
Supporting Trainee Mental Health and Well-being

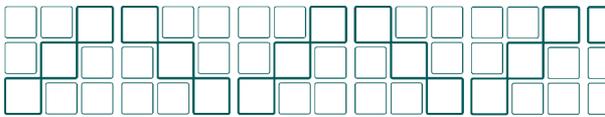
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#News

Mental Health Crisis for Grad Students

Study finds "strikingly high" rates of depression and anxiety, with many reporting little help or support from supervisors.

By [Colleen Flaherty](#) // March 6, 2018

72 COMMENTS

CBE—Life Sciences Education, Vol. 18, No. 2 | Article

Free Access

Burnout and Mental Health Problems in Biomedical Doctoral Students

Gabriela A. Nagy, Caitlin M. Fang, Alexander J. Hish, Lisalynn Kelly, Christopher V. Nicchitta, Kafui Dzirasa, and M. Zachary Rosenthal

Diane K. O'Dowd, Monitoring Editor

Published Online: 31 May 2019 | <https://doi.org/10.1187/cbe.18-09-0198>

Researchers facing 'shocking' levels of stress, survey reveals

Nearly two thirds of those who took part had witnessed bullying or harassment

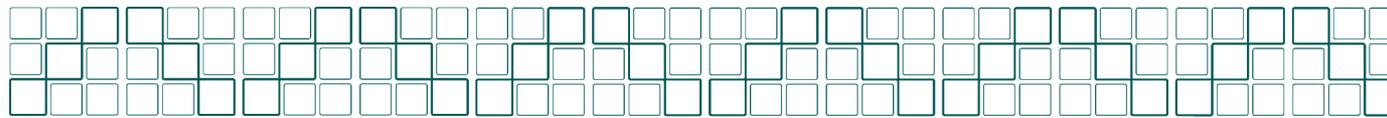
Comment | [Published: 10 July 2020](#)

Addressing racism and disparities in the biomedical sciences

[Uraina S. Clark](#) & [Yasmin L. Hurd](#)

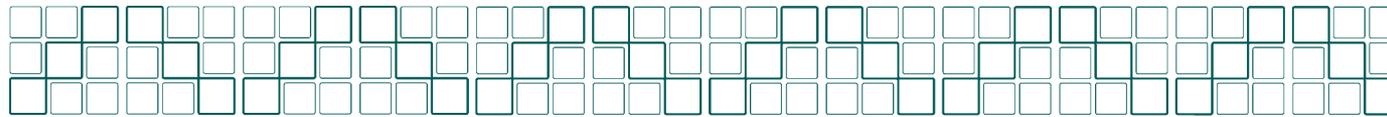
Nature Human Behaviour **4**, 774–777(2020) | [Cite this article](#)

8467 Accesses | **7** Citations | **195** Altmetric | [Metrics](#)



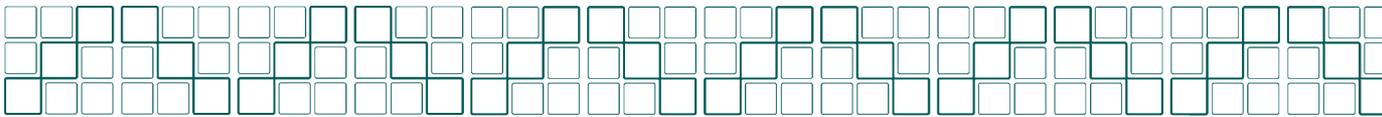
Three Overlapping Goals

- To help trainees appreciate the link between resilience, stress management/wellness and school/career/life success (see https://www.youtube.com/watch?v=P_urdT37HO4&t=5s)
- To help trainees work through acute stressors with minimal disruption of their academic and research progress
- To better prepare ourselves to deal with more serious mental health concerns that impact some members of our community
- Requires three things:
 - That we frame this as a wellness, not an illness, issue
 - Personal and culture change at all levels
 - Collaboration between PIs, trainees and institutional resource staff



Protective Factors

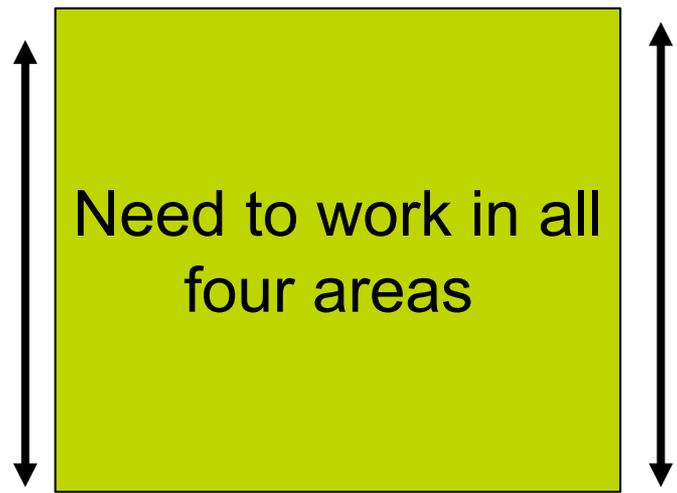
- The development and use of positive coping styles
 - Connection and support
 - Time to take care of yourself, attend to hobbies, rest and recharge
 - A sense of financial stability (ability to get financial help when needed)
 - Quality mentoring relationships
-
- Important to appreciate that program leadership and PIs play a major role in helping trainees in all of these areas



The Broader Context

Resilience
Well-Being
Mental Health

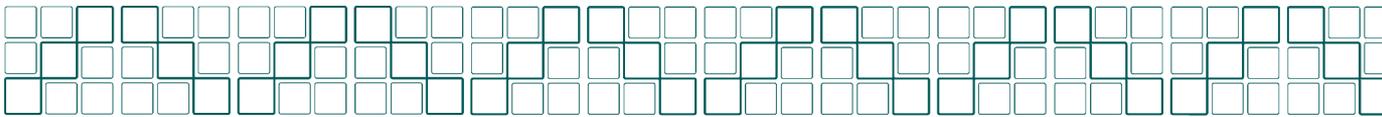
Affinity groups
DEIA programs
Allyship training



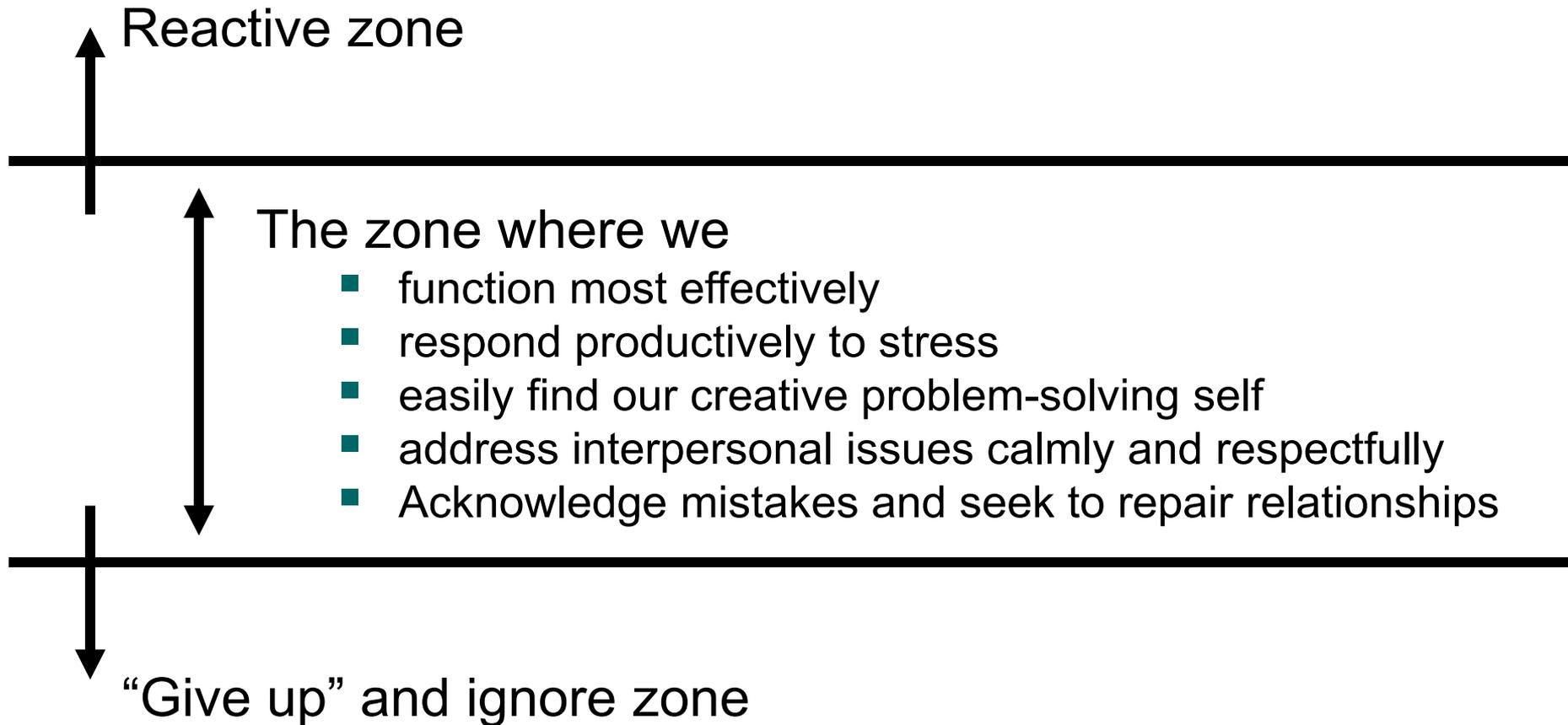
Civility Programs
Mentor Training

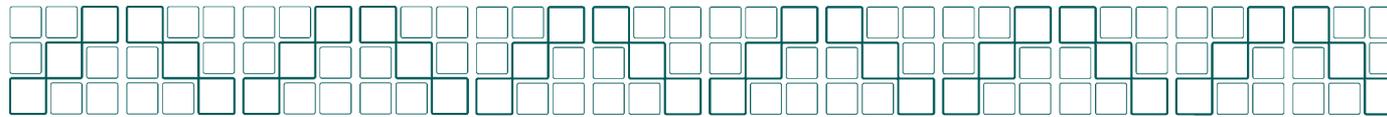
Career development
Support for diverse careers



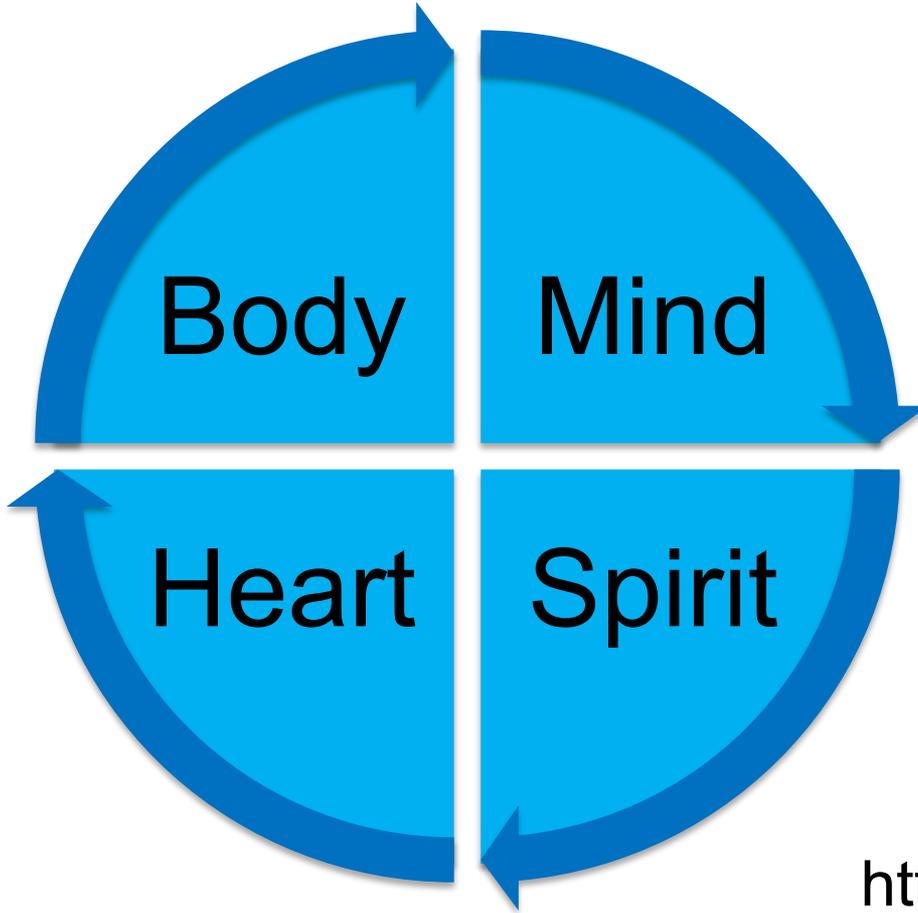


Our Window Of Tolerance



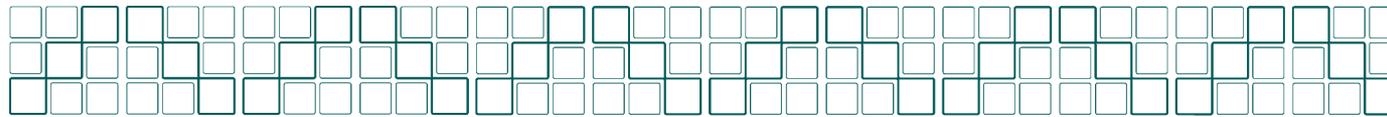


Holistic Health and Self-Care



Requires paying attention to physical, mental, emotional, and spiritual wellbeing

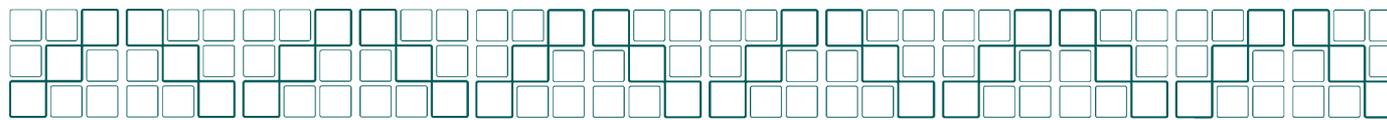
<https://www.youtube.com/watch?v=XHeEBFBP2Zs>



What is Resilience?

- The ability to:
 - adapt and grow through adversity
 - navigate difficult challenges with awareness, intention, and skill
 - find a constructive way forward during challenging times
- A set of attitudes and behaviors that can be learned and developed through education, self-reflection, and practice

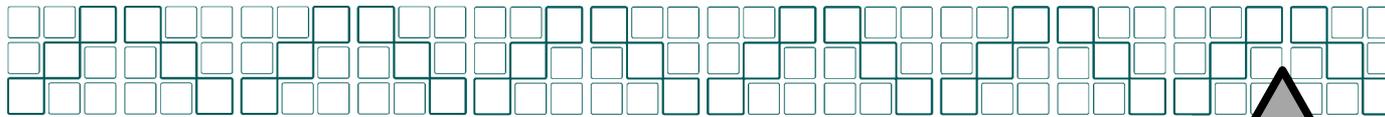
<http://www.apa.org/helpcenter/road-resilience.aspx>



How Do We Develop Our Resilience

- Attending to our well-being; developing a stress management toolkit
- Finding community and engaging authentically with peers and mentors
- Using resources – proactively and in times of stress
- Having strategies for dealing effectively with set-back and disappointments
 - developing our emotional intelligence
 - understanding how distorted self-talk undermines our confidence and progress
 - developing our growth mindset (the work of Carol Dweck)

Resilience = People + Process + Preparation



OITE Resilient Scientist Series

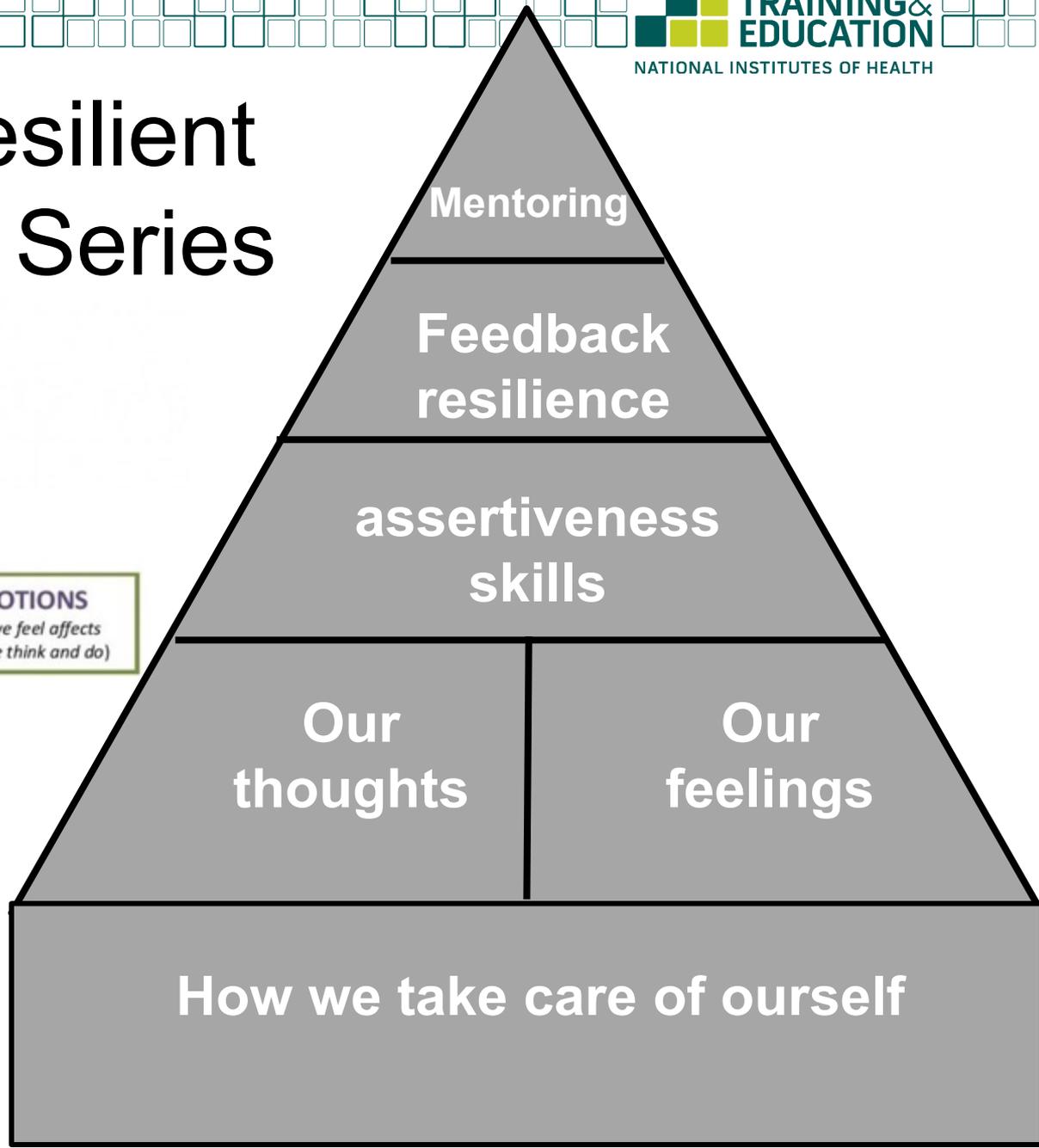
THOUGHTS
(What we think affects how we feel and act)

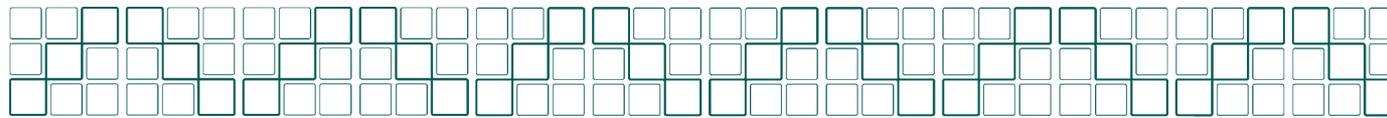


BEHAVIOUR
(What we do affects how we think and feel)

EMOTIONS
(How we feel affects what we think and do)

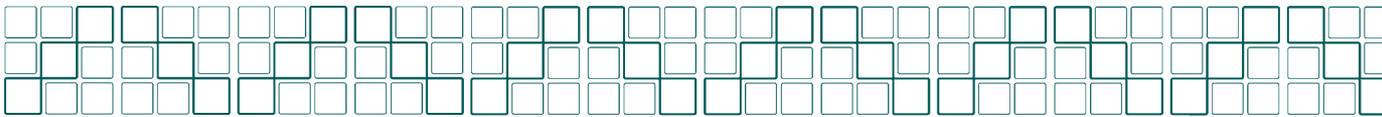
- Summer 2020
- Fall 2020
- Winter 2021 (RTP1)
- Summer 2021 X2
- Fall 2021 (RTP2)
- Spring 2022 (NPA)





Up-Coming Facilitator Training

- On-line: June 27 – 29, 2022
- On-line Train-the-trainers extension: July 11 – 13, 2022
- Useful for running resilience groups along with the BRS program this Fall or using archived tapes
- Will cover principles for groups focused on other areas; i.e., mentor training, DEIA topics, etc.



PIs and Program Staff Play a Critical Role

- Encourage the use of resources from the outset (think of it like a vaccine)
- Be on the lookout for changes in behavior that are indicators of distress or mental illness
- Facilitate the use of resources on your campus and beyond

of useful information.

UNDER STRESS?

The NIH has resources that can help you.

[Get Help Now](#)

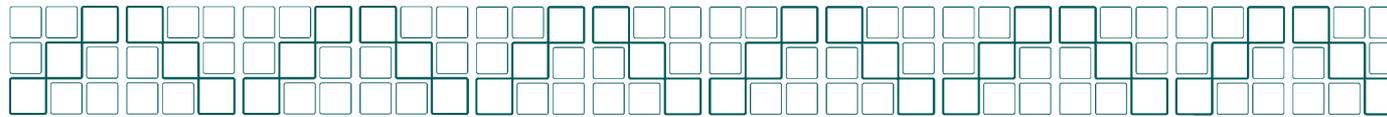
[home](#) [training programs](#) [events](#) [career services](#) [about OITE](#) [for NIH staff](#)



WELLNESS AND RESILIENCE

[MORE ▶](#)

Wellness Banner ▶

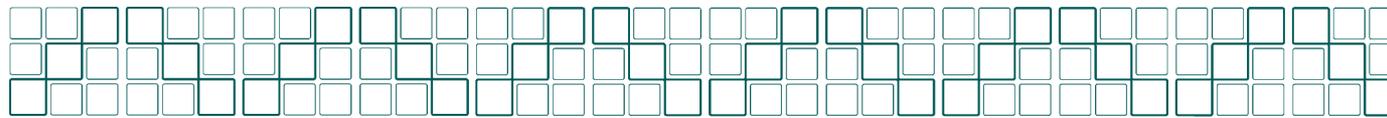


Stress

- A feeling of being overwhelmed by or unable to cope as a result of a situation, pressure or change

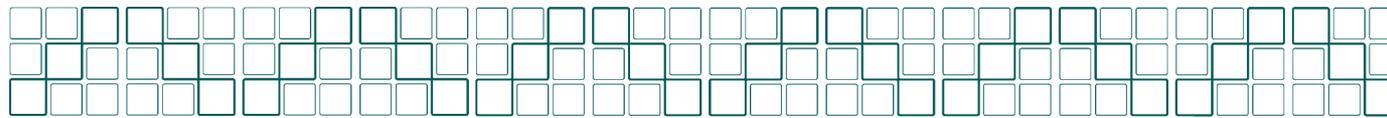
- **EUSTRESS** = positive stress
 - short-term, moderate; can feel exciting
 - motivates, focuses energy
 - perceived as within one's coping abilities
 - can improve performance

- **DISTRESS** = negative stress
 - can be short- or long-term; feels unpleasant
 - causes anxiety or concern and can lead to mental and physical problems
 - perceived as outside of one's coping abilities
 - decreases performance



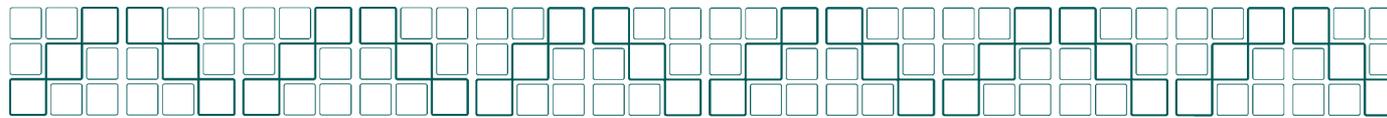
Fallout from Stress

- Significant decline in school or work performance; impacts on individual progress and team science
 - missing work
 - working excessively, but not smartly (and sometimes to a breaking point)
 - not dealing with critical responsibilities and deadlines
 - unable to successfully navigate difficult conversations and group dynamics
 - isolation and withdrawal
- Impact on health and mental health; sometimes with serious and tragic consequences



Common Signs of Distress (I)

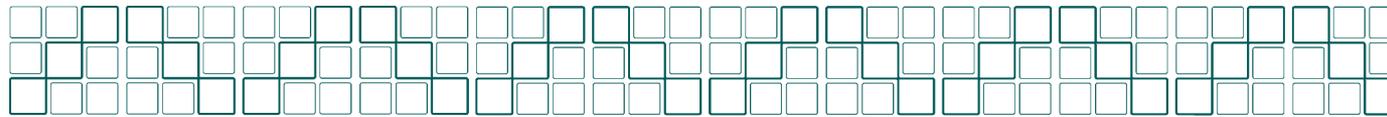
- Verbal
 - directly talking about the issue
 - raising an issue, but minimizing it
 - denial of real problems, “It’s fine, I’m fine”
 - excessive and unreasonable self-blame or blame of others
 - excessively rapid or abnormally slow speech
 - incoherent speech
- Changes in appearance
 - hygiene, self-care
 - weight gain or loss
- Changes in energy level
 - excessive fatigue or subdued
 - manic restlessness or hyperenergetic



Common Signs of Distress (II)

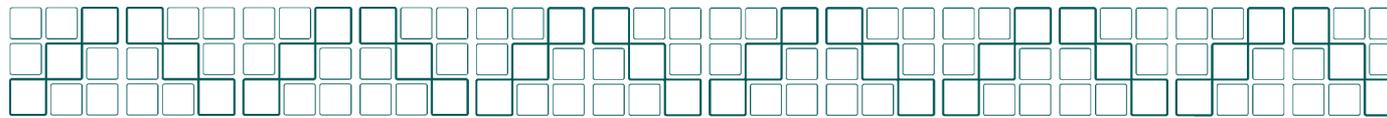
- Emotional signs
 - changes in affect, emotional presentation
 - flooding with emotion
 - extreme mood changes
 - feelings of helplessness, hopelessness
 - significant irritability

- Cognitive signs
 - confused thinking
 - difficulty concentrating
 - excessive worrying, fears



Common Signs of Distress (III)

- Physical presentations
 - somatic complaints
 - sleeping or eating too little or too much
 - self-medicating, such as with alcohol, drugs, electronics
 - self-injury
- Respiratory and related changes
 - hyperventilating, rapid breathing or breathlessness
 - sweating or dizziness



Mental Illness

- Cognitive, emotional, or behavioral problems that lead to significant impairment, distress, and/or an inability to cope with the ordinary demands of life
- The severity of illness can vary from mild to moderate to severe and can change over time
- Efforts to cope with the mental illness can lead to maladaptive behaviors
- Individuals may have a dual diagnosis and suffer from more than one mental illness at a given time
- Many people exhibit some symptoms without mental illness



1 in 5 U.S. adults experience mental illness



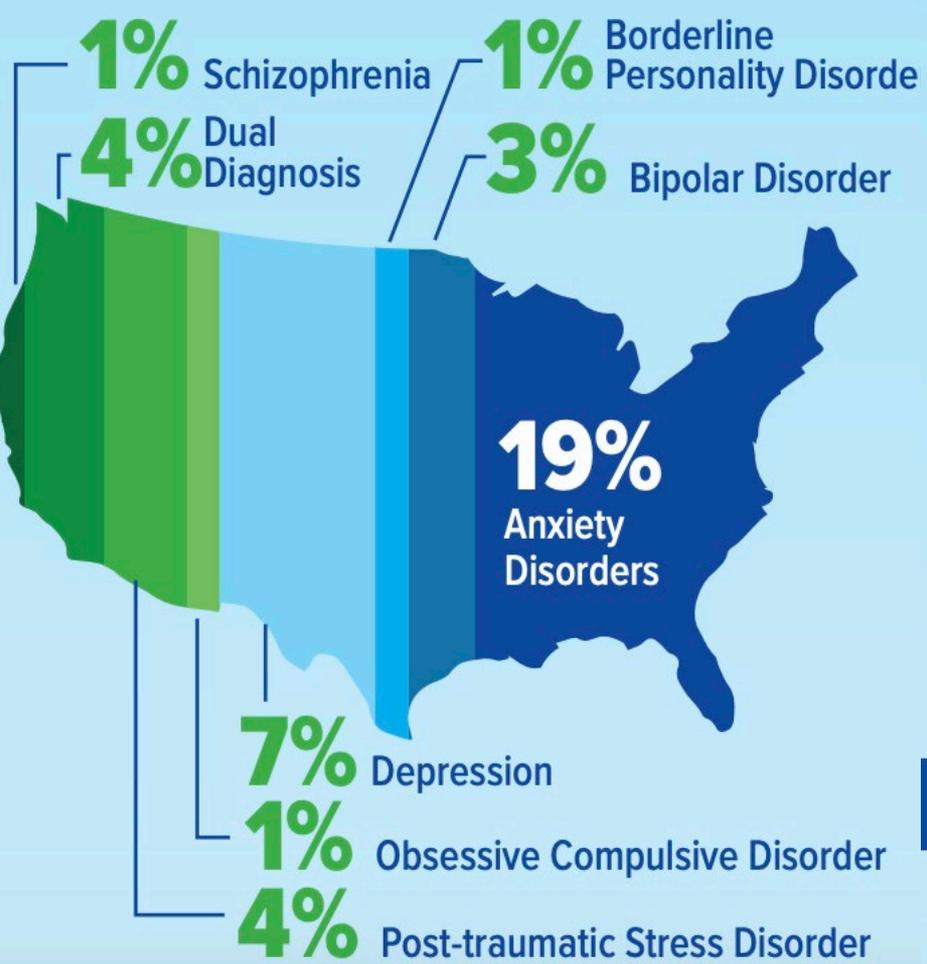
1 in 25 U.S. adults experience serious mental illness



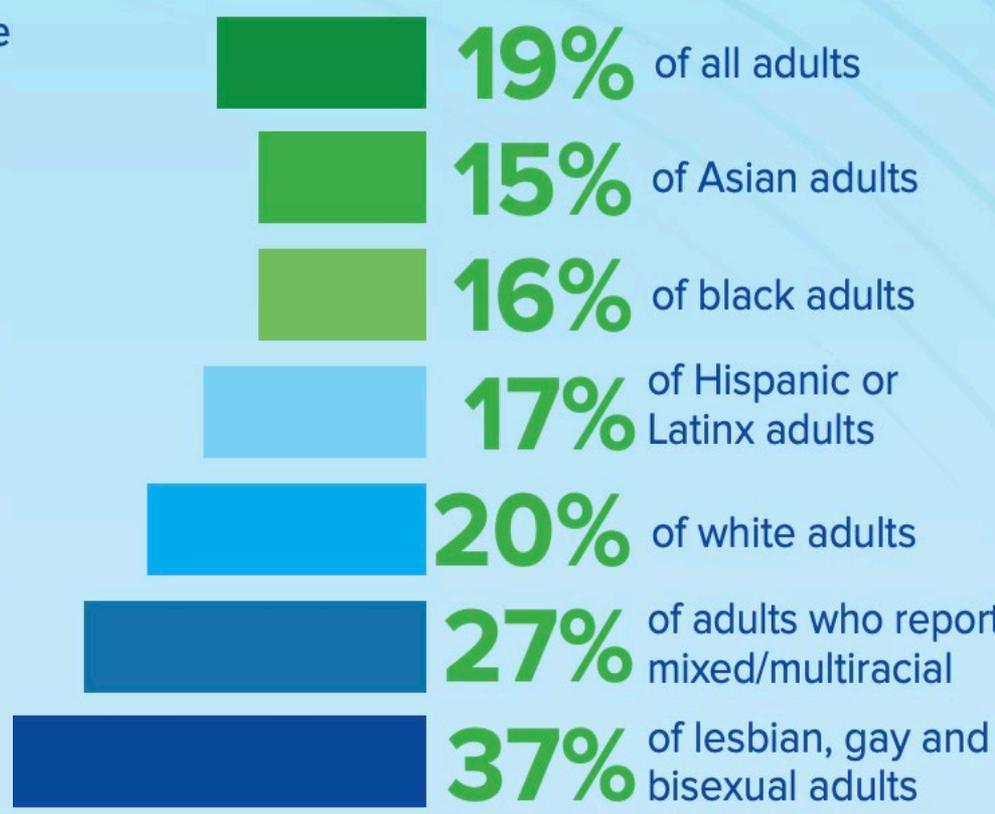
68% of youth (6-17 years) experience a mental health disorder



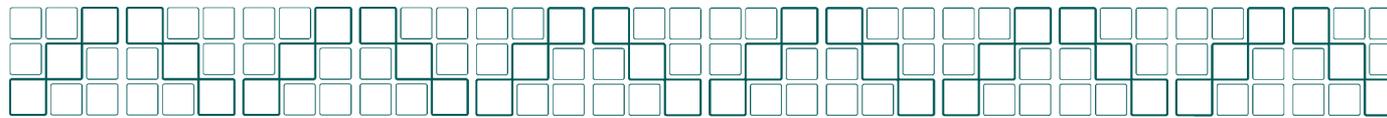
12 MONTH PREVALENCE OF COMMON MENTAL ILLNESSES (ALL U.S. ADULTS)



12 MONTH PREVALENCE OF ANY MENTAL ILLNESS (ALL U.S. ADULTS)

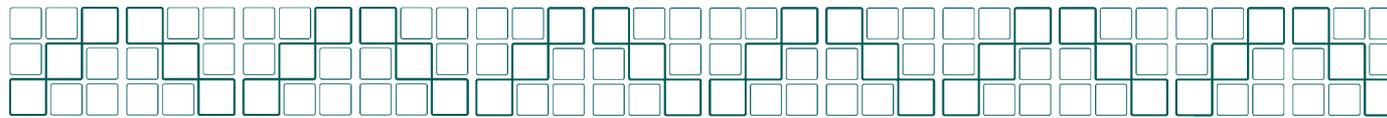


<https://www.nami.org/NAMI/media/NAMI-Media/Infographics/NAMI-You-Are-Not-Along-FINAL.pdf>



Barriers to Addressing Wellness and Mental Health Concerns

- The culture of science (and of specific research groups)
- Lack of....
 - understanding of the benefits of a wellness/resilience practice
 - understanding of mental illness
 - exemplars in science
 - institutional resources
 - individual resources (time and money)
- Mental illness and stress block ability to access resources
- Stigma around
 - work hours/work intensity
 - mental health and mental illness

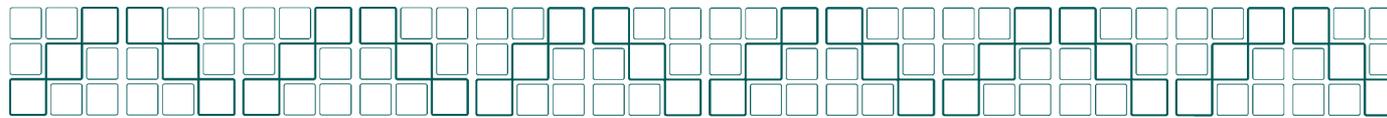


OITE Mental Health Series

- Covering a variety of topics
- Archived tapes on-line

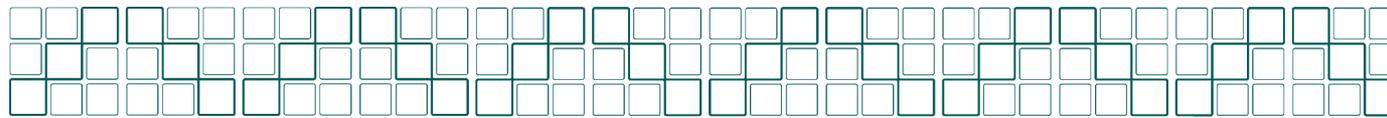
- Executive function talk May 2, 3 PM ET

https://www.youtube.com/channel/UCQQHo_QnuBxdfcsRy4INGGw



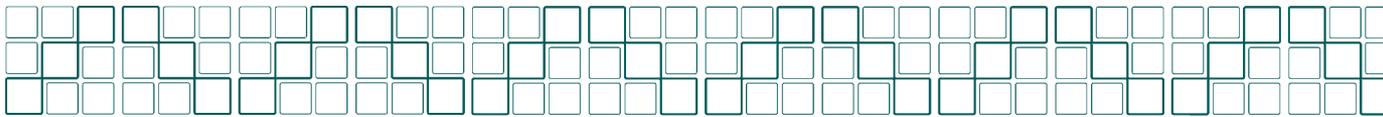
You Can Make a Difference If You Know Your Role and Stay In Your Lane

- An informed, aware and caring mentor who knows the signs of distress without over-interpreting them
- Not a mental health counselor, social worker, parent, or friend
- Someone who:
 - models good attitudes and behaviors
 - listens well
 - asks curious questions without jumping to conclusions or problem solving
 - observes carefully
 - helps trainees access resources
 - talks directly with trainees about their health and well-being (while remembering appropriate boundaries)
 - seeks advice, early and often



Some Things You Can Do (I)

- Proactively promote career development with your trainees and explicitly support diversity of career outcomes
- Promote wellness in your group by
 - dedicating a group meeting, or part of a group retreat, to the topic (captive audiences are a great approach)
 - attending wellness workshops together as a group; meet with the speaker as a group if you are a program director
 - planning a wellness activity (happy hour is NOT a wellness activity)
 - normalizing down time and vacations and avoiding the 'vacation penalty'
 - attending OITE mental health webinars; encouraging your group to attend
- Develop and post information about campus-wide and community wellness and mental health resources



MASTER STRESS

- | | |
|-------------------------------------|--|
| M aintain healthy eating | S tart journaling |
| A void social isolation | T ake deep breaths |
| S tay informed, not obsessed | R est and sleep well |
| T alk to others | E ngage in gratitude |
| E ngage in mindfulness | S tep outside into nature |
| R elax, play, exercise | S eek support from friends, family, and professionals |



https://www.training.nih.gov/assisting_the_distressed_trainee

Resources

To Support the Supervisor and the Distressed Trainee

OITE: 301-496-2427
 Office of Intramural Training & Education, training.nih.gov

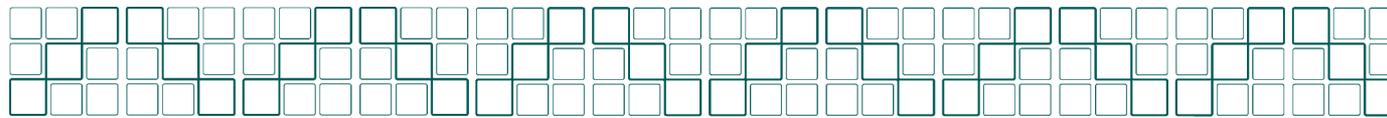
EAP: 301-496-3164
 Employee Assistance Program
ors.od.nih.gov/sr/dohs/EAP

Civil: <https://civilworkplace.nih.gov>
 Anti-Harassment Hotline: 833-224-3829

Ombudsman: 301-594-7231
ombudsman.nih.gov

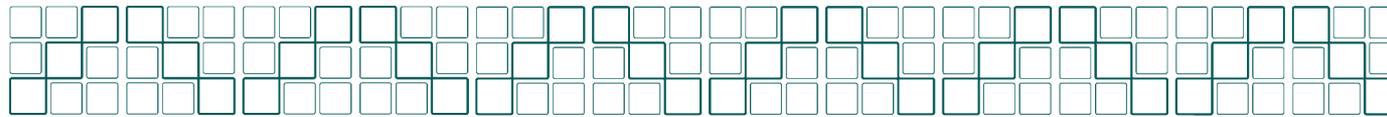
OMS, 24/7: 301-496-4411
 Occupational Medical Service
<https://go.usa.gov/xnhG3>
 301-496-1211 (after hours)

Police, 24/7:
 Main Bethesda Campus call NIH Police
 911 landline, 301-496-9911 mobile
 Non-emergency, 301-496-5685
 All other NIH facilities call Local Police
 9-911 landline, 911 mobile



Some Things You Can Do (II)

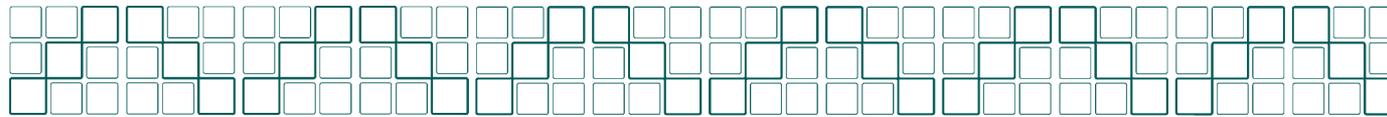
- Support the development of PI mentoring and management skills through coaching and regular participation in appropriate workshops
 - Raising a resilient scientist ending soon (email if you want to take a look at the tapes)
- Provide diversity and bystander training for trainees and staff
- Promote civility and anti-bullying, anti-harassment and anti-discrimination programs on campus and in the broader scientific community
- Develop the skills needed to have conversations about mental health and wellness



Four Stages Of a Discussion

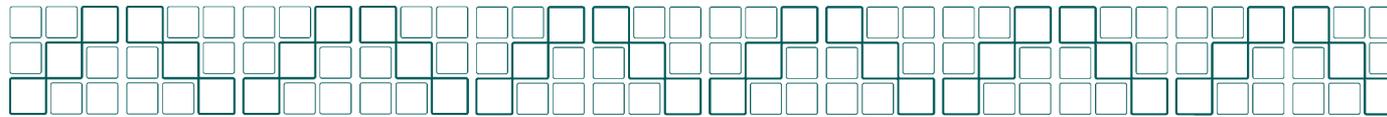
■ Opening

- ❑ establish connection and trust through active listening and being fully present for the discussion
- ❑ important to establish connection whether they initiate the conversation, or you initiate it
- ❑ be up-front that the focus is on them, and not science
- ❑ address the cognitive distortions that “they are in trouble” (mind reading) quickly



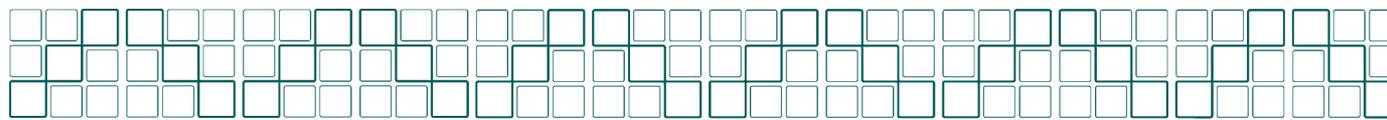
Four Stages Of a Discussion

- Opening
- Information gathering
 - listen actively
 - ask curious questions (<https://www.instituteofcuriosity.com/communicate-effectively-ask-questions/>)
 - Slow down and allow silence and/or emotional responses
 - be careful about over-reacting and under-reacting
 - be aware of boundaries and feel free to point them out if they provide too many details



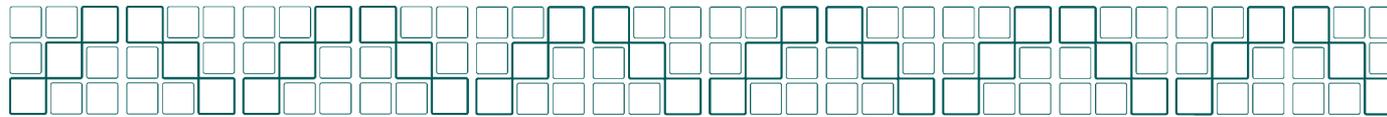
Four Stages Of a Discussion

- Opening
- Information gathering
- Resource sharing
 - know basic information about NIH resources
 - have master stress and distressed trainee resource cards available; bookmark helpful websites so you are prepared
 - offer and strongly encourage, but do not force, the use of resources (unless clearly an emergency)
 - make it very clear that you support the use of the resources you discuss
 - offer to make a warm hand-off – often a critical key
 - stress that they, and not the work, come first if you get resistance to using resources
 - continue maintaining boundaries



Four Stages Of a Discussion

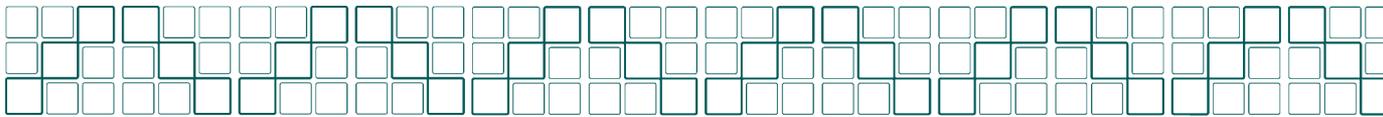
- Opening
- Information gathering
- Resource sharing
- Closing
 - summarize the action plan you discussed (typically that they will meet with appropriate resources to make a plan)
 - Follow through on the warm hand-off immediately
 - establish on-going availability for specific follow-up
 - voice confidence
 - send a warm follow-up email – “normalizing” for them and then make any warm hand-offs promised



Four Stages Of a Discussion

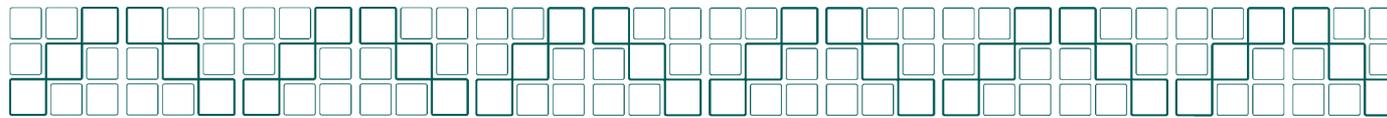
- Opening
 - Information gathering
 - Resource sharing
 - Closing
-
- NOTE: this scaffold may need to be modified if you hear very serious information about struggles with substance abuse, thoughts of self-harm or suicide, etc.

 - NOTE: this scaffold may need to be modified if you hear about wellness issues in the middle of a conversation about work, performance, etc.



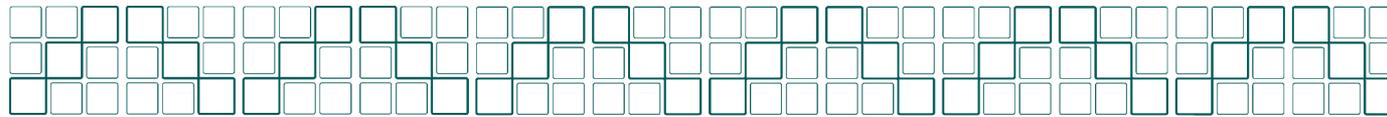
If – Then Conversations Tips (I)

If they....	Then you....
come to you to initiate a conversation	"Thank you for sharing this with me. I want to assure you that I will support you as you work through this."
exhibit signs of distress and/or possible health issues and you want to initiate a conversation with them about it	"I care about you and your well-being and want you to do well here. Therefore, I would like to talk about how you are doing. I have noticed...."
share too much detail about specific issues	"That sounds really tough. I want to respect our boundaries as PI and trainee and prefer not to hear these details from you. Let's work to find someone you can talk with. Have you..."
talk about a lot of stressful and serious issues and you want to refer them to appropriate experts	"It seems that you are dealing with a lot of hard things right now. I am sorry for that. If you are open to a suggestion – talking with..."



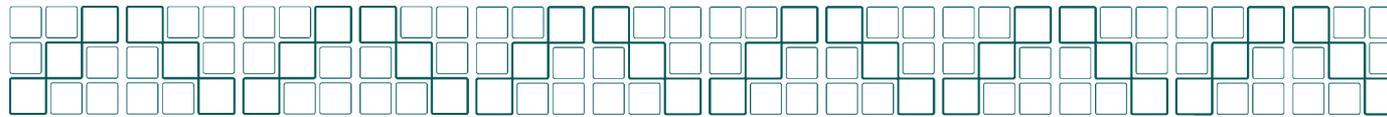
If – Then Conversations Tips (II)

If they....	Then you....
Express concern that taking time to use the resource you discuss will be bad for their science	“I appreciate that concern. I am hopeful that if you attend to taking care of yourself that you will be back to your healthy productive self soon. I am very supportive of you taking time to address these issues.”
tell you they are fine, but you feel they are not	I hear that you say you are OK. Still, I have concerns about recent behavior which is impacting your progress here. I strongly encourage you to seek support and guidance on dealing with....
they seem so distraught and upset that you feel they need immediate support	I want to support you and feel that finding someone to talk with you as soon as possible could be very helpful. If you give me a moment, I will reach out to....



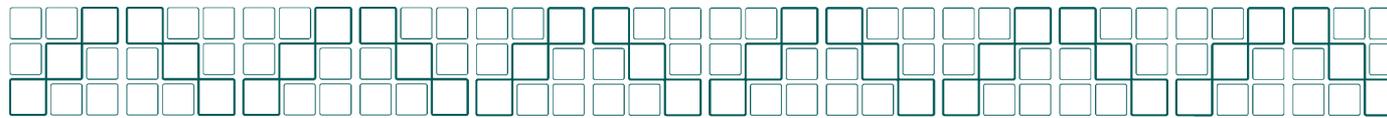
What Not To Do

- Offer a diagnosis or engage with them in depth about a diagnosis if they share one (with caveats)
- Make the conversation about you (your experiences with mental health concerns may be relevant at some point, but often not in the moment)
- Belittle how they are feeling with a pat on the back and an “it will be OK”
- Over- OR under-interpret what you are hearing
- Talk about how scientists just need to power through adversity
- Warn them of the consequences of not performing well
- Breach confidentiality



Third Party Reports Happen Too

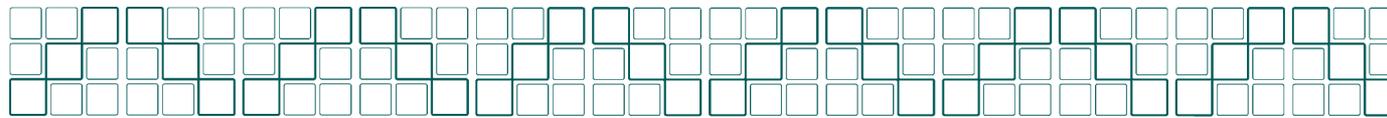
- Two concerns here:
 - to support the reporting party (often a room-mate, friend, mentor in lab, etc)
 - They often need some wellness support themselves
 - to prepare to move forward with the trainee about whom concern was raised
- Two options depending on what you hear
 - as the reporting party to encourage the other person to seek support
 - take a proactive role and reach out (maintaining confidentiality if necessary)



Dealing With a 'Crisis'

- Can include
 - trainee not showing up for work or responding to inquiries from you
 - emotional break-down
 - manic or other extreme behavior (including violence)
 - openly mentioning suicide (or warning behavior)

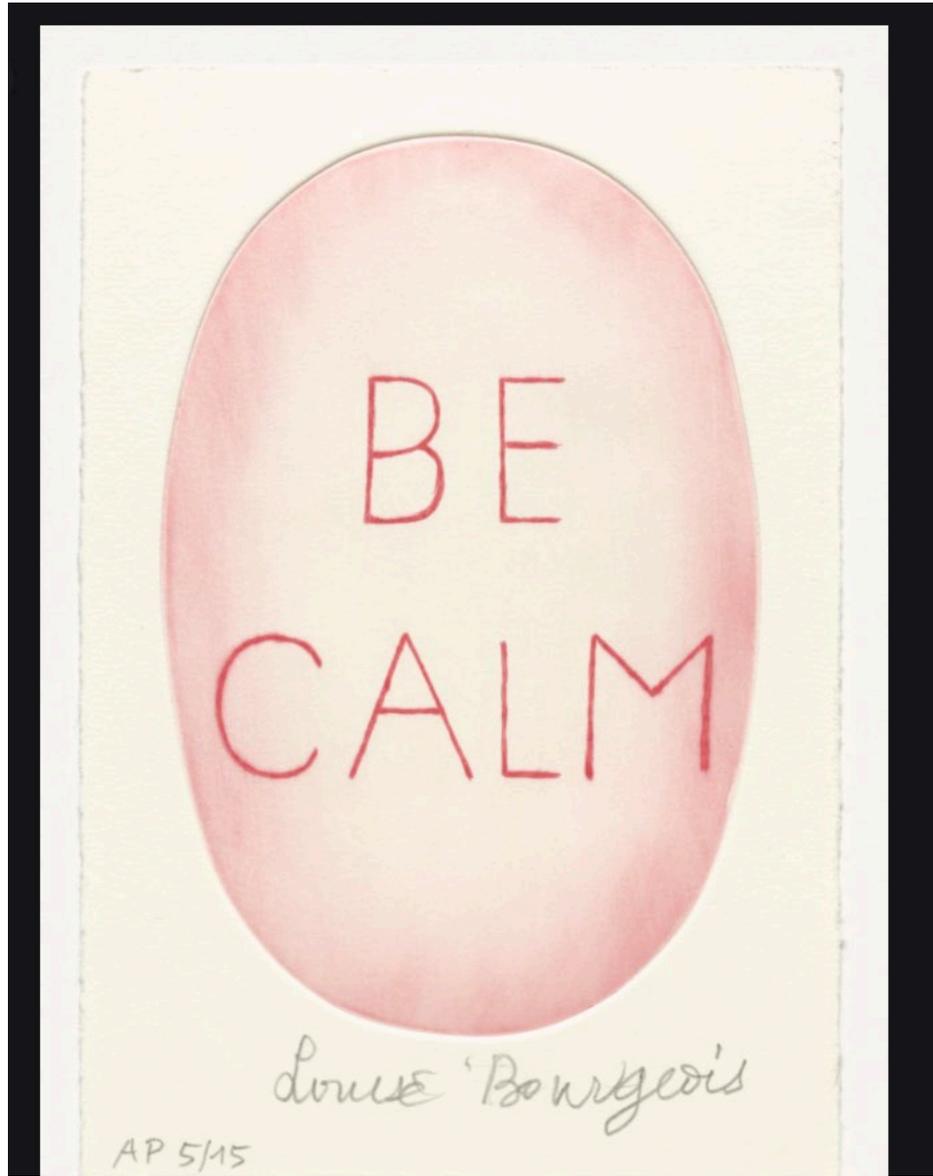
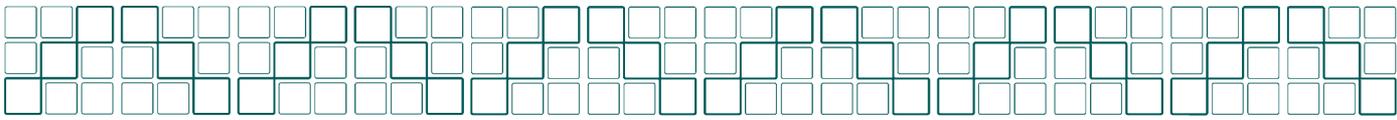
- It is critical that...
 - you know of appropriate resources in advance and have easy access to contact information
 - have specific SOPs for wellness checks, suicidal ideations, etc



Most Common Outcomes

- Trainee seek support with little disruption to their work in your group
 - be clear that you support time away for therapy, other wellness activities and medical appointment
- Trainee need a short leave to put a medical plan in place
 - Providing stipend support is key
- Trainee needs a more substantial leave and other accommodations
 - many, but not all, do eventually thrive in the workplace

KEY POINT: Outcomes are better when institutional policies support and promote doing the “right thing”



Remember
boundaries

AND.....