

Recommendations of the GSC Working Group on Mental Health and Wellness

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Universities worldwide are facing a graduate student mental health crisis, with graduate students reporting anxiety and depression at alarming rates¹⁻³. These issues occur even more frequently among students of color and sexual and gender minorities³. Sadly, we have seen the devastating effects of poor mental health on graduate students here at Stanford⁴. In response to this crisis, the Graduate Student Council (GSC) convened a Mental Health and Wellness (MHW) Working Group to investigate Stanford's current support for mental health care and wellness. Based on our research and input from the community, the GSC and the MHW Working Group make the following recommendations to Stanford University. We urge Stanford to implement these recommendations to expand mental healthcare access and address the underlying causes of poor mental health in graduate school.

Recommendation 1: Improve the academic environment to address the root causes of the mental health crisis. Stanford must act urgently to address the root causes of the mental health crisis in graduate school, which are inherent to the structure of the academic system. Therefore, we ask Stanford to take bolder steps to address the structural issues of higher education and improve working conditions for all grad students.

1.1. Develop mandatory institution-wide adviser training: The relationship between graduate students and their advisers is a major source of stress and poor mental health³. Notably, advisers often lack prior experience in mentoring/managing graduate students, and do not receive any formal training from the University in these critical job skills. As a result, not all advisers are equally well equipped to create a supportive, healthy work environment for their trainees. To address this, we ask Stanford to implement institution-wide training for advisers in managerial and mentorship skills. Similar to how advisers are already required to complete sexual harassment training, this mentorship/management training would be mandatory for all faculty members, or at least for those who advise trainees (including undergraduates, graduate students, and post docs). This training should be designed as a starting point to teach faculty members the professional skills necessary to be effective mentors. This training should cover:

- A) Mentorship/management skills:** This training should teach faculty members how to effectively and appropriately manage graduate students and create a supportive, humane work environment. This training should explain how academic stress and adviser relationships contribute to students' wellbeing.
- B) Mentoring students with diverse needs:** This training should provide information on mentoring students with diverse needs, such as students from underrepresented racial/ethnic, socioeconomic, or gender/sexual identities, or students with disabilities, including mental health issues.
- C) Addressing poor mental health in advisees:** The training should teach advisers how to recognize warning signs of poor mental health among advisees and provide guidelines on starting a conversation with their mentees about mental health and wellness. The training should also inform advisers of the mental health and wellness resources available at Stanford and provide advisers with training to imbed mental health and wellness discussions within their lab/group culture.

1.2. Develop institution-wide systems for reporting issues with advisers: Moreover, we ask that Stanford develop a system for students to anonymously report issues with advisers to the University. Students who face ongoing problems with advisers often hesitate to report these issues to other faculty members or department staff for fear of reprisal. Additionally, few students are aware that the Office of the Ombuds and Graduate Life Office provide support for addressing issues with advisers. Therefore, Stanford must develop and communicate clear policies outlining methods of redress and guaranteeing that students will not face repercussions for reporting ongoing problems with advisers.

1.3. Develop institution-wide policies on vacation time for graduate students: Within the university structure, many graduate students function like full-time staff members. Yet there are no institutional policies that guarantee graduate students vacation time, sick days, or University holidays. Because of this, many graduate students take very little time off and endure excessive workloads that are inhumane and damaging to students' mental health. Peer institutions including Yale, Princeton, Caltech and McGill all have established policies guaranteeing vacation time for graduate students. Therefore, we ask that Stanford follow the example of our peer institutions by implementing a University-wide policy on guaranteed time off. Such a policy will empower graduate students to take the time needed to support their mental health and overall wellbeing without fear of reprisal from advisers. Specifically, we ask:

- A) That Stanford guarantee graduate students four weeks of vacation per calendar year, plus sick days and University holidays.
- B) That this vacation policy be instituted at the University-level, such that individual schools/departments/programs cannot opt-out or reduce mandatory time off.
- C) And that Stanford develops resources for students to report advisers or departments who infringe on graduate students' rights to time-off.

Recommendation 2: Expand Mental Health Access for Graduate Students

While institutional changes to address the underlying structural issues of academia are the ultimate solution to the graduate mental health crisis, Stanford must meanwhile strive to increase mental healthcare access for graduate students. Stanford's Counseling and Psychological Services (CAPS) is currently understaffed and unequipped to manage the high demand for long-term care within the graduate population. Long wait times and limited hours prevent students from receiving timely care at CAPS. The lack of long-term therapy options forces students to find off-campus providers, often with insufficient assistance from CAPS. To address this, the GSC and the MHW Working Group make the following requests.

2.1 Increase CAPS funding to better support the diverse needs of graduate students.

2.1.1. Hiring Additional CAPS Staff: We commend Stanford for maintaining a ratio of CAPS providers to students (~1:700) that is above the ratio of 1:1000 recommended by the International Association of Counseling Services. Nevertheless, it is clear that CAPS is not equipped to meet the demands of the graduate population for adequate care. According to information provided at the GSC Mental Health Town Hall in October of 2018, CAPS has struggled to fill open positions for providers due to the high cost of living in the Bay Area. Therefore, funding must be increased to allow CAPS to offer a more competitive living wage and hire additional providers. Peer institutions have already taken similar steps to better support the mental health needs of their student populations. For instance, the UC system has increased its mental health budget by about \$18M and hired 85 new mental health clinicians with a focus on staff diversity⁵.

2.1.2. Expanding Diversity: Furthermore, Stanford must hire more providers of diverse backgrounds at CAPS to support its marginalized graduate students. The lack of diversity in providers presents a major challenge for under-represented minority students at Stanford who may benefit from speaking with a provider that understands their background and the intersections of identity and mental health.

2.1.3. Extending Hours: To further expand CAPS accessibility to graduate students, we ask that CAPS offer later appointment times for graduate student care. Many graduate students are expected to be working in laboratories, classrooms, or other locations during business hours. By offering appointments later in the evening, CAPS will enable students to access the care they need without being absent from their workplaces.

2.1.4. Expanding CAPS Long-Term Care: While there are presently no hard limits on the number of CAPS appointments students can book, at counselors' discretion, many student are instructed to seek treatment from an off-campus provider. This is a major obstacle to graduate student wellness because: 1) Students who become comfortable talking with a CAPS provider must 'start from scratch' with a new provider; 2) Off-campus providers often have limited availability; 3) Traveling to off-campus providers imposes additional cost and time burdens on graduate students; 4) There is a lack of diversity in off-campus providers. Therefore, we ask that Stanford provide CAPS with sufficient funding to increase long-term care options for on-campus therapy.

2.2. Develop new infrastructure at CAPS to assist students in obtaining off-campus care.

2.2.1. Create a CAPS database for off-campus providers: Even as we request increased access to long-term care at CAPS, we acknowledge that presently many students will need to be referred to off-campus providers. However, when students get a referral from CAPS, they are generally provided little information beyond the provider's name, contact information, and gender. The burden is then placed on students to find a provider with availabilities whose background and therapy style suit the student's medical needs. Altogether, this process presents an enormous barrier to students receiving timely, effective mental healthcare. Until such a time that CAPS no longer needs to refer students to off-campus providers, we ask that CAPS works to develop a database of accurate, current information about off-campus providers. This database should provide information to help graduate students find the right provider for their needs, such as the provider's background, therapy style, availability, and location. Ideally, this database might also incorporate a mechanism whereby students can provide feedback to CAPS about positive or negative experiences with off-campus providers.

2.2.2. Subsidize the cost of off-campus therapy for graduate students: While students' first ten visits to CAPS are fully subsidized, subsequent off-campus visits require a \$25 co-pay. The accumulated cost of

regular off-campus therapy can impose an excessive cost burden on graduate students who already face substantial financial struggles⁷. The cost of copays and travel for regular appointments may deter graduate students from getting the help they need. Therefore, we ask that Stanford fully cover the first ten off-campus sessions at a minimum of \$250 per student, just as the first ten short-term sessions at CAPS are fully covered.

Recommendation 3: Increase funding for mental health services outside of CAPS

Current peer counseling programs do not effectively address the needs of graduate students. We ask that Stanford devote additional funding to programs that provide mental health services outside of CAPS:

3.1. Improve mental health support in graduate housing: With the completion of the EVGR project in 2020, the majority of graduate students will be housed on campus. This presents an opportunity for Stanford to develop mental health resources within graduate housing that will be accessible to most of the graduate population. We ask that Stanford commit to creating a peer counseling support program within graduate housing similar to the Peer Health Educator Program (PHEs) currently operating in undergraduate housing. We envision that, like the PHEs, graduate student peer mentors will be paid and extensively trained in providing one-on-one counseling and guiding students to on-campus or off-campus mental health resources.

Conclusion: We urge Stanford to act immediately to address the graduate student mental health crisis. Improving the mental health of graduate students is not only humane and just, but it ensures a more productive and diverse workforce. As a world leader in higher education, Stanford must set an example for other universities by acting swiftly to address this crisis and protect the lives, safety, and health of its current and future students. The GSC looks forward to working together with University leadership to advise and assist in implementing the interventions proposed in this document in a timely manner.

References

1. Smith, E. & Brooks, Z. Graduate student mental health 2015. 2 (2015).
2. Graduate Student Happiness & Well-Being Report. *UC Berkeley GA* (2015).
3. Evans, T. M., Bira, L., Gastelum, J. B., Weiss, L. T. & Vanderford, N. L. Evidence for a mental health crisis in graduate education. *Nat. Biotechnol.* **36**, 282 (2018).
4. Woo, E. 'A toxic culture of overwork': Inside the graduate student mental health crisis. *The Stanford Daily* (2019). Available at: <https://www.stanforddaily.com/2019/03/13/a-toxic-culture-of-overwork-inside-the-graduate-student-mental-health-crisis/>. (Accessed: 1st April 2019)
5. Rosenberg, A. & Newsroom, U. C. UC steps up efforts to address student mental health. *University of California* (2016). Available at: <https://www.universityofcalifornia.edu/news/uc-steps-efforts-address-student-mental-health>. (Accessed: 1st April 2019)
6. Herpich, N. At Harvard, expanded Counseling and Mental Health Services. *Harvard Gazette* (2018). Available at: <https://news.harvard.edu/gazette/story/2018/10/at-harvard-expanded-counseling-and-mental-health-services/>. (Accessed: 2nd April 2019)
7. Curmin, C. 'Every day was about survival': Inside the graduate student affordability crisis. *The Stanford Daily* (2019).