Holistic Support for Student Excellence & Wellness
What mental illness is not...
Mental health: Striking a balance in all aspects of your life – social, physical, spiritual, economic, mental.
You are likely the ‘first responder’:

Remember – you don’t need to solve every problem....
Graduate students face mental wellness challenges

39% of graduate students fell into moderate to severe depression.

Half of Ph.D. students have experienced psychological distress.

63% of graduate deans agreed students struggle more than 5 years ago.

A 2018 study in Nature Biotechnology reports that 39 percent of participants, mostly doctoral candidates, had moderate to severe depression, as compared with the 20 percent of American adults who experience mental illness in any given year.

The problem is not new. Studies in the Journal of Nervous and Mental Disease (2013) and the Journal of College Student Development (2006) reported that half of all Ph.D. students have experienced psychological distress and one-third are at risk of a common psychiatric disorder.

Graduate deans are mindful of the mental health challenges faced by master’s and doctoral students, Okahana writes. In the 2018 CGS Pressing Issues Survey, 63 percent of these deans agreed or strongly agreed that current grad students struggle to maintain mental wellness more than grad students did five years ago.
Dr. Kat Milligan-Myhre (@Napaaktuq)

3/24/19, 11:23 AM

For those of you who had/are now having a difficult time in grad school, what support was/is lacking?

Dr. Kat Milligan-Myhre @Napaaktuq · Mar 24

From another student:
- Support was passive, not active. Seemed to be assumed we'd seek out support from faculty, but faculty would very rarely offer.
- No structural support for dealing with emotionally abusive advisor or peers. 1/4

Dr. Kat Milligan-Myhre @Napaaktuq · Mar 24

- Faculty made it clear it was up to grad student to change their situation (otherwise it was viewed as "whining").
- Faculty would typically support each other over grad student complaints of harassment or emotional abuse. 2/4

Dr. Kat Milligan-Myhre @Napaaktuq · Mar 24

- No standardized means of assessing students during qualifying exams.
- No structural training for non-academic / non-R1 career paths.
- Explicitly expected to receive little to no external validation. 3/4

Dr. Kat Milligan-Myhre @Napaaktuq · Mar 24

In addition, many of my friends experienced the same or worse and in addition:
- No structural support for being parents.
- Lack of cultural competency; labs were isolating or othering. 4/4

Shannon Romano, PhD @sromano23 · Mar 24

Replying to @Napaaktuq

I felt well supported by my program/mentor. What caused me the most struggle was never feeling like I was allowed to celebrate my accomplishments or feel good about myself. That cycles you into poor mental health space – even though no one meant to do that to me.

Julie Blommaert 🤼‍♀️@Julie_B92 · Mar 24

One of my colleagues and friends insists on celebrations at all times and I’m so thankful for her. I hope you can find someone like this and I hope you can be someone like this too!

Dr. Kat Milligan-Myhre @Napaaktuq · Mar 24

S7: My PhD advisor didn't…advise. He had tons of time to fuss over and second-guess the minutiae of experiments, but never returned comments on chapters/paper drafts. Committee told me it was "my responsibility" to get his feedback. He also yelled, a lot, over everything. 1/1

P. Arden Doerner Barbour @parden90 · Mar 24

Replying to @Napaaktuq

I felt like I couldn’t talk to my advisor about my struggle with feeling like I didn’t belong in science

Dr. Kirby Farah @kirbyfarah · Mar 26

Replying to @Napaaktuq

Encouragement to try and fail (and talk about it)! Rejection is such an important part of learning to be a good scholar. In grad school I was so afraid to fail I didn’t always try. Grad programs should celebrate students' stumbles!

Karen James ⚡@ke詹姆斯 · Mar 26

Replying to @Napaaktuq

The expectation of over-work (both cultural & specifically by my supervisor) was toxic for me as a grad student & exacerbated my imposter syndrome. (If I’m not good enough, it’s probably my own fault for not working hard enough, etc,) 1/3

Karen James ⚡@ke詹姆斯 · Mar 26

I think it led to some lasting self-sabotage issues I have. My partner and I were both students in the same dept. & we still talk about the lasting effects of “grad school guilt” in our lives 15+ years later. 2/3

Karen James ⚡@ke詹姆斯 · Mar 26

My later experiences with sexual harassment, though perhaps more shocking to hear, were not nearly as damaging to me — both my life and career — as the lasting effects of that culture have been. 3/3

Victoria Coules @victoriacoules · Mar 26

I'm privileged to have two supervisors with demanding and exacting standards yet feel really supported (especially during recent recovery) but am aghast now I'm back in academia at what I'm picking up of harassment, misogyny, unrealistic expectations etc 😞
What do our mentees say?

I wish my mentor knew...

A third grade teacher in Colorado began a project with her students that became a viral national phenomenon. Students fill in the blanks to the statement, “I Wish My Teacher Knew…” to offer revealing insights into their personal lives.

Keystone Symposia’s Diversity in Life Science Programs (DLSP) is modifying this language to make it more appropriate for our purposes. We invite the community to respond to the following statement:

I WISH MY MENTOR KNEW...

Please fill out the color coded notecards according to your academic status in response to:

I WISH MY MENTOR KNEW...

www.keystonesymposium.org/diversity
What do our mentees say?

“I avoid conflict at any cost”

“The expectation of overwork makes me feel guilty for taking time to sleep”

“I can’t give 200%”

“That I am grateful for how supportive and encouraging you are”

“I slept under conference room tables because I felt too guilty going home”

“You are my idol in more ways than you know!”

“... I was functionally suicidal for almost a year - but very productive!”

“That she remembers that I am here to learn to be an independent thinker & researcher, rather than a vessel for executing his/her ideas.”

“I skip lunch all the time because I feel I’m not doing enough”

“Negative feedback may be easier to give but positive feedback will motivate me to work harder”

“...that it hurts to feel like you’re not being listened to. It would also be nice to be given feedback on things I do well, not just mistakes I make.”

“Crying doesn’t make me weak.”

“Your support is priceless!”

“I don’t trust you anymore.”
Prevalence of Mental Illness

Mental illness means:

- 1 in 5 adults ages 18-25 has a diagnosable mental illness
- 18.1% of US adults live with anxiety disorders in a given year
- 6.9% of adults live with Major Depressive Disorder in a given year
- Nearly 60% of adults living with mental illness don’t receive treatment
  - Access to care
  - Stigma

Megan Kennedy, MA, LMHC, Manager of Strategic Initiatives for Student Wellness, UW Student Life
When surveying graduate students...

- Grad students are **6X** more likely to experience depression and anxiety compared to general population.

- Grad students who experience symptoms of depression & anxiety are far less likely to cite positive relationship with advisor/PI. ([Evidence for a Mental Health Crisis in Graduate Education, Nature Biotechnology (2018)](https://www.nature.com/articles/s41587-018-0301-9))

- Just under **50%** of surveyed PhD students met criteria for depression ([Berkeley Graduate Assembly, Graduate Student Happiness and Wellbeing Report (2014)](https://www.grad.assembly.berkeley.edu/about/people/student-happiness-and-wellbeing-report))

- More than **75%** of graduate students reported being overwhelmed.

- Over **50%** reported experiencing somewhere between “more than average” and “tremendous” stress. ([Comparing Mental Health Issues Among Graduate and Undergraduate Students, American Journal of Health Education (2013)](https://www.ajheonline.org/article/S0196-6553(13)00079-7/abstract))

Megan Kennedy, MA, LMHC, Manager of Strategic Initiatives for Student Wellness, UW Student Life

UNIVERSITY of WASHINGTON
Evidence for a mental health crisis in graduate education

Nature Biotech (2018) 36(3) 282-284

Teresa M Evans¹, Lindsay Bira², Jazmin Beltran Gastelum³, L Todd Weiss⁴ & Nathan L Vanderford⁴,⁵

A Very Mixed Record on Grad Student Mental Health


Graduate students need more mental health support, study highlights

By Elisabeth Pain | Mar. 6, 2018, 5:55 PM

Time to talk about why so many postgrads have poor mental health
Graduate School Can Have Terrible Effects on People's Mental Health

Ph.D. candidates suffer from anxiety, depression, and suicidal ideation at astonishingly high rates.
The Emotional Toll of Graduate School

Mental health disorders and depression are far more likely for grad students than they are for the average American

By Prateek Puri on January 31, 2019
The human cost of the pressures of postdoctoral research

By Carrie Arnold

The stressed-out postdoc
Q: Do you agree or disagree with the following statements?

- The culture at my university calls for long hours and sometimes working through the night. 
  - Agree: 49%  
  - Neutral: 29%  
  - Disagree: 29%  
  - Did not answer: 34%

- My university offers schemes to promote mental health and well-being beyond one-to-one meetings.
  - Agree: 41%  
  - Neutral: 34%  
  - Disagree: 34%  
  - Did not answer: 26%

- My university supports good work-life balance.
  - Agree: 37%  
  - Neutral: 34%  
  - Disagree: 34%  
  - Did not answer: 26%

- My university offers adequate one-to-one mental-health support.
  - Agree: 34%  
  - Neutral: 38%  
  - Disagree: 38%  
  - Did not answer: 26%

- Mental-health services in my university are tailored and appropriate to the needs of PhD students.
  - Agree: 29%  
  - Neutral: 43%  
  - Disagree: 43%  
  - Did not answer: 26%

- My supervisor has a good awareness of support services and was able to direct me to them if needed.
  - Agree: 28%  
  - Neutral: 42%  
  - Disagree: 42%  
  - Did not answer: 26%

36% of respondents have sought help for anxiety or depression caused by PhD studies. One-third of them sought help from places other than their institution, and 18% sought help at their institution but didn’t feel supported.

Source: Nature PhD Survey 2019  
https://www.nature.com/articles/d41586-019-03459-7
Graduate Student Stressors:

- Anxiety
- Depression
- Isolation
- Imposter Syndrome
- Sleep
- Financial
- Perfectionism
- Advisors
- Work/life balance
- Microaggressions
- Barriers/discrimination
- ???

Megan Kennedy, MA, LMHC, Manager of Strategic Initiatives for Student Wellness, UW Student Life
NASEM. 2018. Sexual Harassment of Women: Climate, Culture, and Consequences in Academic Sciences, Engineering, and Medicine

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What do I do?
What do I do?

Husky Health & Well-Being

https://wellbeing.uw.edu
### What do I do?

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<td>Campus Partners</td>
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[https://wellbeing.uw.edu](https://wellbeing.uw.edu)
MENTAL ILLNESS
what NOT to say

"you look fine so what's wrong?"
"Smile"
"You're just bored"
"Get a job"
"Stop feeling sorry for yourself"
"You have money, why are you depressed?"
"You have a loving family, so what's the problem?"
"GET A GRIP!"

"There are people far worse off than you"
"You don't need pills"
"you're mad"
"You don't look ill"
"you're just attention seeking"
"Stop being so lazy"

Facebook.com/JoyS_MentalHealthMission
What do I do?

- **Support one another**
  - 75% of students report turning to a friend/peer first for support

- **Address stigma within department**
  - Normalize help-seeking behavior
  - Discuss common mental health concerns, bring up topics related to mental health

- **Learn interpersonal effectiveness strategies to work with advisors**

- **Take care of yourselves & encourage others to do the same**
  - Abandon the martyr competition
  - Set a tone of self-care and mindful work ethic
  - Address impostor syndrome and perfectionism

Megan Kennedy, MA, LMHC, Manager of Strategic Initiatives for Student Wellness, UW Student Life
When to intervene?

- Multiple warning signs
- Noticeable changes
- Follow your gut/instincts

Megan Kennedy, MA, LMHC, Manager of Strategic Initiatives for Student Wellness, UW Student Life
Symptoms of Depression

- sadness
- anxiety
- guilt
- anger
- mood swings
- feelings of helplessness or hopelessness
- irritability
- frequent self-criticism
- impaired memory & concentration
- indecisiveness
- confusion
- thoughts of death and suicide
- chronic fatigue
- lack of energy
- sleeping too much or too little
- weight gain or loss
- loss of motivation
- substance abuse
- unexplained aches and pains

mentalhealthfirstaid.org
What do I do?

HEALTH & WELLNESS
(in Elm Hall)

HALL HEALTH
(in Hall Health Center)

COUNSELING CENTER
(in Schmitz Hall)

When in doubt … contact SafeCampus
206-685-SAFE (24/7 helpline)
Suggestions for mentors:

> Know your campus resources: for students, postdocs, faculty
> Discuss expectations and check-in with mentees
> Be observant to changes in schedule, communication, work, outside activities
> Establish healthy boundaries
> Help end the stigma!

E. Sanchez, D. Duncan, B. Pizer, UCSF
What we can ALL do (a partial list):

- Be more open about how common it is that people struggle with poor mental health
- Normalize and destigmatize seeking mental health care
- Talk about failures, big and small
- Communicate clearly and constructively
- Support students/postdocs as they consider different career paths
- Make it clear to students that someone cares about their success
- Reach out to people who you think might be struggling
- Get trained in mental health first aid
- Create peer support networks
- Address sexual and gender-based harassment
- Promote wellness (e.g., sleep, exercise, sense of purpose, community, ....)
- Support having interests outside of academia

For more info, Barreira et al., working paper; Duffy et al., The Conversation
Encourage Self Care:

[Image of a Self Care Wheel]

- **Physical**: Regular medical care, eat healthy, regular sleep, exercise, get a massage, enjoy physical intimacy like hugs & holding hands.

- **Professional**: Take your full lunch break, leave work at work, take mental health holidays, learn to say no, use your vacation time, set boundaries.

- **Psychological**: Take time for self reflection, therapy or counseling, meditation, keep a journal, be creative, join a support group.

- **Spiritual**: Explore a hobby, cuddle with your pet, community engagement, practice self love, cry, laugh.

- **Personal**: Plan & set goals, spend time with family, learn a new skill, read a book, make time for friends, reflect on who you are & what makes you special.

- **Spiritual**: Practice forgiveness, spend time in nature, connect with a spiritual community, sing or dance, yoga, volunteer for a cause.

[Link: https://legacyplacesociety.com]
More info (and hopefully guidance/resources):

More info (and hopefully guidance/resources):

New Initiative to Support Graduate Student Mental Health and Wellness

AUGUST 20, 2019

PDF - PRESS RELEASE
PDF - ADVISORY COMMITTEE (UPDATED)

EMBARGOED UNTIL:
Tuesday, August 20, 2019 10:00am EDT

CGS Contact: Katherine Hazelrigg – (202) 461-3888 / khazellrigg@cgs.nche.edu
JED Contact: Meg Woodworth – (212) 303-2306 / JEDmedia@yr.com

https://cgsnet.org/new-initiative-support-graduate-student-mental-health-and-wellness
More info (and hopefully guidance/resources):

UNIVERSITY of WASHINGTON
THE EXECUTIVE OFFICE

Student Mental Health Task Force: Creating a Holistic, Integrated Service

Charge:

This task force will delineate the components, desired outcomes, and timeline for the creation of a unified student mental-health service on campus, formed by combining the current UW Counseling Center and the Mental Health Clinic at Hall Health Center.

Scope:

The task force will consider the following parameters for the combined service:

1. Collocated and accessible physical space on campus
2. Equitable student access
3. Reporting line
4. Organizational structure and service lines
5. Funding: short-term (bridging) and long term (sustainable).
6. Electronic health records system
7. Diversification of services and service delivery
8. Advisory connection with students
9. Collaborative relationships among UW campus health/wellbeing partners during implementation
10. Developing metrics providing clarity on impact and success
Thank you!
GRADUATE STUDENT MENTAL HEALTH
Graduate deans from US and Canadian CGS member institutions were asked:

1) How prevalent are mental health disorders among graduate students?
2) Who is best positioned to recognize when a graduate student needs to be referred for mental health support services?

42% responded to this survey (N = 204)
FINDINGS FROM CGS REPORT

- Asked how well their institutions inform and train various campus stakeholders to recognize symptoms of mental health challenges in graduate students and in turn refer those students to appropriate support services, many graduate deans expressed concern that their institutions weren’t doing enough.

- Results suggest that more than four out of ten graduate deans think that more can be done to inform and train graduate faculty members, faculty advisers, PIs, and dissertation/thesis chairs, as well as graduate program directors/department chairs and graduate students themselves.
Figure 1. How well your institution informs and trains campus stakeholders about promoting positive mental health among graduate students.

Data Source: Council of Graduate Schools, Pressing Issues Survey, 2018
• Only 21% of deans reported that their institutions do an excellent or good job of informing and training graduate faculty members. About one out of ten respondents (11%) reported that they do not know if graduate students are informed or trained about symptoms of mental health issues.

• Graduate deans reported that graduate faculty members, PIs, faculty advisors and dissertation/thesis chairs, as having the highest ranking of poor or very poor (48%) with regards to informing and training about mental health concerns/issues. Also, deans ranked this group as the one they did not know more than any other group (8%)
STRESSORS

- Stress is a reality in our lives and is an ever-present reality for students who face competing priorities and demands on their time from their advisor/mentor, instructors and courses, their jobs, their families, their partners, their peers and more.
- Imposter syndrome, fear of failure; cultural dissonance because curriculum and faculty do not reflect their lived experiences are of
- Resources are improving on campus but more needs to be done.
Mentoring is a major determinant in the likelihood of graduate trainee/mentee success (Brunsma et al., 2017) yet it is often the most disappointing aspect of their experience.

URM doctoral candidates in STEMM fields are more likely to feel isolated from other students and worried about their mental or physical health than their peers (Stowell et al., 2015)
Mental Health Challenges Require Urgent Response

They are serious and complex problems and should not be the sole purview of our campuses’ counseling centers, write Ted Mitchell and Suzanne Ortega.

An 18-year-old freshman, overwhelmed at the start of the college semester, takes his own life. A 20-year-oldistinguished athlete and academic, all-star football player. A superior with a limitless future ends her life just weeks from graduation.

It is impossible to fully comprehend such tragedies, to understand why a young person would feel so bad that they would make the decision to end their life. But with suicides now the second leading cause of death for college students, it is incumbent on college leaders, along with our faculty members and students, to understand how we can make a difference and take action.

This fall, hundreds of thousands of students across the country are entering campus life. Most of them will be facing general stresses and anxieties that come with being a college or university student.

Some students will thrive under these circumstances, while others will struggle. The latest report from the Healthy Minds Survey indicates that four in 10 students have positive mental health and are flourishing on our campuses. Yet suicidal thinking, severe depression and rates of self-injury among college students in the United States more than doubled in less than a decade. According to the American College Health Association’s Student Health Assessment, the number of students who have had a previous diagnosis or treatment for depression has increased from about 5 percent in 2010 to over 23 percent in 2018.

A better future for graduate-student mental health

A consortium of US universities aims to examine how best to help a vulnerable population that is affected by anxiety and depression.

Cruz Williston

As ambitious research project aims to assess the state of mental health resources and support for graduate students. The 22-month initiative is a joint venture of the Council of Graduate Schools (CGS) and the Student Affairs Officers of America (SAOA), two nonprofit organizations that focus on the mental health of young adults. The initiative will call for research and development of evidence-based strategies to promote mental and emotional well-being in students.

“We want to create a road map for moving forward,” says Suzanne Ortega, CGS president and the principal investigator of the project, called Supporting Mental Health and Wellness of Graduate Students. “We’re offering advice about policies and resources that will help students in crisis while also creating an environment where graduate students can thrive.”
SOME ADDITIONAL RESOURCES

1) What considerations surface for you in this scenario?
2) What is one course of action you would take?
How might you respond to the differences in the scenario?

Many faculty do not believe psychosocial functions are part of their mentorship role (Laursen et al., 2010) and many adopt a colorblind ideology in general (Prunuske et al., 2014).

As a staff or faculty member, how might you help shift away from these findings?
FEEDBACK REQUEST