



Graduate Student Mental Health

Timely Tips for Faculty Advisors

Agenda for Today

- Mental Health Primer
- Graduate Student Mental Health Facts and Figures
- Best Practices and Responsibilities
- Balancing Concern and Support with Rigor and Performance Expectations
- Resources
 - Functional Analysis as a tool to understand graduate student mental health issues
 - Available mental health services
- MH for Advisors
- Case Examples
- Q&A



Mental Health Primer

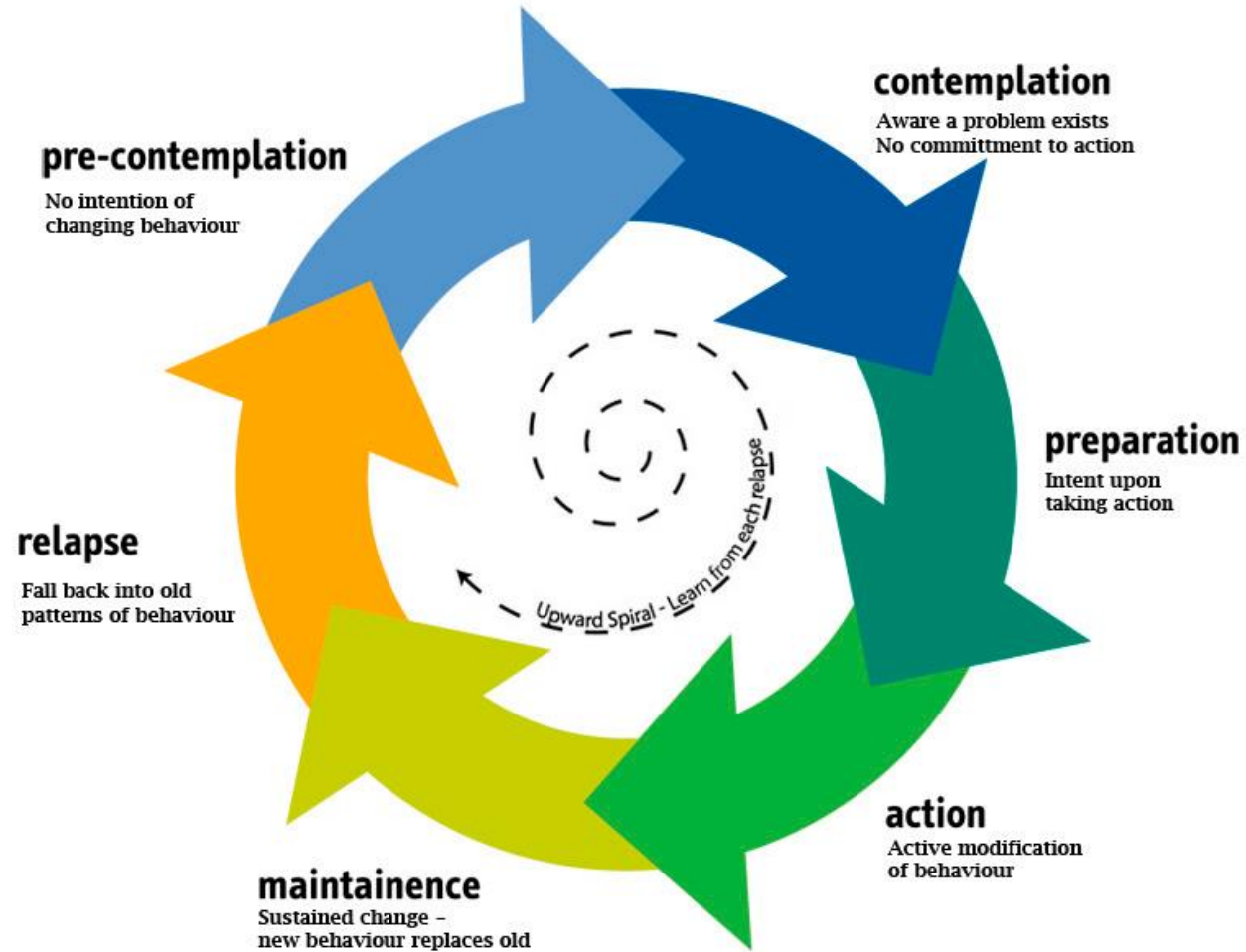
What do we mean when we say “Mental Health”

- Mental Health often thought as **categorical and diagnosable clinical pathology**
 - Anxiety, uni- and bi-polar depression, substance use, and personality disorders
- However, a useful perspective for advisors is consider mental health as **dimensional** with all individuals falling along a continuum of impairment (none – extreme)
- An advisor doesn’t have to be an expert in MH,
 - but can look out for evidence of **impairment across thoughts, feelings, and/or behaviors** that are troubling to the student and/or others - and simply focus there
- MH Response is case-by-case
 - In some cases/times a student with mental health issues simply needs a supportive environment to thrive and advisors can be part of creating that
 - In other cases/times that level of impairment is more severe and outside help is needed

Relevant Questions

- Some graduate students would benefit for having safe physical spaces on campus to meet their peers. This would help mentally. Does UConn have plans of creating such spaces?
- Given we aren't MH professionals, how can we know which students need services?
- How can you help a student who does not acknowledge their need for help (see Motivation enhancement figure in next slide)

Stages of Change



Transtheoretical Model of Change
Prochaska & DiClemente



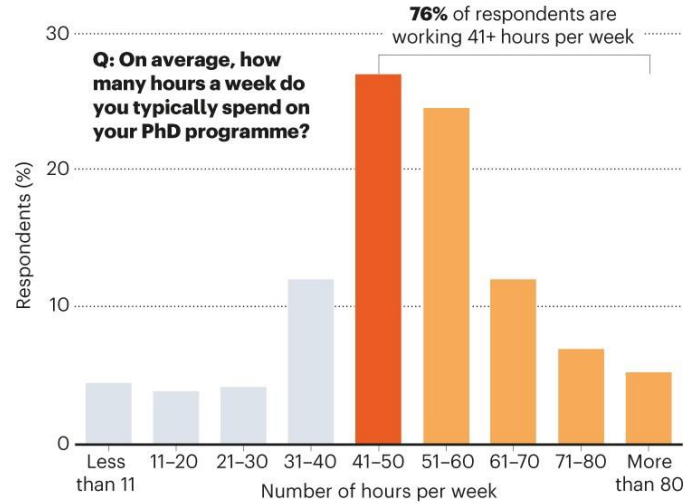
Graduate Student Mental Health Facts and Figures

Graduate Student Mental Health Data

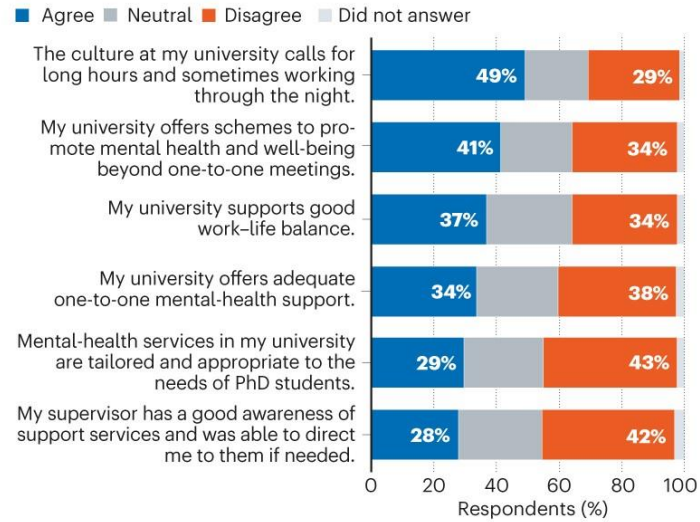
- 2019 American College Health Association surveyed graduate students about their mental health & well-being in the past 12 months
 - 46% felt academics were traumatic or difficult to handle
 - 41% felt so depressed it was difficult to function
 - 63% reported overwhelming anxiety
- 2019 PhD Survey conducted by *Nature* (international)
 - 21% reported harassment or discrimination
 - 21% reported bullying
 - 40% unsatisfied with work-life balance (including expenses, funding)
 - 75% glad they chose to pursue a PhD, but only 26% thought it would improve job outlook
- About 10-15% of graduate students at UConn have used counseling services and that number is rising

OVEREXTENDED AND STRESSED

Long hours in the laboratory and other demands have taken a toll on PhD students' well-being and mental health.



Q: Do you agree or disagree with the following statements?



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.

©nature



Best Practices and Responsibilities

Best Practices

- It is reasonable for you to:
 - Ask students how they are doing
 - Provide referrals for mental health services (see later slides)
 - Ask permission to share the issues privately* with your department head and/or graduate school staff to seek additional support and resources
- Must be done in a manner that is appropriate and respectful
 - Avoid jokes and other passive attempts to address the issues
 - Don't use labels or reference to disorders but instead address the behavior/root causes of the issues
 - Pothole example
- Remember, mental health issues are often simply ineffective strategies to solve important and meaningful problems
 - Helping students step back from the behavioral/cognitive/emotional manifestation of the problem and address the root causes of the problem itself is helpful – we will come back to this

Responsibilities

- You should not share information provided in private*
- But there are some important caveats
 - Often those saying they don't want to share or pursue an issue further are simply scared and would like more help than they can get themselves to ask for - its important to show you are willing to bring issues forward if there is interest from the graduate student
 - There will be times where a student is a danger to themselves or others, usually with the inclusion of the following: Ideation, plan, and access
- You are not responsible for getting it right every time, but you are responsible to show you acted in good faith with a genuine interest in the best interests of the student and the program
- Take cultural competency seriously and do what you can to be informed about the challenges of graduate student's intersectional identities
 - Internal trainings and resources on the topic can be valuable (e.g., H.E.A.R.T. Podcast)

Graduate Student Mental Health: Tips

- Inquire and Listen
 - Check in and monitor student well-being
 - Improved relationships can help productivity and mental health
- Extend partnerships with career centers
 - Faculty can facilitate workshops, class visits, job events to help reduce uncertainty and anxiety about job prospects
- Cultivate departmental climates that support mental health
 - Mental health should not be limited to counseling centers
 - Increase awareness of campus resources, understand how to facilitate referrals
 - Promote well-being with departments
 - Help students advocate for well-being and help shape departmental policies to support mental health

Audience Pre-Session Questions

- What should you do/not do if your advisee tells you about their MH issues?
- How/when do you ask your advisee about MH issues given privacy/other sensitivities?
- When exactly do we as advisors stop giving advice and recommend professional help?
- Can you address the additive impacts of intersectionality on graduate student MH and their ability to get help that is helpful to them
- What is the impact of not interacting with peers in offices as they would pre-pandemic?
- Given the centering of mental health on overall wellbeing of graduate student populations in the last decade, what does the university expect of advisors now compared to 5-10 years ago?
- What is expected of advisors that differs from role of UConn MH services?



Balancing Concern and Support with Rigor and Performance Expectations

Creating the Right Balance

- There is no harder question than how do you create the right balance of care/rigor
- Clear, documented expectations are crucial with feedback throughout
 - Example of the safety signal hypothesis
- Creation of a support plan early in the emergence of issues
- You don't have to treat everyone the same but there needs to be equity and fairness in the evaluation of students with MH issues

Audience Pre-Session Questions

- How and where do we draw the line when caring about a grad student mental health? By this I mean, how should we approach the conversation and how far should we go asking a student that we perceive as struggling mentally?
- How to resolve and compromise some potential conflicts between adviser's expectations and students' response/performance AND What are the benchmarks for faculty advisors to recommend to a graduate student to leave the program (or even actively resign as advisor) because of mental health issues?



Resources

Functional Analysis (FA/Why?)

- It is crucial to be aware of services that you can refer a student to when issues reach a point of concern but there are things that a mentor can do safely early in the process
- Functional Analysis (FA/Why?) is a tool to understand MH issues and to help advisors support a student in a safe and respectful manner
- FA/Why? is based on a few key realities that may be less obvious
 - All ineffective strategies are serving some functional need for the individual
 - Many ineffective strategies can be replaced with more effective strategies, but only if the functional need can be established and met with the new strategy
 - Mentors may be the exact right individual to process this with their advisee

<p><u>Trigger (2)</u></p>	<p><u>Thoughts (3a)</u></p>	<p><u>Feelings (3b)</u></p>
<p><u>Target Behavior (1)</u></p>	<p><u>Problem Behavior</u> <u>Positive Consequences (4a)</u></p>	<p><u>Problem Behavior</u> <u>Negative Consequence (4b)</u></p>
<p><u>Healthy Behavior (5)</u></p>	<p><u>Healthy Behavior</u> <u>Positive Consequences (6a)</u></p>	<p><u>Healthy Behavior</u> <u>Negative Consequence (6b)</u></p>

<p style="text-align: center;"><u>Trigger (2)</u></p> <ul style="list-style-type: none"> • Current: I often check my email before I go to sleep and something in it is always a problem • Recent: Throughout the week I get too little sleep so I'm worn down by later in the evening • Early: Lashing out at others was seen as a sign of strength in my family growing up 	<p style="text-align: center;"><u>Thoughts (3a)</u></p> <ul style="list-style-type: none"> • I should respond to this now • People have to understand my perspective • Everyone else is the problem because they only ever care about themselves 	<p style="text-align: center;"><u>Feelings (3b)</u></p> <ul style="list-style-type: none"> • Disappointed in myself that I can't fix everything and make everyone happy • Frustrated that others don't try to understand my position • Anxious about how tomorrow will go
<p style="text-align: center;"><u>Problem Behavior (1) (START HERE!)</u></p> <ul style="list-style-type: none"> • I stay up late responding to emails and sometimes write something I wish I hadn't written (e.g., being aggressive or sarcastic) 	<p style="text-align: center;"><u>Problem Behavior Positive Consequences (4a)</u></p> <ul style="list-style-type: none"> • I get it over with • I feel relieved especially if I send something more aggressive because I stood up for myself 	<p style="text-align: center;"><u>Problem Behavior Negative Consequence (4b)</u></p> <ul style="list-style-type: none"> • I will hurt my reputation • I will lose respect from colleagues • I will later feel bad I hurt someone's feelings
<p style="text-align: center;"><u>Healthy Behavior (5)</u></p> <ul style="list-style-type: none"> • Meditate before bed instead of checking email • Go to bed by 11:30 • Respond in the morning when I have had a good night's sleep 	<p style="text-align: center;"><u>Healthy Behavior Positive Consequences (6a)</u></p> <ul style="list-style-type: none"> • Over time this will help my reputation • I will avoid doing something I will regret 	<p style="text-align: center;"><u>Healthy Behavior Negative Consequence (6b)</u></p> <ul style="list-style-type: none"> • I'm not very good at meditation so it will not work very well at first so I might have trouble sleeping as I'll go to bed frustrated

Mental Health and Emotional Wellness Services

1. UConn Student Health and Wellness (SHaW). The mission of SHaW Mental Health is to provide clinical services to promote the emotional, relational, and academic potential of all students. For Storrs-based students, SHaW offers services including time-limited individual therapy, group therapy, and skills groups (e.g., mindfulness skills). They are physically located on the 4th floor of the Arjona Building, but currently provide most services via telehealth (video) and telephone. To get more info:

- Mental health services at www.counseling.uconn.edu or (860) 486-4705.
- Wellness and Prevention programs at <https://wellness.uconn.edu/> or (860) 486-9431
- SHaW crisis support is available by calling 860-486-4705.

**Information about services at UConn Health are available here: <https://health.uconn.edu/student-affairs/health-and-wellness/student-behavioral-health-service/>*

2. UConn Psychological Services Clinic (PSC). The PSC is the Clinical Psychology graduate training program clinic. Services are provided by advanced doctoral students (such as the writers of MHM) under the supervision of licensed clinical psychologist faculty members. PSC provides services the students from any of the campuses, staff, faculty, and non-Uconn members of the greater community. They primarily provide individual and family therapy. Services are provided from 12-8 Mon-Thur on a sliding scale are reduced cost. The clinic is physically located in Bousfield Building, although most services are currently remote. To get more info:

- Call 860.486.2642. You will likely get a recording. Just say you are interested in services and leave your name, number and a good time to call. Website: <https://psychservicesclinic.uconn.edu/>
- NOTE: THE PSC Clinic is able to start telehealth services with students right away - Currently, no waiting list

3. Clinicians in the community. If you want to find a therapist in your community, you will first need a copy of your insurance card. You can ask a parent for the card or if you know the name of the insurance company you can contact the company directly to get a card sent to you. To find clinicians near you geographically, you can use a therapy finder search engine (<https://www.psychologytoday.com/us/therapists/> or <https://connpsych.org/find-a-psychologist/>), or just do a search of “therapist or psychologist near me”. The next step is to call and ask if they are taking new clients. When you contact the clinician, you can ask them how to find out more about their background, education, training, and orientation to make sure they are qualified to meet your needs. Once you know your insurance company, you can also go online or call them to get the name of a therapist near you.

**These are in addition to other services for students that may be relevant including Center for Students with Disabilities and a wide range of academic services which all can help with MH issues*

Audience Pre-Session Questions

- What MH services are available at Regional Campuses?
- How do you keep the communication flowing especially in the current distance learning environment?



MH for Advisors

How Can you Support Your Own MH

- Consider strategies to reduce your overall stress levels
- Limit caffeine after lunch and get more sleep
- Seek support for challenging student cases
- Remember we will not always get it right but we can always do our best
- Consider reaching out for help via HR and EAP services



Case Examples

Case Example #1:

**Grad student with MH Issues who is in a
Program with a Clinical Placement Component**

Case Example #2

A Program/Mentor is Considering whether a Student with MH Issues AND Academic Issues Should Continue in the Program



Q & A

Thank You and Stay in Touch

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- And don't forget The Graduate School Staff is here to help!