

# Recognizing Student Stressors and Strategies to Provide Assistance

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# Disclosures

- Dr. Stoner serves on the speaker's bureau for Neurocrine Pharmaceuticals and Otsuka Pharmaceuticals.

# Objectives

1. Identify academic setting based stressors that impact student wellness and develop strategies to assist students when academic related stress becomes overwhelming.
2. List externally based environmental stressors that can have a negative impact on student health and wellness and identify strategies that faculty and preceptors can implement to help students overcome these obstacles.
3. Discuss and develop strategies that schools of pharmacy can implement to improve student health and wellness.

# The Academic Setting and Relationship to Student Wellness

# “Change” Starts Day 1

- New school



- New state, new city



- New living situation



- New classroom

# “Change” Has A Busy Day 1

- New people, new friends, new competition



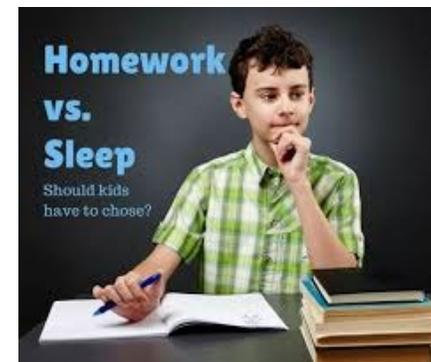
- New career focus



- New jobs



- Intense assign



# Internal Environmental Stressors

# School Environmental Stressors

- Teaching and learning styles
- Classroom engagement and inclusion
- Faculty connectivity and relatability
- Inclusivity with student organizations
- Inclusivity for minority groups
- Sense of belonging

# School Environmental Stressors

- Student success programs
- Experiential learning autonomy
- Peer relationships
- Competitive environments

# External Environmental Stressors

# External Environmental Stressors

- Food insecurity
- Housing insecurity
- Financial insecurity
- Money management
- Debt load / “Fear” of debt
- Commuting and engagement
- Family related issues

# Additional Stressor Considerations

- Substance Abuse
  - Estimated 33.8% of medical students consumed  $\geq 5$  drinks in last 2 weeks
  - 58% reported to binge drink monthly
  - 26.2% used marijuana in last year
- Mental Health
  - Depression and Anxiety
  - “Burnout”
    - decreased altruism and professionalism

# Alcohol Abuse in Pharmacy

- Estimated 1 in 4 demonstrated hazardous alcohol use
- High rates of binge drinking (29%-44%)
- Academic achievement declines
- Pharmacist alcohol abuse > general population
- Increased AUDIT scores  $\geq 8$  (23.2%)
  - Coping and enhancement motives increase risk
  - Male, single, and living on main campus increase risk

# Food Insecurity in Postsecondary Education

- Four thresholds of food security
  - Food security, marginal food security, low food security, and very low food security
- Food Insecurity
  - Lack of consistent access to safe and healthy foods (nutritionally adequate) and limited or uncertain ability to gain access to these foods in socially acceptable ways
- Increased stress, anxiety, and poor academic outcome, lower work productivity, higher rates of chronic disease
- College and University Food Bank Alliance

# Food Insecurity in Postsecondary Education

- Systematic Literature Review
- United States Data
  - 32.9% (14.1% to 58.8%) of students reported food insecurity (national estimates  $\approx$  15% of US households)
- Risk Factors: students of color, younger students, students with children, financially independent students
- Lower self-reported health and poorer eating habits

# Credit Card Debt: Impact on Health in a Public University Sample

- Students self-reported health indicators
- 23% of students > \$1,000 in credit card debt
- Debt associated with the following:
  - Overweight/obesity/poor weight control
  - Binge drinking/substance use
  - Lack of physical activity
  - Excess television watching
  - Low rates of breakfast
  - Increased fast food utilization for meals

# Mental Health in Graduate Students

- Students (n=301) completed Interactive Screening Program (PHQ-9 and others)
  - 7.3% reported thoughts of suicide
  - 2.3% with a suicide plan
  - 1.7% exhibited self-injury
  - 9.9% attempted suicide in lifetime
    - 22% taking medication
    - 18.5% in counseling or therapy
  - Behaviors to watch for: nervous, irritable, stressed, anxious, lonely, fights/arguments

# DISCUSSION

What does the literature say  
about pharmacy students  
specifically?

# Sources of Stress: Pharmacy Student Population

- Perceived stress in pharmacy students is higher than general population
- Web survey of students at three schools of pharmacy
- **Biggest Stressor** when anticipated stress  $\neq$  experienced stress
- Other sources of stress
  - Pressure to succeed
  - Postgraduate opportunities
  - Academic success - GPA – grades
  - Relationships
  - Experiential rotations
  - Career choices
  - General health

What can Schools of  
Pharmacy do to help?

# Academic Landscape Challenges

- ACPE Accreditation Standards
  - Promote well-being
- Schools benefit by students progressing and graduating
- Moral compass of financial burden
- Counseling services
- Remediation
- Accommodation

# What can schools of pharmacy do?

- Train faculty and staff to identify stress points
- Recognize and identify intellectual challenges and changes
- Acknowledge student stressors
- Examine grading systems, consider pass/fail
- Curricular adjustments, synchronization
- Exam alignment

# What can schools of pharmacy do?

- Clerkship structure and support
- Preparation of students for difficult situations
- Mental health service availability
- Promote mindfulness based stress reduction
- Financial advising and support
- Develop Offices of Student Well-Being

# Expand the Traditional Views of Wellness to Include Well-Being

- Diabetes
- Hyperlipidemia
- Overweight
- Obesity
- Lack of exercise
- Alcohol and tobacco use



Hypertension  
Cardiovascular disease  
Pulmonary disease  
Stroke  
Cancer



Today?

# Promote Predetermined Wellness Changes

- Sleep
- Exercise
  - Associated with lower stress perception scores in pharmacy students
- Stress management
- Mindfulness training
- Meditation

# Assess Need for Support in All Areas

- Recognizing students in distress
- Assessment of students at risk for self-harm and suicide
- Proper support and referral process
- Grief support when tragedy strikes
- Supportive faculty advising and mentoring

# Physical Health: A Proposed Curricular Student Model

- Personal health assessment
  - Weight, diet, exercise, sleep
  - Vision, bone density, blood pressure, glucose
- Education for optimal health
- Students develop a personal health plan
- Faculty members participate
- Identify patients to modify lifestyle
- Wellness project development
- Wellness assessments

# Vanderbilt University School of Medicine Model (VMS Wellness Program)

- Proactive approach to wellness
- VMS Wellness Program
- Faculty, curriculum, and student centered
- Core areas of focus:
  - 1) mentoring and advising
  - 2) student leadership
  - 3) personal growth

# Vanderbilt University School of Medicine Model (VMS Wellness Program)

- Advisory College Program
  - Advisory college directors and affiliate faculty and student advisors
  - Wellness and career counseling
    - Welcome and reception
    - College Cup

# Vanderbilt University School of Medicine Model (VMS Wellness Program)

- Student Wellness Committee
  - Intellectual wellness
    - mentoring
  - Environmental wellness
    - community
  - Physical wellness
    - body
  - Interpersonal wellness
    - social
  - Emotional and spiritual wellness
    - mind

# Vanderbilt University School of Medicine Model (VMS Wellness Program)

- VMS Live
  - Longitudinal curriculum
    - Faculty model self-care
    - Discussion and reflection
    - Dialogue and discussion regarding compassionate health care

# Curricular Change Model: Saint Louis University SOM

- Identified stressors: volume of material, level of detail of material, competition for grades
- Incorporated pass/fail system in preclinical coursework
- Reduced contact hours by 10% in first 2 years
- Instituted longitudinal electives
- Developed learning communities
- Added resilience and mindfulness programming

# Pharmacy Student Debt and Management Strategies

- Develop financial management coursework
- Financial counseling
- Federal Student Loan Forgiveness Program
- Expand national programming
- Local assessments of financial burdens

# 5 Essential Elements of Well-Being

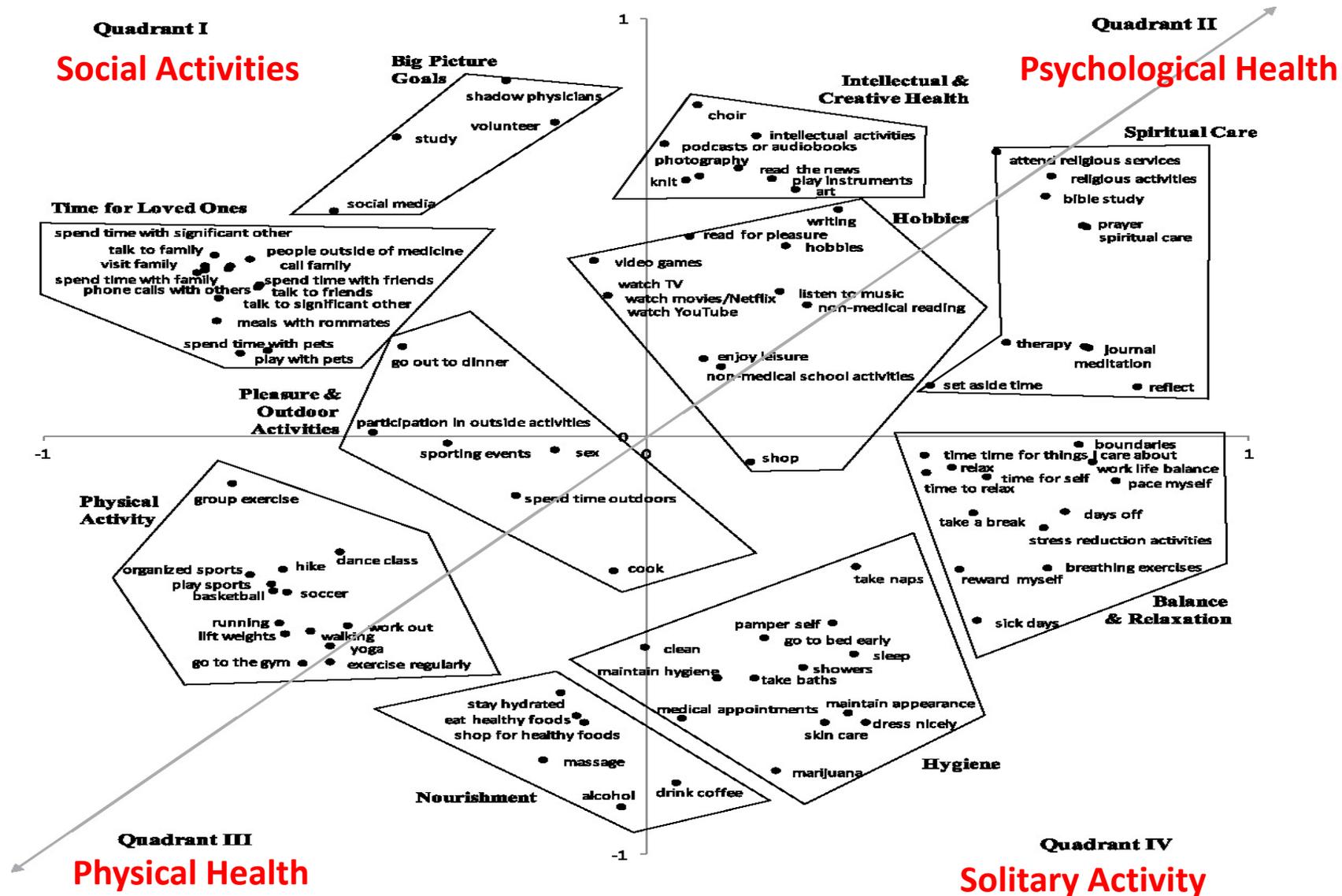
- **Career Wellbeing**
  - Like what you do everyday
- **Social Wellbeing**
  - Strong relationships and love
- **Financial Wellbeing**
  - Effective management of economic life
- **Physical Wellbeing**
  - Health and energy to get things done
- **Community Wellbeing**
  - Engagement in the area you reside

Are they similar to your  
students needs?



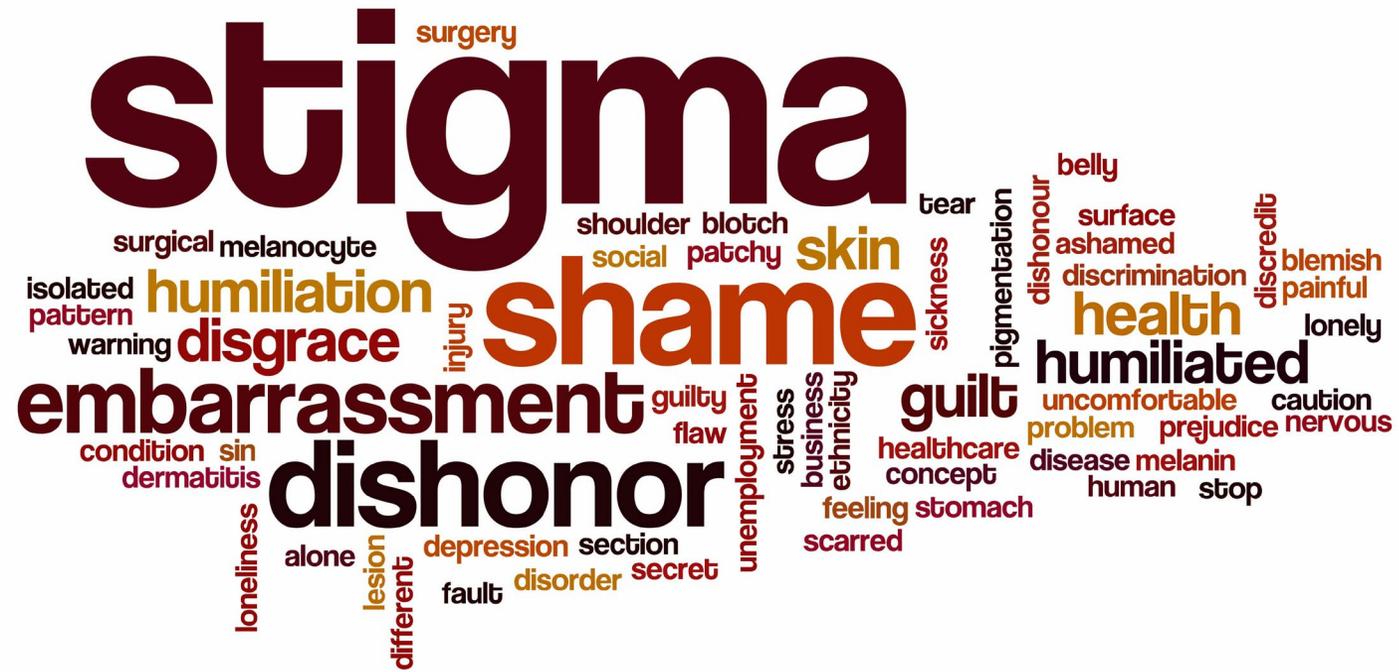
Listen to the Students

# Student Identified Well-Being



# Mental Health

# Let's talk about STIGMA!



# Depression



# Stress, Anxiety and Depression

- Over half of college students report “overwhelming anxiety” in past year
- 52.4% of pharmacy students report depressive symptoms
- 5 to 11.2% of medical students report suicidal thoughts, 14 to 21% report depression
- Anxiety, substance abuse, eating disorders
  - Fear of failure
  - Competitive job market
  - Perceived lack of ability to problem solve for themselves

# Health Professional Well-Being

- Physician well-being correlated with compassionate care
- “Compassion fatigue” concerns
- Burnout and stress
  - Lower quality of care
  - Increased substance abuse
  - Divorce
  - Suicide

# Major Depression

**Five (5) or more of the following symptoms in the same two-week period with at least one being depressed mood or loss of interest or pleasure.**

- Weight Loss or Gain
- Appetite Loss or Gain
- Insomnia or Hypersomnia
- Psychomotor Agitation or Retardation
- Anergia or Fatigue
- Poor Concentration
- Suicidal Thoughts
- Hopeless or Helpless Feelings
- Feelings of Worthlessness or Guilt

# Assessing Depression

- **S** - sleep
- **I** - interest
- **G** - guilt
  
- **E** - energy
  
- **C** - concentration
- **A** - appetite
- **P** - psychomotor
- **S** - suicide

# Screening for Depression

- Recommended for the general adult population regardless of risk, including pregnant and postpartum women
- Screening and adequate support systems improve clinical outcomes (PHQ-9)
- Adult Risk Factors: women, young and middle-aged adults, nonwhite, undereducated, previously married, unemployed, presence of chronic illness, presence of other mental disorder, family history of psychiatric disorders
- Suicide Screening Tools: Columbia Suicide Rating Scale

# Depression Screening Tool: PHQ-9

## PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Over the last 2 weeks, how often have you been bothered by any of the following problems?  
(use "✓" to indicate your answer)

|   | Not at all | Several days | More than half the days | Nearly every day |
|---|------------|--------------|-------------------------|------------------|
| 1. Little interest or pleasure in doing things  | 0          | 1            | 2                       | 3                |
| 2. Feeling down, depressed, or hopeless   | 0          | 1            | 2                       | 3                |
| 3. Trouble falling or staying asleep, or sleeping too much  | 0          | 1            | 2                       | 3                |
| 4. Feeling tired or having little energy  | 0          | 1            | 2                       | 3                |
| 5. Poor appetite or overeating  | 0          | 1            | 2                       | 3                |
| 6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down  | 0          | 1            | 2                       | 3                |
| 7. Trouble concentrating on things, such as reading the newspaper or watching television  | 0          | 1            | 2                       | 3                |
| 8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual | 0          | 1            | 2                       | 3                |
| 9. Thoughts that you would be better off dead, or of hurting yourself   | 0          | 1            | 2                       | 3                |

add columns  +  +

(Healthcare professional: For interpretation of TOTAL, TOTAL:   
Please refer to accompanying scoring card.)

|  |                      |       |
|--|----------------------|-------|
| 10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people? | Not difficult at all | _____ |
|  | Somewhat difficult   | _____ |
|  | Very difficult       | _____ |
|  | Extremely difficult  | _____ |

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## PHQ-9 Patient Depression Questionnaire

### For initial diagnosis:

1. Patient completes PHQ-9 Quick Depression Assessment.
2. If there are at least 4 ✓s in the shaded section (including Questions #1 and #2), consider a depressive disorder. Add score to determine severity.

### Consider Major Depressive Disorder

- If there are at least 5 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

### Consider Other Depressive Disorder

- If there are 2-4 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

Note: Since the questionnaire relies on patient self-report, all responses should be verified by the clinician, and a definitive diagnosis is made on clinical grounds taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient.

Diagnoses of Major Depressive Disorder or Other Depressive Disorder also require impairment of social, occupational, or other important areas of functioning (Question #10) and ruling out normal bereavement, a history of a Manic Episode (Bipolar Disorder), and a physical disorder, medication, or other drug as the biological cause of the depressive symptoms.

### To monitor severity over time for newly diagnosed patients or patients in current treatment for depression:

1. Patients may complete questionnaires at baseline and at regular intervals (eg, every 2 weeks) at home and bring them to their next appointment for scoring or they may complete the questionnaire during each scheduled appointment.
2. Add up ✓s by column. For every ✓: Several days = 1 More than half the days = 2 Nearly every day = 3
3. Add together column scores to get a TOTAL score.
4. Refer to the accompanying PHQ-9 Scoring Box to interpret the TOTAL score.
5. Results may be included in patient files to assist you in setting up a treatment goal, determining degree of response, as well as guiding treatment intervention.

### Scoring: add up all checked boxes on PHQ-9

For every ✓ Not at all = 0; Several days = 1; More than half the days = 2; Nearly every day = 3

### Interpretation of Total Score

| Total Score | Depression Severity          |
|-------------|------------------------------|
| 1-4         | Minimal depression           |
| 5-9         | Mild depression              |
| 10-14       | Moderate depression          |
| 15-19       | Moderately severe depression |
| 20-27       | Severe depression            |

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# Questions to Evaluate Depression

- Describe your mood today.
- Do you cry without reason ?
- How is your physical health ?
- What are your hobbies?
- Has your weight changed in the last month?
- Do you have any guilt feelings?

# Questions to Assess Suicide Risk

- Do you think a lot about death?
- Do you wish you could fall asleep and never wake up?
- Is there hope in your future?
- Do you see a way for your life to improve?

# Suicide Risk Factors

- Untreated depression
- Prior suicide attempts
- Plan for suicide completion (means available?)
- Psychotic symptoms – depression, bipolar disorder, schizophrenia
- Drug or alcohol abuse
- Hopeless, “seeing no other option”
- Access to firearms
- Physical Illness
- Psychosocial features
  - Lack of social support, unemployment, drop in socioeconomic status, poor family relationships, domestic violence, recent stressful life event

## 10 Leading Causes of Death by Age Group, United States – 2013

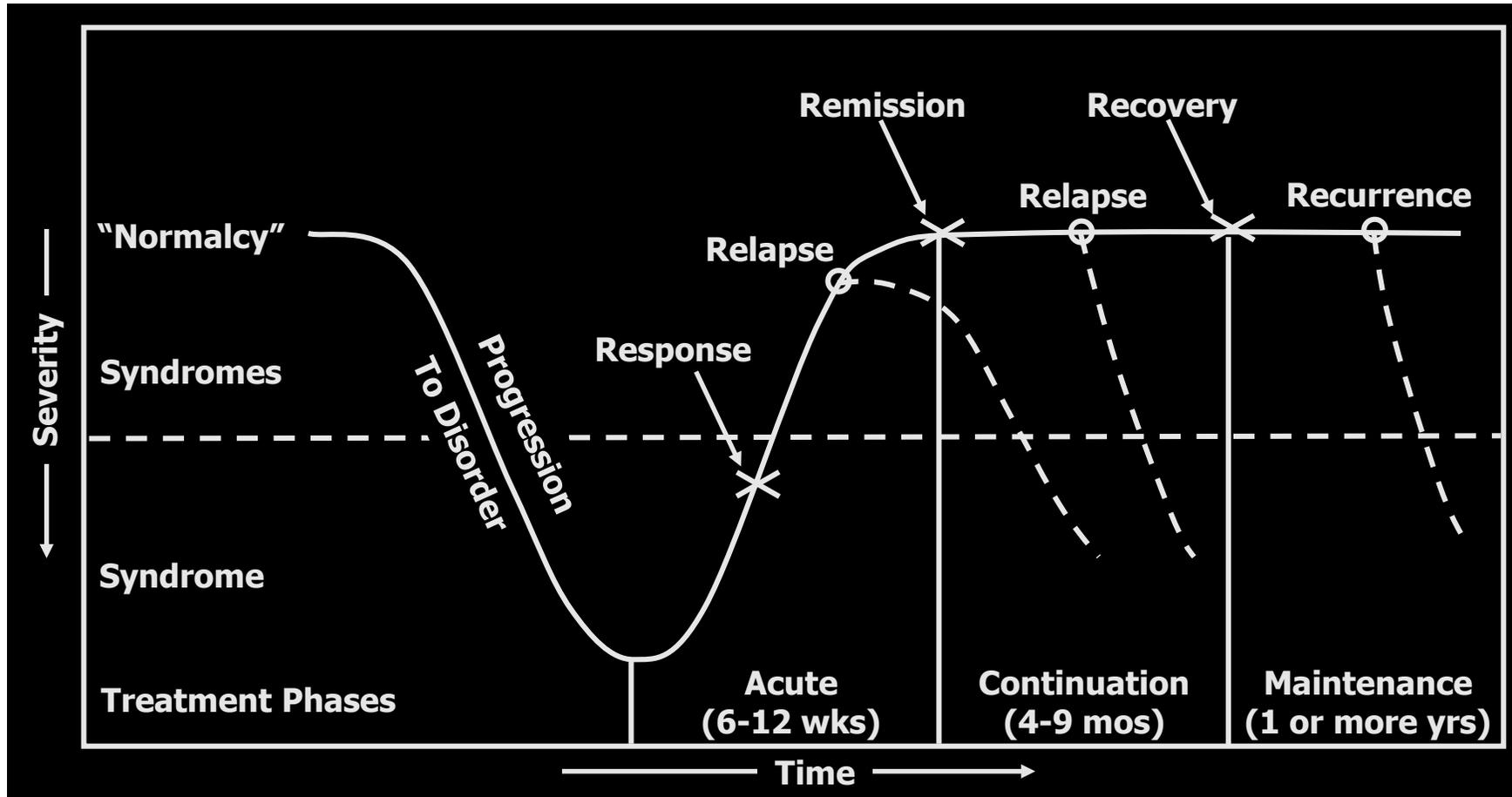
| Rank | Age Groups                        |  |  |  |   |                                |                                |   |  |   | Total                                       |
|------|-----------------------------------|--|--|--|---|--------------------------------|--------------------------------|---|--|---|---|
|      | <1                                | 1-4                                    | 5-9                                    | 10-14                                  | 15-24                                   | 25-34                          | 35-44                          | 45-54                                     | 55-64                                      | 65+   |   |
| 1    | Congenital Anomalies<br>4,758     | Unintentional Injury<br>1,316          | Unintentional Injury<br>746            | Unintentional Injury<br>775            | Unintentional Injury<br>11,619          | Unintentional Injury<br>16,209 | Unintentional Injury<br>15,354 | Malignant Neoplasms<br>46,185             | Malignant Neoplasms<br>113,324             | Heart Disease<br>488,156                    | Heart Disease<br>611,105                    |
| 2    | Short Gestation<br>4,202          | Congenital Anomalies<br>476            | Malignant Neoplasms<br>447             | Malignant Neoplasms<br>448             | Suicide<br>4,878                        | Suicide<br>6,348               | Malignant Neoplasms<br>11,349  | Heart Disease<br>35,167                   | Heart Disease<br>72,568                    | Malignant Neoplasms<br>407,558              | Malignant Neoplasms<br>584,881              |
| 3    | Maternal Pregnancy Comp.<br>1,595 | Homicide<br>337                        | Congenital Anomalies<br>179            | Suicide<br>386                         | Homicide<br>4,329                       | Homicide<br>4,236              | Heart Disease<br>10,341        | Unintentional Injury<br>20,357            | Unintentional Injury<br>17,057             | Chronic Low. Respiratory Disease<br>127,194 | Chronic Low. Respiratory Disease<br>149,205 |
| 4    | SIDS<br>1,563                     | Malignant Neoplasms<br>328             | Homicide<br>125                        | Congenital Anomalies<br>161            | Malignant Neoplasms<br>1,496            | Malignant Neoplasms<br>3,673   | Suicide<br>6,551               | Liver Disease<br>8,785                    | Chronic Low. Respiratory Disease<br>15,942 | Cerebro-vascular<br>109,602                 | Unintentional Injury<br>130,557             |
| 5    | Unintentional Injury<br>1,156     | Heart Disease<br>169                   | Chronic Low. Respiratory Disease<br>75 | Homicide<br>152                        | Heart Disease<br>941                    | Heart Disease<br>3,258         | Homicide<br>2,581              | Suicide<br>8,621                          | Diabetes Mellitus<br>13,061                | Alzheimer's Disease<br>83,786               | Cerebro-vascular<br>128,978                 |
| 6    | Placenta Cord. Membranes<br>953   | Influenza & Pneumonia<br>102           | Heart Disease<br>73                    | Heart Disease<br>100                   | Congenital Anomalies<br>362             | Diabetes Mellitus<br>684       | Liver Disease<br>2,491         | Diabetes Mellitus<br>5,899                | Liver Disease<br>11,951                    | Diabetes Mellitus<br>53,751                 | Alzheimer's Disease<br>84,767               |
| 7    | Bacterial Sepsis<br>578           | Chronic Low. Respiratory Disease<br>64 | Influenza & Pneumonia<br>67            | Chronic Low. Respiratory Disease<br>80 | Influenza & Pneumonia<br>197            | Liver Disease<br>676           | Diabetes Mellitus<br>1,952     | Cerebro-vascular<br>5,425                 | Cerebro-vascular<br>11,364                 | Influenza & Pneumonia<br>48,031             | Diabetes Mellitus<br>75,576                 |
| 8    | Respiratory Distress<br>522       | Septicemia<br>53                       | Cerebro-vascular<br>41                 | Influenza & Pneumonia<br>61            | Diabetes Mellitus<br>193                | HIV<br>631                     | Cerebro-vascular<br>1,687      | Chronic Low. Respiratory Disease<br>4,619 | Suicide<br>7,135                           | Unintentional Injury<br>45,942              | Influenza & Pneumonia<br>56,979             |
| 9    | Circulatory System Disease<br>458 | Benign Neoplasms<br>47                 | Septicemia<br>35                       | Cerebro-vascular<br>48                 | Complicated Pregnancy<br>178            | Cerebro-vascular<br>508        | HIV<br>1,246                   | Septicemia<br>2,445                       | Septicemia<br>5,345                        | Nephritis<br>39,080                         | Nephritis<br>47,112                         |
| 10   | Neonatal Hemorrhage<br>389        | Perinatal Period<br>45                 | Benign Neoplasms<br>34                 | Benign Neoplasms<br>31                 | Chronic Low. Respiratory Disease<br>155 | Influenza & Pneumonia<br>449   | Influenza & Pneumonia<br>831   | HIV<br>2,378                              | Nephritis<br>4,947                         | Septicemia<br>28,815                        | Suicide<br>41,149                           |

Data Source: National Vital Statistics System, National Center for Health Statistics, CDC.  
Produced by: National Center for Injury Prevention and Control, CDC using WISQARS™.



Centers for Disease  
Control and Prevention  
National Center for Injury  
Prevention and Control

# Phases of Treatment for Depression



# Available Resources and Crisis Planning



Course that teaches you how to identify, understand, and respond to signs of mental illness and substance use disorders.



# Counseling Services



Counseling, Health and Testing and Disability Home

Counseling Services Home

Our Office

Services

Self-Help Resources

Doctoral Internship

Practicum Programs

Contact Us

*In the last year, 44.2% of UMKC students felt so depressed that it was difficult to function.*

Spring 2008 National College Health Assessment

[Home](#) : [Self-help services](#) : [Online resources](#)

## Online resources

The following links and contact information will take you to various self-help materials outside the UMKC Web site that covers a wide variety of topics including relationship advice, stress management, procrastination, depression, etc. They are offered as a service only. The Counseling, Health and Testing Center, the University of Missouri-Kansas City and the University of Missouri Board of Curators are not responsible for their content.

▶ [Online mental health screenings](#)

▶ [Relaxation and meditation recordings](#)

▶ [Strengths and Values Inventories](#)

▶ [College student mental health websites](#)

▶ [Stalking & Sexual Assault](#)

▶ [LGBTQIA Resources](#)

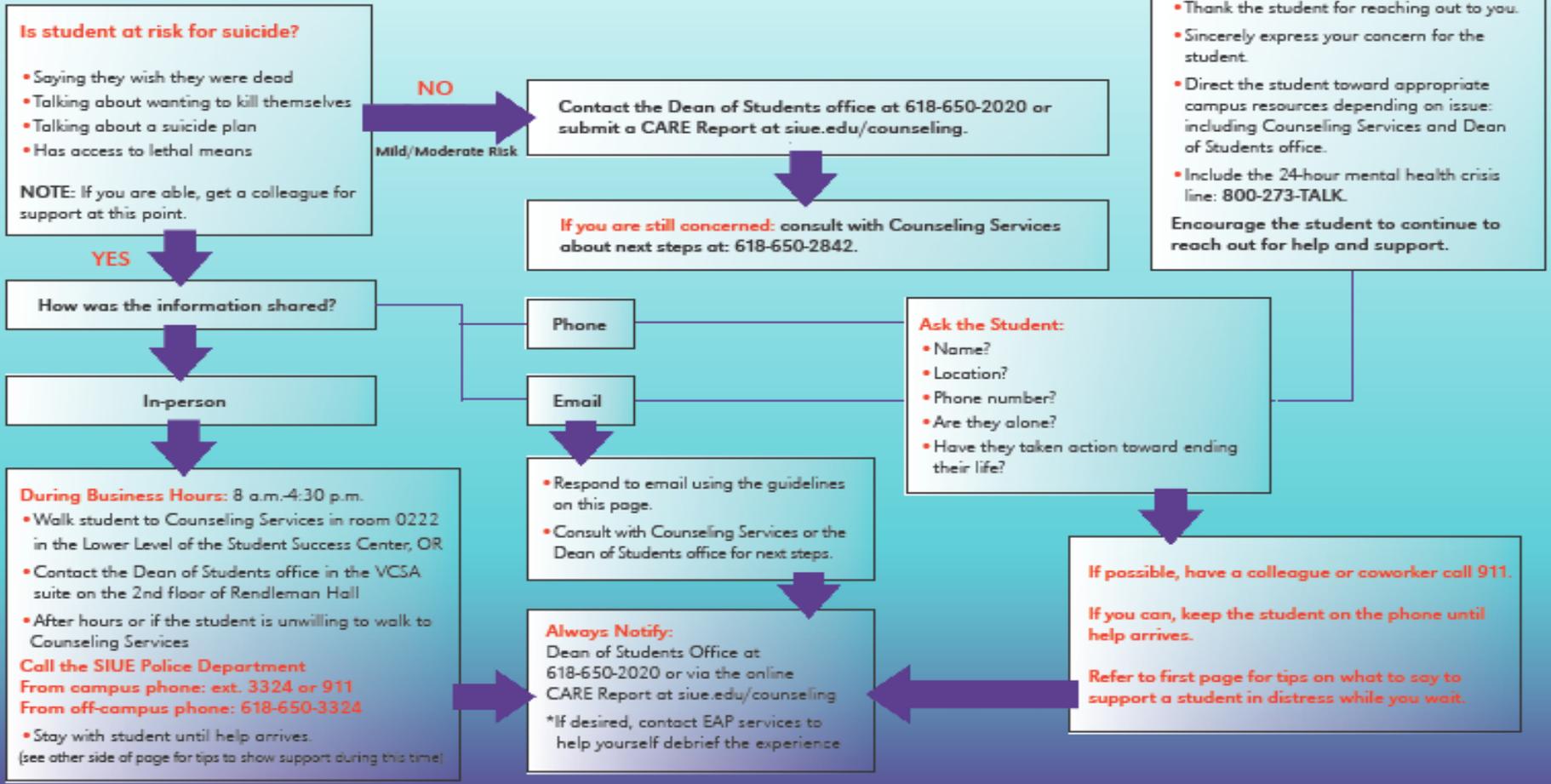
▶ [Resources for veterans and military families](#)

▶ [Exercise](#)



## Students at High Risk: Guidelines for Faculty and Staff

If any action toward the completion of suicide has been taken by the student, call 911 immediately



**Is student at risk for suicide?**

- Saying they wish they were dead
- Talking about wanting to kill themselves
- Talking about a suicide plan
- Has access to lethal means

**NOTE:** If you are able, get a colleague for support at this point.

**NO**  
Mild/Moderate Risk

Contact the Dean of Students office at 618-650-2020 or submit a CARE Report at [siue.edu/counseling](http://siue.edu/counseling).

If you are still concerned: consult with Counseling Services about next steps at: 618-650-2842.

**YES**  
How was the information shared?

In-person

**During Business Hours:** 8 a.m.-4:30 p.m.

- Walk student to Counseling Services in room 0222 in the Lower Level of the Student Success Center, OR
- Contact the Dean of Students office in the VCSA suite on the 2nd floor of Rendleman Hall
- After hours or if the student is unwilling to walk to Counseling Services

**Call the SIUE Police Department**  
From campus phone: ext. 3324 or 911  
From off-campus phone: 618-650-3324

- Stay with student until help arrives.  
(see other side of page for tips to show support during this time)

Phone

Email

**Ask the Student:**

- Name?
- Location?
- Phone number?
- Are they alone?
- Have they taken action toward ending their life?

- Respond to email using the guidelines on this page.
- Consult with Counseling Services or the Dean of Students office for next steps.

**Always Notify:**  
Dean of Students Office at 618-650-2020 or via the online CARE Report at [siue.edu/counseling](http://siue.edu/counseling)  
\*If desired, contact EAP services to help yourself debrief the experience

**Guidelines for Responding to At-Risk Students via email:**

- Thank the student for reaching out to you.
- Sincerely express your concern for the student.
- Direct the student toward appropriate campus resources depending on issue: including Counseling Services and Dean of Students office.
- Include the 24-hour mental health crisis line: 800-273-TALK.

Encourage the student to continue to reach out for help and support.

If possible, have a colleague or coworker call 911.

If you can, keep the student on the phone until help arrives.

Refer to first page for tips on what to say to support a student in distress while you wait.

# Case Discussion

## Discussion Case #1: “Where’s the motivation?”

RB is a 24-year-old male pharmacy student. RB is currently in the second year of the Doctor of Pharmacy Program. RB is your student advisee and recently missed an exam because of oversleeping. So far in the semester, RB is averaging a 70% to 75% on exam scores in five required courses (<70% is failing). He has not shown up on the Student Success Program notifications, because he has not actually failed an exam. However, in addition to failing to show up for the one exam mentioned, he has missed 6 quizzes in another course that allows for a drop of the 6 lowest quiz scores. Any subsequent missed quizzes will impact his overall letter grade.

RB’s undergraduate GPA was 3.76 and his first year of pharmacy school GPA was 3.47. RB currently has a “C” or “C-“ in all required courses, six-weeks into the semester and with all classes having at least one formal exam.

RB’s faculty advisor requests a meeting with RB in a face-to-face invitation. RB attends the meeting and expresses that he is dealing with outside issues that contributing to issues with stress and concentration. He notes that a few years ago one of his best friends committed suicide and that he has another friend he is currently worried about. RB also expresses that his community pharmacy job is not going well and that they have sent him home a couple of times after showing up late for work. He feels that he is being treated unfairly because they are upset if he is just a few minutes late. RB reports disrupted sleep patterns and being a deep sleeper. He suggests he is unable to multi-task and focuses on one exam at a time. He reports that not coming to class “is on me” but admits that the incentive of quiz points has not been enough to make him show up consistently for classes. RB admits to low energy and a lack of motivation along with anhedonia. RB denies tearful episodes and any suicidal ideations and does not express any guilt for his actions.

Case Discussion #2: “Help, I’m in a new country with new responsibilities.”

JT is a 26-year-old student from Egypt participating in the PhD program. He has completed all of his training in Egypt but has relocated to the United States this summer to start in the PhD program. He will be participating in approximately 8 credit hours of classes in addition to working in the lab in the area of breast cancer research. Additionally, he will be hired as a Graduate Teaching Assistant in the Division of Pharmacy Practice for approximately 10 hours per week. JT's family remains in Egypt and while supportive he is expected to provide for himself without any financial assistance. JT receives a stipend of \$1,500 per month that results in a take-home amount of \$1,380 per month.

### Case Discussion #3: “A lot is going on”

PC is a 25-year-old female student in her second year of the pharmacy program. PC has petitioned to get back into pharmacy school on two prior occasions and is currently on a “Dean’s Contract” that requires her to maintain a 2.75 GPA for the entire year or be removed from the program.

PC is currently struggling academically again, currently failing 3 of 5 courses though enough assessments remain to improve her grades. She commutes roughly one hour to classes and has historically had difficulty with consistently getting to class, which has cost her academically when some coursework offers assessment activities during the course of regularly scheduled class time. In addition, PC has unreliable resources in terms of transportation. During class a few weeks ago, PC had to ask to be excused as she was being contacted by Department of Social Services notifying her that she had been awarded custody of her 5 year-old niece as her sister’s children were being removed from her custody and being placed with extended family members.

PC’s history is difficult in that she comes from a dysfunctional family; she is a first-generation college graduate and maintains a job of at least 20 hours per week. PC suffers from mental health issues of anxiety and depression, some of which was complicated by a history of being physically abused by her boyfriend.

**Question: Which of the following are academic associated environmental stressors for students?**

- a. teaching and learning styles
- b. faculty relatability
- c. inclusivity for minority groups
- d. all of the above

**Question: Food insecurity impacts an estimated 32.9% of students in post-secondary education. Which of the following is considered a risk factor for food insecurity in this population?**

- a. financially dependent students
- b. older students
- c. students with children
- d. students with a prior degree

**Question: When considering financial stressors, the fear of debt has been associated with stress and anxiety. Which of the following statements is correct?**

- a. Increased knowledge of debt is associated with increased loan amounts.
- b. Increased knowledge of debt is associated with a lower GPA.
- c. Increased knowledge of debt is associated with lower loan amounts.
- d. Increased knowledge of debt is associated with higher rates of alcohol abuse.

# Questions