

## Fall 2020 Mental Health & Well-Being Survey Undergraduate, Graduate, and Professional Students

### BACKGROUND

This report provides an overview of undergraduate, graduate, and professional student results from the Mental Health & Well-Being Survey conducted October 12 - 26, 2020 by the Skorton Center for Health Initiatives at Cornell Health. The survey sought to address four main goals:

- Expand our understanding of Cornell student mental health, building on limited data from items previously embedded in institutional surveys. This is the University's first dedicated survey of undergraduate, graduate, and professional student mental health.
- Assess the mental health impact of the COVID-19 pandemic, corresponding economic crisis, and most recent national reckoning with racial injustice to inform the University's response.
- Examine mental health disparities (e.g., according to gender identity, racial identity, and sexual orientation) and potential contributing factors.
- Establish initial data for evaluation of strategies recommended in the 2020 Mental Health Review report, recognizing the potential effects of history on the outcome variables (e.g., higher levels of distress) and likely "natural" return to baseline even in the absence of intervention.

The report is structured in a question and answer format. Comparisons have been made, when possible, to existing Cornell datasets and to national datasets. A summary, starting on page 16, provides key findings, practical implications, and applications to the university's [Mental Health Review](#).

### METHODOLOGY

The survey was anonymous and voluntary. The survey invitation was sent to students in Ithaca ( $n = 9,000$ ) who were previously invited to participate in Cornell's Fall 2020 SHIELD Survey (assessing COVID-related behaviors and attitudes), as well as all registered students residing outside of Ithaca ( $n = 5,645$ ). The resulting sample included 4,408 students with a response rate of 30.1%. Among those who indicated their student status, a total of 59.5% ( $n = 2,486$ ) were undergraduate students, 34% ( $n = 1,420$ ) were graduate students, and 6.5% ( $n = 273$ ) were professional students. The sample is largely representative of the student body. Approximately two-thirds of student respondents were based in Ithaca and one-third were studying from elsewhere (within the U.S. or internationally). **See Appendix for undergraduate, graduate, and professional student sample demographics.**

The survey used quantitative measures to assess psychological distress (Kessler Psychological Distress Scale 6 & 10), impaired academic functioning, suicidal ideation and attempts, high-risk alcohol and other drug use, sources of stress, loneliness (UCLA Loneliness Scale), coping strategies, resilience (Connor Davidson Resilience Scale 2), and demographic variables. Questions have different time periods (e.g., 30 days, 12 months) based on the specific measure. Excerpts from two qualitative items have been included in this report and all of the qualitative data have been summarized in separate reports.

Descriptive statistics and correlational analyses were run to assess the overall prevalence and relations between the outcome variables, and multivariate analyses of variance were conducted to test for demographic differences. Note that the results for differences by racial identity, gender identity, and sexual orientation were reported for the overall sample, as these patterns of findings were consistent for undergraduate, graduate, and professional students. Additionally, differences for each demographic variable were examined independently, and some categories were combined (e.g., multiple identities combined to create LGBTQIA+ category) to ensure adequate cell size for analysis. However, this did not

capture intersectionality or within-group heterogeneity, which represents a limitation of this survey.

## FINDINGS

### Psychological Distress

#### Question: Did Cornell students experience high levels of distress during the Fall 2020 semester?

Yes, students appear to have experienced unusually high levels of distress, consistent with the unprecedented societal stressors that corresponded with the Fall 2020 semester. Scores on the Kessler (K6) suggested that a significant percentage of students experienced high levels of psychological distress within the last 30 days:

- 47.7% of Cornell students experienced moderate or serious psychological distress.
- 29.6% of undergraduate students, 22.3% of graduate students, and 20.5% of professional students experienced “serious psychological distress” (which studies suggest likely reflects clinically significant distress).

As shown in the table below, a larger percentage of Cornell students experienced clinically significant distress in the Fall 2020 semester compared to the Fall 2019 and Fall 2020 reference set from the National College Health Assessment (NCHA). It is important to note that measures of psychological distress among Cornell students have historically been relatively consistent with NCHA data.

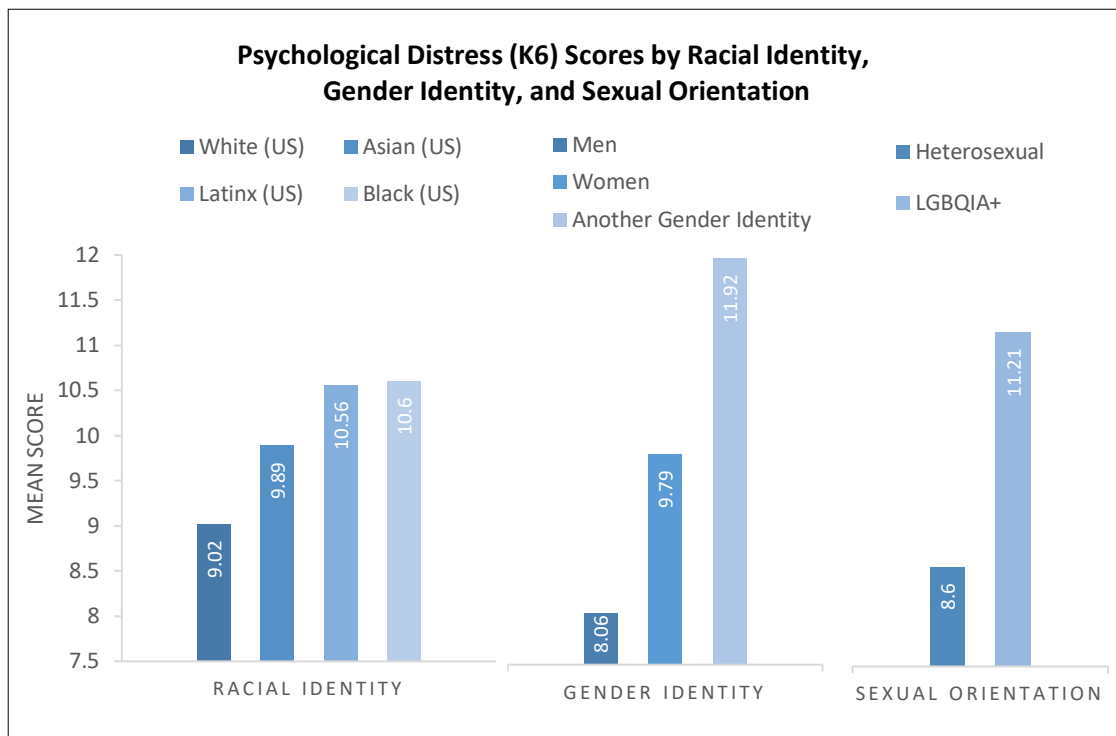
Kessler-6 Scores Across Three Categories of Psychological Distress (Percent %)					
Sample	No or low distress (0-8)	Moderate distress (9-12)	Serious distress (13-24)	Mean	Standard Deviation
Cornell Overall Sample (Fall 2020)	52.3	22.2	25.5	8.82	5.93
Cornell Undergrads (Fall 2020)	46.4	24.0	29.6	9.76	5.87
Cornell Grad Students (Fall 2020)	55.5	22.2	22.3	8.39	5.46
Cornell Prof Students (Fall 2020)	58.6	20.9	20.5	8.16	5.42
NCHA Overall Sample (Fall 2019)	61.0	21.0	18.0	7.73	5.29
NCHA Undergrads (Fall 2019)	58.9	21.6	19.5	7.99	5.39
NCHA Grad/Prof Students (Fall 2019)	68.6	19.0	12.4	6.79	4.77
NCHA Overall Sample (Fall 2020)	55.5	22.8	21.7	8.39	5.34
NCHA Undergrads (Fall 2020)	50.7	24.2	25.1	8.97	5.44
NCHA Grad/Prof Students (Fall 2020)	65.2	20.0	14.8	7.21	6.00

#### Question: Did Cornell students with identities that have historically been marginalized experience relatively higher levels of distress?

Yes, as shown in the chart below, regardless of student status, students with identities that have been marginalized reported significantly higher levels of psychological distress. Specifically:

- Black (US), Latinx (US), and Asian (US) students reported significantly greater distress compared to White (US) students ( $p < .01$ ).
- Women and students who identified as another gender identity reported significantly higher distress relative to men ( $p < .01$ ).

- Students who identified as LGBTQIA+ reported significantly greater distress compared to students who identified as heterosexual ( $p < .01$ ).



**Practical Implications:** While it has been widely assumed that mental health disparities exist among college populations, few studies in the college health literature have empirically examined these differences. These results demonstrate that the mental health disparities that have been found in the overall US adult population exist among the Cornell student body, and warrant ongoing attention, evaluation, and amelioration efforts.

**Question: Overall, what does this higher level of distress among the Cornell student body mean?**

*While concerning, these relatively higher rates of psychological distress likely reflect normative and predictable difficulties adjusting to considerable societal stressors (e.g., COVID-19 pandemic, transition to hybrid/remote learning) rather than an absolute increase in the prevalence of diagnosable mental disorders requiring clinical treatment. These results speak to the mental health impact of the unprecedented challenges of the Fall 2020 semester on students' collective level of distress.*

Students' qualitative responses illustrate the direct impact of current stressors on their level of distress. For example:

*"I am constantly anxious about COVID-19. I am also stressed as I feel I'm not performing as well in school and feel unmotivated. Racial crisis also makes me very anxious." (Undergraduate Student)*

*"All of my friends and family are falling apart both physically and mentally, between the pandemic and the election coming up. The pandemic has also exacerbated and accelerated any and every existing source of stress - job market anxiety, issues with PIs, family stuff, pre-existing health issues, you name it." (Graduate Student)*

**Practical Implications:** In line with the recommendations articulated in the Mental Health Review, these findings highlight the importance of utilizing a comprehensive and public health approach to promoting student mental health and well-being, as opposed to an exclusively pathology-based treatment orientation. Further, addressing the impact of societal stressors within the campus community (e.g., multi-disciplinary efforts aimed at supporting mental health during the COVID-19 pandemic, anti-racism/bias, and fostering civil political discourse) will likely have a positive impact on student mental health and well-being.

### Impact on Academic Impairment, Suicidal Thoughts, and Suicide Attempts

Students responded to three objective questions assessing whether they at least once in the past 30 days or within the past eight months since the onset of the pandemic (a) were unable to function academically for at least a week due to depression, stress, or anxiety, (b) seriously considered suicide, or (c) actually attempted suicide. These three questions, which asked students to report the actual occurrence of thoughts and behaviors, provided an important indicator of the impact and severity of psychological distress.

#### Question: Is distress interfering with students' academic performance?

*Yes. Emotional distress is negatively affecting many students' ability to perform academically.*

- In the past 30 days, 25.8% of undergraduate, 27.4% of graduate, and 23.0% of professional students have been unable to function academically (e.g., missing classes, unable to complete homework) for at least a week due to depression, stress, or anxiety.
- In the eight months since the onset of the pandemic, 43.0% of undergraduate, 46.3% of graduate, and 36.5% of professional students have experienced this level of impairment.

#### Question: Did students experience academic impairment at higher rates during the Fall 2020 semester?

*No. While emotional distress is having a negative impact on academic functioning, the prevalence of academic impairment since the onset of the pandemic was relatively consistent (i.e., approximately 4 in 10 students) with previous measures of impairment within the prior year:*

- In the Spring 2019 Cornell Undergraduate Experience Survey, 42.1% of students had been unable to function academically due to depression, stress, or anxiety in the past year.
- In the Spring 2019 Doctoral Student Experience survey, 40.4% of students had been unable to function academically due to depression, stress, or anxiety in the past year.

#### Question: Given the unusually high levels of psychological distress, are students considering or attempting suicide at higher rates?

*Despite students' high levels of psychological distress, the results do not suggest a significant increase in suicidal ideation or suicide attempts at the time of this survey (based on past Cornell and national reference data).*

As shown in the table below, Cornell's 30-day prevalence is similar to the NCHA reference data, and Cornell's past 8-month prevalence is relatively proportionate to the NCHA's most recently available

(Spring 2019) past 12-month data. Note that differences in suicidality by race, gender, and sexual orientation are not shown due to insufficient cell size to allow for group comparisons. However, community-based research suggests that the rates of suicidal ideation and attempts are higher among American Indian and Alaska Native populations, and have significantly increased among Black populations.

<b>Percent seriously considered attempting suicide (at least once)</b>	<b>Past 30 days</b>	<b>Past 8 months</b>	<b>Past 12 months</b>
Cornell Overall Sample Fall 2020	5.1	9.7	-
Cornell Undergrad Fall 2020	6.5	12.1	-
Cornell Grad Fall 2020	3.2	6.3	-
Cornell Professional Fall 2020	1.9	5.0	-
Cornell Undergrad Spring 2019	-	-	12.9
Cornell Doctoral Spring 2019	-	-	8.1
ACHA Undergrad Spring 2019	-	-	14.4
ACHA Grad/Professional Spring 2019	-	-	8.0

<b>Percent actually attempted suicide (at least once)</b>	<b>Past 30 days</b>	<b>Past 8 months</b>	<b>Past 12 months</b>
Cornell Overall Sample Fall 2020	0.3	0.7	-
Cornell Undergrad Fall 2020	0.4	0.9	-
Cornell Grad Fall 2020	0.3	0.5	-
Cornell Professional Fall 2020	0	0.4	-
Cornell Undergrad Spring 2019	-	-	2.0
Cornell Doctoral Spring 2019	-	-	0.6
ACHA Undergrad Spring 2019	-	-	2.3
ACHA Grad/Professional Spring 2019	-	-	0.9

**Practical Implications:** Taken together, the relatively consistent rates across these three objective questions before and during the pandemic suggest that students' high level of subjective distress did not translate into higher rates of academic impairment, suicidal ideation, or suicide attempts than prior time periods. This further underscores the need for a comprehensive, public health approach to addressing student mental health versus a treatment only approach, as the relative increase in student distress seems to reflect normative difficulties adjusting to current societal stressors.

Although these findings do not point to recent increases, they nonetheless demonstrate that the risk of suicide remains a serious ongoing concern, and illustrate that mental health problems negatively impact the academic mission of the university.

These results reinforce the need to support and continue ongoing efforts to identify students in need of care, increase help seeking behavior, and provide collaborative medical and mental health services (e.g., primary care screening for depression) as reflected in the recommendations of the Mental Health Review.

## Sources of Stress

**Question: What factors were sources of stress for students during the Fall 2020 semester?**

*Students were presented with a bank of potential stressors and asked to rate the extent to which each item had affected them in the last 30 days (i.e., not at all stressful, slightly stressful, moderately stressful, or very stressful). The following tables show the percentage of students who indicated that each item was either “moderately stressful” or “very stressful.”*

Undergraduate Students: Ranked Order	Percent indicating moderately or very stressful	Graduate & Professional Students: Ranked Order	Percent indicating moderately or very stressful
1. Academic responsibilities	88.5	1. Academic responsibilities	77.5
2. Concerns about your future plans	75.5	2. Concerns about your future plans	66.9
3. Mental health concerns	65	3. National political climate	60.4
4. National political climate	57.5	4. Concern about people you care about contracting COVID-19	55.5
5. Loneliness	53.3	5. Daily adjustments to life for dealing with COVID-19	53.3
6. Daily adjustments to life for dealing with COVID-19	53.2	6. Mental health concerns	52.1
7. Concern about people you care about contracting COVID-19	50.5	7. Awareness of national crisis related to racism/incidents of racial violence	46.2
8. Feeling as though you are an imposter or a “fraud” in your academic program	48.1	8. Feeling as though you are an imposter or a “fraud” in your academic program	42.9
9. Concerns about climate change	47.1	9. Loneliness	42.7
10. Awareness of national crisis related to racism/incidents of racial violence	46.9	10. Concerns about climate change	40.4
11. Relationship concerns (e.g., family, romantic/intimate relationships, or friends, not including relationship with faculty/advisor/lab supervisor)	41.8	11. Concern about contracting COVID-19	38.9
12. Financial concerns	38.4	12. Physical health concerns	33.6
13. Physical health concerns	31.7	13. Financial concerns	32.6
14. Concern about contracting COVID-19	31.4	14. Relationship concerns (e.g., family, romantic/intimate relationships, or friends, not including relationship with faculty/advisor/lab supervisor)	31.8
15. Relationship with faculty/advisor/lab supervisor	22.5	15. Relationship with faculty/advisor/lab supervisor	21.4
16. Bias based on one or more of your identities (e.g., gender, race, sexual orientation, religion, ability status)	16.8	16. Bias based on one or more of your identities (e.g., gender, race, sexual orientation, religion, ability status)	18.3

Not surprisingly, students endorsed a wide range of current societal events including the COVID-19 pandemic, political climate, and national reckoning with racial injustice as significant sources of stress. The collective mental health impact of these unique stressors is reflected in the relatively higher levels of psychological distress observed among students during the Fall 2020 semester.

Notably, in addition to these unprecedented stressors, “academic responsibilities” was the most frequently and highest rated source of stress among undergraduate, graduate, and professional students. Nearly 9 in 10 undergraduate (88.5%) and nearly 8 in 10 graduate and professional (77.5%) students rated “academic responsibilities” as moderately or very stressful.

While stress stemming from academics is – of course – a normative and salient aspect of the college experience, students consistently and nearly universally reported that the level, intensity, and nature of the academic-related stress was higher than normal and unique to the Fall 2020 semester:

*“I found the academic demands to be more overwhelming and stressful this semester than ever before. Weekend prelims and not having any breaks, while I understand the reasoning, has been tough for myself and my friends in terms of our mental and physical health.” (Undergraduate Student)*

*“The biggest source of stress for me is that we are still expected to perform at a high level as Ivy League students but classes are now online and nothing is normal. There is no back up with no pass fail, and with no significant breaks until thanksgiving, it is really taxing on the mind...” (Graduate/Professional Student)*

*“Most of my stress comes from my classes. Ever since classes moved online homework was made harder and longer, tests harder and longer, lectures worse and worse. If professors could teach better and stop assuming we have all the time in the world to spend on just their class it would be much better. Right now I have maybe 3 hours of free time a week and I'm only in 12 credits. Back in my freshmen year I was in 22 credits and had way more free time. I think professors assume that now since everything is online they should make things harder to stop cheating, but that hurts the students who don't cheat and are trying to actually learn. We have no idea what's going on when the teacher does zero examples, speeds through slides since it's now recorded and "we can come back later and watch whatever we miss" and makes homework assignments way too long and difficult. ... Like actually, all my stress comes from my courses.” (Undergraduate Student)*

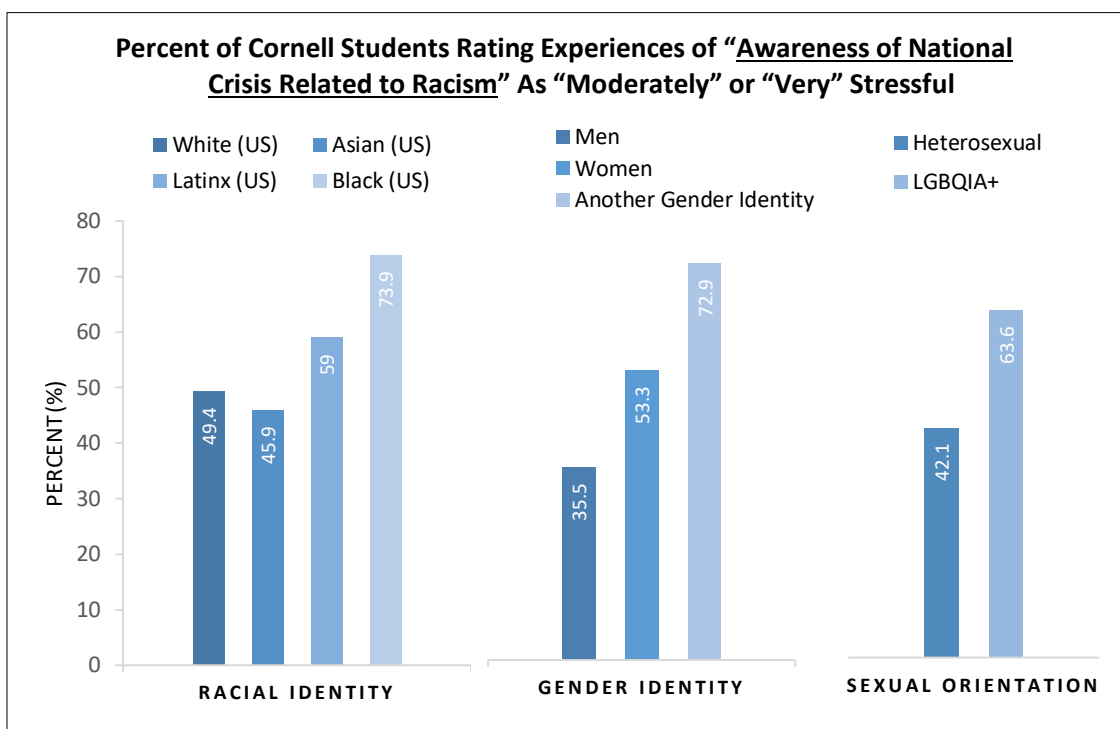
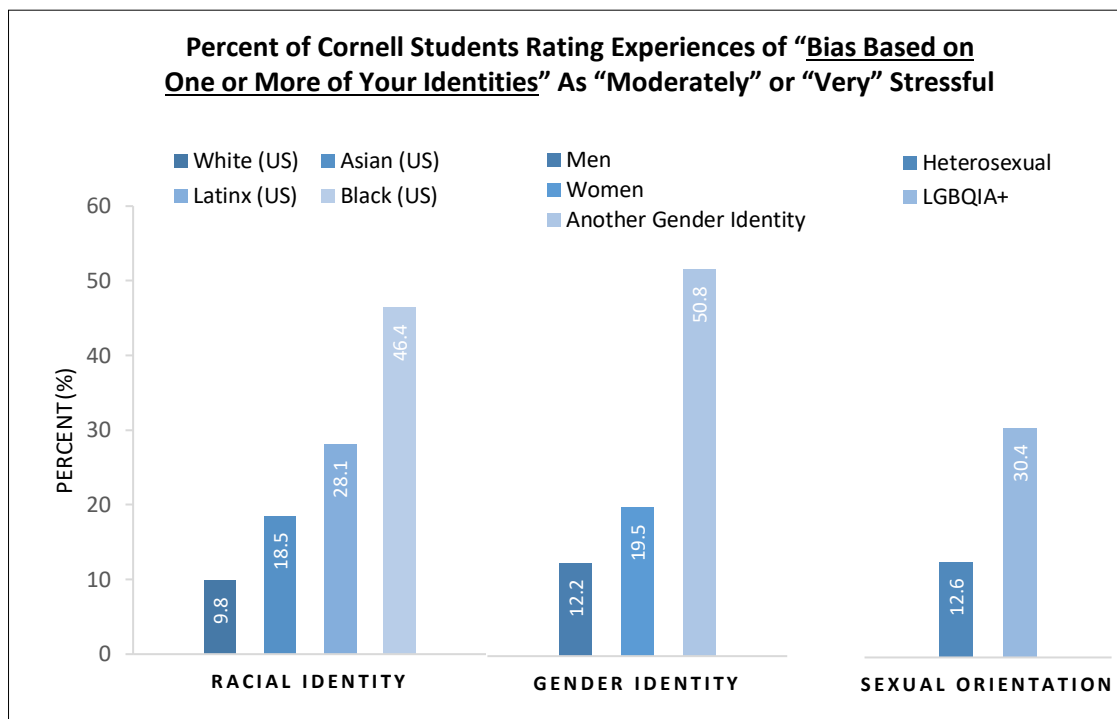
**Practical Implications:** Whether this higher level of academic stress is related to the transition to hybrid learning, increased academic demands, or reduced access to non-academic outlets, these results highlight that academic experiences are paramount to addressing student distress, and underscore the important impact that structural changes (e.g., academic breaks, exam schedules) may have on a student’s mental health and well-being.

Additionally, these findings suggest that the significant challenges associated with developing and delivering virtual and hybrid educational experiences may inadvertently heighten academic-related stress and demands in unique and unanticipated ways, which may warrant ongoing consideration.

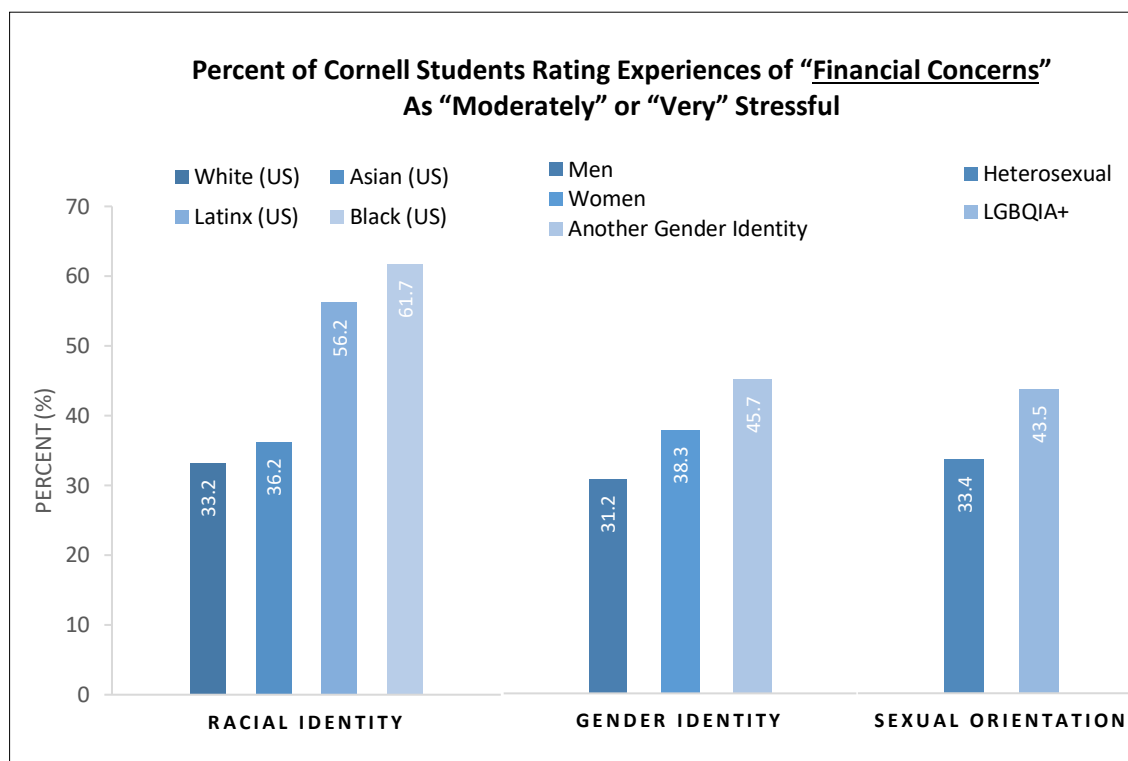
Finally, these findings lend additional support to the recommendations in the Mental Health Review, including efforts aimed at fostering a healthy campus/academic environment as a way of improving student mental health and well-being.

**Question: Did the impact of sources of stress differ based on students' racial/ethnic identity, gender identity, and sexual orientation? Does this shed light on the mental health disparities observed among the Cornell student body?**

*Yes, while students across all identities reported stress from heightened awareness of the national crisis related to racism, students with identities that have been marginalized reported higher stress due to experiences of bias, awareness of the racial crisis, and financial concerns.*







The unique and additional burden of bias, bias-related stress, and inequality was highlighted in students' qualitative responses:

*"I'm a gay Black chronically-ill immigrant woman. My parents stopped speaking to me three months ago. I'm in constant pain, my entire family is in constant danger of police violence, and the world is on fire - yet I'm somehow expected to function semi-normally..." (Undergraduate Student)*

*"Several of my (Chinese) family friends have been assaulted near their homes for being Chinese. Since I am Chinese myself, I've been concerned about my well-being when I return to Ithaca." (Undergraduate Student)*

*"Anti-Asian racism due to COVID is really stressful for me." (Graduate/Professional Student)*

*"It is not fun being the only Black student in two Zoom classes. I feel as if the spotlight is on me all of the time. Every gesture I make, even when I smile to show agreement or empathy, some people frown at me or make me feel unwelcome or that I am not a "citizen" of this campus...I cannot "win" - everything is critiqued. We need more diversity." (Graduate/Professional Student)*

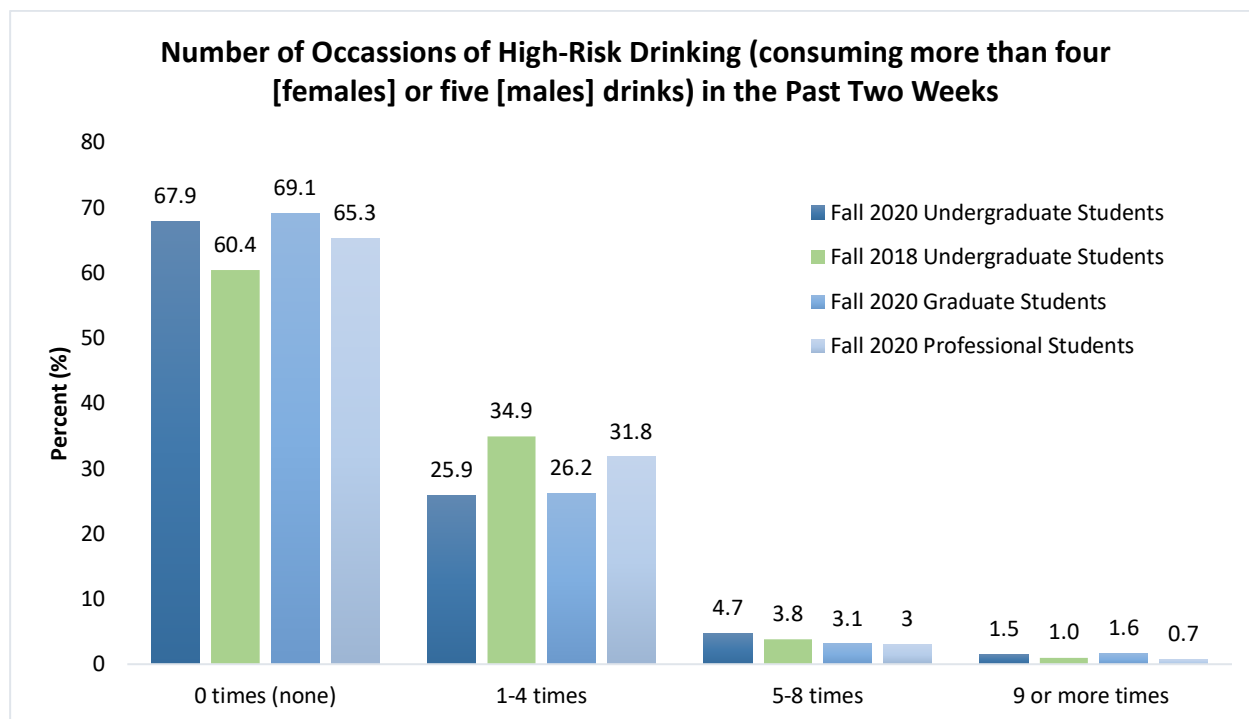
**Practical Implications:** The observed differences in bias-related and socioeconomic stress may partially account for the mental health disparities observed among the Cornell student body. These findings highlight the importance of implementing comprehensive efforts to deconstruct systemic bias at the university-wide level, and remedy the negative impacts of oppression on student mental health and well-being. The institution must promote initiatives aimed at increasing a sense of belonging for these students, as well as building a culturally responsive environment around them through the people, policies, and practices that impact their day-to-day lives.

## High-Risk Alcohol Use and Other Drug Use

**Question: What do we know about the prevalence of high-risk alcohol use among Cornell undergraduate, graduate, and professional students?**

*Students reported the number of occasions they engaged in high-risk drinking in the last two weeks, defined as consuming four (females) or five (males) or more drinks in a sitting. Results from this survey suggested somewhat lower rates of high-risk drinking among undergraduate students compared to data from Fall 2018 (Cornell Alcohol and Social Life survey), and to our knowledge, provide data for high-risk drinking among Cornell graduate and professional students for the first time.*

- Results showed that 32.1% of undergraduate students reported engaging in high-risk drinking at least once in the past two weeks, compared to 39.6% of undergraduate students during the Fall 2018 semester.
  - Consistent with prior semesters, rates of high-risk drinking were twice as high among social fraternity and sorority (“Greek”) members, with 66% reporting engaging in high-risk drinking at least once in the last two weeks.
- Results revealed that 30.9% of graduate and 34.7% of professional students reported engaging in high-risk drinking at least once in the past two weeks, providing baseline data for future comparisons.
- Notably, these findings demonstrated similar rates of high-risk drinking among undergraduate, graduate, and professional students, with about two-thirds of Cornell students indicating that they had not engaged in high-risk drinking in the past two weeks.



**Question: What do we know about the prevalence of marijuana and other recreational drug use among Cornell undergraduate, graduate, and professional students?**

*Students indicated whether or not they had used (a) marijuana in the last 30 days, and (b) other recreational drugs in the last year. Results from this survey revealed consistent rates of marijuana use, and somewhat higher rates of other recreational drug use among undergraduate students compared to data from Fall 2018.*

- Among undergraduates, 19.6% reported marijuana use in the last 30 days, compared to 20.9% in the Fall 2018 semester. Additionally, 8.4% of undergraduate students reported other recreational drug use in the last year, compared to 5.2% in the Fall 2018 semester.
  - As shown in the table below and consistent with prior semesters, rates of marijuana use and recreational drug use were significantly higher among social fraternity and sorority members, with 37.5% reporting marijuana use in the last 30 days, and 17.3% reporting other recreational drug use in the last year.
- Results indicated that 13.1% of graduate students and 6.7% of professional students used marijuana in the last 30 days. Additionally, 6.5% of graduate students and 5.5% of professional students reported using other recreational drugs in the last year. These initial results on the prevalence of substance use among graduate and professional students provide baseline data to facilitate future comparisons.
- Overall, findings revealed that over 80% of all Cornell students did not report marijuana use in the last 30 days, and over 90% of Cornell students did not report recreational drug use in the last year.

Percent of Sample	Marijuana use in the last 30 days	Recreational drug use (other than marijuana) in the last year
Fall 2020: All Undergrads	19.6	8.4
Fall 2018: All Undergrads	20.9	5.2
Fall 2020: Greek Members	37.7	17.3
Fall 2018: Greek Members	35.3	14.1
Fall 2020: Graduate Students:	13.1	6.5
Fall 2020: Professional Students	6.7	5.5

\*Note. For Fall 2018 data, rates for recreational drug use include students who specifically endorsed using cocaine, heroin, and/or MDMA/Ecstasy in the last year. For Fall 2020 data, rates for recreational drug use include students who endorsed any drug use (other than marijuana) in the last year and thus, might reflect additional drugs other than cocaine, heroin, or MDMA/Ecstasy.

**Practical Implications:** Overall, the majority of Cornell undergraduate, graduate, and professional students did not report engaging in high-risk drinking in the last two weeks, marijuana use in the last 30 days, or other recreational drug use in the last year. That said, students who reported greater high-risk drinking scored significantly higher on psychological distress and stress ( $p < .01$ ), suggesting that limiting alcohol use and/or promoting alternative coping mechanisms may play an important role in enhancing student well-being (high-risk drinking may reflect and/or contribute to psychological distress). Furthermore, and consistent with prior data, the higher prevalence of high-risk drinking and other drug use observed among social fraternity and sorority members highlights the need for ongoing targeted alcohol and other drug (AOD) misuse prevention efforts. Overall, the findings lend support for the importance of efforts aimed at preventing AOD misuse, supporting students in recovery, and increasing access to AOD-free spaces, programs, and events to promote student mental health and well-being.

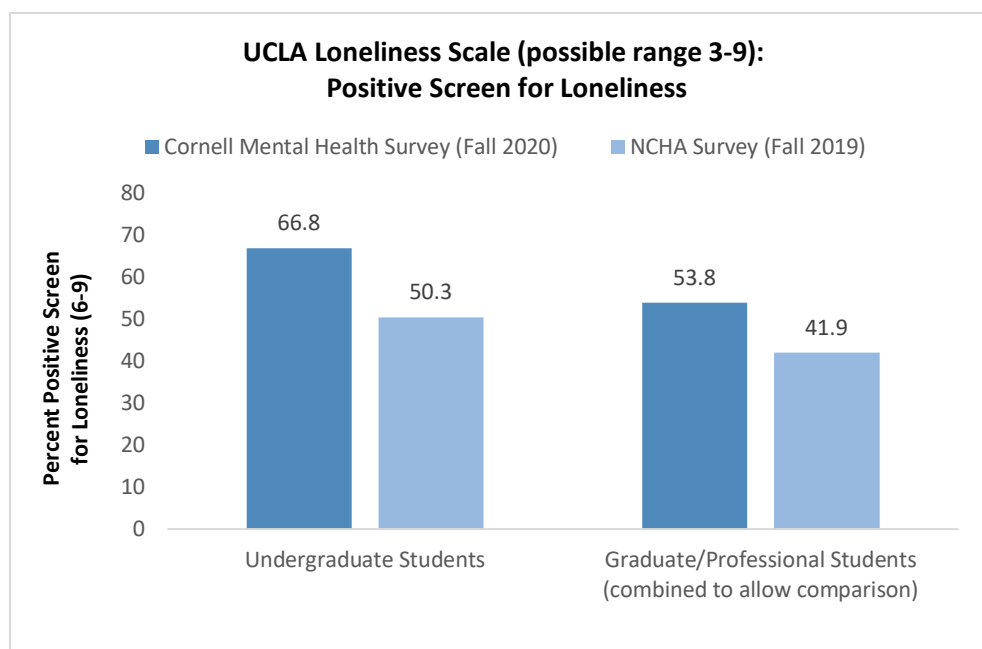
## Loneliness

### Question: Did students report experiencing high levels of loneliness?

Yes. Based on the UCLA Loneliness Scale, 66.8% of Cornell undergraduate, 53.0% of graduate, and 58.1% of professional students scored positive for experiencing loneliness during the Fall 2020 semester. As shown in the graph below, this level is higher than the NCHA reference set for Fall 2019.

Three items comprise the UCLA Loneliness Scale. In response, Cornell students indicated the following:

- 29.1% of undergraduate, 21.7% of graduate, and 21.7% of professional students said they feel that they often lack companionship.
- 25.3% of undergraduate, 16.6% of graduate, and 22.1% of professional students said they often feel left out.
- 34.4% of undergraduate, 27% of graduate, and 32.4% of professional students said they often feel isolated from others.



Students' experiences of loneliness were consistently illustrated in their qualitative responses:

*"Not being able to be with my friends as often as normal or do the same things with them makes emotional connection very difficult nowadays and it's very easy to feel lonely." (Undergraduate Student)*

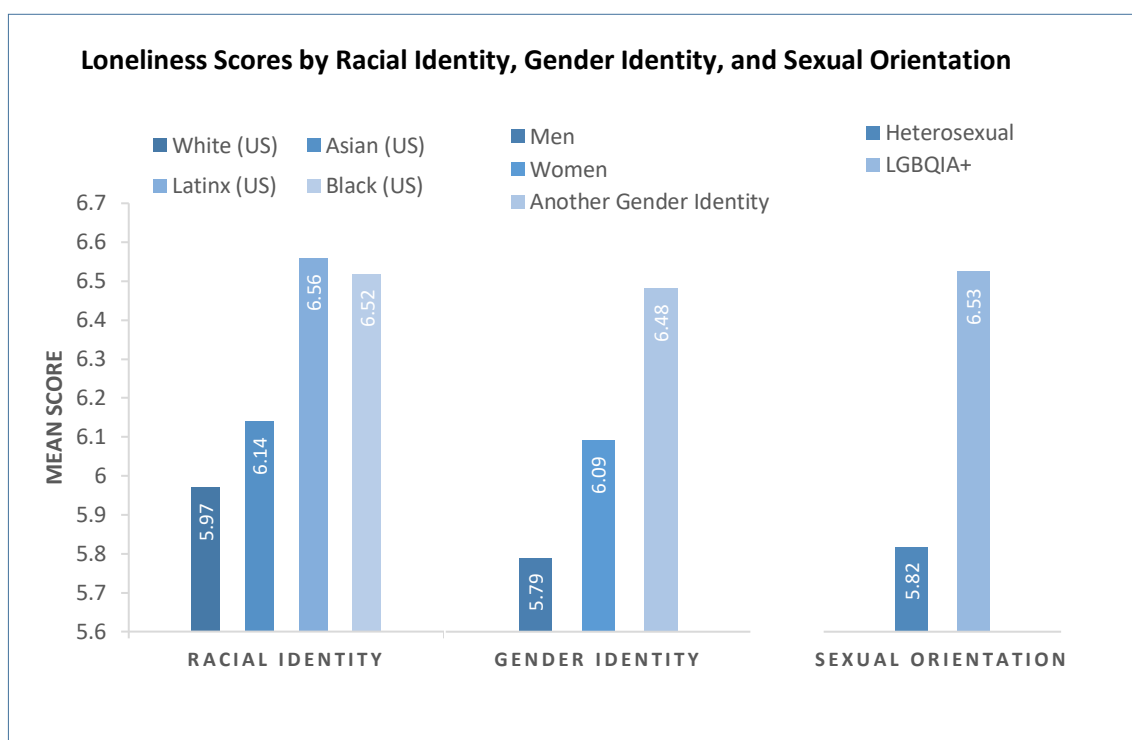
*"I feel very alone and lonely. In addition, all of my plans were upended by COVID and I just feel lost. I feel panicky when I think about the future, and I love my friends but I see myself disconnecting from them." (Undergraduate Student)*

*"My sense of isolation is extreme. It's very, very hard to be alone so much, and gathering with friends (the two who are currently in Ithaca) is generally stressful, due both to a) the amount of work I am expected to complete for general academic obligations, and b) the fact that everyone I*

*know is just as overwhelmed and depressed as I am. I am entirely alone, all the time. Zoom class does not feel like real social gathering; Skyping with family far away does not feel like real connection..." (Graduate/Professional Student)*

**Question: Did the impact of loneliness differ based on students' racial/ethnic identity, gender identity, and sexual orientation?**

*Yes, regardless of student status, students with historically marginalized identities reported significantly higher levels of loneliness. Specifically, Black and Latinx students, women and students who identified as another gender identity, and LGBTQIA+ students reported significantly greater loneliness compared to White, men, and heterosexual students, respectively ( $p < .01$ ).*



**Practical Implications:** In addition to bias-related stress, these differences in loneliness may partially account for the mental health disparities observed among the Cornell student body, as perceived loneliness and social isolation are major predictors of mental health outcomes.

Taken together, these findings demonstrate the impact of loneliness on students' mental health, and how these experiences of lacking companionship, feeling left out, and feeling isolated from others are higher among students with identities that have been marginalized. These results underscore the importance of (a) developing and delivering diverse programs and initiatives aimed at improving students' sense of belonging, connectedness, and social support within the Cornell community, and (b) identifying and dismantling the ways in which systemic oppression has created barriers to accessing the same levels of community among students with marginalized identities.

## Resilience and Engagement in Coping Strategies

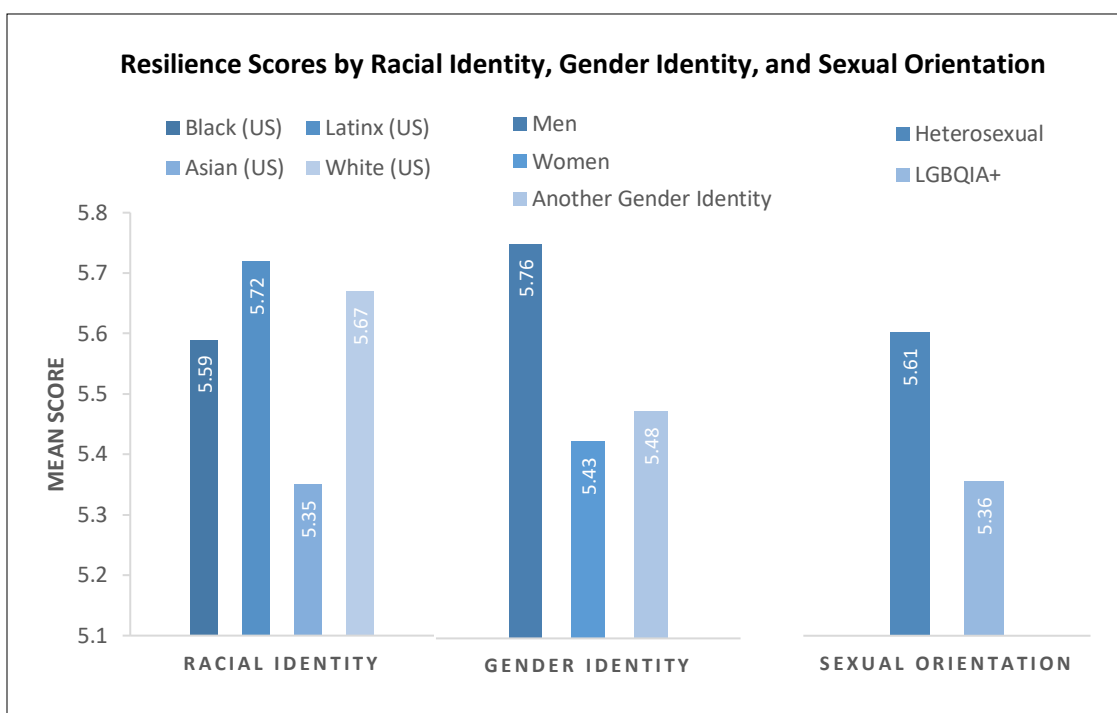
**Question: What about resilience? How are students adapting to current challenges and does this differ based on demographic variables?**

*Overall, as shown below, Cornell students' average score on a two-item resilience measure assessing ability to "bounce back" and adapt was somewhat lower than scores from the NCHA reference set for Fall 2019.*

Connor-Davidson Resilience Scale (CDRISC2) Score (range is 0-8)	Cornell Overall Sample Fall 2020	Cornell Undergraduate Students Fall 2020	Cornell Graduate Students Fall 2020	Cornell Professional Students Fall 2020	NCHA Undergraduate Students Fall 2019	NCHA Grad/Prof Students Fall 2019
Mean	5.54	5.45	5.64	5.9	5.94	6.15
Standard Deviation	1.50	1.45	1.57	1.48	1.59	1.56

*Additionally, results showed that Asian (US) students, women and students who identified as another gender identity, and LGBTQIA+ students scored significantly lower on resilience relative to students across all of the other racial identities, men, and heterosexual students, respectively ( $p < .01$ ).*

**Practical Implications:** These relatively lower scores on resilience among the Cornell student body overall and between demographic groups is consistent with the significant sources of stress students experienced during the Fall 2020 semester, and the heightened stress experienced by students with marginalized identities. It is interesting to note that despite reporting higher levels of psychological distress, stress, and loneliness, Latinx (US) students scored the highest on resilience, and Black (US) students did not significantly differ from White (US) students on resilience. These results suggest that – while representing an important piece of the puzzle – promoting resilience alone may be an insufficient means of addressing mental health disparities due to bias and systemic racism.



**Question: What kinds of coping strategies are students engaging in?**

*One important aspect of resilience is the ability to identify and pursue coping activities and strategies. Cornell students reported engaging in an average of seven of the following activities to support their mental health and well-being in the last 30 days:*

- 88.7% connected with friends (in-person or virtually)
- 82.6% connected with family
- 77.1% listened to or played music
- 74.9% enjoyed a good meal
- 72.5% did something fun
- 62.5% exercised
- 54.4% spent time in nature
- 49.6% prioritized your sleep
- 46.5% created or maintained a routine
- 21.4% utilized time management strategies
- 20.6% focused on gratitude (e.g., gratitude journal, expressed gratitude, etc.)
- 16.1% talked with a counselor or other health professional
- 15.5% engaged in spiritual reflection
- 15.3% talked with an academic advisor
- 15.2% engaged in prayer or connected with a religious community
- 15.2% meditated
- 1.9% other

**Practical Implications:** Overall, engagement in coping activities was associated with higher resilience and lower psychological distress, stress, and loneliness ( $p < .01$ ). These findings lend support to the importance of developing and delivering initiatives to promote resilience as well as structural and programmatic enhancements to increase students' access to positive coping activities (e.g., well-being resources/programming, time in nature, physical activity) that promote mental health and well-being.

## SUMMARY OF KEY FINDINGS AND PRACTICAL IMPLICATIONS

The Fall 2020 Mental Health & Well-Being Survey was Cornell's first dedicated survey of undergraduate, graduate, and professional student mental health. The results highlighted the negative impact of major societal stressors (e.g., COVID-19 pandemic, racial injustice) and heightened mental health effects of academic responsibilities during this challenging time. Moreover, the results demonstrated the disproportionate impact of these stressors among students with identities that historically have been marginalized. Overall, the findings underscore the need for a campus-wide, public health approach to addressing student mental health as set forth in the recent Mental Health Review, and point to the importance of ongoing evaluation of students' mental health and well-being. The following summary provides a review of key findings, practical implications, and corresponding action steps in line with the recommendations provided by the Mental Health Review. The full Mental Health Review report can be found [here](#).

### Psychological Distress:

- **Findings:** Students reported experiencing higher levels of psychological distress during the Fall 2020 semester than observed in prior semesters. This higher level of distress likely reflects predictable difficulties navigating considerable current societal stressors.
- **Practical Implications:** These findings highlight the importance of utilizing a comprehensive and sustained public health approach, as opposed to a pathology-based treatment only approach, to promoting student mental health and well-being. Furthermore, these results suggest that addressing the impact of societal stressors within the campus community may have a positive impact on student mental health and well-being (e.g., strategies to address social isolation, racism, and other forms of bias).
- **Application to the Mental Health Review:** These findings support the work of the [Executive Accountability Committee](#) as they continue to implement 131 recommendations from the [Mental Health Review](#) in relation to three major areas of campus life: the academic environment, the campus community, and clinical services. The collective implementation of these recommendations over time may address psychological distress and enhance student well-being using a university-wide, culture change approach. In line with [Cornell's Mental Health Framework](#), the recommendations are organized according to the following four areas:
  - **Section A:** Fostering a healthy campus environment including addressing academic policies and practices and providing mental health trainings for faculty and staff.
  - **Section B:** Promoting social connectedness and resilience through orientation and programming, residential living experiences, college-based first-year seminar classes, and specifically assess needs and expand ongoing outreach and support for vulnerable populations with regard to advising on course enrollment, careers and internships, and social connection.
  - **Section C:** Increasing help-seeking behavior and identify people in need of care, and;
  - **Section D:** Provide medical and mental health services

### Functional Academic Impairment, Suicidal Thoughts, and Suicide Attempts:

- **Findings:** Despite higher level of distress, students did not report higher levels of academic impairment, suicidal ideation, or suicide attempts compared to prior time periods.
- **Practical Implications:** While these results did not suggest a relative increase in rates of academic impairment or suicidality at the time of this survey, they nonetheless represent a significant number of students who are seriously struggling. These findings underscore the ongoing need to (a) identify students in distress, promote help seeking, and provide collaborative mental and medical health services, and; (b) galvanize the entire campus



community in relation to members' shared responsibility to support one another's well-being and mitigate stressors – including unnecessary academic-related stress – as students navigate this unprecedented time.

- **Application to the Mental Health Review:** Implementation of the following sample recommendations from the Mental Health Review may help to increase the identification of students in distress and connection to collaborative mental and medical health services available at Cornell Health:
  - **Recommendation A.2.1.** Require that faculty and staff attend at least one mental health training opportunity every two years
  - **Recommendation C.1.3.** Ensure that all new students (undergraduate, graduate, and professional) receive information about how to recognize symptoms of mental illness, where to find resources and support, how to talk to friends who might be struggling, and provide appropriate support to friends.
  - **Recommendation C.1.4.** Add proactive communication about mental health to the parent orientation guide that will equip families to encourage help-seeking behavior among students, recognize signs of distress, and reduce stigma.
  - **Recommendation C.1.9.** Establish a clear protocol for students to notify course faculty of health or well-being issues that affect attendance or work completion.
  - **Recommendation C.2.1.** Implement a “Big Red Folder” initiative to provide a quick reference guide for faculty, staff, Teaching Assistants, and Resident Advisors who may interact with distressing or distressed students.
  - **Recommendation C.2.2.** Address faculty concerns associated with the Student of Concern system.
  - **Recommendation C.2.3.** Accelerate efforts that are already underway (Triple Aim Project) to improve student experience of HLOA.
  - **Recommendation D.1.5.** Assess care patterns in Cornell Health overall, and in CAPS, against best practice standards in suicide care by using the Zero suicide self-study to direct any needed improvements.
  - **Recommendation D.1.6.** Conduct ongoing assessment of outcomes and experiences related to the new service delivery model in CAPS.

#### Sources of Stress:

- **Findings:** Students identified a wide range of stressors, including the COVID-19 pandemic, racial crisis, and political climate as sources of significant stress during the Fall 2020 semester. Despite these unique stressors, *students nearly universally ranked academic responsibilities as their greatest source of stress*, and emphatically reported that the degree and intensity was higher than normal and unique to the Fall 2020 semester.
- **Practical Implications:** These results highlight that academic experiences are paramount to addressing student distress, and are in line with the Mental Health Review recommendations identifying investing in efforts aimed at fostering a healthy campus/academic environment as likely yielding large returns for student mental health and well-being. Additionally, the results (a) underscore the importance of changes (e.g., wellness breaks) implemented in the Spring 2021 semester, and (b) suggest that the significant challenges associated with delivering virtual and hybrid educational experiences may inadvertently heighten academic demands in unique and unanticipated ways, which may warrant ongoing consideration.
- **Application to the Mental Health Review:** Implementation of the following sample recommendations from the Mental Health Review, which identified a culture of academic

competition and heavy course loads as negatively impacting student well-being, may help to address the stress related to academic responsibilities:

- **Recommendation A.1.1.** Create a centralized mechanism for institutional oversight of academic policies and practices that negatively influence student mental health. This process necessitates close engagement with college/school leadership and faculty from across Cornell to examine practices (e.g., use of grading on a curve, exploration of a first semester of Pass/Fail grading for first-year students and certain types of classes depending on declared/intended major, adherence to Faculty Senate Resolution 85: Academic Work During Scheduled Breaks).
- **Recommendation A.1.2.** Address aspects of prelim administration, which students identified as significant source of stress (e.g., develop a policy around multiple prelims, coordinate prelim scheduling to avoid clustering).
- **Recommendation A.1.3.** Develop and launch a uniform course feedback instrument, to be used university wide that includes questions about student well-being and inclusiveness.
- **Recommendation A.1.4.** Raise the profile of advising as a critical component of student success.
- **Recommendation A.1.5.** Encourage academic departments to conduct a self-study to identify key stressors in the student experience and strategies to mitigate them.
- **Recommendation A.1.6.** Address the concerns raised by graduate students.
- **Recommendation A.2.2.** Encourage faculty and staff to model and discuss behaviors that promote support for mental health as part of course orientation lectures and initial meetings (e.g., establishing and articulating boundaries around evening and weekend communication and deadlines, endorsing sleep, learning from disappointment, and accessing resources).

#### **High-Risk Alcohol Use and Other Drug Use:**

- **Findings:** Undergraduate students reported lower rates of high-risk drinking, similar rates of marijuana use, and somewhat higher rates of other drug use compared to prior time periods. Consistent with prior data, social fraternity and sorority members reported significantly higher rates of high-risk drinking and drug use compared to other students. This survey was the first to provide baseline data for graduate and professional students, which included similar levels of high-risk drinking and lower levels of other drug use compared to undergraduate students. Of note, students who drank more reported significantly higher psychological distress and ratings of sources of stress ( $p < .01$ ), suggesting that high-risk drinking may reflect and/or contribute to psychological distress.
- **Practical Implications:** While these results highlight that the majority of Cornell students did not report high-risk drinking and other drug use, the significant link between higher alcohol use and psychological distress suggests that limiting these behaviors and/or promoting alternative coping mechanisms may play a key role in enhancing student well-being. Overall, the findings lend support to the importance of efforts aimed at preventing high-risk alcohol use and other drug misuse among higher-risk groups (e.g., “Greek” members, students in recovery) and expanding access to alcohol and other drug-free spaces, programs, and events to promote student mental health and well-being.
- **Application to the Mental Health Review:** Implementation of the following sample recommendations from the Mental Health Review may help to reduce the rate of high-risk drinking and use of other drugs among the Cornell student population:

- **Recommendation B.3.3.** Establish and promote a weekly slate of late-night, alcohol-free social programming for all students.
- **Recommendation C.1.8.** Evaluate the intersection of mental health and alcohol use in the campus environment for undergraduate, graduate, and professional students, and developing a comprehensive strategy for mitigation.

#### **Loneliness, Resilience, and Coping Strategies:**

- **Findings:** Students reported higher levels of loneliness and lower levels of resilience relative to national comparison data. On a positive note, students reported engaging in a wide variety of coping strategies (e.g., exercise, meditation) to help support their well-being.
- **Practical Implications:** These results underscore the importance of developing and delivering evidence-based programs aimed at improving students' sense of belonging and resilience, as well as initiatives to increase students' access to positive coping activities that promote mental health and well-being.
- **Application to the Mental Health Review:** Implementation of the following sample recommendations from the Mental Health Review may help to promote sense of belonging and opportunities to build resilience and coping strategies among the Cornell student population:
  - **Recommendation B.1.1.** Review orientation and programming for new students to foster greater understanding of and competence with navigating university resources, facilitate social connections, and manage student expectations related to the college transition process.
  - **Recommendation B.1.2.** Explore best practices within housing and residential life to provide adequate training and support for student staff (RAs), so they are better equipped to manage the changing mental health needs of students in residential communities.
  - **Recommendation B.1.3.** Develop consistent learning outcomes regarding well-being, accessing resources, and social connection for college-based first-year seminar classes, and expand offerings to all colleges.
  - **Recommendation B.1.4.** Assess needs and expand ongoing outreach and support for vulnerable populations (e.g., international students, transfer students, student veterans, first generation/low income students) with regard to advising on course enrollment, careers and internships, and social connection.
  - **Recommendation B.2.2.** Expand access to free physical fitness opportunities.
  - **Recommendation B.3.5.** Offer opportunities for student organizations to support campus-based student resilience efforts.
  - **Recommendation C.1.1.** Develop a single comprehensive and centrally maintained source of information about health, mental health, and well-being that brings together Cornell Health services, as well as resources available in Student & Campus Life, the colleges, and other units on campus.
  - **Recommendation C.1.7.** Provide a social media platform for faculty, staff, and students to model help-seeking by sharing their stories of asking for help, seeking professional assistance, and experiences challenges and disappointment.

#### **Mental Health Disparities:**

- **Findings:** One major and overarching finding of this survey is the evidence for the widely assumed, but rarely studied (i.e., in the college health literature) mental health disparities among students with identities that have historically been marginalized:

- **Racial/ethnic identity:** Students of color, and particularly Black (US) and Latinx (US) students, reported significantly higher psychological distress, stress, and loneliness compared to White (US) students ( $p < .01$ ).
- **Gender identity:** Women and students who identified as another gender identity reported significantly higher psychological distress, stress, and loneliness compared to men ( $p < .01$ ).
- **Sexual orientation:** LGBTQIA+ students reported significantly higher distress, stress, and loneliness compared to heterosexual students ( $p < .01$ ).
- **Practical Implications:** These results demonstrate that mental health disparities found in the overall US adult population exist among the Cornell student body, and warrant further, college-student-specific study, as well as ongoing attention, evaluation, and amelioration efforts to recognize and dismantle systemic bias and oppression. Students with identities that have been marginalized reported higher levels of bias-related stress and loneliness, which represent known risk factors for negative physical and mental health outcomes and may partially account for these observed mental health disparities. These findings highlight the importance of implementing comprehensive, campus-wide efforts to promote social belonging, combat bias, and create a culturally responsive environment given the known negative mental health impacts of bias among students with marginalized identities.
- **Application to the Mental Health Review:** Implementation of the following sample recommendations from the Mental Health Review may help to mobilize a university-wide approach to addressing the mental health disparities found among the Cornell student body:
  - **Recommendation A.2.4.** Provide faculty and staff with information and feedback about the student experience in order to bridge gaps (e.g., generational, socio-economic, racial, national, etc.) between their own experience and that of our current student population.
  - **Recommendation A.3.2.** Identify the opportunities that are central to a Cornell education, and ensure that funding is available to provide equitable access.
  - **Recommendation B.1.4.** Assess needs and expand ongoing outreach and support for vulnerable populations (e.g., international students, transfer students, student veterans, first generation/low income students) with regard to advising on course enrollment, careers and internships, and social connection.
  - **Recommendation B.3.1.** Regulate exclusive or application-based student organizations.
  - **Recommendation B.3.2.** Assess needs and develop intentional interventions and programmatic solutions in Residential Life to improve sense of belonging and inclusion among students who live in campus housing.
  - **Recommendation B.3.6:** Create and expand spaces on campus for programming and social interaction (prioritize fundraising for the Center for Equity and Belonging under Diversity and Equity within the capital campaign).
  - **Recommendation C.2.6.** Offer training for faculty and staff about invisible disabilities.
  - **Recommendation D.1.4.** Utilize best practices to provide optimal care to underserved populations, such as the Healthcare Equality Index (HEI) Certification and the Equity in Mental Health (EMH) Framework.
  - **Recommendation D.1.12.** Implement annual professional development expectations for all clinical staff, funded by Cornell Health, on crucial topics in collegiate mental health (e.g., multicultural competency).

### Appendix: Sample Demographic Characteristics

Undergraduate Student Sample Demographics		
Demographic Variable	Percent	Number
<b>Race/ethnicity (<i>University categories</i>)</b>	%	<i>n</i>
American Indian (US)	0.2	5
White (US)	38.3	926
Asian (US)	22.4	541
Black (US)	5.3	128
Hispanic (US)	5.6	136
Pacific Islander/Native Hawaiian (US)	0.3	7
Multiracial all (US)	14.2	344
Multiracial URM (US)	10.6	257
Multiracial non-URM (US)	3.6	87
International Students (any race/ethnicity)	13.7	330
<b>Gender identity</b>	%	<i>n</i>
Woman	62.0	1,517
Man	35.9	877
Another Gender Identity	1.4	35
Prefer not to disclose	0.7	17
<b>Sexual orientation</b>	%	<i>n</i>
Straight or heterosexual	73.8	1,795
LGBQIA+ combined	22.8	555
Prefer not to disclose	3.4	82
<b>Social fraternity/sorority membership</b>	%	<i>n</i>
Member	11.8	290
Non-Member	88.2	2,165
<b>Varsity athletic team membership</b>	%	<i>n</i>
Member	5.3	131
Non-member	94.7	2,324
<b>Geographic region</b>	%	<i>n</i>
Currently living in Ithaca	65.4	1,617
Currently living in the United States but not in Ithaca	24.5	605
Currently living outside of the United States	10.1	249

<b>Graduate &amp; Professional Student Sample Combined Racial Demographics</b>		
<b>Demographic Variable</b>	<b>Percent</b>	<b>Number</b>
<b>Race/ethnicity (<i>University categories</i>)</b>	<b>%</b>	<b><i>n</i></b>
American Indian (US)	0.2	4
White (US)	35.6	624
Asian (US)	7.0	123
Black (US)	3.0	53
Hispanic (US)	2.4	42
Pacific Islander/Native Hawaiian (US)	0.1	1
Multiracial all (US)	5.4	95
Multiracial URM (US)	4.2	73
Multiracial non-URM (US)	1.3	22
International Students (any race/ethnicity)	40.8	715

<b>Graduate Student Sample Demographics</b>		
<b>Demographic Variable</b>	<b>Percent</b>	<b>Number</b>
<b>Gender identity</b>	<b>%</b>	<b><i>n</i></b>
Woman	53.2	749
Man	44.1	621
Another Gender Identity	1.6	23
Prefer not to disclose	1.1	15
<b>Sexual orientation</b>	<b>%</b>	<b><i>n</i></b>
Straight or heterosexual	79.3	1,106
LGBQIA+ combined	18.4	256
Prefer not to disclose	2.4	33
<b>Geographic region</b>	<b>%</b>	<b><i>n</i></b>
Currently living in Ithaca	60.9	861
Currently living in the United States but not in Ithaca	22.9	323
Currently living outside of the United States	16.2	229

<b>Professional Student Sample Demographics</b>		
<b>Demographic Variable</b>	<b>Percent</b>	<b>Number</b>
<b>Gender identity</b>	<b>%</b>	<b><i>n</i></b>
Woman	61.0	164
Man	36.4	98
Another Gender Identity	1.1	3
Prefer not to disclose	1.5	4
<b>Sexual orientation</b>	<b>%</b>	<b><i>n</i></b>
Straight or heterosexual	79.2	210
LGBQIA+ combined	17.0	45
Prefer not to disclose	3.8	10
<b>Geographic region</b>	<b>%</b>	<b><i>n</i></b>
Currently living in Ithaca	61.6	165
Currently living in the United States but not in Ithaca	22.8	61
Currently living outside of the United States	15.7	42