

# Exploring wellbeing and mental health and associated support services for postgraduate researchers

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It should be stressed that the interpretations and opinions in this report are those of the authors and may not reflect the policy positions of Research England, UKRI.

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# Exploring wellbeing and mental health and associated support services for postgraduate researchers

## Executive summary

This report presents the findings of a research project undertaken by Vitae and partners for the former Higher Education Funding Council for England (HEFCE) to improve its understanding of the wellbeing and mental health of postgraduate researchers (PGRs) and associated institutional support.

There has been increased interest in the wellbeing and mental health of undergraduate students in higher education and significant increases in demand for mental health services. There is less understanding, however, on the incidence of mental health issues amongst PGRs and how these needs are met.

The policies and provision relating to the wellbeing and mental health of PGRs were explored at ten higher education institutions (HEIs) through interviews with key staff and PGR focus groups. This included identifying the risk factors among PGRs in terms of their wellbeing and mental health, and the challenges institutions face and the effectiveness of provision. PGR experiences of wellbeing and mental health issues and their experiences of institutional support and services were explored in focus groups. A pilot survey was run at six HEIs to establish a method to measure the extent of mental health problems experienced by PGRs.

## Institutional policies on PGR wellbeing and mental health

Case study HEIs all had clearly articulated policies for student mental health support services that included PGRs, although two HEIs were in the process of developing specific policies for PGRs. They all recognised that the research degree experience is significantly different from that of taught courses and this could create specific challenges in ensuring their wellbeing and mental health. The PGRs within the focus groups consistently reported that they did not associate themselves with the general student body and saw institutional messages about student services as primarily targeted at the undergraduate population.

## Factors affecting PGR wellbeing

Focus group PGRs consistently described the doctoral degree as a stressful experience at some stage. Some PGRs reported a lack of clarity in the expectations for their research and little positive feedback on their progress. Expectations of high achievement and high workloads associated with doctoral degrees may create an environment which can trigger imposter syndrome in PGRs who experience self-doubt and also discourage PGRs from seeking help if their stress becomes unhealthy. They were aware that academics were also experiencing high level of stress and were likely to take the culture within their department or group as more indicative of the institutional attitude to the wellbeing of staff and students than the central institutional messages they received.

There was consensus across staff and PGRs that difficulties in the supervisory relationship were a common cause of wellbeing issues. A few PGRs described poor supervisory relationships that impacted on their wellbeing and mental health, but some PGRs in positive supervisory relationships were also reluctant to talk to their supervisors about their wellbeing. They expressed concern about how this may reflect on their ability to achieve their doctorate and the possible impact on their career prospects.

Financial concerns were also highlighted as potential causes of stress, particularly for self-funded PGRs and those approaching the end of their funding. Other risks factors raised to some extent by PGRs and staff included sexual harassment and harassment generally, and PGR concerns about their next career step.

## PGRs potentially at risk of developing poor mental health

Among doctoral school and faculty staff, discussions about PGR vulnerability were often dominated by the experiences of international PGRs, including adjusting to a new culture, finance, visas and potentially less access to family and friend support.

Isolated PGRs were also identified as potentially at risk, including those on fieldwork and remote campuses, part-time or mature PGRs. A few staff mentioned that PGRs who were working in research groups could also feel a sense of isolation if they did not feel integrated into their research community. There was some evidence from the pilot survey of the benefits of cohort training. These PGRs were more likely to have regular contact with their supervisors and engaged in their research community.

Part-time PGRs, researchers with disabilities and those with family responsibilities were likely to experience multiple risk factors, such as financial issues and work-life balance, as well as more universal issues such as imposter syndrome. A few PGRs reported concerns about their entitlement to maternity and paternity leave; further complicated for those on Tier 4 visas.

## Extent of mental health issues

It was not possible to get a view of the extent of mental health issues within the PGR population through the case studies. Student support services at all HEIs recorded the use of their services by students, including by PGRs, but this information was not collated across the HEI to provide an overview of the proportion of PGRs using the range of wellbeing and mental health services.

Several HEIs mentioned PGR annual progress reviews as an opportunity to highlight and record any wellbeing issues. However, PGRs reported being unwilling to talk about wellbeing issues if they felt it would reflect badly on how their progress is viewed.

## Student support services

All HEIs provided comprehensive student support services and effective procedures for mental health issues. Demand from PGRs was not viewed as a significant workload on counselling services, although there was consensus across HEIs that they were seeing an overall rise in PGRs with mental health issues. HEIs used a variety of communication methods to promote their services to students generally and commonly had a dedicated online PGR wellbeing web section. However, not all PGRs reported good awareness of sources of support and felt that HEIs needed to provide more communications and interventions targeted directly at PGRs.

## Graduate schools and researcher development programmes

Graduate schools structures and functions at the HEIs differed, but generally they all had overall responsibility for the PGR experience, including the provision of researcher development programmes. Some Graduate schools also provided social spaces, café facilities, and organised events to foster the PGR community and to some extent provided pastoral guidance, formally or informally. Graduate school staff reported regularly being approached by PGRs with wellbeing and other issues. Increasingly, they are delivering targeted wellbeing courses and activities for PGRs, and integrating wellbeing elements into their wider researcher development provision.

## Supervision and other academic support for PGR wellbeing and mental health

All HEIs described the pivotal role that supervisors play in supporting the wellbeing and mental health of PGRs and that they are ideally placed to identify when their PGRs are becoming stressed before they are visibly distressed. HEIs acknowledged the lack of support for supervisors in this important pastoral role and several were looking at providing more support and training in wellbeing and mental health for supervisors and postgraduate

tutors. Supervisors also need to feel that their own wellbeing and mental health is a priority for the institution and they are encouraged to be role models for their PGRs in adopting healthy ways of working. More research is needed into supervisors' perceptions of their role in supporting the wellbeing and mental health of PGRs, how capable they feel in that role and identify examples of good practice.

## Conclusions and recommendations

Providing a safe working environment for PGRs that supports their wellbeing and mental health requires systemic culture change and top-down commitment to promoting mental health. The academic culture of high-achievement and high workloads creates an environment where wellbeing is more likely to be at risk and PGRs may feel less able to talk about their wellbeing and mental health. The Universities UK Framework for Mental Health, contextualised to reflect the PGR environment, would provide HEIs with the means to develop effective strategies to promote better wellbeing, prevent mental health issues and provide effective interventions for PGRs.

HEIs need to invest more resources in student support services and associated activities to meet expected PGR demand, and provide increased mental health literacy and prevention activities targeted specifically at PGRs and supervisors. More should be done to analyse existing data on PGR use of wellbeing and mental health services to measure the level of engagement. The pilot survey should be extended to obtain robust data on the extent of PGR mental health problems in the UK. There is much to be gained from sharing practice and experiences across the sector, for example through the Catalyst funding targeted at the mental health and wellbeing of PGRs.

### Recommendations for UKRI and other stakeholders

With the formation of UKRI in April 2018, HEFCE's responsibilities for PGRs were incorporated into Research England, who share responsibility for PGRs in English HEIs with the Office of Students (OfS). UKRI should collaborate with the OfS, other funding bodies, Universities UK and other stakeholders to take forward these recommendations to ensure a healthy and supportive research environment for postgraduate researchers

Recommendation 1: UKRI should work with UUK, other stakeholders and the HE sector to contextualise the Universities UK Framework for Mental Health for the PGR environment.

Recommendation 3: UKRI should commission a project that explores how supervisors, and postgraduate tutors, perceive their role in supporting the wellbeing and mental health of PGRs and identifies the principles of good management practice that are applicable to the supervisory relationship.

Recommendation 8: UKRI should extend the pilot survey to achieve a representative response sample to assess the extent of mental health issues in the UK PGR population.

Recommendation 10: UKRI and the OfS should facilitate practice-sharing mechanisms around the Catalyst Fund projects and the sector generally, particularly encouraging case studies of where improved mental health resulted in improved PGR outcomes.

## Recommendations for institutions

Recommendation 2: HEIs should develop institutional strategies to support the wellbeing and mental health of PGRs based on the UUK Mental Health framework.

Recommendation 4: HEIs should develop robust procedures for monitoring supervisory relationships and providing timely, transparent and fair mechanisms for dealing with supervisory issues.

Recommendation 5: Supervisors, and postgraduate tutors, should be trained, supported and recognised for their role in the identification and early intervention in wellbeing and mental health issues of their PGRs.

Recommendation 6: As part of their strategic plan for PGR wellbeing, HEIs should develop communication strategies to promote points of entry into student support services specifically to PGRs.

Recommendation 7: As part of their strategic plan for PGR wellbeing, HEIs should monitor the extent of mental health issues for PGRs and demand for associated services.

Recommendation 9: HEIs need to consider how they resource their student support services and other relevant departments to support the wellbeing and mental health of PGRs, particularly activities aimed at prevention and early intervention.

# Exploring wellbeing and mental health and associated support services for postgraduate researchers

## 1 Introduction

Vitae in partnership with the Institute for Employment Studies (IES) and Professor Katia Levecque from the University of Ghent were commissioned in 2017 by the former Higher Education Funding Council for England (HEFCE) to improve their understanding of the wellbeing and mental health of postgraduate researchers (PGR) and the associated support provided by higher education institutions (HEIs).

### 1.1 Background

HEFCE's stated aim within the HE research environment was 'to develop and sustain a dynamic and internationally competitive research sector that makes a major contribution to economic prosperity, national wellbeing and the expansion and dissemination of knowledge'. The training and developing of postgraduate researchers forms a critical link in the supply chain for the UK research base and knowledge-intensive economy and the provision of postgraduate research degrees is a key and thriving part of higher education in the UK. There has been strong growth and diversity of provision over the last 20 years and the UK has an enviable international reputation. Many institutions have ambitious growth targets and, with the current uncertainty around Brexit, it is important that the UK's international reputation for providing a world-class research qualification is maintained. HEFCE recognised the importance of providing a healthy and supportive research environment for nurturing new generations of researchers.

#### Student mental health

Recently there has been increased interest in the wellbeing and mental health of students in higher education, particularly of undergraduates. The introduction of fees, a more student-centred approach, the widening participation agenda, legislative obligations and targeted funding has led to an increase in the provision of specialist HEI mental health services and the introduction of wellbeing initiatives. This increase in provision has helped to respond to a 50% increase in the demand from students for mental health and wellbeing services between 2010/11 and 2014/15<sup>1</sup>. That increase may have been driven in part by less stigma around disclosure, but also by widening participation, reductions in NHS support and increased 'stressors', such as student loans. During this period, the number of undergraduate students recorded by HESA declaring a mental health condition trebled from 0.4% to 1.3%<sup>2</sup>, but there is presumed still to be a high level of non-disclosure. Other survey evidence suggests that around 15% of undergraduates report mental health issues<sup>3</sup>.

The 2015 IES research project<sup>4</sup> on institutional support for students with mental health conditions identified student support services as the hub for provision to provide ease of student access, including PGRs, and improve staff communication. Formal institutional provision is likely to include welfare support, mental health advisors, academic support and tutoring, counselling services, disability services, peer support and mentoring. This is reinforced by HEIs working with external agencies and networks, such as the NHS and GPs (albeit restricted by lack of NHS funding), UMHAN<sup>5</sup>, AOSSHE<sup>6</sup>, specialist charities; and a

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<sup>1</sup> [www.theguardian.com/education/2016/sep/23/university-mental-health-services-face-strain-as-demand-rises-50](http://www.theguardian.com/education/2016/sep/23/university-mental-health-services-face-strain-as-demand-rises-50)

<sup>2</sup> Equality in Higher Education Statistical Report 2015, ECU [www.ecu.ac.uk/publications/equality-higher-education-statistical-report-2015/](http://www.ecu.ac.uk/publications/equality-higher-education-statistical-report-2015/)

<sup>3</sup> Student Academic Experience Survey, HEA & HEPI, 2017

<sup>4</sup> Understanding provision for students with mental health problems and intensive support needs, HEFCE, 2015

<sup>5</sup> University Mental Health Advisors Network (UMHAN) [www.umhan.com/](http://www.umhan.com/)

<sup>6</sup> AMOSSHE, The Student Services Organisation [www.amosshere.org.uk/](http://www.amosshere.org.uk/)



wide range of informal and pastoral institutional support, for example, by Students' Unions, academics, chaplaincy and wardens in institutional accommodation. HEIs are looking to provide support across the whole student journey from pre-registration to graduation.

### PGR mental health

There is less data on the incidence of mental health issues amongst the postgraduate researcher (PGR) population and how these needs are met. Amongst postgraduate researchers, only 0.9% declared a mental health condition to their HEI in 2013-14<sup>3</sup>. This is in marked contrast to the results of the most recent Postgraduate Research Experience Survey (PRES, 2017)<sup>7</sup> where 3.3% of respondents reported that they had a mental health condition.

A recent literature review commissioned by the Royal Society and Wellcome Trust into the understanding of mental health of researchers<sup>8</sup> found limited evidence of the prevalence of specific mental health conditions among researchers and only a small number of studies that focused on PGRs. The majority of literature relates to work-related stress, which can lead to depression and anxiety. This is reported to be higher amongst academic staff than across the general population and is at a similar level to that for healthcare professionals. Generally, mental health difficulties seem to be under-reported within higher education as one in four adults will experience mental illness at some point in their lifetime and one in six experience symptoms at any one time<sup>9</sup>.

This under-reporting is supported by a recent study on mental health problems of PGRs in Flanders<sup>10</sup>, which used the General Health Questionnaire<sup>11</sup> (GHQ-12) to identify that 32% of the PGR population 'are at risk of having or developing a common psychiatric disorder, especially depression'. A similar study in Leiden University in The Netherlands using the GHQ-12 identified that two in five PGRs are at risk of having or developing a psychiatric disorder<sup>12</sup>. This is in comparison with 19% of 25-34 year old UK residents showing evidence indicating depression or anxiety<sup>13</sup>.

Doctoral degrees are thought to be stressful<sup>14</sup>, and arguably therefore PGRs are potentially at higher risk of developing a mental health condition than undergraduates. Stress is not always negative and building resilience is an important quality for successful researchers. However, there is a common link between high job demands and emotional exhaustion or depressive feelings<sup>7</sup>.

The 2017 PRES included new questions about wellbeing and retention. Although more than 60% of PGRs were satisfied with their work-life balance, and 85% felt their degree programme was worthwhile, 26% of respondents had considered leaving or suspending their degree programme. Initial analysis indicates that this is linked to different demographic and study characteristics.

We can hypothesise that some communities within the PGR population are likely to be more susceptible to developing a mental health condition, such as women (who are more susceptible than men in the general population), part-time researchers, distance learners, self-funded PGRs and those working in isolation<sup>10</sup>. PGRs with physical health problems or learning difficulties are also more likely to experience a higher percentage of mental health

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<sup>7</sup> Postgraduate Research Experience Survey (PRES) [www.heacademy.ac.uk/institutions/surveys/postgraduate-research-experience-survey](http://www.heacademy.ac.uk/institutions/surveys/postgraduate-research-experience-survey)

<sup>8</sup> Understanding mental health in the research environment. Rand, [www.rand.org/content/dam/rand/pubs/research\\_reports/RR2000/RR2022/RAND\\_RR2022.pdf](http://www.rand.org/content/dam/rand/pubs/research_reports/RR2000/RR2022/RAND_RR2022.pdf)

<sup>9</sup> Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, NHS, 2014

<sup>10</sup> Levecque et al, Work organization and mental health problems in PhD students, Research Policy, 46, 2017

<sup>11</sup> General Health Questionnaire [www.gi-assessment.co.uk/products/general-health-questionnaire-ghq/](http://www.gi-assessment.co.uk/products/general-health-questionnaire-ghq/)

<sup>12</sup> <http://nos.nl/op3/artikel/2180638-ook-leidse-promovendus-heeft-grotere-kans-op-depressie.html>

<sup>13</sup> Measuring National Well-being: [Domains and Measures](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandlife/wellbeing/articles/measuring-national-well-being-domains-and-measures), ONS, 2017

<sup>14</sup> Stubb J, Pyhalto K, Lonka K, Balancing between inspiration and exhaustion: PhD students' experienced socio-psychological well-being, Studies in Continuing Education, 33, 2011

issues<sup>15</sup>. The 2017 PRES results show that PGRs who consider they have a disability, and particularly a mental health impairment, are more likely to have considered leaving or suspending their doctoral studies at 48% and 60%, respectively. The Flanders study identified work-family balance, job demands, job control, supervisor leadership style, and team decision-making culture all to be linked to mental health problems in PGRs.

### Mental health at work

Although PGRs generally are not employees, there are synergies with supporting the mental health of PGRs with that of employees. Effective management of mental health in the research environment, or in the workplace more generally has tangible implications for productivity, performance and staff turnover. As well as being a major driver of sickness absence, mental health problems can result in presenteeism, where individuals attend work and are less productive. For the UK HE sector, the costs of staff presenteeism alone (when defined as unwell, disengaged or distracted) has been estimated at more than £500M per year<sup>16</sup>. This can be reduced through effective management aimed at helping people thrive by providing a healthy, motivating and high performance work environment: there is good evidence that a happy and engaged workforce is also a productive one<sup>17</sup>.

Under the Equality Act, mental health is included within disability as a 'protected characteristic' and employers have a legal obligation not to discriminate against employees with, or with a history of, recognised mental health conditions. The recent report for Government, 'Thriving at Work'<sup>18</sup>, observes that too many people experience discrimination on the grounds of mental health in the workplace and recommends that protection for employees with mental health conditions should be further enhanced to ensure employers provide reasonable adjustments. It proposes six core standards for all employers to facilitate a supportive environment for mental health:

- Produce, implement and communicate a mental health at work plan
- Develop mental health awareness among employees
- Encourage open conversations about mental health and the support available when employees are struggling
- Provide employees with good working conditions
- Promote effective people management
- Routinely monitor employee mental health and wellbeing

While working practices that support good mental health are important, people can become unwell regardless of their work environment: mental health problems affect an estimated one in four people each year across the UK population<sup>19</sup>. Therefore there will be instances where institutions under their 'duty of care' need to be reactive and where possible intervene early to ensure the right kind of specialist support is provided. Line managers and, for PGRs, supervisors arguably represent the 'frontline' of wellbeing management and act as a gatekeeper to referrals or other pathways to support. Ideally they should lead by example with respect to healthy ways of working, and create an environment that is open to dialogue around mental health.

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<sup>15</sup> Long-term conditions and mental health, Kings Fund, 2012

<sup>16</sup> Shutler-Jones, K. 2011. Improving performance through well-being and engagement [www.qub.ac.uk/safety-reps/sr\\_webpages/safety\\_downloads/wellbeing-final-report-2011-web.pdf](http://www.qub.ac.uk/safety-reps/sr_webpages/safety_downloads/wellbeing-final-report-2011-web.pdf)

<sup>17</sup> Robertson, I & Cooper, C 2011, Wellbeing: Productivity and Happiness at Work. Palgrave Macmillan, Basingstoke

<sup>18</sup> Thriving at Work: a review of mental health and employers, 2017 [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/658145/thriving-at-work-stevenson-farmer-review.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/658145/thriving-at-work-stevenson-farmer-review.pdf)

<sup>19</sup> [www.mind.org.uk/information-support/types-of-mental-health-problems/statistics-and-facts-about-mental-health/how-common-are-mental-health-problems/#.WpWGCB3FIs4](http://www.mind.org.uk/information-support/types-of-mental-health-problems/statistics-and-facts-about-mental-health/how-common-are-mental-health-problems/#.WpWGCB3FIs4)

Universities UK has had mental health as a policy priority since 2016. In 2017 it published its Framework for Mental Health (Figure 1) ‘to encourage university leaders to adopt a whole institution approach to improving mental health’ for both staff and students<sup>20</sup>. More information on the Framework is given in Appendix 1. UUK is working with University of the West of England, Cardiff University, University of York and Student Minds to pilot and implement the strategic framework for students, funded through the Catalyst programme.

**Figure 1: UUK Framework for Mental Health: whole university approach**



#### Framework elements

- Leadership
- Data
- Staff
- Prevention
- Early intervention
- Support
- Transitions
- Partnership

Given the general increased interest in mental health and wellbeing of students and staff, and the challenges for HEIs in identifying individuals at risk and providing appropriate support services, this study into the experiences of PGRs is timely and has been welcomed by the HE sector.

## 1.2 Research aims and objectives

The principal aim of this project is to provide a better understanding of the mental health and wellbeing of current postgraduate research students in UK higher education. This included providing an insight into the support currently available to PGRs and piloting a survey method which might be used to assess the extent of mental health problems experienced by PGRs.

Key research objectives include:

- provide an initial insight into the wellbeing and mental health of PGRs, through in-depth investigations in a sample of HEIs and a pilot survey
- depict the landscape of mental health support offered to PGRs, through student support and pastoral care, and identify any barriers that hinder PGR access
- provide insights into how these findings may vary with the PGR and study characteristics and highlight whether any sub-groups may be at risk of higher levels of mental health issues
- make recommendations for future research to fill gaps in evidence and develop a more robust evidence base on mental health and wellbeing in PGRs to inform Research England's policy interventions to improve this aspect of the HE study experience.

<sup>20</sup> Universities UK Mental health in higher education [www.universitiesuk.ac.uk/policy-and-analysis/stepchange/Pages/default.aspx](http://www.universitiesuk.ac.uk/policy-and-analysis/stepchange/Pages/default.aspx)

### 1.3 Approach and methodology

The research was conducted through institutional visits to explore existing practice through interviews with relevant staff and focus groups with researchers between September and November 2017. A pilot survey of doctoral researchers was conducted between October and December 2017 at a sample of institutions. Generally, reference to HEIs and PGRs within the report relates to the case study institutions and the PGRs who attended the focus groups.

All UK institutions were invited by (then) HEFCE, or the relevant Funding Body, to participate as a case study institution. There was strong interest from the sector with 87 institutions expressing interest in participating in the project. A sample of ten institutions was selected to reflect the diversity of institutions and doctoral training environments within the UK. The final sample consisted of seven Russell Group institutions and three other institutions, including a Scottish institution and a Welsh institution; a specialist institution was also included. In agreement with HEFCE, the names of the case study institutions remain confidential.

Our qualitative research included face to face interviews with a range of academics and professional staff involved in the mental health and wellbeing of PGRs. They comprised pro-vice-chancellors, heads of departments, directors of student support, directors/managers of disability services, directors of graduate schools, student union officers, college officers, welfare and counselling offices, departmental administrators, postgraduate tutors and supervisors. A list of the job titles and departments of interviewees is given in Appendix 2.

Each of the institutions identified a range of relevant individuals to interview and also organised a group of postgraduate researchers for focus group discussions. The ten focus groups each comprised between five and eight PGRs from a range of disciplines, year of study, modes of study and nationality. They generally were self-selected and reported their individual experiences, although several focus groups included representatives of PGR groups or networks who provided a broader account of PGR experiences. The focus groups included PGRs who have, or had, experienced a mental health issue, such as stress, anxiety or depression, during their doctoral degree programme and those who had not. All individuals were guaranteed anonymity.

The interviews explored the policies and provision relating to the wellbeing and mental health of PGRs. Interviewees were encouraged to participate in an open discussion of the risk factors among PGRs, the challenges institutions face in supporting the mental health of PGRs and the effectiveness of provision. The PGR focus groups explored their experiences of wellbeing and mental health problems, their perceptions of the factors that could put PGRs at risk and their experiences of institutional support and services.

All case study institutions were also invited to participate in the pilot survey. Due to various circumstances in the timing of the survey and other activities at the institutions, six institutions participated in the pilot survey, which ran between October and December. PGRs were invited to participate in the pilot survey and were sent weekly reminders, either by the HEI or the project team. 1,857 complete responses were obtained, representing 14% of the overall participating HEIs' PGR population: response rates at individual institutions were all similarly low. Comparison of the demographic profile of respondents (gender, age, nationality) and the characteristics of their doctoral studies (mode of study, year of study, discipline) revealed a respondent sample that was neither representative of the HEIs PGR population, or of the wider UK population (Appendix 3).

It was likely that the low response rate also represented a skewed response sample. 17% of respondents reported they had a pre-existing mental health condition before starting their doctorate which is considerably higher than the level of disclosure by PGRs reported in the HESA data (0.9%) and PRES 2017 (3.3%). Additionally, analysis of free text responses

revealed a high proportion of comments relating to personal mental health problems of a predominately negative tenor. This 'over-representation' of PGRs with mental health conditions was also seen to some extent in PGR participation in the focus groups.

Due to the combination of low response rate, unrepresentative profile of respondents both within the HEIs and of the HE sector more generally, and the skewed response sample, it was not possible to use the survey results to assess the prevalence of mental health conditions in PGRs. As a pilot, however, the survey does provide an insight into the views and experiences that can be explored through a survey instrument. The survey results did provide insights into respondents who were more likely to have experienced mental health problems and engaged with HEI support services. It also gave an indication of the differences between PGRs of different demographics and mode of study, which are reported through the text, where relevant. More information on the pilot survey methodology and profile of respondents is given in Appendix 3.

## 2 Institutional policies and provision

This chapter explores institutional policies and provision relating to the wellbeing and mental health of PGRs and how these fit within the general context of mental health support across the individual institutions. With ten, albeit diverse, case study institutions the description of provision can only be seen as indicative of the situation across the UK. The qualitative nature of the visits means that the findings should not be taken as representative of the UK HE sector. Similarly, PGRs attending the focus groups to a large extent were self-selecting and the themes emerging from these discussions may not be representative of the general PGR population. It is worth noting, however, that although some of the experiences reported by PGRs in the focus groups and survey responses may have been isolated incidences, they were the perceived experiences of these individuals and worthy of notice. Furthermore, there are some findings that were consistent across the case study institutions and reflected in staff interviews and PGR focus groups, which could be seen as indicative of the general environment within postgraduate research degrees.

It was clear from the level of interest from institutions in participating in the project, and the engagement of all ten case study institutions, especially organising visits at the beginning of the academic year, that UK HEIs were aware of the importance of and the need to ensure the mental health of PGRs. All the case study institutions recognised that they have a duty of care for all students, not just legally through the Equality Act, but morally in providing a positive experience for their students. They also recognised that the experience of PGRs in research degrees was significantly different from that of students on taught courses and this could create specific challenges in ensuring their wellbeing and mental health. A couple of institutions also mentioned the business case for attracting PGRs and ensuring that they successfully complete their research degrees on time, and how improving their mental health could contribute to that end.

Institutions were looking at PGR mental health provision within the context of significant increases in the demand for mental health support, particularly from undergraduate students. All institutions had clearly articulated policies for student mental health support services and considered their mental health provision for PGRs within the wider student body. Indeed, several stressed the importance of the message of mental health services being available for all and promoting the inclusiveness of services.

Practice differed in institutions between those that provided a single point of access and those who provided students with direct access to relevant services. Staff and PGRs highlighted the pros and cons of both approaches. The single point of contact, i.e. effectively a 'triage' system, provided a clear message to students of where to go and how to access services. This can be beneficial for PGRs who present with one issue, for example a concern about their finances, whereas there may be an underlying issue about their wellbeing or mental health. All HEIs reported examples of PGRs presenting with a practical issue such as finance, career questions or research deadlines, which was masking a deeper wellbeing or mental health issue. An initial consultation could direct the PGR to more appropriate support. Conversely, some PGRs and student union officers reported that PGRs didn't want to be seen going into a service that is seen to be about 'student problems' and found it frustrating to have to explain their concern more than once. They were also concerned that the fact that they had accessed student support services would get back to their supervisor.

There was a general theme coming through the focus groups and the interviews that PGRs did not associate themselves with the general student body. This was reinforced by student union officers who talked about the difficulties of engaging with PGRs, who saw institutional messages about student services as primarily targeted at the undergraduate population.

*'At present I believe that the issue of wellbeing amongst postgraduate researchers is being overlooked to a large degree. There is not the same degree of support that is currently being*

*provided to undergraduates, despite the fact that PGRs often suffer from feelings of isolation, loneliness and are under exceptional amounts of pressure workload wise.'*

## 2.1 Institutional policies

At the time of the research, none of the institutions had a formally articulated policy for postgraduate researchers, although two institutions were in the process of developing specific PGR mental health policies. However, all institutions recognised that PGRs form a discrete cohort and provided specific activities targeted to support the wellbeing of PGRs under the auspices of the Graduate School, or through their researcher development programmes.

Despite the recognised differences in the experiences of PGRs undertaking a doctoral degree, only one institution had set up a separate 'point of entry' into student services specifically targeted for PGRs. This was based in the Graduate School and consisted of an initial triage system providing sign-postings to relevant services and regular 'surgeries' just for PGRs, staffed by experienced staff from other services, e.g. finance office and counselling services.

*'University mental health and wellbeing services are often focused mainly (and understandably) on undergraduate and master level students. I believe PhD students should have access to dedicated services, akin to what would be accessible privately but that PhD students cannot afford. Further, I also believe effective integration of wellbeing and mental health within the PhD programmes themselves, in ways that are not bureaucratic and burdensome, is the best way to improve wellbeing (as well as completion rates and times!) among PhD students. For example, enabling students to implement work strategies recommended by mental health professionals into their PhD work schedule and deadlines.'*

## 2.2 Student support services

All HEIs described comprehensive student support services, although names and structures differed. These commonly included disability services, mental health services, specialist learning support, academic English, counselling services, wellbeing services, financial support, student mobility and chaplaincy. They also worked closely with external services relating to mental health, such as student health centre, local GPs, NHS Trusts, and local charities working on mental health related issues. They may also include, or work closely with other internal departments, such as international student support, careers service, and nursery services. All of these services were available to PGRs as registered students. Some PGRs were also able to access some staff services at some HEIs, including staff registered on doctoral programmes and PGRs employed as teaching assistants.

## 2.3 Crisis management

All the case study institutions reported having well-documented and robust frameworks and procedures for responding to an incident or crisis affecting staff or students, often including automatic notification of key personnel. PGRs experiencing a mental health crisis would automatically be covered within these procedures, most likely be referred directly to NHS services. Several institutions highlighted the effectiveness of security staff in dealing with crises.

## 2.4 Declaring disabilities

Any PGR declaring a disability or mental health issue on registration or during their degree programme would experience a well-established process for accessing and providing for their specific needs, in the same way that any other student declaring a specific condition that may affect their ability to study. This process was usually managed by Student Support Services or the Disability Centre, who create a management plan in consultation with each

individual, including communication with other relevant departments and services, and external GP and NHS services where appropriate.

*'My university have been very supportive since I disclosed my condition. I had not realised the support that was available until I did so.'*

One HEI reported that they had realised that their disability support processes were very teaching and learning focussed and developed a disability support learning contract specifically for PGRs. Another HEI noted that the implementation of disability support plans had been changed from recommended to compulsory actions to ensure they were enacted at departmental level.

Support services staff at several institutions commented that when they were working with PGRs they could be reluctant to give permission for their department or supervisor to be informed of their declared disability, thereby possibly limiting the specific support that could be provided directly relating to their research activities. This reluctance to tell others of mental health issues, anecdotally more so than for other student groups, was a re-occurring theme in the interviews and focus groups and may be linked to departmental cultures.

## 2.5 Admissions and induction

Admission was seen as an opportunity to pre-empt crisis situations. Some HEIs were explicit about their intention to use interviews to ensure that candidates were suited to doctoral study, not just academically but also the financial viability of their situation (particularly for self-funded PGRs) or the potential impact on the rest of their lives. It was not possible to assess how uniformly candidates were asked within or across HEIs about any disabilities or specific personal circumstances and encouraged to disclose.

It was common that PGR induction activities, primarily run by the Graduate School, would include elements on wellbeing either explicitly or implicitly through sessions on managing expectations, e.g. 'what you can expect from your supervisor', 'what you can expect from your PhD studies'. Although the majority of PGRs participate in induction processes and therefore would receive information about the pastoral and specialist support provided by the HEI, some PGRs felt this was when they least needed them and they were unlikely to take much notice. *'At that point you are not in the greatest need of wellbeing'*. Furthermore, PGRs who start at different times of the year may miss out on this information altogether.

*'I would urge to provide obligatory services and information to doctoral students at the beginning of their PhD programme.'*

*'The induction programme should include a session at the mental wellbeing place so that we are able to meet the individuals and understand how the process works.'*

## 2.6 Online resources and signposting

It is increasingly common for HEIs to have a dedicated online section for PGRs that signposts wellbeing and mental health resources. These appeared comprehensive and accessible in all cases. Although not specifically targeted at PGRs, a few HEIs had developed 'wellbeing maps' that signposted students to the range of resources provided by the HEI and within the immediate location to support their wellbeing. This included specialist student support services, hospitals, GPs, but also sports facilities, parks, cafes and cultural locations. Two HEIs had developed electronic help points in central areas containing comprehensive information about mental health, hate crime, domestic abuse and a range of other highly sensitive areas that students and PGRs may not wish to discuss face to face.

However, not all PGRs reported good awareness of sources of support within their HEI. Despite promotion of services, some PGRs reported feeling bewildered and 'disoriented' regarding numerous sources of support. One cause of confusion was PGRs' perceptions of *'falling between student and staff'*. One reported that if they were taken ill during their



doctoral research they should access the student services, but when employed as a teaching assistant they could access the staff services.

## 2.7 Counselling services

University counselling services provided a range of services to staff, students and PGRs including individual and group counselling sessions. At some HEIs they ran group workshops addressing specific stressors and promoting self-help/self-management approaches, such as, cognitive behavioural therapy, resilience and overcoming anxiety.

Although all counselling services struggled to meet demands within their HEI, because PGR numbers were small in comparison with undergraduate numbers, demand from PGRs was not viewed as a significant workload. There were examples from both PGRs and counselling services of increased demand from PGRs during the vacations when there was likely to be lower demand from undergraduates. One PGR reported waiting until the vacations to contact the counselling services as they knew how busy they were and they did not want to put additional demands on the service during term time.

HEI counselling services are under strain, not least because it can be hard to get a counselling appointment through local GP services. Counselling staff reported that staff and students preferred help that was bespoke to academic pressures and the NHS mental health services – particularly counselling services – involved long waits. One PGR noted that due to the limit on HEI counselling sessions, they were not using the service *'in case my mental health is worse later and I need the sessions more'*. Several PGRs were complimentary about the service they had received from their counselling service. 21% of respondents reported using the HEI counselling service at least once a year, with female PGRs higher at 26% than for male PGRs (18%).

## 2.8 Chaplaincy

All institutions had a chaplaincy service that offered a quiet space for reflection or a place to find community. It was usually non-denominational and welcomed staff and students of all faiths or none, and often provided listening services, meditation, events and courses, including mindfulness and countering loneliness.

PGRs had mixed reactions to using the chaplaincy services. Some reporting that it provided *'warm and affectionate emotional support'* and *'simply listened, without pressurising me'*. Others disliked the idea that it was associated with religion. 14% of respondents agreed they would feel comfortable talking to the Chaplaincy service if they had a mental health problem, with 56% disagreeing (with the balance not knowing).

## 2.9 Other pastoral support

Student unions all offered advice services for students, including PGRs, and had a PGR officer. However, they all reported difficulties in engaging PGRs. This was supported by the pilot survey where only 11% agreed they would feel comfortable talking to the student union advice service if they had a mental health problem with 64% disagreeing.

HEIs were exploring a range of options to support student wellbeing and mental health generally. This included student-led initiatives, such as being promoted by the charity Student Minds who aim to empower students to look after their own mental health through peer support and campaign groups. Their Look After Your Mate<sup>21</sup> programme encourages students to support friends. Other examples include introducing student mental health champions, buddy systems, and encouraging more participation in sports.

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<sup>21</sup> [www.studentminds.org.uk/lookafteryourmate.html](http://www.studentminds.org.uk/lookafteryourmate.html)

HEIs reported that staff in colleges and residential accommodation provided important pastoral support for students. Wardens, college nurses, porters and facility staff could all be approached by PGRs or identify those at risk.

85% of respondents to the pilot survey agreed they were most likely to talk to their family and friends if they were experiencing a mental health problem. This was followed by their local GP (64%), the counselling service (60%), a mental health advisor (56%), and peers and colleagues (54%).

Female respondents were more likely than male PGRs to talk to their family and friends (88% cf 83%); their local GP (67% cf 61%); the counselling service (65% cf 54%); and a mental health advisor (58% cf 54%). They were slightly less likely to agree that they would talk to their supervisor (42%) and postgraduate tutor (25%), than male PGRs at 43% and 28%, respectively.

International researchers are less likely to talk to the local GP (57%), counselling service (58%), and more likely to talk to their peers and colleagues (60%) than other researchers.

## 2.10 Supervision

The first point of contact for PGRs was seen as the supervisor. Supervisors were expected to provide basic pastoral support, but there was widespread recognition among senior staff and support services that there was variability in the quality of this. Supervisors were not included within the scope of the project and it was unclear whether supervisors understood what was required in their pastoral role with respect to wellbeing and mental health in terms of being reactive when PGRs presented with an actual problem by directing them to relevant services, and being proactive when they noticed a problem. There were reports from professional support staff of academics declaring '*we don't do mental health*', arising from either disinterest in the wellbeing of their PGRs or concerns that they were not qualified or confident enough to intervene. In either case, this lack of engagement put more onus on the PGR to find appropriate services and report their problem. There were also isolated reports of academics engaging too deeply into wellbeing issues of their PGRs and not contacting professional support services early enough.

PGRs were also unclear about the extent to which the supervisor role was pastoral and whether to approach student support services directly or to go through their supervisor. This was also influenced by some PGRs preferring to approach a third party in confidence about some issues.

## 2.11 Supervisor training and development

All HEIs understood the pivotal role that supervisors played in supporting the wellbeing and mental health of PGRs, and the lack of support for supervisors in this role. Most HEIs had compulsory training requirements particularly for new supervisors and their role in the wellbeing of PGRs was being incorporated into this training. One HEI was piloting compulsory CPD courses for supervisors to develop their approach to supporting the mental health and wellbeing of PGRs. Another HEI had set up a supervisor network: wellbeing and mental health had been identified by the supervisors as an important topic for the network. Within their broader activities relating to wellbeing, some HEIs were also looking at their support for staff. One institution was looking at supervisor's wellbeing specifically and how they were supported by the HEI. Some HEIs had frameworks or 'decision trees' to guide staff in how, and to what extent, they can support 'distressed students'.

## 2.12 Other academic support

The UK Quality Code<sup>22</sup> indicates that every PGR should have a supervisory team, but accounts suggested that this was not regarded as significant among either PGRs or staff. Second or co-supervisors were only mentioned in the context of multi-disciplinary research needs rather than personal support structures. Some HEIs provided a personal mentor as part of the supervisory team whom PGRs could approach if they had personal issues. Generally, PGRs in the focus groups talked more about their relationship with their supervisor than perceiving a supervisory team around them.

Many HEIs mentioned the role of the postgraduate research tutor/co-ordinator (or similar) in providing support to PGRs at faculty or departmental level. This would normally be a part-time role undertaken concurrently with their academic role. The effectiveness of these roles was regarded highly among academic staff, but less so by PGRs themselves. PGR perceptions of the availability and helpfulness of postgraduate tutors varied and there was a general view that their position in the department (and the politics around this) could compromise their ability to give an honest opinion or intervene in situations where PGRs struggled with their supervisor relationship. PGRs expressed a reluctance to confide in postgraduate tutors as they were not confident that their concerns would be kept confidential.

*'The role of postgraduate tutor is really important and needs to be filled with someone who is able to deal with pastoral matters.'*

At several HEIs annual progress reviews were regarded as a means of picking up issues at individual level but it was not clear whether they captured a full range of potential problems, particularly those involving supervision quality or difficult aspects of the PGR-supervisor relationship. For similar reasons around confidentiality and potential negative consequences, PGRs reported reluctance in raising issues in these interviews and documents, even anonymously.

## 2.13 Graduate schools

Graduate schools or doctoral schools/colleges generally had responsibility for the PGR experience, although specific functions differed across HEIs. Their roles could include: administration; funding and fellowships; admissions and progression; quality assurance; researcher development programmes; social hub. It could also include supervisor training.

In the case study HEIs, graduate school involvement in the wellbeing and mental health of PGRs was predominately through pastoral care and the provision of wellbeing courses and activities through their researcher development programmes. As graduate school staff were likely to have the most contact with PGRs beyond their supervisory relationship, they were regularly approached by PGRs with wellbeing and other issues. Staff reported dealing with a wide range of issues: supervisory issues and finance being the most common. This experience had in part led to the provision of some PGR-specific wellbeing activities. Graduate schools often provided café facilities, social spaces and organised social events to encourage PGRs to integrate into the PGR community. As mentioned earlier, one HEI has a formal drop-in service for PGRs. 4% of all survey respondents reported that they contacted their graduate school about their mental health at least once a year.

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<sup>22</sup> UK Quality Code for Higher Education, Chapter B11 Research degrees  
[www.qaa.ac.uk/publications/information-and-guidance/uk-quality-code-for-higher-education-chapter-b11-research-degrees#.Wm8uvWZ1SUk](http://www.qaa.ac.uk/publications/information-and-guidance/uk-quality-code-for-higher-education-chapter-b11-research-degrees#.Wm8uvWZ1SUk)

## 2.14 Researcher development programmes

Interventions to manage PGR wellbeing were mainly led by the graduate school and/or their researcher development programme. Typically these involved integrating wellbeing as an element into existing training programmes or sessions which aimed to address the challenges of self-directed study and, in doing so, fostered wellbeing by tackling the common causes of stress. Examples of courses included: 'getting the most out of supervision'; 'surviving the viva'; 'writing and time management'.

They also provided targeted wellbeing sessions, such as 'self-help' techniques to manage stress e.g 'mindfulness'; 'meditation'; 'building resilience'; dealing with procrastination'; and managing stress. These were voluntarily attended and only a limited number of places were normally available. HEIs reported that these wellbeing sessions were becoming increasingly popular. 14% of survey respondents reported that they participated in wellbeing courses and activities at least once a year.

### 3 Factors affecting PGR wellbeing

In this section we explore the factors that impact on the wellbeing and mental health of PGRs. The perception from PGRs was that mental health issues were very common, although the associated stigma could prevent them from discussing their difficulties. Support staff reported that, in common with the general population, some PGRs could be approaching crisis point before they sought help, whereas early disclosure will generally result in better outcomes.

#### 3.1 Pressures of doctoral research

The reluctance to admit to any difficulties impacted on whether PGRs sought help for emerging or existing wellbeing and mental health issues. PGRs in the focus groups almost universally associated undertaking a doctoral degree with being a stressful experience, at least at some stage. Language was routinely used by both academic and professional staff that normalises this stress, for example 'surviving' the doctoral degree and 'staying sane'. Common language around doctoral degrees included 'a difficult and stressful experience'; 'everyone gets postgrad blues'; 'your second/third/fourth year is the worst'; 'writing up is the hardest part of the process'. This language was translated by PGRs into the expectation that they were expected to be stressed: it becomes the norm. As noted earlier, stress is not necessarily negative and resilience is an important attribute for researchers. There is a link, however, between stress and poor wellbeing.

*'The attitude to mental health problems from senior faculty in my department is that it is an inevitable part of graduate life and that since most of us are going through it we can support each other. There is no incentive to change the status quo or to acknowledge that the causes of mental health problems can come from within the department itself.'*

The research degree training programme is a unique experience. Although HEIs have formal Codes of Practice and many have clear guidance on the rights and responsibilities of PGRs and supervisors, new PGRs can go through cultural shock and take time to adjust to the doctoral experience. The transition can be unexpectedly difficult for some, for example coming from structured taught degrees to an environment where the rules are still mostly unwritten and the success criteria can be unclear. Equally, individuals coming back into the education system to do a doctoral degree can be unconfident of their abilities to do research and find the lack of structure un-nerving. PGRs spoke of the frustration of not knowing if they were progressing and only getting 'critical' feedback. 'I've come from an environment where it was very clear if you were doing well or not: it's ill-defined in the academic world.' Add to the mix the challenges of adapting to a new institution, new country or new language it is understandable that some PGRs may doubt their ability to successfully complete their doctorate.

*'It's hard to stay motivated when the only targets are on an annual basis (annual reports). You work hard but feel no sense of reward or achievement for what you've done...most likely until the end of three years when the thesis is submitted.'*

Furthermore, especially within more prestigious institutions, PGRs also heard the refrain that 'we are one of the best institutions'; 'we only take the best candidates'; 'only the best will succeed'; 'you need to be the best in order to succeed in academia'. This can create an implicit environment where if an individual experiences any self-doubt they could experience Imposter Syndrome: the feeling 'that they are not intelligent, capable or creative despite evidence of high achievement'<sup>23</sup>.

*'The implicit and underlying stresses involved in the publish or perish paradigm, as well as imposter syndrome more broadly, make it so that most graduate students who used to love*

<sup>23</sup> Clance, P.R. & Imes, S.A. (1978). The Impostor Phenomenon in High Achieving Women: Dynamics and Therapeutic Interventions. *Psychotherapy: Theory Research and Practice*, 15, 241-247

*learning now feel stressed and frantic about whether or not they are measuring up to the system's qualifications. This has a huge bearing on well-being.'*

*'Sometimes I have the feeling that people around me are too good and I am not as talented and as useful as other people.'*

Despite wider structures and support systems, such as graduate schools, doctoral training programmes, faculty pastoral care activities and university student services, PGRs' perceptions of institutional support were based their experiences at the 'frontline', i.e. their interactions with their supervisor and within the department. They saw the culture in their department as more indicative of the institutional attitude to the wellbeing of staff and students than the central institutional messages they received. PGRs were aware that academics were also experiencing high level of stress.

Within this environment, it is not surprising that some PGRs may find it difficult to know whether they are experiencing the 'healthy' stress of being intellectually challenged by their research degree experience or 'unhealthy' stress that is impacting on their wellbeing and requires intervention.

*'At my institution it is not uncommon to stigmatise mental health. I was advised by several people in authority not to disclose it in certain circumstances as I could be stigmatised and my complaints considered over-worry.'*

### 3.2 Supervisory relationship

The quality of the PGR-supervisor relationship is central to the PGR experience and hence often central to their wellbeing<sup>24</sup>. Consistently, respondents to PRES are most positive about supervision within their research degree experience, giving an 86% aggregate score (definitely agree and mostly agree) across the supervision scale (PRES 2107). They were most positive about supervisors having the skills and knowledge to support their research (92%) and slightly less positive about supervisors supporting them to identify their individual training and development needs (76%). Currently, however, there are no specific questions in PRES about how well supervisors support PGR wellbeing and mental health.

Specifically exploring the role of the supervisor in the wellbeing and mental health of PGRs, both the focus groups and staff interviews noted the stress associated with any difficulties in the supervisory relationship. There was consensus across staff interviews and PGR focus groups that difficulty in the supervisory relationship was one of the most common reasons for wellbeing issues, often exacerbated by imposter syndrome. Professional support services staff particularly commented that it was one of the most difficult circumstances to deal with, not least as PGRs were usually reluctant to give them permission to approach the supervisor. Academic and support staff generally felt that there was general reluctance within HEIs to tackle difficult supervisory issues. One PGR reported that they were advised by their department to request a change in department rather than supervisor 'as it was easier to explain it as a change in direction of the research than acknowledge a supervisory issue' with an individual academic.

A fear of complaining about or to supervisors was commonly reported by PGRs in the focus groups. Some PGRs perceived themselves in a powerless position: they didn't want to change their research and didn't believe they could change how they are treated. As one PGR noted 'raising supervisory issues depends on how difficult you want to make your life'. Some PGRs spoke of 'macho cultures' where raising the topic of wellbeing would be seen as a weakness.

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<sup>24</sup> Cowling, M. (2017) Happiness in UK postgraduate research: an analysis of results from the Postgraduate Research Experience Survey [Internet] [www.heacademy.ac.uk/system/files/happiness\\_in\\_uk\\_post-graduate\\_research\\_in\\_uk\\_heis\\_2013-2015\\_v1.1.pdf](http://www.heacademy.ac.uk/system/files/happiness_in_uk_post-graduate_research_in_uk_heis_2013-2015_v1.1.pdf)

*'Everyone in our lab has found our supervisor difficult to deal with. The supervisor regularly verbally abuses other students and staff but the nature of academic power means it's difficult to do anything other than quit the PhD.'*

Even where there is a positive and constructive relationship between the PGR and their supervisor, some PGRs expressed reluctance in raising issues about their wellbeing and mental health with their supervisor. Their perception was that admitting to being stressed could impact on their supervisor's perceptions of their ability to achieve their doctorate. PGRs saw their supervisor as crucial in the likelihood of completing their doctorate, providing access to the networks, and the references they needed to achieve their career ambitions. One PGR also mentioned that they were *'reluctant to mention anything to their supervisor as I could see how stressed they were and I didn't want to add to it'*.

However, there were also reports of very positive experiences from PGRs who had disclosed issues.

*'I could not have been better supported. My supervisor and faculty took the view that whatever was going on with my PhD, my wellbeing had to come first, and they gave me whatever latitude I needed with deadlines. My postgrad tutor were absolutely phenomenal: I had immediate access to free and first class counselling, hardship support when the devastation of my paid work that the situation entailed meant I couldn't pay my fees on time, and accommodation support when the situation at home was so difficult I needed respite. With this incredible support I have maintained my PhD, and have not intermitted at all because my tutor, my counsellor and I decided this would make things worse for me. I'm working hard to catch up on quite a lot of lost time but knowing that all these people have my back motivates me to succeed. I could not have asked for a better support structure.'*

Overall, most PGRs were positive about their contact with their supervisor. 76% of survey respondents agreed that they had 'regular contact with my supervisor/s, appropriate for my needs'. This compares with 89% of PRES 2017 respondents who agreed to the same question.

In the pilot survey 42% of respondents agreed that they would feel comfortable talking to their supervisor if they were experiencing a mental health issue, such as anxiety or depression, with 45% disagreeing. There were no differences by gender or nationality. Only 27% would feel comfortable talking to their postgraduate tutor, with international PGRs being more comfortable at 30%. Women were slightly less likely to talk to their postgraduate tutor about their mental health at 25% than men (28%).

31% of respondents had consulted their supervisor in relation to their mental health at least once a year. This was higher for female PGRs at 35% than for male PGRs (25%). International PGRs were more likely to have consulted their supervisor at least once a year at 34%. 11% of female PGRs and 7% of male PGRs reported that they had consulted their supervisor every few months or more frequently. International PGRs were more likely to have consulted their supervisor at least every few months at 12% than UK nationals (9%).

Male PGRs were significantly less likely to use their informal networks to talk about their mental health, with 58% of male PGRs reporting that they had never consulted their peers and colleagues, while 29% had never consulted their family and friends about their mental health, compared with 45% and 15% of female PGRs, respectively. 43% of female PGRs had consulted their family and friends about their mental health at least several times a month, compared to 25% of male PGRs. This lower level use of informal support networks for the wellbeing of male PGRs is an important difference as generally men are less likely to talk about their feelings and three times more at risk of suicide than women. Although experiencing stress and anxiety does not necessarily lead to more serious mental health

problems, accessing informal (and formal support) before issues become critical is an important factor in reducing risk<sup>25</sup>.

International PGRs were significantly more likely to have consulted their family and friends about their mental health than UK nationals, with 42% reporting they did this at least several times a month and around half of these reported consulting family and friends several times a week.

### 3.3 Financial concerns

PGRs and staff highlighted financial concerns as potential causes of stress. For full-time PGRs with fixed funding terms this may not become an issue until towards the end of their studies. Both staff and PGRs commented on the difficulty when the 'writing up' period extended beyond the funding, particularly for those with three year funding. Although the Research Councils require doctoral projects to be designed so that PGRs can submit within the funded period<sup>26</sup>, there was a presumption from staff and PGRs that the doctorate takes more than three years and usually there would be a period without funding. HEIs exceptionally provided hardship funds for some PGRs in this position, but by no means for all. Part-time PGRs may have taken a drop in income to study and are therefore more likely to have more finance issues. One part-time PGR reported juggling their doctoral studies with three jobs, including teaching at their HEI. Staff noted that for recent undergraduates their financial concerns may be compounded by the stress of high student debt. Costs of living may not have been anticipated, particularly for international researchers, or rise unexpectedly. As a result, funds may not be sufficient for PGRs to eat well or spend money on social activities or pastimes that relax them, contributing to poorer wellbeing.

*'Wellbeing of PhD students is often linked to our financial situation. I am a fully funded student with a scholarship that covers a maintenance grant and my fees, but this amounts to less than the minimum wage. I am expected to live in London and conduct long term fieldwork internationally on this money, which is impossible and leaves me relying on paid work that takes me away from my studies or emergency loans and grants. I am in a large amount of debt and the university is neither sympathetic nor able to help. Similarly, there is no option of paid sick leave on this programme. I can interrupt my studies for a maximum of 12 months but this means my funding is suspended. The knowledge that I cannot take paid time off, or if I have to take time off I have to work to support myself, is a huge source of stress and anxiety to me.'*

### 3.4 Workload and control

The nature and range of competing demands that PGRs juggle is diverse. There may be large variations depending, for example, whether they are a full-time PGR, have a dual role as academic staff or other part-time occupations, or the stage they are at in their studies. Pressures to gain experience of publishing, teaching, presenting work at conferences and, more generally, acquiring the professional experience to position PGRs for their future careers can make it hard for them to prioritise. A PGR in a role that required them to teach as part of their contract (Graduate Teaching Associate) reported that they felt they were over-working to the point of 'exploitation'.

More generally, a culture of long-hours that encourages a blurring between work and personal time was pervasive. There appeared to be an assumption that PGRs would have a poor work/life balance. It was the perception of PGRs that many supervisors expected work to be completed outside traditional working hours on a routine basis and viewed the working week as having seven days. The PGRs reported feeling pressurised to produce results on a regular basis.

<sup>25</sup> [www.samaritans.org/sites/default/files/kcfinder/files/Samaritans\\_Men\\_and\\_Suicide\\_Report\\_web.pdf](http://www.samaritans.org/sites/default/files/kcfinder/files/Samaritans_Men_and_Suicide_Report_web.pdf)

<sup>26</sup> <https://www.ukri.org/funding/information-for-award-holders/grant-terms-and-conditions/>



*'The organisational culture of my department does not prioritise the wellbeing of its students and researchers. The culture values working hard above all else, and makes it difficult to admit that you are experiencing difficulties. More needs to be done to set an expectation or reasonable work life balance - to combat the idea that working in evenings and weekends is "normal" and/or a sign of commitment.'*

### 3.5 Harassment

There were isolated examples from PGRs, and university welfare staff who had counselled affected PGRs, of sexual harassment from male supervisors towards some female PGRs. Counsellors described females putting up with uncomfortable remarks or overly familiar behaviour from supervisors for the sake of their career. Staff also reported that a minority of male PGRs from some cultures could respond negatively to female supervisors/academics in positions of authority. One PGR reported personal experiences of racial discrimination within the department throughout their doctoral studies. PGRs reported that support staff could struggle to resolve extremely sensitive situations of this nature. In close-working research teams cultural issues of this type can have a knock-on for the atmosphere in a lab or office and affect other PGRs outside that working relationship.

Harassment of a type that arguably sits in a greyer area was also reported, often involving expectations that PGRs attended social events with their supervisor outside office hours, and even personal events such as family weddings. It is likely that this was a difference between what the supervisor perceived as being inclusive and the PGR perceived as being controlling or intrusive. As the weaker party in a power relationship PGRs, especially international researchers used to a more hierarchical structure, can find it hard to know when they can say no to supervisors. PGR respondents to the survey highlighted bullying and harassment as an important (additional) topic to cover on PGR wellbeing and mental health.

*'Bullying culture within departments (especially towards junior researchers) is an important issue in regards to mental health.'*

### 3.6 Other risk factors

Interviews with careers advisors at several HEIs reported that they saw PGRs who were experiencing stress due to concerns about the next step in their careers. Overwhelmingly, if they did access their careers service, PGRs did so at a late stage in their doctoral studies. They also reported that some PGR enquiries related to their relationship with their supervisor and the perception of the support they had from them.

*'One of the problems I hear about the most around me is that of loneliness. Not all universities seem to provide sufficiently for students and staff in this regard. But the main issue remains that of the uncertainty with regards to professional opportunities at the end of the PhD.'*

The Flanders study saw a link between confidence in career outcomes and wellbeing, with PGRs highly interested in an academic career and a strong perception of achieving an academic career having lower risk of developing a mental health problem. The Cowling study on the 2013 and 2015 PRES data found a link between career intentions and overall satisfaction with their research degree experience, with PGRs with academic career intentions more likely to have significantly higher levels of satisfaction (4.6%) compared to those seeking a career beyond academia.

In the pilot survey, respondents who aspired to an academic career in higher education were significantly more likely never to have considered leaving or suspending their studies (50%), compared with respondents with all other career intentions (35%). Those who aspired to an academic career had considered leaving or suspending their studies at least several times a month (18%) and had done so less frequently than PGRs with other career intentions (28%).

## 4 PGRs potentially at risk of developing poor mental health

In this section we explore the types of PGRs who are most likely to be at risk of developing mental health issues.

### 4.1 International PGRs

Among doctoral schools and faculty staff, discussions about which groups of PGRs are most vulnerable to developing poor mental health were often dominated by difficulties experienced by international PGRs. There was recognition among staff that PGRs coming to the UK from countries with very different cultures could struggle and were likely to experience a combination of risk factors. International PGRs newly coming to the UK for their doctoral degree were likely to be vulnerable due to a combination of reasons, including their ability to adjust to a new culture, their existing cultural mores, finance, visas, family circumstances and potentially less access to family and friend support. They may also be less used to self-directed learning in their undergraduate and masters courses than UK nationals. International offices typically were seen by staff as the main source of support for these PGRs.

International PGRs from some countries could associate disclosure of mental health difficulties with stigma, weakness or shame so it was felt that the full extent of issues in some groups was not known. There was a view that potential difficulties, such as mental health problems or wider wellbeing issues that could result in suspension or termination of studies were also more likely to be hidden by international PGRs for fear of losing the right to remain in the UK on their Tier 4 visas. This fear of potential deportation was said to underpin other anxieties about their PhD more generally as any potential suspension of their studies (e.g. for performance, finance or attendance reasons) was associated with the threat of losing the right to remain resident.

PGRs originating from areas of civil unrest or war were viewed as extremely vulnerable. There were examples of PGRs in these situations experiencing family bereavement and requiring support of an intensive nature. Similarly, foreign government instability could give rise to fear that government funds to support their PhD would cease. In the case of Nigeria a run on the currency caused problems in fee payments which the university was left to resolve internally. A family-funded PGR reported that they were left with no living expenses after the Nigerian Government stopped all international currency transfers.

More generally HEIs reported that visa issues were numerous and complex and, even when managed successfully, could take up a disproportionate amount of staff time to secure and be stressful for the PGRs.

*'The progressively worsening immigration rules in the UK make our futures uncertain. Always being made to feel like we aren't wanted/welcome by these immigration rules does get in the way of feeling good about things.'*

International PGR respondents were just as likely to agree that they had regular contact with their supervisor/s as UK nationals (78% cf 77%). They were slightly more likely to agree that they had too much work to do (50% cf 46% UK nationals). They were slightly less likely to agree their workload was varied (57% cf 66% UK nationals); that they had frequent opportunities to discuss their research with other research students (62% cf 66% UK nationals); and less likely to agree that the demands of their research interfered with their home and family life (46% cf 56% UK nationals).

International respondents were more likely to have a career development plan at 49% compared with 41% of UK nationals and 38% of EU nationals. They were less likely to have thought about suspending or leaving their doctoral degree programme (50% cf 38% UK nationals).

International respondents (67%) were just as likely to agree that they pay regular attention to their wellbeing and mental health as UK nationals. They also were slightly more likely to agree that their institution cared about PGR wellbeing and mental health (43% cf 41%) and more likely to agree that they would seek help if they had any mental health problems (75% cf 65%), although slightly less likely to know where to go (59% cf 62%).

International respondents (43%) were just as likely to agree that they would feel comfortable talking to their supervisor if they were experiencing a common mental health problem, compared to UK nationals (42%), with 42% disagreeing. They were more likely (34%) to have consulted their supervisor in relation to their mental health at least once a year during their doctoral studies than UK nationals (31%). They also were more likely to talk to their postgraduate tutor (30% cf 25%) or departmental/research group administrator (18% cf 15%). Similar proportions reported participating in wellbeing courses or activities as UK nationals (14% cf 13%).

## 4.2 Isolated PGRs

Staff mentioned the challenge of identifying PGRs who were struggling with their wellbeing if the PGRs were not spending much time at the institution or interacting with staff. They highlighted PGRs working on individual topics were at higher risk of poor wellbeing than those working in research groups. Any stressors, such as supervisory issues, research deadlines or family pressures, could be magnified if the PGR did not have good personal, peer and departmental support systems around them. PGRs working in isolation in the arts and humanities using archives and libraries for long periods, PGRs on fieldwork assignments and working on remote campuses were all mentioned as being at higher risk. One PGR who had spent a year in the field reported that they had found it a real struggle to adapt back into the departmental environment on their return and that no one showed any understanding of why this was hard.

*'Traumatic events during a PhD can have exacerbated mental health effects due to feeling of isolation engendered by the nature of solitary and self-motivated research.'*

Even PGRs who were working in research groups could feel a sense of isolation. Departmental administrators noted that they have had examples of PGRs who have been physically part of a large group, but effectively had withdrawn from any engagement with the rest of the group. They added that high presenteeism could be as strong an indicator of poor wellbeing as absenteeism. Research shows that fear and stress can drive productivity, or drive the need to maintain an appearance of productivity<sup>27</sup>.

PGRs working across interdisciplinary fields reported a sense of isolation as they did not feel they belonged to any particular department or school. They also reported feeling the need to be seen as 'expert' in each area, thereby increasing the risk of imposter syndrome.

54% of respondents to the pilot survey agreed that they would talk to their peers and colleagues if they are experiencing a mental health problem. This was slightly higher for female (56%) and international (60%) PGRs. Peer networks can be a valuable support for PGRs. There are a range of student initiatives within institutions that encourage peer support, such as Look After Your Mate<sup>28</sup>, Mind and Body Champions<sup>29</sup>, wellbeing champions<sup>30</sup>, and mental health first aiders<sup>31</sup> that could be specifically targeted at PGRs.

One HEI noted the under-representation of PGRs in sports membership and many staff commented that PGRs were less likely to engage in out-of-hours activities. This could arise

<sup>27</sup> Shutler-Jones, K. 2011. Improving performance through well-being and engagement [www.qub.ac.uk/safety-reps/sr\\_webpages/safety\\_downloads/wellbeing-final-report-2011-web.pdf](http://www.qub.ac.uk/safety-reps/sr_webpages/safety_downloads/wellbeing-final-report-2011-web.pdf)

<sup>28</sup> [www.studentminds.org.uk/lookafteryourmate.html](http://www.studentminds.org.uk/lookafteryourmate.html)

<sup>29</sup> <https://www.kingshealthpartners.org/mindbody/champions>

<sup>30</sup> <http://www.absencehub.com/work-wellbeing-champions/>

<sup>31</sup> <https://mhfaengland.org/individuals/higher-education/>

from the long-hours working culture, domestic responsibilities, and difficulties with work-life balance. HEIs based in London highlighted the cost of accommodation forced some PGRs to live long distances from the institution and added to the risk of disengagement and sense of isolation. *'Commuting distance (>90 minutes each way) is taking a great toll on my work-life balance.'*

*'I consider myself very happy, and I am lucky in having a great supervisor, but my satisfaction also comes from the many social activities I am participating in... I think a lot of foreign students, isolated from their family and friends, often lack an alternative to their work, and encouraging more social/sports/artistic/whatever activities could go a long way in improving mental health.'*

### Cohort training

There was some evidence from the pilot survey of the benefits of cohort training, such as the Research Councils UK Doctoral Training Programmes and Centres for Doctoral Training. A third of respondents said they were based in a research training programme, compared to 17% in PRES 2017. These respondents were more likely to agree that they had regular contact with their supervisor/s (80% cf 75%; PRES 2017 89%); had frequent opportunities to discuss their research with other research students (70% cf 61%; PRES 2017 66%); and that the research ambience in their department or faculty stimulated their work (63% cf 57%; PRES 2017 63%) - compared to the 68% of respondents who were not based in a training programme (or didn't know).

Respondents in training centres were more likely to agree that their workload was varied (67% cf 61%); everyone's opinions were taken into account when decisions are made in the research unit; their main supervisor encouraged people to maximise their talents (75% cf 69%) and more likely never to have thought about suspending or leaving their doctoral degree programme (46% cf 40%). They were more likely to have a career development plan: 50% compared with 39% of other respondents.

There was little difference between respondents who were based in a training centre and other respondents in terms of their workload and work-life balance.

70% of respondents in training centres agreed that they pay regular attention to their wellbeing and mental health, compared to 65% of other respondents. They were also more likely to agree that their institution cares about PGR wellbeing and mental health (45% cf 38%) and know where to go if they any issues with their mental health (63% cf 58%).

45% of respondents in training centres also would feel comfortable talking to their supervisor if they were experiencing a common mental health problem, compared to 40% of other respondents. They also would be more likely to talk to the departmental/research group administrator (16% cf 13%). Similar proportions report participating in wellbeing courses or activities (16% cf 13%).

Respondents at training centres were more likely to be UK nationals (57% cf 41%) and less likely to be international PGRs (16% cf 30%) than other respondents, likely reflecting the restricted eligibility conditions for RCUK funding.

### 4.3 Part-time PGRs

Staff across institutions consistently reported that part-time PGRs were likely to be more at risk of poor wellbeing and mental health issues than full-time researchers. This was because they were likely to experience multiple risk factors, such as financial issues and work-life balance, as well as more universal issues such as imposter syndrome.

*'I am unfunded, work and study part-time and also have small children so this is obviously more stressful than being a full-time funded student.'*

Mature researchers who come back into academia to undertake their doctorate, usually part-time, were usually clear about why they are doing their doctorate, well-motivated and knew how to manage themselves and to structure their time. Mature part-time researchers, however, also could feel isolated because of their circumstances.

*'As an individual who does not have any fellow students of a similar age, but who is the age of many staff members, I experience feelings of loneliness as I do not feel that, for example, university society-based activities are suited to mature students (rightly so), and my university is remote from my family home. Therefore, I think the impact of loneliness and/or feelings of isolation should not be underestimated for mature students.'*

Part-time PGRs could also be members of staff who were undertaking a doctorate. This group was more commonly mentioned at the three non-Russell Group institutions. Undertaking a doctorate as a staff member created challenges for staff in terms of role and identity, but also practical issues in terms of juggling their different roles and managing workload priorities. PGRs in this role, particularly those with established academic careers often have different drivers. Where the doctorate is a CPD requirement of their institution and a prerequisite for their continued career progression there can be mixed feelings about embarking on the doctorate.

*'As a member of University staff (as well as a PhD student) my wellbeing is affected more by the lack of understanding of colleagues than by the organisation of my PhD. There is huge pressure to maintain a heavy teaching component throughout my PhD studies. The management of the workload allocation supports this and it is having a very destructive effect on my research progress.'*

At 8% of respondents, the number of part-time PGRs who participated in the pilot survey was too small to undertake any analysis of the wellbeing and mental health experiences of this cohort.

#### 4.4 PGRs with family responsibilities

PGRs with family responsibilities could experience challenges with their work-life balance. There were isolated examples in the focus groups of PGRs who had developed mental health issues as a result of managing the health of or other issues concerning their children or elderly parents during their doctoral studies. For one PGR it resulted in a subsequent suspension of their studies. In the survey 11% of respondents had children living with them or whom they were supporting.

*'As a mature student the sources of any family issues that concern me are distinctly different from other students and come with different pressures, e.g. bereavement, job losses, marriage preparations, home moving, etc.'*

Additionally, it is likely that some PGRs will start or increase their family during their doctoral programme. As well as pressures on work-life balance, this can result in financial anxieties particularly if funding ceases during maternity or paternity leave. Given the diversity of research funders' terms and conditions, the entitlement of PGRs to maternity and paternity leave, and continued funding, is not always clear. As PGRs (generally) do not have employee status they may not be able to access, or know they can access, HR support to get advice about leave of any kind (maternity, paternity, sickness, compassionate, emergency). Several PGRs noted that they were not aware that they were entitled to any maternity leave during their doctoral studies. There were also isolated accounts of supervisors reacting negatively (covertly or overtly) to PGRs who became pregnant.

*'I have found it quite stressful being pregnant and not having maternity leave guidelines or support in place. At first I was told I would only get 2 weeks off and had to really dig and wait a couple of months until a decision was made to allow me 16 weeks' leave. It made me quite anxious and I felt there was no support in place, especially with my supervisors trying to get me to finish as much work as possible before I go off.'*

For international PGRs this could be further complicated by Tier 4 visa requirements where taking time out of studies for maternity leave could require them to leave the UK during this period. The Home Office requires HEIs to cancel a Tier 4 visa if a leave of absence is for more than sixty days, except in exceptional circumstances (illness or injury) where this can be extended to four months. UKCISA and institutional guidance was generally unclear whether this included maternity leave or not<sup>32</sup>. One HEI provided several examples of supervisors/staff not being aware of a pregnancy until a late stage (or in one case following birth) because of PGRs' fear it would result in deportation from the UK.

#### 4.5 Specific learning disabilities

It was not possible to get a clear picture in the case studies of the prevalence of specific learning disabilities in their PGR cohorts relative to their undergraduate population and this was not explored in the pilot survey. Student support services staff reported that international PGRs were unlikely to declare anything at all. As widely established in the undergraduate literature, disability staff at HEIs reported a tendency for anxiety to co-occur for PGRs with dyslexia, dyspraxia and autism spectrum disorder.

As with all students, PGRs with declared conditions/disabilities were able to access reasonable adjustments and support to help them engage in their studies through HEI-wide disability services. Some HEIs had developed systems/documents specifically tailored to PGRs. UK PGRs could also be eligible for Disabled Students' Allowances (DSAs).

There were reports that supervisors could be more amenable to adjustments requested for PGRs than for undergraduate students. It was unclear whether this was because of the nature of the adjustments or because the quality/intensity of the working arrangement with their PGRs helped supervisors to understand the potential benefits of any adjustment.

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<sup>32</sup> UK Council for International Student Affairs [www.ukcisa.org.uk/Information--Advice/Visas-and-Immigration/Protecting-your-Tier-4-status#layer-3269](http://www.ukcisa.org.uk/Information--Advice/Visas-and-Immigration/Protecting-your-Tier-4-status#layer-3269)

## 5 Extent of mental health issues

The focus groups involved only a very small sample of PGRs and, although useful in exploring the range of wellbeing issues experienced by PGRs, it was not possible to get a view of the extent of mental health issues within the PGR population through these interviews. Furthermore, none of the HEIs collated information across the HEI to provide an overview of the proportion of PGRs using the range of institutional wellbeing and mental health services, thereby providing some indication of the level of demand from the PGR cohort. Student support services at all HEIs recorded the use of their services by students and most, when asked, were able to identify the number of PGRs who were accessing their specific services. However, aggregated statistics were not readily available to show the specific characteristics (full-time, part-time, international) of PGRs who used particular support services, the type of problems they presented with and their severity. In terms of the impact on the doctoral experience and outcomes, it would be useful to systematically record the percentage of suspensions or terminations of doctoral study due to mental health issues.

Several HEIs mentioned PGR annual review meetings and progress reviews as an opportunity to highlight and record any wellbeing issues. However, these reviews typically focus on performance so PGRs may be unwilling to talk about any wellbeing issues if they feel it will reflect badly on how their progress is viewed. They also may be concerned about the confidentiality of any conversations or reporting processes. There is only a real opportunity for disclosures around wellbeing to happen on these occasions if the culture is one of trust and openness.

PRES 2017 included a new optional section on personal outlook, including a question on whether PGRs had considered 'leaving or suspending your postgraduate course' with a yes/no answer. PRES 2017 was run by 117 institutions and achieved a 46% response rate, representing 53% of the UK PGR population, so the results can be seen as meaningful.

26% of respondents had considered leaving or suspending their studies. Although there was no way of distinguishing whether there were positive or negative reasons for considering leaving or suspending, the results could be taken as an indication of the level of 'happiness' with their research degree experience. These considerations could be important warning signs of vulnerability and ideally supervisors could regularly ask open questions to explore these feelings and signpost to appropriate support as necessary, particularly for at risk groups.

Analysis of the PRES results<sup>33</sup> showed that PGRs considering leaving or suspending their studies was related to their 'satisfaction with life nowadays' and their work-life balance. There was also a relationship with disability status, gender and mode of study. Those respondents who stated they had a disability were almost twice as likely to consider leaving or suspending (48%) than those without. This increased to 60% for respondents with a mental health condition. 36% of part-time respondents and 29% of female respondents had considered leaving or suspending their studies. PGRs who had a career development plan and had received training to develop their research skills were less likely to have considered leaving or suspending their studies at 22% and 24%, respectively, than those who had not (30% and 35%).

In the pilot survey this question was extended to explore how frequently PGRs had considered suspending or leaving their doctoral training programme, with options ranging from: 'never'; 'at least once or twice a year' to 'every day'. 58% of respondents had considered leaving or suspending their studies at some time, twice the level of PRES, with 14% of respondents considering leaving or suspending their studies at least several times a month.

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<sup>33</sup> Postgraduate Research Experience Survey, HEA, 2017  
[www.heacademy.ac.uk/system/files/hub/download/pres\\_2017\\_report\\_0.pdf](http://www.heacademy.ac.uk/system/files/hub/download/pres_2017_report_0.pdf)

There was recognition by the case study HEIs who had run PRES in 2017 that despite the addition of the personal outlook questions, PRES was not yet sufficient to capture the PGR experience in relation to mental health and didn't provide good insights into the determinants of wellbeing for PGRs. The low response rate to the pilot survey was also such that it was not possible to extrapolate the results to estimate the extent of mental health issues within the PGR population (see Appendix 3).



## 6 Conclusions and recommendations

With the formation of UKRI in April 2018, HEFCE's responsibilities for PGRs were incorporated into Research England, who share responsibility for PGRs in English HEIs with the Office of Students (OfS). UKRI should collaborate with the OfS, other funding bodies, Universities UK and other stakeholders to take forward these recommendations to ensure a healthy and supportive research environment for postgraduate researchers.

### 6.1 Cultural change

For HEIs to provide a safe working environment for PGRs that supports their wellbeing and mental health, systemic culture change is needed by the sector. The academic culture of high-achievement, expectations of high workloads and not displaying any weaknesses can mitigate against PGRs feeling this is a safe environment where they can talk about their wellbeing. Institutions need to find ways to support PGRs to disconnect the 'healthy stress' related to the intellectual challenge of undertaking a doctorate from other stresses that have a negative impact on wellbeing and mental health. Achieving cultural change requires a top-down commitment within HEIs to promoting mental health. The Universities UK Framework for Mental Health proposes a whole university approach that 'requires strong and strategic leadership, engagement of multiple constituencies and partners, and sustained prioritisation'. This generic framework, supported by useful resources on the UUK website, covers the key elements in achieving cultural change through a holistic approach (Appendix 1). The Framework and associated resources usually could be translated to reflect the PGR environment. This will provide HEIs with the means to develop an effective strategy and to take a concerted approach to promoting better wellbeing, preventing mental health issues and providing effective interventions for PGRs.

Recommendation 1: UKRI should work with UUK, other stakeholders and the HE sector to contextualise the Universities UK Framework for Mental Health for the PGR environment.

Recommendation 2: HEIs should develop institutional strategies to support the wellbeing and mental health of PGRs based on the UUK Mental Health Framework.

### 6.2 Supervision

As the first point of contact for PGRs and effectively performing the line management role for PGRs, supervisors have an important role in supporting their wellbeing and mental health and need more specific guidance on this role. The recent Government review<sup>34</sup> on creating healthy, inclusive workplaces, stressed the importance of the line manager role, highlighting that '*line managers lack the training, skills or confidence required to effectively support others at a very basic level*'.

Among non-specialists in mental health, as the majority of supervisors will be, there can be a lack of nuanced awareness of mental health, i.e. that everybody sits on a continuum at any time between being well (wellbeing) and being unwell (having a condition that interferes with work and functionality more generally). Supervisors potentially are uniquely positioned to notice when their PGRs slip the wrong way on that spectrum as spotting subtle signs of distress often requires knowing what is 'normal' for that particular person. They need to be sensitive and confident about initiating a conversation and following up appropriately. This is

<sup>34</sup> Thriving at Work, Stevenson/Farmer review of mental health and employers, 2017  
[www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/658145/thriving-at-work-stevenson-farmer-review.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/658145/thriving-at-work-stevenson-farmer-review.pdf)

an area where many ‘people managers’ understandably lack confidence about what to say and their boundaries (what not to say and when to seek help).

*‘I think supervisors should receive some training to spot mental health problems arising. In my case, in hindsight, my supervisor could probably have noticed that I was developing problems much earlier than I did, and advised me to see someone, say, the University Counselling Service.’*

HEIs need to provide all supervisors with training in mental health literacy. This can mean challenging mistaken beliefs about the causes of mental health problems and questioning assumptions about the ‘type’ of person who is prone (or not prone) to being affected. Due to the stigma and unease around mental health, there is a risk that even well-meaning supervisors will avoid or mismanage mental health issues. It is essential to equip these ‘people managers’ with the skills they need to identify, discuss and effectively deal with any problems experienced by PGRs. NICE provide useful guidance on the role and leadership styles of line managers in supporting mental wellbeing<sup>35</sup>. Those who can cultivate an open and honest relationship are much better placed to pick up on problems. If a line manager has effective people skills then members of their team are more likely to disclose that they are struggling with (for example) anxiety, and to disclose this sooner rather than later.

Supervisors need to be knowledgeable about HEI support services and how PGRs can access them. They also need to be better equipped to work with specialist professionals to make reasonable adjustments to support PGRs where necessary. This should include supporting PGRs who have taken a suspension due mental health problems to return to their studies at an appropriate time and in a manner that will not compromise their recovery.

The balance of power between the PGR and the supervisor is such that some PGRs may be reluctant to raise wellbeing issues with their supervisor as they perceive that it may reflect badly on their ability to complete their doctorate. Concern about the reaction of supervisors can lead to some PGRs treating messages from the institution on its commitment to supporting their wellbeing with suspicion, seeing them as ‘*window-dressing*’ or ‘*smoke and mirrors*’. The influence of the academic culture and the perceived power of the supervisor also can prevent PGRs from seeking support from appropriate, confidential services in case this information ‘*gets back to my supervisor*’. More guidance and provision is needed for both PGRs and supervisors that directly address imposter syndrome and its impact on wellbeing.

Although the vast majority of supervisory relationships will be positive and effective, supervisor behaviour can be a cause of significant distress for a minority of PGRs, despite the assumed supervisor role as supporter and mentor. HEIs need to be prepared to deal robustly with any issues relating to the supervisory relationship, ensuring that individual occurrences are dealt with promptly, transparently and fairly for all parties. In any discussions individual PGRs need to feel that they are supported by someone independent and primarily have their interests at heart. Institutions also need to consider the role and effectiveness of postgraduate tutors and mentors in providing independent and confidential support throughout the doctoral programme. There is some evidence coming through the survey that those PGRs in cohort training and with access to wider support networks are more likely to discuss issues relating to their mental health.

Supervisors also need to feel that their own wellbeing and mental health is a priority for the institution so they can be role models to their PGRs in healthy ways of working. HEIs also need to reflect the supervisor’s role, and that of postgraduate tutors, in PGR wellbeing in job descriptions, performance reviews, and promotion and progression systems. Unless academic staff see that their HEI is genuinely committed to providing a healthy environment and it is impacting on their working experiences, they are unlikely to prioritise their role in

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<sup>35</sup> Workplace health: management practices, National Institute for Health and Care Excellence (NICE) [www.nice.org.uk/guidance/ng13/chapter/Recommendations#role-of-line-managers](http://www.nice.org.uk/guidance/ng13/chapter/Recommendations#role-of-line-managers)

ensuring the wellbeing and mental health of their PGRs. PGRs need to know that they are in an institutional and local culture that fosters wellbeing and there is an expectation on supervisors that their role involves a duty of care.

Although some of the academics interviewed in the case studies were active supervisors, supervisors generally were not included as a target group in this project. There would be value in specifically exploring in more depth the views and experiences of supervisors through a future targeted project, particularly their perceptions of their role in supporting the wellbeing and mental health of PGRs, how capable they feel in that role and examples of good practice. This should include the role of the supervisory team and postgraduate mentors, and the value of cohort training and wider support networks in supporting PGR wellbeing.

Recommendation 3: UKRI should commission a project that explores how supervisors and postgraduate tutors perceive their role in supporting the wellbeing and mental health of PGRs and identifies the principles of good management practice that are applicable to the supervisory relationship.

Recommendation 4: HEIs should develop robust procedures for monitoring supervisory relationships and providing timely, transparent and fair mechanisms for dealing with supervisory issues.

Recommendation 5: Supervisors and postgraduate tutors should be trained, supported and recognised for their role in the identification and early intervention in wellbeing and mental health issues of their PGRs.

### 6.3 Engagement

PGRs saw themselves as a distinct cohort compared to the undergraduate body and were not relating to messages targeted more generally at the student body. To support the wellbeing of the PGR community, HEIs need to provide communications and interventions targeted directly at PGRs. They also need to consider the diversity of backgrounds: gender, cultural backgrounds, personal circumstances and departmental cultures which can make a difference to both mental health and the propensity to disclose problems. Financial circumstances, life events and domestic arrangements can all contribute as risk factors.

HEIs need to consider how best to connect with and provide support for at risk groups, particularly international PGRs, part-time PGRs and those PGRs who are not included in cohort training models. More information and guidance should be provided to minimise the likelihood of PGRs becoming stressed by changes in circumstances during their doctoral training programme. For example, HEIs need to publish clear policies on maternity and paternity leave for all PGRs, taking into account funding and visa conditions where necessary. This should include a contact point responsible for dealing with and monitoring requests.

More could be made of existing PGR services, such as graduate schools and researcher development programmes and the use of cohort training programmes to promote and improve wellbeing and mental health related provision for PGRs. HEIs should also explore how they can encourage PGR peer support networks, more structured PGR cohorts or communities and PGR champions that specifically focus on wellbeing and mental health.

Recommendation 6: As part of their strategic plan for PGR wellbeing, HEIs should develop communication strategies to promote points of entry into student support services specifically to PGRs.

## 6.4 Demand

There was consensus across HEIs that, alongside the increase at undergraduate level, they were seeing an overall rise in PGRs struggling with their mental health. In the absence of hard statistical data, however, this was coming from impressions or localised experiences. There was no consensus as to whether this was a real increase, or evidence of a more acceptable environment encouraging PGRs to talk about their wellbeing and mental health. More could be done by HEIs to collate and analyse existing throughput data on PGR use of wellbeing and mental health services. It would also be useful to explore PGR use of staff services.

Demand and activity data is critical in enabling HEIs to develop appropriate strategies and prioritise budgets. The Thriving at Work report<sup>34</sup> called for transparency and accountability about mental health and recommended that *'public sector employers should identify employees at higher risk of stress or trauma and produce a national framework which coordinates support for these employees and establishes clear accountability for their mental health'*.

The aim of the pilot survey was to establish a method by which to measure the extent of mental health problems experienced by PGRs. Although the pilot survey did not provide a representative response sample to assess demand, it has demonstrated how it could provide useful insights into the wellbeing and mental health of PGRs. The next step would be a more extensively resourced full survey, potentially using a sample approach, with the time, resources and promotion to obtain data with the confidence that it is representative of the true extent of PGR mental health problems in the UK.

Recommendation 7: As part of their strategic plan for PGR wellbeing, HEIs should monitor the extent of mental health issues for PGRs and demand for associated services.

Recommendation 8: UKRI should extend the pilot survey to achieve a representative response sample to assess the extent of mental health issues in the UK PGR population.

## 6.5 Resources

Those PGRs who do formally disclose mental health conditions are likely to receive good support. However, counselling services are increasingly under strain from demand at undergraduate level and NHS services are also highly stressed with mental health and counselling services particularly involving long waits. HEIs need to invest more resources in student support services and particularly mental health and counselling services.

Investment is also needed for associated activities, such as increasing mental health literacy and prevention activities targeted specifically at PGRs and supervisors.

Recommendation 9: HEIs need to consider how they resource their student support services and other relevant departments to support the wellbeing and mental health of PGRs, particularly activities aimed at prevention and early intervention.

## 6.6 Sharing practice

HEIs were at an early stage in developing their strategies for PGR wellbeing and mental health: creating specific wellbeing information and guidance and developing targeted wellbeing activities for PGRs and supervisors within the context of existing professional development programmes. There is much to be gained from creating mechanisms for sharing practice and experiences across the sector. The recent Catalyst Fund<sup>36</sup> call was specifically targeted at supporting the mental health and wellbeing of PGRs and has been widely welcomed by the sector. Research England could play a valuable role in facilitating successful bidders wherever possible to work together and work in an open manner with the sector such that the learning is shared as widely and as early as possible in the projects. This on going sharing could be through open access project websites or specifically organised practice-sharing events throughout the course of the project lifetimes. Additionally Research England and UUK should seek case studies of wellbeing and mental health policies and interventions from the sector that have resulted in improved PGR outcomes and examples of practice from other sectors that could have applicability for PGRs. Encouraging openness has the potential to benefit the eventual outcomes of the Catalyst projects, and sector knowledge and practice more generally.

Recommendation 10: UKRI and the OfS should facilitate practice-sharing mechanisms around the Catalyst Fund projects and the sector generally, particularly encouraging case studies of where improved mental health resulted in improved PGR outcomes.

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<sup>36</sup> [http://www.hefce.ac.uk/pubs/year/2017/CL\\_402017/](http://www.hefce.ac.uk/pubs/year/2017/CL_402017/)

## Appendix 1 Universities UK Framework for Mental Health

### A whole university approach to mental health

'Mental health in higher education has multiple determinants and consequences. It constitutes an increasingly complex challenge for leadership, a matrix of risk, regulation, emergent policy and opportunity, arguably no longer susceptible to conventional planning and delegation.

Adoption of a whole university approach requires strong and strategic leadership, engagement of multiple constituencies and partners and sustained prioritisation. It asks universities to reconfigure themselves as health-promoting and supportive environments in support of their core missions of learning, research and social and economic value creation and to embed this across all activities<sup>37</sup>.



### Framework elements

- Leadership
- Data
- Staff
- Prevention
- Early intervention
- Support
- Transitions
- Partnership

### 1. Leadership

- 1.1. Make mental health a strategic priority
- 1.2. Lead a whole university approach to mental health
- 1.3. Galvanise student and staff support
- 1.4. Allocate resource
- 1.5. Review and share progress

### 2. Data

- 2.1. Measure baseline need
- 2.3. Deploy evidenced interventions and adopt successful practice
- 2.4. Conduct rigorous and transparent audit of progress
- 2.5. Align learning analytics to student wellbeing
- 2.6. Useful information

### 3. Staff

- 3.1. Provide training in mental health literacy and health promotion
- 3.2. Allocate time and resource to staff support for student mental health
- 3.3. Align student and staff mental health
- 3.4. Build mental health – and health – into staff performance

<sup>37</sup> [www.universitiesuk.ac.uk/policy-and-analysis/stepchange/Pages/whole-university-approach.aspx](http://www.universitiesuk.ac.uk/policy-and-analysis/stepchange/Pages/whole-university-approach.aspx)

## 4. Prevention

- 4.1. Audit and enhance learning, social, physical and digital environments to promote mental health
- 4.2. Promote healthy behaviours
- 4.3. Promote diverse, inclusive and compassionate culture
- 4.4. Provide learning and tools for self-care and positive mental health
- 4.5 Useful links

## 5. Early intervention

- 5.1. Run campaigns against stigma
- 5.2. Provide mental health literacy training to staff and students
- 5.3. Create intrusive communities of learning and peer support
- 5.5. Useful links

## 6. Support

- 6.1. Configure range of effective services and evidenced interventions
- 6.2. Ensure effective signposting of support
- 6.3. Ensure that academic policies – adjustments – align with support
- 6.4. Develop a crisis plan
- 6.5. Useful information

## 7. Transitions

- 7.1. Foreground mental health in discussions with parents, schools and colleges
- 7.2. Enhance intrusive support for students during transition periods
- 7.3. Focus on susceptible or at risk groups during transitions
- 7.4. Discuss mental health with employers
- 7.5. Useful links

## 8. Partnership

- 8.1. Develop regular high level links with NHS commissioners and services
- 8.2. Third-sector & charities and local communities
- 8.3. Develop local strategies and action plans on student mental health, student suicide
- 8.4. Encourage integration of university support services with local primary care and mental health services
- 8.5. Ensure signposting

## Appendix 2: Institutional interviews

Interviews were conducted with staff representing the following services. Generic titles have been used to represent similar services and functions.

Vice chancellor / pro-vice-chancellors x 5

Heads, research degrees / doctoral education x12

Directors / deans of postgraduate studies x 8

Directors / managers, graduate school x 15

Directors / managers, researcher development programmes x 8

Faculty / college / departmental postgraduate tutors x18

Academics x 5

Postgraduate mentors x 4

Postgraduate / departmental administrators x 8

PGRs (focus groups) x 68

Presidents / officers student union x 9

Student union advice service x 7

Directors / managers, student services / wellbeing x 7

Heads / managers / counsellors, counselling service x 9

Heads / managers / advisors, disability and mental health services x 10

Directors / managers, student experience x 4

Directors / managers, mindfulness x 4

Director, academic English

Directors / managers, international student services x 3

Directors / managers, careers service x 5

Managers, financial support x 3

Managers, accommodation services x 3

Director, sport

Manager, nursery services

Chaplaincy



## Appendix 3: Survey methodology

As part of the project, all ten case study HEIs were invited to participate in a pilot survey designed to identify the extent of mental health issues within the PGR population. The survey asked about PGRs' wellbeing and who they would approach and what services they would access if they had mental health problems. It explored factors that were likely to impact on their wellbeing, including their views of their workload and work freedom, their work-life balance, and their career intentions. The survey included five questions from the PRES survey for comparison. It collected a range of demographic information and study characteristics.

Six HEIs participated in the survey between October and December. Other HEIs were unable to participate due to the timing of the survey, overlap with induction activities, available resources or conflicts with other surveying activities in the institution. Ethical approval was granted through one of the participating HEIs.

A combination of approaches was used to contact PGRs. Two HEIs were able to provide PGR emails enabling the project team to email PGRs directly and use survey access control to follow up on non-respondents. The other HEIs emailed PGRs directly: three using survey access control and one HEI using a global survey link.

1,857 complete responses were obtained, representing a poor overall response rate of 14% (Table 2), compared to PRES response rate at 46%. The response rate to the pilot survey varied across the HEIs, but was generally low at all institutions (10% - 18%). There was no correlation between response rates and the method of contacting PGRs. The response rate was likely influenced by the timing of the survey, which ran very early in the academic year, when many PGRs are getting back into their studies after the summer holidays.

Survey fatigue is a common refrain for all HE populations and PRES had run in 2017 during February-May with associated promotion campaigns. PGRs in the focus groups expressed cynicism about institutional surveys and felt that they tended to be used for marketing activities rather than prompts for action. In the short timescale of the project, none of the HEIs had the resources to be able to provide the level of promotion needed to achieve high response rates for this difficult to reach group. Some HEIs provided advance notice to PGRs and departments about the project and survey.

The low response rate resulted in an unrepresentative profile of respondents when compared to both the profile of the HEIs' populations and the overall UK PGR population. This lack of representation was reflected in all demographic and study characteristics. As in most surveys, women were over-represented at 60% of the respondent sample compared to 40.3% of the HEIs population and 47.8% of the UK population. Part-time PGRs were significantly under-represented at 8.3% compared to 16.9% of the HEIs population and prevented any analysis of this cohort. UK nationals and international PGRs were slightly under-represented (46.5% and 25.3%, respectively), with EU nationals significantly over-represented at 28.2%.

Disciplinary representation was more balanced, with a slight over-representation of REF Panel A (medicine, health and life sciences) PGRs and under-representation of Panel B (physical sciences, engineering and mathematics) compared to the HEIs PGR population. First year PGRs were still in the first weeks of their doctorate and response rates from these PGRs were understandably very low at 18.7% compared to 42.9% of the HEIs population. Conversely, representation from PGRs in their fourth year was significantly higher (20.1%) than that in the HEIs' population (6.2%) and the overall UK population (8.7%). Similarly, the age profile of the response sample was older than the HEIs and UK populations, with significantly more respondents in the 26-35 age group (52.1%) and correspondingly fewer aged 25 years old and younger (28.5%). 7% of respondents reported that they have a disability, which is similar to both the HEIs and UK populations.

**Table 2: Profile of survey respondents**

	<b>Response sample</b>	<b>HEIs PGR population</b>	<b>UK PGR population<sup>38</sup></b>
Total	1,857	128,90	109,775
%	14% (HEI pop)		
Male	40.0%	56.7%	52.2%
Female	60.0%	43.3%	47.8%
Full-time	91.7%	83.1%	74.8%
Part-time	8.3%	16.9%	25.2%
UK national	46.5%	49.5%	57.1%
EU national	28.2%	18%	13.5%
International	25.3%	32.5%	29.6%
Panel A	31.9%	27.4%	28.9%
Panel B	35.5%	41.0%	30.6%
Panel C	20.5%	20.0%	23.9%
Panel D	12.2%	11.6%	16.6%
Year 1	18.7%	42.9%	32.8%
Year 2	27.1%	28.4%	27.5%
Year 3	28.9%	20.3%	23.6%
Year 4	20.1%	6.2%	8.7%
Year 5 and above	4.2%	2.1%	7.5%
25 years and under	28.5%	54.3%	39.2%
26 - 35 years	52.1%	33.8%	38.1%
37 - 45 years	7.4%	7.9%	13.5%
46 years and over	3.7%	4.0%	9.2%
Undeclared	8.3%	-	-
Disability	7.1%	6.6%	7.6%

The low response rate and unrepresentative profile of the response sample was compounded by an apparently skewed sample. 17% of respondents reported that they had a pre-existing mental health condition before starting their doctorate, considerably higher than the level of disclosure by PGRs reported in the HESA data (0.9%) and PRES 2017 (3.3%).

Additionally, analysis of the free text responses (242; 13% of respondents) revealed a predominately negative tenor indicating that the response sample was skewed towards respondents that may have experienced wellbeing and mental health problems during their

<sup>38</sup> HESA Student Record 2015/16

doctorate. This preference for those with wellbeing issues to engage in the pilot survey was also seen to some extent in PGR participation in the focus groups.

Due to the combination of these factors, the results of the pilot survey should not be taken as indicative of the prevalence of PGR mental health issues within the relevant HEIs, or in any way of the wider PGR population. Similarly, we strongly advise against applying the reported findings to estimate demand for specialist support services in the PGR population. However, as a pilot the survey does provide an insight into PGR views and experiences of wellbeing and mental health that can be explored through a survey instrument. Selected data on the experiences of PGRs with different demographics and modes of study are reported where relevant.