

Supporting Graduate Student Mental Health and Well-being

EVIDENCE-INFORMED RECOMMENDATIONS FOR THE GRADUATE COMMUNITY

A Report by the Council of Graduate Schools and The Jed Foundation





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About the Study

A growing body of evidence indicates that mental health challenges are common among graduate students. Unfortunately, many barriers exist to effective support and care. A collaboration between the Council of Graduate Schools (CGS) and The Jed Foundation (JED), *Supporting Mental Health and Well-being of Graduate Students* was designed to address this gap by creating a foundation for evidence-based policies and programs to support graduate student mental health and well-being. The project was generously supported by the Andrew W. Mellon Foundation and the Alfred P. Sloan Foundation.

About the Council of Graduate Schools (CGS)

CGS is an association of 500 graduate institutions that is dedicated to the advancement of graduate education and research. Working closely with our members, we advocate for graduate education, develop innovative research, and establish best practices. Our projects generate information and data that help graduate deans and their institutions better support graduate students and programs.

About The Jed Foundation (JED)

JED is a nonprofit that protects emotional health and prevents suicide for our nation's teens and young adults. We're partnering with high schools and colleges to strengthen their mental health, substance misuse, and suicide prevention programs and systems. We're equipping teens and young adults with the skills and knowledge to help themselves and each other. We're encouraging community awareness, understanding and action for young adult mental health.





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A diverse group of graduate education stakeholders participated in our research and outreach activities: the listening sessions that helped shape our survey instrument, the focus groups organized by universities as they prepared to participate in an October 2020 workshop, a survey of graduate deans, and the workshop itself. In particular, we thank the American Historical Association (AHA) and the Southern Regional Education Board's (SREB) Institute on Teaching and Mentoring for allowing us to hold sessions with graduate students to inform the development of a survey instrument used to collect data from graduate institutions. We also give particular thanks to the workshop participants—students, disciplinary society representatives, researchers, graduate deans and student affairs professionals whose names are listed in Appendix B.

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Executive Summary

The past ten years have seen mounting evidence that graduate students are facing increasing levels of stress and anxiety. In spite of this trend, little is known about the distribution of stress and stressors across diverse subgroups of master's and doctoral students. Even less is known about student pathways to care, or about the effectiveness of resources, policies, and practices designed to create healthier departmental and campus cultures.

With support from the Andrew W. Mellon Foundation and Alfred P. Sloan Foundation, the Council of Graduate Schools (CGS) and The Jed Foundation (JED) embarked on a project designed to address this gap across all broad fields of graduate study. Our primary objective was to create an evidence base that could meaningfully guide future research and action. More specifically, we sought to survey the current landscape of resources, policies and processes that graduate institutions currently use to promote graduate student well-being; to understand the extent to which resources and practices are tailored to the needs of specific communities, in particular, students of color; to examine barriers that exist for implementing accessible policies and programs; and to learn whether interventions are being assessed for their effectiveness.

As we undertook this work, we engaged the voices and perspectives of groups with strong investments in the success of master's and doctoral students. Over 22 months, a series of research activities gathered information and perspectives from graduate deans, graduate students, student affairs professionals, disciplinary society representatives, and researchers. Through surveys and analysis of qualitative data derived from campus listening sessions and a stakeholder convening, we developed an evidence-based framework to guide the development of campus-wide, systemic approaches to graduate student mental health and well-being (*Statement of Principles and Commitments of Graduate Deans;* Chapter 3). This framework serves as a blueprint for action that graduate deans can use to engage a broad group of partners in supporting their students. To date, the framework, along with its 2021 accountability goals, has been endorsed by over 150 institutions in the U.S. and Canada.

In addition to this framework, the project resulted in specific recommendations to key groups: senior university leaders, graduate programs directors and department chairs, graduate students, and funders. Like the *Statement of Principles and Commitments*, this broader set of recommendations recognizes that a wide range of individuals will play a role in creating healthy environments where all graduate students have the potential to thrive.

To that end, the recommendations and priorities for future study (provided in Chapter 3) are intended to provide a starting point for discussion and action. Regardless of your role in graduate education—graduate student, student affairs professional, faculty, dean, provost, president, or scholar of graduate education—it is our hope that you will find guidance and resources in this report that will help you make a positive and lasting impact on the well-being of graduate students and on the health and inclusiveness of program environments.

CHAPTER 1

Contexts for Understanding Graduate Student Mental Health and Well-being

A growing body of evidence indicates that the mental health of graduate students has become a pressing concern for graduate institutions. Recent events in the United States and internationally have, no doubt, increased and intensified student stress and anxiety. Structural racism in the United States and the recent and ongoing violence against people of color, as well as a rise in xenophobia contributing to unwelcome environments for international students, are prevalent among these. Meanwhile, the COVID-19 pandemic has disrupted the studies of many graduate students and caused loss and economic hardship, especially among students of color. According to a recent study involving a survey of 3500 graduate students at twelve public institutions during the COVID-19 pandemic, 67% of survey respondents scored low on well-being factors; 32% had symptoms of PTSD; 35% had moderate or higher levels of depression; and 33% had moderate or higher levels of anxiety (Ogilvie et al., 2021). Both economic and food insecurity and uncertainty about careers were reported as major sources of stress.

The economic, political and public health concerns that intensified in the year prior to the release of this report have added complexity—and urgency—to our task of understanding graduate student mental health and well-being. Despite a growing number of campus-level initiatives—and a recognition that the mental health of students, staff and faculty are among university presidents' top concerns (Taylor et al., 2021)—universities and their partners have not made much headway in their efforts to develop comprehensive, evidence-based approaches to graduate student mental health and well-being.

One challenge in developing such approaches is that there is no "typical" graduate student. Graduate students represent a wide variety of contexts and circumstances. In terms of life stage, a graduate student may be a 45-year-old working parent who completes an online doctoral curriculum in the evening and on the weekends, or a recent college graduate who has just moved across the country to begin a full-time master's program. A graduate student may be receiving financial and other types of support from parents, including support for health care, or have complete financial independence. Some graduate students, in fact, are providers themselves, supporting parents and children with financial and caregiving support.

The second challenge lies in the great variety of students' academic and career goals and the academic and professional cultures in which they study and undertake professional development. Modes of scholarly activity and training contexts vary widely, as a graduate student might work in a lab alongside other graduate students and postdocs, pursue solitary archival research in a library, or conduct interviews with research participants abroad. Layered with these diverse environments is the student's program or department, itself characterized by its own values and cultural norms.

Approaches to supporting graduate student mental health and well-being must remain attuned to the diversity of graduate students and their circumstances. As we look ahead to developing and refining policies and programs that support well-being, we must challenge assumptions about what graduate students look like, what their goals are, and what their stresses and challenges may be. This is the lens we bring to the current study, which seeks to inform policies, practices and programs that support the academic success and well-being of *all* students.

Toward Evidence-Based Approaches to Supporting Graduate Student Mental Health and Well-being

The research questions that ground our study seek to examine existing policies, practices and programs to support graduate student mental health and well-being; the extent to which they are effective and for whom; the barriers to implementing them; and how are they being assessed. To answer these questions, we adopted a multi-method approach to identifying gaps in foundational knowledge, resources, policies, processes and programmatic evaluations necessary to support and promote graduate student mental health. This chapter provides an overview of our findings and lessons learned, and is designed to position institutions, graduate deans, faculty, graduate students, and others to adopt thoughtful, evidence-informed approaches to supporting graduate student well-being and mental health.

Lessons and Gaps from Previous Studies

GRADUATE EDUCATION IN THE LITERATURE ON POSTSECONDARY STUDENT MENTAL HEALTH

The past decade has seen a growing number of studies on graduate student mental health. A 2017 study suggests that the prevalence of mental health problems is higher among PhD students than in the highly-educated general population, and much higher than in the general population.¹ Other studies have shown that one in two PhD students has experienced psychological distress, and one in three is at risk of a common psychiatric disorder (Eisenberg et al., 2013; Hyun et al., 2006). Broadly speaking, the reasons for stress among graduate students are varied, and include pressure to publish, difficult relationships with advisors, financial insecurity, a highly competitive academic job market (Levecque et al., 2017; Wyatt & Oswalt, 2013), lack of transparency about university process; workload; role conflict (Mackie & Bates, 2019); work-life balance; the political landscape; and impostor syndrome (Woolston, 2017). In a 2018 survey of graduate deans, 63% respondents strongly agreed or agreed that graduate students struggle to maintain mental well-being more than students five years ago (Okahana, 2018).

Within the small body of literature on graduate student mental health, an even smaller collection of studies has addressed differences among the diverse communities that make up the U.S. graduate

¹ See Table 4 in Levecque, Ansee, & De Beuckelaer (2017). For reference, 1 in 5 American adults experience mental illness in any given year (https://www.nimh.nih.gov/health/statistics/prevalence/any-mental-illness-ami-among-us-adults.shtml)

student community, in particular, women, students of color, international students, and LGBTQ+ students. These studies provide evidence for a concern that many graduate deans and student affairs professionals have observed in the daily practice of their professional roles: that minoritized and disadvantaged groups report differences in levels and types of anxiety as compared to majority peers. According to the *Graduate Student Well-Being Survey* report, graduate students who identify as minority students were more likely than their non-minority peers to meet the cutoff for depression. Moreover, African American graduate students reported lower level of satisfaction with mentors and advisers than their White counterparts (University of California Office of the President [UCOP], 2017).

Higher levels of stress were also found for women and students of non-conforming gender: female graduate students are more likely to report having stress, as well as higher depression and anxiety symptoms compared to male graduate students (Barreira et al., 2018; Hyun et al, 2006). Several studies have also found that female and transgender and/or gender-nonconforming graduate students are more likely to report experiencing anxiety and depression than their peers (Evans et al., 2018). The UCOP report also noted that LGBTQ+ graduate students were less likely to be satisfied with their lives, less likely to have financial confidence, and reported a higher rate of food insecurity than their peers (UCOP, 2017).

Finally, international students have also been found to face unique challenges and issues around well-being and mental health. In a paper commissioned by CGS, Jenny Lee (2021) identifies four leading concerns for international graduate students, including language, social isolation, cultural adjustment, and safety and neo-racism.

While a minoritized status may be associated with greater stress, help-seeking appears to vary across different communities of graduate students. Compared to White graduate students, Asian and African American graduate students are less likely to seek counseling services (Morgan et al., 2003; Hyun et al., 2006; Davidson et al., 2004). One study found that the share of minority therapists was associated with counseling service utilization by students from similar racial/ethnic background (Hayes et al., 2011). By contrast, female students reported more positive attitudes towards seeking counseling services (Ang et al., 2004; Nam et al., 2010) and previous research has shown that female graduate students are more likely to consider seeking help services compared to male graduate students (Garcia-Williams et al., 2014; Morgan et al., 2003; Hyun et al., 2006). Female students reported utilizing more counseling services compared to their male peers (Nam, et al., 2010; Oliver et al., 1999).

The cultural dimensions of graduate student help-seeking behaviors, as well as the diversity of counselors providing care to graduate students, are critical factors for universities to consider when developing appropriate, supportive services for graduate students. For example, several reasons have been cited for the reluctance of international students to seek help, such as unawareness of counseling services, lack of comfort talking to people unfamiliar with their culture, cultural stigma related to help-seeking for mental health issues (Mori, 2000), as well as negative prior experiences in counseling services (Dyrbye et al., 2015). A deeper understanding of factors related to student help-seeking will help universities ensure more equitable access to services.

In the context of studies of student experience, two additional gaps stand out. The first is the lack of information about the mental health of master's students, who represent 74% percent of the students enrolled in U.S. graduate programs (Okahana et al., 2020). Indeed, in much of the literature and media coverage of graduate student mental health, the term "graduate student" is used to denote PhD students specifically, generalizing the experience of doctoral students to all graduate students. A myopic focus on doctoral education risks overlooking the unique experiences of master's students, their sources of stress, and support needs; it also overlooks the specific challenges that underrepresented and first-generation students, who make up a larger percentage of master's program enrollees, may be facing on their paths to completion and further study.

A second and related gap in the literature is the lack of information or data about the experiences of graduate students with intersectional identities. A number of recent studies have called out this topic as an area of needed further study (National Academies of Sciences, Engineering, and Medicine [NASEM], 2021; Khanlou, 2019). If our policies, programs, and cultures are to serve all students, we must remember that student experiences vary widely within major identity groups and may be shaped by experiences as members of multiple groups.

Disciplinary Differences

A Need to Examine the Experiences of Humanities Graduate Students

There is some evidence to suggest that humanities graduate students may suffer from mental health issues at higher rates than their peers in other fields (Hyun et al., 2006; Lipson et al., 2016). According to a 2014 Graduate Student Happiness Well-being report produced by the University of California at Berkeley, 64% of students in the Arts and Humanities reach the threshold for depression, as compared to 34% in the Social Sciences; 28% in Business; and 43-46% in Biological Sciences, Physical Sciences, Engineering and "Other Professional" fields (Graduate Assembly, 2014). Moreover, a study found that graduate students in the fields of arts and humanities, behavioral and social sciences, and social work were more likely to report substance abuse and having mental health issues compared to graduate students in engineering and business (Allen et al., 2020). These findings suggest that proactively addressing factors related to psychological distress of humanities graduate students will be critical to supporting their persistence through degree programs and long-term success.

LITERATURE ON EFFECTIVE INTERVENTIONS

In our review of the literature, we found a dearth of information about effective practices for supporting graduate student mental health. A recent CGS survey suggests that a large majority of graduate deans see graduate faculty members as the group best positioned to recognize symptoms of mental health challenges in graduate students and in turn refer those students to appropriate support services (Okahana, 2018). However, they also felt that their institutions are doing a poor or very poor job of informing and training graduate faculty members, faculty advisers, and

dissertation/thesis chairs with regard to graduate student mental health challenges and how best to support them (Okahana, 2018).

In light of this gap, it is helpful to consider lessons from recent large studies and initiatives designed to broadly address the mental health of postsecondary students. One characteristic of these studies is their emphasis on the need for a multi-layered, institutional approach to prevention and care. Most recently, a 2021 consensus study by the National Academies makes the case for an "all hands" approach to promoting mental health and well-being for postsecondary students, identifying potential roles for institutional leadership, faculty, students, staff, funding agencies, and campus mental health professionals (NASEM, p. 26). This recommendation mirrors the outcomes of a number of efforts developed outside the U.S., including the Healthy Universities Network in the United Kingdom, The Framework for Promoting Student Well-Being Universities and colleges, all of which take a "whole university" approach to promoting student health (Australian Government Tertiary Education and Quality Standards Agency [TEQSA], 2018; Berners-Price, 2019; Georghiuo & Westwood, 2019; Healthy Universities, 2020).

In the U.S., the Jed Foundation's Comprehensive Approach to Mental Health Promotion and Suicide Prevention for Colleges and Universities has been used widely to assess campus efforts to support emotional well-being, identifying existing strengths and areas for improvement. Using the methodologies of public health interventions, JED's Comprehensive Approach seeks to activate communities around prevention as well as treatment, and places significant emphasis on the training of students to develop skills and networks that better position them to protect their well-being through help-seeking and self-care (JED Campus, 2020). More recently, and encouragingly, a study of faculty roles in student mental health conducted by the Boston University School of Public Health, Mary Christie Foundation, and the Healthy Minds Network (2021), also found that a large majority of faculty members would welcome additional professional development opportunities, even mandatory ones, that train them in how to respond to students experiencing mental or emotional distress.

Despite the value of these broad approaches, more research is needed to understand the unique place of graduate education in the institutional context. Indeed, most graduate students are more directly affected by their program environments and advisory relationships, a dimension that has been insufficiently addressed by initiatives focused on broad institutional change.

Survey of Institutional Practices and Policies

In an effort to understand the landscape of programs and policies to address graduate student mental health and well-being, we developed a questionnaire about institutional practices and policies regarding supporting graduate student mental health and well-being in collaboration with the Project Advisory Committee and the CGS Research & Information Services Committee. The final questionnaire was sent out via e-mail to primary institutional contacts at the 780 U.S. and Canadian higher education institutions who are member institutions of the Council of Graduate Schools (CGS) or members of CGS regional affiliates. The survey was in the field between April 6 and July 10, 2020. The primary institutional contacts are typically graduate deans or equivalent at member and affiliated institutions.

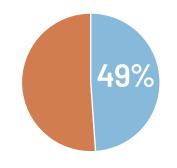
We asked survey respondents to complete the questionnaire based on their working knowledge as individual administrators (i.e., not as a graduate school or administrative unit). In total, we received 241 valid responses, a response rate of 31%. The vast majority of respondents represented U.S. doctoral universities. Four graduate deans or equivalent from Canadian institutions also responded to the survey. Of the respondents, 72% were at public universities, 11% were at U.S. minority-serving institutions, and 28% were at U.S. master's-focused institutions. The annotated final questionnaire document with frequency tables is included in Appendix A. Below, we discuss three salient points that emerged from the survey findings.

ENGAGING STUDENTS AND THE WHOLE CAMPUS

Despite increasing attention paid toward graduate student mental health and well-being at the institutional level, the attention to graduate student mental health and well-being still appears to take place in the margins of care given the strong focus on undergraduate student mental health and well-being.

According to our survey, a majority of graduate deans (64%) reported that their campus-wide strategic plan, vision, or mission statement make references to the mental health or emotional wellbeing of students in general. However, only about one in four (24%) graduate deans noted that these documents make specific references to graduate students. Even fewer institutions have mission statements that explicitly reference graduate students, and less than a handful of them reported that their institutions have a graduate student mental health bill of rights. Given how different graduate students are from undergraduates in terms of their life and professional stages, their needs are not always the same as those of undergraduates.

The good news is that of the deans who responded to our survey, 49% noted that their institutions have a task force or committee related to the emotional well-being of graduate students. These task forces/committees included representatives of various campus stakeholders, most commonly from student affairs (73%), counseling (72%), and the graduate dean's offices (71%). In comparison, 56% responded that graduate students are represented in these taskforces or committees. Other representatives on the task force committees mentioned by the participating deans include health services, faculty, the provost's office, the Title IX office, disability/accessibility services, the diversity office, health education, the international education office, housing, athletics, drug and alcohol education, campus security, career services, student conduct, and the president's office.



... of the graduate deans reported that their institution has a **task force or committee that works on campus-wide strategy and planning** related to emotional health and/or emotional well-being of graduate students.

Of them		
	73 %	include Student Affairs Office
	72 %	include Counseling Office
	71 %	include Graduate Dean's Office
	56%	include Graduate Students

MEETING DIFFERENT NEEDS & CHALLENGES

In our survey, we asked graduate deans to identify policies and programs that are intended to promote the well-being of specific subsets of graduate students. In terms of programming, graduate deans most frequently noted that their institutions have programming and campus resources that are specifically intended to promote the well-being of international students (48% and 38%, respectively), LGBTQ+ students (41% and 34%, respectively), and Black students (40% and 34%, respectively).

The availability of these programs and campus resources differed between those institutions who have a model, framework, or plan to promote the mental health and well-being of graduate students, however. For example, of the graduate deans who work for institutions with a framework for graduate student well-being, nearly one-half indicated that their institutions offer campus resources that are specifically intended to promote the well-being of Black students (48%), LGBTQ+ students (48%), Latinx students (47%), and API students (47%). In contrast, only 22%, 23%, 21%, and 16%, respectively reported by those graduate deans who are at institutions without a framework.

... of the graduate deans reported that their institution has a **model**, **framework**, **or plan** to promote the mental health and well-being of graduate students.

Of them

58%

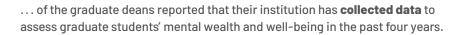
48 %	offer campus resources that are specifically intended to promote the well-being of Black students
48%	offer campus resources for LGBTQ students
47 %	offer campus resources for Latinx students
47 %	offer campus resources for API students

In contrast, of the institutions without a framework				
	22 %	offer campus resources that are specifically intended to promote the well-being of Black students		
	23%	offer campus resources for LGBTQ students		
	21 %	offer campus resources for Latinx students		
	16 %	offer campus resources for API students		

CREATING AN EVIDENCE BASE FOR ACTION

Of the graduate deans who responded to the survey, 64% reported that their institutions had collected data to assess graduate students' mental health and well-being in the past four years. Campus climate surveys were cited as the most common type of such data collection efforts. Campus climate surveys were cited as the most common types of such data collection efforts. Some use homegrown surveys, but there were also references to national data collection efforts (i.e., Healthy Mind Survey, GradSERU, JED Campus, and ACHA-NCHA Survey). Of those institutions that collected data, 38% of the graduate deans noted that the graduate school (or equivalent) was responsible for the data collection efforts, while the rest indicated that other campus units have collected the data.

In terms of other types of information that are relevant to graduate students' mental health and well-being, academic progress (94%) and retention (92%) data were most often collected, followed by participation in co-education programs (67%), health service utilization (65%), and mental health service utilization (64%). However, only one-third of graduate deans (34%) indicated that their institution collects diagnoses data (i.e., anxiety, depression) of graduate students.



Of them		
	38%	said the graduate school (or equivalent) was responsible for the data collection
	62 %	said other campus units were responsible for the data collection

Stakeholder Convening

On October 15–16, 2020, we convened approximately 100 participants for two half-days of virtual panel discussions and interactive break-out groups (Appendix C: Convening Agenda). Participants included graduate deans, graduate students, experts in student mental health and well-being, and leaders of disciplinary societies and funding agencies (Appendix B: List of Attendees). The goals of the convening were to address, in conversation with a diverse group of workshop participants, the core project questions; to inform a future research agenda for graduate student mental health and well-being; to inform the development of a set of principles that will provide a framework for future action by graduate institutions and their communities; and to identify action items that could support these principles.

At the Stakeholder Convening, we facilitated four small group discussion sessions organized by theme: (1) Further exploring demographic differences and needs; (2) Further exploring disciplinary and degree-level differences; (3) Further exploring needs for policy and practice; and (4) Developing

policies and practices that build on promising principles for future action. The attendees were given discussion questions, and each group reported emerging themes from their discussion during the report-out portions of the convening, as well as in Google Docs. We took notes during the report-out sessions. We also reviewed the individual small group notes submitted via Google Docs and extracted relevant themes to inform the discussion in this report.

In preparation for the convening, graduate dean attendees were asked to submit pre-convening reports. In these reports, the graduate dean attendees summarized insights from their interactions with various campus stakeholder groups. As a part of the participation in the Stakeholder Convening, each graduate dean attendee was assigned with focuses/topical areas for their respective stakeholder engagements. These insights were meant to inform graduate dean attendees' participation during the convening discussion. We took notes on individual contributions during the convening. We also reviewed each pre-convening report to extract relevant themes to inform the discussion in this report.

ENGAGING STUDENTS AND THE WHOLE CAMPUS

In the survey, we found that about one-half of institutions have a task force or committee to address campus-wide strategy and planning related to emotional health and/or emotional well-being of graduate students. We also observed during the Stakeholder Convening that such campus-wide committees could be useful tools for graduate deans in two ways. One is that these bodies can create a space to engage graduate students in identifying challenges and opportunities and developing services and resources accessible to them. The second is that these intra-campus advisory panels can be a platform to foster collaborations and elevate graduate education issues at institutions. Forming advisory panels run the risk of becoming mere performative acts and may create additional burdens for students and other participants to volunteer their time and efforts. However, when purposefully organized and given appropriate power and recognition, these bodies can amplify the cause and potential solutions.

Beyond campus-wide advisory panels, it is also vital for graduate schools to engage with individual graduate programs in promoting graduate student mental health and well-being. Our survey found that graduate program directors are the group that most graduate schools communicate with about campus programming and resources that aim to support graduate student mental health and well-being. Working with graduate program directors and engaging them in moving forward is essential in fostering campus partnerships to promote graduate student mental health. Indeed, some of the graduate deans who attended the Stakeholder Convening noted that they periodically engage graduate program directors. Graduate deans who meet or communicate with graduate program directors regularly take advantage of these platforms to emphasize the importance of supporting graduate student mental health and well-being.

MEETING DIFFERENT NEEDS AND CHALLENGES

The survey findings suggest that institutions with a campus framework or plan for addressing graduate student mental health and well-being are more likely to offer programming and campus resources that support students from various different backgrounds. We observed from both the Pre-convening Reports and Stakeholder Convening that, consistent with the small body of

literature on this topic, graduate students from different backgrounds experience different sources of stress. In some of the Pre-convening Reports, we read that graduate deans heard from first-generation graduate students that they faced barriers in learning how to navigate the graduate program and felt a lack of support or a sense of not having anyone to turn to for help. These reports also noted that graduate students of color and international students also face other hardships related to finances and student-faculty relationships in disproportionate numbers. For example, a Pre-convening Report noted that Native American student participants in the campus listening session indicated that they did not have health insurance. They also expressed a lack of adequate transportation and access to the Internet and cell service. The major sources of stress among Native American students, the report noted, were financial stress, family illnesses, demand, faculty relations, and anxiety and depression.

Other Pre-convening Reports noted examples of the unique challenges and stressors faced by international students. Social isolation, feeling marginalized by domestic students, pressures related to productivity, faculty relationships, concerns about funding, and concerns about immigration and visa policies were stressors mentioned most frequently by the international graduate student participants. Moreover, with respect to international graduate students in STEM fields, we saw in these reports that they are more concerned about research productivity and funding than international students in other fields.

Additional examples of unique challenges associated with different subpopulations of graduate students were also noted in other Pre-convening Reports. For instance, we read in a report that graduate students with disabilities expressed concerns about a lack of infrastructure that supports their graduate student experience. Active-duty military graduate students faced stressors, including working across various time zones, balancing relationships with military families, and being on duty while balancing coursework. For military students in online programs, there is the barrier of not meeting in person with either peers or counselors, one report noted. Veterans and military students also have a more robust response to stressors and environmental cues compared to other students.

We also heard that there were differences in the extent of stress reported by different groups. The COVID-19 pandemic and a summer of racial reckoning in the U.S. magnified the stressors for graduate students of color this past year. One report pointed out that students from minoritized groups felt compelled to take action as activists for racial justice and they felt it was difficult to balance these activities with academic work. In another report, Native American student participants reported a high level of stress related to the disruptions of the pandemic to their education, and they felt stress when balancing between graduate study and other competing priorities. The report noted that some of them expressed fear that Native American students would be labeled as needing mental health services or seen as deficient even by just participating in the campus listening session.

The international graduate student participants also expressed intense stress caused by the changes and potential changes to federal immigration and visa policies. A Pre-convening Report noted that some international students mentioned the difficulty of getting questions answered or paperwork completed related to their visa issues. The report pointed out that the students

expressed a need for more information about immigration policies and reassurance from the university that the university would advocate for them. Specifically, the report read:

Students talked about being on the edge and 'walking on eggshells' waiting for the federal government to change the regulations again and make them leave the country.

Beyond the individual backgrounds of graduate students, the Stakeholder Convening discussion also touched on differences in the time at which stress typically increases in the graduate student life cycle. The transition from undergraduate to graduate school can be a challenge. Because of the anticipation and initial transitions, the beginning of graduate studies can be stressful, and students may feel more stable as they acculturate into graduate student life. However, stressors later in the graduate student life cycle can also be severe, as students focus more on career transitions and the next step. Overall, we heard in the Stakeholder Convening discussion that major transitions throughout the graduate student life cycle, such as transitions into graduate school, transitions into dissertation/thesis/capstone projects, and transitions into post-graduate careers, are particularly stressful.

At each of these transition points, too, different subsets of graduate students experience stressors differently. For example, international graduate students may have more stress at the beginning of graduate school. They face additional challenges in navigating the American higher education system and adjusting to U.S. culture and life. They also face different prospects in post-graduate career options.

Different degree objectives and fields of study, too, shape different student life cycles. For example, master's students have a quick turn-around to the job market, with their graduations arriving much sooner than doctoral students. A Pre-convening Report noted that some felt stress related to career and graduation when they get close to graduation. On the other hand, doctoral student participants, another report noted, felt a long drag of uncertain progression in their programs of study. They may also be more likely to encounter other life events that affect their progressions toward their studies. Doctoral students, another report noted, expressed more stress during the transition to becoming doctoral candidates and preparing for comprehensive exams. This observation generally affirms findings from prior studies of doctoral students showing that doctoral candidates exhibit more stress than those in pre-candidature phases (e.g., Sowell et al., 2015). They expressed stressful feelings associated with the comprehensive exams, such as the possibility of failing, a lack of transparency in the purpose of these exams, and receiving little support from the graduate school.

Graduate students from different groups also have different social and cultural pathways to care. A Pre-convening Report noted that Native American student participants reported that they felt they lacked information on where to seek help on campus for mental health and well-being services. The report also pointed out that these students preferred to go to Tribal Nations or off-campus services. Another report noted that some international student participants indicated the difficulty, for cultural reasons, of seeking help for mental health issues. This observation is consistent with other studies of international students (see the consultant paper by J. Lee). Finally, the report pointed out that many international student participants expressed difficulty understanding the U.S. health system and how the university's health insurance worked. The report noted that students hesitated

to seek services and were unsure of where to go for support due to unawareness that counseling sessions and medication were free or low cost.

CREATING AN EVIDENCE-BASE FOR ACTION

During the convening, we heard that climate surveys and other graduate student surveys may help institutions identify potential areas of student needs and vulnerability, as well as opportunities for action. However, specific ideas of how survey data might inform and advance campus conversations did not emerge as explicitly from these discussions. Data collection was one of the items that participating institutions at the convening planned to explore in the near future; however, what information to collect, how best to gather it, and how to take advantage of the data to facilitate evidence-based action may require further exploration and discussion. This is even more the case in light of concerns about survey fatigue among students and at institutions in general. Furthermore, some concerns were expressed around sensitivity toward student data related to mental health and well-being and their potential misuse. This reflection was an important reminder that data collection efforts should be intentional and meaningful, and standards of care for privacy and guidelines for appropriate uses should also be carefully examined.

A Call to Action

As we undertook this project, one of our ultimate goals was to provide a framework for individual and collective action to support the mental health and well-being of master's and doctoral students. The urgency of this topic requires thoughtful reflection and evidence-based intervention, but also action steps that will put graduate institutions in the best position to address the needs of their communities.

Our work resulted in two distinct but related calls to action. The first is a framework to guide the efforts of graduate deans, *Supporting Mental Health and Well-being for Graduate Students: A Statement of Principles and Commitments of Graduate Deans*; we provide focused attention to this group given that graduate deans have the most direct, and broadest, responsibility for initiatives that cross all graduate students regardless of their program of study. The second call to action is a set of recommendations and guidance for key members of the broader campus community.

A Call to Action for Graduate Deans

Supporting Mental Health and Well-being for Graduate Students: A Statement of Principles and Commitments of Graduate Deans, results from an iterative process drawing from the perspectives of a broad range of groups and experts. CGS and JED first presented a draft of the statement at the stakeholder workshop that included graduate deans, graduate students, student affairs professionals, researchers, and disciplinary societies in both STEM and humanities fields. We integrated feedback from these groups in developing the next version of the principles, which was reviewed and edited by the project advisory committee. The final statement below was sent to deans of graduate schools at CGS's nearly 500 member institutions in December 2020 with an invitation to publicly endorse the principles on their campuses and to commit to a plan of action over the upcoming year.

At the time of this report's publication, graduate deans at over 150 institutions have formally endorsed the principles, committing to concrete action over the next twelve months. The vision, values and principles outlined below describe the foundational aspirations and beliefs that our more concrete action steps, summarized in "commitments," are designed to support.²

² It is important to note that the statement was drafted with the diversity of graduate institutions in mind, and graduate deans and students from a broad range of institutional types provided input and support. The framework is therefore broad enough to address the diverse circumstances and missions of graduate institutions, while also describing specific action steps that individual universities can adapt to their unique needs.

Supporting Mental Health and Well-being for Graduate Students

A Statement of Principles and Commitments of Graduate Deans

Vision: As graduate deans, we are committed to building a graduate education system that supports the academic success and well-being of all students.

Values: We believe in . . .

- 1. Student-centered education. Graduate programs succeed when they provide opportunities for students to explore pathways and learning experiences that align with their interests and goals.
- 2. Educational environments that support the whole student. Students are most likely to succeed when graduate programs recognize that physical, social, and emotional experiences—in addition to academics—are important aspects of any student's life.
- **3.** Diversity, equity, and Inclusion. Diversity, equity and inclusiveness are at the core of graduate schools and programs where students from all backgrounds flourish.
- **4. Transparency.** Graduate programs best support students when they offer clear program guidelines, policies and expectations that help students understand what is required for success.

Principles: We also believe that we, as graduate deans, play a key role in supporting graduate student mental health and well-being by leading graduate education at our respective institutions with the following principles:

- 1. Well-being is a foundation of student success. Graduate schools and programs that nurture a positive and inclusive learning environment allow graduate students to optimize personal, academic and professional growth.
- 2. Thriving, not surviving, is the goal. Some stresses and challenges are part of the learning process. Graduate schools and programs that balance these inherent stress points with safety, respect, and effective mentoring increase the likelihood that students will thrive.
- 3. The challenges experienced by graduate students vary widely and differ in important ways from the experiences of undergraduates. Universities must understand and act on the specific nature of the challenges graduate students face.
- 4. Faculty, staff, and administrators who work with graduate students may also themselves experience significant stress. The ability of graduate schools and programs to serve their students effectively also depends on the mental health and well-being of all of their community members.

Commitments: As graduate deans, we are committed to exercising our leadership in ...

 Involving students in the development and revision of programming to support mental health and well-being on our campuses. We recognize that graduate students have an important role to play in maintaining their own mental health, and their experiences and challenges in doing so should be well understood.

- 2. Recognizing and amplifying the roles of different groups in supporting graduate student mental health. We recognize that it "takes a village" to create the conditions of thriving for graduate students, and the village includes, but is not limited to: student support services, faculty, directors of graduate study, the graduate school, and graduate students themselves. We also recognize that the village extends beyond the campus boundary and includes friends and family of students, as well as community spaces and resources.
- Working across campus offices to develop a comprehensive approach to mental health and well-being. Graduate deans have a key role to play in bringing relevant campus offices together to formulate these approaches that support graduate students.
- 4. Ensuring that mental health and well-being programs on our campuses are tailored to the needs of different groups of graduate students. We must recognize commonalities and differences among and between students from different backgrounds, for example students of color, LBGTQ+ students, international students, first-generation college and graduate students, and student parents. Programming and resources should also reflect the fact that sources of stress may vary across the graduate student life cycle.
- 5. Developing and using evidence-based strategies that are designed to improve graduate student mental health and well-being. Collecting baseline information and assessing outcomes of campus interventions is a key part of this work. In addition, we must engage and rely on subject matter experts in counseling psychology, student development, and other areas to inform the design of campus efforts.
- 6. Investing in strong mentor and supervisor training on our campuses. It is critical to provide advisors with the preparation needed to appropriately support their students' intellectual and personal growth, to recognize signs of distress that may require outside support, and to refer students to resources and services that can help.
- Increasing the collective capacity of the graduate dean community to better support graduate students. It is critical to exchange ideas and lessons learned with peers in order for the graduate education community to make progress toward our vision.
- 8. Incorporating training on social and emotional skills into curricula and/or professional development for graduate students and faculty. Social and emotional skills such as collaboration, communication, cultural awareness, and building resilience, as well as other related topics, play an important role in the success of individuals and in the health of university communities.

Accountability: As graduate deans, each of us is committed to working with campus partners and our respective institutions to meet the following goals by the end of 2021. By this time, we will have pursued the following outcomes, in ways that reflect the context and circumstances of our own campus communities:

 Supported the creation and institutionalization of a campus-wide consultative body that works on strategy and planning related to mental health and/or well-being of graduate students with a robust representation of various campus stakeholders.

- 2. Included explicit reference of support for graduate student mental health and well-being in the campus student health framework.
- **3.** Developed and implemented a process to periodically assess graduate students' support needs or assured that any existing surveys address these issues.
- 4. Developed and implemented a plan to communicate to graduate program directors and graduate faculty about available campus resources and policies at the beginning of each academic term or assured that existing communication strategies include this information.
- 5. Developed and implemented a plan to communicate to all graduate students about graduate student mental health and well-being and information about available campus resources and policies at least once during each academic term or assured that existing communication strategies include this information.

Furthermore, we will know that we are making meaningful progress toward our vision when we see ...

- 1. Fewer cases of attrition from master's and doctoral degree programs due to psychological and emotional distress.
- **2.** Increased graduate degree attainment rates for both majority and traditionally underrepresented student groups.
- **3.** More graduate students and alumni reporting satisfaction with the supportiveness of the graduate program environment.

A Broad Call to Community Action

Consistent with our call for systemic change, CGS and JED encourage other groups with a vested interest in graduate education to contribute to the work of supporting graduate student mental health and well-being. Our specific recommendations are informed by our research findings as well as by our understanding of the roles and capacities of various groups on campus.

This approach also reflects insights put forward in one of the three essays commissioned from our project consultants, *Promoting Graduate Student Well-Being: Cultural, Organizational, and Environmental Factors in the Academy* (Posselt, 2021). In this essay, higher education researcher Julie Posselt outlines three main leverage points for colleges and universities seeking to build cultures that promote graduate student well-being: taking institutional responsibility for well-being; training early career researchers for healthier disciplinary cultures; and enabling equitable access to the varied resources that support well-being. As she notes, students enter graduate study with perceptions and experiences, educational trajectories, and a history of interactions with others and take place prior to entering a program. While universities and graduate faculty may have little capacity to directly affect these experiences, the organizational culture, including community norms and values, must recognize and respond to these experiences in ways that are support of the "whole student" (see also NASEM, 2021).

The recommendations below thus focus on the full range of graduate education stakeholders, including graduate students themselves, and suggests ways in which various group can begin to create change in and across their spheres of influence.

Recommendations and Priorities for Future Study

FOR UNIVERSITY PRESIDENTS AND PROVOSTS AND OTHER SENIOR LEADERS

The senior leadership team of a university plays a critically important role in defining institutional values and ensuring that resources align with those values. University presidents, provosts, and other senior leaders are in a strong position to:

- Ensure that campus strategic plans regarding mental health and well-being address the unique needs of graduate students.
- Examine ways to mitigate the impact of hyper-competitive campus cultures, recognizing the toll this may take on graduate faculty, staff, and students.
- Create a taskforce or process to investigate how tenure, promotion and other faculty reward systems might be modified to encourage academic excellence and work/life balance.
- Prioritize diversity, equity and inclusion, creating campus spaces to acknowledge and discuss challenges and crises experienced directly by minoritized graduate students.
- Consider creating a series of university-wide campus wellness days, campaigns or events.

FOR GRADUATE DEANS

Graduate deans are typically the individuals on campus with the broadest and most central responsibility for graduate education. They are also in a position to facilitate collaborations across different units. We encourage graduate deans to:

- Include training on graduate student mental health and well-being in orientations held for new graduate faculty and directors of graduate programs.
- In conjunction with the graduate faculty senate or other shared governance body, begin the review, and as appropriate, revision of graduate student leave policies that may negatively impact students. In particular, explore flexible leave policy options that allow students to remain partially engaged with their programs if they choose to do so.
- Investigate how time-to-degree or funding limits might be changed to promote both work/life balance and the highest levels of academic performance.
- Create a source of funding to support graduate student organizations planning wellness days, mental health campaigns or events.

FOR GRADUATE PROGRAM DIRECTORS AND DEPARTMENT CHAIRS

Graduate Program Directors and Department Chairs have an important role to play in influencing the cultures of their departments and in setting policy. We encourage these leaders to:

- Begin a conversation about ways to recognize the quality of graduate student mentoring in annual performance reviews. Work to establish a shared expectation that faculty will consider the whole student—not just their academic performance—in their mentoring.
- Create spaces and mechanisms for students to exercise agency around career planning and decision-making, such as Individual Development Plans (IDPs).
- Include information in orientation for incoming graduate students on resources available to support graduate student mental health and well-being.
- Ensure that all policies, resources, and processes for resolving conflicts and making satisfactory progress are transparent and available in easily accessible formats.
- Identify points of stress around major program milestones, (e.g. comprehensive exams or execution of thesis /dissertation requirements) and develop mechanisms for supporting students through those transitions.

FOR GRADUATE FACULTY

Graduate faculty and supervisors are positioned to closely observe, and influence, the development of their students. We encourage graduate faculty to:

- Be transparent and clear about expectations, including expectations that students will take the time needed to rest and care of their health and well-being.
- Model the importance of work/life balance and self-care.
- Recognize and support student agency in making decisions about careers, including careers outside of the academy.

• Express concern and care for students who appear to be struggling, and be prepared to connect them to appropriate campus resources.

FOR GRADUATE STUDENTS

Graduate students have a critical role to play in helping faculty and administrators understand the challenges they face and the resources they need. In addition, graduate students are often the first to notice that their peers need help. We support the efforts of graduate students, some of whom will become the next generation of faculty, to:

- Reach out to student affairs professionals, faculty, and counseling services when they observe students in distress.
- Play a role in peer mentoring and other initiatives designed to support student well-being in their departments or on campus.
- Embody principles of self-care and compassionate mentoring as teaching assistants of undergraduates.

FOR FUNDING AGENCIES

Funding agencies provide important incentives for change. We encourage funding agencies to:

- Review how current practices for evaluating the impact of research funding may exacerbate hyper-competitiveness and graduate faculty, postdoc, and student stress.
- Provide support for research to better understand graduate student mental health and wellbeing, especially challenges and barriers experienced by underrepresented and underserved groups of graduate students.

Priorities for Future Study

UNDERSTANDING UNIQUE NEEDS OF VARIOUS GRADUATE STUDENT SUBPOPULATIONS

Prior studies on graduate student mental health and well-being have tended to focus broadly on PhD students. However, even among PhD students, there are different challenges and vulnerabilities that students from different backgrounds face. Furthermore, these challenges also differ by degree objectives and modality of graduate study. A better understanding of these unique needs by different student subpopulations will inform programmatic interventions that are more intentional and targeted. We recommend that future studies explore the prevalence and types of mental health and well-being challenges faced by:

- Different groups of minoritized students within graduate education, including but not limited to first-generation graduate students, LGBTQ+ graduate students, graduate student veterans, graduate students with dependents, and graduate students with disabilities.
- Different types of graduate students, including but not limited to master's students and online students.

UNDERSTANDING ACCESS TO CARE AND HELP-SEEKING BEHAVIORS

Graduate students may have different pathways to, and barriers against, seeking care than do undergraduates. Help-seeking varies within the graduate student population by various student backgrounds, consistent with some prior studies. However, less is known about minority graduate students' pathways to care and support services, and how they navigate and understand different systems of care. Future research is needed to provide a better understanding of how minoritized students access and seek help from support services, and identify resources and practices that are effective in meeting the needs of students from different demographic groups.

DEVELOPING THEORETICAL FRAMEWORKS FOR GRADUATE STUDENT MENTAL HEALTH AND WELL-BEING

Finally, most frameworks in the mental health literature have not yet sufficiently addressed the mental health and well-being of graduate students as a whole. There are emerging frameworks and approaches for practitioners; however, studies that advance the evidence base for action remain underdeveloped. Future studies should build on the foundation of existing mental health literature, student development literature, and graduate student experience literature with the aim of developing theories that ground our thinking and approaches to this subject.

Resources to Support Future Action

While the framework and recommendations outlined in Chapter Three are future-looking, we recognize that many universities have already begun to lay the groundwork for better supporting graduate student mental health and well-being. Our project activities yielded a wealth of examples of programs already in place or in development at CGS member institutions, and among these, many illustrated the framework's eight principles for guiding future action.

In this final section of the report, we offer examples of those programs with the intention of providing all institutions with new ideas for how to begin—or further—their support of graduate student well-being. While these examples by no means represent the number or diversity of initiatives that have been launched by CGS member institutions, they illustrate thoughtful, and in some cases, evidence-based action that will be helpful to graduate deans, faculty, student affairs professionals, graduate students and others working to support graduate student success.

Note: Universities marked with an asterisk (*) are JED Campuses, colleges and universities that have committed to comprehensive and collaborative approaches to supporting student health and well-being.

PRINCIPLE 1

Involving students in the development and revision of programming to support mental health and well-being on our campuses.

A recurring theme throughout the stakeholder workshop was the need to engage students in the development and revision of programming on their campuses. Many of the virtual focus groups convened by workshop participants gather graduate student perspectives about student needs and services, and were an important step in this direction.

While in some circumstances, listening to students takes the form of surveys or conversations with student advocates and graduate student leadership, other types of outreach may also be needed to develop deep engagement and dialogue. The universities below have taken a variety of approaches to incorporating student voices in their work.

UNIVERSITY OF PITTSBURGH*

To inform programming on graduate student mental health and well-being, the University of Pittsburgh fielded surveys and held focus groups to gather information about student opinions and concerns about both their own mental wellness and the resources provided by the university. Building on what they learned, the university incorporated information on mental health into graduate student orientation, created workshops on mental health resources and awareness, and placed counselors in schools with higher rates of mental health issues. These counselors are intended to play a proactive role in mental health and wellness of the graduate students of the school.

UMASS* MEDICAL SCHOOL (UMMS)

The Graduate School of Biomedical Sciences (GSBS) is one of three schools at UMASS Medical School (UMMS), a standalone graduate/professional school. Each year, the leadership of Student Counseling Service (SCS) meets with GSBS student and faculty groups to share insights and to learn how to better serve their students. In addition, a UMMS-wide Office of Campus Life (OCL) has convened a Committee on Student Well-being. This group includes GSBS staff, students, and faculty representatives to ensure access to student services and provides supplementary resources for student support, increasing awareness of student mental health, and Gatekeeper Training for recognizing and responding to students in distress.

PRINCIPLE 2

Recognizing and amplifying the roles of different groups in supporting graduate student mental health.

As described in Chapter Two, there is broad consensus that the most effective approaches to improving student mental health involve a comprehensive, institution-wide strategy. This is consistent with The JED Foundation's Comprehensive Approach to Mental Health Promotion and Suicide Prevention for Colleges and Universities, which is based on the principles of public health. An institution-wide approach involves looking beyond Counseling and Health Services and recognizing the roles that different groups might play in creating healthy communities. Queen's University provides a strong example of that approach.

QUEEN'S UNIVERSITY

Queen's University has undertaken several initiatives to prioritize the well-being of students, staff, and faculty. Central to this was the adoption of the Okanagan Charter: An International Charter for Health Promoting Universities and Colleges in 2019, a formal commitment to embed health and wellness into campus culture. Soon after, the university undertook a collaborative, campus-wide initiative, the Campus Wellness Project, which focuses on advancing and supporting a culture of well-being for students, staff and faculty. These efforts are complemented by a number of recently conducted surveys, focus groups, and studies to better understand graduate student well-being in particular and how to foster this within the graduate community. Findings across these efforts often demonstrate consistent trends; for example, that in programs where there is a strong community and an emphasis placed on collaboration, there is a stronger sense of wellness among students. Graduate Assistants and students, for example, often develop relationships as the former are readily accessible, provide results, clearly demonstrate care, and provide direction. Hence, many of the university's current activities are geared towards the following four major initiatives that aim to create a supportive culture through community building:

- Developing networking opportunities. A number of programs, including Dining Family Night, Cooking on a Budget, Research Bake Off, Good Food Box, Cooking with Kids, Grad and Post-Doctoral Fellows and their Families BBQ, and a Networking Reception were recently introduced to support the community-building initiative.
- 2. Creating dedicated physical space and opportunities for students to come together to meet, study, and share knowledge and experiences. Providing space and more opportunities for students to come together can help to alleviate many anxieties, including alienation, imposter syndrome, and lack of awareness of support and can address some of their explicit desires to collaborate, meet others, learn about diverse research, and build a community.
- 3. Building resilience. Recent campus studies confirm that graduate students often experience difficulties in achieving program milestones partly due to their struggles with stress, anxiety, self-doubt or isolation. For many, these challenges relate to difficulty in navigating their relationship with a supervisor, transitioning to graduate school, staying healthy, work-life balance, managing time to completion, and coping with financial difficulties. As part of concerted efforts to remove barriers to student success, the university has introduced a number of new programs.
- 4. Supporting mental health and well-being. The School of Graduate Studies and Student Wellness Services has introduced the graduate-only counselor, who provides individual counseling services to graduate students. The counselor hosts group-based wellness sessions and mental health and wellness events and sponsors peer mentorship programs.

PRINCIPLE 3

Working across campus offices to develop a comprehensive approach to mental health and well-being.

Creating campus-wide collaborations is a key part of an institutional approach. Individual campus units can work together to reinforce key messages about campus health and well-being, and collaborate to make the most of limited resources. Case Western Reserve University and Arizona State University offer two examples of this collaborative approach.

CASE WESTERN RESERVE UNIVERSITY*

CWRU became a JED Campus and created a Health and Wellness Task Force. This name was intentional; rather than calling it a Mental Health Task Force, they wanted students, faculty, and staff to understand that mental health is *health*. Part of the model is an integrated approach to care. At CWRU, there is no wrong door for care. Through shared records, treatment teams, standardized risk assessments, and clinical meetings, the university works to ensure that all students are receiving the best possible care regardless of how they choose to enter services. This concept of integration has become embedded within the campus culture. From the DOSA Strategic Plan, which approaches students holistically, to Care Management, which occurs for both medical and mental health concerns, student wellness is broadly defined and the responsibility of the entire campus community.

ARIZONA STATE UNIVERSITY

As a large public university (serving over 111,000 students), Arizona State strives to balance the needs of specific student communities with providing services at scale for the larger student body. With newly emergent data on the unique mental health challenges facing graduate students nationwide, the institution works to ensure its service models meet the needs of graduate students. The Graduate College guides these efforts institutionally in the following ways:

- Working with the Dean of Students (DOS), ASU Counseling Services, ASU Health Services, and the Graduate and Professional Student Association (GPSA) to identify resource and knowledge gaps, tailor mental health and wellness programming to meet graduate student needs, and create best practices and resources for graduate students and their academic and support staff.
- 2. Incorporating conversations around mental health, stress management, and school-life balance at orientations, graduate student welcomes, Grad15 mini-webinars, and in the training required of all teaching and research assistants.

Further Reading

Balancing Access and Safety for Graduate Students with Mental Health Issues

Hannah Ross (2021)'s essay "Balancing Access and Safety for Graduate Students with Mental Health Issues," the third essay commissioned by CGS, provides an overview of non-discrimination requirements related to disabilities, with a significant focus on addressing self-harming students. With potential access to a broad audience, including those who may not be familiar with the field of law, Ross walks readers through an overview of the non-discrimination obligations from five areas: a) The Rehabilitation Act and the Americans with Disabilities Act. b) The Legal Standard: Non-Discrimination Against Qualified Individuals with Disabilities, c) Reasonable Accommodations, d) Direct Threat, and e) Threats to Self. First, she presents the historical and legal contexts that have shaped the Americans with Disabilities Act (ADA). This introduction provides background for the next few subsections, each of which provides detailed descriptions of the terms

that have been subject to litigation. The "Legal Standard" subsection provides definitions on the "qualified individuals" and "having a disability" according to the ADA.

Along with the definitions of the legal terms, Ross describes agency enforcement for the ADA and offers an analysis of the case "Nguyen v. Massachusetts Institute of Technology" as an example to help readers better understand the litigation. In addition to agency enforcement and litigation, the author also offers important prospects for consideration in the context of student mental health and well-being, such as privacy considerations, employment, immigration and contract claims consideration. In the end, the paper summarizes the practical guidance for identifying students presenting health/safety concerns relevant to the disability-law and provides seven general rules of thumb for practice.

- 3. Fostering a culture of care and awareness around graduate student mental well-being through development of mentoring toolkits and recognition of outstanding graduate student mentorship that places an emphasis on holistic student development.
- 4. The Graduate College's CIRCLES, SHADES and HUES peer mentoring programs offer support in resilience development, community engagement, and scholarly identity development and navigation to all graduate students, with an emphasis on those from underserved backgrounds (first-generation, racial, cultural, ethnic or socioeconomic status).

PRINCIPLE 4

Ensuring that mental health and well-being programs on our campuses are tailored to the needs of different groups of graduate students.

Diversity in the graduate student community requires universities to consider strategies for supporting students with different needs and circumstances. This means ensuring that all students have equitable access to care, as Posselt notes (Posselt, 2021), but also ensuring that university cultures recognize students' diverse perspectives and experiences. CGS and JED were impressed by the wide range of programs and services developed to address the needs of different student communities.

THE UNIVERSITY OF TORONTO-STUDENTS WORKING IN LABORATORIES

The University of Toronto's School of Graduate Studies (SGS) has developed a Healthy Labs Initiative to advance the goal of creating optimal laboratory environments. The Initiative works to identify global and local best practices in laboratory management; promote a Healthy Lab Charter, which individual laboratories at the University could adopt; and outline a strategy for delivering Healthy Lab programming to labs across the University's campuses.

GALLAUDET UNIVERSITY - DEAF STUDENTS AND DEAF STUDENTS OF COLOR

Gallaudet University, a university that serves the deaf and signing community, has conducted conversations on the unintended and detrimental consequences of graduate school policies and procedures on graduate students' emotional well-being, noting a differential impact on Deaf students of color. They recently began applying restorative justice (RJ) principles to the academic appeals process in order to repair the harm and psychological distress these students have experienced. This new approach has been made possible by the RJ training that 18 members of the Gallaudet community received in October 2019. The Council on Graduate Education (a faculty governance group) has also begun revisiting policies related to academic probation and dismissal, academic integrity violations, as well as leave of absence procedures. While these policies are published in written English in the Graduate Catalog, the Graduate Student Association (GSA) leadership has emphasized the need to make them available to students in American Sign Language.

VILLANOVA - LGBTQIA+

The Safe Zone program provides support for the LGBTQIA+ community at Villanova and provides educational opportunities for all community members. Safe Zone helps to create a welcoming and open environment for all and seeks to provide opportunities for increased awareness and visibility of LGBTQ+ related issues and needs. In addition, the Sexual Assault Resource Coordinator (SARC) team is a group of Villanova staff and faculty members who care deeply about the issue of sexual violence and who have completed extensive training on how to support survivors of sexual violence at Villanova. A member of the SARC team is on call 24/7, 365 days a year for Villanova students who need support following an incident of sexual violence.

UNIVERSITY OF OREGON - VULNERABLE STUDENTS

In 2019, the Graduate School inaugurated a slate of programs focused specifically on graduate student mental health and well-being through the leadership of their Director for Diversity and Inclusion. The weekly interactive workshop series focused on resilience building and self-empowerment; topics included: Imposter Syndrome, Hidden Curriculum, Stereotype Threat, and Microaggressions. Workshops have focused on psychological distress among vulnerable populations and mindfulness training, among other topics. These efforts are bolstered by the administrative and peer-mentoring support of our two graduate employees dedicated to diversity and to graduate families, respectively.

KENT STATE UNIVERSITY – FIRST-GENERATION STUDENTS*

In 2018, Kent State University held its inaugural "I Am First" celebration week to honor, recognize and raise awareness of first-generation students at the Kent campus. The week included "I Am First" buttons and T-shirts, a Faculty Connections Roundtable, a formal celebration to honor firstgeneration faculty, staff, students and alumni, a Walk the Red Carpet photography event and the Ohio Latino Education Summit. In 2021, Kent State University was designated as a First-gen Forward Institution by the Center for First-generation Student Success. Kent State University also includes a first-generation graduate student affinity group. In addition, Kent State University has a leave of absence policy for degree-seeking graduate students and is currently investigating the possibility of a family-based leave policy for graduate students that allows them to maintain their eligibility for health insurance while also taking care of their family needs. Kent State University is a JED Campus and the university is currently implementing a strategic plan for student mental health that is consistent with university strategic priorities and values and also focuses on the needs of graduate students.

UNIVERSITY OF NOTRE DAME – STUDENT PARENTS*

In Fall 2019, Notre Dame convened three task forces led by faculty and comprised of advisors, directors of graduate studies, graduate students across the divisions, and representatives from relevant administrative units (e.g., Graduate School, Student Affairs). One of these is the Task Force on Dependent Support. From our Graduate Life Survey, the university estimates that close to one-third of the graduate student population are married, with roughly half of those parenting. For these students, the graduate student experience includes support of their dependents.

GOVERNORS STATE UNIVERSITY – OLDER STUDENTS AND VETERANS

Governors State University (GSU) is a unique academic institution, both from its founding and population. Of the 1,581 graduate students during Fall 2019, more than 5% were US veterans or on veteran benefits, the majority required financial aid, more than 70% were female, and more than half identified with a minority race or ethnicity. The university's traditionally "non-traditional" transfer and graduate students—they average 35 years of age—mostly attend evening or weekend classes. In order to rapidly respond to graduate student feedback, the university created the Graduate Professional Network (GPN). The GPN is a virtual community where graduate students receive important information, provide feedback, and develop a better sense of belonging to the university community. With assistance from Campus Life Department, the GPN designed graduate student activities to assist them in dealing with major milestones, including special midterm and end of semester mindfulness and stress management opportunities. The university has also created a monthly GPN Networking Event to further build on students' sense of belonging, and established a Graduate Student Mental Health and Wellness Advisory Committee, a collaboration between Graduate Studies and our Counseling and Wellness Center.

Further Reading *Supporting International Students*

Jenny Lee's commissioned paper, "Unique Challenges and Opportunities for Supporting Mental Health and Promoting the Well-being of International Graduate Students," (2021) offers recommendations for university faculty and staff to support international graduate students and promote international graduate students' well-being. She suggests that institutions may develop a centralized international student support unit or "multiservice center," which integrates international student support staff networks and services, including mental health services, to support international students. Lee also offers several university practices to promote international student well-being, such as publicly affirming international student contributions to the community, hiring an ombuds officer with expertise in international student rights, developing processes for filing grievances, and collecting data on international student experience and satisfactions.

PRINCIPLE 5

Developing and using evidence-based strategies that are designed to improve graduate student mental health and well-being.

While many universities have developed new programs and strategies designed to support graduate student mental health and well-being, these interventions are not always based in evidence or adequately assessed. Collecting and using evidence to develop and inform change often requires

resources, and may also require collaboration with multiple campus units. Below we highlight several institutions that have used multiple types of evidence to inform their approach.

HOOD COLLEGE

Hood College has made preliminary progress in using the wealth of data from their current program assessments, student questionnaires focusing on campus climate, and retention data. They are using these data to inform approaches to embedding better curricular and mental health supports that will ease the stress associated with major milestones in a given degree (e.g., comprehensive exams, thesis/dissertation defenses). Hood College has created two initiatives to benefit graduate student mental health, the Graduate Student Success Coordinator position and the Graduate Student Mental Health Task Force. While work remains, they are making progress and have early feedback from graduate students indicating that several of these initiatives are, in fact, making them feel more confident and supported in their degree progress.

WAYNE STATE UNIVERSITY*

Wayne State University's Counseling and Psychological Services (CAPS) office instituted an innovative and evidence-based suicide prevention program in 2017 with a three-year, Garrett Lee Smith Campus Suicide Prevention Grant. Nearly 4,000 faculty, staff, students and parents have been engaged across various program components, which include collaborative networks, innovative marketing campaigns, evidence-based gatekeeper training and culturally appropriate educational programs.

Wayne State is also one of 200 JED campuses nationally and one of 12 JED campuses in Michigan. To support and strengthen their evidence-based approach, this four-year project launched in 2017 included development of an expert assessment of campus mental health services and a strategic plan to improve mental health services and support. Additionally, a campus-wide climate survey conducted in 2018 identified strengths and challenges and provided recommendations on ways to create a safer, more inclusive campus community. A resulting initiative from the climate study was the 2019 Warrior Life and Wellness project with the goal of building a healthy and welcoming community. It is supported by a comprehensive website divided into nine dimensions of wellness and provides a central calendar of programs and events to combat isolation and promote success and well-being.

Historically, the university has focused on the entire student body in delivery of innovative and responsive programs, but there is broad agreement at Wayne State that there is a need to better understand mental health issues from the perspective of graduate students. To that end, the university seeks to build on the robust infrastructure and evidence-based approaches they have successfully deployed to begin the process of identifying needs and developing strategies tailored to students earning advanced degrees. This knowledge will lead to the selection and design of the most appropriate programs and resources to support graduate students.

PRINCIPLE 6

Investing in strong mentor and supervisor training on our campuses.

Mentors and supervisors, particularly in research-focused graduate programs, have a significant impact on student experiences. Many graduate institutions have already incorporated a mentoring focus into their work to address student well-being. A variety of creative and student-centered approaches are featured in the examples below.

THE UNIVERSITY AT BUFFALO

The Network for Enriched Academic Relationships (NEAR) is a transdisciplinary mentoring network for graduate students to find faculty mentors and allies beyond their substantive research areas. Created in the UB School of Social Work in 2016 as a pilot program, NEAR was centralized in the Graduate School in 2018 to expand the network and raise the visibility of this resource to the graduate student population. The NEAR founding principle is that creative and rigorous intellectual work requires not only expert guidance in a substantive area or methodological approach, but also meaningful support, especially when contending with systemic bias and marginalization or personal stressors and hardships. Faculty volunteer to mentor students on topics including minority experiences, personal circumstances and academic culture. The faculty complete an initial questionnaire on which they select the specific issues they are comfortable discussing with students and provide a brief statement about what mentoring means to them. NEAR faculty mentors participate in an annual mentor training program designed to ensure that mentors are familiar with how to assist graduate students by linking them to additional existing campus and community resources, and refer them as appropriate when urgent needs are identified. Graduate students can search the online network to identify faculty willing to discuss a relevant issue. Students reach out directly to faculty with whom they would like to connect. NEAR mentoring relationships allow graduate students to discuss areas of sensitivity they may not be comfortable disclosing to their major advisors by connecting with seasoned faculty in other departments.

UNIVERSITY OF COLORADO AT BOULDER

The Graduate Peer Mentoring Program pairs established graduate students with peers who are new to graduate school. The role of a peer mentor is to provide support, encouragement, and information. Peer mentors serve as graduate student life experts and they may have suggestions about work-life balance, adjusting to life in Boulder, advisor/advisee relationships, etc. Ideally, mentors serve as both personal and professional support for their mentees.

The Graduate School is also prioritizing more holistic advising and mentorship. Many of the common issues that occur during the advisee/advisor relationship happen because of poor communication. Two steps have been taken: 1) introducing faculty to research surrounding graduate student mental health, with the goal of providing a better understanding of key concepts such as the role isolation plays in mental health and how prevalent impostor syndrome is among graduate students. 2) Piloting a new advising agreement. The advising agreement was created to guide for both the advisor and advisee as they discuss expectations. This document is a supplemental strategy

created to support the graduate student advisees' short and long-term goals while also giving advisors tools to clarify expectations.

UNIVERSITY OF CENTRAL FLORIDA

The University of Central Florida require written program level policies for dismissing students, so students do not feel overly beholden to a single advisor. They have also implemented a graduated procedure for removing graduate faculty status for exceptionally egregious inappropriate acts and interactions with graduate students.

PRINCIPLE 7

Increasing the collective capacity of the graduate dean community to better support graduate students.

Following the publication of this report, CGS will continue to work with its member institutions to facilitate the exchange of data, information and resources to support graduate student well-being. Graduate deans who have committed to supporting the *Principles and Commitments of Graduate Deans* will provide updates on their work in CGS meeting sessions and webinars.

Several data collection efforts are also increasing the capacity of the dean community to better understand graduate student mental health and well-being in their own institutional context.

- The Healthy Minds Study (HMS) collects data on mental health and other related issues for undergraduate and graduate students among participating college and universities. The standard module of the HMS Survey captures information on student demographics, mental health status, and mental health service utilization and help-seeking behaviors. In addition, the HMS Survey provides elective modules that collect a wide array of data regarding students' understanding of mental health and mental health services, upstander/bystander behaviors, mental health climate, climate for diversity and inclusion, and resilience and coping (HMS, 2020).
- At the institutional level, the JED Campus initiatives provides data collection instruments that allow participating universities to assess needs and monitor the impact of interventions on student outcomes. The JED Campus Baseline Assessment includes a set of questions intended to evaluate institution's strategic planning on mental health promotion and suicide and substance use prevention, including life skills development program, social connectedness programs, peer mentoring programs, at-risk student identification practices, student help seeking behavior, mental health and clinical services, substance use policies, crisis management, environmental safety, campus incidences and service utilization (JED Campus, 2020). Other data collection efforts at the institutional level include as the National Survey of Counseling Center Directors, conducted by the Association for University and College Counseling Center Directors (2020), which provides important data on resources and factors relevant to the functioning of counseling centers and counseling services.
- The SERU Graduate Student Survey (gradSERU) from the Student Experience in the Research University (SERU) Consortium aims to understand experiences of master's, doctoral and

graduate professional students at research universities. The core module of gradSERU generally concerns graduate student experience (e.g., academic engagement, learning outcomes, personal development, aspirations and plans, and satisfaction), as well as a set of topical modules that capture information about health and well-being, financial need, professional development goals, and teaching experience (Center for Studies in Higher Education, 2020).

PRINCIPLE 8

Incorporating training on social and emotional skills into curricula and/or professional development for graduate students and faculty.

Too often, graduate students receive the message that academic success can only come at the expense of physical and mental well-being. The programs below emphasize that well-being, in addition to being important in and of itself, supports academic success. Programming emphasizes the idea that self-care and maintaining health and well-being are skills that can be integrated into academic and professional training.

BOISE STATE UNIVERSITY

With the motto "Be Well to Do Well," GradWell seeks to improve graduate student well-being and foster academic success at the Graduate College at Boise State University. Activities include providing mental wellness education, facilitating access to mental health services, and fostering a sense of community connection among students.

OKLAHOMA STATE UNIVERSITY*

As a component of the 360° Critical Skills for Career Success professional development program, wellness is one of six core competencies. Oklahoma State University has a significant number of graduate students who participate in OSU's university-wide Wellness Program, which offer activities focused on different aspects of physical and mental health and stress management.

UNIVERSITY OF MISSOURI*

As part of the professional development framework at the University of Missouri, wellness/wellbeing is one of eight foundational areas. The university offers a number of programs annually focused on wellness and well-being and all of those programs are coded so that students can quickly see that the program is part of our wellness/well-being focus.

Conclusion and Beginnings: Imagining the Future of Graduate Education

The dual pandemics of COVID-19 and the most recent wave of acts of racial injustice have prompted many of us to think deeply about the type of future we want for our institutions and our students. Among the lessons we hope that many in the graduate education community have taken from the current crises is that we desperately need to prepare a more diverse workforce of graduate degree holders.

Our society will need a workforce that reflects (inter)disciplinary lenses and life experiences to begin narrowing the gaps and biases that permeate domains such as public policy, technology, social services, and health care. To understand and begin dismantling systemic inequalities, whether rooted in race, ethnicity, gender, or identity, our universities will need to prepare educators, social scientists, artists, and humanists who can deepen our understanding of the mechanisms that reproduce disadvantage and exclusion across generations. We will need to prepare biomedical scientists and health care workers who can unravel the biological and social mechanisms that underlie health disparities and access to care. We will need to prepare engineers who can anticipate the downstream, long-term impacts of the products they design on vulnerable communities. We will need mathematicians and computer scientists who understand the potential of algorithms to reproduce inequality and who can harness the power of artificial intelligence to create a sustainable, more promising future for all. We will need to prepare a diverse group of graduate-educated leaders who are not only skilled in making complex decisions informed by evidence, but also in using their perspectives and experiences to protect our climate and communities.

In addition, we need to acknowledge that students' career goals take different forms and then work hard to create program environments in which a variety of career goals are supported. We will need to let go of the idea that the successful student in a doctoral program fits a certain mold or aspires to a career as a professor at an elite institution. We will need to make room for the idea that our graduates—both master's and doctoral degree holders—may want to make a difference at community colleges, or as leaders in non-profits, industry, or government. We will need to let go of the idea that students entering our programs must have a certain academic pedigree.

Our ideas of the "ideal" student are wrapped up in a history of elitism and exclusion, and we will need to think more capaciously and inclusively in the future. There is no group more aware of tacit expectations than students themselves, and we can support their well-being best if we send them the message that there are many ways to succeed and have an impact.

As many of our institutions grapple with strained resources, we will also need to find ways to mitigate excessive competition for those resources, whether in the form of funding for graduate students, faculty lines, or other costs. The fragility of life that each of us has experienced over the past year is an urgent reminder that we must nurture our communities with compassion, care, and respect for difference. Let us use this moment to imagine—and create—more equitable and supportive environments where all students can thrive.

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Supporting Graduate Student Mental Health and Well-being

An Annotated Questionnaire Document for the CGS-JED Survey of Graduate Mental Health & Well-being Institutional Practices

LAUNCH EMAIL:

Subject: CGS-JED Graduate Mental Health & Well-being Institutional Practices

Dear Colleagues,

As you may recall, the Council of Graduate Schools (CGS), in partnership with the JED Foundation and with generous support from the Andrew W. Mellon Foundation and Alfred P. Sloan Foundation, is undertaking a project on graduate student mental health and well-being. As a part of the project, CGS is conducting **a survey of institutional practices** on this topic, for which we now invite your participation. The results from this survey will inform the planning of a workshop-styled convening in Washington, D.C., in October of this year. Survey results will also be summarized in the final publication of this project.

In responding to the questionnaire, **please do not spend any more than 15-20 minutes** to answer questions. For many questionnaire items, the response options include **"I/We do not know," which is as valid and informative** as "Yes" or "No" responses. If you or those in your immediate office do not have answers to any of the questionnaire items, please select "I/We do not know" and move forward. You do not need to contact other campus stakeholders to gather information to answer these questions.

You can begin the survey by clicking the below link or copy-paste the URL to your web browser. Please note that this is a unique, one-time-use link for you, so please start only when you are ready to complete the entire survey.

Take the Survey [LINK]

Or copy and paste the URL below into your internet browser: [LINK]

The survey will remain open until **Monday, May 18, 2020, 11:59 PM, Eastern**. If you have any questions about the survey or need to re-open your link, please direct your inquiry to Dr. Hironao Okahana, Vice President, Research & Knowledge Development at research@cgs.nche.edu. Thank you in advance for your assistance in this important initiative.

Sincerely,

Suzanne Ortega President, Council of Graduate Schools

Nance Roy Chief Clinical Officer, The Jed Foundation

SURVEY QUESTIONS

- 1. Does your institution have a campus-wide strategic plan, vision, or mission statement that includes references to the mental health and/or emotional well-being of students? (Valid N=232)
 - 1=Yes (132, 64%)
 - 2=No (74, 36%)
 - \circ 3= I/We do not know. (26)
- 2. Does your institution have a campus-wide strategic plan, vision, or mission statement that explicitly includes the commitment to support graduate students mental health and well-being? (Valid N=231)
 - 1=Yes (49, 24%)
 - 2=No (155, 76%)
 - \circ 3= I/We do not know. (27)
- 3. Does your institution have a model, framework, or plan to promote the mental health and well-being of graduate students? (Valid N=231)
 - 0 1=Yes (119, 58%)
 - **2=No (86, 42%)**
 - \circ 3= I/We do not know. (26)
- 4. Does your institution have a graduate student mental health bill of rights? (Valid N=231)
 - 1=Yes (2, 1%)
 - 2=No (197, 99%)
 - \circ 3= I/We do not know. (32)
- 5. Does your institution have a task force or committee that works on campus wide strategy and planning related to emotional health and/or emotional well-being of graduate students? (Valid N=231)
 - 0 1=Yes (98, 49%)
 - 2=No (104, 51%)
 - \circ 3= I/We do not know. (29)
- 6. Who is represented on this task force(s)/committee(s)?
 - 1= Student Affairs office (72) 2=Counseling Services (71) 3=Graduate Dean's office (70) 4=Graduate Students (55) 5=Health Services (53) 6=Faculty (48) 7=Provost's office (37) 8=Title IX office (25) 9=Disabilities/Accessibility Services (25) 10=Diversity office (24) 11=Health Education (23) 12=International Education office (16) 13=Housing (16) 14 = Athletics(15)15=Drug and Alcohol Education (14) 16=Campus Security (13)

- 17=Career Services (12)
 18=Student Conduct (12)
 19=President's office (10)
 20=Enrollment Management (9)
 21=Legal Affairs (8)
 22=Postdoctoral Affairs (8)
 23=Faculty Affairs office (7)
 24=Human Resources (6)
 25=Facilities & Campus Operations (4)
 26=Financial Aid (2)
 27=Dining Services (1)
 28=Others (9)
- 7. Does your institution communicate with the following groups about campus programming and resources that aim to address graduate student mental health and well-being? Graduate Students (Valid N=227)
 - 1=Yes, and the graduate school (or equivalent) is responsible for the communication. (115, 54%)
 - 2=Yes, but the graduate school (or equivalent) is NOT responsible for the communication. (85, 40%)
 - **3=No** (13, 6%)
 - \circ 4= I/We do not know. (14)
- Does your institution communicate with the following groups about campus programming and resources that aim to address graduate student mental health and well-being? - Graduate Program Directors (Valid N=225)
 - 1=Yes, and the graduate school (or equivalent) is responsible for the communication. (136, 67%)
 - 2=Yes, but the graduate school (or equivalent) is NOT responsible for the communication.
 (40, 20%)
 - **3=No** (27, 13%)
 - \circ 4= I/We do not know. (22)
- 9. Does your institution communicate with the following groups about campus programming and resources that aim to address graduate student mental health and well-being? Program/Departmental Administrative Staff (Valid N=223)
 - 1=Yes, and the graduate school (or equivalent) is responsible for the communication. (95, 49%)
 - 2=Yes, but the graduate school (or equivalent) is NOT responsible for the communication.
 (49, 26%)
 - **3=No (48, 25%)**
 - \circ 4= I/We do not know. (31)
- 10. Does your institution communicate with the following groups about campus programming and resources that aim to address graduate student mental health and well-being? Graduate Faculty (Valid N=220)
 - 1=Yes, and the graduate school (or equivalent) is responsible for the communication.
 (87, 45%)
 - 2=Yes, but the graduate school (or equivalent) is NOT responsible for the communication. (49, 25%)
 - **3=No (58, 30%)**
 - \circ 4= I/We do not know. (26)

- 11. Does your institution provide training to recognize when a student may be struggling? Graduate Students (Valid N=225)
 - 1=Yes, required. (9, 4%)
 - 2=Yes, but not required. (110, 54%)
 - **3=No (83, 41%)**
 - \circ 4= I/We do not know. (23)
- 12. Does your institution provide training to recognize when a student may be struggling? Graduate Program Directors (Valid N=225)
 - 1=Yes, required. (16, 8%)
 - 2=Yes, but not required. (132, 64%)
 - **3=No (58, 28%)**
 - \circ 4= I/We do not know. (19)
- 13. Does your institution provide training to recognize when a student may be struggling? Program/ Departmental Administrative Staff (Valid N=224)
 - 1=Yes, required. (14, 7%)
 - 2=Yes, but not required. (122, 61%)
 - o 3=No (64, 32%)
 - \circ 4= I/We do not know. (24)
- 14. Does your institution provide training to recognize when a student may be struggling? Graduate Faculty (Valid N=224)
 - 1=Yes, required. (13, 6%)
 - 2=Yes, but not required. (130, 64%)
 - **3=No (61, 30%)**
 - \circ 4= I/We do not know. (20)
- 15. Does your institution provide training on how to reach out to students who may be struggling and refer them for professional help if needed? Graduate Students (Valid N=226)
 - 1=Yes, required. (16, 8%)
 - 2=Yes, but not required. (113, 57%)
 - **3=No** (70, 35%)
 - \circ 4= I/We do not know. (27)
- 16. Does your institution provide training on how to reach out to students who may be struggling and refer them for professional help if needed? Graduate Program Directors (Valid N=226)
 - 1=Yes, required. (19, 9%)
 - 2=Yes, but not required. (136, 67%)
 - o 3=No (48, 24%)
 - \circ 4= I/We do not know. (23)
- 17. Does your institution provide training on how to reach out to students who may be struggling and refer them for professional help if needed? Program/Departmental Administrative Staff (Valid N=226)
 - 1=Yes, required. (17, 9%)
 - 2=Yes, but not required. (131, 66%)
 - **3=No (52, 26%)**
 - \circ 4= I/We do not know. (26)

- 18. Does your institution provide training on how to reach out to students who may be struggling and refer them for professional help if needed? Graduate Faculty (Valid N=224)
 - 1=Yes, required. (13, 6%)
 - 2=Yes, but not required. (139, 69%)
 - **3=No (50, 25%)**
 - \circ 4= I/We do not know. (22)
- 19. Has your institution collected any data aimed at assessing the mental health and well-being of graduate students within the last four years? (Valid N=226)
 - 0 1= Yes, and the graduate school (or equivalent) is responsible for the efforts. (42, 24%)
 - 2= Yes, but the graduate school (or equivalent) is NOT responsible for the efforts. (69, 39%)
 - **3=No (65, 37%)**
 - \circ 4= I/We do not know. (50)
- 20. Please describe any data collection efforts your institution has engaged to assess the mental health and well-being of graduate students within the last four years (e.g., climate surveys, engagement surveys, health assessment, etc.). (Valid N=87)

• Open Ended Responses (87).

- 21. Does your institution regularly collect any of the following information about graduate students on your campus? Retention (Valid N=225)
 - 0 1=Yes (198, 92%)
 - **2=No** (18, 8%)
 - \circ 3= I/We do not know. (9)
- 22. Does your institution regularly collect any of the following information about graduate students on your campus? Academic progress (Valid N=226)
 - 0 1=Yes (208, 94%)
 - 2=No (13, 6%)
 - \circ 3= I/We do not know. (5)
- 23. Does your institution regularly collect any of the following information about graduate students on your campus? Mental health service utilization (Valid N=224)
 - 1=Yes (99, 64%)
 - 2=No (56, 36%)
 - \circ 3= I/We do not know. (69)
- 24. Does your institution regularly collect any of the following information about graduate students on your campus? Health service utilization (Valid N=225)
 - 0 1=Yes (102, 65%)
 - 2=No (56, 35%)
 - \circ 3= I/We do not know. (67)
- 25. Does your institution regularly collect any of the following information about graduate students on your campus? Diagnoses (i.e., anxiety, depression) (Valid N=223)
 - 1=Yes (37, 34%)
 - o 2=No (73, 66%)
 - \circ 3= I/We do not know. (113)

- 26. Does your institution regularly collect any of the following information about graduate students on your campus? Participation in community engagement & services, as well as campus student organizations (Valid N=226)
 - 1=Yes (82, 53%)
 - 2=No (72, 47%)
 - \circ 3= I/We do not know. (72)
- 27. Does your institution regularly collect any of the following information about graduate students on your campus? Participation in co-education programs (e.g., professional development seminars, workshops, etc.) (Valid N=226)
 - 1=Yes (124, 67%)
 - **2=No (60, 33%)**
 - \circ 3= I/We do not know. (42)
- 28. Please indicate if your institution has policies and programs that are specifically intended to promote the well-being of the following groups of graduate students.

	Campus Offices/Units	Designated Professional Staff	Campus Policies	Programming	Campus Resources
Black/African Americans	39	31	20	40	34
Hispanics/Latinx	37	30	19	37	33
Asians/Asian Americans/Pacific Islanders	29	25	16	31	28
Native Americans/Alaskan Natives	32	27	17	30	30
LGBTQ+	45	37	25	41	34
International Students	59	51	30	48	38
Military-Connected/Veteran Students	48	43	29	35	32
First-generation Students	29	25	12	29	29
Women	34	30	22	36	31
Student Parents	12	10	12	21	22
Other (Please specify)	5	4	3	4	4

29. Please give illustrative examples of offices, policies, programming, and resources offered at your institution to promote the well-being of graduate students. (Valid N=129)

• Open Ended Responses (129).

- 30. Does the graduate school (or equivalent) at your institution have the following resources available to support graduate student mental health and well-being? Staff support (Valid N=216)
 - 1=Yes (117, 58%)
 - 2=No (86, 42%)
 - \circ 3= I/We do not know. (13)

- 31. Does the graduate school (or equivalent) at your institution have the following resources available to support graduate student mental health and well-being? Budget/Funding support (Valid N=215)
 - 1=Yes (89, 46%)
 - 2=No (105, 54%)
 - \circ 3= I/We do not know. (21)
- 32. Please give illustrative examples of how various offices, policies, programming, and resources that are intended to promote well-being of graduate students are assessed for their effectiveness at your institution. (Valid N=109)

• Open Ended Responses (109).

- 33. Does your institution have the following campus policy/resources? Policy, process, and procedures for changing faculty advisors (Valid N=219)
 - 1=Yes (143, 75%)
 - 2=No (48, 25%)
 - \circ 3= I/We do not know. (28)
- 34. Does your institution have the following campus policy/resources? Policy, process, and procedures for graduate students to report sexual harassment complaints and abuse of power (Valid N=219)
 - 1=Yes (217, 100%)
 - **2=No (0)**
 - \circ 3= I/We do not know. (2)
- 35. Does your institution have the following campus policy/resources? Resources to support graduate students for exploring various career options. (Valid N=219)
 - 1=Yes (193, 91%)
 - **2=No (20, 9%)**
 - \circ 3= I/We do not know. (6)
- 36. Does your institution have the following campus policy/resources? Resources for faculty members to foster more inclusive climate in classrooms & labs (Valid N=217)
 - o 1=Yes (166, 85%)
 - **2=No (29, 15%)**
 - \circ 3= I/We do not know. (22)
- 37. Does your institution have the following campus policy/resources? Opportunities for graduate students to involve in the design of program curriculum, structure, and quality assurance. (Valid N=219)
 - 1=Yes (88, 61%)
 - 2=No (57, 39%)
 - \circ 3= I/We do not know. (74)
- 38. Does your institution have the following campus policy/resources? Resources to support graduate students to develop self-management strategies. (Valid N=219)
 - 0 1=Yes (141, 80%)
 - o 2=No (35, 20%)
 - \circ 3= I/We do not know. (43)

- 39. Does your institution have the following campus policy/resources? Food pantry (Valid N=219)
 - 1=Yes (180, 87%)
 - 2=No (28, 13%)
 - \circ 3= I/We do not know. (11)
- 40. Does your institution have the following campus policy/resources? Clothing pantry (Valid N=217)
 - 0 1=Yes (82, 48%)
 - 2=No (88, 52%)
 - \circ 3= I/We do not know. (47)
- 41. Does your institution have the following campus policy/resources? Emergency financial assistance. (Valid N=219)
 - 1=Yes (185, 92%)
 - **2=No** (17, 8%)
 - \circ 3= I/We do not know. (17)
- 42. Does your institution have the following campus policy/resources? Emergency housing assistance. (Valid N=218)
 - 1=Yes (93, 60%)
 - 2=No (62, 40%)
 - \circ 3= I/We do not know. (63)
- 43. Does your institution provide its faculty members any training on mentoring? (Valid N=219)
 - \circ 1=Yes, required. (8, 4%)
 - 2=Yes, but not required. (156, 78%)
 - o **3=No (36, 18%)**
 - \circ 4= I/We do not know. (19)
- 44. Does your institution provide its faculty members any training on supporting graduate student mental health and well-being? (Valid N=219)
 - 1=Yes, required. (5, 3%)
 - 2=Yes, but not required. (128, 65%)
 - 3=No (21, 33%)
 - \circ 4= I/We do not know. (21)
- 45. Does your institution offer graduate students ...? Access to licensed mental health professionals at the campus student health/counseling services. (Valid N=219)
 - 1=Yes (210, 98%)
 - 2=No (4, 2%)
 - \circ 3= I/We do not know. (5)
- 46. Does your institution offer graduate students ...? Case management for off-campus referrals for visiting licensed mental health professionals. (Valid N=219)
 - 1=Yes (133, 86%)
 - o 2=No (22, 14%)
 - \circ 3= I/We do not know. (64)

- 47. Does your institution offer graduate students ...? Access to licensed mental health professionals via a third party vendor product. (Valid N=218)
 - 1=Yes (100, 67%)
 - 2=No (50, 33%)
 - \circ 3= I/We do not know. (68)
- 48. Does your institution offer graduate students ...? A health insurance plan (to purchase or provided) through your institution. (Valid N=218)
 - 1=Yes (177, 87%)
 - 2=No (26, 13%)
 - \circ 3= I/We do not know. (15)
- 49. Does your institution offer graduate students ...? A leave of absence policy for physical health reasons. (Valid N=218)
 - 1=Yes (182, 88%)
 - 2=No (24, 12%)
 - \circ 3= I/We do not know. (12)
- 50. Does your institution offer graduate students ...? A leave of absence policy for mental health reasons. (Valid N=218)
 - 0 1=Yes (181, 89%)
 - 2=No (23, 11%)
 - \circ 3= I/We do not know. (14)
- 51. Does your institution offer graduate students ...? A leave of absence policy to provide care for their dependent family members. (Valid N=218)
 - 0 1=Yes (157, 83%)
 - **2=No** (**33**, 17%)
 - \circ 3= I/We do not know. (28)
- 52. Are there sessions limits for ongoing counseling with licensed mental health professionals at the campus student health/counseling services? (Valid N=210)
 - o 1=Yes (114, 77%)
 - 2=No (35, 23%)
 - \circ 3= I/We do not know. (61)
- 53. Does your institution have an on-campus licensed mental health professional(s) who specializes in working with graduate students? (Valid N=210)
 - 1=Yes (78, 45%)
 - o 2=No (94, 55%)
 - \circ 3= I/We do not know. (38)
- 54. Can graduate students visit the on-campus licensed mental health professionals in a dedicated space for graduate students only? (Valid N=210)
 - 1=Yes (34, 18%)
 - 2=No (150, 82%)
 - \circ 3= I/We do not know. (26)

55. Which service provider does your institution provide tele-therapy counseling services? (Valid N=104)

• Open Ended Responses (104).

- 56. Does your campus's health insurance plan, which graduate students have access to, cover mental health care on campus or in the community? (Valid N=177)
 - 1=Yes (137, 99%)
 - 2=No (2, 1%)
 - \circ 3= I/We do not know. (38)
- 57. Is your institution deploying any graduate student mental health services/resources in response to the ongoing COVID-19 crisis? (Valid N=219)
 - 1=Yes (129, 74%)
 - 2=No (45, 26%)
 - \circ 3= I/We do not know. (45)
- 58. Please give illustrative examples of graduate student mental health services/resources deployed by your institution in response to the on-going COVID-19 crisis. (Valid N=95)
 - Open Ended Responses (95).

###

List of Attendees at October 2020 workshop, Supporting Graduate Student Mental Health and Well-being

Note: We have listed titles and affiliations at time of workshop.

- Jennifer Abate, Graduate Student, Kent State University
- Ansley Abraham, Director, SREB-State Doctoral Scholars Program, Southern Regional Education Board
- Sherri Ahem, Graduate Student, Florida International University
- Chante Anderson, Graduate Student, Texas A&M University
- **David Arnold**, Assistant VP for Health, Safety and Well-being initiatives, NASPA: Student Affairs Administrators in Higher Education
- Joshua Barker, Dean, School of Graduate Studies and Vice-Provost, Graduate Research and Education, University of Toronto
- Paul Barreira, Executive Director, Harvard University Health Services, and Henry K. Oliver Professor of Hygiene and Associate Professor of Psychiatry, Harvard Medical School, Harvard University Health Services, Harvard Medical School
- **Kim Barrett**, Division Director, DGE, EHR, National Science Foundation
- Armando Bengochea, Senior Program Officer, Higher Learning, The Andrew W. Mellon Foundation
- Savannah Berry, Graduate Student, Northern Arizona University
- April Boulton, Dean, Hood College Graduate School
- Rhiannon Brown, Graduate Student, American Public University System
- Amanda Bryant-Friedrich, Dean, Wayne State University
- Karen Butler-Purry, Associate Provost for Graduate and Professional Studies, Texas A&M University
- Terri A. Camesano, Dean of Graduate Studies, Worcester Polytechnic Institute

- Ashley Cannon-Zelasko, Graduate Student, University at Buffalo
- Christine Capili, Graduate Student, University of Oregon
- Hollie Chessman, Director, Research, American Council on Education
- **Gwen Chodur**, Director of Social Justice Concerns, National Association of Graduate and Professional Students
- Monica L. Coleman, Graduate Student, University of Mississippi
- Jan Collins-Eaglin, Scientific Advisors, Steve Fund
- **Claire Crawford**, Graduate Student, University of Southern California
- Michael Cunningham, Associate Provost, Graduate and Professional Studies, Tulane University
- Brian DeGrazia, Assistant Director, Programs and Career Services, Modern Language Association
- **Cydne Dennis**, Graduate Student, Virginia Commonwealth University
- Jennifer Douglas, Dean, Graduate Studies and Research, American Public University System
- Daniel Eisenberg, Director of the Health Minds Network & S.J. Axelrod Collegiate Professor, Health Management and Policy, Healthy Minds Network; University of Michigan
- Lorelle Espinosa, Director of Programs for Diversity in STEM, The Alfred P. Sloan Foundation
- Alan Faz, Graduate Student, California Polytechnic State University, San Luis Obispo
- Sage Foley, Graduate Student, University of Massachusetts Medical School Graduate School of Biomedical Sciences
- **Garth Fowler**, Associate Executive Director, American Psychological Association

Cynthia Fuhrmann, Principal Investigator & Assistant Dean, University of Massachusetts Medical School Graduate School of Biomedical Sciences

Karthik Ganesan, Graduate Student, University of Toronto

Beth Gibbons, Assistant Dean for Graduate Education, Gallaudet University

Andrés Gil, Vice President for Research and Economic Development and Dean of the University Graduate School, Florida International University

Amanda Godley, Vice Provost for Graduate Studies, University of Pittsburgh

William R. Graves, Dean of the Graduate College, Iowa State University

Taylor Hahn, Graduate Student, Hood College Graduate School

Graham Hammill, Vice Provost for Academic Affairs and Dean of the Graduate School, University at Buffalo

Susanna Harris, Founder and CEO, PhD Balance

Jeni Hart, Dean and Vice Provost of Graduate Studies, University of Missouri

Catelyn Hawkins, Graduate Student, Arizona State University

Katherine Hazelrigg, Associate Director, Communications, Council of Graduate Schools

Jazzkia Jones, Graduate Student, University of Pittsburgh

John Keller, Associate Provost and Dean, the Graduate College, The University of Iowa

Julia Kent, Vice President, Best Practices and Strategic Initiatives, Council of Graduate Schools

Toby Klein, Graduate Student, University of Arkansas

Annette Kluck, Dean of the Graduate School, University of Mississippi

Patricia Koski, Dean, Graduate School and International Education, University of Arkansas

Mary Ellen Lane, Dean, University of Massachusetts Medical School Graduate School of Biomedical Sciences

Earnesto Leon, Graduate Student, Society for Advancement of Chicanos/Hispanics and Native Americans in Science

Matthew Linton, Manager, Communications and Publications, Council of Graduate Schools Anthony Lomax, Graduate Student, Queen's University

Elizabeth A Lowham, Interim Dean of Graduate Education, California Polytechnic State University, San Luis Obispo

Paula McClain, Dean of the Graduate School and Vice Provost for Graduate Education, Duke University

Michael McKenzie, Dean of Graduate Studies, Appalachian State University

Aaron McPeck, Graduate Student, Case Western Reserve University

Ashley Melnick, Graduate Student, Student Advocates for Graduate Education

Sharon Milgram, Director, Office of Intramural Training and Education, National Institutes of Health

Kate Mondloch, Interim Vice Provost and Dean of Graduate School, University of Oregon

Hironao Okahana, Vice President, Research and Knowledge Development, Council of Graduate Schools

Suzanne Ortega, President, Council of Graduate Schools

Raven Osborn, Graduate Student, University of Rochester

Abby Panetta, Graduate Student, Villanova University

Bijal Patel, Graduate Student, Wayne State University

Melanie Peinado, Graduate Student, American Historical Association (AHA)

Susan Porter, Dean, University of British Columbia

Julie R. Posselt, Associate Professor, University of Southern California

Sally Pratt, CGS Board Chair, Former Vice Provost for Graduate Programs, University of Southern California

Fahim Quadir, Vice Provost and Dean, School of Graduate Studies, Queen's University

Hannah S. Ross, General Counsel, Middlebury College

Nance Roy, Chief Clinical Officer, JED Foundation

Charles Rozek, Vice Provost for Graduate Education, Case Western Reserve University

Layne Scherer, Study Director, National Academies of Sciences, Engineering, and Medicine

Joerg Schlatterer, Manager, Graduate and Postdoctoral Scholars Office, American Chemical Society Abbie Shaw, Chair, Student Advocates for Graduate Education

- Sherri Sheu, American Historical Association Council, American Historical Association
- Melissa Sturge-Apple, Vice Provost and University Dean of Graduate Education, University of Rochester
- Adriana Swancy, Graduate Student, The University of lowa
- **Brook Thompson**, Graduate Student, American Indian Science and Engineering Society
- Monica L. Tlachac, Graduate Student, Worcester Polytechnic Institute
- **Sheryl Tucker**, Vice Provost and Graduate Dean, Oklahoma State University
- Tammi Vacha-Haase, Dean of the Graduate College, Boise State University
- **Manfred van Dulmen**, Interim Associate Provost for Academic Affairs, Kent State University
- Morgane Vincent, Graduate Student, Gallaudet University

- Mary Ellen Vore, Interim Associate Vice President for Academic Affairs and Graduate Initiatives, Nazareth College
- **Chunmiao Wang**, Graduate Student, Iowa State University
- Maribeth Watwood, Dean, Graduate College, Northern Arizona University
- Elizabeth Wentz, Dean & Professor, Arizona State University
- Emory Woodard, Dean of Graduate Studies, College of Liberal Arts and Sciences, Villanova University
- Nanxi Xu, Graduate Student, University of Missouri
- **Travis York**, Assistant Vice President, Association of Public and Land-grant Universities
- **Sonia Zárate**, Program Officer, Undergraduate and Graduate Programs, Howard Hughes Medical Institute
- **Enyu Zhou**, Senior Analyst, Council of Graduate Schools

APPENDIX C

Supporting Graduate Student Mental Health and Well-being

CONVENING AGENDA

October 15-16, 2020

WORKSHOP GOALS

- 1. Address, in conversation with a diverse group of participants, the core project questions.
- 2. Inform a future research agenda for graduate student mental health and well-being.
- 3. Inform the development of a set of principles that will provide a framework for future action by graduate institutions and their communities.
- 4. Identify action items that could support these principles.

PROJECT QUESTIONS

- 1. What are the resources, policies and processes that graduate institutions currently use to help graduate students alleviate psychological distress and promote well-being?
- 2. To what extent are current resources and practices tailored to the needs of specific communities, in particular, students of color and underrepresented groups, and to different fields of study?
- 3. What barriers exist for implementing such policies and processes and providing adequate resources where they are needed?
- 4. To what extent are programs and interventions being assessed for their effectiveness, and what is their known impact?

AGENDA

Day 1: Many Voices of Graduate Students

Key Question for Day 1: What are the variations by socio-demographic identity, degree level and discipline in terms of sources of stress, support needs, and variation in timing for support needs?

12:00-12:05 PM Welcome

Speakers: Suzanne Ortega, CGS & Nance Roy, JED

12:05-12:35 PM Framing Remarks

Speaker: Suzanne Ortega, CGS

12:35-1:35 PM Creating Cultures of Graduate Student Well-being: Student Perspective

Panel I: National Perspectives (12:35-1:05 PM)

Moderator: Susanna Harris, PhD Balance

Speakers:

Gwen Chodur, Doctoral Candidate in Nutritional Biology, University of California-Davis and Director of Social Justice Concerns, National Association of Graduate and Professional Students

Ashley Melnick, Graduate Student in Cell and Molecular Biology, University of Michigan and Vice Chair, Student Advocates for Graduate Education

Panel II: Disciplinary Perspectives (1:05–1:35 PM) Moderator: Matthew Linton, CGS

Speakers:

Cydne Dennis, Doctoral Student in Biomedical Engineering, Virginia Commonwealth University and Doctoral Scholar, Southern Regional Education Board

Ernesto Leon, Doctoral Candidate in Pharmacology, University of North Carolina at Chapel Hill and Board Member, Society for Advancement of Chicanos/Hispanics and Native Americans in Science

Melanie Peinado, PhD Candidate in Latin American History, University of California, Davis and Student Representative, American Historical Association.

Brook Thompson, Master's Student in Environmental Engineering, Stanford University and Region 1 Student Representative, American Indian Science and Engineering Society

1:35-1:45 PM Break

1:45-2:30 PM Small Group Discussion #1: Further Exploring Demographic Differences and Needs

Goals of this breakout discussion are to gather additional perspectives on 1 common stressors among graduate students; 2) specific stressors among specific demographic subgroups of graduate students; 3) differences in needs among these groups; 4) differences in ways that students hear about, relate to, and access support and resources.

All attendees will be mixed into small groups and graduate dean attendees will have opportunities to share additional insights from the campus listening sessions.

- 2:30-3:00 PM Report-out for the Small Group Discussion #1 Facilitator: Katherine Hazelrigg, CGS
- 3:00-3:15 PM Break

3:15-3:35 PM **Differences in Disciplines and Degree Levels** Moderator: Julia Kent, CGS Speakers: Brian DeGrazia, Assistant Director of Programs, Modern Language Association Garth Fowler, Associate Executive Director, American Psychological Association Sharon Milgram, Director, Office of Intramural Training, National Institutes of Health 3:35-4:20 PM Small Group Discussion #2: Further Exploring Disciplinary and **Degree-Level Differences** Breakout discussion goals are to gather perspectives on 1) when graduate students may be most vulnerable in their academic life cycles; and 2) how student needs may differ by degree objectives or fields of study. 4:20-4:50 PM Report out for the Small Group Discussion #2 Facilitator: Enyu Zhou, CGS

4:50-5:00 PM: Wrap-up for Day 1.

Facilitator: Nance Roy, JED

Day 2: Responses and Responsibilities of Graduate Deans & Graduate Education Community

Key Questions for Day 2: What information and ideas will be helpful for graduate deans to develop policies and practices that have student perspectives front and center. How will these address not only mental health challenges, but also proactively foster overall well-being among graduate students?

12:00-12:10 PM: Reconvening Remarks

Speaker: Suzanne Ortega, CGS

12:10-12:40 PM: Creating Cultures of Graduate Student Wellbeing: Voices from Three Graduate Institutions

In this framing panel, deans from three different types of institutions will address their opportunities and challenges in fostering cultures of mental health and wellbeing for graduate students.

Moderator: Paula McClain, Dean of the Graduate School and Vice Provost for Graduate Education, Duke University

Speakers:

Joshua Barker, Dean, School of Graduate Studies and Vice-Provost, Graduate Research and Education, University of Toronto

Mary Ellen Lane, Dean, University of Massachusetts Medical School Graduate School of Biomedical Sciences

Tammi Vacha-Haase, Dean of the Graduate College, Boise State University

12:40-12:45 PM Break

- 12:45-1:25 PM Small Group Discussion #3: Further exploring needs for policy and practice
- 1:25-1:40 PM Break
- 1:40-2:00 PM Report-out for the Small Group Discussion #3 Facilitator: Julia Kent, CGS
- 2:00-2:20 PM Building a More Student-Centered Approach to Policy and Practice

Facilitator: Julia Kent, CGS

We will walk through draft principles that have emerged from our work as scaffolding for a discussion of how institutions might build on and implement these policies and practices.

2:20-3:00 PM Small Group Discussion #4: Developing policies and practices that build on promising principles for future action.

Attendees will be organized in separate small groups according to role in the graduate education community (e.g., graduate administrators, graduate students, disciplinary societies, etc.) and will discuss action plans and possible steps forward for supporting the draft principles. Participants, including students, will also be asked to consider 1) who they will debrief with when they return to campus; 2) what three things they will do to further change in the next 6-12 months; and 3) how they will engage other campus stakeholders in their work.

- 3:00-3:15 PM Break
- 3:30-4:00 PM Report-out Facilitator: Suzanne Ortega, CGS
- 4:00-4:30 PM Wrap-up & Next Steps Speakers: Suzanne Ortega, CGS and Nance Roy, JED
- 4:30 PM Adjournment



