

Faculty Guide for Mentoring a Student with a Mental Health Issue

Goal:

The past few years have seen a dramatic increase in the incidence of mental health issues nationwide, particularly in undergraduate and graduate students. A recent study found that graduate students experience anxiety and depression at a rate over six times higher than the general population¹. Approximately 40% of graduate students are experiencing moderate to severe anxiety or depression at any given time. This ongoing mental health crisis presents new challenges in training and mentoring students for which most faculty are poorly prepared.

To provide faculty with resources to deal with these challenges, a committee comprised of three Department of Microbiology & Immunology faculty interviewed multiple UNC student service providers and health care professionals, with the goal of drafting guidelines to help faculty identify and address student mental health issues. The committee compiled the consensus answers to 11 questions commonly asked by faculty when dealing with students suffering from mental health issues, focusing on three key areas:

1. What are warning signs of potential mental health issues?
2. What resources are available to faculty, and what steps should faculty take if a mental health issue is suspected or identified?
3. What are the next best steps when a student mental health issue is identified?

Our efforts were driven first and foremost by the desire to be fully committed to helping the person suffering from a mental health issue. At the same time, we recognize that, in our roles as principal investigators (PIs) and mentors, we have the responsibility to address these problems in a thoughtful, considerate, and timely manner.

Summary of committee actions:

After an initial organizational meeting, Drs. Kristina De Paris, Rob Nicholas, and Nat Moorman developed a set of commonly asked questions. These questions were then discussed over the course of the 2018 fall semester in individual meetings with various campus stakeholders involved in student mental health. The campus stakeholders interviewed were:

Dr. Allen O'Barr, Director of UNC Counseling and Psychological Services (CAPS)

Dr. Hoi Ning Ngai, Associate Dean for Student Affairs, UNC Graduate School

Desiree Rieckenberg, Senior Associate Dean of Student; Director of the Office of the Dean of Students (ODOS)

Allison Schad, Student Wellness Coordinator, Office of Graduate Education

Dr. Robert Bourret, Director of Graduate Studies, UNC Department of Microbiology & Immunology

Anna O'Connell, Office of Graduate Education (OGE), Director of BBSP First Year Program; Director, Biomedical Student Affairs

Dr. Ashalla Freeman, Director of Diversity Affairs; Co-Director of the UNC Initiative for Maximizing Student Development (IMSD)

Each stakeholder was tremendously helpful; their experiences proved to be a valuable resource. A summary of their answers and relevant resources with contact information is included below.

1 Evans, T. M., Bira, L., Gastelum, J. B., Weiss, L. T. & Vanderford, N. L. Evidence for a mental health crisis in graduate education. *Nat Biotechnol* **36**, 282-284, doi:10.1038/nbt.4089 (2018).

Commonly asked questions:

1) What are the warning signs that a student may have a mental health issue?

While the specific presentation may vary, all stakeholders identified a change in behavior lasting more than one week as the number one indicator a student may be suffering from a mental health issue. Additional signs of potential mental health issues include: i) not attending classes and/or showing up for work; ii) not responding to communication or outreach; iii) avoiding interaction; iv) not meeting established timelines without communicating ahead of time; v) lack of energy; vi) increased irritability, anger, or restlessness; and/or vii) strange or bizarre behavior.

2) If we suspect an issue, should we approach the student? How should we approach the student?

All stakeholders agreed that it is important to have a conversation with the student about the issue you have observed. Most important is to approach the student in a positive manner and express your concern for their well-being. Tell the student what behavior has caught your attention, and provide reasons why this behavior is concerning to you. Be honest that the issue could be a problem that has consequences that you want to help them proactively address. Remember that you are not a trained mental health professional -- do not attempt to diagnose the potential problem.

During this conversation, the student may reveal that they are indeed having an issue with their mental health, or that they have dealt with an issue in the past. Be empathetic in your response, as sharing this information was likely scary and difficult for the student. As discussed below (see questions 5 and 6), this information should only be shared with those with a legitimate need to know. While it is important to respect the student's privacy, let them know that you may not be able to keep the information confidential. Rather explain that you may need to reach out to others to get the student the help they need.

3) If we suspect an issue, what should our first step be?

- **What are our obligations as faculty/supervisors?**
- **What are additional optional steps?**

If you feel the student presents an imminent safety risk to self or others, you must call campus police or 911 immediately.

You may find that the student engages in the conversation, and would like your help in accessing campus resources. While not required, multiple options are available to you for helping the student:

- If the situation is acute, one option is to walk the student to Counseling and Psychological Services (CAPS), which is located on the 3rd floor of the James A. Taylor building behind the UNC Hospital. If they prefer, students can also access CAPS services by themselves on a walk-in basis. CAPS should be able to see the student at the time they present to the front desk, especially if CAPS staff is informed that the situation is urgent.
- You could also direct the student to the BBSP Student Wellness coach, Allison Schad, although she may not be available immediately.
- An additional resource is the Dean of Students office, which houses the Accessibility Resources and Services (ARS). Contact information for each of these resources can be found at the end of this document.

A common manifestation of mental health issues, particularly with anxiety or depression, is that the student disengages from contact with the PI and/or other lab members. In these cases, you should first attempt to contact the student by email and/or phone to discuss the issue. Explain to the student that you are concerned, and that if you do not hear from them in a defined time frame (no more than a few days), you will need to reach out to others on campus for help. If the student doesn't respond, you should contact the Director of Graduate Studies and the Dean of Students office. Allison Schad, the BBSP Wellness Coach, is another resource for student outreach in such instances. An IMSD student might prefer to talk with Ashalla Freeman or Jessica Harrell. Communicating through, or together with, one of these additional resources can help alleviate stress the student may feel when talking with you. If your

relationship with the student is contentious, these resources can also provide an objective voice in the discussion. The involvement of these third parties will also be important in the event that the student's issues ultimately prevent them from meeting their academic and professional expectations and responsibilities (see question 9 below).

4) If an issue is identified, what are the next steps?

The next steps depend on the individual and their specific situation. In all cases, you should try to stay in touch with the student, and express your support. A recommendation from multiple campus experts is that the mentor, the student, and student service resource providers should meet to develop a plan of action. This team, referred to here as the student-mentor-resource team (SMRT team), should include the Director of Graduate Studies and a representative from the Dean of Students office. The goal of the SMRT team is to find a way to work with the student to address their issue while ensuring they make timely progress towards the completion of their degree.

A critical part of this conversation is to ensure that the student's expectations and responsibilities for performance are clearly understood. Ideally, expectations and responsibilities should have been defined beforehand. If not, now is the time to have this discussion. It is important to explain the potential consequences of not meeting expectations and responsibilities, and how this might impact their role in the lab. Having this conversation can help prevent misunderstandings, and also provides the framework for how the mentor might accommodate the student's needs as they seek help. Again, expressing your support and commitment to finding a solution that works for all parties can play a significant role in the student's progress.

5) What reporting/documentation is required as the issue is addressed?

Documenting your interactions and communication with the student can be a very important part of the resolution process, especially when a less than optimal outcome becomes likely. All stakeholders agreed that it is not possible to have too much documentation of the steps you take to resolve the issue. A copy of all written communication with the student as you work to resolve the issue should be archived for your records.

In some cases, you may need to initiate a discussion with the student if the mental health issue is impacting their ability to meet expectations and responsibilities. Such meetings, while necessary, can be stressful for both you and the student. This stress can impact your recollection of what was discussed. A good practice is to send a follow-up email after such discussions, summarizing who was present, what was discussed, and what will happen going forward. The dates of oral communication with the student should also be recorded, as well as a brief synopsis of your discussion. This helps ensure that everyone has the same understanding of the meeting's outcome, and can help the student to prioritize next steps.

6) How do we communicate with other lab members about a student's mental health issue?

Faculty should refrain from discussing specifics with the student's coworkers. However, others in the lab may have noticed the issue that brought this to your attention. If a lab member approaches you about the affected student, it is important to acknowledge their concerns, and assure them that you are aware of the situation. An example response might be, "I can't say more but I can assure you we are addressing the situation with the student. Feel free to talk to me if any additional issues come up, or if you are feeling unsafe. I want to ensure that everyone feels supported."

7) What are the issues surrounding privacy? Who can we communicate this information to? Who can we not tell?

In general, the specifics of the situation should only be shared with those with a legitimate need to know. It may be necessary to discuss the situation with other student service providers, or with a health care professional. In such cases, it is appropriate to reveal the student's identity and specific situation to these individuals if their capacity to help depends upon this information. In these cases, it is important to communicate to the student that you may need to talk to others to get help. Honesty and transparency with the student is important.

8) While recognizing that each situation is unique, what are the expected timelines to resolve a student mental health issue?

It is important to remember that each situation and individual is unique, and therefore will have its own timeline to resolution. With support and treatment, the student may stabilize quickly but also could have to deal with this issue on a long-term basis. In terms of returning to normal function in the lab, this will depend on the plan of action put in place by the SMRT team. In all cases, a plan for getting the student on track to meet expectations and responsibilities should be in place within 2 weeks. Progress towards meeting expectations and responsibilities should be reviewed weekly at first to ensure timely progress. This could be accomplished by in-person meetings with the SMRT team, individual meetings between the student and mentor, or via phone or email if necessary. Remember to document the actions taken and the outcomes of all discussions. While the situation may stabilize within a matter of weeks, it is important to remember that the student's return to usual functioning may take much more time; therefore, it is important to maintain an ongoing conversation with the student. Monthly or bimonthly meetings of the SMRT team are useful to check in on progress as the team works to resolve the issue.

9) If the mental health issue prevents the student from performing their job, what steps need to be taken? What options are available?

Unfortunately, mental health issues can be debilitating to the point that the student is not able to meet their expectations and responsibilities. In some cases, the issue may be too severe to resolve in a timely manner or may require extended time away from the lab. The SMRT team serves as a key resource for making that determination. If the team agrees that the issue will prevent the student from meeting expectations and responsibilities, then a representative from The Graduate School should be brought in for subsequent conversations. Dr. Hoi Ning Ngai can serve as a point of contact for The Graduate School.

Two options are available to students if they are unable to fulfill their expectations and obligations:

1. Medical withdrawal. As long as the student health fee has been paid, the student can continue to utilize campus resources during the medical withdrawal, *but only until the end of the semester*. Taking a medical withdrawal and returning from medical withdrawal both require the consent of a medical professional and is handled through CAPS. It is important to note that CAPS will not clear students too far in advance of a return, therefore it is important to coordinate this process with CAPS. An important consideration is that a medical withdrawal does not stop the eight-year clock on the maximum amount of time a doctoral student can be enrolled in graduate school (Note that you can petition the Graduate School for an extension of the eight-year limit due to extenuating circumstances, although it requires approval of the program and is usually not granted for more than one year).
2. Leave of absence. A leave of absence must be taken between semesters. This generally occurs after a withdrawal, in cases where the student is not ready to return at the start of the next semester. In advance of the leave period, the student must submit a completed *Request for Leave of Absence* form to The Graduate School, which requires approval by the academic program. Note that the deadlines for notifying the university that a student intends to take a leave of absence are earlier in the semester than you might think, so be sure to check The Graduate School website for applicable deadlines. Unlike a withdrawal, a leave of absence *does* stop the graduate school clock, but only for a maximum of one year. Ordinarily, a leave of absence may not be renewed. It is important to make the student aware that, while on leave, no progress towards their graduate degree can be made.

10) If a student decides to pursue a medical withdrawal and/or take a leave of absence, can they still access student mental health services?

With a medical withdrawal, as long as the student health fee has been paid for that semester, the student would continue to have access to campus mental health resources through the end of that semester.

During a leave of absence, the student is not considered enrolled in the university, and therefore will not have access to campus services and benefits, including student health insurance. Students should contact Vicki Warwick at Campus Health Services (CHS) to discuss alternative insurance options. If local,

students should consult with CAPS providers regarding community service providers.

11) If a student decides take a leave of absence, how is the determination made that they are healthy enough to return?

Students must submit a readmission or reapplication request to The Graduate School and their academic department to return from a leave of absence (depending on the amount of time they are away). Students can be required to be evaluated and cleared by CAPS if they took a medical withdrawal through CAPS. If the leave of absence did not follow a medical withdrawal, CAPS clearance cannot be mandated. For readmission, departments have the right to ask how a student has addressed the issues of concern that led to their departure, and students can provide appropriate documentation supporting their statement.

Useful Resources:

Director of Graduate Studies (DGS)
Dept. of Microbiology and Immunology
Robert Bourret: 919-966-2679
Department contact for student issues

Counseling & Psychological Services (CAPS)
919-966-3658
Walk-in hours: 9-12,1-4,M-F
No appointment needed
BBSP staff can walk a student over

Student Wellness Coach
Alli Schad:919-843-4171
alison_schad@med.unc.edu
counseling for students, consultations for faculty

Office of Graduate Education Student Affairs
Anna O'Connell: 919-843-3387
aboconnel@unc.edu
faculty or student consultation

Dean of Students
919-966-4042
consultation on student of concern

Department of Public Safety
919-962-8100
For emergencies – including medical
If you feel the student presents an imminent safety risk, to self or others, call campus police at the Department of Public Safety or 911 immediately.