

spe café

Mental health:

How can academia do
better?



REPORT

Science & Policy Exchange (SPE) is a student led non-profit organization that aims to assemble students and leaders in government, industry, research, and the community for an exchange of ideas on science and policy issues.

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Acknowledgements

SPE is based in Tiohtiá:ke/Montreal. As such, we would like to begin by acknowledging that the land and water on which we gather is the traditional and unceded territory of the Kanien'keha:ka (Mohawk) - a place which has long served as a site of meeting and exchange amongst First Nations including the Kanien'kehá:ka of the Haudenosaunee Confederacy (also referred to as the Iroquois or Six Nations Confederacy), Huron/Wendat, Abenaki, and Anishinaabeg. We offer our respect to the traditional custodians of this land, the Kanien'keha:ka (Mohawk). At SPE, we strive to support Indigenous students by offering a platform that can amplify their voices and push for their voices to be included in evidence-informed decisions in policies.

We would like to thank all graduate students who participated in the SPE Café series and Devon Simpson, our event's speaker, for their contribution to both events.



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Executive Summary

On July 28, 2020, *Science & Policy Exchange* (SPE) conducted an SPE Café event that entailed roundtable discussions with graduate students to understand (1) mental health problems in academia, (2) the current landscape of mental health resources and services in Canadian academic institutions, and (3) potential improvements. The Café was followed by a webinar talk, on September 17, 2020, by Devon Simpson, who elaborated on the three aforementioned points. Based on the two events, we make recommendations to encourage an academic environment that fosters wellbeing and to ensure that graduate students receive adequate mental health support. Key recommendations are found below.

Mental Health Specialists

- 1 Communicate** and advertise your findings to the public and relevant stakeholders
- 2 Bridge the gap between your research and policy-making**
 - Educate yourself on the science policy landscape
 - Advocate for evidence-informed policies

Principal Investigators (PIs)

- 3 Create a safe space**
 - Cultivate a sense of community and support in your lab
 - Encourage teamwork over competition
- 4 Reduce the stigma** on mental health
 - Encourage open conversations about wellbeing and mental health
- 5 Actively engage in mental health and management trainings** to educate yourself and others

Mental Health Advocacy Groups

- 6 Make awareness campaigns inclusive** (e.g. 2SLGBTQIA+, BIPOC, and students with disabilities.)
- 7 Actively engage graduate students** in better communication and collaboration
- 8 Raise graduate students' voices** to decision-makers

Research Funding Agencies

- 9** Set conditions that **protect graduate students from workplace abuse** (including non-compliance policies)
- 10** Provide grant receivers with **mandatory mental health training**
- 11** **Allocate funding to research on mental health and well-being**

Academic Institutions

- 12** **Make mental health resources more:**
 - **Inclusive:** Targeted strategies to address all students realities (2SLGBTQIA+, BIPOC, disabilities, internationals, first generation immigrants and studies, just to name a few) at the core of MHR design and development
 - **Representative:** Recruit professionals that identify as BIPOC and 2SLGBTQIA+
- 13** **Destigmatize mental health problems**
 - Provide mandatory mental health training for PIs
 - Develop explicit channels of communication between students, PIs, and departments.
- 14** **Increase awareness and improve access to mental health resources**
 - Advertise and highlight mental health resources more extensively
 - Reduce waiting times to mental health resources
 - Partner with community services to provide resources
 - Make access to mental health resources confidential
- 15** **Be accountable**
 - Collect data and report it annually
 - Adapt policies and strategies accordingly

Government

- 16** **Fund mental health resources** in academic institutions
- 17** Make **counselling and therapy part of provincial insurance**
- 18** Endorse campaigns that aim to **destigmatize mental health problems**

1. Introduction

Mental health is a pressing issue in Canadian universities: the 2016 National College Health Assessment reported that 44% of surveyed Canadian post-secondary students actively “felt so depressed it was difficult to function” and 64% “felt overwhelming anxiety” [1]. In addition, “Dans ta façade”, a 2019 survey by Union Étudiante du Québec, indicates that students who are part of a marginalized population - based on disability, sexual orientation, gender, or the status as a first generation immigrant - are more likely to experience psychological distress than the general student population [2]. To tackle these problems, the Mental Health Commission of Canada is developing the Standard on Psychological Health and Safety for Post-Secondary Students, set to be released in 2020 [3]. These voluntary guidelines are set to help academic institutions (1) raise awareness and decrease stigma around mental health, (2) increase access to student support, (3) promote life and resiliency skills in students, (4) provide healthier and safer institutional environments and (5) improve opportunities for student success.

Unfortunately in Quebec, the provincial government has no clear policy in place regarding mental health in academia, and most universities here offer limited resources to their students. At *Science & Policy Exchange* (SPE), we aimed to assess the current policies,

infrastructures and resources around mental health.

On July 28, 2020, we invited the academic community to our virtual round table event, “SPE Café, Mental Health in Academia” to discuss policies and resources pertaining to mental health in Quebec universities. Moderated by SPE members, the objectives of the event were to (1) explore the causes of mental health concerns, (2) assess available resources and services, (3) identify the gaps in governmental and institutional policies, (4) discuss targeted mental health support (i.e. more inclusive and tailored support to serve minorities and diverse communities), (5) understand the impact of COVID-19 on graduate students, and (6) propose solutions to support wellbeing in academia. The café was then followed by a webinar talk, on September 17, 2020, by Devon Simpson, a wellness advisor for graduate students and a licensed social worker. The purpose of the talk was to provide an overview of the current landscape of mental health in academic institutions in Canada and recommendations for improvement.

The outline of this report is as follows. First, we amplify graduate **students’ voice** by summarizing outputs of the Café’s discussion. Next, we provide a summary of the expert’s point of view on the subject matter by presenting highlights from Devon Simpson’s talk. Finally, we provide recommendations to

stakeholders: scientists, principal investigators (PIs), advocacy groups, academic institutions, funding agencies, and the government.

2. Students' voices

2.1. Contributors to declining mental health in academia

“The current systemic culture in academia is toxic.”

Unanimously participants expressed the prevalence of mental health problems in their academic laboratories or institutions, with stress and anxiety as the most common difficulties among graduate students. Participants noted multiple contributors to declining mental health in academia. The transition from undergraduate to graduate studies can be overwhelming, due to the highly demanding nature of graduate studies, as well as the lack of support from university administration and often the graduate supervisor. The pressure to publish, both quantity and quality, further exacerbates this problem. In addition, students frequently face “imposter syndrome”, the constant feeling that they are inadequate, despite evident success. Unhealthy competitiveness between students can also reinforce feelings of inferiority, effectively isolating them from the rest of the team. Finally, the uncertainty and failure of experiments and research can apply more pressure to an already strained student.

2.2. The current landscape of mental health services in Canadian academic institutions

Participants acknowledged the existence of facilities, such as wellness hubs, dedicated to mental health at their institutions. Yet, only a handful of students have successfully utilized the resources (e.g. counsellors, group therapy, wellness classes and group activities). Students were in the collective agreement that accessibility is the biggest hurdle that discourages them from seeking help. Long-wait times – up to 3 months – to get an initial consultation, limited spaces for group therapy and activities, and short office hours that fall within class schedules were some of the issues that were raised. The imbalanced ratio of mental health resources to the student body population diminishes the probability of students receiving the immediate help they need. Additionally, students weren't aware of all the resources that are available on campus. This inefficient distribution and promotion of mental health resources discourage overwhelmed graduate students from seeking help.

“Having to look for resources is overwhelming when you're already overwhelmed.”

Graduate students reported that they were unlikely to communicate their mental health concerns or needs to their PIs due to fear ostracizing. Some students expressed that they have approached their PIs on the topic

and had been met with negative feedback, discouraging other students from doing the same. This may be because most PIs are not trained to properly manage graduate students or listen to their mental health concerns. Re-defining the student-PI relationship axis is crucial in breaking down the stigma on mental health in academia.

“**PIs should be more than just researchers.”**

While most institutions have basic mental health resources, they are often scarce, outdated or non-targeted, which ebbs the overall efficacy and purpose of these resources. This is because investors might not often see the correlation between mental health and productivity within academia. Broaching awareness on the topic, including presenting the benefits of upholding mental health in academia, may persuade investors to make mental health a mandate within institutions.

“**Mental health support is too expensive.”**

Mental health concerns experienced by graduate students are often related to the current toxic academic system, but external and personal triggers are additive factors. Hence, the responsibility for the mental well-being of graduate students cannot lie solely on institutions. However, there is

currently minimal support for graduate students seeking help outside their institution. Graduate students are encouraged to seek therapy outside of what is offered at their institutions to bypass the long wait times but are burdened by the cost of therapy. Community outreach programs, though plenty, might not be equipped to handle the mental health concerns faced by graduate students.

“**Universities and community services should work hand in hand.”**

2.3. Targeted mental health support

Participants expressed specific problems that arise for diverse students with different needs. Arriving in a new country as an **international student** offers new exciting experiences, but often comes with challenges. Cultural differences, and language barriers can hinder effective integration into research groups, connecting with peers or supervisors and understanding the academic administration. These problems could be tackled by providing more targeted support to these students in the form of baseline culture introductions (laboratory-specific or university-wide), as well as providing access to language and writing courses. Support groups composed of their peers and alumni that shared similar experiences could provide guidance and a sense of belonging.

“**International students need tailored resources to get through graduate school.**”

The lacking representation of **Black, Indigenous, and People of Color (BIPOC)** at the faculty level can impede BIPOC students’ sense of belonging. Additionally, BIPOC students can face direct discrimination from mental health care providers, where a lack of specific cultural awareness can exacerbate the problems. Perception of cultural compatibility with health care practitioners is critical, but happens rarely because of the small number of BIPOC mental health professionals. To address these issues, up-to-date training must be provided to mental health practitioners on campuses to better inform them about the realities of BIPOC students. Additionally, institutions should recruit more BIPOC mental health professionals, provide access to off-campus services that are tailored to BIPOC students, and create tailored BIPOC group-specific resources to alleviate these problems.

Concurrently, mental health services and advocates need to understand the realities of **graduate students** in order to be able to provide meaningful help. The challenges of graduate students can be very different from those of undergraduate students’. Campus-wide conversations are needed to increase the understanding of what it means to be a graduate student and the challenges faced by them.

Participants also acknowledged other groups requiring tailored resources. This includes those with **disabilities** or **dependents** (e.g. parents), those identifying as **2SLGBTQIA+**, or those who are **first-generation students**. It is clear that there is a need for wider discussions within and beyond the academic community to raise awareness on these various needs to create realistic, long-term solutions.

“**We need mental health advocates who really understand what being a graduate student feels like.**”

2.4. Mental health in times of COVID-19

Participants discussed mental health issues they faced during the lockdown. Graduate students described feeling overwhelmed with emotions, lack of acceptance, stress and anxiety due to the sudden lockdown. Everchanging information about classes, lab research, and university closures made some students anxious. Moreover, shifting the workplace from equipped spaces at academic institutions to homes, under short notice, left many struggling with issues such as (1) internet accessibility, (2) space-sharing with roommates (3) caregiving, (4) maintaining healthy routines, (5) staying motivated and (6) maintaining a work-life balance. Recent graduates were also stressed about finishing their research and/or courses and uncertainties around future employment opportunities. On the upside, a few students stated that the lockdown gave them a chance to spend

4.3. Mental health advocacy groups

- Shed the light on Equity, Diversity and Inclusivity (EDI) in mental health by making awareness campaigns inclusive and accommodating to minority and marginalized groups (2SLGBTQIA+, BIPOC, and students with disabilities)
- Assess graduate students' unique needs by communicating and collaborating with them
- Raise graduate students' voice to decision-makers at different levels such as academic institutions and the government

4.4. Research funding organizations

- Set conditions that aim to protect graduate students from workplace abuse (which is an important driver of mental health problems) along with (1) a clear, transparent, and safe process for reporting such abuse, and (2) a non-compliance policy.
- Provide grant receivers with mandatory mental health and management training
- Allocate funding to research spanning the spheres of mental health and well-being

4.5. Academic institutions

- Ensure that mental health resources are inclusive and tailored to accommodate minorities and marginalized communities - 2SLGBTQIA+, BIPOC, and students with disabilities - by integrating EDI strategies in the process of designing and developing such resources rather than an add-on to already developed resources

- Offer mental health resources that consider the different realities of different students (e.g. graduate, undergraduate, international, students with dependents, first-generation students)
- Recruit mental health professionals that identify as BIPOC and 2SLGBTQIA+
- Provide mandatory training on mental health issues in graduate studies and students' management for PIs and administrative personnel dealing with graduate students
- Develop explicit channels of communication (e.g. formal, informal, and digital) between graduate students, PIs, and departments.
- Develop better strategies to advertise and highlight mental health resources (e.g. include relevant information in orientation week, re-iterate information throughout the academic year, and consolidate information and resources in one webpage)
- Improve accessibility to mental health resources by reducing wait times and partnering with community services when the demand for mental health resources exceeds the institution's supply
- Establish a confidentiality policy for students accessing mental health resources
- Develop an agenda that aims to destigmatize mental health problems and promote awareness (e.g. awareness campaigns)

- Collect data on graduate students' mental health and report it annually to the public
- Develop a mandate that requires periodic evaluation of the efficacy of the current resources and make the applicable changes.

4.6. Government

- Fund mental health resources in academic institutions
- Make counselling and therapy part of provincial insurance
- Endorse campaigns that aim to destigmatize mental health problems
- Increase community outreach programs that are equipped to handle mental health concerns experienced by graduate students

References

[1] American College Health Association. American College Health Association-National College Health Assessment II: Canadian Reference Group Executive Summary Spring 2016. Hanover, MD: American College Health Association; 2016.

[2]“Santé Psychologique Des Étudiants Et Des Étudiantes Universitaires.” *Union Étudiante Du Québec*, unionetudiante.ca/cts/sante-psy/. 2019.

[3]“National Standard of Canada for Mental Health and Well-Being for Post-Secondary Students.” *National Standard of Canada for Mental Health and Well-Being for Post-Secondary Students | Mental Health Commission of Canada*, www.mentalhealthcommission.ca/English/studentstandard. 2020.

Appendix

SPECafé

Graduate Students' Mental Health: Picking Our Brains for Better Policies

The objective of the Mental health in Academia Cafe is to assess the policy landscape associated with mental health in academic institutions in Quebec and discuss potential improvements.

Definition

Mental health is the psychological and emotional well-being of a person. The Public Health Agency of Canada defines mental health in a more holistic way as a person's capacity to feel, think, and act in ways that enhance their ability to enjoy life and deal with challenges.

Problem

- **50%** of students have consulted mental health services at their institutions.
- **40%** of students once felt so depressed it was difficult to function.
- **25%** have seriously considered suicide.
- In a period of 12 months, **1%** of students attempt suicide.
- Students are **15%** more likely to present psychological distress compared to other members of society in the same age group.

Policy landscape

Academic institutions in QC lack policies that set guidelines for institutional processes and resources related to students' mental health.

Problem	Resources
Tackling stigma and raising awareness	
The fear of stigma and its negative impact discourage students to identify as suffering from mental health problems.	The University of Montreal launched a public campaign "Ça va aller" to promote mental health awareness and destigmatize mental health problems.
Diversity and inclusion	
Unique Circumstances	
Multiple factors can contribute to psychological distress throughout graduate school. These include: <ul style="list-style-type: none"> - Identifying as a gender minority - Having disabilities 	<ul style="list-style-type: none"> - McGill University Sexual Identity Centre (MUSIC) provides clinical services to aid LGBTQ+.

<ul style="list-style-type: none"> - Having dependents - Being an international student 	<ul style="list-style-type: none"> - UQAM & McGill offer mental health services for students with disabilities. - Many Quebec Universities offer support groups and student organizations as solutions.
Graduate VS undergraduate students	
<p>Realities of mental health issues in undergraduate and graduate students differ greatly.</p>	<p>McGill's post-graduate student society (PGSS) offers mental health services tailored to graduate students.</p>
Accessibility to resources and accommodations	
<p>Wait times to access mental health-related services can be several months long, depending on the time of year.</p>	<p>McGill's post-graduate student society (PGSS) mental health committee is looking into shortening that time to 2-4 weeks.</p>
<p>Help for mental health problems outside institutions is not usually covered by provincial insurance.</p>	<p>Looking for quick help outside the institution can cost up to \$3,000 for a single assessment. This is problematic especially considering that (1) financial instability is one of the main factors contributing to students' psychological distress and (2) students with disabilities graduate with 60% more debt than the average.</p>
<p>30% of students did not request accommodations because they feared to disclose information to faculty.</p>	<p>Most institutions (e.g. UQAM, UdeM, Concordia, McGill) offer academic accommodation (e.g. special exam services) for students with proof of a formal diagnosis.</p>
Confidentiality and Anonymity	
<p>Due to the fear of the stigma surrounding mental health problems, some students hesitate to seek help.</p>	<p>Concordia provides a confidentiality policy only for its employees' access to mental health resources.</p>
	<p>Some universities (e.g. McGill & Concordia) offer nightline services for anonymous callers seeking help.</p>

Case- study: COVID-19	
Problem	Institutional resources
<ul style="list-style-type: none"> - Uncertainties surrounding COVID-19 can lead to heightened feelings of fear, anxiety and loneliness. - 20% fewer Canadians aged 15-24, and 25-34 reported excellent or very good mental health during COVID-19. 	<ul style="list-style-type: none"> - Quebec universities offer different forms of remote counselling services - McGill offers webcasts and remote group therapy sessions - UQAM has an emergency fund to ease the financial burden of the pandemic