Looking to Make Lasting Change: Building a Mental Health Graduate Student Network

Wendy Marie Ingram, PhD, Calliope Holingue, Holly Wilcox, PhD, Daniele Fallin, PhD

Mental health challenges are known to be common in graduate school education. In 2004, students at the University of California (UC) Berkeley School of Public Health conducted a survey of graduate students across the university and found that almost half of the students had an 'emotional or stress-related problem' within the prior year (Djokić & Lounis, n.d.; Hyun, Quinn, Madon, & Lustig, 2006). Later, the Graduate Assembly at UC Berkeley wrote the 'Graduate Student Happiness & Well-Being Report' in 2014 (UC Berkeley Graduate Assembly, 2014) which further probed mental health symptoms and found that 47% of Ph.D. students and 37% of Master's/Professional students reported feeling depressed (measured by the 10-item Center for Epidemiologic Studies Depression Scale (Andresen, Malmgren, Carter, & Patrick, 1994)). More recently, a 2017 study conducted on a sample of Ph.D. students in Belgium found that half of students 'experience psychological distress' and many are at risk for a major psychiatric disorder (Levecque, Anseel, De Beuckelaer, Van der Heyden, & Gisle, 2017). Finally, in a report published in March 2018, a large internet survey collected information from over 2000 graduate student respondents from multiple countries, reporting high rates of symptoms of anxiety (41%) and depression (39%) [Evans et.al 2018, Nature Biotechnology]. Aside from leading to psychiatric disorders and physical health symptoms, mental health problems among students can lead to a host of negative academic-related outcomes, such as poorer performance, lower retention, and graduation rates (Association, 2013; Brackney & Karabenick, 1995; Gerdes & Mallinckrodt, 1994; Kessler, Foster, Saunders, & Stang, 1995;

Kitzrow, 2003; Svanum & Zody, 2001). Further, the mental health issues of an individual student can impact others on campus including roommates, other students, faculty, and staff (Kitzrow, 2003).

Recognizing the importance of student mental health, the Office of the President at Johns Hopkins University convened a Task Force on Student Mental Health and Wellbeing in 2016. The task force was made up of faculty, students, and administrators across Johns Hopkins University (JHU). Their charge was to 1) assess mental health services and resources on campus, 2) research best practices for promotion of mental health, 3) compare JHU's practices to those of other institutions, and 4) to create a set of recommendations for services and interventions to improve the climate of the university and the mental health status of students. The task force's recommendations were published in February 2018 and can be found here: https://provost.jhu.edu/about/mental-health-task-force/. The three broad recommendations made were for the university to 1) 'promote a climate of awareness and support for student mental health, wellness, and stress reduction', 2) 'take necessary steps to improve student care at JHU mental health service providers and provide greater access to mental health services', and 3) to offer 'training on mental health awareness and resources for faculty, staff, and students (Johns Hopkins University, 2018).' In order to ensure that these recommendations are followed through on, the creation of a JHU Mental Health Standing Committee was also recommended.

The JHU Task Force explicitly recommended that the JHU Mental Health Standing Committee work with student groups to tackle these issues. A number of student wellbeing groups and university-sponsored initiatives exist at JHU, including some at the School of Public Health (JHSPH). What is lacking at JHSPH however, is a sustainable, ongoing network of students that organize and advocate for student mental health through partnerships with the

school's administration and existing student organizations. In this brief article, we propose the creation of a graduate student mental health network at JHSPH to organize, advocate, and execute mental health cultivation strategies. We envision this network as an umbrella organization that 1) supports current efforts, 2) seeks out best practices by reaching out to other institutions and performs periodic reviews of current literature on student mental health, and 3) operates as a central repository for the preservation, dissemination, and implementation of effective strategies, that can then be deployed and adapted by specific departments and student groups, as desired. **Our ultimate mission is to create a sustained culture of mental health awareness and student wellbeing at JHSPH.**

Below, we briefly summarize a case example of a successful graduate student network, the Molecular and Cell Biology (MCB) Grad Network at UC Berkeley. We propose an initial "menu" of activities that might be implemented here at JHSPH, and then present a scaffold for how this graduate student network might be composed and sustained over time.

The MCB Grad Network (http://mcb.berkeley.edu/group/mcb_grad_network/, co-founded by first-author, Wendy Ingram) began in 2014, one year after the co-founders lost a dear friend in their graduate program to depression. That same year, the MCB department lost a person to suicide at every level, including faculty, postdoc, Ph.D. student, and undergraduate. From their devastation, a group of senior students decided to build something that would promote meaningful change. The mission of the group is to build and provide sustained access to resources for MCB graduate students' complete success. Scientifically, they felt they were well supported by their mentors, thesis committees, and lab mates, but were in need of peer support and guidance for everything else. They created a department-level student-run group that consisted of 1) peer support events tailored to the relevant challenges of each year, 2) a website

presenting centralized resources that other students in that department personally recommended, and 3) trained peer mentors that were approachable and personally knowledgeable about the unique challenges of their programs. They also coordinated with the administration for necessary financial support and sustainability of student membership. The MCB Grad Network has been well-received by students, both during development and four years later. For example, following a student-only "Fireside Chat" that consisted of a directed student panel and small group discussions, the grad network sent out a survey to attendants. The response was overwhelmingly positive and there were requests to hold events such as these for every cohort, including social mixers with a focus on peer support, and a peer mentoring program. Four years later, the MCB grad student network is thriving, has grown, and has continued to adapt to the ongoing needs of the student population. The department continues to support the group, provides refreshments at each event, and has incorporated elections into the MCB Graduate Student Association in order to ensure sustainability of the program. Ingram recently returned to the UC Berkeley campus and received enthusiastic feedback from 1st and 2nd-year students; they loved the events and found them helpful and supportive.

While the MCB Grad Network is a successful example of what a JHSPH mental health graduate network might look like, the structure and components of such a network are adaptable. A sampling of programmatic ideas is summarized in Table 1. These include faculty training and education, workshops on graduate school and mental health, and JHSPH supported culture campaigns, all of which require partnership between student groups and the administration at a school-wide level. Critically, what the network looks like and accomplishes will be determined by the founding committee, will continue to be shaped over time, and will evolve based on interactions with other organizations and the administration.

A potential structure of the group is depicted in Figure 1. We suggest that the network begins with 12 elected student positions. Ten of these positions will be two-year terms, one representative from each department, and two school-wide positions will be held by graduate students in year-long programs for a single year. Twelve new students will be elected yearly, to maintain staggered terms, ensuring the passage of knowledge from year to year. Departmental members will be responsible for reciprocation of communication between each department and the grad network. The grad network will ideally operate with monthly meetings and members will also join subcommittees responsible for various activities. Importantly, the network should have regular contact with the Office of Student Affairs, University Mental Health Services and Office of Wellness and Health Promotion, the Student Assembly, and the JHU Mental Health Standing Committee. Additionally, the network would facilitate sustained communication and engagement with existing and nascent student wellness efforts (e.g. Student Assembly Quality of Life Committee, UHS Student Health Advisory Committee, Active Minds, A Place to Talk, Department of Mental Health Student Group). To ensure sustainability, founding members should engage with the stakeholders (administration, department chairs, student groups, student population) in the early days of developing this network.

The intense psychological burden of graduate school has too long been ignored. Our proposed JHSPH graduate network will be an important step in keeping student mental health a top priority for the School. By addressing the mental health needs of graduate students, we will be positioning our academic trainees for far-reaching success. Positive mental health culture, awareness, and resilience skills acquired during graduate school will follow students into their postdoctoral fellowships, and onwards into their faculty, government, and industry positions. We invite interested students, stakeholders, and those from outside schools to contact us with

feedback, interest in helping establish this network, and those that may wish to collaborate to expand these efforts beyond JHSPH.

Table 1. Potential Graduate Mental Health Network Activities
School-wide or department-specific wellness events
Website of peer-reviewed resources, upcoming events
Active social media and targeted messaging
Peer mentoring
Faculty training
Trainings on 'what to look for'
Culture campaigns
Stigma reduction efforts
Storytelling
Series workshops on issues relevant to education experiences (e.g. coping strategies, transitions, thesis issues)
Trainings in psychological first aid / active listening
Suicide Prevention Efforts

Figure 1. Possible Structure of Graduate Student Mental Health Network
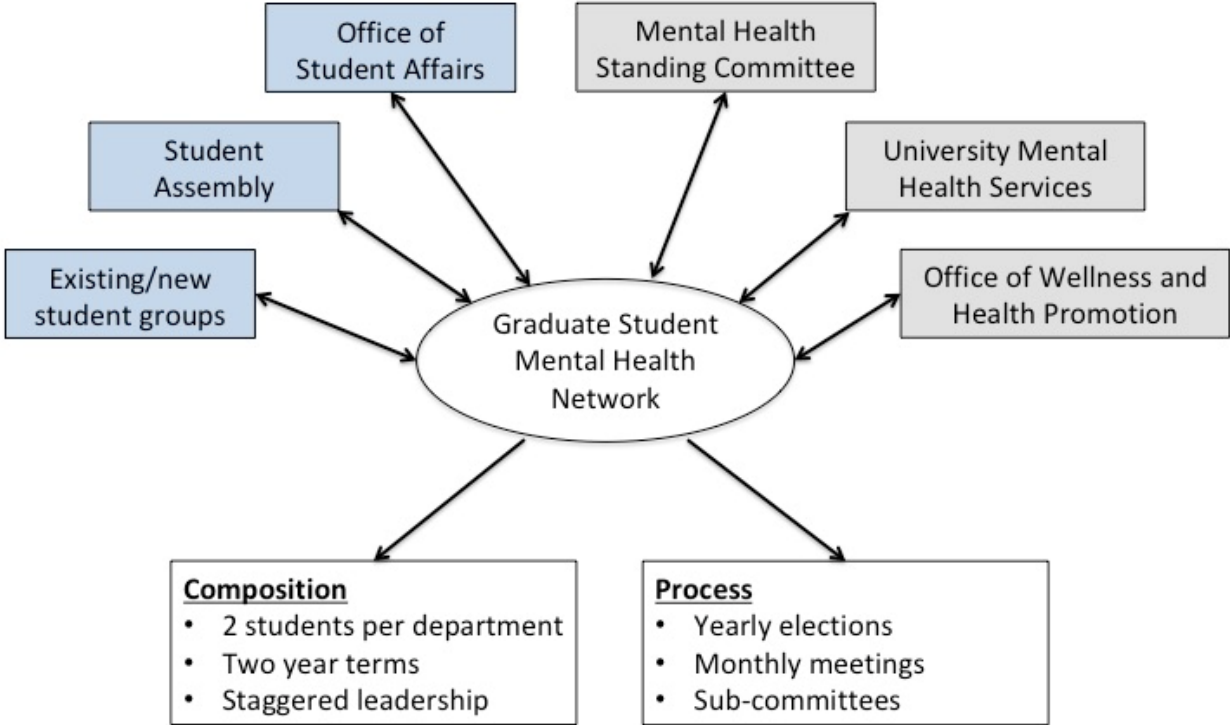
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