Graduate Student Mental Health: Examining an Overlooked Concern

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The mental health of graduate students represents a critical issue for student affairs practitioners. National data demonstrates increasingly poor mental health outcomes for graduate students across many disciplines, particularly for students from marginalized populations. This review of the literature uses a holistic student development framework to articulate the need for student affairs practitioners to become more involved in supporting the positive mental health of graduate students. Recent trends in graduate student mental health are discussed, highlighting voids in the literature related to the mental health of Students of Color, LGBTQ students, and women students, among others. Potential correlates of negative and positive mental health are explored, focusing on areas where student affairs practitioners may provide interventions and support to promote graduate student mental health. Recommendations for future practice are presented. These include a graduate department’s initiative to create a positive climate for mental health, a graduate life center, and a student-parent resource center that responds to the needs of graduate student parents.

Keywords: graduate students, mental health, holistic student development

Graduate student mental health (GSMH) represents a critical issue for institutions of higher education and student affairs practitioners (Evans, Bira, Gastelum, Weiss, & Vanderford, 2018). For the past two decades, public and scholarly attention persistently focused on the mental health crisis among undergraduate students. Many undergraduate students facing mental health challenges transition into graduate studies, yet until very recently, practitioners and researchers neglected to adequately address the needs of the graduate student population. Emerging data demonstrate that scholars and practitioners can no longer overlook GSMH (Levecque, Anseel, De Beuckelaer, Van der Heyden, & Gisle, 2017). They must understand the factors in graduate school that affect mental health and
recognize the role of the student affairs educator in promoting the positive mental health of an increasingly diverse population of graduate students.

This literature review discusses emerging trends revealing negative outcomes in graduate students’ mental health. Despite the understudied nature of this issue, we demonstrate that nascent research reveals clues as to the potential correlates of the mental health challenges that graduate students experience. We employ a holistic student development perspective (Torres, DeSawal, & Hernandez, 2012) to contextualize the literature review and apply this perspective to the critical issue of addressing GSMH concerns. Using the holistic student development lens, we provide recommendations for student affairs educators to address the challenges faced by graduate students by examining several promising practices at institutions across the United States.

**Importance of Graduate Student Mental Health to Higher Education and Student Affairs**

Graduate student mental health remains understudied; nonetheless, this issue requires careful attention. Aside from the moral obligation for educators to care for students (Keeling, 2014; 2020), from a functionalist perspective, graduate students advance the research and teaching missions of universities (Bettinger, Long, & Taylor, 2014; Levecque et al., 2017). To participate in research and teaching effectively, they must maintain positive mental health. The impacts of poor mental health among graduate students—including depression, anxiety, and chronic stress—can lead to lower productivity levels, lower academic performance, increased likelihood of dropping out, low levels of satisfaction, and negative impacts on their personal lives (Levecque et al., 2017; Mackie & Bates, 2018; Wyatt & Oswalt, 2013).

Student affairs educators and administrators may unintentionally overlook the needs of graduate students due to their focus on the needs of undergraduate students (Pontius & Harper, 2006). Extensive literature exists around supporting undergraduate college students, including a call for increased attention and resources allocated to mental health issues (Liu, Stevens, Wong, Yasui, & Chen, 2019). Scholarly literature examining GSMH and the role of student affairs educators in addressing these concerns remains relatively scarce (Evans et al., 2018; Levecque et al., 2017). Exacerbating these challenges, mental health remains stigmatized in academia and perceptions remain that graduate students “have it all figured out”—and perhaps do not require mental health support. Student affairs educators, however, hold a responsibility to respond to the various components of the student experience, including the demands of graduate school.

Based on the foundational frameworks of the student affairs profession, higher education professionals and student affairs practitioners need to pay attention to the whole student, including physical, emotional/psychological, and intellectual health (Patton, Renn, Guido, Quaye, Evans, & Forney, 2016; Stebleton & Aleixo, 2011). This support around psychological well-being includes recognizing the
increasing prevalence of mental health issues among students, including marginalized student populations such as Students of Color (Lipson, Kern, Eisenberg, & Breland-Noble, 2018). Similar to the pioneering student affairs educators of the early 1900s, educators of this century ought to strive to find ways to support students’ well-being inside and outside the classroom (Evans & Reason, 2001).

The foundational student affairs philosophical documents (e.g. *The Student Personnel Point of View*, 1937; *A Return to the Academy*, 1972; *A Perspective on Student Affairs*, 1987) articulate the necessity of a holistic perspective, which is critical to student development and learning (Evans & Reason, 2001; Torres et al., 2012). These documents emphasize that the notion of the whole student remains central to every educational endeavor. Acknowledging the whole student includes considering “students’ intellectual capacity, achievement, emotional make-up, physical condition, social relationships, vocational aptitudes and skills, moral and religious values, and economic resources” (Torres et al., 2012, p. 1). Graduate students may have already achieved developmental and academic milestones during their undergraduate careers, yet many of them balance multiple work-life demands, including managing relationships with partners, children, elderly family members, and employers. Focusing intentionally, therefore, on GSMH appears necessary to create healthier conditions, in which graduate students from diverse populations and disciplines can thrive.

**Trends in Graduate Student Mental Health**

The mental health needs of graduate students differ from those of undergraduate students. While graduate students may be less likely than undergraduate students to experience a variety of mental health challenges and mental illness—including anxiety, depression, and suicidal thoughts (Lipson, Zhou, Wagner III, Beck, & Eisenberg, 2016)—they report significantly higher rates of stress than undergraduate students (Wyatt & Oswalt, 2013). Graduate students also report that mental health issues, particularly depression, negatively affect or disrupt their progress toward completion of a thesis or dissertation (Wyatt & Oswalt, 2013).

National survey data from the American College Health Association (ACHA) demonstrate the prevalence of mental health issues and mental illness among graduate students. In the spring of 2019, 23.9% of graduate students reported that stress had impacted their academics (ACHA, 2019). In that same survey, approximately 41% of graduate students had felt so depressed it was difficult to function at some point within the past twelve months. Approximately 63% of students reported feeling overwhelming anxiety within the past twelve months and over 58% reported feeling very lonely (ACHA, 2019).

These trends represent the general population of graduate students. Unfortunately, a major gap in the literature exists regarding disparate mental health outcomes among marginalized student populations. Among undergraduate students,
marginalized populations experience more mental health challenges and mental illnesses than their peers, and the limited data about graduate students parallels these concerns (Evans et al., 2018; Lipson et al., 2018; Woodford et al., 2018). Evans et al. (2018) found that transgender and gender-nonconforming graduate students experience higher rates of anxiety and depression than their peers. Women graduate students also experience higher rates of anxiety and depression than their men peers and report lower levels of well-being (Hargreaves, De Wilde, Juniper, & Walsh, 2017). Undergraduate Students of Color and Indigenous students experience higher levels of depression and suicidal ideation and attempts than their White peers (Eisenberg, Hunt, & Speer, 2013); additional knowledge about graduate Students of Color remains scarce. Further research is needed to better understand the rates of mental health challenges and mental illness among diverse and marginalized graduate student populations.

Students in different academic disciplines experience different mental health issues, and the correlates of those issues tend to vary by discipline (Lipson et al., 2016). For example, graduate students in the humanities and art and design are more likely to experience mental health challenges (Lipson et al., 2016). Researchers must continue to explore the experiences of students with diverse backgrounds, across a variety of disciplines to better understand how to support the unique challenges they face in their fields.

Factors Influencing Graduate Student Mental Health

As previously mentioned, relatively little research exists that explores the mental health of graduate students. Graduate students, like undergraduate students, enroll in a wide variety of program and degree types. They also embody a spectrum of enrollment commitments from part time to full time students, some of them while simultaneously balancing careers and families (e.g., child and elder care). According to Mackie and Bates (2019), practitioners often assume that strategies for supporting undergraduate student mental health will work well for graduate students. Yet, this assumption ignores the possibility that challenges to mental health in graduate school may differ greatly from the challenges of an undergraduate degree program.

The most common factor discussed in relation to GSMH focuses on the supervisory or advisory relationship (Levecque et al., 2017; Mackie & Bates, 2019). Graduate students’ academic and research demands may also conflict with their personal and family lives, contributing negatively to mental health. Women graduate students, in particular, encounter messaging throughout the academy that “serious scholars” do not have children (Abetz, 2019, p. 81). Mother-scholars may therefore feel compelled to hide their motherhood status, which leads to stress (Kaler, Fulton, Vang, & Stebleton, in press). Career development and related concerns—particularly uncertainties about securing tenure-track jobs in academia—also contribute to negative mental health of graduate students (Woolston, 2019). Finally, financial concerns, particularly related to funding for
their education, present another challenge to graduate student mental health (Levecque et al., 2017). For example, doctoral students employed through project funding or whose funding source is unknown experience higher levels of psychological distress than doctoral students with secure, non-project-based funding (Levecque et al., 2017).

Implications and Recommendations

The priorities and missions of institutions of higher learning have shifted, often significantly, in previous years (Ostenson, Clegg, & Wiggins, 2017). Currently, many educators in the academy emphasize measurable student learning outcomes and job prospects after graduation for both undergraduate and graduate students. Higher education institutions in general follow larger societal trends toward increased industrialization and bureaucracy. Ostenson et al. (2017) argued that this industrialization of the academy has eroded interpersonal care. While learning outcome measurement and career placement remain important objectives, we contend that a greater emphasis must return to students’ emotional and psychological needs, relationships, and overall well-being—and student affairs professionals hold important responsibilities in this regard.

Keeling (2014) argued that higher education professionals need to develop an ethic of care towards their students, which includes “paying attention; noticing with empathy others and their circumstances” (p. 143). Moreover, an ethic of care includes responding when needed. Not all student affairs professionals are trained therapists, nor should they expect to be. Instead, educators should commit to developing a strong ethic of care towards their students and build a community of care as an institution. Keeling writes: “An ethic of care...is central to responsive, empathic relationships and to the functioning of most human communities” (p. 143). These acts of caring and responding will support students who have mental health challenges.

Promising Practices: Models for Student Affairs

The literature review lends itself to ideas for promising practices that can better support graduate students. Ultimately, student affairs administrators and educators should commit to making mental health prevention efforts an institutional priority. Strange (2001) contended that programs should foster “networks of belonging” for graduate students, where they feel a sense of connection and meaning (p. 60-61). Other scholars frame this objective as fostering inclusion and developing environments for student success (Duranczyk et al, 2015). Creating this sense of meaning and holism can be challenging in graduate school, especially when the emphasis tends to be on hyper-specialization and competition (often between students) within a discipline. Strange (2001) argued that “at the graduate level the authentic, holistic, educational experience may be most in jeopardy” (p. 60). Strange asked: “How can a broader view be restored, and how might faculty, department administrators, and graduate students
contribute to its restoration?” (p. 60). We include several examples of programs that aim to address this question.

Various existing programs can serve as models for supporting graduate students around mental health issues. Administrators, educators, and practitioners need to commit to building a community of care for all students, including graduate students who are often ignored or undermined. For example, the graduate program in Chemistry at the University of Minnesota-Twin Cities intentionally incorporates support structures and opportunities for students to openly discuss issues related to mental health (Mousavi et al., 2018). Faculty and staff in the Department of Chemistry work directly with students and mental health providers on campus to make students more aware of resources on campus and create programs to promote positive mental health. Building on the concepts of student involvement and empowerment, the department supports a student-led group as well as other collaborations. Outcomes seem to suggest that efforts positively influence students and provide a sense of collegiality in the department for students and faculty (Mousavi et al., 2018).

Some institutions have implemented specific services and even physical spaces designated to address the needs and issues of graduate students. Virginia Tech created a Graduate Life Center (GLC) to respond to the needs of graduate students. The GLC sponsors programs on mental health and awareness as well as support services for scholar-parents. Other initiatives include walk-in advising, career development services, housing needs, ombudsman services, and support for immigrant students (Graduate Life Center, 2019). This portfolio of student affairs services serves as a model for other institutions that aim to address graduate students’ needs and concerns.

Additionally, many graduate students are parents and balance the ongoing demands of school, family, and finances. Many institutions, such as the University of Wisconsin-Madison, offer centers that provide resources for student-parents—including resources related to childcare and financial assistance. As Kaler et al. (in press) noted, many mothers (and fathers) face additional challenges of managing expectations and contextual barriers during their time as graduate students on campus, creating additional demands on managing their mental health. Faculty members, advisors, administrators, and student affairs professionals can create spaces, practices, and policies that support the mental health concerns of scholar-parents in higher education.

A Call for Student Affairs Educators

This literature review contributes to a developing conversation about how to better support students in graduate programs. Graduate students face unique issues and concerns that are often different from undergraduate students. Yet, financial resources tend to be placed primarily towards undergraduate mental health initiatives, including prevention programs. We contend that shifts need to occur, starting with an intentional reallocation of attention and resources towards
graduate students. Although we agree that the mental health needs of undergraduates remain a priority, these efforts should not come at the expense of paying attention to the mental health concerns of graduate students. Furthermore, efforts to de-stigmatize and legitimize mental health issues in the upper echelons of the academy must occur.

More discussions need to occur regularly across college campuses if we are to successfully address the increasing prevalence of mental health challenges faced by graduate students. Leadership needs to originate from the top with key student affairs administrators making mental health initiatives for graduate students a priority on campus. Moreover, student affairs practitioners need to re-embrace the historical tenets and mission of the profession (e.g., a focus on holistic student development), and take intentional and deliberate steps to support graduate students and their mental health needs. Building a community of care remains a priority—and student affairs practitioners and educators are poised and prepared to take the lead moving forward.

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