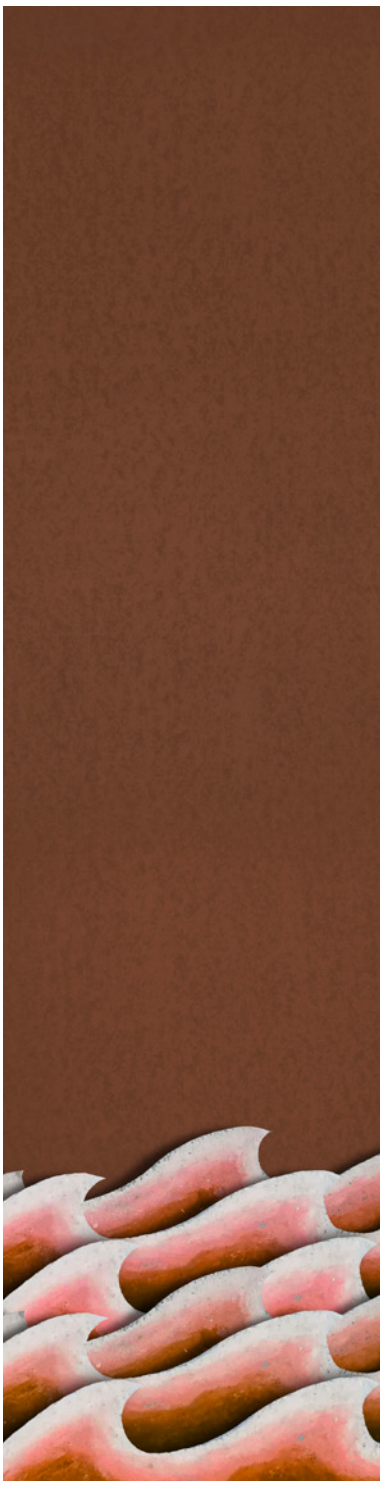
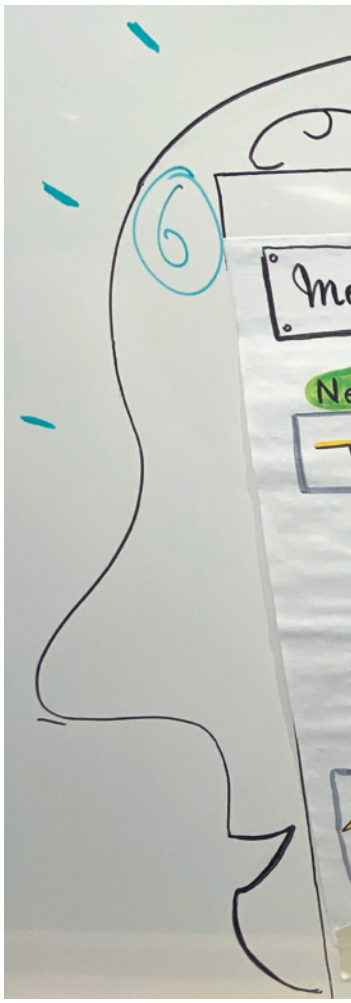
By
Fariba Darabi and **Scott Foster**

Mental Health and the well-being of postgraduate researchers and supervisory staff



There are so many tangible benefits for institutions in providing support for their doctoral community, including supervisors. Many institutions have seen a rise in the number of mental health and well-being cases, but those that have an active strategy in place and have progressively enacted specific services to support their PGRs (postgraduate research students) and supervisory staff have been able to support and minimise associated negative effects. Yet, for institutions dealing with mental health and well-being challenges for their supervisory staff and PGRs it is proving to be difficult, especially considering that often, scholars researching students' well-being do not differentiate between undergraduate and postgraduate students or do not distinguish between masters, doctoral, and professional students.

> *"...scholars researching students' well-being do not differentiate between undergraduate and postgraduate students...*



Mental health is a state of well-being in which an individual realizes their own abilities, can cope with the normal stresses of life, can work productively and is able to contribute to their community. It is more than just the absence of mental disorders or disabilities (World Health Organization, 2018). Well-being is the experience of health, happiness, and prosperity. It includes having good mental health, high life satisfaction, a sense of meaning or purpose, and the ability to manage stress (Davis, 2019). A London School of Economics impact blog (Hazell and Berry, 2022) notes that '42% of PhD students say they have considered taking a break in studies for mental health reasons, and 14% actually did'.

> *This rise in understanding of the impact of mental health and well-being on higher education researchers has been well documented*

This rise in understanding of the impact of mental health and well-being on higher education researchers and use of services among undergraduate students has been well documented over recent years. Yet very little is known about the well-being needs and experiences of predominantly mature graduate students and the impact it has upon them, especially PGRs. This is further highlighted by the data from the UK which points out that 1 in 4 people experience a common well-being challenge with around half of all long-term sickness being due to mental health and, more concerning for the PGRs, 70-75% of people not receiving any treatment (MHFA, 2020).

Studies conducted by Barreiro *et al*., (2018) and Levecque *et al*., (2017) suggest that PGRs around the world are continually experiencing varying levels of mental health and well-being challenges, including very high levels of anxiety and psychological distress. Alongside increasing demands from PGRs and institutional pressures, mental health issues amongst supervisory staff are also increasing.

Research conducted by McCray and Richard (2021) highlight that, despite a growing interest in the understanding of the PGRs lived experiences, there is still little known or acknowledged regarding business and management PGRs and how they manage their own mental well-being in a complex and challenging environment. It has been debated by researchers and supervisory staff about what supervision actually includes and whether or not the supervisory relationship in itself may cause undue mental health challenges and stress and if so, in what ways? Furthermore, how can supervision be enhanced to respond better to the mental health needs for all?

At EFMD's Doctoral Development Conference in 2022, we ran two world cafés, to understand the perspective of doctoral programme directors, managers, and PGR administrators about their experiences in supporting the mental health and well-being of PGRs in their institutions. Questions debated considered the mechanisms within institutions to support PGRs' mental health and well-being; internal processes, if any, that are in place to identify early warning signs; the services that are available when things go wrong and whether these need to be signposted/ escalated; how to encourage PGRs to use the services; whose responsibility is it if PGRs did not seek help; and what was being done to support our supervisors?

The key points that contributors at the two world cafés shared were around two cross-institutional themes: (1) the identification of the needs and issues, and (2) potential actions to improve the mental health and well-being of both PGRs and supervisory staff.

Mental health and well-being needs, issues, and actions

Discussions revealed big disparities between institutions throughout Europe, including the UK, regarding how such strategic mental health and well-being initiatives to **identify needs and issues** are delivered. Some institutions lacked processes and procedures in place, often due to shortages of resources. Others were relatively well resourced. Whatever the current resourcing level, participants emphasised the need for a clear strategy and associated processes in all institutions to ensure that appropriate operational practices were in place to support, and crucially, sufficient mental health and well-being experts available to meet needs in a timely manner.

A number of institutions already had clear **processes and procedures** in place to support PGRs. For some these were formalised in mental health and well-being centres where professional advice was available for all students and staff who needed them. However, for example during the COVID-19 outbreak, when the demand for such services increased, it led to a long waiting list for both PGRs and staff to be seen by mental health and well-being experts. In some institutions PGRs appeared to be 'forgotten' compared with other student groups rather than treated equally. Despite this, there were examples where a supervisor referred the PGR to those services and regardless of a long waiting time, the outcome was positive. In such cases the PGR's mental health and subsequently their well-being improved, and they continued with their study. Support for all stakeholders including supervisors, programme directors, PGR administrators was also recognised as being needed.

Participants highlighted that building and maintaining trust between supervisor and supervisee in their relationship was key to supporting the mental health and well-being of PGRs. Without trust, supervisees were unlikely to share their feelings with supervisors, thereby allowing mental health issues to be left unidentified at early stages. PGRs should have the same support available as undergraduate or postgraduate taught students.

Action in the form of training to support supervisors was, in many institutions, lacking. Participants highlighted that training needed to be enhanced for both existing and new supervisors to ensure that they remained up-to-date with the key challenges faced by their PGRs. This comprised both recognising potential issues as they were exhibited by their PGRs, awareness of the resources available to them and whom to speak to in the first instance. It was recognised that this required resources, clear processes, and procedures within the institution. Without these correct frameworks in place to guide both supervisors and PGRs, the contributors felt it unlikely that changes would be effective. To this end, a well-being app might be considered where the PGRs and supervisory staff could both easily navigate and access the resources including those offered by a mental health and well-being expert.

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