

Initiating Mental Health Conversations in Academia

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Millions of people are affected by mental health concerns each year. For example, one in five adults experience mental illness each year. Recent studies show that 50% of all lifetime mental illness begins by age 14, and 75% by age 24. Yet, the topic of mental health remains seldom discussed. Although not a taboo, it is usually associated with a negative stigma. Initiating conversations about mental health, burnout, stress, and coping strategies takes courage and strength. Such conversations are perhaps even more difficult for engineers and scientists because they do not conform to the structure and rigidity of our professional lives. Mental health concerns have been documented at all levels of academia—from undergraduate students to graduate students, through senior faculty.

The uncertainty and isolation of the global pandemic has exacerbated feelings of stress, anxiety, and depression. The college years are often transformative, when students transition from adolescence to adulthood, develop autonomy (leave home, organize self-study, etc.), and build competencies. If environments provide appropriate psychological, biological, and social factors, these young adults can transition into adulthood relatively well. Yet, studies suggest that one in three college students suffer from one or more mental health problems.¹ Moreover, similar statistics apply to students leaving universities without a degree.² Anxiety and depression amongst graduate students have been on the rise in recent years, and graduate students are three times more likely than the average American to experience mental health disorders and depression.³ In 2014, nearly half of all University of California, Berkeley graduate students met thresholds for depression.⁴ These findings clearly recognize that early onset, duration, and severity of mental health diagnoses negatively impact the trajectory and overall success of college students.

Since the onset of the COVID-19 pandemic, the situation has escalated and students are reporting increasing severity and frequency of mental health concerns, difficulties with concentration, disruption to sleep patterns, increased social isolation, issues with academic performance, disruption to eating patterns, changes in living environment, and financial difficulties. Stressors for remote learners, such as “zoom fatigue” and loneliness, greatly increase the

impact on mental health. Students report feelings of loss and that they are navigating this pandemic alone both emotionally and academically. Jarringly, one in four students reported they seriously considered suicide in the last 30 days.⁵

A recent report from Boston University's School of Public Health indicated that students are increasingly relying on professors for mental health assistance and that faculty are willing to help but they need and want more guidance on how to help.^{6,7} To help faculty manage the mental health crisis, in this article we will provide guidance on how faculty can recognize students in distress and a practical guide to initiating a mental health conversation.

Distress in students can be more easily recognized if a professional connection and trusting environment exists between students and their professors. One telling sign of students in distress are changes in their behaviors, such as those described in the REDFLAGS model.⁸ Faculty are likely to notice if a student starts missing class or turning in assignments late. Educators should note and inquire about these behavioral changes. Other changes that faculty might observe include changes in dress, hygiene, or class participation. Students may seem less engaged or fatigued. At times, faculty may think that a student doesn't care, isn't invested, or is "lazy." It is important to not make assumptions about students' character based on their academic performance.

When supporting college students, it is important to understand the impact mental health and other environmental factors like COVID-19 have on academic performance. The vast majority of students who are struggling may often feel embarrassed and/or reluctant to ask for help from school counseling services or other academic resources.⁹ They may have difficulty verbalizing what is contributing to their struggles, especially during this unprecedented time. Noticing these changes early and empathically bringing it to a student's attention can promote improved academic success and student mental health.^{8,10} Additionally, educating TAs about these signs and having them share concerns is another way that faculty can support their students.¹⁰ Faculty are in a unique position to notice behavioral

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changes and intervene quickly instead of waiting for the student to reach out to them. Students may delay seeking help due to any number of personal reasons or circumstances. Longer intervention times may increase the negative impact on student mental health and make it more difficult for students to recover both mentally and academically.

How can one start the mental health conversation? Faculty may feel concerned that they do not know what to say to a student who is struggling. If they approach the student noting a behavior change and the student acknowledges feeling depressed or that they are struggling, what can we say and do? The most important thing we can do is to first acknowledge that the student is struggling. Avoid giving advice or making judgments. Instead, try reflecting and paraphrasing students' thoughts and feelings, which will help students to feel seen and heard. Try to match the tone, feeling of the words, and students' facial expressions and body language and use introductory phrases such as:

- You feel (insert applicable feeling) depressed, sad, worried, stressed, tired, lonely
- You haven't been getting a lot of sleep lately
- You said you are struggling to keep up in your classes
- You think you might not be able to graduate this semester

Once the student's concerns have been adequately acknowledged, share campus and mental health resources such as counseling centers, academic counseling, and wellness and disability resource centers. Students can also get connected to student organizations, which provide needed social interactions to help combat loneliness and isolation. Additionally, they can receive a higher level of support from

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the National Suicide Prevention Lifeline at 1-800-273-8255. This can help students feel supported and understood. From that place, they are better able to make the best plan to move forward.

In addition to these steps, faculty can take preventative measures at the beginning of the semester to encourage students to practice self-care and maintain a regular schedule. An easy first step is including a list of mental health resources in the syllabus so students have it available should they need help. Another step is reaching out to university support services (e.g., wellness or counseling centers and health promotion organizations within their university system) and having a qualified professional present about mental health in the first weeks of classes. However, talking about it once is not sufficient and faculty should emphasize mental health throughout the semester and model coping skills such as healthy communication skills, stress management, and getting adequate sleep. If faculty members take the time to build student connection within their class, starting with learning names and forming study groups or teams, attending class can become an important support for students who are coping with social isolation. Early intervention is key to addressing these issues. Faculty members can make a world of difference in students' lives by taking these simple steps. Human beings are social individuals. Providing students with a sense of community and belonging can help them deal with stress and perform better academically. The better that we can identify the behavioral changes and symptoms of students in distress, the better we can intervene and get students back on track.

Faculty members, too, can suffer from mental health challenges. With 19.1% of the general population reporting mental health problems, some studies suggest that the percentage is even higher amongst

faculty in academia.^{11,12} The tenure and promotion system is built on extreme competitiveness and assumes that the faculty members are experienced, resilient, and tough enough to withstand the stresses associated with the job requirement. Yet, faculty mental health is seldom discussed and there is scarcity of data on the prevalence of stress, anxiety, and other mental health-related problems among professors.

As educators care for student mental health, they also should not forget about their own mental wellness. Some suggestions to support faculty mental health include getting enough sleep, eating nutritious meals, practicing good physical hygiene, volunteering (volunteering opportunities can be found at <http://www.volunteermatch.org/>), connecting with oneself and others, and doing something enjoyable every day. Deep breathing, mindfulness, visualization, repeating a mantra, and meditative exercise (e.g., yoga, tai chi) are all beneficial. The key is finding what works for each individual person. Caring for mental health often takes a backseat to other demands and it takes time and effort to improve; however, the benefits are profound. It is within each person to protect their mental health by staying active, continuing to communicate with friends, family, and community, maintaining a sense of structure in daily life, making time to unwind, engaging in self-care, and taking breaks from the news. Learning to cope with stress in a healthy way is within reach by taking control of our environment: balance work and home life, find a hobby, exercise, bond with a pet, identify goals within your reach, adjust your standards, be kind to yourself and others. Small changes in our daily activities break the mold and pave the way to a happier, healthier, and more productive life.

Our society needs to address mental health on a continuum, similar to how we approach our physical health, by starting with small progressive steps. Acknowledging challenges and adding small changes to one's daily routine can help reduce stress levels. Small steps make a positive difference that can lead to big changes in how we feel and how we live our daily lives.

We hope that this article aids you with starting conversations about mental health and supporting students both in and outside of the classroom. As you return to campus, observe the cognitive and behavioral changes that take place in your buildings and pay attention to signs of distress both in students and faculty. Do not be afraid to initiate conversations about mental health and help us pave the way for creating acceptance of mental health conversations in the minerals, metals, and materials academic community.

End Notes

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