

Stanford Daily

By [Lia Hardin](#) and [Niraj Sheth](#)

Amid rising concern for mental health on campus, a select group of faculty, administrators and students have been working behind the scenes to better understand and improve mental health at Stanford.

The Student Mental Health and Well-being Task Force, as it is known, was organized by Vice Provost for Student Affairs Greg Boardman last fall and reports directly to his office.

“The task force was created in response to the recognition that the prevalence and complexity of student mental health issues has been growing both nationally and here at Stanford,” Boardman said in an email to The Daily.

The task force is composed of two separate committees. The first is the Campus Climate Study Group, led by Acting Dean for Religious Life Patricia Karlin-Neumann and Counseling and Psychological Services (CAPS) Director Alejandro Martinez. The second is the Policy and Practice Review Committee, headed by Ira Friedman, director of the Vaden Health Center, and Dean of Students Maureen Powers.

While the groups are part of a single task force and study the same issues, they do so with different viewpoints.

“They’re looking at it from the practical perspective,” Powers said, “and we’re looking at it from policy perspective.”

A third, smaller working group charged with directly gathering information about campus climate is comprised of eight individuals who also sit on the Campus Climate Study Group.

“We got picked to do real legwork, getting a frame in place for ‘capturing the fog’ — what makes the Stanford climate what it is,” said Denise Clark Pope, a lecturer in the School of Education, who sits on the small working group.

The Campus Climate group meets in its entirety twice a quarter, but the small working group meets on a weekly basis to gather information on the mental health climate at the University and on what Pope called a national mental health crisis.

When students get into Stanford, she said, they immediately have to begin to deal with issues related to academic stress, and some students do not have the skills necessary to deal with the pressure.

“One of the things that the group has tried to do is to look both at underlying causes and manifestations of stress,” said Lesbian Gay Bisexual Transgender Community Resource Center

(LGBT-CRC) Director Ben Davidson, who sits on the working group of the Campus Climate committee. “Sometimes they are indistinguishable.”

The other part of the task force is charged with reviewing existing University policies and making recommendations for changes.

“We’re still in the information gathering stage,” Powers said. “We haven’t gotten to the stage where we say, ‘Let’s rewrite this.’”

She described a wide range of University rules that the policy committee has looked at, including medical leave policies and emergency contact information.

AFTER THE RECENT DEATHS

The task force’s progress was slowed earlier this quarter when it shifted focus from information gathering to making resources available to students, a transition following the student deaths that occurred this winter. The apparent suicide of Mengyao “May” Zhou in January increased student and community consciousness about mental health issues.

“There have been four deaths in a really small community,” said Haas Center Director Nicole Taylor, who is also a Resident Fellow in Burbank. “We needed to make sure to reach out to the community and say, ‘These resources are here.’”

“Mental health is an important issue for our whole community,” she added. “Something needed to be said.”

Members of the Campus Climate group emphasized that although the response to the recent deaths has been one of the group’s most important functions thus far, the task force’s role is to evaluate the campus climate as a whole, not to focus on the smaller number of students suffering from acute mental health disorders.

“It’s not serving an ombuds kind of function,” Karlin-Neumann said. “I don’t see us being engaged in a suicide prevention effort. We’re involved in a campus climate evaluation.”

THE STANFORD DUCK SYNDROME

Many task force members said the most important campus climate issue discussed thus far is the so-called ‘Stanford Duck Syndrome’ — the idea that Stanford students are calm on the surface but frantically working to stay afloat underneath.

“The Stanford Duck Syndrome comes up in almost every situation,” Karlin-Neumann said. Davidson, Pope, Taylor and Martinez concurred.

But others did not place as much emphasis on the analogy. Unlike her colleagues on the Campus Climate group, for example, Powers said that the Stanford Duck Syndrome “has not really been a part of our work.”

Other people on the task force also agreed, saying that too much attention to the metaphor could oversimplify mental health issues on campus.

“Not everything about mental health revolves around the Stanford Duck Syndrome,” said Alejandro De Los Angeles ‘07, a student representative on the Campus Climate Study Group. “The mental health of Stanford students cannot be reduced to one oversimplified metaphor. We’re just not that simple.”

Friedman, who is also one of five members of the task force’s Steering Committee, said that what the task force ultimately recommends will depend on the work they will be doing in the upcoming months. While the Stanford Duck Syndrome figures to be a significant focus for the task force, it is too soon to tell what the results will be, he said.

“We do not know if we will be making specific recommendations for [the Stanford Duck Syndrome],” he said. “That is not the stage we are at right now.”

IN THE FUTURE

Because the task force is still in the information-gathering stage, many members declined to talk about possible recommended changes to University policies. A few people, however, did offer preliminary suggestions.

“We could probably be doing a better job making sure that the people that students come to are aware of the resources,” Davidson said. “Some students are savvy. Some students need help accessing resources.”

“Some universities offer a course for all incoming students,” he added. “My sense is that there is a great interest on looking at how we can develop support systems.”

The Task Force will be establishing a method to gain student input on a more consistent basis. The effort will include focus groups and an online feedback mechanism, Pope said.

Originally, the Task Force was supposed to deliver a set of policy recommendations to Provost John Etchemendy by the end of the year, but members have since indicated that the timeline will be extended slightly due to a shift in focus after the recent deaths.

Opinions

Friday May 18, 2007
Stanford Daily

Take this survey and love it

By [Editorial Board](#)

It seems that top administrators have been soliciting student input more than normal in the past two weeks, and they've been utilizing a decidedly unconventional style to do so. Hard on the heels of Provost John Etchemendy's colloquial missive last week ("Now don't tell me you didn't know you had a Provost"), Vice Provost Greg Boardman yesterday urged students to participate in a "timely and urgent" — as well as unorthodox — evaluation of the University's mental health resources.

It's a rare administration survey that presents participants with an image of a "stress tree" and urges them to fill in the "branches" and "roots" with manifestations and causes of anxiety, but that's exactly what the Campus Climate Initiative (CCI) questionnaire does. From there, the study transitions to a "stress quilt," where survey-takers are asked to rank campus mental health resources by placing effective programs at the center and less useful initiatives near the blanket's "fraying edges." Although the third page of the survey asks a more conventional series of twelve multiple choice and short answer questions, this part is brief enough so that it does not cross the line into tedium.

The design of the survey, with its cartoonish trees and bright, over-the-top colors, is both vaguely childish and surprisingly whimsical. We wouldn't have expected the University to ask for our input in such an unassuming format, especially given the gravity of the topic, but it's hard to fault them for trying to be creative. Filling in text boxes on the "stress tree" might bring back memories of third-grade worksheets, but it's friendly and, dare we say it, kind of fun. It's classic Boardman.

From the administration's perspective, the issue may be serious, but the survey need not be. Students should take ten minutes to fill it out, not just for the innovative design aspects but because the issues it broaches are sensitive and timely. Kudos to the CCI for seeking our input on the critical subject of mental health, and our compliments to the graphic artist who designed the stress quilt.

Opinions

Monday October 15, 2007
Stanford Daily

Op-ed: Grab Stanford's mental health stigma by the horns

By [Patrick Cordova](#)

To many on campus, it might seem as if last year played host to an abnormally high number of campus mental health “cases.” And yet, the number of student issues was most likely no higher than average. Only [last year], people were paying attention.

Now that students have been exposed to varieties of personal backgrounds, health and mental health issues, and personal crises, we as a community of Stanford students can either grow from this experience in creating a healthier campus climate, or ignore last year and cast aside personal crises as those that affect “other people.”

While the Stanford administration races towards developing a healthier campus climate, the upcoming midterm week promises to bring stress and anxiety, among other emotions. Thankfully, there are two steps that Stanford students can take to combat not only the emotional difficulties which characterize such a fast-paced academic setting, but also the stigmas associated with such emotional health issues.

First, do not be afraid to get help for yourself. There are a plethora of services on campus to assist in an unlimited spectrum of student concerns. Stanford offers confidential, non-judgmental, and empowering programs developed just for you.

As star students in high school, many of us are of the mindset that “getting help is for losers.” Nothing could be farther from the truth. Faced with sexual identity questions, an abusive relationship, or simply stress about a midterm, do not feel as if you must shoulder everything on your own. Part of maturing seems to be learning to utilize available resources.

There is certainly yet another reason why Stanford students avoid seeking help in crisis. The elephant in the room is a stigma associated with mental health issues. The Stanford community has an unhealthy obsession with perfection, and any signs of cracks in the foundation are shunned. In fact, mental health should really be viewed as an entirely non-stigmatized concept, one of emotional health. Today’s psychology literature paints a picture of emotional health as a muscle, which, like any other, requires maintenance and exercise, not something to be shy about.

The best way to improve our Stanford community is through the power of friendship. Sure, it can be difficult to intervene in the lives of friends who may be having some serious problems. It’s tedious, sometimes unrewarding, and yet almost always the right thing to do. If your neighbor sprained her ankle, wouldn’t you run to her side?

There is a certain validation provided when a friend takes the time to help out. Helping a friend with an eating disorder find resources on campus is a good example. Most importantly, through

your care, you provide your friend with a non-judgmental message of support. Messages like these make the difference in cutting down on mental health stigmas.

Here is a good personal example where a friend's care made all the difference. In freshman year, I was dejected about another relationship gone awry. I begged my roommate to accompany me to a Vaden workshop on "Why I Want What I Can't Have." He smiled at me, and said, "of course." Going to that workshop with my supportive roommate was one of the most beneficial experiences at Stanford.

In review: Beat the Stanford mental health stigma and do not be afraid to seek help for yourself, and offer a generous hand to friends.

Patrick Cordova '09 is a Bridge Peer Counselor, and a member of the Campus Climate Change Task Force.

Appendix I

Campus Climate Study Group Methodology

Campus Climate Consulting Group

The Campus Climate Study Group convened a Consulting Group to further the work of its tasks. Consulting Group Members shared expertise in research instrument design, data collection and analysis, and on specific segments of the university community. As well, Consulting Group members worked together to review collected data. Campus Climate Consulting Group members included:

Alejandro M. Martínez - Senior Associate Director, CAPS
Rabbi Patricia Karlin Neumann - Senior Associate Dean for Religious Life
Kate Chesley - Associate Director, University Communications
Denise Clark Pope, Ph.D. – Faculty, School of Education
Ben Davidson, Ph.D. – Assistant Dean of Students and Director, LGBT Community Resources Center
Ken Hsu - Assistant Dean of Students, Graduate Life Office
Angela Krumm, Ph.D. - CAPS Post Doctoral Fellow
Julie Lythcott-Haims - Dean of Freshmen and Associate Vice Provost for Undergraduate Education
Ann Porteus, Ph.D. – Faculty, School of Education
Maureen Powers, Ph.D. - Dean of Students 2006-07
Nicole Taylor - Managing Director, Haas Center for Public Service 2006-07
Jennifer Lynn Wolf, Ph.D. – Faculty, School of Education and Department of Human Biology
Laurel Zappert, Ph.D. - CAPS Post Doctoral Fellow

Study Design

The Campus Climate Study Group designed a qualitative study to address its three commissioned tasks:

1. Examining how the academic, residential and extracurricular environments impact the mental health of students
2. Obtaining a more detailed understanding of the academic and personal stresses facing graduate and undergraduate students at Stanford
3. Investigating what contributes to and/or detracts from a supportive environment for all members of the Stanford student community.

The Campus Climate Study Group chose qualitative methodology to complete these study tasks for multiple reasons. A key reason for applying qualitative methodology is the *exploratory* nature of this particular initiative. The fact-finding tasks themselves call for an exploration of mental health and well-being issues in student populations on campus, and qualitative methods are ideally suited to explore, describe, and interpret complex, human phenomena. In this particular case, issues of mental health, well-being, and stress extend across and among the Stanford community in multiple levels, time frames, social networks, and contexts, and therefore require methods designed to capture information *in situ*. The Campus Climate Study Group made the decision to explore mental health on the Stanford campus from the perspective of the community

members, as opposed to imposing previous measurements or instruments onto the community to see what results doing so would yield. The qualitative approach of this effort allowed for a ground level examination of the many voices that make up the Stanford community.

Qualitative study methods are further called for when investigating issues or populations previously not studied or understudied. In this case, the Campus Climate Study Group came to its tasks aware that no single or comprehensive mental health inventory has been used at Stanford University in the past, nor does such an instrument exist. The exploratory nature of a qualitative approach allowed the kind of data gathering useful in designing and calibrating larger scale and quantitative instruments to further study the issues of mental health at Stanford in a systematic and long term manner.

Finally, the Campus Climate Study Group was acutely aware that the development of a reliable and validated instrument capable of capturing the breadth of information that was desired would involve a much larger and longer task. While this is still a desirable goal, given the time limitations and expenses associated with such an effort, the Study Group opted to design and execute non-standardized, open-ended surveys and focus groups to solicit participation and genuine responses.

The resulting qualitative study consisted of three central components:

1. On-line survey administered to students, faculty and staff
2. Focus groups conducted with undergraduate and graduate student groups on campus
3. Review of existing mental health studies and surveys applicable to the Stanford community and beyond.

The timeline for the study was as follows:

Fall 2006	Study is commissioned Consulting Group conceptualized and designed study
Winter 2007	Focus group instrument designed Survey instrument designed Survey piloted
Spring and Summer 2007	Focus groups conducted On-line survey conducted Existing mental health studies located Existing mental health studies analyzed Focus group data transcribed
Summer and Fall 2007	Focus group data analyzed
Fall 2007	Survey data analyzed Cross analysis of data from all three instruments
Winter to Summer 2008	Report written

Study Methods: The Survey

The Campus Climate Consulting Group designed, piloted, administered and analyzed the results from a qualitative survey about issues of mental health, well-being, and stress within the Stanford community. The Campus Climate Consulting Group set out to design a survey that would allow, and encourage, students, as well as staff and faculty, to offer their input and insight into these issues as freely as possible. The Campus Climate Consulting Group drew on the expertise of its members in the design of the survey instrument, especially Dr. Denise Clark Pope and Dr. Mark McCourt (of Red Hill Consulting Group). The survey exercises were chosen for the manner in which they provided respondents the support of an organizing structure, without imposing predetermined answers. Specifically, the survey was designed to gather data from respondents in three areas:

1. Manifestations or symptoms of academic, residential, or extracurricular stress at Stanford
2. Roots or underlying causes for this stress
3. Aspects of Stanford that promote student well-being.

The Consulting Group worked to design and format the survey, piloting it with three information groups (for a total of 227 pilot responses). The resulting on-line survey presented three main task components and was designed to take respondents approximately 10 – 15 minutes to complete. The first task asked respondents to offer what they saw as causes and manifestation of stress at Stanford. The second task asked respondents to offer sources of support that they felt were and were not working in regards to mental health and stress issues at Stanford. The third task was a set of short answer questions designed to provide demographic data about respondents. The final survey can be viewed in its entirety at: <http://campusclimate.stanford.edu/survey/index.html> (see Appendix J).

The survey was posted on-line during May 2007, and was announced and promoted by an email from the Vice Provost of Student Affairs to all Stanford students, as well as residentially-based email lists and posters in White Plaza. Access to the on-line survey was restricted to Stanford community members. While participants were required to log on with Stanford identification, all were guaranteed anonymity in the submission of their surveys and none were paid for their participation. A total of 788 responses to the survey was collected by July 2007, with 674 students, 74 faculty, and 25 staff responding.

In the summer of 2007, the Campus Climate Consulting Group hired two doctoral students for their experience in qualitative analysis (Emily Coultas Shahan and Heather Malin, School of Education) to code the resulting survey data. These analysts applied both descriptive and interpretive codes to the answers collected from the two main components of the survey. Some of the codes used were predetermined, although the Consulting Group was also interested to see which codes would be generated from the data itself. In total, over 125 codes were applied to the data in two passes. In this way, the survey responses could be organized into like categories, some suggested by the original study questions, some suggested by the Consulting Group, and some suggested by respondent answers. Frequencies of coded categories were noted, as were outlier responses. The resulting codes and coded categories of answers were then prepared and made available for comparative analysis with the other main components of the study.

Study Methods: The Focus Groups

While working on the design and execution of the Campus Climate Survey, the Campus Climate Study Group was also working to design and conduct focus group interviews with Stanford students. The focus group interviews were designed in order to hear from individuals, to target specific student communities within the larger University, to see what kind of data would be yielded by having groups of people speaking together, and to have an instrument representing a more extended period of participation time on the part of students. The Campus Climate Consulting Group outlined focus group interview questions and prompts based on the charge to the Task Force, the questions and tasks posed on the survey, and issues suggested by data collected to that date.

The Consulting Group also hired a focus group consultant, Dr. Mark McCourt (of Red Hill Consulting Group), to refine their ideas into a focus group interview protocol. The Campus Climate Consulting Group hired four Stanford researchers for their experience with interviewing and focus groups to facilitate the focus groups (Nicolle Garza, School of Education; Marie Mookini, Graduate School of Business; Ann Porteus, School of Education; Jennifer Lynn Wolf, School of Education). These facilitators were trained in the aims of the overall study and included in the process of refining the interview protocol. Further, seven graduate students with research experience were hired as note takers and were trained in the protocol.

The final protocol contains 15 open-ended prompts and questions about how participants view stress, its manifestations, and mediators within the Stanford community. It includes carefully and consistently worded prompts, as well as follow-up, questions, probes, and options for abbreviating (in the event that time runs short), with the overall interviews designed to last between and sixty and ninety minutes. The focus group protocol concludes by offering a brief writing task to participants, asking them to write out any suggestions or recommendations they would like to make to the University about the topics of mental health and well-being.

The Campus Climate Study Group utilized focus group methodology in part to target particular groups and groupings of Stanford students. Sixteen student group categories were identified:

1. Students affiliated with the Disability Resource Center
2. Professional & graduate school students
3. Asian American graduate students
4. Graduate students in the Humanities
5. International graduate students
6. Graduate students in Science & Engineering
7. Graduate students in Social Sciences
8. Female graduate students
9. Native American students
10. Undergraduate Chicano/Latino students
11. Undergraduate LGBT students
12. Undergraduate upperclass women
13. Undergraduate upperclass men
14. Undergraduate African American students
15. Undergraduate Asian American students
16. Undergraduate freshmen students

These groups were invited to participate in the focus groups. In the case of organization-affiliated student groups (such as students affiliated with the Disability Resource Center or students

belonging to a specific ethnic community), organizational leaders were contacted and asked to assist in inviting participants. In the case of more general student categories (such as freshmen or graduate students in the Humanities), participants were stratified and then randomly selected by the Registrar's Office and invited to participate. Invitations were extended and accepted via email. The focus groups were held during either the lunch or dinner hour, and students were served a catered meal as thanks for their participation. Focus groups were conducted by one of the four trained facilitators, all working with the same protocol. A note taker took careful notes via computer during the focus group; interviews were recorded with a digital recorder. Participants were introduced to the purpose of the Student Mental Health and Well-Being Task Force, asked if they agreed to be recorded, assured that their identities would be kept anonymous within the process, encouraged to enjoy the meal, and thanked for their time and contribution.

A total of 134 graduate and undergraduate students participated in a total of 16 focus groups conducted between April and July of 2007. One additional focus group was conducted with 25 staff from CAPS, the Office of Accessible Education, and Residential Education. Transcripts for each focus group were constructed by Campus Climate Consulting Group members combing the detailed notes of the note takers with quotations taken directly from the digital audio recordings. The Campus Climate Consulting Group hired one of the focus group facilitators (Dr. Jennifer Lynn Wolf, School of Education) to code the collection of focus group interview transcripts. The transcript data was coded with a collection of 75 descriptive and thematic codes, those assigned by the Campus Climate Committee and those emerging from the data. The descriptive codes labeled particular events, ideas, experiences, and features mentioned by participants and, once applied to the data, enabled researchers to trace back through data to find specific instances and examples. The thematic codes traced common themes running throughout and across the data labeled with descriptive codes. In addition to locating examples of multiple themes pre-identified by the Campus Climate Committee (for example, The Duck Syndrome, Isolation, the Stanford Bubble) this thematic coding process also yielded broad themes from within that were unique to this data (such as what "Back Home" means and clandestine competition).

Study Methods: Review of Existing Mental Health Surveys

For this third component of the Campus Climate Study Group tasks, Alejandro Martinez identified six existing studies with direct or indirect relevance to the theme of mental health and well-being of young people. Of the six studies identified, four studies include Stanford students as participants. A brief description of each of the identified studies follows.

1. The 2006 ACHA National College Health Assessment (NCHA) covers a wide range of health issues, including alcohol, tobacco, and other drug use, sexual health, weight, nutrition, and exercise, mental health, personal safety and violence. The overall mean response rate was 35 percent. The mean response rate was 85 percent for schools administering paper surveys in randomly selected classrooms and 23.2 percent for schools conducting randomized web-based surveying.
2. The 2004 and 2006 Residential Education survey: Administered each year with dorm specific and culture specific information (reviewed findings from Spring 2004 and Spring 2006), surveyed all undergraduate residents living in university housing on campus. It covers questions about life in the residences, experience with residential staff, computing at Stanford, and general background information. The survey is administered in Winter quarter (Survey Coordinator: Joshua Schiller, Associate Director of Residential Education).

3. The 2002 Freshman Year at Stanford Survey: This survey was designed to provide an understanding of the student perspective on the freshman year at Stanford, and to suggest the most effective ways to enhance the experience and increase satisfaction with it. The web-based survey was conducted from October 31 - November 18, 2002. There were 778 students (49 percent) who completed the survey. For a population of 1,592, a sample of 778 has a 95 percent confidence interval of plus or minus 2.5 percentage points (Survey commissioned by Julie Lythcott-Haims, Associate **Vice Provost for Undergraduate Education**, Dean of Freshmen).
4. The Higher Education Research Institute (HERI) Freshman Survey: Each year approximately 700 two-year colleges, four-year colleges, and universities administer the Freshman Survey to over 400,000 entering students during orientation or registration. Published annually in "The American Freshman," the results from these surveys continue to provide a comprehensive portrait of the changing character of entering students and American society at large. The Cooperative Institutional Research Program (CIRP) Freshman Survey is administered by the HERI at UCLA.
5. The Enrolled Students Survey (2007) is an 8-page survey administered to seniors biennially in the spring. It asks seniors about post-graduation plans, evaluations of their undergraduate education and services provided by the college, their values and participation in activities. The research is documented in a report entitled *The Enrolled Students Survey of 2007* written by Lisa A. Kramer and published by Decision Support Services of Stanford.
6. The 2006 Suicide Ideation Survey: This survey explores aspects of suicidal crises among students, particularly students' attempts to cope with and resolve the crises. A stratified random sample of approximately 108,500 students in 70 participating U.S. colleges and universities was selected. The National Reference Group of undergraduate and graduate response rates were 24% (14,839/62,000) and 25% (11,618/46,536), respectively. Chris Brownson, Ph.D., National Coordinator of The Research Consortium of Counseling and Psychological Services in Higher Education, headquartered at the Counseling and Mental Health Center University of Texas at Austin. Survey data was first presented at the Association for University and College Counseling Center Directors (AUCCCD) Annual Meeting, Vail, CO.

With these studies identified, Alejandro Martinez assembled a team of seven CAPS Fellows to work together to review the studies in light of the larger study tasks. These Fellows brought a strong background in psychological theory and research analysis to the task, and were briefed in detail about the Campus Climate Study Group's other tasks and larger goals. The CAPS Fellows participating were: Ili Barsade, M.A., Christopher J. Burden, Psy.D., Karen M. Davison, Ph.D., Arthur Honegger, Ph.D., Angela J. Krumm, Ph.D., Craig Lee Levine, Psy.D., and Laurel N. Zappert, Ph.D.

Working together, this team reviewed the studies first for their overall individual contents and identified categories of information confirmed across studies as well as for contrasting information. The team then identified analytic categories from the overarching study tasks, as well as from the other two study components. Using these categories, the team searched and retrieved study findings to confirm and illustrate the other data sets.

Study Methods: Cross Data Analysis

Throughout the entire study, the Campus Climate Consulting Group met to design study methods, refine and pilot individual instruments, provide progress updates, amend data, and compare and contrast data sets. As the individual components were brought to completion, the Consulting Group worked in both small and large groups to read the data results across the data sets. Group members asked the questions:

- Which individual ideas, events and instances receive the most attention in each data set? across all of the data sets?
- Which themes surface in multiple locations?
- What are the noticeable outliers within and across the data sets?
- Which commonly identified examples, ideas, events and themes that surface from within the data best align with the overarching study tasks?
- Which data categories common to the data sets do not align with the overarching study tasks? Why?

In preparing the final report, the Campus Climate Study Group considered additional questions, including:

- Which excerpts from the focus groups best illustrate concepts shared by all data sets?
- Which numeric data best substantiate the qualitative themes?
- Which themes and ideas best align with the recommendation format of the report?

Multiple report drafts were constructed, offered up in presentation (December 6, 2007 and January 8, 2008) with room for feedback and response, and offered in written form to the Consulting Group and Campus Climate Study Group members for their feedback and critique.

Campus Climate Study Limitations

Limitation #1: Population Size

As with all inquiries, this study carries with it limitations. Designing this as a qualitative study to capture depth of response from participants sacrifices breadth of response and therefore, the ability to generalize. To generalize, there are two key requirements: size and randomness; two requirements these data do not meet. In the case of the Campus Climate Survey, for example, 674 student responses were collected during the 2006-2007 academic year. A collection of nearly 700 responses is more than enough response data from which to construct multiple, valid descriptive and thematic categories for further consideration.

However, considering that total number of matriculated students at Stanford during this same academic year was 14,890, the survey results represent 5% of the student body, which does not represent sufficient size from which to generalize. In other words, while these data can say with confidence that a strong majority of respondents expressed concern about advising, it is not possible to know the full extent of this concern among all Stanford students. The percentage of focus group respondents was 1%, with 134/14,890 students participating.

Limitation #2: Randomness

This study does not claim that student participants were selected in a totally random manner. The invitation to participate in the on-line survey went to all students, but demographic information on the respondents shows that students did not respond in percentages reflective of the overall student body population (e.g., there were more women than men and proportionately slightly more Asian American Students than other ethnic groups). The request to complete a survey at Stanford is a request for time from busy people, and it can be argued that those most likely to consider responding will be those most invested in the topic. Randomness of response is a more pronounced issue with the focus group data, as participation in the focus groups required more time and effort.

While some focus groups were well attended, others were sparsely attended. Some focus groups had to be delayed or rescheduled while staff worked to gather enough participants, which often involved relying on personal connections and invitations when more randomly generated or anonymous invitations did not produce results. Responses from focus group participants indicate that many participated because they had personal experience with a mental health issue on which they wanted to comment, because they worked for or with a campus organization invested in mental health issues, or because they were asked by someone connected to mental health and well-being issues on campus. This means that instead of having a randomly chosen group of students from the campus community commenting on issues of mental health and stress, the data presents the views of students who feel connected to or affected by it. Thus population is pre-selected more than it is random in its construction.

Limitation #3: Instrument Bias

In addition to the issue of the randomness of participant selection there is the issue of randomness, or more particularly, spontaneity of participants' response. Open-ended prompts and questions were used to gather information from participants, but these prompts and questions focused on the overarching issue of mental health and well-being on campus. This organization certainly had the power to suggest answer topics to participants. Students were not, then, talking about their entire experience at Stanford, but instead about the portions of their experiences bounded by issues of mental health, stress, or well-being. Prompts in both the survey instrument and the focus group instrument guided more often to the negative aspects of mental health than to the positive and encouraged more participation around deficits in dealing with these issues rather than strengths in dealing with these issues.

Limitation #4: Cross Data Analysis

For all three data sets analysts used a combination of assigned codes (derived from the primary study tasks and from the experiences and interests of the Campus Climate Study Group and Consulting Group members) and generative codes, or codes suggested from within each data set. Completing cross-case analysis using the assigned codes was a clear process, in that each data set offered data under the same set of codes. Completing cross-case analysis using the generative codes was a less clear proposition, as the data to be cross-compared was not exactly the same, and further synthesis and coding needed to take place in order to arrive at common ground for final analysis. Because the focus groups were smaller in number and also longer in length, the data from these was often used to illustrate the tenets and themes which surfaced in the surveys. It was also used to confirm or contrast findings from the surveys. The existing studies reviewed were frequently used to illustrate with numbers, findings in the surveys, and also to offer a

broader focus on a larger population of college students which was the opposite function served by the illustrative data from the focus groups.

Conclusion

We offer our study limitations here to reinforce the level of thought and detail that has gone into this work. Along with the knowledge and insight we have gained into the issues of mental health and well-being within the Stanford community, we have also collected valuable information about how to study these issues. Complex issues require complex methods of investigation, and as we have worked with these complexities, we have tracked what we have learned about collecting and analyzing diverse and meaningful data in this particular place and with these particular community members. We offer a thorough and candid methodology chapter to share what we have learned, and, in the hopes of informing the construction of larger, more comprehensive instruments, to address the Stanford population in place as well as over time.

Appendix J

Campus Climate Study Group Web Survey

The screenshot shows a Mozilla Firefox browser window displaying the 'Contact Us' page for the Campus Climate Initiative at Stanford University. The browser's address bar shows the URL <http://campusclimate.stanford.edu/contact.html>. The page features a green header with the text 'Campus Climate Initiative' in a white script font and 'Stanford University' in a white sans-serif font. Below the header is a decorative banner with a stylized illustration of trees and a bench. A navigation menu is located below the banner, with links for 'Home', 'Contact Us', 'About the Campus Climate Initiative', 'About our Questions', and 'Resources'. The main content area is titled 'Contact Us' and contains contact information for Rabbi Patricia Karlin-Neumann and Alejandro M. Martinez, Ph.D., along with a prominent green button labeled 'Go to the Survey'. The footer of the page includes the copyright notice '© 2007 Stanford University'.

Campus Climate Survey: Contact Us - Mozilla Firefox

File Edit View History Bookmarks Tools Help

[http://campusclimate.stanford.edu/contact.html](#) Google

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Contact Us

If you have any additional comments or questions, please direct them to either:

Rabbi Patricia Karlin-Neumann
Senior Associate Dean for Religious Life
Stanford University
Memorial Church
Stanford, CA 94305

Email: rabbipkn@stanford.edu
Tel: (650) 725-0010
Fax: (650) 725-7009
Building 60 Room 62F; ID mail 2090

Or

Alejandro M. Martinez, Ph.D., Director
Counseling and Psychological Services
Vaden Health Center, Stanford University

Email: a.martinez@stanford.edu
Tel: 650 725-4120,
Fax: 650 725-2887,

[Go to the Survey](#)

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Campus Climate Initiative

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About the Campus Climate Initiative

The Campus Climate initiative –

What is involved? Who is participating? When did it start and how long will it continue?

The Campus Climate study group is one of two subgroups of the **Student Mental Health and Well-Being Task Force** that was convened by the Provost in the Fall of 2006. The Policy and Practice Review Group focus is to review policies and practices related to student support and well-being. The Campus Climate Study Group is working to define more clearly the components of Stanford campus climate that either contribute to student stress or promote a supportive environment for student growth and development. The Task Force is comprised of administrators, faculty, staff, and student representatives. The Campus Climate Study Group hopes to complete its work by the end of this academic year.

The Provost asked the Campus Climate Study Group to do the following:

1. Examine how the academic, residential, and extracurricular environments impact the mental health of students
2. Obtain a more detailed understanding of the academic and personal stresses facing graduate and undergraduate students at Stanford
3. Investigate what contributes to and/or detracts from a supportive environment for all members of the Stanford community

Ultimately, we hope to identify the stresses which can be minimized in the Stanford environment as well as to identify ways we can promote student well being.

[Go to the Survey](#)

Campus Climate Survey: About our Questions - Mozilla Firefox


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http://campusclimate.stanford.edu/aboutsurvey.html

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Campus Climate Initiative

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About our Questions

We want your thoughts on three areas:

- 1) What you see as manifestations or symptoms of academic, residential or extracurricular stress at Stanford
- 2) What you see as the root or underlying causes for this stress
- 3) Aspects of Stanford that promote student well-being

To better give context to your view, we also have a few questions about your background.

Your participation is completely voluntary and confidential. You will never be associated with your responses. You may answer only some questions, or you may choose not to participate at all. It will take 10-15 minutes to respond to all the questions.

If you have any questions or need further information, please call the numbers listed under "contact us." Also, please note that we have provided a list of university **resources** for your information.

[Go to the Survey](#)

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Campus Climate Survey: Resources - Mozilla Firefox


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http://campusclimate.stanford.edu/resources.html

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Resources

We sincerely appreciate your participation in this survey. We want to remind you that we have services designed to proactively support students. Please make sure that you are personally aware of these services and take advantage of them whenever appropriate.

Campus support resources

Counseling and Psychological Services:
<http://lcaps.stanford.edu/>

Vaden Health Center:
<http://haden.stanford.edu/>

Dean of Students Office:
<http://www.stanford.edu/dept/DOS/>

Diversity and Access Office:
<http://www.stanford.edu/dept/diversityaccess/>

The Bridge Peer Counseling Center:

[Go to the Survey](#)

Resources Continued

The Bridge Peer Counseling Center:
<http://thebridge.stanford.edu/>

Residential Education:
<http://www.stanford.edu/dept/hesed/>

Office of Undergraduate Advising and Research:
<http://www.stanford.edu/dept/uar/>

Freshman Dean's Office:
<http://frosh.stanford.edu/>

Graduate Life Office:
<http://glo.stanford.edu/>

Office for Religious Life:
<http://religiouslife.stanford.edu/>

Asian American Activities Center:
<http://www.stanford.edu/dept/ia3c/>

Black Community Services Center:
<http://www.stanford.edu/dept/BCSC/contact.html>

El Centro Chicano:
<http://www.stanford.edu/dept/elcentro/>

Native American Cultural Center:
<http://www.stanford.edu/dept/nacc/>

LGBT Community Resources Center:
<http://www.stanford.edu/group/QR/>

Women's Community Center:
<http://www.stanford.edu/group/womensctr/>

Faculty and Staff Help Center:
<http://www.stanford.edu/dept/helpcenter>



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Take the Survey

Thank you for taking time to fill out our survey. The survey shouldn't take long to complete. However, if the site is inactive for 20 minutes, your session with the server will terminate and you may lose any answers you have already provided. Some browsers may retain your information; however to ensure you don't lose any of your work, please attempt to complete the survey once you start.

In the tree below there are spaces in the branches and deep in the roots. Please enter various manifestations or symptoms of academic, residential or extracurricular stress at Stanford next to each branch on the tree.

Next in the "roots" enter causes of these manifestations or symptoms.

What are some of the underlying causes of these stresses at Stanford?

A large tree diagram with a thick trunk and many branches. The canopy is green, and the trunk and roots are brown. There are several white rectangular input boxes placed at various points: two at the top of the canopy, several along the branches, and several at the base of the roots. At the bottom of the tree, there are two buttons labeled "Reset" and "Next".



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Below is a patchwork quilt. Please fill in the squares with those aspects of academic, residential or extracurricular life that provide support or relieve stress at Stanford.

Next at the edges of your quilt, imagine that the quilt is fraying or torn. Label those aspects present designed to relieve stress at Stanford that you think need improvement or strengthening.

A graphic of a patchwork quilt with various shades of green and white squares. The quilt is surrounded by a frayed, grass-like border. There are 18 white rectangular text input boxes arranged around the quilt: 12 on the left side, 6 on the right side, and 12 in the center of the quilt. At the bottom of the quilt graphic, there are two buttons: "Reset" and "Next".



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Demographics

1. Is there a specific person at Stanford to whom you would turn in the event of a crisis?

- No
- Yes

If Yes, Optional: what is the position or name of this person?

2. Please offer any additional suggestions or experiences that may help us to understand or improve Stanford's campus climate.

3. What is your primary relationship to Stanford?

- Student
- Faculty
- Staff

Demographics Continued

Please answer questions 4-13 if you are a student.

4. What is your gender?

- Female
- Male
- Transgender

5. What is your sexual orientation?

- Heterosexual
- Gay/Lesbian
- Bisexual
- Unsure

6. What is your year in school?

- 1 st year undergraduate
- 2 nd year undergraduate
- 3 rd year undergraduate
- 4 th year undergraduate
- 5 th year or more undergraduate
- Graduate – Masters
- Graduate – Ph.D.
- Graduate – Professional School
- Post-Doc
- Not seeking a degree
- Other

7. How do you usually describe yourself? (Mark all that apply)

- White, non Hispanic
- Black, non Hispanic
- Hispanic or Latino/a
- Asian or Pacific Islander
- American Indian, Alaskan Native, or Native Hawaiian
- Biracial or Multiracial
- Other

8. Are you an international student?

- Yes
- No

Demographics Continued

We sincerely appreciate your participation in this survey. We want to remind you that we have services designed to proactively support students. Please make sure that you are personally aware of these services and take advantage of them whenever appropriate.

If you have any additional comments or questions, please direct them to either:

Rabbi Patricia Karlin-Neumann
Senior Associate Dean for Religious Life
Stanford University
Memorial Church
Stanford, CA 94305

Email: rabbipkn@stanford.edu
Tel: (650) 725-0010
Fax: (650) 725-7009
Building 60 Room 62F; ID mail 2090

Or

Alejandro M. Martinez, Ph.D., Director
Counseling and Psychological Services
Vaden Health Center,
Stanford University
Email: a.martinez@stanford.edu

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Appendix K

QPR© Training Question, Persuade, Refer

The QPR Institute, founded in 1999, is a multidisciplinary training organization dedicated to saving lives and reducing suicidal behaviors by offering educational services and materials to professionals and the general public. Programs developed by the institute address a range of topics from raising awareness and primary prevention, to intervention and suicide risk assessment, to training in post-intervention in the aftermath of suicide and other trauma.

Question, Persuade, Refer (QPR©) is widely taught in the United States and, according to the institute, more than 300,000 adults have been trained in classroom settings in more than 40 states. QPR© is an hour-long training session that includes videos and role-playing exercises designed to clarify the common causes of suicidal behavior, the warning signs of suicide, and ways to help someone in crisis. In QPR© training, students are taught to recognize and question suicidal individuals, persuade them to seek help and offer an appropriate referral for help.

QPR© training was piloted during RA training at Stanford in the fall of 2007. The training received an overwhelmingly positive response from students. Subsequently, over 30 staff members and students took a day-long course during winter 2008 to become certified to lead one-hour QPR© training programs for the campus community.

QPR© training will continue with groups of students, faculty, and staff from all areas of the University. Those interested in scheduling a one-hour QPR© training should contact Alejandro Martinez, Ph.D. (a.martinez@stanford.edu).