

Supporting Graduate Student Health and Wellness

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OVERVIEW

Statistics



Suicide



Resources



Treatment



Strategies





STATISTICS

Suicide

2nd leading cause of death in
persons **15-24** and **25-34**

(National Center for Health Statistics, CDC, 2016)

Diagnosed

Mental Illness

1 in 4 college students

Seriously considered

suicide in past 12 months

4% of graduate students

(Drum, Brownson, Denmark, et al, 2009)

Onset for most mental illnesses

by 24 years of age

Mental Health Facts IN AMERICA

Fact: 43.8 million adults experience mental illness in a given year.



1 in 5 adults in America experience a mental illness.



Nearly 1 in 25 (10 million) adults in America live with a serious mental illness.



One-half of all chronic mental illness begins by the age of 14; three-quarters by the age of 24.

Chronic mental illness

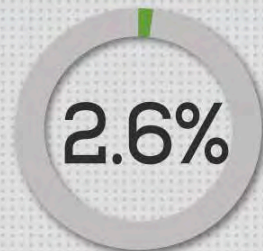
50% begins by
age 14

75% begins by
age 24

Prevalence of Mental Illness by Diagnosis



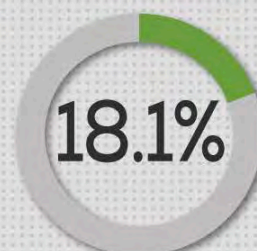
1 in 100 (2.4 million) American adults live with schizophrenia.¹



2.6% (6.1 million) of American adults live with bipolar disorder.¹



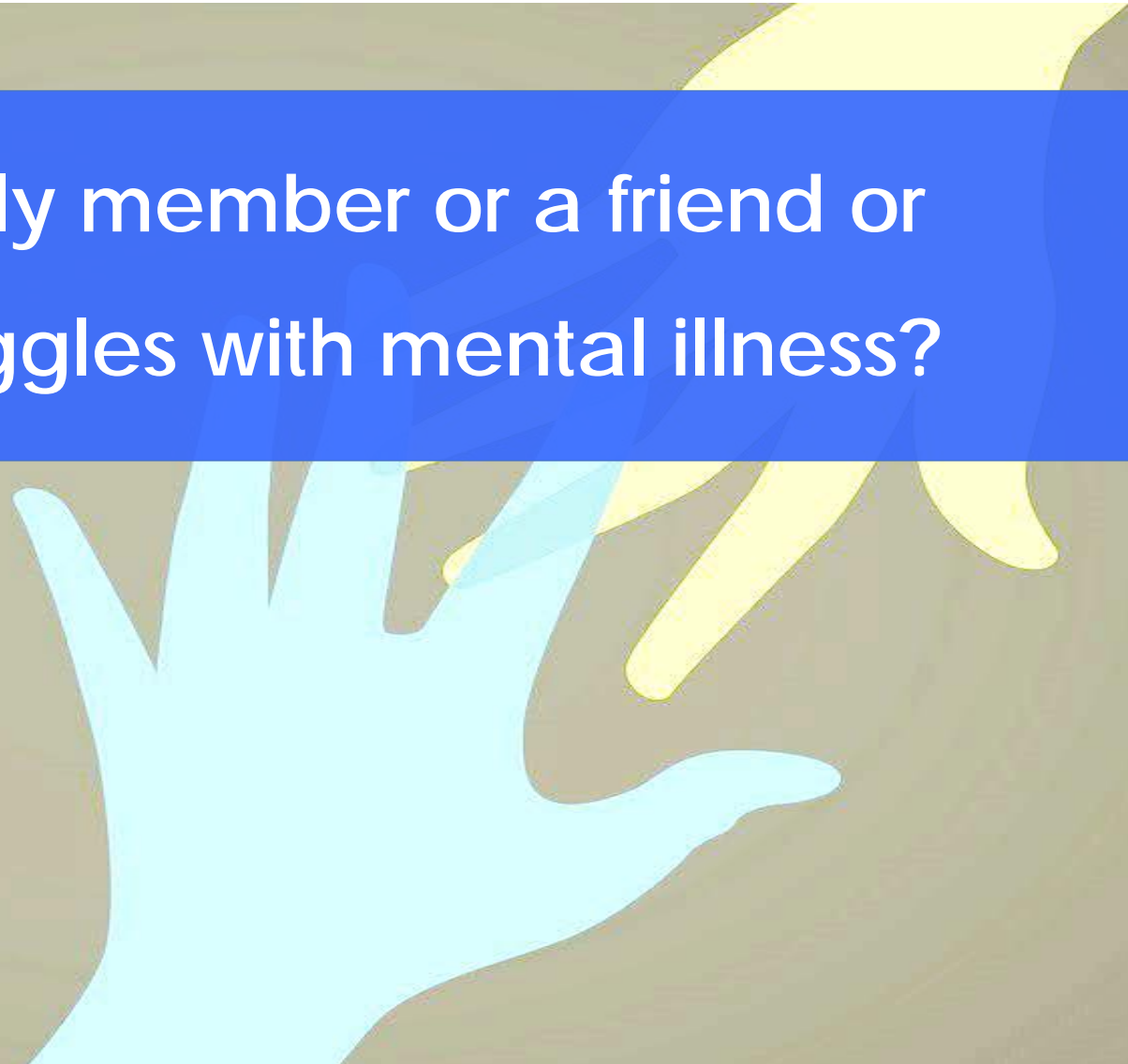
6.9% (16 million) of American adults live with major depression.¹



18.1% (42 million) of American adults live with anxiety disorders.¹

ACTIVE LEARNING

Do you have a family member or a friend or colleague who struggles with mental illness?



SUICIDE

90% of persons who die by suicide have a diagnosable/diagnosed mental illness



2nd leading cause of death
In young adults

Upset Over Exam Results, Student Allegedly Commits Suicide

The student was pursuing a degree in science.

Cities | Press Trust of India | Updated: June 30, 2018 18:40 IST



The police still do not know the exact cause of the girl's death. (Representational)

ROHTAK: A 21-year-old student, upset over her exam result, allegedly committed suicide at her house in the Maharishi Dayanand University (MDU) campus in Rohtak, a senior police officer said.

The girl's father is a security officer at the university.

In a suicide note addressed to her parents, the victim wrote "sorry" and lamented the fact that in spite of working hard, she failed to get good results

She further mentioned that she secured 83 per cent marks in her BSc paper and did not

His College Knew of His Despair. His Parents Didn't, Until It Was Too Late.



A dormitory at Hamilton College in upstate New York, where a suicide in 2016 raised questions about whether colleges should inform parents when students are in distress. [Hilary Swift for The New York Times](#)

By [Anemona Hartocollis](#)

May 12, 2018



CLINTON, N.Y. — In the days after her son Graham hanged himself in his dormitory room at Hamilton College, Gina Burton went about settling his

CBS NEWS April 12, 2018, 9:41 AM

Parents file lawsuit against University of Pennsylvania over daughter's suicide



Olivia Kong CBS PHILLY

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PHILADELPHIA -- Two years after a University of Pennsylvania student took her own life, her parents are taking legal action to have the school held accountable. Olivia Kong's parents say the school ignored their daughter's cries for help. They hope the lawsuit will honor her memory and evoke change, [CBS Philly reports](#).

Surveillance cameras at the 40th Street subway station in Philadelphia captured the last time the UPenn junior was seen alive.

"You can see her pacing and then she starts walking on the yellow line," said Carol Nelson Shepherd, the family's attorney.

Two years ago, Kong climbed down to the tracks and was hit by an oncoming train.

The New York Times

M.I.T. Is Not Responsible for Student's Suicide, Court Rules



The campus of the Massachusetts Institute of Technology in Cambridge, Mass. A court ruled Monday that the university could not be held responsible for a student's suicide in 2009.

Charles Krupa/Associated Press

By Katharine Q. Seelye

May 7, 2018



CAMBRIDGE, Mass. — In a legal case closely watched for its potential implications for universities nationwide, Massachusetts's highest court ruled Monday that M.I.T. could not be held responsible for the 2009 suicide of one of its students.

#News

Print This

The Duty to Prevent Suicide

Top court in Massachusetts rules that colleges and professors in some cases may be sued for failing to prevent students from killing themselves.

By [Scott Jaschik](#) // May 8, 2018

14 COMMENTS

The Supreme Judicial Court of Massachusetts on Monday found that the Massachusetts Institute of Technology, and some of its professors and officials, could not be sued for the suicide in 2009 of a graduate student who jumped off a building and killed himself. He did so shortly after being told by a faculty member that an email he had sent was unprofessional and rude.



Massachusetts Supreme
Judicial Court

While the [unanimous ruling](#) is a legal victory for MIT, the court also found that colleges have an obligation in some cases to prevent suicides and may be sued for failing to do so. Significantly, the finding extends beyond those on campuses with expertise in mental health. There are situations, the court found, where professors and others could be sued for failing to do so.

That is crucial in part because many students who attempt suicide have never used campus mental health services.

The ruling stresses that college students are not all alike -- in this case the student was an adult, living off campus and seeking treatment outside MIT. But even in such cases, the court found, there can be legal obligations for a college and its professors.

"Moral blameworthiness on the part of a university in failing to act to intervene to save a young person's life, when it was within the university's knowledge and power to do so, is understood and accepted by our society," said the decision.

Even if MIT and other universities have missions that are primarily academic, their role extends into many aspects of student life, the court said. "Universities are clearly not bystanders or strangers in regards to their students."

While the ruling is by a Massachusetts court, the decision comes at a time of rising pressure on colleges to protect students in cases that some college leaders say may be unrealistic, or may discourage colleges from enrolling students with mental health issues. In March, the California Supreme Court [found that public colleges in the state must warn and shield their students](#) from potential violent acts.

The Massachusetts ruling is particularly notable for its findings about "non-clinicians" such as professors and deans who are not trained in mental health issues and do not work in campus counseling centers

For professors and others in this category, the court found, the obligation to act to prevent a possible suicide

Suicide Prevention

HOW TO HELP SOMEONE WHO IS SUICIDAL

KNOW THE WARNING SIGNS:

- Talking about wanting to die or to kill oneself
- Looking for a way to kill oneself (online or in person)
- Feeling hopeless or having no purpose
- Drug and/or alcohol abuse
- Sleeping too little or too much
- Acting anxious, agitated, or reckless
- Showing rage or talking about seeking revenge



ASK QUESTIONS:

- "Do you ever you think about suicide?"
- "Do you have a plan to hurt or kill yourself?"
- "Have you attempted suicide before?"
- "Have you thought about when you would do it (today, tomorrow, next week)?"
- "Have you thought about what method you would use?"
- "Are you seeing your doctor or mental health professional regularly and often?"



Do's

- ✔ Let the person talk and **LISTEN** to them without judgement
- ✔ Reassure them that treatment and help is available
- ✔ Tell them what they are experiencing is treatable and that suicidal feelings are temporary

Don'ts



- ✘ Don't try to minimize problems or shame a person into changing their mind
- ✘ Don't try to convince a person who is suicidal that "it's not that bad"
- ✘ Don't preach about suicide being right or wrong

RESOURCES – Know and Refer



University resources

- Health center
- Counseling center
- EAP

Community resources

- Primary care provider
- Community mental health center

GET HELP!

A suicidal person should see a doctor or mental health professional immediately.

If the person has a plan to hurt or kill themselves and you fear they are in imminent danger:



CALL
9-1-1

- * Stay with the person
- * Get them to the nearest Emergency Department

* If you are not with them, keep the conversation going until you can connect them to help:

- o Ask questions about their plan
- o Listen to them
- o Reassure them that you are there for them and will help them find support

CRISIS TEXT LINE |

TEXT "HELLO" TO
741741

A 24/7 texting service providing support for those in crisis.

SOCIAL MEDIA



If a friend has posted suicidal content on Facebook, use the safety tool to get them help.



If a friend has posted suicidal content on Twitter, alert Twitter to get them help.

If you feel the person isn't in immediate danger, offer to work together to get help:

* Contact the National Suicide Prevention Lifeline

1-800-273-TALK



* Help them contact a mental health professional or go along to the first appointment.

* If you're in a position to help, don't assume that your persistence is unwanted or intrusive.

* Follow-up is important and make a plan to keep connected to the person

NATIONAL

SUICIDE
PREVENTION
LIFELINETM

suicidepreventionlifeline.org

NATIONAL SUICIDE PREVENTION – Call, Chat, Text

National Suicide Prevention Lifeline



1-800-273-8255

CHAT WITH LIFELINE

STUDENT-LED EFFORTS

HUFFPOST


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IMPACT 06/30/2018 12:14 pm ET | Updated 2 days ago

As A Mental Health Crisis Sweeps Across Colleges, Students Step Up To Fix It

"If it can can save one life, then all of that work is worth it."

By Nicole Pajer



SARA VALENTE

Harvard student Sara Valente is co-president of the university's Student Mental Health Liaisons, a group that connects students to the mental health resources on campus.

SUICIDE PREVENTION MODELS

QPR

Question
Persuade
Refer

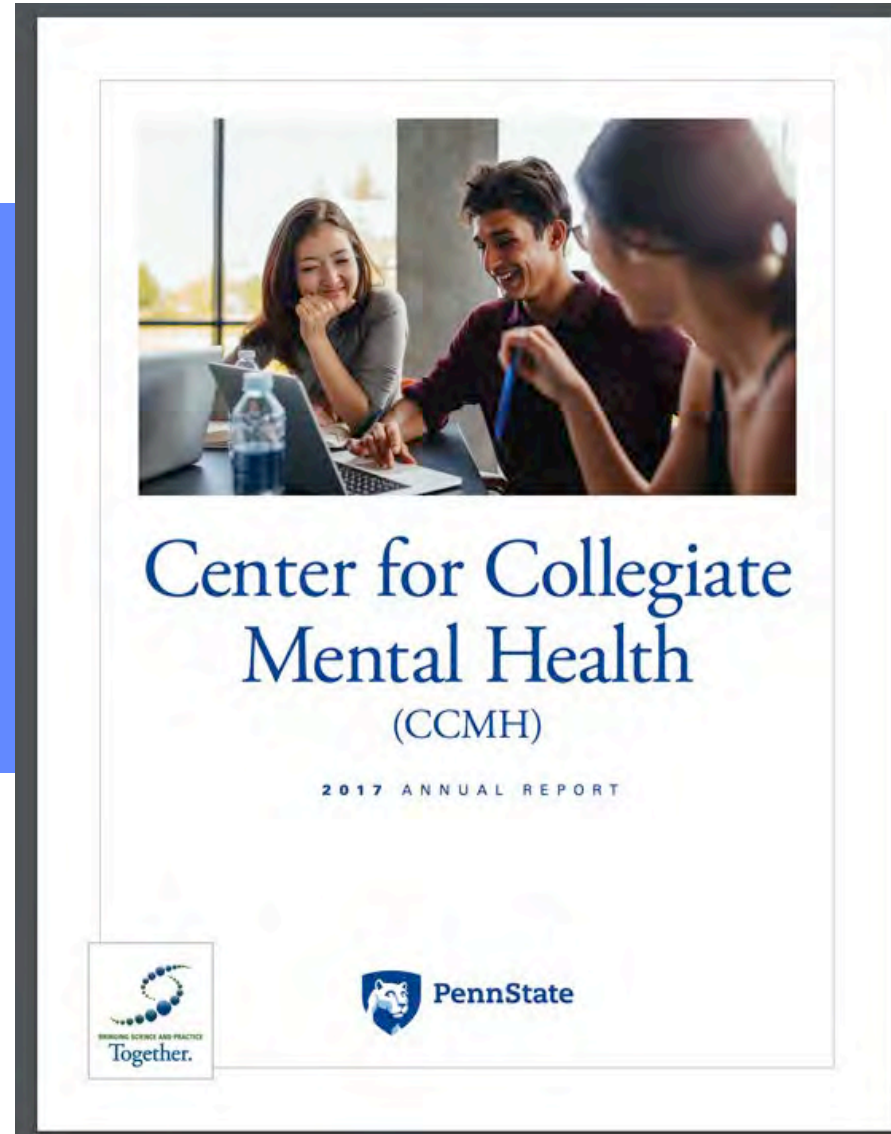
Zero Suicide



Mental Health
First Aid



UNIVERSITY COUNSELING SERVICES



ACTIVE LEARNING

On your devices...

- find and bookmark at least one resource at your university
- find and bookmark at least one resource in your community



BIGGEST ISSUES

Anxiety & Depression

Suicide

Substance Use/Misuse

Psychosis

(Center for Collegiate Mental Health, 2017; Evans et al., 2018)

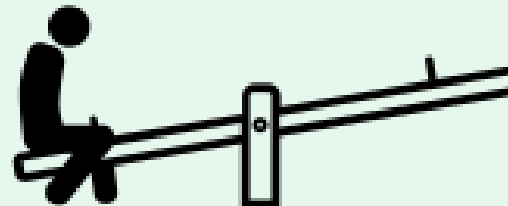


Stress of graduate education

Impulsivity

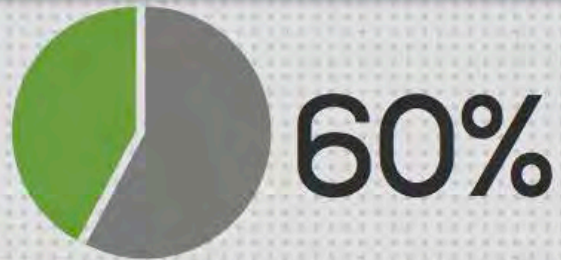


Away from family and friends (support system)



MENTAL HEALTH TREATMENT

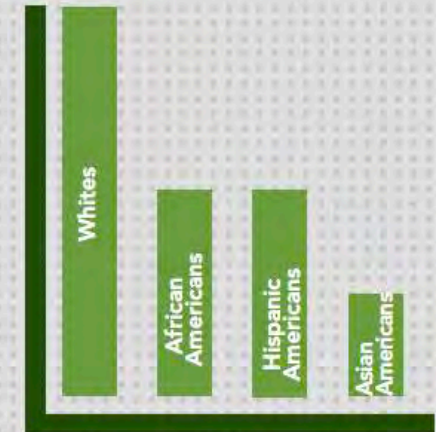
Treatment in America



Nearly 60% of adults with a mental illness didn't receive mental health services in the previous year.⁴



Nearly 50% of youth aged 8-15 didn't receive mental health services in the previous year.¹




African American & Hispanic Americans used mental health services at about 1/2 the rate of whites in the past year and Asian Americans at about 1/3 the rate.¹



STIGMA AND DISCRIMINATION

HOME > MAGAZINE > FEATURES



THE TOUCH OF MADNESS

Culture profoundly shapes our ideas about mental illness, which is something psychologist Nev Jones knows all too well.

DAVID DOBBS · OCT 3, 2017

(Illustration: Lola Dupré)



A GROWING CONCERN IN GRADUATE EDUCATION

2010

Prevalence of mental illness in graduate students may be similar to the general population but help-seeking behavior has increased

(Hunt & Eisenberg, 2010)

2014 - UC Berkeley Report

43-46% of graduate students in the biological/physical sciences were depressed

(UC Berkeley Graduate Assembly, Grad Student Happiness and Wellbeing Report, 2014)

2015 - University of Arizona Report

Majority of PhD students reported “more than average” or “tremendous” current stress

- Biggest contributors to stress were school and education-related issues

(Smith & Brooks, Grad Student Mental Health, 2015)

2018 MARCH



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Evidence for a mental health crisis in graduate education

Teresa M Evans¹, Lindsay Bira², Jazmin Beltran Gastelum³, L Todd Weiss⁴ & Nathan L Vanderford^{4,5}

With mental illness a growing concern within graduate education, data from a new survey should prompt both academia and policy makers to consider intervention strategies.

There is a growing cry for help from graduate students across the globe who struggle with significant mental health concerns¹. Despite increased discussion of the topic, there remains a dire need to resolve our understanding of the mental health issues in the trainee population.

Recent research on mental health in the trainee population has focused on within-institution cohorts, such as the 2014 UC Berkeley report², which found that 43–46% of graduate students in the biosciences were depressed, and the 2015 University of Arizona report³, which found that a majority of doctoral students reported “more than average” current stress

with perceived work–life balance and mentorship quality. The transgender and/or gender-nonconforming population faces an increased risk of depression and anxiety⁶. Further, women consistently are more likely to suffer from mental health disorders than men⁷. Our results corroborate these findings within the graduate trainee population; both transgender/gender-nonconforming and female graduate students are significantly more likely to experience anxiety and depression than their male graduate student counterparts (Fig. 1b). Our study found that the prevalence of anxiety

trainee population, we deployed a comprehensive survey that included clinically validated scales for anxiety (GAD07) and depression (PHQ09) via social media and direct email. We surveyed a total of 2,279 individuals (90% PhD students and 10% Master’s students). Respondents were from 26 countries and 234 institutions (**Supplementary Tables 1 and 2**) and represented diverse fields of study including, biological/physical science (38%), engineering (2%), humanities/social sciences (56%) and “other” (4%). The data presented here demonstrate that the graduate trainee community has a considerable prevalence

with perceived work–life balance and mentorship quality.

The transgender and/or gender-nonconforming population faces an increased risk of depression and anxiety⁶. Further, women consistently are more likely to suffer from mental health disorders than men⁷. Our results corroborate these findings within the graduate trainee population; both transgender/gender-nonconforming and female graduate students are significantly more likely to experience anxiety and depression than their male graduate student counterparts (Fig. 1b). Our study found that the prevalence of anxiety



RESULTS

- **International convenience sample of 2,279 graduate students**
 - 26 countries, 234 institutions
 - 90% PhD, 10% Masters
 - 38% from the biological/physical sciences, 2% from engineering, 56% from humanities/social sciences, and 4% other
- **Survey included reliable and valid measures of depression and anxiety**
 - PHQ-9 and the GAD-7
 - Social media and direct mail
- **Grad students are more than 6 times likely to experience depression and anxiety than the general population**

GRADUATE STUDENT DEPRESSION AND ANXIETY

41% scored as having moderate or severe anxiety on the GAD-7 as compared to 6% in the general population

39% scored as having moderate or severe depression on the PHQ-9 as compared to 6% in the general population

By genders, work-life balance, and mentorship quality

GRADUATE STUDENT MODERATE TO SEVERE DEPRESSION AND ANXIETY

By Genders

Transgender and/or gender non-conforming students and women are significantly more likely to experience depression and anxiety

- 55% of transgender or gender non-conforming students had depression
- 57% of transgender or gender non-conforming students had anxiety
- 41% of women had depression; 43% had anxiety
- 35% of men had depression; 34% had anxiety

By Work-Life Balance

- Work-life balance is associated with physical and mental wellbeing
- “I have a good work-life balance” – agree or disagree
- 55% of grad students who had depression disagreed with this statement (versus 21% who agreed)
- 56% of grad students who had anxiety disagreed with this statement (versus 24% who agreed)

GRADUATE STUDENT MODERATE TO SEVERE DEPRESSION AND ANXIETY, AND RELATIONSHIP WITH ADVISOR/PI/MENTOR



“My advisor/PI/mentor provides real mentorship”

- 50% disagreed


“My advisor/PI/mentor provides ample support”

- 50% of those with depression disagreed; 49% of those anxiety

“My advisor/PI/mentor is an asset to my career”

- 54% of those with depression disagreed, 53% of those with anxiety

“I feel valued by my advisor/PI/mentor”



- 56% of those with depression disagreed; 55% of those with anxiety

There is a correlation between strong and supportive mentoring relationships and less depression and anxiety

STRATEGIES TO SUPPORT EMOTIONAL HEALTH AND WELLNESS

Relationships

- Communication
- Trust

Decrease stigma

Demystify mental illness and treatment



MORE SPECIFICALLY

Start the conversation

- “I’ve noticed you haven’t been acting like yourself lately. Is something going on?”
- “I’ve noticed you’re Tell me what’s going on.”
- “It worries me to hear you talking like that. Let’s talk to someone about it.”

Offer support – be patient, understanding, and provide hope

- “I really want to help. What can I do to help you right now?”
- “Let’s sit down together and look for places to get help. I can go with you too.”

Follow-up

- “Just checking in. How are things going?”



IDENTIFYING STUDENTS WHO ARE STRUGGLING

Signs of depression

- Persistent sad, anxious, or “empty” mood
- Feelings of hopelessness, pessimism
- Feelings of guilt, worthlessness, helplessness
- Loss of interest or pleasure in hobbies and activities
- Decreased energy, fatigue, being “slowed down”
- Difficulty concentrating, remembering, making decisions
- Difficulty sleeping, early-morning awakening, or oversleeping
- Appetite and/or unwanted weight changes
- Thoughts of death or suicide; suicide attempts
- Restlessness, irritability
- Persistent physical symptoms, such as muscle pain or headaches

RECOGNIZING SIGNS OF ANXIETY

- Have experienced a tragic event and do not develop healthy coping habits
- Appear to live in constant fear of failure, academically or socially
- Are uncomfortable and extremely anxious in social settings
- Have trouble concentrating or seem to have a blank mind
- Seem plagued with guilt or stress
- Have visible panic attacks

RECOGNIZING SIGNS OF DEPRESSION

- They are not enjoying activities they once loved
- They no longer attend classes or social outings
- They are experiencing extreme anger or sadness over a relationship in their life
- They react negatively or with apathy to most things
- They often talk about death or suicide



5 STEPS FOR HELPING SOMEONE IN EMOTIONAL PAIN

Ask

- “Are you thinking about killing yourself”?

Be there

- Listen
- Talking can decrease suicidal thoughts

Help them connect

- University counseling center, EAP
- National Suicide Prevention Lifeline

Keep them safe

Suicide plan?

Stay connected

- Follow-up

RECOMMENDATIONS

- Train all faculty and staff to identify students in distress
- University, College, or Department-level coalitions to reduce stress on campus
- Develop a process for students of concern
- Pre-planning for crises (at orientation)
- Educate faculty about the impact of graduate student education on mental health
- Professional development for faculty and students
 - Mentor-mentee relationship
 - Mental health and wellness
- More research on mental health and wellness interventions for graduate students

SUMMARY

Statistics



Suicide



Resources



Treatment



Strategies

