

Storm, Stress, Silence: A Focus Group Examination of Mental Health Culture and Challenges Among Graduate Students Currently or Previously Experiencing Depression

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The current study explored depression, help-seeking, and academic struggles among graduate students. Focus groups were conducted with graduate students who self-reported currently or previously experiencing depression. Mental health, help-seeking, and campus mental health culture were discussed. Participants described the emergence or reemergence of mental health challenges. Although some reported feeling comfortable discussing depression with friends, participants noted minimal institutional openness about mental health, being expected to be mentally and physically exhausted, and fear of stigmatization.

Keywords: depression, graduate school, help-seeking, focus groups, mental health stigma

Major depressive disorder is the world's leading cause of disability (World Health Organization, 2018). Moreover, graduate students appear to be at particular risk. As Fogg (2009) wrote, "Graduate school is gaining a reputation as an incubator for anxiety and depression" (p. B12). In a survey conducted at the University of California, Berkeley, 47% of doctoral students and 37% of master's students met the threshold for depression (Panger et al., 2014). Although it is not possible to state that graduate school causes depression, researchers have often noted a higher rate of mental health struggles among graduate students compared with the general population (e.g., Barreria et al., 2018; Levecque et al., 2017). For example, Evans et al. (2018) found graduate students from various disciplines (i.e., engineering, biological/physical sciences, and humanities/social sciences) were more than 6 times as likely as the general population to experience depression and anxiety.

Graduate students often report struggling with their coursework while also adjusting to a reduced level of community, a new life stage, financial concerns, multiple school and life responsibilities, and competition among peers (Benshoff et al., 2015; El-Ghoroury et al., 2012; Hyun et al., 2006). Highlighting the severity of these challenges, Eisenberg et al. (2007) reported that 41.2% of 1,662 graduate student respondents indicated that mental health struggles had affected their academic performance. In addition, scholars have noted the need to promote self-care among this group (Bamonti et al., 2014), and there has been more recent attention focused on the mental health of graduate students (e.g., Evans et al., 2018; Woolston, 2017).

Scholarship focused on graduate student experiences has taken various approaches. For example, recent meta-analyses focused on group interventions

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promoting mental health among health professional students (e.g., medical students; Lo et al., 2018) and stress reduction interventions for graduate students (Yusufov et al., 2019). The increased focus on graduate students is encouraging, and there have been numerous quantitative studies exploring this population (e.g., Barreira et al., 2018; Evans et al., 2018; Garcia-Williams et al., 2014), but qualitative approaches are rarely used. Furthermore, there have been even fewer efforts to bring graduate students with a history of depression together to talk about their student experiences. As noted by Evans et al. (2018), “Despite increased discussion of the topic, there remains a dire need to resolve our understanding of the mental health issues in the trainee population” (p. 282).

The Current Study

The goal of the current research effort was to add to the existing literature by amplifying the voices of a group of students at a graduate-only university who self-reported current or previous experience with depression. This study complements the current knowledge base by exclusively exploring how graduate students currently or previously experiencing depression describe their mental health experiences, help-seeking considerations, and perceptions of the mental health culture at their university. Although there are recent exceptions (Evans et al., 2018), previous research often combined undergraduate and graduate student samples, thus obfuscating the specific plight of graduate students (Garcia-Williams et al., 2014). Moreover, it is rare for studies to focus exclusively on graduate students who self-report current or prior experience with depression—a group that can be considered at particularly high risk due to the stressors often associated with graduate school (e.g., Benshoff et al., 2015).

Method

The goal of this research was not to assess specific hypotheses, but rather to hear about the graduate students’ experiences in their own words. As such, we used focus groups, which allow for the exploration of participants’ thoughts and feelings through group interaction (e.g., Bocking et al., 2018; Khan et al., 1991; Morgan, 1996). Khan et al. (1991) proposed that focus groups composed of individuals with similar experiences could lead to richer data than individual interviews because of the interaction among participants. Furthermore, previous studies indicate that focus groups can be successful when exploring mental health concerns with graduate students (e.g., Miller & Irby, 1999). Nine focus groups were conducted as part of a larger investigation into mental health. Each group contained participants who self-reported currently or previously experiencing depression (four groups), anxiety (three groups), eating disorders (one group), or bipolar disorder (one group). The current analysis focuses on the four groups that exclusively included people who self-reported currently or previously experiencing depression.

Materials

A focus group guide was developed to ensure the same topics were covered in each group. This guide contained two sets of questions. One set covered topics specific to the university (e.g., knowledge of specific services provided by the counseling center). The second set—the focus of the current article—centered on mental health challenges during graduate school, institutional mental health culture, and help-seeking perceptions and practices. The focus on help-seeking was spurred by several factors, including both of the authors' previous research in the field (e.g., Keeler & Siegel, 2016; Siegel et al., 2015), the paucity of information in the literature, and a need for addressing this issue at the specific school. The focus group guide for this section included four exploratory questions and follow-up prompts. The first exploratory question asked, "Has anyone (among the members of this focus group) struggled with mental health while at graduate school? If so, did you seek help?" The follow-up prompts included, "When you first realized you needed help, what thoughts went through your mind about getting it?" and "How did you expect people to respond to the fact you thought you had this illness?" The second exploratory question inquired, "How many of you ended up seeking help?" The follow-up prompts included, "For those who did seek help, what do you think pushed you to do so?" and "For those who did not seek help, what could have influenced you to do so?" The third exploratory question was "Now, we would like to talk specifically about (the university). What are your overall perceptions about (the university) regarding concern and support for people battling mental illness?" The single follow-up prompt asked, "Why do you feel that way?" Given that some doctoral students may have received their master's degree at a different institution, the fourth exploratory question read, "How many battled your illness while at (the university)?" Follow-up prompts included the following questions: "What were your expectations as far as how your professors would feel if they knew you had this illness?" and "What could (the university) have done to influence you to either seek help or to have sought help sooner?"

Participants

The focus groups were held at a graduate-only institution where women make up approximately 55% of the student population; approximately 75% of the students are between 20 and 39 years of age. Non-Hispanic Whites constitute about 34% of the students, approximately 14% are Hispanic, and 23% of the students are broadly classified as international students. The remaining students are multiracial (13%), Asian (10%), or Black/African American (6%).

Focus group participants were recruited by two emails sent through the student electronic mailing list and eight posters placed around the campus. Interested individuals were directed to an eight-item online survey to note their availability and ensure they met the eligibility requirements of being a current student, experiencing depression as their most salient mental health disorder (not restricted to time spent in graduate school), and not reporting feeling like a danger to themselves or others. Table 1 provides demographic

TABLE 1
Demographics

Sample Characteristics	<i>M</i>	<i>SD</i>	<i>n</i>
Gender			
Men			3
Women			18
Age (in years)	27.67	8.67	
Years at university	1.57	1.53	
School at university			
Arts/Humanities			8
Education			2
Math			2
Public Health			1
Social Science, Policy, and Evaluation			8
Ethnicity ^a			
Asian			3
Black			1
Hispanic			2
Multiracial			3
White			12
Currently experiencing mental health concerns?			
No			8
Yes			13
Experienced mental health concerns while at university?			
No			6
Yes			15
Sought help while at university? ^b			
No			7
Yes			13
Have other students talked to you about mental health?			
No			8
Yes			13
Has health insurance?			
No			5
Yes			16

Note. *N* = 21.

^aIncludes international students. ^bOne participant did not provide information.

information, as well as information on prior help-seeking behavior and health insurance coverage, for the 21 participants included in the current analysis.

Procedure

The same psychology professor and psychology doctoral student (the first and second authors) moderated all focus groups. An informed consent was signed by participants upon arrival. Participants were informed that they would be audio recorded but that all recordings would be confidential. We administered pre- and post-focus group surveys that were primarily focused on university-specific services; however, as these surveys were mostly only relevant to the specific university and, thus, not in line with the goals of the current research effort, we will not discuss them further in this article. The university's institutional review board reviewed all procedures for the larger study, which included a debriefing and a list of help-seeking resources. Participants were compensated \$40 for their participation.

Analysis

The authors followed the steps prescribed by Braun and Clarke (2006) for thematic analysis: (a) The second author transcribed each of the focus group audio recordings verbatim. These transcripts were double-checked for accuracy and compared with the moderator session notes for any nonverbal interactions. (b) Both authors separately read through each of the transcripts, noting preliminary codes and proposed themes based on those codes. (c) The two authors discussed their respective codes and proposed themes. (d) The authors then discussed each proposed theme for coherency, relevancy, and inclusiveness. Next, they designed a more comprehensive coding guide and then reread and recoded the transcripts. (e) Once the authors felt that the codes and themes were distinct and representative of the data, two master's students were provided with the updated coding scheme and transcripts to assess their level of agreement with the authors' assessment of themes, as well as to note quotes they perceived to be most indicative of each theme and subtheme. Their initial agreement was 92.4%, which increased to 98.7% after discussing each discrepant code. The second author made the final decision about the remaining four codes that could not be agreed upon by the master's students. (f) After considering the master's students' feedback, the authors again read each of the transcripts to ensure the story the data told adequately expressed what the students in the focus group experienced. (g) Once a full preliminary report was written and the themes were organized by topic area for the ease of the readers, participants from each of the groups were contacted to read the full report to provide feedback and assess the accuracy of the report according to both their personal experiences as well as their recollections from their group. The full report provided analyses from all nine focus groups described earlier. (h) After receiving the participant feedback, the authors made modifications again to ensure the experiences of the participants were adequately expressed.

Results

In total, there were seven major topics covered in the full evaluation report: (a) the graduate school experience, (b) mental health and academics, (c) institutional culture and mental health awareness at the university, (d) university counseling services, (e) professors and mental health, (f) potential peer support program, and (g) proposed improvements. The themes of the focus groups were organized under the most appropriate topic in the original report. However, with the goal of maximizing the utility of this article, we have focused exclusively on the themes we perceive as offering the greatest contributions to the literature and providing the most actionable information: (a) the emergence or reemergence of mental health issues, (b) expectation of exhaustion, and (c) an institutional culture of silence and fears of stigmatization. We also include quotes highlighting how the individual themes interact.

Emergence or Reemergence of Mental Health Issues

Students noted how graduate school caused mental health struggles to either emerge or reemerge. There was no single, all-encompassing reason for mental

health challenges; rather, a wide range of well-being obstacles were described. For example, one student noted workload as the central struggle: "I'm dying. I'm just dying here. I'm in [program] and it's just been hard. It's very, very hard, and I am sure everyone else's is hard because everyone else looks just as stressed as I do." In response to a follow-up question asking if the workload was more than expected, the student added, "I just don't know if there is a possible way that I could expect it coming in. I just don't think I could."

A first-year student from a different focus group described how the combination of depression and graduate school was particularly problematic: "It's just pretty tough not knowing what to expect, and then coupled with anxiety on top of depression and the normal anxiety of grad school, it makes it really difficult day-to-day, makes it difficult to get through it." Several students noted that the uncertainty of being in a new place and the intense workload led to prior mental health challenges reemerging:

So, they put me on [medication], which I was actually on before because I was diagnosed with depression when I was like 7. I've been on it before and did fine with it, but with the stress of grad school and everything, I ended up having my first panic attack of my entire life from the [medication]. So, I was an absolute mess.

The lack of structure was noted as another reason for mental health challenges: "I did not realize until I got to graduate school how much I relied on the structure of the undergraduate academic lifestyle, I guess to hold me together." The same student later noted,

Then you are stressed [about] money, and you are stressed about the extra time you are taking, then you are stressed about you already have no structure in your life. You don't know what you are supposed to be doing. That has been exceptionally common. I don't feel unique. I feel like this was very typical of students in my program.

Questions about whether graduate school was the right decision were also noted: "I am thinking a lot of that stress is this existential crisis of, 'What am I doing here?' 'Is this worth it?'"

This reemergence was not something that hit all of the students immediately. One student noted her depression reemerged after completing her first year of graduate school: "Just put your nose down and push through it. . . . That's when it started setting in here. I had problems with it before . . . so it wasn't that much of a surprise as to what it is or whatever."

Although the reemergence of mental health concerns came unexpectedly to some students, a handful of students reported taking active steps to manage a relapse by using coping skills from previous counseling or finding resources in advance in case their depression returned. One such student noted, "I think my experience was a little different than some . . . because I explicitly went in, and with this long background of bothering places for help, basically saying, 'What are you going to do for me?'" A first-year student stated,

I came to grad school, I could feel it [depression] creeping back up, but I know I needed to eat better, get enough sleep . . . all those little things to keep me on top of my game instead of letting myself fall back into not getting out of bed and not going to class.

Another student noted mental health difficulties as a result of not taking preventative steps: “I am currently struggling with anxiety and depression. . . . I’ve had issues with this in the past when I was in school, and I don’t know if I quite appropriately took safeguards before coming to grad school for that.” In line, a participant described the difficulty of self-care:

Once you are in that spot, it gets really difficult to pull yourself out. There needs to be [help], especially how we are living the graduate lifestyle of “go, go, go,” it’s hard to eat healthy food. It’s hard to stay active. It’s hard to take care of yourself. I’ve heard professors say things like, “You need to take care of self” but so many assignments and different things that you have to do. You think, “Well, this one has a deadline, so maybe I will buy vegetables next week,” you know?

Expectation of Exhaustion

Participants described their perception that extreme mental exhaustion was expected for graduate students. Regarding this perception, one participant noted, “This almost seems like an exercise in making people freak out in as many different ways you can figure out. There’s this cult with all these things we are doing.” As similarly noted by a participant in another group, “It’s kind of odd to me. . . . We just accept the fact we are going to be anxious and [having] panic attacks are another part of going through grad school. Almost like a hazing of some sort. ‘Oh, you’ll get over it. It happens, everybody goes through it.’” One student noted how even their professor reinforced this perception that exhaustion is normal: “Actually a professor of mine recently told the class that in his opinion from his grad school experience, it was unusual for someone not to have a breakdown episode.”

Participants also described how bragging rights were openly afforded to those who could engage in the most mentally unhealthy behaviors (e.g., sleepless nights):

Obviously, if people know what it [depression] is, and if you say, “Oh, I’m having trouble with . . .” in that instant, people are not going to be like, “You’re just lazy.” People aren’t going to immediately do that. But I think there is a culture of “so-and-so can stay up the latest” or “I don’t have time to eat” or whatever. I keep going and going and that’s accepted as nobody gets any sleep. . . . I think it’s almost a pride thing or this feeling that that’s what professionalism is. That’s what we do as academics is wear ourselves out and keep going.

As stated by another participant in the same group, “You’re expected to be struggling, and if you are struggling any more than that, people don’t really take you seriously.”

An Institutional Culture of Silence and Fears of Stigmatization

Another theme from the focus groups was the perceived institutional culture of silence and fears of stigmatization if mental health issues were openly discussed. The culture of silence and stigmatization fears were so often described together that we combined them into one theme. Unlike mental exhaustion—which students described as being expected, something to brag about, and an indication of how hard they are working—depression was perceived as something that

should not be discussed openly. In reference to how depression was perceived at an institutional level, one participant said, "I don't know if it is really talked about at all. Not that I know of. People don't really talk about these things." A student replied to this comment saying, "I agree, it's not. It's not in the air or the agenda at all. I don't see it at all." A participant in another group stated, "I think that even though you would expect the stress to be higher at this level of learning, it must exist, but I don't think it is really talked about."

When the group discussion turned to disclosure to professors, many participants noted they did not want their professors to know about their experiences with depression: "I would be horrified if my professors ever knew. Like, seriously I would definitely not want my professors to know at all." A reason students put forth for not wanting professors to know about experiences with depression was a fear of being stigmatized as a result. As described by one participant, "I'm definitely afraid of being written off if I bring it up. There is so much pressure to be taken seriously and I feel like that would hinder people's ability to think of me seriously." Another student explained, "I think there is still a stereotype where depression equals laziness."

It is noteworthy that the culture of silence does not necessarily exist across all relationships and for all students. Although some participants noted not wanting to talk about their struggles with other students, several noted there is a comfort level that allows for expressing mental health concerns among their friend groups. Illustrative of the feelings of comfort regarding peers and the hesitation to speak with faculty, one student commented,

As far as school goes, with friends I feel like I would agree, you can actually break down and talk about your issues and maybe get some support with getting help. But as far as colleagues and within my department, I would only share with certain people. Definitely not my professors.

One student, who did speak to professors, noted a relatively positive response: "Eventually, it got to a point where it was affecting my work and I had to tell some of my professors. They were very supportive, so I feel very fortunate." One student said they would be OK speaking to one professor, but likely not to others. Another noted the professor's response might not be negative, but it was too risky: "Maybe they would respond well. They probably would, I'm probably not taking the chance. I would just hate to have that as how I am known."

The Themes in Combination

As expected, several students noted the complexity of the way the themes interact. One student put forth a comment illustrative of this sentiment:

So, I think [the university] in of itself, there is not really anything like she [another participant] is saying. There's not really mental wellness or [taking] care of yourself. I feel like it is completely lacking. There is nothing. With the peer community, it is definitely [understood that] you are not allowed to sleep and you are not allowed to eat. It is a kind of a competition. If you aren't ragged and dying, then you must not be working as hard as everybody else. It's kind of expected that you are struggling. I think for people who are struggling beyond that, struggling with depression, it's hard to speak up. It's hard to say anything because you are supposed to be feeling that way.

One participant described how the expectation of exhaustion, reemergence of mental health problems, and fear of stigmatization interacted in her experience within a classroom setting:

I just felt like once I started going downhill, I got very different reactions from people pretty quickly. It was just kind of condescending and like, “Meh.” Like, “She can’t hack it.” I think that’s a big issue with the culture here. If you outright ask someone if you think somebody or so-and-so is late for work, and . . . are [they] depressed? Are they a good person or a bad person or whatever? . . . They are not going to outright say that she is just [lazy] or she should just push through it and be at work anyway. . . . I think implicitly, their attitude is, “Well, nobody gets any sleep. We’re professionals, show up to work on time. I don’t care.”

As another illustration, a student noted the complex interplay between the reemergence of mental health and the culture of silence within her friend group:

It was amongst us that we talked about mental health issues or that we were going through a lot of, I think, “our demons” is what we called it. Or that we came in with the issues already, but just the nature of graduate school sort of breaks us down where we are vulnerable and that’s where we really started to see patterns. One person went, then we all started flocking to that same therapist. But that was amongst our friends, we can talk about it. But it was never something that we would share with faculty, because that’s kind of like, then you’re kind of showing you are breaking down kind of.

In addition to highlighting how the themes interact, the quotes in this section also illustrate the complex nature of peer relationships; some can cause struggles, while others are helpful when problems arise.

Discussion

The goal of the current study was to understand thoughts regarding mental health struggles, help-seeking considerations, and perceptions of the mental health culture at a graduate-only university among students who self-reported current or previous experience with depression. Seeking to maximize the potential contribution to the literature, we focused on the themes most susceptible to influence by college counselors: the emergence and reemergence of mental health struggles, expectations of exhaustion, the institutional culture of silence, and stigmatization fears.

The emergence and reemergence of psychological issues among graduate students were often noted by participants. Recall, all of the focus group participants self-reported currently or previously experiencing depression. Participants described how the nature of graduate school led them to reexperience mental health struggles that were under better control before entering graduate school. Those who did not experience a reemergence of mental health challenges took specific steps to minimize the risk.

There were also descriptions of the graduate school context, where an expectation of exhaustion is complemented by a sense of pride as to who can push themselves the furthest (e.g., most sleepless nights). Rather than being ashamed of having to pull all-nighters, the participants described an environment where it was something about which to brag. Prior studies have noted competition among graduate students affecting their stress levels and emotions (Hyun et al., 2006), but descriptions of perceived competition regarding self-exhaustion are noted less often.

In addition to the expectation of exhaustion, participants perceived there would be sanctions if their struggles with depression were brought to the attention of their faculty. Our use of the term “culture of silence” comes from a comment chronicled in a prior study (Panger et al., 2014): “The work-life balance is terrible, and there is a culture of silence around how we feel as graduate students” (p. 4). Explaining why students rarely discussed the topic, participants in the current focus groups described fearing professors would see them as less dependable and less of an intellectual if their mental health challenges were known. Such fears are in sync with prior reports that people with depression are perceived as attention-seeking, selfish, filled with self-pity, and weak (Griffiths et al., 2011). Similar concerns were put forth in response to a survey by a sample of psychology program graduate students (El-Ghoroury et al., 2012). The finding that focus group participants were hesitant to speak to faculty is in accord with survey results from Barreira et al. (2018), who reported that students with mental health struggles indicated department faculty and staff as the two groups they would be least likely to turn to for help. However, like the participants in the current focus groups who spoke to faculty about their struggles, the students in Barreira et al. found faculty and staff to be among the most helpful when help was sought.

Most unique to the current study is the discussion of how the expectation of exhaustion, the institutional culture of silence, and fears of stigmatization—along with the more well-known stressors of graduate school (e.g., financial strain)—appear to place many graduate students in a critical situation. The graduate students in the current study described perceiving a context in which the culture that rewards students for pushing themselves to the brink of mental exhaustion is the same culture that will admonish them—particularly those who have prior experience with depression—for experiencing the depressive symptomatology that such a lifestyle can cause.

Limitations

Several limitations should be considered when interpreting the results of the current research. First, as with most focus group results, the findings are not generalizable to all graduate students. The results could be specific to the university attended by the participants or the specific participants who attended the groups. Another limitation is that the students primarily came from schools of arts/humanities and psychology/public policy. Although some results are in line with those from studies with participants from medical schools or graduate students from other programs (e.g., Barreira et al., 2018; Evans et al., 2018), the makeup of the sample should be considered when interpreting the results. Likewise, the students who were willing to come to focus groups discussing mental health may be more open about their mental illness experiences than the general graduate student population. This could explain why most focus group participants who experienced mental health struggles had sought help. Such a high level of help-seeking should not be assumed for all students.

Finally, it can be argued there is a small possibility that the participants were not actually experiencing high workloads, an institutional culture of silence,

and expectations of exhaustion, but that they perceived such things existed as a result of their depression. However, we believe this is not likely the case; 13 of the focus groups participants were not experiencing depression at the time, and the themes from the depression focus groups were akin to those in other focus groups (e.g., eating disorders, anxiety). Moreover, the reports of challenging workloads in graduate school are not unique to this research effort (Hyun et al., 2007). Likewise, as we alluded to previously, without an experimental design that randomly assigns a group of individuals to attend or not attend graduate school, it is not possible to state that graduate school causes depression. Accordingly, Barreira et al. (2018) noted that 25% of their graduate student sample reported being diagnosed with a “mental health issue,” 13% were diagnosed before the start of graduate school, and 12% were diagnosed after graduate school began. However, whether graduate school is responsible, or a different factor is the cause (e.g., personality factors), the prevalence of depression among this population indicates intervention is critically needed.

Future Directions for Research

As noted, the inability of the results to be generalized is a limitation of this paper and focus groups in general. Therefore, a key future direction should involve conducting large-scale studies to assess the extent to which similar findings are indicated. Such large-scale studies would ideally also explore differences between graduate students whose experiences with depression reemerged during graduate school and those who did not experience a resurgence of depression. Surveying students that have thrived in graduate school despite prior experiences with depression and documenting the steps responsible for such success could be particularly useful. Moreover, as Barreira et al.’s (2018) data indicate, mental health struggles become more problematic the longer students are in graduate school; future investigations will ideally include graduate students in the earlier and later stages of graduate school. An additional future direction would be taking steps to understand the most effective means of intervention. Prior studies have noted the potential challenge of influencing people with depression, particularly regarding help-seeking (e.g., Siegel et al., 2017), but success is indeed possible. Additional future directions are described in the next section.

Implications for College Counselors

Counselors will ideally work within the university to assess whether their graduate students also face emergence or reemergence of depression and other forms of psychological distress, perceive an expectation of exhaustion, and believe there is an institutional culture of silence and fear stigmatization, as well as other topics described in the focus groups (e.g., workload expectations, need for structure, specific stressors such as financial concerns, questions as to whether graduate school was the right choice, use of coping skills, and difficulty taking steps to prevent mental health struggles). Such assessment could include surveys in addition to approaches such as focus groups and interviews

to capture varied insights into the university's mental health culture. Until the specific processes and perceptions are known, it will be near impossible to effectively implement any necessary interventions.

If assessments indicate that an expectation of exhaustion, an institutional culture of silence, and fears of stigmatization are indeed evident on a given campus, counselors should consider taking steps to cause change. The encouragement of mental health promotion campaigns, communication with professors, and a simple change to the standard syllabus offer complementary paths. Regarding health campaigns and communication, the culture of silence and fears of stigmatization can begin to be changed with communication in the form of emails and poster campaigns. Even an occasional email that notes the potential struggles faced in graduate school, highlights the help available, and encourages students to focus on their well-being can make a difference. This would only cost the time it takes to write the email. If the campus had been previously silent about depression and other forms of mental illness, it can have a particularly large impact. Likewise, messages can be placed on a school web page or electronic boards around campus. A poster campaign can be a complementary form of breaking any institutional culture of silence that might exist. Even if counselors are not the ones creating the messages, they can work with the administration to ensure such messages are created. Students in the current focus groups indicated a change in culture would be welcomed. As one student noted, "I think if there were more of a culture about mental health issues, I would be less shy in general. . . . I would be talking to people more." When asked what they thought could be done, one student responded, "One thing that would be good would be normalizing it to an extent. You need to not feel so anxious or embarrassed about asking for help." One warning that most counselors likely do not need is that people with depression will often respond to messages differently than the general population (Siegel et al., 2017). Having a group of students with heightened levels of depressive symptomatology read messages before posting can alert counselors of potential red flags.

A second approach would be to talk to professors about what they can do to break the institutional culture of silence and the expectation of exhaustion. Some professors may not realize their influence. If professors are giving the implicit or explicit message that they expect their graduate students to push themselves to a state of mental exhaustion and ill health, they may be unaware of the harm such messages can cause. Even giving talks in classes where professors are present could have an impact as the professors will hear the messages being put forth. Moreover, it might be useful to encourage professors to speak about mental health, including an explicit statement indicating help-seeking will be seen as a sign of strength that will certainly not hinder one's likelihood of success, thus reducing the stigma some graduate students perceive they will receive from professors. Ideally, it would be possible to provide mental health awareness training to faculty.

Beyond communication with professors, it could be useful for counselors to recommend a policy requiring a statement on every syllabus about the importance of mental health and where resources can be found if needed. Moreover, counselors can work with those who are responsible for student orientation to encourage devoting time

to the importance of self-care. It could also be useful for counselors to work with administrative staff to survey professors regarding their views toward students suffering from depression and other forms of mental illness, as well as their knowledge of resources to recommend to students. If professors are indeed understanding, this information can be provided back to the students through the mechanisms previously described; however, if professors indicate they would respond unfavorably and report knowledge deficits, a possible intervention path will be revealed.

Conclusion

Participants in the current focus groups—all of whom self-reported currently or previously experiencing depression—described graduate school struggles that included the emergence and reemergence of mental health struggles in an environment where there was an expectation of exhaustion, as well as an institutional culture of silence and stigmatization fears. The perception that exhaustion is expected and mentally unhealthy behaviors are encouraged offers further insight into the potentially problematic nature of graduate school for those with current and prior mental health difficulties. Whether these perceptions are accurate or not, if they are strongly held by graduate students with depression, then they are highly problematic and could have a dire impact on help-seeking. If graduate students indeed perceive they will be rewarded for engaging in mentally unhealthy study and research habits, a potentially deadly context can be created. Those who seek success and mentally deplete themselves in the process might find themselves in a state of depression in which the negative perceptions of help-seeking are amplified. Ideally, by shining a light on these perceptions, steps can be taken to further understand the prevalence of these viewpoints and necessary changes can begin to be made.

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