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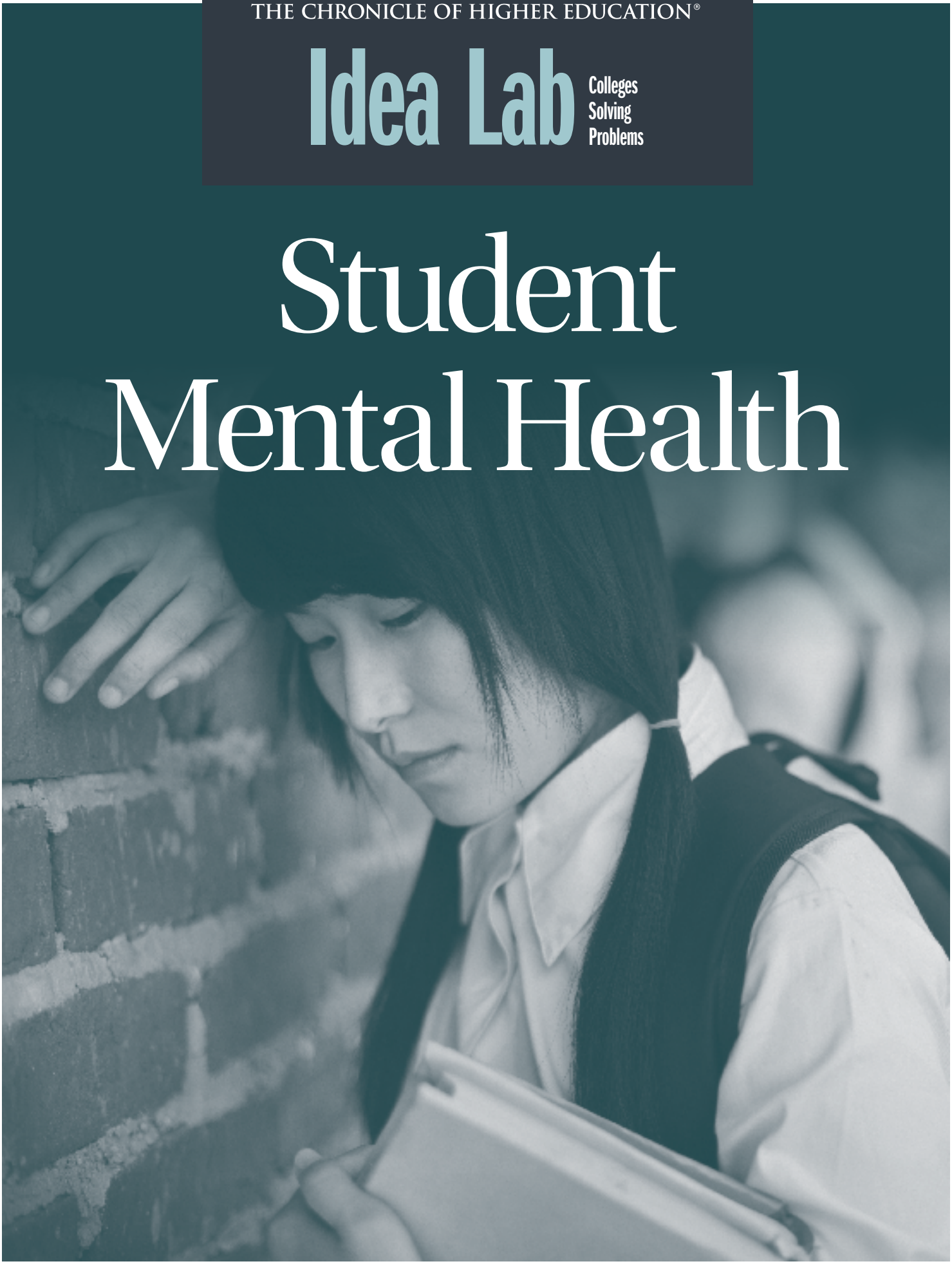
# Student Mental Health



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# Student Mental Health

Reports of student depression and anxiety have soared in recent years, putting greater stress on campus counselors and other services. But colleges are responding with innovative technologies, interventions, and monitoring to help those students who are experiencing problems.

This booklet offers case studies and advice from experts on how to better support both undergraduates and graduate students. While no one approach will solve the campus mental-health crisis, these articles and essays will help you better meet the rising demand for assistance from students.



Cover photo from iStock

ILLUSTRATIONS BY CAROLINE GAMON

# Stretched to Capacity

## What campus counseling centers are doing to meet rising demand

By KELLY FIELD

It's THE DAY before Samia Chughtai's first big exam at the Johns Hopkins University, and the recent transfer from Northern Virginia Community College is "very stressed." She's come to the top floor of the library for a study break, and a free massage.

For the next five minutes, Osiris Mancera, a sophomore, will roll, squeeze, and twist the tension from Ms. Chughtai's muscles. When it's over, Ms. Chughtai says she feels calmer than before.

"I've had back rubs from professionals," she says, "that were not as nice as this."

Welcome to Mellow Out Mondays, a weekly event in which trained student volunteers offer seated massages to stressed-out classmates through a program known as Stressbusters. The program, which is paid for by Hopkins, tackles stress head-on, aiming to assuage anxiety before it escalates. It's a small part of a growing effort to ease the strain on campus counseling centers, which have seen an unrelenting — and unsustainable — rise in demand for mental-health services.

Over the past six years, the number of students seeking appointments has grown by an average of 30 percent, five times the average rate of enrollment growth, according to the Center for Collegiate Mental Health. This growth is due to several factors: More students are arriving on campus with pre-existing diagnoses and psychiatric medications. More faculty members are referring students for treatment, and more students are seeking it, thanks to a reduction in the stigma surrounding mental illness.

In some ways, colleges are a victim of their own successes. Having spent millions of dollars on suicide prevention, threat assessment, and behavioral intervention over the past decade, campuses have improved how they identify and treat troubled students.

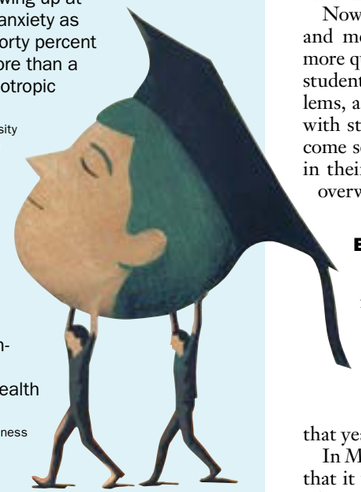
## Student Mental Health, by the Numbers

**Almost 30 percent** more students visited campus counseling centers in 2014-15 than in 2009-10. The number of students treated grew five times as fast as college enrollments over that same period, and the number of counseling appointments students attended grew seven times as fast as enrollment.

Source: Center for Collegiate Mental Health

**Almost half** of the students showing up at campus counseling centers list anxiety as a reason they're seeking help. Forty percent give depression as a reason. More than a quarter are already taking psychotropic medications.

Source: Association for University and College Counseling Center Directors



**More than one-third** of colleges say they maintain waiting lists for therapy.

Source: Association for University and College Counseling Center Directors

**Nearly two-thirds** of college dropouts leave for mental-health-related reasons. Half of those dropouts haven't used mental-health services.

Source: National Alliance on Mental Illness

The International Association of Counseling Services, which accredits campus counseling centers, recommends that colleges maintain **a ratio of between 1,000 and 1,500 students per full-time counselor**. Smaller colleges are more likely to hit this target than larger ones are:

| Enrollment | Mean professional staff-to-student ratio |
|---|---|
| Under 1,500 | 1:786 |
| 2,501-5,000 | 1:1,505 |
| 5,001-7,500 | 1:1,999 |
| 10,001-15,000 | 1:2,454 |
| 25,001-30,000 | 1:3,488 |

Source: 2014-15, Association for University and College Counseling Center Directors

This is good news, clearly, but it also means that more students have to wait for treatment, settle for less-frequent appointments, or leave campus for care. The rapid growth has bottom-line consequences for colleges, too. Research shows that students who are left untreated are more likely to drop out of college or become a danger to themselves or others; for colleges, wait lists can mean lower graduation rates and increased liability, if a tragedy occurs.

Recognizing these risks, many colleges have enlarged their counseling staffs and added more group-therapy sessions. They've adopted triage models to sift the more serious cases from the more routine ones, and they've sent more students to off-campus providers for care.

Now some colleges are turning to telepsychology and mental-health apps to reach more students, more quickly. They're offering drop-in visits to help students work through specific, short-term problems, and adding workshops to help students cope with stress and anxiety before their problems become severe. And they're trying to build resilience in their students, so they're less likely to become overwhelmed in the first place.

### EXPANDING SERVICES

The easiest, but hardly the cheapest, way for colleges to reduce wait times is to add more staff. A 2015 survey by the Association of University and College Counseling Center Directors suggests that many colleges are doing just that, with more than half of respondents adding new positions that year.

In March the University of California announced that it would hire 85 counselors, an unprecedented systemwide increase that is being paid for with a 5-percent annual increase, over five years, in student service fees.

Gary Dunn, director of counseling and psychological services at California's Santa Cruz campus, said two things spurred the expansion: long wait times on some campuses and the 2014 killing spree in Isla Vista, near the system's Santa Barbara campus. UC counseling centers have seen a 54-percent increase in students seeking access to services since 2007, and waiting lists on some campus had grown to as long as five weeks by the time the hiring plan was announced.

The new hires will increase the counseling centers' clinical staff by 43 percent, bringing student-staff ratios in line with recommendations of the profession's accreditor: one counselor for every 1,000 to 1,500 students. At the Santa Cruz campus, the hiring of seven additional staff members is expected to cut wait times in as much as half during peak periods.

But filling the 85 slots hasn't always been easy. The cost of living near UC's campuses can be high, and some of the slots are set aside for therapists with specific backgrounds and skill sets, narrowing the field, Mr. Dunn said. The system missed its goal to complete the hires by September, with one-third of jobs still open.

Another challenge has been finding places to put the new practitioners. At Santa Cruz and several other UC campuses, the counseling centers are at or near capacity.

Most of the big hires are happening at public flagships; regionally oriented public campuses and small private colleges often don't have the resources to expand their counseling centers.

Instead, some of these clinics are turning to temporary contract therapists — who don't receive health insurance and other benefits — to get through the peak periods of late fall and spring. Many clinics have also expanded their use of trainees, interns, and postdocs.

And at least one is drawing on faculty from other parts of the college: Augusta University, in Georgia, recently persuaded four of its psychology and counseling-education professors to spend a few hours each week treating students they don't teach. Mark F. Patishnock, the center's director, said the arrangement helps meet increased clinical demand while providing faculty with the ability to keep their skills sharp.

Meanwhile, the Jed Foundation, a nonprofit group focused on the emotional well-being of college students, is pushing colleges to integrate their health and counseling centers so primary-care providers can screen and treat students with mild to moderate conditions, said Nance Roy, its clinical director. That practice frees up counselors to treat students with more serious conditions and reduces the chance that the centers will see the students with milder problems down the road.

Even so, most experts agree that colleges can't hire or job-shift their way out of waiting lists; the demand is simply growing too quickly.

### RATIONING RESOURCES

For years, college counseling centers have used session limits as a way to offer services to more students. In the latest survey, half of center directors said they limited the number of annual visits.

But a majority of those ceilings were "flexible," and only 6.7 percent of respondents said they limited students to fewer than 12 visits. Many students never reach the cap, making it a generally ineffective means of rationing care.

That means that many colleges have been forced to spread out visits, seeing students less frequently than once a week.

At Virginia Tech, for example, some students are seen every other week, said Christopher Flynn, the counseling-center director. They can go to group therapy as often as they want, he said, and some choose to remain in a group for all four years.

As demand for services has increased, many colleges have enhanced their group-counseling programs. Group counseling is "cost-efficient, time-efficient, and research shows outcomes to be basically equal" to individual therapy, says Dan L. Jones, the counseling-center director at East Tennessee State University.

But group counseling is not without its challenges, says Victor Schwartz, medical director of the Jed Foundation and a former medical director of New York University's counseling center. Groups can be time-consuming to create, and it can be hard to work around every student's schedule, particularly as the semesters change.

One alternative is short-term groups. The University of California at Santa Cruz recently created a three-session seminar called "Embrace Your Life" that aims to help students pinpoint what they want to change in their lives and how to do it. The university also offers a student-run stress-reduction group and a drop-in program where students can talk to a counselor for 15 minutes about concrete, subclinical problems, such as roommate conflict or exam-related stress. In some cases, students will continue on to traditional therapy; in others, they decide they don't need it after all.

> **"We're talking to students about how to be amazing, as opposed to saying, Come to us when you've derailed."**

Drexel University offers walk-in sessions, too, although it has found that many appointments are taken up by students who are already in counseling and can't wait the week to see their therapist. This year Drexel is trying a new approach: offering a three-session workshop called "ACT One" that teaches students the introductory skills of therapy, such as mindfulness and openness. It aims to both prepare students for individual therapy and to make them more comfortable sharing in a group, as a way of funneling more students into the groups Drexel already has.

### SORTING STUDENTS

As the number of college students seeking treatment increases, colleges need a way to sort them, quickly. Many are turning to triage, a practice that dates back to World War I but was unheard of in college counseling until 20 years ago, when the Univer-

sity of Massachusetts at Amherst and Cornell University began experimenting with it.

Today many colleges use some form of triage, steering the less-severe cases to group therapy, workshops, and online therapy — or asking them to wait.

Taking that approach to the next level is the Memorial University of Newfoundland, which assigns students to one of nine tiers of care using a "stepped care" model common in Australia and Britain. Under stepped care, students with less-severe conditions might get online self-help, while those with more serious conditions might get intensive care. Students can move up the spectrum, but more than 80 percent of them are initially assigned to a Step 5 (online therapy) or below, according to Peter Cornish, director of the university's wellness and counseling center.

Colleges, he says, are sending "way too many people to intensive treatment."

The college hasn't yet compared outcomes under the old model and the new, but Mr. Cornish says student-satisfaction scores haven't changed, and more clients are showing up for their appointments.

Meanwhile, many colleges are looking for ways to help students develop better coping skills so they're less likely to show up in the counseling center in the first place. Workshops on managing stress and anxiety have proliferated, as have relaxation centers, with features like biofeedback stations and seasonal-affective-disorder lamps.

Stressbusters, which started at Hopkins, is now being used at 15 colleges nationwide, with institutions paying $5,000 or more for the program.

Other institutions are teaching students how to bounce back from failure. In January, the University of Virginia tapped Timothy Davis, the head of its counseling center, for a new role: executive director of student resilience and leadership development. So far he's focusing on student leaders in high-profile, high-pressure positions, trying to cultivate in them a mind-set that sees failure as a learning opportunity rather than a catastrophe.

Drexel has begun one-on-one coaching with its physician-assistant students, using sports psychology to help them deal with personal and academic stressors, said Paul C. Furtaw, associate director of counseling services. If it works, the college hopes to expand the model to undergraduates.

Mr. Furtaw is quick to stress that "coaching isn't psychotherapy," at least in the traditional sense. Still, he says it can help struggling students get back on track, and give them the skills to cope going forward.

"You're seeing campus counseling centers redefine what therapy is," he said. "We're talking to students about how to be amazing, as opposed to saying, Come to us when you've derailed."

### INCREASING REFERRALS

Meanwhile, many campuses are increasing referrals to community providers, particularly for students with chronic conditions, such as bipolar disorder, and those seeking longer-term treatment.

But off-campus care brings its own set of challenges. Some students can't afford the co-pays; others refuse to use insurance because they don't want their parents to know they're seeking help. Getting to the appointments can be a challenge, too, particularly in rural areas.

Some colleges are trying to reduce barriers to off-campus care, negotiating discounts with clinicians who are just starting out and persuading groups of therapists to see some students pro bono. Some universities have worked out deals with their teaching hospitals to see students who need longer-term or specialized care — such as help with an eating disorder — at reduced rates. Other colleges are offering to help students with co-pays and out-of-network fees.

Still, not many colleges track outcomes for off-campus care, so it's hard to know how many students are attending their appointments and whether they're doing as well as those who are treated on campus.

As more students seek treatment, college counseling centers must communicate their mission clearly to students and parents and manage expectations. The messaging is difficult to get right, and even some college that have eliminated wait lists feel pressed to do more.

James Troha, president of Juniata College, in Pennsylvania, said many families choose Juniata because of its reputation as a place that takes care of its students. He thinks families are satisfied with the current level of support the college provides, but he says he can't be sure.

"I think the expectations, the pressures, continue to rise," he said. "It's just, Where is the end point?" ■

*Originally published November 6, 2016*



CASE STUDY

# Mental Health in Minnesota: Where Student Activism Spurred Change

By KELLY FIELD

For Chase Taylor, and millions of other college students who have been touched by mental illness, the issue of access to campus counseling is personal. His freshman year, a close friend at the university committed suicide.

Then, another friend, who was grieving the loss, too, told Mr. Taylor he'd had to wait weeks for a counseling appointment. Mr. Taylor, now a senior at the University of Minnesota-Twin Cities, got scared, and decided to investigate.

With the help of two other student representatives to the Board of Regents, he called counseling centers on all five campuses, posing as a student seeking an appointment. They set a goal of getting an appointment within two weeks, thinking they were setting a low bar. Only one campus, Crookston, could get them in.

"When you've seen one friend die and another's mental health getting worse in the context of an inadequate support system, of course you feel frustrated," Mr. Taylor said. "The dread starts to creep in at the thought of it happening twice."

### MORE WORK TO DO

Stories like Mr. Taylor's have led to a wave of student activism at the University of Minnesota flagship, where one in three students surveyed in 2015 said they'd been diagnosed with a mental-health dis-

order in their lifetimes. The Minnesota Student Association, the Council of Graduate Students, and the student representatives to the Board of Regents issued statements last year urging the administration to take steps to reduce wait times and increase the diversity of the system's mental-health staff.

The effort has yielded results. In May, the Provost's Committee on Student Mental Health issued a report that called for more full-time employees at the flagship campus's counseling centers and a strategy to recruit therapists from underserved populations, among other changes. The report emphasized the impact of mental health on enrollments, noting that over one-third of tuition-refund requests for 2015 were for mental-health issues. It estimated that the Twin Cities campus would lose $4.6 million in tuition revenue over four years because of such withdrawals.

In a response included in the report, the administration argued that the campus had made "significant strides toward addressing mental health issues on campus," but acknowledged that "there remains work to do as long as some students continue to struggle with unmanaged stress and mental illness without timely access to resources."

A month later, in June, the president and provost committed to hiring the equivalent of four and a half more counselors, in addition to two hires that were already planned for the coming year. The hires, they wrote in an email to students, "will allow us time to work more broadly with students, faculty, and administrative leaders to determine ongoing strategies and investment needs."

Since then, the university has created a task force that is exploring how faculty members can reduce, recognize, and respond to student stress, and has begun training faculty and staff "advocates" to help students gain access to mental-health services.

The events at the University of Minnesota show how students can compel colleges to put more resources toward campus mental health. In a recent survey of campus-counseling-center directors, respondents named activism by students and parents as one of four factors driving colleges to spend more on counseling. The other drivers were crises — both actual and hypothetical; data on increasing wait times, hospitalizations, and suicide attempts; and a leadership emphasis on mental health.

Among recent pushes by students for better care were demands issued by a pair of Skidmore College students who were forced to wait for care during panic attacks. They filed an online petition this past spring urging the college to hire another full-time psychologist and create a 24-hour crisis hotline. The petition attracted more than 50,000 signatures, many from off campus. The counselor and crisis hotline are now in place.

### A NATIONAL LEADER

At Minnesota, the administration had taken measures to reduce wait times even before the resolutions started rolling in. Between 2011 and 2015, the Twin Cities campus expanded its counseling staff by almost 40 percent, adding 9.5 full-time staff positions at the Boynton Mental Health Clinic and Student Counseling Services. The university had also hired more part-time therapists and trainees, who provide half of all care at the Student Counseling Services. And Active Minds, a campus-based group that supports students with mental illness, had just recognized the university as "one of the healthiest campuses in the nation."

The organization commended the university's peer-education effort and creative public-health programming, including weekly pet-therapy sessions. It praised the college for creating a provost-level committee on student mental health and for providing a 24-hour crisis hotline.

Even so, the campus still wasn't keeping up with student demand. In 2015 the mental-health clinic began putting students on a waiting list on October 1, less than a month into the fall semester. That December, the Minnesota Student Association surveyed undergraduates and found that 30 percent had their progress toward a degree delayed by a mental-health issue.

Since the new hires were made, there has been no wait list for counseling at the Twin Cities campus, even though requests for intake appointments are up 21 percent over last year. For now, supply seems to be in line with demand.

But campus leaders aren't expecting demand to flatten any time soon. They're looking for ways to rearrange the counseling center to accommodate even more staff.

"We're bulging at the seams now," said Gary Christenson, chief medical officer at the student-health center. "You can hire more people, but you have to put them in some place. Many colleges are having that challenge."

Student leaders say they're pleased by the progress, but they still aren't satisfied. Mr. Taylor wants the administration to be more proactive, to prepare for future growth and not just respond to shortages as they occur. He wants to see a systemwide strategy on mental health, campus-specific action plans, and a greater sense of urgency from the top.

"I'm grateful that the university has committed some money," he said. "But if we were to treat this like every other physical health problem of a similar scale, we would be moving a lot faster and doing a lot more." ■



# How Some Colleges Use Teletherapy to Reach More Students

By KELLY FIELD

When wait times for appointments at the University of Florida's counseling center reached four or five weeks, Sherry Benton knew she had to try something different.

"When you're depressed, four to five weeks is the difference between making it through the semester and tanking academically," said Ms. Benton, who was director of the counseling center at the time, four years ago.

The university, like many of its peers, had been expanding its center for years, and had recently hired four new therapists, bringing its total to 37;

but it still wasn't keeping up with student demand.

So Ms. Benton set about creating an online therapy program that would reduce the amount of time counselors spent with some students to as little as 10 to 15 minutes per week, allowing them to see three or four times as many students — via videoconference — as they typically saw in an hour. She named the program Therapist Assisted Online, or TAO, a Chinese word meaning "the path" or "the "way."

When the University of Florida conducted a pilot of the program, in 2013, it found that students treated using TAO showed more improvement than participants in individual and group-therapy sessions. A year later, Ms. Benton left the university to commercialize the program.

Today 52 institutions in the United States and Canada use TAO, making it one of the most popular online treatment programs among colleges. WellTrack, a self-help program that does not involve videoconferencing, is used at 35 colleges.

## EXPANDING CAPACITY

As the demand for counseling continues to outpace supply at many colleges, a growing number of institutions are turning to online therapy as a way to expand capacity without adding staff. On some campuses, online programs are being used to treat students with less-severe symptoms; on others, they're being used to support students between sessions, or while they're waiting for treatment.

**"When you're depressed, four to five weeks is the difference between making it through the semester and tanking academically."**

In programs like TAO and WellTrack, students progress through a series of educational modules that combine videos and educational material with quizzes, mood assessments, and other interactive features. Some programs allow counselors to monitor students' progress or interact with them online. The most intensive, like Therapist Assisted Online, include weekly videoconferences with therapists.

Colleges that use teletherapy say some students prefer it over face-to-face counseling because it's available anywhere, anytime. It lets them seek help when they need it, and does away with scheduling conflicts. Teletherapy can also expand access to counseling, serving those who study online, live far from campus, or are uncomfortable visiting the counseling center.

"Most of our students are extremely busy, and TAO lets them pace themselves," said Maggie Gartner, executive director of student counseling services at Texas A&M University, which purchased the program for $15,000 this summer. "Our students are also very technologically savvy, and really are able to relate this way."

Online programs aren't cheap — costs can range from $5,000 to $20,000 a year, depending on the size of the institution — but they're still a bargain compared with the cost of hiring a new counselor.

Research into the effectiveness of online therapy with college-age populations is still in its infancy, but studies suggest that it can help ease symptoms of depression and anxiety and, in some cases, may be more effective than traditional therapy.

Still, not everyone is sold on online therapy as an alternative, or supplement, to face-to-face meetings. Only 9 percent of campus-counseling-center directors reported using telepsychology in a 2015 survey by the Association for University and College Counseling Center Directors, though that share has increased significantly since 2012, when just 0.3 percent of directors said they used it. In this year's survey, some respondents reported a lack of student interest in online treatment.

"Campuses are really getting creative with the use of online therapy," said Sara Abelson, vice president for student health and wellness at Active Minds, a campus-based group that supports students with mental illness. "But I think campuses are also really looking for evidence of its effectiveness."

## TESTING ONE PROGRAM

At the University of Minnesota-Twin Cities, which is trying out an online program called SilverCloud that was created at Trinity College Dublin, counseling staff members have extended the trial period because not as many students signed up as they'd hoped. To try to recruit more students, the university has added online interventions to the list of services on its mental-health website.

Patricia Frazier, associate chair of the psychology department, who is leading the research project evaluating the SilverCloud program, says the university initially saw the product as a way to bridge the gap for students who were put on the wait list, "to give them some skills and help in the meantime." However, in retrospect, focusing on students who were seeking face-to-face counseling may not be the best approach, she said. "They already want in-person help."

Still, the early evidence from students who have used the online program has been encouraging. "We are finding significant decreases in symptoms," she said. ■




KAITLIN GRANT

# Community Colleges Seek Low-Cost Ways to Support Students' Mental Health

BY VIMAL PATEL

MENTAL-HEALTH COUNSELORS at community colleges rarely handle only mental-health issues. They also offer academic advising, career counseling, and transfer services. On some campuses, they even run food pantries.

Meanwhile, they're trying to help a growing number of students with mental-health problems that are increasingly severe. More than half of the community-college counselors in a survey released in 2014 said more students were seeking help for depression and anxiety disorders, among other issues.

While four-year institutions, too, cope with a rising tide of troubled students, community colleges face special challenges. Their students are typically older, with families of their own. Many have experienced personal or financial setbacks that prevented them from attending college at an age when students traditionally do.

"People don't really get the complexity of men-

tal-health issues that community-college students face," says Marge Reyzer, coordinator of health services at MiraCosta College. Last fall the 14,500-student institution, in Oceanside, Calif., counseled 11 suicidal students and saw an increase in students with post-traumatic stress disorder, she says. "We see one crisis after another."

Yet community colleges have the fewest resources. Only 8 percent of the counselors in the recent survey said their institutions provided on-site psychiatry; 19 percent said no personal or mental-health counseling at all was offered. Other surveys have found that most four-year colleges have such services.

Tight budgets can blur boundaries in a way that's not helpful, says Amy M. Lenhart, a counselor at Collin County Community College, in Texas, who is president of the American College Counseling Association. "If you are academically advising a student you have also counseled during a crisis, it's just not a good mix," she says. "Most counselors continue to wear those different hats."

> **"People don't really get the complexity of mental-health issues."**

To meet the growing need for mental-health services, she says, community colleges are getting creative. Here's how:

### BUILDING PARTNERSHIPS

With resources scarce, community partnerships are key for two-year colleges, says Susan Quinn, director of student health services at Santa Rosa Junior College, in California. They are especially useful in cases the college isn't equipped to handle — when, for example, a student is delusional or suffers a breakdown. If that happens, she says, a county-based team of licensed clinicians is summoned.

The county team is represented at meetings of the college's crisis-intervention group, which meets regularly to discuss how to handle potential problems. Many colleges, two- and four-year alike, created such teams following the 2007 shootings at Virginia Tech. Having a county employee present makes it less likely that a student will fall through the cracks if he or she is dismissed from the college because of safety concerns.

"We all learned from the Arizona case," says Ms. Quinn, referring to the 2011 shooting of U.S. Rep. Gabrielle Giffords by a recently suspended student from Pima Community College. "Our responsibility shouldn't just stop with dismissing the student. That person would still be on our county's radar screen because of the unique relationship we have."

### USING INTERNS

Community partnerships aren't always enough. There is also more demand for campus counseling services, says Ms. Reyzer, at MiraCosta. The number of visits per year for mental-health counseling there has more than doubled over the past decade. To meet that need, MiraCosta has turned to unpaid volunteers from the area. The strategy has its critics, who, like Ms. Lenhart, worry that these interns aren't always equipped to deal with severe mental-health issues. But Ms. Reyzer says they offer a solution to limited staffing.

Ms. Reyzer's office hires one part-time licensed marriage-and-family therapist and eight interns, who need a certain number of clinical hours before becoming licensed by the state. The interns have master's degrees in marriage-and-family therapy, so the college is fulfilling its role as an educational institution, she says. "We make no bones about it to students in need of counseling that they'll be seeing an intern."

### TURNING TO PEER EDUCATION

Many students who need help never seek it. One cost-effective method to reach more of them is through other students, a strategy that some community colleges are embracing. MiraCosta hires about a dozen peer educators per semester, Ms. Reyzer says. These students go into classrooms to give presentations about stress, anxiety, and depression, and often describe their own struggles.

Javiera Quinteros Bizama, a second-year student majoring in marine biology, has delivered about 30 such presentations, in which she has talked about the suicide of a friend who was depressed.

At the end of the visit, she hands out an information packet that includes a San Diego suicide-hotline number, a fact sheet about depression, and descriptions of counseling resources at MiraCosta. Students are more receptive to the information, she says, when it comes from classmates. ■

*Originally published August 31, 2015*



# After a Suicide, What Colleges Can Do to Protect the Public Health

BY SAM HOISINGTON AND ALEXANDER C. KAFKA

In just one year at Appalachian State University, nine students died, at least four of them by suicide. Administrators wondered whether they were doing something wrong, or could do something better.

Campus leaders that year didn't see any direct connections among the deaths, but they sought expert help in examining their procedures. How a university responds to a suicide can be a matter of public health, especially as rates of depression and anxiety grow among college students.

"When there are a lot of deaths on the college campus, it probably makes things seem even darker for somebody who's already in a dark place," says Dan Jones, who was the university's counseling-center director in 2014-15, when the 18,000-student campus experienced the series of deaths.

He and other administrators turned to experts in what's known as postvention: best practices for handling communication, counseling, mourning, memorialization, and other matters following a suicide. Appalachian State adopted a 16-page protocol, in sync with a similar guide published by the Higher Education Mental Health Alliance, making it among the first colleges to customize broad recommendations to the practicalities and culture of its campus.


ADDISON WEMYSS

**Students at Appalachian State U. march to show support for suicide victims, survivors, and those struggling with mental illness.**

About 1,100 college students die by suicide each year. Having a plan in place for the possibility of a student's suicide might help prevent subsequent deaths that could occur through a contagion effect. Postvention practices aim to counter contagion through a combination of counseling and other interventions, carefully tailored notification and news-media strategies, and discouragement of memorial events. It is part of a comprehensive public-health approach to suicide that also involves tracking data to discover particular vulnerability in certain student demographics and restricting access to dangerous places, materials, and situations. Postvention is viewed with particular urgency as national suicide rates tick up and Generation Z students arrive on campus with their own set of challenges and susceptibilities.

The statistics are especially grim for young men, who die by suicide about four times as often as young women in the 15-to-19 age group, says Greg Eells, director of counseling and psychological services for Cornell University's health services. At Cornell, he says, citing data going back to the 1980s, about 90 percent of student suicides have been men.

Suicide "amplifies all the vulnerabilities that were there, individually and systemically, so having a good postvention plan in place is really a key element in preventing a secondary death," says Jane Wiggins, director of the Campus Suicide Prevention Center of Virginia, which offers training and guidance to 72 colleges in the state.

From a liability standpoint, too, colleges that haven't designed postvention plans would be wise to, says Gary Pavela, an expert on law and higher-education policy. Imagine that you're the general counsel representing a college in a negligence suit over a suicide cluster. You'd be mighty uncomfortable facing the judge if that college didn't have postvention practices and suicide data tracking in place.

Yet fewer than half of colleges are aware of or have instituted postvention protocols, estimates Nance Roy, an assistant clinical professor of psychiatry at Yale University and clinical director of the Jed Foundation, which promotes mental health and suicide prevention among teens and young adults.

**"When there are a lot of deaths on the college campus, it probably makes things seem even darker for somebody who's already in a dark place."**

General postvention guidelines need to be tailored to each campus and backed by its top leaders, says Ms. Roy. Just as important, she says, postvention procedures can't just be on paper. Those responsible for various tasks need to regularly meet, review, and rehearse their roles.

Among the major components of how colleges should plan to respond to suicide are questions of memorializing the student who died and communicating about the death.

After its series of campus deaths, Appalachian State put in writing that it would not recognize memorials that the university could not control. In a tradition that dates back decades, the names of students who have died while attending the university since 1990 are read aloud yearly in a ceremony of remembrance. This is the only memorial service that the university will support. The guideline treats all deaths the same out of a sense of fairness but also to avoid sponsoring ceremonies that might unintentionally glorify a suicide.

Appalachian State changed, too, how it handles announcements of suicides and other deaths. The protocol dictates that student deaths are announced to the campus at large only if the death could be part of a wider threat to campus safety.

J.J. Brown, dean of students, explains that the wide notifications, once thought to be helpful, were reconsidered after students became distressed by them. At the large university, many receiving the emails didn't know the student who had died. But the emails would prompt them nonetheless to agonize over futile what-ifs: Had they known the student, would there have been some way they could have helped?

## A Postvention Primer

Postvention is a process that follows a suicide. College programs include efforts to provide psychological support and crisis intervention, stabilize the environment, and limit the risk of further suicides.

Crucial components of this kind of plan, according to the Higher Education Mental Health Alliance and other experts, should include:

### COMMUNICATION

Appoint one member of your team to notify and follow up with the family of the person who died. Notify only those students and staff and faculty members who were close to the person — friends, significant others, classmates, fellow club members, teammates. Offer enough information, within legal and practical constraints, to deter frustration and conspiracy theories. But avoid details specific enough to sensationalize, glorify, or sentimentalize the death, or to trigger morbid thoughts. Encourage campus and other news-media outlets to follow those same parameters for the sake of public health, and to offer contact information for mental-health resources.

### COUNSELING SERVICES

Offer a variety of group and individual support options. Keep them optional; don't require campuswide meetings. Clinical interventions should include information on topics like the factors that may contribute to suicidal thinking, among them relationship or family problems and diagnosed clinical conditions; the range of emotions that often follow a suicide; the spectrum of ways in which people grieve; and the importance of self-care

### LIMIT MEMORIALIZATION

If possible, avoid and discourage memorial events. If they occur, make counselors available and encourage speakers to avoid casting the suicide as heroic or romantic. Instead, normalize seeking help, coming together as a campus community, and looking to the future. Fund raising or other service actions may be a constructive way for students to channel their grief and their need to take action.

### FOLLOW UP

If appropriate, add fencing, netting, or awnings, as well as obscuring vertical sight lines in locations like bridges and higher stories of parking garages that might prove tempting to a potentially self-harming student. Block access to chemicals, firearms, and other potentially lethal instruments. Track and analyze data to see if there are higher rates of death by suicide among particular demographic groups, academic concentrations, or other categories. Increase attention to those students whom data suggest may be more at risk.

—ALEXANDER C. KAFKA

Administrators now contact only "high-risk groups" of students they feel are most likely to be affected by the loss. Those include classmates, club mates, teammates, dating partners, and siblings who are also enrolled at the university. Those groups are invited to a mourning room, where they can grieve with counselors on hand. Students can write messages in a memorial book that is then offered to the family of the person who died. Other students aren't barred from the room, but it isn't publicized.

Like all postvention practices, it's a matter of balance, says Victor Schwartz, the Jed Foundation's chief medical officer. "If you don't communicate anything, then you're liable to make students more anxious, because they then start to wonder if something's being covered up," he says. "But if you communicate too much, you can make them more anxious or increase the risk of contagion."

Involving students themselves in postvention efforts can also be effective — if done carefully. You don't want to dwell on the topic in a disproportionate and morbid way, says Cornell's Mr. Eells. But students are smart, and they're often aware of the threat of contagion. If they can and want to generate a therapeutic and supportive climate, they should be helped and encouraged to do so. He gives as an example Cornell's Lift Your Spirits campaign that, along with music and free snacks, offers peer-to-peer information about mental-health services.

Postvention started to gain momentum in the 1990s after shootings in elementary and secondary schools, says Ms. Wiggins. It was advanced in the early 2000s as experts started shifting from an individual-counseling approach to a comprehensive public-health strategy for suicide prevention. Postvention is part of that strategy, along with eight other components, including treatment and identifying troubled students. The concept was bolstered, says Mr. Pavela, when a scientific and not just anecdotal consensus was reached that suicide clusters are real and might at least sometimes be averted. Summarizing studies going back to the 1970s, Madelyn S. Gould and Alison M. Lake wrote in a 2013 paper published by the National Academy of Sciences that "suicide contagion exists and contributes to suicide risk along with psychopathology, biological vulnerability, family characteristics, and stressful life events."

Increased scrutiny of suicide hazards and trends is warranted, Mr. Pavela says, given the growing prevalence of depression among incoming Generation Z students. He points to National College Health Association data showing a rise, from 32.6 percent to 40.2 percent, between 2013 and 2017, in the number of college students who reported feeling "so depressed that it was difficult to function" at least once in the past year. Suicidal ideation rose from 8.1 percent to 11.5 percent and attempted suicide from 1.3 percent to 1.7 percent.

Postvention's effectiveness, experts say, is hard to gauge. It comes down to sensing, if not measuring, what isn't occurring that might have, and in a realm where numerous factors come into play. But as part of that comprehensive public-health mind-set cited by Ms. Wiggins, postvention is, if nothing else, a system to help colleges stay mindful regarding a campus's mood, volatility, and vulnerability.

Beyond messaging, the public-health approach to suicide has more visible, material implications. There are instances in which a common method, if not cause, links suicides. For instance, in 2003 and 2004, there was a series of six deaths at New York University, where all of the students jumped from buildings. (Five were considered suicides; the sixth was ruled an accident.) At Cornell, in 2009-10, a series of students killed themselves by jumping off bridges, prompting David J. Skorton, the president, to take out a full-page ad in the student paper that read: "Your well-being is the foundation on which your success is built. If you learn anything at Cornell, please learn to ask for help."

Jumping deaths get disproportionate attention because of their grim visibility and the news coverage. But they also demonstrate one clear benefit to analysis after suicides: the need to physically restrict sites tempting to those already prone to harming themselves. There's a myth, says Mr. Eells, that people intending to kill themselves will manage to do so one way or another. Not necessarily, he says. Relatively easy opportunities and methods to do so in a dark moment matter, and the fewer of those opportunities that are available the better.

Fencing, netting, awnings, and screens to obscure vertical sightlines have been erected at Cornell, in parking garages at the University of Texas at Austin, and elsewhere. Less obvious than fencing is carefully restricted access to firearms and chemicals. Firearms continue to be the most frequently used means of suicide in the United States, says Chris Brownson, associate vice president for student affairs and director of the counseling and mental-health center on the Austin campus.

To make smart changes in a college's facilities or culture requires data. But a recent AP survey found that only 46 of the largest 100 public universities track suicides on their campuses. Without such data, Mr. Pavela says, colleges miss out on important patterns, like the increased suicide rate among transfer students that Clemson University discovered from its analysis.

In response to that information, Clemson is now including staff members from its suicide-prevention effort at the university's transfer-student convocation, says Almeda R. Jacks, vice president for student affairs. It also plans to provide suicide-prevention materials to transfer students in their residences when they get to campus. And it is planning to add mental-health wellness and suicide-prevention material to a course that transfer students take to transition to the university.

Tracking suicide statistics can be difficult. Various departments on campuses — the dean of student's office, the registrar's office, the counseling center, and the police department, among others — might have information that's not shared or centralized, possibly leading to under- or overcounting. Hipaa and other privacy guidelines can be obstacles. Some deaths occur off campus or during vacations. Others are recorded as accidents, or overdoses or poisonings, in which suicidal intent is partial or unclear.

**Postvention is, if nothing else, a system to help colleges stay mindful regarding a campus's mood, volatility, and vulnerability.**

Still, colleges that don't at least try to track that information are only hurting themselves, says Mr. Brownson, of the University of Texas, because they might miss those patterns that could help save lives. ■

*Originally published January 14, 2018*

## Resources for Handling Suicide's Aftermath

Here are some resources to help colleges create their own protocols for the aftermath of a suicide on campus:

*Postvention: A Guide for Response to Suicide on College Campuses,* published by the Higher Education Mental Health Alliance.

*After a Suicide: A Toolkit for Schools,* published by the American Foundation for Suicide Prevention and the Suicide Prevention Resource Center.

*Lifeline Online Postvention Manual,* published by the National Suicide Prevention Lifeline, with insights and strategies regarding social media.

*Preventing Suicide: A Resource for Media Professionals,* published by the World Health Organization and the International Association for Suicide Prevention.

Appalachian State University's *Student Death Protocol, an example of how one university customized broad postvention guidelines for its campus.*

# *What to Say After a Student Dies*

ADVICE

CATHERINE SHEA SANGER

Too many campuses this year will experience a student's death. Most often it will be accidental (including alcohol-related) or suicide. At a large university, a student's death may devastate particular subgroups on the campus, while at a small college, the impact may be palpable and widespread.

For the last three years I served as a vice rector overseeing residential life and academic advising at Yale-NUS College in Singapore, where I also teach in the global-affairs program. When we had a student death on campus last year, faculty members approached me asking, with some desperation: "What should I do?"

As an academic, my first instinct was to search the relevant journals to find some applicable resources. Much of the literature on this subject, however, is aimed at helping administrators and student-affairs staff members to develop an appropriate institutional response. In these moments of grief and bewilderment, faculty members are left wondering how to proceed on a more intimate scale: What should I say in class today? Should I acknowledge what happened? Should I give everyone an extension? Should I cancel class?

Knowing what to say — and what not to say — is something for which few academics feel adequately prepared. There are no perfect words, and there is no one-size-fits-all approach. I used the literature on crisis response, as well as consultations with mental-health experts and my own experiences, to develop the following list as a guide for faculty members who want to know how to help during a campus crisis and how to avoid inflicting more harm.

The "best" thing to do will depend on institu-

tional and cultural context, faculty personality, and students' needs. The suggestions below are therefore not "best practices." Instead, they are simply factors to consider as you navigate these terrible and confusing situations.

**Not so fast.** Wait for official communication from the institution before notifying students in your courses about what has happened. You certainly do not want to contribute to gossip by prematurely using the language of suicide. While all student death is painful, a campus suicide brings with it distinctive community trauma (according to recent studies, suicide is the second leading cause of death among college students, following accidental deaths). For that reason, and to respect family sensitivities, it's important not to use the term prematurely and to let senior leadership and wellness professionals craft official language.

**Hold classes, but …** Canceling classes may seem like the respectful thing to do. However, that may be an extreme or counterproductive approach. Normalcy and routine help provide a sense of security as students process the crisis. It is also helpful for students to come together, and for faculty members to identify vulnerable students and refer them to the counseling center or residential-support staff.

At the same time, some students will not feel well enough to attend class, or will be needed elsewhere supporting their peers. Some students may also think it is callous that classes are being held at all. For those reasons, send an email explaining that classes *are* continuing as scheduled, and why, and that students who cannot attend should not feel pressured to do so. Make sure that those who can't attend know where to turn for help.

**Student learning will be compromised, so plan accordingly**. In the immediate aftermath of a student's death, try to find a balance between recognizing that learning may be diminished and doing your primary job, which is teaching, not crisis counseling. Perhaps your impulse is to divert students' attention from what has happened by sticking precisely to the syllabus. However, this kind of trauma (especially after a suicide) is likely to affect students not only emotionally, but cognitively as well — if for no other reason than that they are distracted. Some will have been up late comforting friends. Some will be truly distraught.

Slow down in recognition that students are not operating at 100 percent. If there was a test scheduled, perhaps make it a review session and postpone the test to the following week. A verbal discussion might be taxing for students who are emotionally stretched, so consider integrating some writing reflections about course material instead.

**Allow for grief, but don't assume it.** Some students will be having a very difficult time, but others won't. And you don't want to make students who are functioning normally feel guilty about that. You also don't want to inadvertently encourage students to engage in performative grieving, which only serves to upset truly devastated students and makes it harder to identify genuinely at-risk students.

So in your verbal and written communications to students, emphasize that it is normal and appropriate that people will have different reactions to and feelings about death. Encourage those who are feeling well to reach out and offer support to those who are not, and for those who are struggling to lean on peers and professionals.

**Avoid a mental-health stakeout.** If there are students who seem clearly upset, distracted, or withdrawn, I reach out, and I directly name my reasons for concern.

I say something like: "I just wanted to email/chat and say I noticed you seemed withdrawn and maybe a little sad in class today. If I am misreading that, or you were just tired, that is perfectly OK. But if you are feeling affected by our community's recent loss or something else and you want to talk, do let me know. If you don't feel comfortable talking to me, I know your [administrative/support/wellness staff] are all available to you as well."

At the same time, when a crisis like this happens, it is natural to be looking all around at every student you encounter: "What is she thinking?" "Is he OK?" "What should I say?" Suicide, in particular, can have contagion-like effects, possibly causing us to wonder of some other students, "are they next?"

Hard as it is, resist that tendency. If you have reason to be concerned about certain students, ask what strategies they have in place to take care of themselves, and if they have talked with friends and family. Let them know you care about them. If you are more deeply concerned, connect them to their residential or wellness staff for additional support. But remember: Most students are OK — most have been through difficult times before and have good support systems and self-care strategies.

**Avoid the blame game.** You may feel the impulse to control, assign responsibility, identify preventive steps so this "never happens again." Those impulses are understandable but lead down a futile path of trying to control events that are beyond your reach.

One of the things students learn in college is that life can be painful, unfair, and inexplicable. Recognizing all of that is a step toward learning how to live with it, too. For my own practice, I tell students that I have experienced times of deep sadness and loss, and the silver lining is that, having experienced those moments, I know that I can move through the next challenge, too. It gets easier. We get stronger.

Assigning blame can also undermine the strength of a community when it is most needed. Professors should avoid saying things like: "I thought we had a strong community. How could this happen?" That puts some blame on the campus and thereby to some extent (even if unintended) on the students. That isn't helpful.

It is also not helpful to question your college's wellness/mental-health professionals at the very time that students in crisis are being encouraged to use those resources. In that moment, students need to feel safe and have trust in the institution's support systems. If you have real concerns, bring them directly to administrators once things settle down.

**Console without romanticizing or judging.** That is particularly important after a suicide. To people who have never seriously contemplated ending their lives, suicide is perplexing and generates curiosity. When talking to students, bottle that curiosity up tight. Do not probe or challenge them to defend their interpretation of events, because you don't want to turn tragedy into gossip. I avoid saying things like, "Oh, did you know her well?" or "Did he leave a note?" Don't put a student in the position of informant.

Similarly, avoid language that would either romanticize or blame the student who died. Don't say things like, "He is at peace," or, "She is in a better place." Those are common responses, but for students who are struggling to see value in life, it can be dangerous to reinforce notions that death is a more "peaceful" or "better" alternative to living.

At the same time, when people suspect suicide is the cause of death, a common reaction is anger. In frustration, some students (and some professors) will say things like, "That is so selfish," or, "Don't people know the damage it does?" I try to give students room to vent their anger but then to channel those thoughts toward something more future-focused and productive. For example, I might reply: "That is a very natural reaction to have and understandable. When people leave us it is very upsetting. I wonder what we can do to alleviate pain and distress for ourselves and each other. What can you do to signal to those around you how valuable they are?"

**Know your limits.** If you know students who are directly affected, and you feel comfortable doing so, let them know they are in your thoughts. Include contact information for mental-health resources in your correspondence. Nudge students: "Don't forgo these resources thinking 'they are for other people.' They are for you, and it is a mature and responsible act to take advantage of them."

At the same time, be farsighted and cautious about how much you offer yourself as a resource. You have other responsibilities — including teaching, publishing, and managing your own response to these events. For most faculty members, instead of encouraging students to unload their grief on you, direct them to trained experts who can offer support over the long haul.

If you have the time and training to help a student through a personal crisis, that is great. But if you don't have the experience or the time to be there for a student — not just this week, but next week, and the weeks after that — refer them to professionals. Truly vulnerable students will need someone who can establish and maintain a supportive relationship over a longer period of time than most professors can manage.

**Nudge students toward forward momentum.** As someone older (if not always wiser), I can tell students that life is sometimes dotted by tragedies — but there are many reasons to be hopeful and optimistic about what lies ahead. There is learning to be had, papers to write, a graduation and future to prepare for. Sure, those things can bring stress, but they will also bring satisfaction and joy.

It is OK to transition from immediate crisis back to our day-to-day lives. We aren't forgetting what has happened, we aren't sweeping it under the rug. But we also need to move forward and make our campus a place of inquiry and joy — not only of grief.

**Support the front-line staff.** People in student services — especially those in wellness, residential, and mental-health roles — will often be wrestling with guilt and self-doubt themselves after a student dies. At the same time, they will be supporting the most vulnerable students throughout this crisis period.

For them this is not just a bad day. This is something that is going to dominate their work and probably their personal lives for weeks and possibly months. Staff members often feel invisible to the faculty. This is a good time to let them know you see their efforts and value their contributions.

And don't forget …

**Take care of yourself.** Especially if the student crisis taps into past experiences in your own life, you may have some surprising and delayed reactions that are stronger than you anticipated. Check in with yourself, have a counseling session, or give yourself some time to process.

This is also a way to model responsible self-care for students. I make a point of sharing my own self-care strategies with my students. The better you take care of yourself, the more fully you can be there for your students. ■

*Catherine Shea Sanger is deputy director of the Centre for Teaching and Learning at Yale-NUS College, a liberal-arts college in Singapore established in 2011 by Yale University and the National University of Singapore. She is also a lecturer at the college, and served for three years as vice rector at the college.*

# How to Make Student Leaders More Resilient

By KELLY FIELD

U. OF VIRGINIA

As the U. of Virginia's first executive director for student resilience and leadership development, Tim Davis is pushing preventive services to strengthen mentally healthy students.

This past January, Tim Davis left his post as the University of Virginia's director of counseling and psychological services to become the institution's first executive director for student resilience and leadership development.

Ten months into his new role, Mr. Davis is teaching a course for first-year students on resilient leadership, coaching students to become more effective leaders, and training student-affairs staff members on how to shift students from a "fixed mind-set" to a "growth-oriented" one.

In a pair of discussions with *The Chronicle*, he talked about the need to strengthen students "in the middle of the curve," and how he's trying to build a culture of resiliency at UVa. The interview has been edited for length and clarity.

**Q. What was the impetus for this new role?**

**A.** As I was watching us get flooded with demand for counseling services, I talked with the administration about our need to provide more preventative programming — about spending some of our resources helping students in the middle of the curve stay healthy and get stronger, instead of waiting for them to become the 10 percent of the student body that we were providing mental-health services to. So they broke me off to focus on building resilience and support for student leaders into the fabric of the university.

**Q. You left an advertising career in the '90s to study strengths-based psychology, and got your Ph.D. in counseling psychology in 2001. Is that the work you were hired to do at UVa?**

**A.** The hope in coming here was that we would be able to build out a program that really helped more students who weren't yet in need of formal support to fortify themselves.

Counseling psychology is more of a positive, strengths-based approach, as opposed to clinical psychology, which is about diagnosing symptoms and treating more formal disorders. What became clear was that for a variety of reasons — some philosophical, some related to capacity — it was going to be hard to return the counseling center to the more traditional, strengths-based approach, which was more typical at university counseling centers from the 1960s to the early 1990s.

When there's no bandwidth left over to look at strengths-based programming, the clinical needs are often dictating the day. When people are in crisis, and teetering on the brink, that's going to take precedent, as it should. Fortunately we were able to carve out a new role for me here in the UVa career center that would help us help the average UVa student leave here with more coping skills.

**Q. You often hear that students today are less resilient than they used to be. Is that true?**

**A.** It sure feels that way. But like anything else, you can't figure out how much of what we're seeing is due to the fact we're paying a lot more attention to it, and how much of it is a meaningful shift in the resiliency of this generation. My guess is it's some of both.

If you use mental-health statistics as a proxy for resilience, there is something going on. According to Martin Seligman in his book *Flourish*, we've seen the average onset of depression go from age 30 to age 15. That's unbelievable. The frequency of serious difficulties we're seeing in young adults is on the incline, pretty sharply.

**Q. Any theories on why students might be less resilient than they once were?**

**A.** We may be seeing a bit of a backlash from the self-esteem movement. We thought the right thing to do was to tell children how wonderful they are, and what really happened was, by accident, we created what Carol Dweck calls a "fixed mind-set" — where students learn they have a trait, such as "smart" or "talented," that they need to protect at all costs. The idea of venturing out, once I'm identified as "smart" or "brilliant," brings me nothing but the chance of losing that mantle. So there becomes an inward-looking, defensive approach to life and the need to protect a fragile identity.

We know parents are at least a little more involved than they used to be. There are a lot of well-intentioned, loving parents who accidentally clip their own children's wings by heading off struggles and doing too much for their kids, and really not allowing them to learn through struggle and through failure. I can see that in myself — my knee-jerk is to wrap them in bubble wrap — and I have to pull myself back from that inclination. There's been a shift in our society where as parents we think it's more our job to protect rather than to push.

**Q. How do you choose which students receive leadership coaching?**

**A.** I'm letting them self-select. One of the most important factors in any personal growth is being ready. I can't scan 22,000 students for who is ready or who is not. When I even get a whiff that they're interested, and they initiate, they go to the top of the list.

Then, whenever I have the chance to coach members of a student executive committee as a group, I'm eager to do that, because we can reach a lot of students efficiently.

**Q. What does leadership coaching of students, or "executive coaching," as you've described it, look like in practice?**

**A.** It's providing them with a safe, confidential setting where they can explore their anxieties and their struggles related to leadership.

It's developing self-awareness, looking at their strengths and also their developmental areas. It's really taking them through the change process, looking at where they're getting in their own way, and then helping them put together a behavioral plan for change.

Getting students into leadership positions does not in and of itself tend to grow leadership skills. It helps some, but it's not nearly enough to produce the behavioral change and the increased confidence and self-efficacy of young leaders. At UVa these students have real responsibility and real stressors that can cut in one of two directions — they can be overwhelming, or they can make them stronger and more resilient.

I'm trying to operationalize Carol Dweck's work — the idea that you have to come up against shortcomings to grow as a leader, that you have to fail some, which is hard for youth these days to get their mind around.

**Q. Why is it hard for students today to understand that?**

**A.** I think there is such a more intense culture of competition and comparison today than there used to be. The easy link to make is to social media, where students can almost quantify what they're doing relative to other students.

With that culture of competition gets folded in this feeling that, "I can't take a B." I tell students, "You need to do some things that will make your brain stronger, and that means you need to take classes where you'll get a B." They'll look at me and say, "I can't afford that." ■

*Originally published November 18, 2016*

# Forgotten in the Mental-Health Crisis: Foreign Students

By CLARA TURNAGE

It's like a garden, Muyi Li remembers thinking when she first walked on Emory University's campus, in 2016. Among the tall trees and stark, white buildings, she says she felt hope for her first day of classes, her first time living alone — for her future.

Ms. Li grew up in Beijing among tall, crowded buildings and busy rivers of people. Coming to Emory was like taking a trip to the country. The campus was warm and sun-soaked, and she loved it.

She packed only two suitcases for her first semester: one for clothes and one for everything else. She didn't do much decorating in the little, yellow dorm room she affectionately calls cozy. She hung a single strand of flamingo lights beneath her lofted bed, and placed on her nightstand a photo of her and friends in costume at a high-school production of *Beauty and the Beast*.

The photo is one of her very few mementos from Beijing, but it was something she would turn to often in the coming months when she missed home.trinity

As the homework assignments and projects piled on, Ms. Li began to feel stressed. She describes it as an immobilizing need to do everything at once. She felt guilty at not having finished projects even as she worked on them. As her anxiety mounted, she began to feel trapped.

"I felt this incessant strand of guilt and anger about myself, like I was failing myself if I kept feeling this way," Ms. Li says. "I was not doing well in class, I wasn't talking to anyone, and I felt that there was no way out — that it was really hopeless."

COURTESY OF MUYI LI

**Muyi Li, a rising sophomore from Beijing at Emory U., says that in Chinese culture, mental illness is regarded as a sign of weakness.**

In the coming months she would begin to feel dizzy, and she says a heaviness weighed on her. Though she is fluent in English, she would watch her professors speaking in class without comprehending what they said, as though it were a dream. Worse, she says, was her memory loss.

"What scared me the most were my memories," Ms. Li says. "I couldn't remember the thing that happened one day before when I woke up in the morning. I was like a new person every day, but that was horrifying."

Later that year Ms. Li found that those experiences were symptoms of clinical anxiety and depression, with which she was diagnosed. Stories like hers are not uncommon among international students.

Though it's now more widely accepted in the United States that college students are at a high risk of experiencing chronic mental illness, some students are more at risk than others. Nonwhite students, data show, are more likely to suffer depression than are their peers, and are often less likely to seek help, according to the Healthy Minds Network, a web of researchers, primarily at the University of Michigan at Ann Arbor, who study mental health in adolescents and young adults.

For international students, a newfound minority status can combine with the isolation of a new culture, expectations from home, and a mandatory full course load — all in what is often a second language — to produce mental illness.

American colleges and universities have safety nets for students with mental illnesses. Advisers, professors, counselors, and administrators all play roles in ensuring that students find the help they need.

But for students from cultures that see mental illness as a fiction or a sign of weakness, asking for help can mean inviting their culture's stigma. The job of those holding the safety net can become, in cases of international students, not only to identify the symptoms of mental illness, but also to help a student understand that the illness is real — and treatable.

The first line of defense Ms. Li encountered was Frank Gaertner, associate director of academic advising at Emory. Before students arrived last year, Ms. Li was added to a group-messaging app that Mr. Gaertner uses to answer students' questions.

Mr. Gaertner would send stickers with funny faces in the chat, and learned all of the students' names before they set foot on the campus. He was not, Ms. Li says, what she thought an academic adviser would be.

Mr. Gaertner, who has worked at the university for 25 years, says he wants students to feel as if they already have someone at Emory who wants to know them. He became interested in Korean culture during work on his doctoral thesis, on identity development in Korean-Americans.

He says that when he began learning about the intricacies in spoken and unspoken Korean traditions, he "fell in love." Since then, he's sought out ways to use his knowledge of Korean culture to make international students feel welcome.

COURTESY OF FRANK GAERTNER

**Frank Gaertner, associate director of academic advising at Emory U., is among the first to notice signs of stress among students.**

When they arrive on the Georgia campus, Mr. Gaertner sets up regular meetings with his students to make sure they're settling in and to keep an eye on them.

Advisers are some of the first people to notice signs of stress among their students, and Mr. Gaertner says he sees them often. "It's much more than I ever would have guessed," he says.

For students who do not suffer from mental illness, the stress of college is problematic. But for those suffering from conditions like depression or anxiety, the stakes can be higher.

The National Institute of Mental Health has identified 10 primary risk factors for suicide, including depression and chronic pain. The institute says around 90 percent of people who die by suicide have experienced at least one of those risk factors.

Paul T.P. Wong, founding director of the graduate program in counseling psychology at Trinity Western University, in Canada, wrote in a 2013 article that the stressors of being an international student act as risk factors, too. Those risk factors, he wrote, can exacerbate the symptoms of people with depression or anxiety. Students like Ms. Li.

The signs of a student in distress are subtle, but Mr. Gaertner watches for them. Sometimes it's something out of character about their physical appearance — unkempt hair or sweatpants, for example, on students who pride themselves on looking professional. But often, he says, their eyes give it away.

"When I talk to them and look at their face, there's a sadness I can see that's hard to describe,"

Mr. Gaertner says. "That, to me, is usually the sign."

Before referring them to the counseling center, he asks a few questions to see if they are willing to talk. Some students don't need counseling, he says; they just need someone to listen.

Though no two students' stories are the same, similarities crop up in international-student counseling, according to many of the advisers and therapists who spoke to *The Chronicle*.

The first is the language barrier. Many international students have never faced situations in which everyone speaks native English, making classes and social life difficult for even the most proficient English speakers. "It's not just about words, about sentences and grammar and stuff," Ms. Li says. "It's about what kind of persona you display through your language."

If students seek refuge from their second language among other international students from home, they don't practice English, which can lead them to fall behind in their studies.

Slipping grades are another source of distress. International students often have been preparing for college for years. Ms. Li and her parents made the decision to apply to American colleges when she was 13. Failing would mean the death of a long-held dream.

Marie Whalen, associate director of international admissions and recruitment at Whitworth University, in Washington, says those expectations come from families, too. "Sometimes the problems students encounter are because they have extremely unrealistic expectations of themselves or from their families," she says. "Maybe they were the star student in their school, and they were supposed to come out with straight A's, and it doesn't happen."

Mr. Gaertner says many students are afraid to tell their parents when they feel overwhelmed, afraid to disappoint or worry them. Those expectations, he says, form a "vicious circle" of compounding pressures. Advisers like Mr. Gaertner and Ms. Whalen can sometimes help relieve that stressor. Ms. Whalen says some students are in a major that doesn't suit their talents, or are taking too many hard courses in one semester. In those cases, advisers can guide the student to a more manageable course load.

But students suffering from mental illness don't need to speak to advisers; they need counselors. All too often, however, international students feel they can't go.

Ms. Li says having a mental illness in her culture means that "you almost must have a kind of flaw in your personality — if a person is depressed, then this person must be weak."

Mr. Gaertner says sometimes he can't persuade students who know they need help to come to his office because they fear other international students will see them and tell friends or family members back home.

He walks a thin line. If he becomes known as more counselor than adviser, students may be reluctant to visit him. The solution, he says, is to befriend as many students as he can, to speak to everyone and, hopefully, maintain the trust he has built with students who need him most.

James Dorsett, director of the Office for International Students and Scholars at Michigan State University, faces a similar situation.

"If they're not going to anybody else, but they're talking to us, we try to get them back and check in on them as often as we can," Mr. Dorsett says.

When students do agree to counseling, Mr. Dorsett, like the advisers at Emory, helps them make appointments so he knows they will go to counseling. Often he refers students to Grace Hung.

Sometimes, says Ms. Hung, a psychologist specializing in international students at Michigan State's Counseling Center, her biggest achievement with students is simply helping them understand their condition is real.

When Ms. Li was in high school, she took an AP Psychology course. A section focused on abnormal psychology. "I remember reciting the terms and their definitions, and thinking those things were really remote from me," Ms. Li says. "I was experiencing a few of them not even a year later."

Ms. Hung says she often explains what the body does under duress. Physical symptoms are easier to believe in than mental ones, sometimes. "I just let them know what their brain is doing in times of stress," Ms. Hung says. "What does that mean for their body? Or their focus? For their sleep and their appetite? Giving them education on what this all means tends to help."

Once they understand, she says, it becomes much easier for them to open up about what they feel. Another successful tactic is framing counseling as an American custom, she says.

"Sometimes I say to them, 'You know, you're in the U.S., this is what people do to figure out problems. Why not, as a cultural experience, try the American way to do it?'" she says.

Ms. Hung focuses on international students, in part, because she was once one herself. To some students that is a deterrent; she says they fear she will judge them as might their friends and family members back home.

But for a majority of Chinese students, being able to speak about their feelings in Mandarin helps them better connect to the root of their problems. "We know language shapes how we think and the emotions that we experience, or how we talk about emotions, so I think this is a big piece of it," Ms. Hung says. "I've had students tell me before, 'I've seen English-speaking therapists, but it just doesn't feel real when I talk about it in English, so I wanted to talk about it in Mandarin.'"

Emory lacks a Mandarin-speaking therapist, but



COURTESY OF JANE YANG

**Jane Yang is associate director of outreach programs at Emory U.'s counseling and psychological services.**

Ms. Li says the feeling is familiar. "It wasn't hard for me to put my thoughts into English, but I felt a little dissociated from myself," she says. "It's like the person who was speaking English was not really me, and the person who was speaking English was not really the person who was feeling all my feelings."

This summer, when she returned to Beijing, she was able to speak with a therapist in Mandarin, and says she could talk about herself and hear what the counselor recommended without dissociation. For the first time, she says, she felt as though the treatment was getting through to her.

Jane Yang, associate director of outreach programs at Emory's counseling and psychological services, who is Korean-American, says she sees something similar in her students. "When Korean international students hear they can meet with a provider who can speak Korean, it's something that is very powerful," she says.

But few colleges and universities can afford to offer a counselor in every language. In fact, many institutions can barely accommodate students' demand for mental health care. The Center for Collegiate Mental Health's 2015 annual report said that over the previous five years the number of students seeking such services had increased by 29.6 percent, on average, whereas overall enrollment had increased by only 5.6 percent.

Funding for campus mental-health care has also not matched the growth in need. The demand means many students wait weeks to see therapists — Ms. Li waited two weeks for an appointment at Emory — but it also means that colleges struggle just to provide care to students, much less the specialized or multilingual care that can help international students.

There sometimes isn't a Ms. Hung or Ms. Yang. Often there isn't a Mr. Gaertner. But there is almost always a Ms. Li.

At Fort Hays State University, in Kansas, there are no multilingual therapists, but Gina Smith, director of the counseling center, the Kelly Center, says international students and their mental health are still a priority.

"What we've tried to do is make ourselves visual outside of the center," Ms. Smith says, speaking of the orientations and group outings in which counselors participate.

The center also provides "multicultural training" for counselors and hosts events for international students. The Kelly Center often invites graduate students to help counsel undergrads.

Fort Hays doesn't have the budget of larger colleges, but it also doesn't have the wait times. "We're doing the best we can," Ms. Smith says.

Some students perceive therapists as emergency-care workers — seen only in dire circumstances. Counselors participate in orientations and student-group activities, she says, to show students that counselors are there as guides too.

Back at Emory, Mr. Gaertner also is learning about the cultures of his students in order to more easily relate to them.

Last year he took an introductory course in Korean and began using a few of the words in his meetings with Korean students. One, he says, had clinical depression, but every time Mr. Gaertner would use a Korean word, the student's face would light up.

Minho Cho, a finance major from Seoul, South Korea, says Mr. Gaertner is now the "go-to person when things are going wrong," in part because he has taken such an interest in their lives and cultures.

"However they can be demystified about counseling will help all students, but particularly international students," Mr. Gaertner says. "It's everyone's responsibility to some degree. I don't mean everyone needs to be a counselor. But I mean faculty and staff and other international students and domestic students need to be willing to ask questions, to reach out if they see a student in distress, and then help connect students to resources."

It's simple, he says; you just need to care.

As for Ms. Li, things are now better. Packing for her sophomore year at Emory, she says, was almost like going to college for the first time again. This time, however, she knows what's coming.

"I did feel hope at the very beginning, but I almost didn't feel that again over the past year," she says. "I think hope is coming back, actually, which is very strange, but happy for me." ■

*Originally published August 9, 2017*

# *How Can We Save Our Students From Themselves?*

ADVICE

JONATHAN ZIMMERMAN

When Stephen Paddock killed 59 people, including himself, in Las Vegas this month, Americans broke into predictable political camps. Gun-rights advocates called for expanded mental-health services, insisting that no law could have stopped an obvious madman like Paddock. Nonsense, gun-control supporters said; whatever Paddock's mental state, the easy availability of firearms makes violence more likely.

I've been thinking about this debate following a recent suicide on my own campus, the **University of Pennsylvania,** where at least 14 students have taken their lives since February 2013. Whenever a suicide happens, the spotlight turns to mental-health services. Do students know whom to call in times of crisis? Are there enough services for everyone who needs them?

These are urgent and important issues, and I'm glad we're raising them. As in the case of the Las Vegas shooting, though, I'd also like us to explore more-fundamental questions about the culture that gives rise to these tragedies. Why has there been an increase in cases of mental illness on college campuses, especially at highly selective institutions? And what can we do to prevent it?

It's not all the colleges' fault, of course. Many of our students grow up in an atmosphere of hyperachievement, so they think they have to be perfect in every way. And social media reminds them that there is always someone, somewhere, who is better — smarter, sexier, more successful — than they are.

Sadly, then, many students arrive on campus with mental-health problems, particularly anxiety. It only gets worse after they get here, as best we can tell. Nearly two-thirds of college students have reported experiencing "overwhelming anxiety" during the past year. Almost one-third reported feeling so depressed that they had trouble functioning; nearly half said they had felt that "things were hopeless."

But there are things we can do, right now, to make life less stressful for the young people in our charge. They have learned to regard life as a kind of Darwinian war of all against all, which is a formula for misery and anxiety. So it's incumbent upon us to ratchet down the competition among them. Here are some steps to take:

**1. Admit qualified students on a lottery basis:** Everyone knows that there are many more people who are qualified to attend selective colleges than those colleges can possibly accept. But we continue to operate under the fiction that the last student admitted is somehow "better" than the first kid on the wait list.

That perpetuates a most poisonous idea: that everyone earns his or her success, and that mine can come only at the expense of yours. As the **Swarthmore College** psychologist Barry Schwartz has suggested, it would make more sense to set a standard — of grades, scores, and extracurricular activities — and make a random selection among everyone who meets it.

The colleges would end up admitting students every bit as accomplished and talented as our current crop, but students would be less inclined to view admission decisions as a reflection of their worth. That would improve their mental well-being, which is already too dependent on external validation.

**2. Require open access to all extracurricular activities:** When I arrived at Penn last year, I was appalled to discover that many clubs and other social organizations had become their own forms of competition: You have to write essays and even be interviewed to get in. A student recently told me that she and a friend, in applying to join a group that visits people with Alzheimer's disease, were required to produce essays about why they wanted to do that. My student was accepted, but her friend was not

Applications? To help people with Alzheimer's? That's madness, plain and simple. We should erect a hard-and-fast rule: If you want the college's support for a student activity, you need to take all comers. We'll pay for you to expand your organization, if need be. But we won't give you a dime if you make your activity into yet another Darwinian battle, in which only the fittest survive.

College officials have assured me that they don't like the cutthroat nature of student life any more than I do, but that the students themselves insist on it. They've been socialized to rank one another from an early age, and so it seems "natural" to them. But there's nothing natural about it. It's a product of our own time, so it's also incumbent upon us to change it.

**3. Ban on-campus recruiting:** Every fall, representatives from consulting firms and other businesses descend on elite colleges. We see worried seniors in dresses and suits, trudging across campus for interviews. And we hear lots of talk about who got the coveted offers and who got left behind.

That makes the end of college even more stressful than the start of it. Of course graduating students will face job-related anxieties, given the tenuous nature of our economy. But there's no good reason for us to up the ante by turning our colleges into recruiting stations. That just makes a miserable situation worse.

Let's be clear: mental illness on our campuses is real, and it is rising. And we need expanded counseling and treatment to help people who suffer from it. At the same time, though, the focus on mental-health services lets the rest of us off the hook. It puts all of the attention on relieving illness, which distracts us from asking how institutional practices promote it.

On their own, I realize, none of my suggested reforms will make a big difference. Taken together, however, they might start to reform the callous, hypercompetitive culture in which many of our students have been raised. We made these children into the anxious young adults they have become. It's up to us to teach them a healthier way to live. ■

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*Originally published October 20, 2017*

RANDY ENOS
FOR THE CHRONICLE

# Grad Schools Try to Ease 'Culture Problem' of Anxiety and Isolation

By VIMAL PATEL

These days, Arran Phipps often feels depressed and stressed. The worrying has led to migraines, he says, and he has visited the student health clinic at the University of California at Berkeley, where he is a doctoral student in physics. But seeking professional help feels inadequate, a Band-Aid, he says. "My reactions to what's happening around me are totally valid and normal. It's not like there's a problem with the way I'm looking at things. That tells me there's a culture problem in graduate school."

Earning a doctorate, of course, is tough. It usually means at least five years of intense study, teaching, and research — all with the knowledge that secure academic jobs are becoming scarcer. Toss in the isolating nature of doctoral education in some disciplines, and stipends that often fall below a living wage, and it's easy to see why graduate school can take a toll on mental health.

A recent survey of graduate students at Berkeley provides a snapshot of just how heavy that toll can be. Student leaders created the survey to help fill a void of data about graduate students' mental health, which they say isn't discussed enough on campuses. It gauged students' well-being by asking them to indicate their level of agreement with statements such as "I've been concerned about money lately," "I'm upbeat about my postgraduation career prospects," and "I'm satisfied with life."

The findings surprised even administrators who suspected that the climate was unhealthy. About 37 percent of master's students and 47 percent of Ph.D. students scored as depressed. Graduate students in the arts and humanities fared the worst, at 64 percent.

Graduate students at Berkeley and elsewhere want their institutions to address their emotional well-being head on. Although counseling centers are important and can play a role in helping students, especially during personal crises, these students say that to make a significant difference, colleges must change the culture of doctoral education.

"Graduate student well-being is baked into the whole system," says Galen Panger, a fifth-year Ph.D. student in Berkeley's School of Information and lead author of the report.

Psychiatrists, after all, can't do much about poor adviser relationships, social isolation, precarious finances — or career prospects, which the report found was the top predictor of graduate students' levels of both life satisfaction and depression.

Like many graduate students, Mr. Phipps worries about his career prospects as doctoral production continues to outpace the share of new tenure-track positions. He works far more than the standard 20 hours per week that a Ph.D. student is officially supposed to work for a stipend, but he feels that he must, in order to complete his doctorate in a reasonable time.

Meanwhile, making do on his stipend in the San Francisco Bay Area is a constant challenge. He and his wife, a physics Ph.D. student at Berkeley, carry six-figure student-loan debt. And finances will soon get tougher: Berkeley's decision to stop covering health insurance for the dependents of graduate students could cost Mr. Phipps, who has a diabetic stepson, $3,000 or more a year.

"I mentor undergraduates, and it's hard to recommend grad school to anyone now," he says. "You're going to suffer a lot through grad school, and your quality of life will be poor for six or seven years."

To some, that is how it should be. Graduate school, the thinking goes, is supposed to be rough, a painful but necessary marathon on the way to an academic job. If a student can't navigate the challenges of a doctorate — both the rigors of the program and the life challenges along the way — he or she probably won't fare well as an assistant professor, better paid but under similar stress.

Sheryl Tucker, dean of Oklahoma State University's graduate school, says academe should no longer tolerate that view. One way universities can help change their graduate-school culture, she says, is by preventing students from being overworked.

When Ms. Tucker started her job, in 2011, she often heard of doctoral students whose assistantships demanded too much of their time. It's one of the most common complaints of graduate students everywhere: The 20 hours on paper is more like 30 or 40 hours in reality. It's particularly a problem when the teaching or research is not related to the student's dissertation

Ms. Tucker decided that administrators had to sharpen their message: Students and faculty members needed to know that any work beyond 20 hours should be the student's choice, and students needed to know they had recourse when they felt overworked.

Oklahoma State officials, including Ms. Tucker, had to speak individually with many faculty members or department heads who resisted the change.

"When push came to shove, if someone really was not getting it, we did have to say, 'This is how OSU defines our workweek with the federal government. There are federal regulations about how employment works,'" Ms. Tucker says. "You have to have difficult conversations. It's not fun."

She reports rarely hearing students complain of overwork anymore. Where it continues, it tends to be greatest in the sciences, Ms. Tucker says

Humanities and arts disciplines, however, present their own challenge to students' well-being: isolation. When coursework and exams are complete, often all that's left between a student and his or her Ph.D. is two or more years of dissertation writing, which can be a lonely endeavor.

Some colleges are responding by creating more-structured programs or dissertation workshops in which students bounce ideas off colleagues. Others are aiming to create a sense of community among graduate students, who are typically not as connected to their institutions as undergraduates are.

One such effort is at Virginia Tech. A decade ago, the university turned an old hotel and conference center into the Graduate Life Center, a sort of one-stop shop for graduate-student services. The building offers housing for graduate students and areas to meet, including a coffee shop. It's also used to provide career advice, financial-aid workshops, and counseling services, in a place where graduate students can go without the prospect of being seen in a waiting room by the undergraduates they teach.

Berkeley, too, has addressed that common graduate-assistant fear. In recent years, it has created several "satellite" sites across the campus where graduate students can discreetly seek mental-health counseling.

Mr. Panger, the Ph.D. candidate, says Berkeley administrators have been receptive to his well-being survey. He and other students have briefed many campus leaders on the report, including the University of California's president, Janet Napolitano, who oversees a system that produces 7 percent of the nation's doctorates. Berkeley's graduate dean, Fiona Doyle, wants to institutionalize the survey and conduct it every two years, as the report recommends.

After the report's release, the graduate school announced that it would hire a "graduate community coordinator" to create and oversee social programs for graduate students, and would make them aware of activities and services available.

Karen DePauw, dean of the Virginia Tech graduate school, says she is hearing interest from many fellow graduate deans who want to try something like the Graduate Life Center on their campuses. She agrees with Ms. Tucker, of Oklahoma State, that academe must change its attitude that doctoral education needs to be a time of anxiety and low morale.

"Yes, graduate school is stressful, and a lot of time and energy must be devoted to it, but we don't need to demoralize folks," she says. "This isn't the 19th century."

As for the poor job prospects, Mr. Panger says Berkeley and other universities should try to change the culture around what counts as career success. Graduate students often worry that their advisers will be disappointed in them if they don't seek academic jobs. To deal with that and other issues, Berkeley plans to create a center and devote a full-time staff member this fall to work on graduate students' professional development.

Progress at Berkeley and elsewhere has been slow, but there's a "coming awareness" about just how important well-being is to performance and productivity, Mr. Panger says. He sees efforts like Berkeley's catching on. "Change doesn't happen overnight," he says. ■

*Originally published August 31, 2015*

# *Grad School Is Hard on Mental Health. Here's an Antidote.*

DAVID CUTLER FOR THE CHRONICLE

ADVICE

ARDON SHORR

I KNEW grad school would be difficult, but I was surprised to find one way in which I wanted to work harder: learning how to talk about science. I grew up seeing science misrepresented or misunderstood in the news and pop culture. I thought the relationship between science and society needed repair, and I saw scientists' isolation as part of the problem. So I couldn't believe that my Ph.D. program was willing to release me into the world without teaching me how to talk to people outside academe.

That's why, when I joined Carnegie Mellon University as a graduate student in biology, I started a group called Public Communication for Researchers. My fellow graduate students Adona Iosif and Jesse Dunietz and I created the workshops we wanted to take. Over the past five years we've worked with more than 500 graduate students across STEM fields, hosted numerous speakers, and created a dozen workshops on science communication. Our initial goal was to learn how to explain our work, but I'm now convinced that this training has unexpected benefits for another challenge in higher education: our own mental health.

Grad students take a psychological beating. In a 2014 study, the University of California at Berkeley found that 47 percent of its Ph.D. students showed signs of depression. One of the main reasons cited was academic disengagement. Humans can be resilient through a great deal of stress, but it's harder when working on abstract problems without clear indicators of progress — we lose perspective on why our work matters.

Science communication was my antidote because it reconnected me to motivation. The first thing we practiced was how to talk passionately about why we love research, what inspired us, what problem we're obsessed with. The practicalities of biology sometimes look like drudgery, moving around a thousand drops of clear liquid. Seeing the big picture infused my day with magic: I was working on unsolved problems!

We found external validation, too. Telling stories onstage let us hear gasps and applause from an audience. Writing a group blog let us celebrate when our articles were shared thousands of times. I saw my work through new eyes when it was illustrated by live music, improvised dance, chalk art, and poetry. When I shared what I work on, I felt part of something bigger because I saw my role in society as a creator of knowledge. I felt a new responsibility, too: The public funds our work; we owe people an explanation of what we've found.

Besides disengagement, grad school is demoralizing because the arduous journey ends in lukewarm career prospects. Among recent Ph.D. graduates in the life sciences, fewer than 10 percent hold a tenure-track faculty position, according to National Science Foundation statistics. That figure has been declining over the last 20 years. Strong messages from advisers and other faculty members that an academic position is the only legitimate form of success set students up for disappointment. So it was a breath of fresh air to talk to journalists, policy advisers, and entrepreneurs — we found new passions and developed a healthier perspective on the wide range of meaningful careers we can choose.

At the same time, we improved our academic abilities by learning how to convey the importance of our work. This turns out to be useful for writing grants and abstracts. I felt we were getting a competitive advantage for future occasions when we would be judged by our ability to persuasively communicate complex ideas: in posters, when recruiting collaborators, at job talks, and in manuscripts. Even talking to the media helps us academically: Articles covered in the mainstream press were far more likely to be cited than articles that didn't get beyond a specialized audience. So whether we choose academe or another career, we would graduate better prepared, and our choice became more thoughtful.

Some students choose not to graduate at all. At least two members of our group dropped out of their Ph.D. program when they realized they didn't care about their research question. They went on to pursue work with more direct humanitarian impact. I see this as a success: They found work that's right for them, and they found it earlier.

MY PERSONAL STRUGGLE with research was about living with ambiguity. Research in the life sciences often means working hard without knowing if you're right, with little feedback, and without seeing your work improve anybody's life. Depending on results, the same research could be commended as persistent or dismissed as foolish. Science communication was cathartic because I learned to talk about this tension. I started to see research questions as strategic risks that might not pay off for decades. I felt more intentional about choosing ambiguous work — hard problems are hard precisely because it's unclear how to approach them. One student put it this way: "In a master's program, you spend two years answering a question. In a Ph.D. program, you spend two years figuring out what your question is."

Grad school also spreads a subtle and pervasive psychological virus: impostor syndrome. Many academics develop a persistent belief that no matter how much we accomplish, we're actually incompetent frauds who have managed to deceive everyone, and will soon be exposed.

Science communication has a unique role in dismantling impostor syndrome in several ways. First, we become more confident in our abilities. Second, we normalize challenges by seeing that smart students struggle, too. Third, when we formally study communication, we understand why it goes wrong. That provides a new perspective when we get lost in a seminar: Maybe it's not because we're incompetent frauds who don't deserve to be in grad school — sometimes the speaker omitted the most important information.

Lastly, impostor syndrome taught me that sometimes scientists are hard to understand because we're afraid of being understood. If we can be analyzed, we can be criticized. One student confessed, "I hope the audience gets lost because then they won't ask me hard questions." Talking clearly about our work is an act of vulnerability — people see our real selves, and they also see our real work, with all its limitations.

There are additional psychological costs for those with less privilege. I grew up surrounded by role models in the sciences; I could afford to work unpaid lab internships; and I had a social network of family friends who prepared me for the difficulties of grad school. But many people feel out of place because of their race, gender, or accent. Earning a Ph.D. is much harder for my friends who didn't have those tailwinds, who are sexually harassed, or told they don't belong. Even when talented students win prestigious fellowships, they can be nagged by layers of self-doubt that I will never experience: "Did I win this because I'm black?" Impostor syndrome is harder for women and students of color, so addressing the psychological hardship of higher education isn't just an issue of mental health; it's an issue of social justice.

**OVER THE LAST DECADE**, science-communication programs have blossomed across the United States. Many of them were started by grad students just like us who felt their education was missing something essential. We never intended to find benefits for mental health — our programs touched on these topics by accident. With a modicum of intention, we could do much more.

As their founders graduate, these student programs are now at a crossroads. I believe the only way to make science communication training sustainable is for grass-roots groups to become institutionalized. These programs deserve top-down support with full-time positions for program directors. We must teach science communication for the sake of our research, because an experiment that's never understood is as useless as an experiment that's never completed. We must teach this for our society, because we are graduating into a world that cannot agree on what we know. But we must also teach this for our own sanity.

When we explain what we do, we learn who we are. ■

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*Originally published July 17, 2017*

THE CHRONICLE
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