Graduate Student Mental Health

- How can faculty promote it?
- What does research say about it?
- What is going on nationally?
How Faculty Can Promote Graduate Student Mental Health

Marion K. Underwood
Dean of Graduate Studies and Associate Provost
Ashbel Smith Professor of Psychological Sciences
The University of Texas at Dallas
Graduate Students and Depression

- Of 790 graduate students at Berkeley, 47% of doctoral and 37% of masters students reported clinical levels of depression.
- Among doctoral students, highest rates in arts and humanities – 64% (lowest in business, 28%).

http://ga.berkeley.edu/wellbeingreport/
### 10 Top Predictors of Higher Life Satisfaction and Lower Depression

1. Career Prospects
2. Overall Health
3. Living Conditions
4. Academic Engagement
5. Social Support
6. Financial Confidence
7. Academic Progress and Preparation
8. Sleep
9. Feeling Valued and Included
10. Advisor Relationship
What Can Faculty Do?

- Educate students about Counseling Center resources from the beginning
  - Graduate catalogue
  - Orientation
  - TA training or courses on effective teaching
- Individual conversations with mentees
- Near the beginning of very class
- During periods of intense academic stress
What Students Most Need to Know about the Counseling Center

- Counseling Centers are completely separate from the academic side of the university and what you say there is kept confidential from the faculty unless the student gives consent.
- Most services are free – students have already paid for them with their fees.
- A range of services are offered.
What Can Faculty Do?

- Be alert to signs of depression
  - Persistent sad mood (but might be irritable)
  - Loss of interest or pleasure
  - Sleep problems
  - Eating problems
  - Difficulty concentrating
  - Psychomotor agitation or retardation
  - Fatigue
  - Feels of worthlessness
  - Suicidal Ideation
Refer Individuals for Counseling

- If you perceive that a student may be depressed, ask to speak to them individually. Briefly note your concerns, and offer information about counseling services.
- If students start to disclose depression or other mental health issues, express sympathy, listen enough to assess, then refer.
- Faculty members should never try to serve as therapists for students, regardless of training.
- Students need us to be teachers and mentors, and it could become painful for them later if they share too much about their personal concerns.
- Counseling center staff will consult with you about how to refer and often offer resources on their websites.
What if a student talks with you about a friend who is struggling?

- Listen enough to assess
- Coach the student on how to encourage the friend to seek counseling
- Make sure students know what to do if they are seriously worried that a friend may hurt him/herself or someone else – call the police. Ask them to consider how they will feel if the worst happens, and they did not act on their concerns.
Making the Most of Teaching Opportunities

- If you are teaching a graduate seminar on Effective Teaching or offering a TA orientation, include a component on how to help students with mental health concerns.

- Use this as a non-threatening way to impart detailed information about services available “for their students.”

- Talk concretely about what instructors should do if a student expresses suicidal thoughts.

- “If I go home I will kill myself but I came here because you told us what you would do if a student ever said they were going to kill themselves.”
How to Deal with Disclosures of Suicidal Ideation

- Do not get into detailed assessment yourself
- Express sympathy, refer, and let counselors assess seriousness
- If a student is extremely distressed and talks about having a plan for self-harm, walk the person to the Counseling Center or call the police.
Graduate Deans and faculty need to remember:

- Graduate students are often balancing family, work, and other obligations.
- Mental health problems may arise at particular points in progress toward the degree:
  - Qualifying exams
  - Leading up to the dissertation defense
- Graduate students feel vulnerable to exploitation.
- Graduate students sometimes need guidance on how to resolve academic conflicts.
How to Promote Mental Health

1. Career Prospects
2. Overall Health
3. Living Conditions
4. Academic Engagement
5. Social Support
6. Financial Confidence
7. Academic Progress and Preparation
8. Sleep
9. Feeling Valued and Included
10. Advisor Relationship
Graduate School and Mental Health
What does the research say?

Calvin A. Kelly, Ph.D.
Health & Counseling Center- Director,
St. Edward’s University, Austin, Texas
This is not Grade 16 or 17

How graduate school is different from undergraduate

- Age and Experience
- Greater Autonomy and less structure
- Campus Life
- More Academic Intensity
Lifestyle Change: Reality or Myth

- Time
- Employment
- Personal Life
- Budget/Financial Planning
<table>
<thead>
<tr>
<th>Temporary Stress Factors</th>
<th>More Serious Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Failure</td>
<td>Significant alcohol and drug abuse</td>
</tr>
<tr>
<td>Financial Pressures</td>
<td>Mental Health Issues such as Depression and Anxiety</td>
</tr>
<tr>
<td>Post-Graduate Future</td>
<td>Personality Disorders</td>
</tr>
<tr>
<td>Acutely Painful Break-up</td>
<td>Various forms of self-injury</td>
</tr>
<tr>
<td>Relationship Disputes</td>
<td>Suicide and/or violence against others</td>
</tr>
</tbody>
</table>
Mental Illness
Prevalence and Age-of-Onset

- Begins very early in life
- 50% of all lifetime cases begin by age 14
- 75% begin by age 24
- Chronic disease of the young
Mental Illness
Prevalence and Age-of-Onset—continued

- Prevalence increases for:
  - (18-29 year old)
  - (30-44 year old)

- Prevalence declines for:
  - (45-59 year old)
  - (Age 60+) substantial decline
Mental Illness
Prevalence and Age-of-Onset—continued

- **Failure and Delay in Initial Treatment Contact**
  - Median delays across disorders is a decade
  - Longest delays are 20-23 years for social phobia and separation anxiety
  - Shorter delays are 6-8 years for mood disorders (public awareness campaigns and marketing)
  - Approximately 80% of all people in US eventually seek treatment
Differences in Prevalence and Consideration for Future Research

- Gender Differences
- Racial and Ethnic Differences
- Social and Professional Support
- Conclusion and Consideration on Future Research
National Counseling Center Data

Maggie Gartner, PhD, ABPP
Executive Director
Student Counseling Service
Texas A&M University
Current Clinical Concerns

- Anxiety 47.4%
- Depression 39.7%
- Relationship problems 33.7%
- Suicidal ideation 18.2%
- Self-injury 12.1%
- Alcohol abuse 8.5%
Some FACTS:

- 25.2% of students seeking counseling services are taking psychototropic medications.

- Service utilization by diverse groups is generally proportionate EXCEPT that male students make up 43.8% of the student body and only 33.9% of clients.
70% of students using counseling services reported that counseling kept them in school.

USE THE COUNSELING SERVICES!
Treatment possibilities:

- Anxiety: biofeedback, stress management, exercise, meditation, medication
- Depression: Eat well, regular sleep, mild to moderate exercise, support, medication.
Most counseling centers offer some type of suicide prevention programming. Check it out!

Most popular program is QPR, Question. Persuade. Refer.
Alcohol Prevention

- Most campuses are providing alcohol or AOD prevention services.

- A variety of programs are successful including AlcoholEDU, MyStudentBody, BASICS.
Typical Services available:

- Personal counseling
- Consultation
- Workshops
- Couples counseling
- Groups
- Sexual assault counseling
- AOD
- Psychiatry
- Psychological testing
- Career counseling
Final Thoughts

- TAO (Therapy Assisted Online)
- Secure Skype
- Crisis Line

- Over 2,000,000 counseling sessions were held in university counseling centers last year—Was your student in one of them?
Thank you!

Questions???