



## MENTORING AND SUPPORTING TRAINEES' MENTAL HEALTH

### MENTAL HEALTH TERMS AND DEFINITIONS

- **Rates of anxiety and depression in biomedical research trainees:** 24% depression<sup>1</sup>, 35% anxiety<sup>2</sup>
- **Positive and negative factors related to graduate student mental health<sup>3</sup>**
  - **Positive:** Social support, departmental social climate, optimism about career prospects
  - **Negative:** Financial concerns, poor mentorship, perceived institutional discrimination
- **Depression:** A negative affective state, ranging from unhappiness and discontent to an extreme feeling of sadness, pessimism, and despondency, that interferes with daily life<sup>4</sup>
  - **Physical, cognitive, and social changes:** Altered eating or sleeping habits, lack of energy or motivation, difficulty concentrating or making decisions, withdrawal from social activities
- **Grief:** Anguish experienced after a significant loss
  - **Grief vs. major depressive episode<sup>4</sup>**

|                    | Grief  | Major Depressive Episode                                     |
|--------------------|--|--|
| Predominant affect | Emptiness, loss                                      | Persistent depressed mood, inability to anticipate happiness |
| Pattern            | Decreases in intensity over time, waves of dysphoria | Persistent   |
| Self esteem        | Preserved  | Worthlessness, self-loathing                                 |

- **Anxiety:** An emotion characterized by apprehension and somatic symptoms of tension in which an individual anticipates impending danger, catastrophe, or misfortune<sup>4</sup>
  - **Body often mobilizes itself to meet the perceived threat:** Tense muscles, fast breathing, rapid heartbeat
  - **Anxiety vs. fear**
    - **Anxiety:** A future-oriented, long-acting response broadly focused on a diffuse threat
    - **Fear:** An appropriate, present-oriented, and short-lived response to a clearly identifiable and specific threat
- **Burnout:** Syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed<sup>5</sup>
  - **Characterized by three dimensions:** (1) feelings of energy depletion or exhaustion; (2) increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and (3) reduced professional efficacy
  - Classified by the World Health Organization as an **occupational phenomenon**, not as a medical condition
- **Moral injury:** Perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations<sup>6</sup>
  - **Hallmark reactions:** guilt, shame, disgust, anger



## INTERVENTIONS TO SUPPORT TRAINEE MENTAL HEALTH

- **Domains for intervention<sup>7</sup>**
  - Social and community building activities
  - Smoothing the transition from courses and exams to independent research
  - Destigmatizing nonacademic career paths
  - Collegiality in workshops and seminars
  - Advising experience
  - Imposter phenomenon
  - Peer mentorship and support groups
  - Mental health resource awareness
  - Reducing stigma and helping students access mental health resources
- **Specific intervention examples<sup>7</sup>**
  - **Peer mentorship program**
    - **Goals:** Connect students across graduate years, help younger students break the ice with older students about the challenges of graduate school, increase quality social connections among students
    - **Peer Mentors:** Student volunteers who offer a friendly ear, help students to think through their problems, point students toward the proper campus or outside resources
      - Volunteers go through several workshops on: Good listening and counseling techniques, resources available to students on campus
  - **Workshops**
    - Cognitive Behavioral Therapy (CBT) workshop to enhance emotional awareness and emotion regulation
    - An advising and mentoring workshop for faculty
    - A session on mental health for incoming students included among required orientation sessions: Mental health-related resources
    - Workshop led by faculty that aims to help students transition from coursework to independent research
    - Workshop series that features faculty and alumni talking about nonacademic opportunities post-PhD
  - **Faculty-student relations**
    - Faculty teaching classes should commit to fixed office hours
    - Student-faculty lunches: Monthly with group of 3-4 students
    - Graduate student mental health working group
    - Clarify faculty and student expectations / responsibilities in advising relationships

## COMMUNICATION BEST PRACTICES

- **What faculty should do**
  - Approach trainees with **curiosity and empathy**
  - **Establish psychological safety** through normalizing struggles
  - **Be aware** of how your role affects candor from the trainee
  - **Provide access** to additional mental health resources
- **What faculty should not do**
  - **Don't diagnose** or make a treatment plan
  - **Don't make assumptions**
  - **Don't give clinical advice:** Refer to a mental health professional if appropriate



## TRAINING TO ENHANCE RESEARCHER RESILIENCE AND ADAPTABILITY

- **Guiding questions and phrases to establish a safe space for disclosure**
  - "I've noticed X,Y,Z; would you be willing for us to talk more about this so I can understand what's been going on for you?"
  - "I've been through something similar" [if true]
  - "What do you think you need at this point to stay well?"
- **Communication tips for mental health support**
  - **Thank them for coming to you**, and say you're glad that you can develop a plan together and collaborate on keeping them well
  - Highlight that **struggle is common**
  - **Can offer resources**: May suggest they reach out to disability services if they feel they could benefit from complementary resources and accommodations
  - **Have trainees take the lead** and be empowered to suggest what would be helpful to them
  - **Encourage them to take time off if needed**: Highlight that it counts as sick leave not annual leave

## CREATING A CULTURE OF PSYCHOLOGICAL SAFETY

- **Psychological safety**: The shared belief among team members that the environment is safe for interpersonal risk-taking<sup>8</sup>
- **Programs to foster a culture where it is safe to share challenges**
  - **Reflection rounds**: Regular forums for sharing struggles, modeled by faculty
  - **Bystander training**: In-lab training to identify distress signs, promote lab values, and encourage sharing faculty concerns
  - **Principal Investigator training**: Ensure principal investigators are aware of mental health resources and know the point people to whom they can refer students for mental health support
  - **Early training**: Set expectations during orientation that struggling is a normal part of the process
  - **Debriefs**: Focus on emotional processing, do not suggest symptoms that aren't present or make assumptions
  - **Multi-mentor meetings with program director**: Ensure all mentors are aware of trainee's projects, mentors often scale back expectations to make it more manageable
  - **Mental health toolkit for faculty**: Include training on moral distress, grief, burnout, and symptom recognition, to be included in onboarding for faculty and trainees
  - **Near-peer process groups**: Can be facilitated or not, meeting monthly to discuss successes and challenges, focus is "what's going well?" and "what's not going well?", ensure confidentiality

## ADDITIONAL RESOURCES

- **988 Suicide & Crisis Lifeline**: Provides free, confidential, 24/7 support from trained counselors for mental health emergencies, extending beyond suicide concerns
  - **Call or text**: 988
  - **Chat**: 988lifeline.org
  - **Please share this resource broadly** with your trainees and faculty



- **Institutional mental health resources**
  - **A comprehensive map of mental health resources** can assist both trainees and faculty in navigating institutional offerings<sup>9</sup>
    - **An example map can be found at:** [https://meded.ucsf.edu/sites/meded.ucsf.edu/files/inline-files/Map%20of%20UCSF%20GME%20Well-being%20Resources\\_Updated%20September%202021.pdf](https://meded.ucsf.edu/sites/meded.ucsf.edu/files/inline-files/Map%20of%20UCSF%20GME%20Well-being%20Resources_Updated%20September%202021.pdf)

## A MULTI-PRONGED APPROACH TO SUPPORTING TRAINEE MENTAL HEALTH

- **A multi-pronged approach** is crucial for successfully addressing mental health challenges in graduate school<sup>10</sup>
  - **Individual strategies:** Build a support group, reach out for help, reorganize work-life balance
  - **Interpersonal strategies:** Ask how others are doing, speak out against injustice, talk openly about mental health
  - **Institutional strategies:** Create an inclusive culture, improve professional care, reward mental health service



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