



# **Grad Minds Mental Health Conference: Finding Your Place in Virtual Space**

Thursday, March 25, 2021, 5:30 PM to 7:30 PM ET via Zoom

## **Opening Remarks with Charmaine Williams**

The conference kicked off with a welcome address by Dr. Charmaine Williams, the Vice-Dean of Graduate Students at SGS. She began by highlighting that Grad Minds has always been a significant and important undertaking to help advocate and educate people about the mental wellness challenges faced by graduate students at UofT. She then emphasized the need to build a community of caring at UofT. While graduate studies are hard even during normal times, the ongoing pandemic has shone a greater spotlight on the issues faced by graduate students. Despite this, she hopes that the lessons we have all learnt during this time can help improve things as we all move forward.

Over the last few years, U of T has undertaken several actions regarding grad student mental health. The Vice-Dean highlighted that the Presidential and Provostial task force on student mental health has helped everyone rethink how mental health is handled at U of T, including services, policies and the key role played by supervisors in supporting graduate student mental health. SGS has heard that many graduate students are facing increasing and varied stressors due to the pandemic.

She highlighted that mental health forms the bedrock of what graduate students are here to do at UofT; to learn and grow to achieve their full potential. Therefore, mental health support cannot just be something that is activated when a crisis point has been reached. Rather it must be seamlessly woven into the overall graduate student experience from start to finish. This also includes allocating sufficient time for graduate students to address their own mental health needs, to better prepare them for the challenges of graduate schooling.

She then listed some of the initiatives undertaken by SGS to address the concerns raised by graduate students, namely the SGS Mental health advisory committee, the healthy labs initiative and the new Center for graduate supervision and mentorship. She concluded the welcome address by emphasizing that the goals of graduate school should be for all students to thrive, explore their passions and do work that has impact.

## **Building Mental Health Resilience in Grad School with Susanna L. Harris**

In the “Building Mental Health Resilience in Grad School” breakout session, Susanna Harris, founder of PhD Balance, provided tips and suggestions on how graduate students can improve their own resilience to stress, to better weather the challenges of graduate schooling. She began by stating that the foundation for resilience is the group of people around us. This is particularly true in graduate school, as it is well established that graduate school can be more isolating and can worsen existing mental health concerns.

To address this, she suggests that we think big about what academia could look like? How would we all like academia to be for us to feel most supported? Let’s take a look at how students are doing right now, during this ongoing pandemic. Between the summer of 2019 and the summer of 2020, there was a 31–35% increase in the number of students showing signs of anxiety, and 36–43% showed increased signs of depression. The increase in depression skewed more towards grad students, with 2x higher depressive symptoms than in summer 2019. While such numbers are already high for graduate students, the last year has shown an even greater increase.

But despite this, the lessons we learn can still be useful. This is not the last time any of us will face turmoil or major life changes. So it is important to give yourself empathy for how difficult this is while still giving yourself options to grow and change. We have this expectation that grad school is supposed to be hard. It is normal for it to be hard, but it is also normal to deal with your mental health. 50% of the world needs corrective eyewear, but there is no stigma towards wearing glasses. Similarly, there should be no stigma or shame attached to getting help with your mental health. Mental illness in grad school is hard to see. Numerous articles are published regularly talking about the crisis of mental health in grad school. However, these articles paint those in need of help as being at the point of crisis. But the reality is different. People can be struggling with their own mental health even without showing any outward signs of distress.

PhD Balance was created as a space to openly talk about these difficult topics: anxiety, depression, racism etc. Using the lessons PhD Balance, we have learnt that you can control some parts of your own response to stress. There is a strong correlation between how much stress affects someone’s mental health compared to their resilience. Those who are more resilient deal with stress better, and it has a smaller negative impact on their mental health. Building resilience goes to the question of ‘what do we all need?’. This is often taken to be just our physical needs. But that is just the first piece of it. The next level is physical and emotional safety. Followed by love and

belonging and then esteem and finally self-actualization. This hierarchy of needs highlights why we need community. While the two lowest levels are possible to achieve alone, the higher levels all require others to support us.

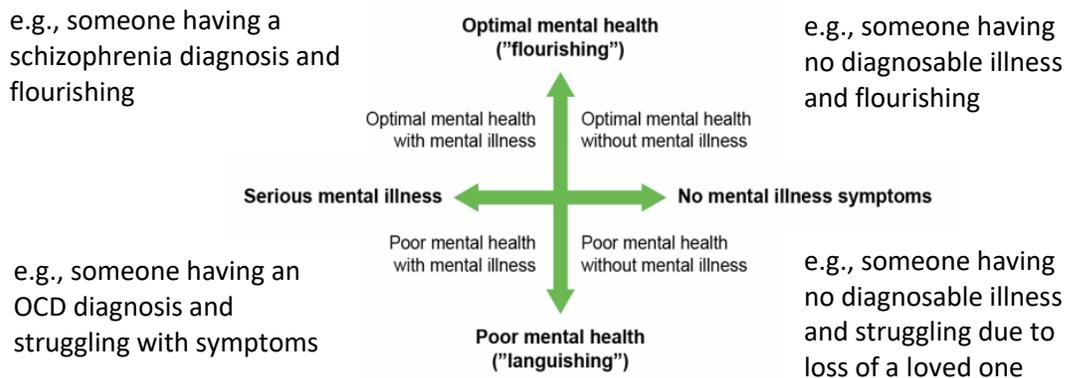
Often stress in grad school leads to a vicious cycle of making mistakes, burning out and avoiding work as a result. But what if we could instead “reset” when we fail instead of burning out? What are some key ways to build such resilience? Five such steps include:

1. Make the decision to build resilience. It is important to make this conscious decision to build resilience and to make it an active rather than passive task to be worked on.
2. Take care of yourself: Define what healthy looks for you. If you are feeling healthy, maybe you engage in tasks you enjoy, such as cooking, walking etc. Knowing these tasks can help you better take care of yourself when you need it. It is also important to “find your own weaknesses.” Everyone has weaknesses, but not all of them may need to be worked on. There may be some that you can just ignore. Lastly, “seek help before u need it.” So seeking help should not be an act of last resort but rather a decision made early on when you feel there is something you could do better and you would like some help to do that.
3. Build a team: It is important to know “who will support your goals?” You need to find mentors who understand and will support your goals. You must also have people around you who will challenge you to grow. This is not just someone who critiques your shortcomings but acts more like a coach to help you consciously address your weaknesses while building your strengths.
4. Take care of others: Approach leadership as a skill. Monitor signs of distress in those around you. For example, Coursera offers a course called ‘psychological first aid’ to help teach the key skills for this. It is key to establish open communication. You have to be the one who is vulnerable to allow the other person to open up to you. Provide resources and encouragement wherever you can.
5. Keep growing: Lastly, keep adding to who you can, but don’t judge where you are now. Also, make sure to practice vulnerability, which is the state of being exposed to the possibility of being attacked or harmed.

## 6 1/2 Pro-tips For Checking-in in a Virtual World

Chad Jankowski is the Mental Programs Officer in the Faculty of Arts & Science at the University of Toronto. In this newly created role, Chad delivers training that build mental health literacy and organized initiatives aimed at expanding the definition of U of T excellence to include individual and community wellbeing alongside academic and research productivity. This workshop was a “highlight reel” of practical tips that Chad has found most effective over the past year when it comes to checking-in with a peer’s mental health and wellbeing.

Before learning about the 6 ½ tips, it is important to know that there is a dual continuum of mental wellness (see figure below).



The horizontal axis shows the spectrum of mental illness, which can range from “Serious mental illness” to “No mental illness symptoms.” This spectrum represents *diagnosable* changes in thinking, feeling, and behaviours. Mental health specialists are equipped to deal with this spectrum, whereas we, as a colleague, friend, or family member, are not equipped to deal with this spectrum.

The vertical axis shows the spectrum of mental health, which can range from “Poor mental health” to “Optimal mental health.” Someone with poor mental health may have difficulty coping with life’s challenges and feel overwhelmed, whereas someone with optimal mental health may effectively manage life’s challenges and feel more relaxed.

As a peer support or family member, we can have an influence on where someone lies on the mental health spectrum. So, how can we check-in with someone who might be struggling with their mental health?

### 1. Know the difference between opportunities and obligations

- Avail yourself of opportunities to check-in
  - A good time to check-in is when we notice that the other person has not been acting like themselves lately (e.g., someone who never misses class has suddenly stopped attending for more than a week)
  - There isn’t a threshold that we have to meet. Every situation is different.
  - If you are unsure about boundaries, you can ask them (early on) how often they feel comfortable having these conversations
- We meet our obligations by sharing resources and alerting those in a position to help

- We meet our obligation not by being their counsellor, but we can let them know what resources are out there
- If they mention anything about self-harm or suicide, then it is our moral obligation to tell a mental health professional that they are at risk

## **2. Invite the person into the conversation**

- Respectful of personal autonomy
  - Offering out an invitation, through text or email, allows them the space and permission to say yes or no. If they say no, don't take it personally. Maybe you are just not the person they want to have the conversation with
- Leads to more productive conversations
  - By sending a text or email, they can have time to think about the things you are conveying, and it also gives them time to think about what to say
- Shows you care
  - Even if they say no to your invitation, it will let them know that you care and that you are willing to listen if they change their mind

## **3. Sensitivity, Discretion, and Transparency**

- Addresses barriers to being open and honest
  - We can let them know that what they share will be honored and respected
- Safety trumps privacy
  - Although the other person wants to maintain control of the situation, we have to let a mental health specialist know if we believe they are at risk
- Can't promise to keep secrets
  - We can let the other person know that we do not intend to share our conversation, unless we feel the need to
  - Be transparent if you plan to alert a mental health professional. Tell the other person right away that you plan to contact a mental health professional so that there are no surprises

## **4. Find opportunities to instill hope**

- Being there with them
  - By having a conversation with them, they know that you are concerned for them, and that in itself is instilling hope
- Convey that they are not alone
  - Let them know that others have struggled and are struggling with similar things. They are not the only ones to go through what they are going through.
- Help is available ... and the help helps!
  - Let them know what has worked for other peers you have talked with. For example, you can mention that you had a friend who reached out to their supervisor, and that is what really helped them
  - You are acknowledging that when you reach out for help, it can actually help!
  - What's not helpful: Statements that are dismissive such as, "You'll feel better tomorrow." Even if it's true and well-intentioned, it's diminishing the experience that they are going through in that moment

## **5. Ask what they think or know to be helpful**

- Ask: What do you think would be helpful? What has helped in the past?
  - After learning about their struggles, it's tempting to offer something that we think might work. For example, if someone is feeling lonely and isolated, then we might assume that they would benefit from joining an interpersonal relations group offered through Health and Wellness
  - But if we ask them what worked for them in the past, they may say that being active in their faith community made all the difference
  - Thus, it may be better for them to try going back to the faith community first before trying an interpersonal relations group
- You do not have to have all the answers
  - As helpers, sometimes we feel like we have to know everything. When we get caught up in that, then it becomes about us

## 6. Build a dim sum cart of potential resources

- Assemble a mini buffet of resources
  - By having a mini buffet, you are side stepping the issue of just a single resource. If you have only one resource, and they have already tried it, then it's like you are saying that they cannot be helped
- Include a variety of resources
  - Can include on and off resources, clinical and non-clinical, ones you suggested and ones they suggested, and resources that are part of their identity or culture
- Not everything is going to match someone's tastes
  - You don't need to make a decision about your preferred resource. You can explore a few
  - If you don't like what you have on your plate, the dim sum cart will come back, giving you the chance to try something new

## 6 ½. Be yourself ... But know yourself (half a tip because you are already being yourself)

- Authenticity is so powerful
  - The most helpful thing in these conversations is your authenticity. This is what people respond to. Even if you make mistakes as a helper, they won't care because you are there for them
- Be authentically present in the moment
  - Don't be an active listening robot. Avoid saying things like, "So what you are saying is ... [repeat what they said verbatim]."
  - Try not to problem solve right away. When we jump right into our rolodex of possible solutions, we dismiss how they are feeling in the present moment
- Be mindful of your own tendencies & needs
  - Know things about yourself that are helpful and things that not helpful.
  - For example, maybe you offer great advice but have a tendency to make it about you and what worked for you. Then the conversation becomes about you, and you are not even aware of this shift
  - Another example: maybe you are a great listener, but when it goes silent, you feel the need to fill that silence right away rather than letting the other person gather their thoughts

## Keynote Presentation with David Granirer

David Granirer, along with his team of comics, Joan Stone, Alex Chauran, Stella Panagiotidis, Michael Groberman, and Michael Morse from Stand Up For Mental Health (SMH), performed a standup comedy act featuring mental health issues. David and his team highlighted issues surrounding mental health consultation, using humour flavoured with satire and sarcasm. The comics also talked about (made fun of) the stigma and fallacies perpetuated in the society surrounding the discussion of mental health issues, especially behaviours involving self-harm. They also focused on having a healthy support system and coping mechanisms that are both healthy and unhealthy.

The indifference of people involved in handling various mental health crisis lines was also criticized rather than ridiculed. Moreover, corporate take-over of mental health support/resources received a fair share of laughs, though all of us share the concerns underlying this profit-driven strategy. Through this, David and his team highlighted the challenges involved in procuring the required economic support necessary for providing mental health resources. They also implied that various pseudo-innovations end up as publicity stunts and fail to tackle real issues underlying mental health.

The act was concluded by David, emphasizing the huge gap that exists between the way we deal with physical and mental health. He highlighted that people suffering from mental health issues should receive the same support and care that we would usually provide to someone suffering from a physical health issue. We should strive towards bridging this gap and avoiding all stigma and prejudice surrounding mental health. People with mental health issues should not feel invisible or have to live their lives in the background. He stressed that the road to recovery is difficult but not impossible, and we should prioritize people and separate them from their illness. He ended with a gentle reminder that you are not your illness; it is only a part of you. Please have a detailed look at the work that David and his team do at <http://standupformentalhealth.com/>.

## Closing Remarks with Sandra Koppert

Sandra Koppert thanked David Granirer and his team for their vulnerability and strength to speak about their mental health journey. She addressed the mental health challenges faced by graduate students during the pandemic. Using the analogy of using an oxygen mask during a flight, she reminded the participants how important it is to first take care of their mental health. This past year also highlighted the high resiliency in the post-secondary world. One of the ways to build resiliency is knowing the mental health resources available to you. Check out the resources available on the [Mental Health Commission of Canada's website](#).

The Mental Health Commission of Canada also provides the [Inquiring Mind Post Secondary](#)—an evidence-based program for post-secondary students designed to address and promote mental health and reduce mental illness stigma in an educational setting.