

How can Graduate Teaching Assistants support and promote student mental health?

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Abstract

Student mental health problems are rising and were highly prevalent even before the COVID-19 pandemic (Grubic, et al., 2020; Sheldon, et al., 2021). Undergraduate students, particularly those who arrive with pre-existing conditions are a group whose mental health needs to be supported during those first few months and throughout their degree (Garlow, et al., 2008). As members of the academic teaching community, Graduate Teaching Assistants (GTAs) play an important role in contributing towards a university-wide approach to good mental health, whilst keeping within the limits of the role. Drawing on the academic literature and over a decade of personal and professional experience across 5 higher education institutions, I argue there is a great opportunity for GTAs to positively influence the student university experience, through simple gestures of kindness, empathy, and a shared sense of humanity. This reflective piece supports these claims by drawing on theories such as

intergroup contact theory (Allport, et al., 1954), and empirical studies which have looked at mental health stigma. Practical recommendations are made, with a reminder that GTAs must also look after their own mental health.

Introduction

Student mental health problems are rising and were highly prevalent even before the COVID-19 pandemic (Grubic, et al., 2020; Sheldon, et al., 2021; Auerbach, et al., 2018). This includes distress caused by common mental health disorders such as anxiety and depression, eating disorders, and at its worst, suicide (Mortier, et al., 2018). By the early to mid-20s, nearly 75% of long-term mental health conditions will have developed (Kessler, et al., 2005). This is also a time of transitions when many students start and complete their university journey.

There is no single cause for mental illness, yet it is often a combination of existing vulnerabilities (e.g., biological predispositions, adverse childhood experiences) that combined with proximal stressors (e.g., moving to a new city, meeting new friends, adjusting to university life) can lead to mental distress (Caspi & Moffitt, 2006). Undergraduate students, particularly those who arrive with pre-existing conditions and/or other vulnerabilities, are a group whose mental health needs to be supported during those first few months, and throughout their degree (Garlow, et al., 2008). This requires a university-wide approach, where support and interventions are co-produced with the people they seek to benefit, remembering that no single approach will suit the needs of every student (Wilson, 2020; Brewster, et al., 2022).

Aims and scope of this paper

In my roles of Graduate Teaching Assistant in the King's College London (KCL) Psychology department, and PhD student at the Centre for Society and Mental Health (KCL), I frequently reflect on what GTAs can do to support and

promote student mental health, within the limits of our role. To address this, I will present some context of student mental health, why it is important, and practical ways we can support students by drawing on lived experience and academic literature, including Allport's intergroup contact hypothesis (Allport, et al., 1954).

Discussion

The challenges of seeking support

In general, UK-based university students with health conditions, including mental health problems, are encouraged to disclose these at enrolment, so that personalised exam arrangements and learning adjustments can be put in place. If problems develop after enrolment, students are also encouraged to speak to their personal tutors and student support teams. From here, they may have access to a range of support services, from counselling to extensions on coursework deadlines. However, this relies on students feeling able to seek help and disclose their struggles (Martin, 2010). Despite strides to make the discussion of mental health less taboo, the stigma surrounding mental health is still all too real: 'I wouldn't want it on my CV or their records' is just one example of how university students may fear negative repercussions in their careers (Chew-Graham, et al., 2003, p. 873). The challenges may be greater still for international students, who are not only trying to acclimatise to a new environment, but may be less inclined to access support if they are from a culture where talking about one's mental health is a taboo subject (Minutillo, et al., 2020).

Suggestions from students

From a personal perspective, being in the depths of depression usurped all energy to seek support, and even if I did, I felt I would be seen as weak, unable to handle the rigour of higher education, whilst everyone else seemed to be coping just fine. What I did not know then, however, was how many others were struggling, and how in hindsight, it would have helped us all to have said, 'I'm not okay, I need some help'. In our role as GTAs, I believe we can help to normalise these conversations and shift towards mentally healthy environments, using suggestions from students themselves (Ryan, et al., 2021). When 2,776 Australian students in a metropolitan university were asked about recommendations to improve student wellbeing, responses were grouped into seven themes. The second and third most common themes were improvements to 'student services and support' and 'environment, culture and communication' (Baik, et al., 2019). These held greatest importance for students in some faculties (e.g., Law) over others (e.g., Biomedicine). Specific examples included fostering a more inclusive and caring sense of community, promoting mental health practices, and promoting the use of mental health services. Additionally, within the most common theme, 'academic teachers and their teaching practice', students emphasised the importance of approachability, empathy and good communication between teacher and student.

Drawing on theory: Allport's intergroup contact hypothesis

In considering ways that teacher-student interactions can support the creation of mentally healthy learning environments, I am reminded of the social contact

hypothesis that has supported anti-stigma and mental health literacy campaigns (Evans-Lacko, et al., 2012). One such campaign that I volunteered with is Time to Change (<https://www.time-to-change.org.uk>), a UK-based charity-led initiative to reduce stigma and discrimination, where people with mental illness (PMI) would meet with members of the public. The idea is that stigma and discrimination can be reduced through social contact, something which links back to Allport's intergroup contact hypothesis, which proposed that prejudice can be reduced when different social groups positively interact (Allport, et al., 1954). Specific to mental health, stereotypes and misconceptions have reduced after having conversations with individuals who have experienced a mental illness (Gao & Ng, 2021; Maunder & White, 2019). Put simply, the topic becomes more normalised and shifts away from outdated representations that poor mental health and/or mental illness is something which is rare and dangerous. Indeed, an evaluation of Time to Change campaign found more positive attitudes related to prejudice and exclusion, particularly among females, people from higher socioeconomic status and under 65s (Evans-Lacko, et al., 2014). In addition, a recent meta-analysis by Maunder & White (2019) found that university students may be particularly receptive to contact on reducing stigma compared to wider community members ($\beta = .252, p = .006$). Drawing on the intergroup contact hypothesis, the authors suggested that positive, personal contact is most effective at reducing prejudice if the parties involved are of an equal status (Allport, et al., 1954). This suggests that students may relate to teachers such as GTAs who are typically of similar age (albeit slightly more senior), enabling the creation of peer-based interactions (Lusher, et al., 2018).

Suggestions for practice: a university-wide approach

These findings foster three further reflections: first, the potential benefit of having mental health ‘champions’ within universities. Specifically, individuals who can break down misconceptions that people with mental health problems cannot succeed in academia, thus acting as role models for others. Indeed, students in diverse campuses have reported more intergroup contact, with positive implications for reducing racial harassment and positive perceptions of the diversity climate (Dawson & Cuevas, 2020). This would be interesting to explore further across other marginalised communities. Second, that GTAs may promote a culture of good mental health by incorporating a human element into their roles, such as personal anecdotes from their own university journeys. This is not limited to GTAs with a mental health condition – remember, we all have mental health, just like we all have physical health – and I am by no means encouraging people to disclose anything they do not want to share. Third, universities should ensure all staff, including GTAs, complete training in basic mental health literacy, to build confidence and enable appropriate responses to instances of distress in their students (Gulliver, et al., 2019).

Suggestions for practice: sharing stories and providing insight

In reflecting on my own journey, I often ask myself what would have helped me as an 18-year-old undergraduate Law student. I believe that some of the simplest gestures to support students in the classroom are honesty and empathy (Baik, et al., 2019). For example, sharing some insight that shows you can succeed academically, without being perfect;

and knowing it is acceptable to reach out for support. When I meet students for the first time, whether they are working towards their GCSE (ages 14-16) or A-Level exams (ages 16-18) as students in my Brilliant Club tutoring role, or undergraduates or postgraduates in my GTA posts, I briefly introduce them to my own journey, which went from History dropout to Law graduate, to Psychology PhD candidate. I may, depending on circumstances, even say that I struggled with my mental health, had counselling, and felt pressure to drink and party when I just wanted to watch Netflix and go to bed by 10pm. I might, in future sessions, reflect on how overwhelming it can feel to try and tackle each module's reading lists, and admit that it is better to focus on Abstracts rather than reading an entire journal article when time is short. GTAs do not need to go into their journey as deeply as myself, but one or two personal insights may help relieve a current student's anxiety about a particular issue; or at least remind them they do not have to strive for perfection, a construct linked to distress and suicidal ideation in university students (Hamilton & Schweitzer, 2000).

The power of honesty, empathy; and reciprocity

I will admit, the topics I teach cover psychology and mental health, so I am familiar with talking about thoughts and feelings in an academic sense. However, there are some things that all GTAs can do to build connections with students. This may include asking students how they are settling in, introducing them to your own research studies, or the challenges you have faced yet overcome. This helps to remind students that academia is one challenge after another – just like in life. Behind every article acceptance are several rejections, and rarely do recent graduates land their

dream job. Research studies using intergroup contact theory have shown that connection with others can be a powerful force for good; at a time when life has been shifting more online, the importance of minimising isolation and loneliness is crucial, given the links to negative mental health outcomes, particularly in the young adult and student age population (Bu, et al., 2020). Engaging students with compassion and humility may help reduce this risk, even in a small way. It should also be recognised that, drawing on theories of reciprocity and emotion transmission (Frenzel, et al., 2018), relating to students on a personal level can also be rewarding for GTAs. Academia can be an isolating place at times (Cornwall, et al., 2019), so these moments of being human arguably have a reciprocal value for staff and students alike.

Limitations of a GTA's role and protecting one's own mental health

Notwithstanding the above, it is also important to remember our limits as GTAs. We are not employed to act as substitute therapists or replace the potential need for medication prescribed by experienced clinicians, nor are we expected to replace the role of personal tutors or try to solve anything alone. Our workload is already high and most of us are not trained counsellors; good practice by module leads should inform GTAs about the limits of their roles and offer drop-ins where there are concerns. Initial GTA training sessions should, at a minimum, familiarise GTAs with appropriate services they can signpost students who are seeking support. At my current university, King's College London, there is a 'One Stop Shop' for GTAs on the intranet webpages, which has a dedicated section for supporting students. It is important to remember, however, that GTAs are not

expected to solve all the problems and should ask for help if it is beyond their ability or role. Maintaining boundaries is a challenge faced by academics across levels and disciplines, with many torn between wanting to help but needing to maintain some emotional distance (Hughes & Byrom, 2019). This also highlights the importance of self-care, those activities which support rest and renewal, something often neglected in academia (O'Dwyer, et al., 2018).

Conclusion

To conclude, I believe there is a great opportunity for GTAs to positively influence the student university experience, through simple gestures of kindness, a shared sense of humanity and the awareness that it is important to share and learn from our mistakes. As members of the academic community, I believe we all play a role in creating an environment that fosters good mental health. While GTAs do not have the amount level of responsibility as more senior members of staff, it is important to remember that small actions can make a big difference in the long term.

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