Chancellor's Graduate & Professional Student Advisory Board (CGPSA)
Mental Health Initiative Subcommittee Report 2019-2020
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Background

There is an increasing concern for mental health and wellness in graduate education worldwide. In 2018, Evans et al. conducted a survey of 2,279 individuals in graduate school from 26 countries and 234 institutions demonstrating that graduate students are six times more likely to experience depression and anxiety compared to the general population. These were attributed to social influences (gender-nonconforming and women facing increased risk), lack of work-life balance, and lack of adequate mentorship from the principal investigator (PI)/advisor. These findings align with similar reports by Aguisanda (Science, 2019), Berreira et al (Harvard University, 2018), Levezque et al (Research Policy, 2017), and UCBG Assembly (UC Berkeley, 2014). Collectively, these reports emphasize a need to evaluate graduate student well-being, increase access to mental health support, and offer administrative training to acknowledge and combat the cultural stigma surrounding mental health. In a UC-wide student well-being survey conducted in 2017, students' top priority was mental health, followed by financial resources, career development, housing, and engagement. Approximately 27% of students reported not being generally satisfied with their lives, 35% being clinically depressed, 23% being unsatisfied with mentorship and advising, and 65% not being financially confident, all of which were higher in the humanities and minority groups.

Objectives and Action plan

The Mental Health Initiative (MHI) subcommittee was formed in Fall 2019 as a collaborative by students on the CGPSA motivated by personal or community-based challenges associated with mental health at UC Davis. Our top priorities were to:

1. Audit the availability and accessibility of current mental health resources
2. Gauge whether students' needs are being met
3. Identify the stakeholders or key personnel leading campus efforts for student wellness

These goals are guided by a determination to find the structural causes for issues in mental health faced by graduate and professional students. Thorough assessment of existing programs and engagement with end-users will be essential to provide long-term solutions within the academic community.

Audit the availability and accessibility of current mental health resources
1. **Available resources**
Status of Campus: The accessibility to mental health resources differ between graduate and professional schools at UC Davis. Internal psychologists and psychotherapists are available within the professional schools, and separate counselors are available for graduate students at

North Hall and Student Health and Counseling Services. Graduate students have access to individual and group counseling, the Community Advising Network (CAN), specialized workshops, online modules, and Live Health Online. A virtual 'Mental Health Map' is also available on Each Aggie matters: https://eachaggiematters.ucdavis.edu/resources/maps/mental-health-map. While there are numerous resources on campus for issues pertaining to diversity/equity/inclusion, basic needs, financial aid, employment and contracts, etc. that contribute to mental health and wellness at UC Davis, but the CGPSA MHI subcommittee has on focused on identification of root causes, prevention, and accessibility of resources.

Conclusion: Since the root cause of mental health issues within graduate students is different than that of undergraduate students, we feel that *more personnel or a larger task force is needed to improve graduate student-centric mental health.*

Outstanding Concerns: Despite the effort to increase the number of providers campus-wide, there remains only 1 part-time psychologist for Graduate Studies, which encompasses over 7,000 students at UC Davis. This further impacts graduate students with existing mental health-related disabilities; the difficulty obtaining medical approval from a UC SHIP provider for a continuous issue is an obstacle and may cause interruptions or impairments in their studies due to an absence of appropriate accommodations.

2. **Need for centralization**

Status of Campus: We performed an online search for mental health resources for graduate students at UC Davis. The Student Health and Counseling Services website is the most centralized location for accessing care.

Conclusion: There is *lack of communication between SHCS, campus leadership, faculty, and student groups in a coordinated effort to improve the standards for graduate student wellness.*

Outstanding Concerns: Although we are members of an advisory committee to the chancellor, we found challenges in connecting with SHCS to collaborate on efforts to improve graduate student-specific counseling.

<u>Gauge whether student needs are being met</u>

Status of Campus: We also conducted in-person interviews with several graduate students who have expressed concern with mental health and wellness at UC Davis. Many expressed difficulty in scheduling counseling appointments with SHCS in a timely manner. The demand for counseling services has not decreased despite the addition of new counselors and extended hours.

Conclusion: The subcommittee believes that departmental support for efforts to mitigate the causes of mental health issues should be implemented. *Enabling faculty and administration (through mandatory training) to help students manage academic-related stress and anxiety will be essential* to decrease the case load for counseling and prevent mental health issues in graduate education.

Outstanding Concerns: Despite our best efforts, we have not been able to access data from SHCS regarding graduate student satisfaction with UC Davis counseling services and surveys that have been previously conducted. We feel that transparency of data could guide our next steps in this area.

<u>Identify stakeholders/key personnel leading campus efforts for student wellness</u>

1. **Graduate Student Association**

Status of Campus: GSA has not formally engaged with evaluating mental health resources and experiences of graduate students. The CGPSA has met with GSA and current GSA President Jonathan Minnick on how we can improve graduate student mental health and wellness. GSA members and leadership are aware of the mental health crisis among graduate students and are enthusiastic about developing solutions. GSA would like to form a mental health committee similar to that in the CGPSA that will be tasked to provide a centralized location for mental health resources on the GSA website and work alongside CGPSA on pertinent issues.

Conclusion: After several meetings, we established *a common long-term goal to work with ASUCD and the Academic Senate to provide better training for faculty and staff and enable academic-related counseling at various levels of graduate education.*

Outstanding Concerns: Establishing reliable continuity of the committees in the GSA and CGPSA is necessary to complete these goals. Both GSA and CGPSA will need to make long-term commitments to support their respective mental health committees.

2. **Mental Health Collective on Slack**

Status of Campus: Throughout the course of the year, we found independent surveys and campus groups working on issues surrounding mental wellness, but a *lack of centrality in resources and data sharing*. CGPSA gathered participants from the School of Medicine, Law, Veterinary Medicine, and graduate groups through direct outreach and announcements during GSA meetings to begin coordinating interdepartmental efforts on mental health.

Conclusion: To better facilitate communication between students, staff, and faculty in an open forum, we established *a Slack channel (#mentalhealthcollective) on the official UC Davis Slack workspac*e. We hope that the Slack channel will serve as a platform for shared resources and collaboration across campus.

Outstanding Concerns: In the future, we would like to launch an outreach campaign to get as many groups represented as possible and reach a broader audience. We are still in the process of discussing how this group will be moderated and how to ensure year-to-year continuity.

3. **Mental Health Task Force with Student Affairs and SHCS**

Status of Campus: In the spring, we met with Cody Vu and Dr. Paul Kim to discuss plans in assembling a 'Mental Health Task Force' based on the framework from the Jed Foundation Committee. We shared many common goals, including the emphasis on both treatment and prevention of mental health issues as well as a need to establish a campus community for strategic planning.

Conclusion: The CGPSA MHI subcommittee plans to help assemble the Task Force however possible, understanding that these efforts will benefit the campus as whole and provide a voice for graduate and professional students.

Outstanding Concerns: The Jed Foundation's report, while a useful resource and starting point for establishing strategies on campus wide mental health issues, focuses primarily on undergraduate experiences with the campus community and does not engage with graduate and professional student experiences. Our priorities are guided by the interests of graduate and professional students and we will ensure that our groups are represented in this Task Force.

Summary of Recommendations

Based on our findings and campus engagement this year, the MHI subcommittee proposes to work closely with GSA to establish a broader audience base and maximize our impact. We recommend finding avenues to <u>connect students with campus leadership and SHCS in a collaborative effort to discuss mental health needs that are not being met and prioritize prevention efforts</u>. It is our understanding that lasting impacts will require long-term commitments, but are nonetheless essential to making cultural and structural change in mental health and wellness. In the coming years, the MHI subcommittee will need to gather campus resources to launch a larger outreach campaign to and expand our online open forum. The MHI subcommittee will also need to gather additional resources for graduate and professional students that identify with historically disadvantaged and under-resourced groups. We believe that representation in every aspect of the university will be necessary to meet the mental health needs of our diverse student body.