Report of the Caltech Task Force on Mental Health and Suicide Prevention

March 9, 2011

Charge and organization of the Task Force

Appendices 1 and 2 give information about our charge, methods, contacts, and Web site. We received advice, reports, and information from ~150 people, on the Caltech campus and elsewhere.

Introduction

Mental health is a critically important aspect of working at Caltech, for all persons ranging from students to staff to faculty. Like other universities and institutions around the world, Caltech is aware of the need to continually evaluate mental health and well-being on campus, and to update mental health-related resources. This report provides a brief evaluation and makes recommendations that are aimed both generally toward mental well-being, and specifically toward mental illness and suicide risk.

a. Major changes have occurred in the mental health picture since “we” were students.

(1) Psychiatric drugs make college attainable for those with mental health-related disabilities.

(2) Grad students and postdocs are older, and an increasing number have families.

(3) Students come from varied cultures.

b. Suicide is a problem nationally, for instance in the military, and internationally. The psychiatric community is making efforts to come to grips with suicide. Yet progress is agonizingly slow. Appendix 3 discusses aspects associated with the major effort to produce the latest revision of *Diagnostic and Statistical Manual of Mental Disorders (DSM-V)*.

c. A university environment has many high-achieving people. In all endeavors, high-achieving people have distinct mental health issues (see Appendix 3)

Our focus

Our charter concerned three groups on campus: undergraduate students, graduate students, and postdocs. We did not consider the mental health needs of staff or faculty.

Our findings

1. General state of mental health care on the Caltech campus

We found no major gaps in Caltech's approaches to mental health. Caltech already employs best practices like many of our peer campuses, including those such as Cornell and Stanford which have engaged similar task forces recently. Thus, Caltech already has

the highly professional Student Counseling Center and Staff and Faculty Consultation Center;

the well-publicized "Safety Net" program to bring mental health to the community's attention;

the RAs in undergraduate and graduate housing, the Housing staff, and the Master of Student Houses;

the well-qualified professional staff in the undergraduate and graduate Deans' offices;

the supportive professional staff in the Caltech Center for Diversity;

the International Offices, which conduct a pre-orientation session, the weekly Intercultural Discussion Group, and extensive one-on-one discussions with individual students,

student self-government organizations including ASCIT, IHC, and the Graduate Student Council;

the Postdoctoral Scholars Association;

a variety of extracurricular activities including theater, music, art, athletic teams, an assortment of clubs, and religious groups;

affiliated organizations such as the Caltech Y.

Caltech also surveys entering freshmen and graduating seniors, to monitor several attitudes, opinions, and trends (Appendix 2c). These surveys have uncovered no major mental health concerns. Nonetheless, the task force was chartered because of concerns regarding the recent cluster of deaths, and we believe that it is important to continue to monitor mental health closely.

2. Prevalence of suicide

In all environments, suicides occur in small numbers and in clusters, vitiating meaningful statistics. However the mental health scene at Caltech is basically good. We detect no long-term excess suicides at Caltech in comparison with other campuses.

3. Drug abuse

Student surveys and security reports indicate that alcohol and illegal drugs are not a major problem at Caltech. Drug and alcohol abuse is probably less prevalent at Caltech than at other campuses. But we must maintain vigilance.

4. Stress among grads and undergrads

Both external factors (stress, environment) and a person's predisposition appear to contribute to risk for mental illness. Although there are no definitive data to suggest that stress alone increases the risk for mental illness, it is likely to be one among many factors, and it happens to be a factor that Caltech can alter relatively easily. Furthermore some students believe that excess stress harms their mental health; and this belief can reinforce itself. Therefore a comprehensive approach to mental health does involve judicious stress reduction.

The most stressful aspect of Caltech reported in the undergraduates' focus groups is the sheer volume of work. While faculty members sometimes also feel overwhelmed, we have developed the experience, skills, and power to cope with these challenges. Caltech undergrads need help to develop these coping mechanisms. A related theme is the inconvenience of the medical care system in general. Students would like more convenient access to psychiatrists.

The most stressful aspect of Caltech reported in the graduate focus groups, and by the GSC report, are ambiguities associated with scientific progress in general, with feedback about their progress toward a successful PhD degree, and with a perception of insufficient continued support from their advisors. We acknowledge that advisors also quite justifiably feel such stresses; but the faculty have the perspective, power, and security to deal with the stresses. Several graduate students advocated re-establishing an ombuds office. Graduate students also advocated more uniform application of the Institute's policy on vacation time; at present this appears to vary widely among research groups.

5. Postdocs

The non-faculty, post-PhD population at Caltech includes scientists of varying ages and seniority. We have focused on the ~600 people in the "postdoctoral scholar" category, who have been at Caltech for six or fewer years. We understand that such a definition includes people with several years of postdoctoral work previous to their Caltech sojourn; but this definition is associated with excellent records at the Postdoctoral Office and is, if anything, overly inclusive.

The stresses felt by postdocs come closest to those of faculty among the groups we have discussed. These stresses may be aggravated by external issues not experienced by faculty. For example, some 20% of postdocs do not have Caltech medical insurance now. Presumably many are insured through foreign fellowships. A recent survey by the Vice Provost's Office (60% response rate) revealed that only one of the respondents lacks a health insurance plan; but we don't know the adequacy of non-Caltech plans on mental health coverage.

We engaged the Education Advisory Board to conduct a survey of best practices for postdoc mental health at our peer institutions. Not surprisingly, the Board found common themes across several campuses— the instability resulting from reliance on diverse funding, the professional "gray area" occupied by postdocs, the stress of finding permanent academic or research positions.

The Board also identified programs that other campuses have implemented to help with postdoc mental health care. One campus uses a unified health care plan, independent of a postdoc's funding source. Prior to the streamlined coverage, many postdocs were frequently changing plans as a result of their varying funding sources or financial situations. This lack of stable health coverage was a stressor for postdocs, who were being turned away for preexisting conditions like pregnancy or for mental health issues. Because most postdocs are young and relatively healthy, a unified health care plan for postdocs might have costs similar to student health plans. Such a plan is offered by the National Postdoctoral Association, but this may be inappropriate, given Caltech's relatively small postdoc population.

6. Faculty involvement

Most faculty are aware of laws such as Family Education Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPAA), but confusion persists about what they are free to discuss and with whom. This can inhibit a faculty member from seeking appropriate advice and assistance for a troubled student.

Recommendations

Despite our generally positive view of Caltech's present mental health picture, we found several instances where an optimal approach could involve changed practices or additional resources. We can make no claims that our recommendations, if placed in effect, will prevent suicides. But we believe that their implementation would place the Caltech community in the best possible position.

1. Student Counseling Center

a. After an informal recommendation from the Task Force, an additional staff person was brought on staff in November 2010, with Psychiatry and Mental Health Nurse Practitioner credentials.

b. Professional counselors should be available during "student hours", perhaps until 9 or 10 PM, rather than during standard "office hours".

c. Desirable, but perhaps lower priority: an additional staff person specifically interested in "safety net" issues. This person would be attuned to student groups who may have special support needs: Asian/Asian-American and lesbian, gay, bi-sexual, transgender, or questioning (LGBTQ) students.

d. We believe that the discussions during this task force review had value to the Counseling Center, to the Administration, and to the campus community. Accordingly we recommend that both external and internal reviews of the Counseling Center be continued, each at intervals of five years. The most recent outside review occurred in 2007 (by K. R. Jamison), and we therefore recommend an outside review in 2012. An internal review such as this one should occur in 2015.

2. Resident Advisors (RAs)

We emphasize RAs because they often give the first indications of troubled students. These recommendations will strengthen their roles.

a. An attainable goal: one RA per 50 students in a housing unit. For some Houses, this would imply increasing the number of RAs to two. "Area Co-ordinators" (ACs) would be included in this count. Area Coordinators (ACs), such as the two recently hired by Housing, bring a professional perspective and additional support for the RAs.

b. Each student should know and see his RA/AC on a regular basis. Moving into Marks/Jorgenson, or moving off campus, should not become a way to avoid contact with RAs/ACs.

c. Graduate students living in the Villa St. apartment house should also have contact with RAs. There should be at least three RAs/ACs in the Catalina grad student housing complex, and perhaps two at the Villa complex.

d. If Caltech, like several of its peer institutions, continues the Upperclass Counselor (UCC) program, it is critical to standardize their training and responsibilities.

3. Identifying at-risk students

It is vitally important to learn about "at risk students" early in their campus careers. We should seek this knowledge in order to help students achieve to the best of their abilities, **not** in order to exclude at-risk students from admission to Caltech.

a. For the undergrad population, acquiring this knowledge most effectively will involve building trust and commitment with families. "Orientation week" is a fine, important program and should continue. However acculturation to Caltech should include ongoing communication with parents: additional visits, or a video presentation.

b. For graduate students, we note that faculty participate in all aspects of the admissions process, including interviews in many cases. Each Option should discuss how to conduct an informal assessment during each graduate student's first quarter on campus, as well as during major transitions such as admission to candidacy.

4. Stress reduction for undergraduate and graduate students

The Task Force has heard opposing views on the stressful aspects of grades vs pass/fail, of limiting course loads, and other important academic details. We make no recommendations on these points.

a. Stress reduction for undergrad students

Several aspects of acculturation to Caltech should continue past orientation.

a1. Many universities accomplish this goal with a "First-Year Experience" seminar for freshmen. Such seminars teach time management, study skills, and personal behavior—important skills for freshmen. On the other hand, some "First-Year Experience" seminars also aim to reduce the perceived size of a large university and to foster small social groups; Caltech does not require these latter goals. Caltech faculty should consider an appropriate "First-Year Experience" seminar, both as part of an approach to stress reduction and as part of our role in providing each student with the means to achieve according to his abilities.

a2. When undergrad housing is renovated or expanded, we should consider establishing appropriate living space for residential faculty.

a3. International students (formally defined as non-citizens requiring visas) do not seem to require additional special consideration.

b. Stress reduction for graduate students

We acknowledge that advisors also quite justifiably feel stresses; but the faculty have the perspective, power, and security to deal with the stresses.

b1. Faculty in each Option should re-examine the graduate advisory committee structure, with the goal of providing graduate students with additional supportive faculty contacts.

b2. Each Option should consider a formal policy pertaining to the continuity of graduate student support after admission to candidacy. This pertains to the possibility of a sudden termination rather than to the total years of support. A graduate student should have an "at least" period of some months before termination.

b3. We believe that appointing a professional Caltech Ombuds Officer would serve useful purposes for graduate student-advisor relations as well for postdoc-advisor relations. A

possible model, differing from the previous Ombuds Office, would be Stanford's, which answers directly to its President: http://www.stanford.edu/dept/ombuds/index.html

The training, background, and direct reporting responsibility of the Ombuds Officer is less important than his/her problem-solving ability and access to campus leaders. Staff and clerical work for the Ombuds Officer need not require an additional position.

b4. Each Option should be aware of Caltech's policy on vacation time for graduate students: http://www.gradoffice.caltech.edu/current/vacation

5. Postdocs

a. We suggest that Human Resources conduct a health insurance assessment (**not** a health assessment, but an insurance assessment) for each postdoc who does not accept Caltech health insurance. This assessment should extend to mental health care for postdoc families.

b. This is a part-time task. The person performing this assessment might have the primary job description of performing "case worker" functions for any member of the Caltech community who has a complex health issue.

c. The Staff and Faculty Counseling Center (SFCC) is now the formal contact point for postdocs with mental health needs. We recommend reviewing the SFCC on a schedule similar to that established for the Counseling Center.

d. As stated, we believe that appointing an Ombuds Officer would serve useful purposes for graduate student-advisor relations as well for postdoc-advisor relations.

e. Faculty should be aware that Caltech does have a formal policy on vacation time for postdocs: http://www.hr.caltech.edu/postdoc/pdv_benefitplans2.html#vacationsandholidays

6. Insurance aspects of psychiatric care

a. Caltech should follow best practices for "parity" in number of mental health visits. Several campuses have essentially established mental health parity by removing all limits on outpatient and inpatient mental health services across all health plans (although a co-payment might be required). We think that such a change would have little direct mental health benefit, but it would simplify policy and finally end the recurring complaints about this topic, perhaps at a very low cost.

b. Caltech should resolve ambiguities in health care for students and postdocs on assignment off campus.

7. Continue to educate the faculty about . . .

FERPA and HIPAA issues;

Communicating with the Counseling Center

a. We consider it attractive to have the Counseling Center and Office of General Council (OGC) representatives participate together in communicating these points. A team, including a representative of the Counseling Center and one from the OGC, will visit the various Divisions and/or Options (at the Division Chairs' discretion). They will present a short seminar on Dealing with Troubled Students. The presentation will focus on what a faculty member can and should do when confronted with a situation involving a possibly troubled student and what legal limits, if any, must be observed.

b. The faculty should improve its skills in noticing possibly troubled students. A student who stops appearing regularly, or who suddenly stops submitting work, presents an obvious example of possible depression. However we know of no established way to communicate the signs of hypomanic behavior in a high-functioning community like Caltech. We need to begin sharing our own experiences at noticing students with possible mental health issues.

c. We should engage a professional to help improve faculty skills at reading of graduate applications from a mental health perspective. As for undergrad admissions, the goal is to help students achieve to the best of their abilities, **not** to exclude at-risk students from admission to Caltech.

Summary of additional recommended resources

Full-time staffing (4 possible positions)

Counseling Center:

Psychiatry and mental health nurse practitioner (position filled in late 2010)

Safety Net Co-ordinator (lower priority)

Ombuds person

Human resources

Insurance evaluator / complex case manager

Part-time staffing

RAs and Area Co-ordinators (see detailed recommendations)

Counseling staff or psychiatrists to become available in evening

Facilities

Faculty housing included in renovations for the Undergraduate Houses

Major Programs:

Faculty should consider a “First Year Experience” seminar

Outreach to parents

Appendices

Appendix 1a. Charge to the Task Force

1. Review policies, procedures and strategies around student mental health crises, including interactions among campus units and with parents and other stakeholders

2. Evaluate the capacity and ability of the Health and Counseling Centers to meet the needs of the students and postdocs

3. Review and assure that Caltech's policies, such as health insurance, leaves of absences and returns, etc are adequate to meet mental health care needs.

4 a. Examine academic and personal stresses that affect Caltech students and postdocs, and strategies to alleviate these stresses in a diverse student body

b. Examine opportunities for education and training to deal with conflict, overcome disappointment, develop healthy relationships, etc.

5. Evaluate methods, including practices at other universities, to communicate and educate the community on mental health and well being

Appendix 1b. Members of the Steering Committee

Ralph Adolphs, HSS

John Bercaw, CCE

Henry Lester (Chair), BIO

Joanna Locke, MD, MPH (until July 2010),

former Executive Director, Jed Foundation

presently Director of Wellness, Oakland Public Schools

Julia McCallin, Assoc VP for Human Resources

Anneila Sargent, VPSA

Victoria Stratman, General Counsel

Changhuei Yang, EAS

Staff: Suzette Cummings (Assistant to VP for Student Affairs)

Business / IT: Dean Currie, Sharon Patterson, Rich Fagen

Appendix 2a. Interactive Meetings of the Steering Committee

Twice-monthly meetings from November 2009 through July 2010

The Task Force Web Site will be maintained while the information appears timely and useful:

http://mhtf.caltech.edu/

thanks to Beth Harnick-Shapiro, Cynthia Kiser, Alison Benter, Rich Fagen, Pam Fong

Mental Health Forum, April 2010: presentations by Michael Gitlin, MD (UCLA); Matilde Marcolli, Ph D

thanks to Denise Nelson Nash, Leslie Maxfield, Ramnuh Basu, Allison Benter, Eric Wood

Board of Trustees, the IAC, the Faculty, the Faculty Board, and the WASC Visiting Committee 2009-2010

thanks to Mary Webster, Dennis Dougherty, Kristen Abraham

Mental Health Advocacy Committee of the GSC

Dozens of hours of informal discussion with campus and community groups and individuals

Appendix 2b. Surveys analyzed by the Steering Committee

The most complete annual surveys analyzed by the Steering Committee, as well as by several other offices on campus, have been:

CIRP – Cooperative institutional research program at the Higher Education Research Institute (HERI) at UCLA. Conducted at freshman camp.

Senior Exit surveys.

Appendix 2c. Additional Input to the Task Force

President Chameau

Provost's office. Melany Hunt, Shannon Gilmartin

Institute Relations. Bob O'Rourke, Peter Hero, Jon Weiner

Professorial faculty. We received comments from ~15% of the Caltech faculty, including all Division Chairs and Steering Committee members, and from several teaching faculty.

Student Counseling Center Staff. Kevin Austin, Stuart Miller, Wendy Lopata, Helena Kopecky,

Staff and Faculty Counseling Center. Linda Krippner, Susan Cross

Alumni (~20) via MHTF Web site, email, and personal meetings.

Thanks to Andy Shaindlin, Susan Murakami

Alumni who are practicing psychiatrists. Iljie Kim Fitzgerald, Gisela Sandoval

Graduate Students

Two meetings with GSC leaders and a written report. Jai Shanata, Christine Romano, David Doll, Philipp Boettcher, Megan Dobro, Becky Tucker

Focus groups conducted by J. Locke

Undergrads

Focus groups conducted by J. Locke

Safety Net Committee. Luke Breuer, Kiefer Aguilar

Reports on visits to other campuses. Diana Dou, Zenan Chang

ASCIT and IHC. Anthony Chong, Pallavi Gunalan

Postdocs via Caltech Postdoc Association. Kunio Sayanagi, Xoana Troncoso, Fokko Van de Bult, Adrian Perez Galvan

Postdoctoral Scholar Office. Dlorah Gonzales, Vicki Pratt, Narine Malkchyan, Renee Soriano

International Offices. Marjorie Gooding, Jim Endrizzi, Ilana Smith, Laura Flower Kim

Student-Faculty Programs. Candace Rypisi

Student Affairs office. Tom Mannion

Caltech Y. Athena Castro

Dean of Students and Staff. John Hall, Geoff Blake, Barbara Green, Sue Chiarchiaro

Housing, RAs, health advocates. Geoff Blake, Daniel Obenshain, Mohamed Mostagir, Alexandra Lockwood, Mark Stapf

Graduate Dean and staff. Joe Shepherd, Felicia Hunt, Natalie Gilmore

Education Advisory Board, report on postdocs at several universities. Christine Enyeart, Aashan Kircher, Perri Strawn, Tara Healey, Lisa Geraci

Pasadena City College. Gail Ellis

Appendix 3. Material related to the DSM-V Workgroup on Suicide and Mood Disorder

http://www.psych.org/MainMenu/Research/DSMIV/DSMV/DSMRevisionActivities/DSM-V-Work-Group-Reports/Mood-Disorders-Work-Group-Report.aspx

The DSM-V (*Diagnostic and Statistical Manual of Mental Disorders V*) Task Force has a Workgroup on Mood Disorders, and its suicide sub-workgroup is working on a suicide risk scale. "This scale, as currently conceptualized, is not a simple severity dimension because it has to deal with the clinically important distinction of chronic high suicide risk versus acute or immediate suicide risk. The former requires clinical watchfulness but no immediate action, while the latter requires that decisions be made to try to intervene in order to prevent suicide. . . . This is an assessment that each clinician needs to consciously make when treating patients at any level of risk for suicide, and we believe being asked to record the conclusions of this assessment will help the clinician consciously go through this process and decide whether any action is necessary or could become necessary in a patient's management."

The Caltech community now has a heightened awareness that bipolar disease is rather common among high-achieving people, including scientists. There are major uncertainties within the psychiatric community over several aspects of bipolar disease—its definition, its range, and its treatability. Yet everyone agrees that bipolar patients have a greatly increased risk of suicide. The DSM-V Workgroup is reviewing "The literature showing that subthreshold manic symptoms predict a switch to a bipolar diagnosis over time in patients originally diagnosed with major depression, together with the evidence that a delay of up to eight years is reported in making a bipolar diagnosis. Since classifying all such patients could result in up to 30% of major depression diagnoses being converted to bipolar diagnoses, the committee is cautiously examining thresholds based on available data to better differentiate this boundary or possible spectrum, since major treatment implications are involved."