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.
I t’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.
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 and 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 sort the most 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 don't do this alone, 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 institutional commitment to seeing students less frequently, 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 2017, 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 41 percent, bringing student-staff ratios in line with recommendations of the profession's accrediting: 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 the unfilled slots 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 Geor- gia, recently persuaded four of its psychology and counseling-education professors to spend a few hours each week treating students they don't teach.

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 17 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.

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 time, or a risk of funnelling more students into the groups Drexel already has.

ORTING 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-
s t u d e n t m e n t a l h e a l t h

clients are showing up for their appointments. "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 pressured to do more.

James Troha, president of Juniata College, in Pennsylvania, said many families choose Juniata because of its reputation as a place that values their 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?"

CASE STUDY

Mental Health in Minnesota: Where Student Activism Spurred Change

By KELLY FIELD

For Caesar 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, 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 flag-ship, where one in three students surveyed in 2015 said they’d been diagnosed with a mental-health dis-

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-affecti-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.'"
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 $6.6 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 pushers by students for better care were demands issued by a pair of Skidmore College student representatives last year 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 10 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. Ms. 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

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hen wait times for appointments at the University of Flor-

dia’s counseling center reached four or five weeks, Sherry Ben-

ton 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 centers for years, and had recently hired four new therapists, bringing its total to 37;
“When you’re depressed, four to five weeks is the difference between making it through the semester and tanking.”

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.

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.

Online programs aren’t 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.

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

BY VIMAL PATEL

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.

“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.”

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, “Most counselors continue to wear those different hats.”

“People don’t really get the complexity of mental-health issues.”

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.”

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

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.

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

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N 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.
“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.”

**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 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 family or relationship 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 cope.

**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 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 at risk.

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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 vulnerabilities in certain student demographics and restricting access to dangerous places, external factors, and situations. Postvention is viewed with particular urgency as national suicide rates tick up and Generation Z students have instituted postvention protocols, estimates the Jed Foundation, which promotes mental health and suicide prevention among teens and young adults.

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 lawsuit. “The judge would say, ‘If the student who had died didn’t know the student who had died. But the emails would prompt them nonetheless to agonize over future what-ifs: Had they known the student, would they have helped?”

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

Catherine Shea Sanger

What to Say After a Student Dies

T
day many campuses this year will experience a student 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 institution-specific 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 institution-specific circumstances, but here are some general guidelines:

1. Be present. Be there for faculty members who are grieving, whether in a public or private setting. If you notice someone who seems to be struggling, reach out to offer support.

2. Be honest. If you’re feeling lost or unsure about what to say or do, let the person know. It’s okay to say, “I don’t know what to say or how to help.”

3. Be patient. Grief is a process that takes time. Allow people to express their feelings in their own way and at their own pace.

4. Be willing to listen. Sometimes people just need someone to listen and offer comfort. Avoid offering solutions or advice unless the person explicitly asks for it.

5. Be mindful of your own reactions. Taking care of yourself is essential when caring for others. Make sure you’re getting enough rest, eating well, and engaging in activities that help you manage stress.

6. Be aware of the impact of your words. Avoid using words or phrases that may be triggering or insensitive to some people, such as “commit suicide” or “jump to their death.”

7. Be cautious with social media. Be aware of the potential impact of your online presence during a crisis. Avoid sharing personal information or making comments that could be misleading or harmful.

8. Be prepared for a response. Be ready to adapt your approach based on the needs of the situation. Be willing to adjust your methods as necessary.

9. Be inclusive. Be mindful of cultural differences and avoid making assumptions about someone’s background or beliefs.

10. Be resourceful. Be aware of the resources available to you, whether on-campus or off, and be willing to seek them out as needed.

Remember, every campus and every situation is unique. Be open to adapting your approach as needed and be willing to reach out for support when you need it.
the chronicle of higher education

Catherine Shea Sanger is deputy director of the Centre for Student Health and Wellness at the University of California, Berkeley. She is also the founder and CEO of the counseling and support services company Sanger Support System. Her research focuses on peer support and suicide prevention.

RATIONAL AND CULTURAL CONTEXT

As someone older (if not always wiser), I can tell you 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.

That is OK to transition from immediate shock 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 death. 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 impact their personal lives for weeks and possibly months. Staff members often feel invisible to the faculty. This is a good time to make sure they 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 surprises ahead. Your stress levels 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 who may be struggling. You are stronger than you anticipated.
How to Make Student Leaders More Resilient

By KELLY FIELD

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 resilience 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 the 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’s using counseling services to become the institution’s first executive director for student resilience and leadership development, Tim Davis is pushing preventive services to strengthen mentally healthy students.

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 be social media is where students can almost quantify what they're seeing in terms of success and failure. It’s developing self-awareness, looking at where they’re getting in their own way, and then helping them put together a behavioral plan for change.

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 developing self-awareness, 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 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 short-comings to grow as a leader, that you have to fail some, which is hard for youth these days to get their mind around.

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Q. What 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, believe it or not, we can reach a lot of students efficiently.

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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 said she felt hope when she first walked on Emory’s campus, in 2016. Among the tall trees and stark, white buildings, she said she felt hope. She hung a single strand of flamingo lights beneath her lofted bed, and placed on her nightstand a photo of her and friends. The photo is one of her very few mementos from the Beast. 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. As her anxiety mounted, she began working on them. As her anxiety mounted, she began working on them. As her anxiety mounted, she began working on them.

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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. Ms. Li wasBienz on 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 sends 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 help them. He became interested in Korean-American culture during work on his doctoral thesis, on identity development in Korean-Americans.

He says that 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. 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. When Mr. Gaertner 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. Students don’t like talking about counseling, he says; they just need someone to listen.

Mr. Gaertner says sometimes he can’t persuade students to come to his office, because they fear other international students will see them. “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. Gaertner 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 Huang.

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, says she often explains what the body does under duress. Physical symptoms are easier to bear in than mental ones, sometimes, she says. “I just let them know what their brain is doing in times of stress,” Ms. Huang says. “What does that mean for their body? For their health? For their sleep and their appetite? Giving them education on what this all means helps.”

Once they understand, she says, it becomes much easier for them to open up about what they feel. Another successful such intervention is focusing counseling as an American custom, she says. “Sometimes I say to them, ‘You know, you’re in the U.S., this is what you can do to figure it out. I, just let them know what their brain is doing in times of stress,’ ” Ms. Huang says. “What does that mean for their body? For their health? For their sleep and their appetite? Giving them education on what this all means helps.”

Ms. Li waits two weeks for an appointment at Emory. 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.

Ms. Li spent much of 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. “Sometimes I say to them, ‘You know, you’re in the U.S., this is what you can do to figure it out. I’ve seen En-

“Some students perceive therapists as emergency-care workers — seen only in dire circumstances. Counselors participate in 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.

Ms. Li says, things are now better. Packing for home, 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.”
How Can We Save Our Students From Themselves?

When Stephen Paddock killed 59 people, including himself, in Las Vegas this month, Americans broke into predictable political camp. 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. Whenver 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 college’s 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 anyone 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, traudging 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.

Jonathan Zimmerman teaches education and history at the University of Pennsylvania. He is the author of Campus Politics: What Everyone Needs to Know. Originally published October 20, 2017

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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. 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.”

Anxiety, of course, is tough. It usually means at least five years of intense study, teaching, and research — all with the knowledge that some academic jobs are becoming scarcer.

“I have a feeling that 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 is there’s a culture problem in graduate school.”

Ph.D. student in Berkeley’s School of Information is a doctoral student in physics. But seeking professional help feels inadequate, a Band-Aid, he says.

“Graduate students at Berkeley and elsewhere want their institutions to address their emotional well-being head on. Although counseling services 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 graduate education.”

“Graduate student well-being is baked into the whole system,” says Galen Pangur, a fifth-year Ph.D. student in Berkeley’s School of Information.

“Students need to know that any work beyond 20 hours a week that a Ph.D. student is officially supposed to work for is a stipend, but he feels that he must, in order to complete his doctorate in a reasonable time.”

Meanwhile, making do on 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 tough, 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 could report 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 wasn’t getting it, we did have to say, ‘This is how OSU defines our workweek with the federal government. There are federal regulations about employment work,’” Ms. Tucker says. “You have to have difficult conversations. It’s not fun. But the reports rarely hearing students complain of overwork anymore. Where it continues, it tends to be graduate programs that are not transparent, Ms. Tucker says.

Humansities and arts disciplines, however, present their own challenge to students’ well-being: isolation. When coursework and exams are complete, oftentimes 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 doctors. 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 dean 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 jobs prospects, Mr. Panger says Berkeley and other universities need to change the culture around what counts as career success.

“Graduate students are often worried 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 more-structured program for 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.

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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 academia.

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 Jofos and Jesse Dunietz and I created 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 we practiced was how to talk passionately about why we love research, what inspired us, what cause it reconnected me to motivation. The first thing we practiced was how to talk passionately about why we love research, what inspired us, what cause it reconnected me to motivation. The first thing we practiced was how to talk passionately about why we love research, what inspired us, what

Despite disengagement, grad school is demoralizing because the arduous journey ends in 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 uncertainty.

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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.

Mental health is a huge challenge in higher education: our own mental health. 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.

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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, warts and all. But 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. 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, this 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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