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# Connecting with Trainees Navigating Anxiety and Depression

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# 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 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

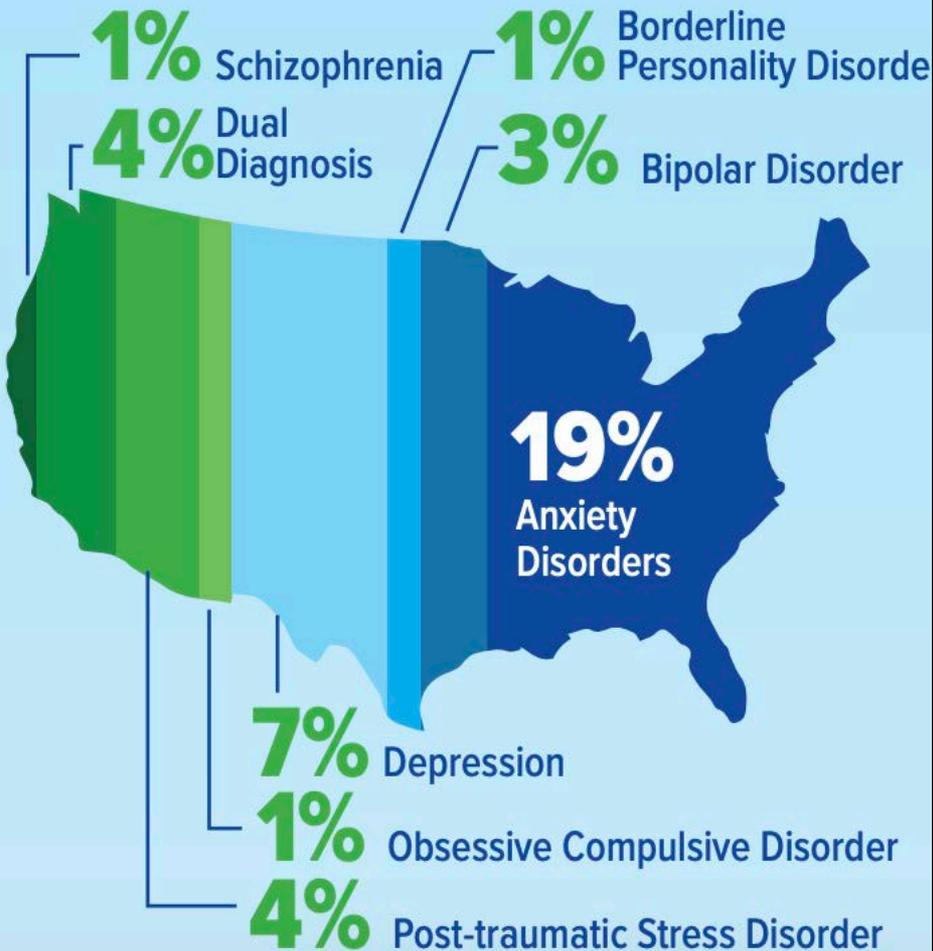
1 in 25

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

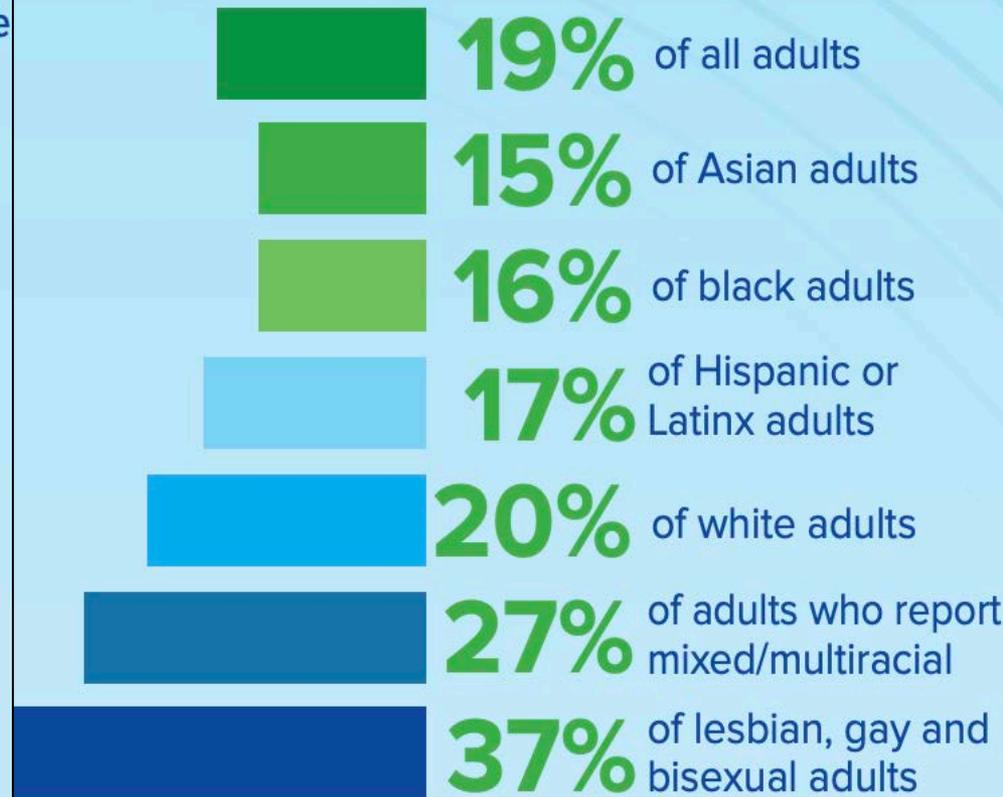
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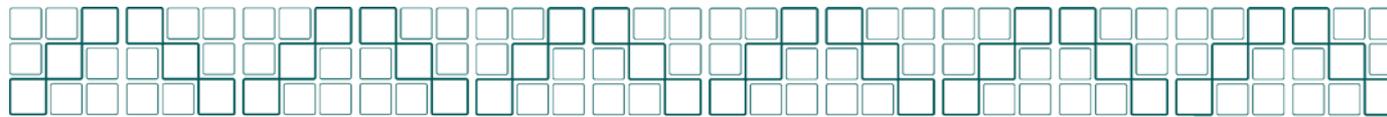
of youth (6-17 years) experience a mental health disorder

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



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





# Anxiety

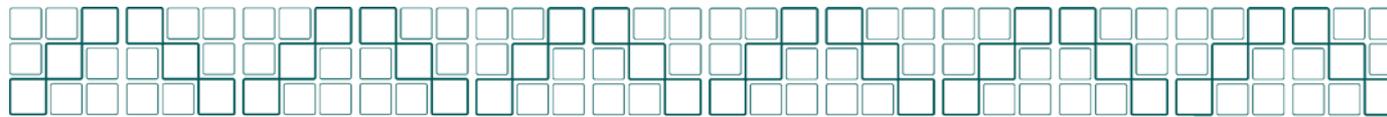
- Persistent or extreme worries or fears that can be overwhelming and that impair normal functioning
- The fear is disproportionate to the reality and the anxious person has difficulty having perspective
  - Key point: anxiety is a normal healthy response to high stress situations (presentations, thesis defense, performance review, etc). The issue for individuals with anxiety is the frequency, extent, and intensity of worry, as well as the impact on their functioning.



# Types of Anxiety

Anxiety can be generalized or very specific in nature

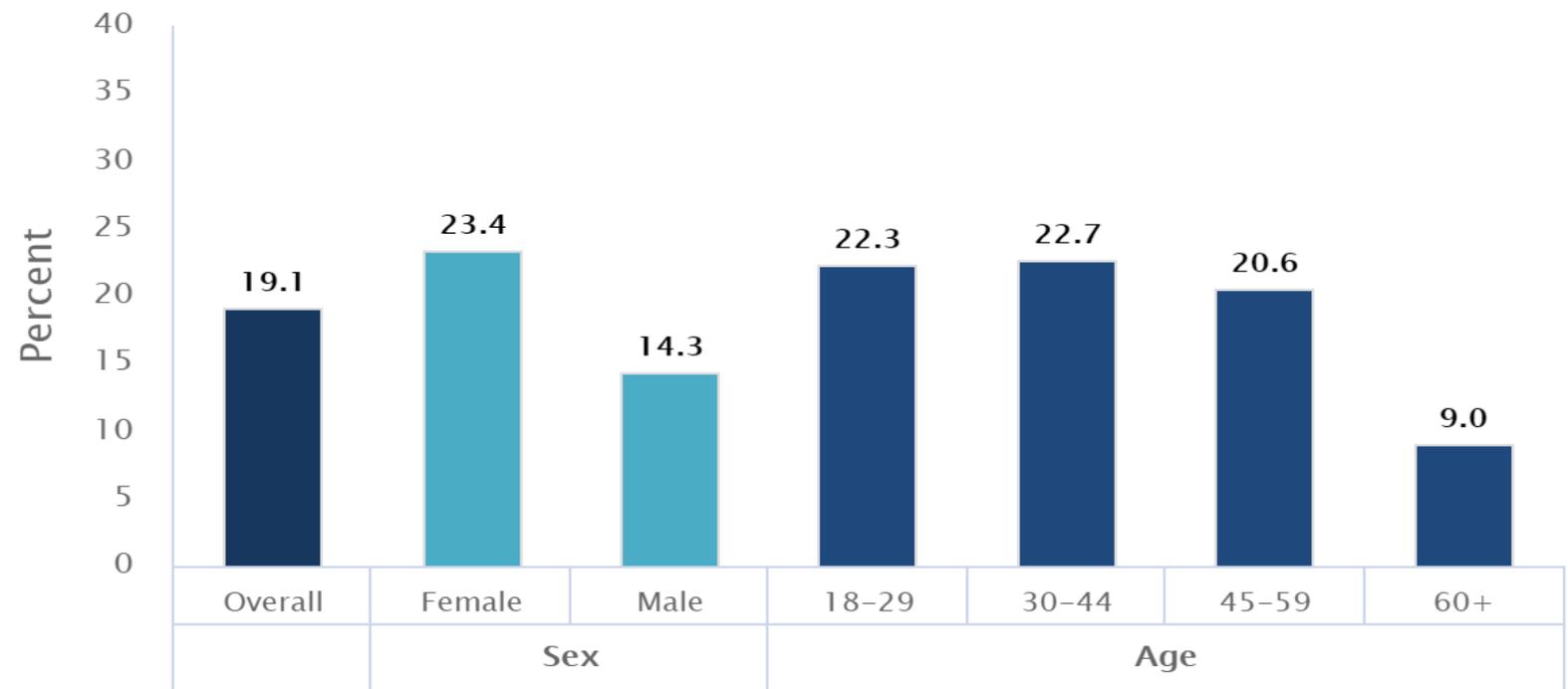
- **Generalized Anxiety Disorder (GAD):** excessive, recurring worry about life routines and situations including health, work, and social interactions
- **Phobias:** intense fear of or aversion to specific objects or situations
- **Obsessive Compulsive Disorder:** repetitive, unwanted, intrusive thoughts (obsessions) and irrational, excessive urges to do certain actions (compulsions) to stave off imagined harms
- **Panic Disorder:** recurrent, unexpected and sudden periods of intense fear accompanied by physical and psychological symptoms
- **Social Anxiety Disorder:** fear of social or performance situations



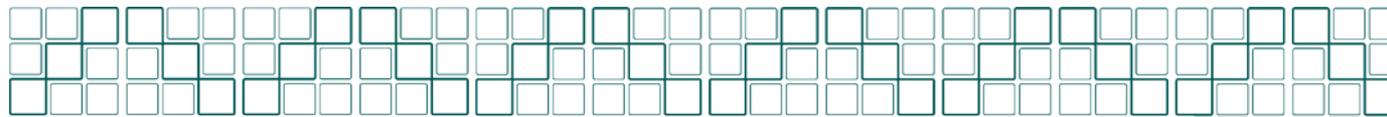
# Prevalence of Anxiety

Past Year Prevalence of Any Anxiety Disorder Among U.S Adults (2001–2003)

Data from National Comorbidity Survey Replication (NCS-R)

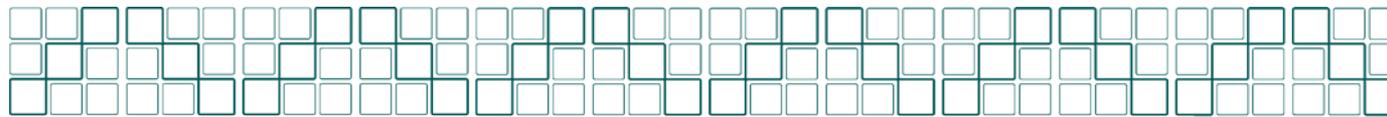


31% of people have a lifetime risk of anxiety



# The Experience of Anxiety

- Emotional distress
  - Upset easily; sometimes about seemingly nothing
  - Struggle with changes in routines or when challenged about work
- Physical symptoms
  - Gastrointestinal problems, such as upset stomach or diarrhea
  - Difficulty relaxing or sleeping
  - Racing thoughts, elevated heart rate, sweaty palms
- Cognitive distortions
  - Especially all or nothing thinking and catastrophizing
- Maladaptive behaviors
  - Perfectionism
  - Constantly seeking reassurance, but not able to feel reassured
  - Avoiding triggers or uncomfortable situations and people
  - Hyper-focus on specific elements of work with hyperactive style



# How an Anxiety Disorder in a Trainee Might Manifest To A Mentor

- Persistent questioning with inability to move forward without confirmation
- Unable to turn in work/assignments due to persistent desire to improve it further (perfectionism)
- Needing frequent affirmations but not able to hear them when offered
- Revisiting decisions that you thought were finalized
- Avoiding work (or you) secondary to physical symptoms or fear of “getting it wrong”
- Repetitive actions and rituals (hand washing, counting, pictures of the freezers at the end of the day, etc)



# What Helps?

- In the moment
  - Stop and breathe, use deep breathing techniques
  - A calming person to help with grounding
  - A private place to go and calm down/process
  - Reality checks, such as recognizing cognitive distortions
- Long-term
  - Exercise and other wellness activities
  - Sleep hygiene
  - Peer support (on or off campus)
  - Therapy (CBT and other approaches) and mental health services
  - Input from a medical professional regarding medication
- **KEY POINT:** Your role is to be supportive but to maintain boundaries

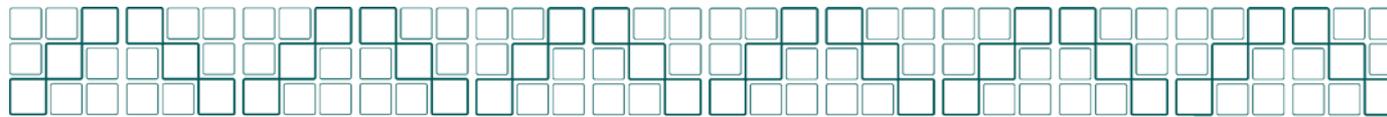


# Depression

- A common, serious mood disorder that can interfere in the ability to work, eat, sleep, socialize, or otherwise participate in one's life
- Episodic periods of a decrease in energy or happiness levels from typical or baseline
- Negative thoughts and perspective on self and the world
- Persistent feelings of sadness and worthlessness
- A lack of desire to engage in formerly pleasurable activities often leading to withdrawal
- Exhibiting helplessness or hopelessness

# Types of Mood Disorders

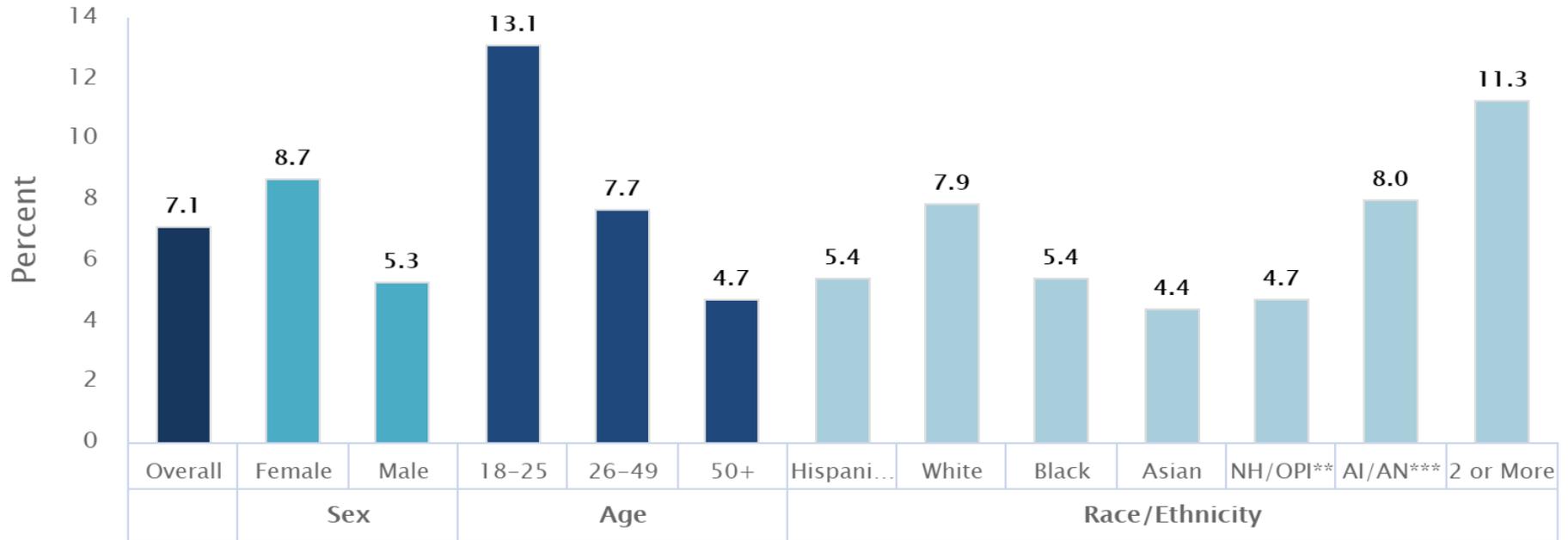
- **Major Depressive Disorder:** characterized by severe symptoms that affect how you feel, think, and handle daily activities
- **Bipolar Disorder:** also known as manic-depressive illness, is a brain disorder that causes unusual shifts in mood, energy, activity levels, and the ability to carry out day-to-day tasks
- **Mania:** characterized by high energy and activity levels and extreme elation
- **Dysthymia:** a persistent, chronic form of depression, not as severe as major depressive disorder
- **Seasonal Affective Disorder:** the onset of depression during the winter months
- **Postpartum Depression:** full-blown major depression during pregnancy or after delivery



# Prevalence of Depression

Past Year Prevalence of Major Depressive Episode Among U.S. Adults (2017)

Data Courtesy of SAMHSA



39% of graduate students scored in moderate to severe depression range, as compared to 6% of the general population. Nature Biotechnology 36 (2018).



# The Experience of Having Depression

- Inertia and an inability to make or follow through on plans
- A lack of interest in friends, hobbies and parts of life that were previously joyful and important
- A feeling of hopelessness around all aspects of work and life
- A feeling of helplessness and a belief that one cannot get out of the situation even if they try
- Difficulty in completing activities of daily living – bathing, eating, shopping, laundry, etc
- Wanting to get to work but not able to; wanting to call but not able to; wanting to study but not able to, etc.
- Disordered sleep and/or eating – too much or too little



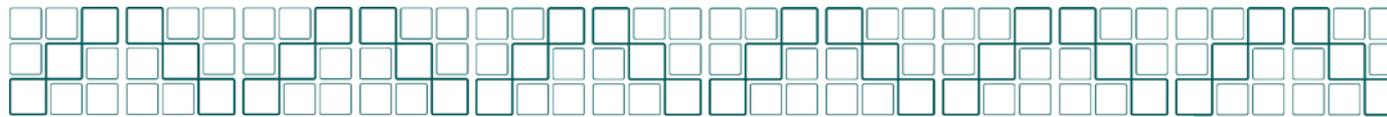
# What Depression in a Trainee Might Look Like to a Mentor

- Issues with attendance or participation, often without any communication or explanation or only a brief text
- Changes in appearance and hygiene
- Emotional instability and/or deep sadness
- Withdrawal from work events and interactions with colleagues
- Reduced productivity, an inability to complete work that was previously within their scope of capability
- Talking about how hopeless everything is, how incompetent or useless they are - or not talking at all



# What Helps?

- Nonblaming, nonjudgmental understanding and support
- Attention to self-care, such as sleep, diet, hygiene
- Exercise and other wellness activities
- Social supports, including family and friends
- Peer support (on or off-campus), including groups
- Therapy (weekly or possibly twice weekly when depression is severe)
- Consultation with mental health professionals around medication or other treatments
- Support for hospitalization and/or and Intensive Out-Patient program when appropriate



# What Can Mentors Do?

- Understand that depression and anxiety are mental illnesses and one cannot simply ‘snap out of it’
- Recognize that recovery may take time
- Offer supportive conversations and accommodations
  - An honest discussion of what work can be accomplished given the circumstances
  - Flexibility in time and attendance as appropriate
  - Time away to consult medical experts or receive mental health treatment
  - Possibly extended time away for hospitalization or intensive out-patient treatment for severe depression



# Talking With Trainees (I)

- If they come to you
  - Thank them for sharing
  - Acknowledge their difficulty without judgement, comparing stories, minimizing their worries, or problem solving for them
  - Strategize with them about helpful resources and offer your perspective; explicitly encourage the use of resources
  - Thank them for sharing and agree to follow up
  - If appropriate, close the loop on any resources you referred them to

**NOTE:** It is NOT helpful to point out that science is important and that they need to tough it out



# Talking With Trainees (II)

- If you notice behavioral changes that concern you
  - Describe what you have noticed but do not interpret the behaviors you observed
  - Express your concern for them as a person before discussing concerns about their progress in their program
  - Continue as outlined on the previous slide
  - Reach out for guidance if behavioral changes are marked

**NOTE:** Telling someone they are depressed, or providing any type of diagnosis, is not a helpful strategy and often leads students to ignore your concern.



# What NOT To Do

- Debate with them about their diagnosis or lived experience
- Offer a diagnosis
- Make the conversation about you
- Talk about how scientists just need to work through adversity
- Warn them of the consequences of not performing well
- Dismiss how they are feeling with a pat on the back and an “it will be OK.”



# 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:
  - Listens well
  - Observes carefully
  - Helps trainees access resources
  - Talks directly with students about their health and well-being (while remembering appropriate boundaries)
  - Models good attitudes and behaviors
- Seeks advice – early and often