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Executive Summary

In May 2020 the Graduate College led listening sessions with 31 graduate students recruited from populations of women, international students, and under-represented minority students to reflect on mental health and wellness.

- **Conflict with advisors was identified as a stressor for all 3 groups.** International students used intense descriptors of the stress (abuse). The threat of losing funding and potentially their visa status compounds the anxiety that they feel when they experience conflict with advisors.
- With the exception of students whose research was not viable from home (wet labs, field research), most students felt that the transition to working from home was manageable. Some indicated that the flexibility of scheduling resulted in an improvement in their stress level.
- All groups were willing to share with the facilitators and each other. Participants from each group expressed gratitude for having the opportunity to share and be heard.

Background

In 2019 the Council of Graduate Schools (CGS) partnered with the JED Foundation to launch a new initiative to support the mental health and wellness of master’s and doctoral students. The intent of the project is to create a foundation for evidence-based policies and resources to support graduate student mental health and well-being, prevent psychological distress, and address barriers to effective support and care. CGS and JED will give particular attention to the experiences of underrepresented racial and ethnic minorities pursuing graduate education.

One of the actions formulated by the CGS advisory committee was to solicit input from institutions through a call for proposals from member institutions to conduct listening sessions at their respective institutions. In Fall 2019, the Graduate College at ASU submitted a proposal to participate and in February 2020 received notification of selection.

From CGS:

As a part of this invitation, you will need to organize at least one campus listening session on graduate student mental health and well-being with a group(s) of stakeholders. Collectively, the insights that you bring to the workshop from these campus listening sessions will illuminate different needs, challenges, and opportunities across various graduate fields, student demographics, and campus stakeholder groups. To this end, when organizing listening
sessions, we would especially like you to engage the international student community on your campus and seek insights as to their unique challenges and stressors, and resources they have found helpful in navigating their graduate school experiences. You are also welcome to engage additional communities, of course.

The Graduate College at Arizona State University conducted 3 separate listening sessions online during the week of May 11, shortly following the conclusion of courses for the Spring 2020 semester. For each listening session a specific population of doctoral students was identified. Populations were identified based on 3 groups of students for which recent studies had identified unique stressors on mental health: under-represented minorities, international students, and female students.

- **Monday, May 11**: 7 doctoral students identifying as under-represented minorities (all were female)
- **Tuesday, May 12**: 11 doctoral students identifying as international students with either J or F visas
- **Wednesday, May 13**: 12 doctoral students identifying as female

**Populations**

Based on demographic data available for the doctoral students on the Tempe campus, international students represent 43.6%; female students represent 43.1%; and under-represented minority students represent 33%.

Figure 1

*Fall 2019 doctoral students enrolled in programs on Tempe Campus*
70% of international students come from 5 countries: China, India, Iran, South Korea and Saudi Arabia. 33% of doctoral students who are not on student or exchange visas enrolled in programs offered on Tempe campus identify as under-represented minorities (16% Hispanic, 7% Black, 7% Asian, 1.5% American Indian, and .02% Native Hawaiian or Pacific Islander).

Figure 2
Fall 2019 doctoral students enrolled in Tempe campus by race excluding students on visas

Participant recruitment and selection

Potential participants were identified based on current enrollment, degree level, visa status, self-identified gender and race. An email was distributed to potential participants outlining the goal of the listening sessions, registration details, consent instructions, and information about a randomly drawn research award for participants. For only one population - under-represented minority students - did we receive registration forms at or below our minimum recruitment threshold of twenty.

Students who completed the consent form (13 under-represented minority, 12 international, 16 women) received the link to the online session and instructions about the post-session survey, which was used to select the award winners through random drawing. Participation rates on the days of the session were strong for all populations (54% for under-represented minority students, 92% for international students, 75% for women).
For the under-represented minority students, all participants on the day of the listening session were female, although males also received the invitation and link.

While specific disciplines weren’t targeted, students who participated were from diverse academic disciplines. For students who completed the post-session survey, six were from Engineering, ten were from Physical or Natural Sciences, five from Arts, Social Sciences and Humanities, two from Education, two from Nursing and one from Design and the Arts.

Facilitators

In the initial planning for these sessions, we brought in leaders from ASU Counseling Services; the International Students and Scholars Center; the Center for Mindfulness, Resilience and Compassion; and the Graduate and Professional Student Association to help us identify the populations, develop the guiding questions and identify potential facilitators. In consultation with this group we were able to identify additional facilitators who are practicing health educators through the Sun Devil Fitness Center and the Director of Health and Wellness Promotion in ASU Health Services. These planning sessions began shortly before the campus closed down as a result of the COVID-19 pandemic. In the case of ASU, the shutdown began the week of March 16. The pandemic impacted our project in two main ways: we shifted the listening session format to online and we added questions about COVID-19 to the scope of the sessions.

Facilitators for the sessions were:

- Session 1 (7 doctoral students identifying as under-represented minorities): Nika Gueci, Director of the Center for Mindfulness, Compassion and Resilience and Michelle Quispe, Senior Health Education in Sun Devil Fitness Center;
- Session 2 (11 doctoral students identifying as international students with either J or F visas): Rozita Smith, Assistant Director of International Student and Scholar Experience and John Merryman, Program Coordinator of Student Engagement in Sun Devil Fitness Center;
- Session 3 (12 doctoral students identifying as female): Karen Moses, Director of Wellness and Health Promotion and Michelle Quispe, Senior Health Education in Sun Devil Fitness Center.
Guiding Questions

The following is a list of the questions that facilitators used in the conversations with the student participants. Each question was also posted on a slide shared with the group via Zoom. Students participate on or off camera at their discretion and were able to opt in to share their thoughts through the chat or by using their microphone. Chat responses were read aloud by the facilitator and incorporated into the discussion.

The goal of our discussion today is to learn about the experiences of our graduate students relating to mental health and wellness. It might help to discuss what those terms mean to us.

Currently in the U.S. mental health tends to refer to our emotional, psychological, and social well-being. Mental health affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices.

- Pick one word or phrase: What does mental health mean to you? To your community/culture?

Let’s talk about wellness. Currently in the U.S. wellness tends to mean the effort that we put into achieving mental and physical health.

- What does wellness mean to you? To your community/culture?
- What experiences in your life, your work, or your family inform what you believe about mental health? and wellness?
- Do you think your cultural background influences how you think about mental health? If so, how?
- Why is mental health an important or not so important issue in your community or culture?

We are all going through a significant disruption in our lives due to the need for social distancing in an effort to contain COVID-19.

- Please reflect how, in your experience or impression, how were mental health issues affecting graduate students before this disruption? How about after? and wellness?
- What are some examples of wellness strategies that you use or that you know that your fellow students used prior to COVID-19? How about after?
- How would you describe your work/life balance prior to COVID-19? How about after?
- What barriers have you faced while you have been a graduate student (either before or after COVID)? How did you manage that?
Insights

Themes Across Populations

Dissonance in individual and community concepts of mental health-wellness

Regardless of their demographic or citizenship profile, students indicated that their understanding of mental health and wellness differs from those that they perceive within their cultural, geographic or familial community. Most students in all groups expressed that in their communities there is at best a sense of discomfort and at worst a sense of taboo and stigma in discussing mental health. Individually, students had developed different attitudes about both what constituted mental health/wellness and about discussing these concepts. In all groups, the individual descriptions of mental health emphasized language around “balance” and “peace”. Interestingly, the terms used by the group of female students also included concepts around “control”. Among the populations, under-represented minority students and international students described the concepts in terms of the greatest difference from the terms acceptable in their cultures. These students suggested that cultural concepts of mental health and wellness were largely externalized (professional success, family life).

In the words of one under-represented minority student:
Mental health and wellness as concepts are non-existent in my community really because as long as you are alive you are well. Mental and physical health are not a big priority in general in my Hispanic community. Like I mentioned before, mental health is associated with being crazy like someone else mentioned. Physical health is not a priority (generally speaking at least in my experience growing up) because it would mean changing traditions like the way meals are cooked, what ingredients are used, quantities, etc. Hence, I experience judgement when I would change my mindset regarding my physical health.

Among the group of international students the progression in mindset from the native culture mindset to another conceptualization was well described thus:

For my culture, wellness meant financial and personal independence. Sophomore year, I experienced depression because I didn’t know how to open up with my emotions during college. I had an American faculty advisor who said “you should go to the counseling center”; and it wasn’t until then that I realized “OK, there are doctors for my mental being”; that opened a door for me to recognize mental issues and how to ask for help; I had a very good counselor for two years; from there it is more intercultural. I have transitioned to more of a western style of thinking about emotions; I am more crossover to the western style.

Female students similarly assessed community-informed ideals of wellness as external (income, appearance).

More than one group expressed dissatisfaction with the definition of “wellness” offered as a starting point in the discussions. This view is expressed thus by one participant: “as I continue to reflect on the question, the way it is written it implies membership into a singular culture/community, and I can identify with many, including the community of my academic program and would now answer differently for each.”

It is likely that the definition introduced in the discussion was poorly worded. But the negative reactions expressed could also be a reflection of the fact that some of these terms are difficult to separate from some level of cultural framing. It is interesting that “wellness” prompted more such responses than “mental health”. Perhaps the students’ ideas about mental health conveyed less of a sense of a social construct than “wellness”. This may be related to the use of “wellness” in contemporary corporate marketing around products and thus carries with it a sense of privilege. Future discussions or similar efforts might make use of a student focus group to identify culturally neutral language.
Advisor Issues

The theme of a problematic relationship with an advisor emerged in discussions with each student population. In the group of under-represented minority students, one student reported that she felt that her advisor and department didn’t want to hear about her mental health issues. She reported that “when I shared some issues/concerns with my advisor they said ‘sounds like you need therapy’. She felt like they were unwilling to hear her challenges.

Similarly, in the group of women students, one student said that her major barrier pre-COVID-19 was a bad fit with her advisor. The student indicated that she resolved the issues, but not without risk to her standing in the department: “I had to maneuver the situation carefully and felt the impact of the hierarchy.” Two of these students expressed a desire for their programs and their advisors to recognize and support their mental health and wellness. For example, one student said “wellness needs to be added into the expectations of our programs, not additive and external.” Extending the wish that departments would accommodate wellness and mental health into the framework of the programs, one student remarked “wouldn’t it be great to have one person on your committee tasked with checking on your mental health and wellbeing?”

The conversation among international students was remarkable for the extremity with which they described their issues with their advisors. More than one student used the term “abuse” to describe their relationship with their advisor (or reported having seen a friend fall victim to such a dynamic).

For example, one student said:

I have seen a lot of cases of abuse of power. It is an issue for international graduate students. Because they have fewer options, less recourse. They are being taken advantage of. I have heard of very abusive language. Students say they experience racism in assignment of work and credit. It is something that you cannot even resolve within the program. When they try to go to the department they were not successful and
they decide to live with an advisor and try to get out as quickly as possible. I have heard this a lot.

The students who expanded on these issues emphasized a sense of fear that was heightened by concerns about the ability to retain funding from their supervisors and, by extension, their ability to retain their enrollment in the program and their eligibility to remain in the country, given the relationship between their funding and their visa status. Students describe a sense of powerlessness in the face of an advisor who they believe controls their ability to continue in the program, remain funded and not face deportation. One student described a friend who had this happen to him:

Finding funding as an international student is a huge stressor. And what he says is true, if you don't have a good advisor you are screwed as an international student. It also happened to a friend of mine, he was basically pushed away from his program by his advisor, he had to drop out and left to his country. He is still trying to come back to another university.

Post-COVID Responses

Questions about students’ responses to the shutdown in response to COVID-19 were added because it felt important to acknowledge current situations, and also to gauge the students’ sense of how adaptive their coping strategies were.

Students who were not able to continue their research (due to lack of access to wet labs, for example) felt increased anxiety. So did students who were concerned about the access to health for families outside of the U.S. Two students also indicated anxiety related to diminished social interactions. While there were seven students who indicated heightened anxiety as a result of the lockdown in March, ten reported feeling less stress. Factors they cited as contributing to their feelings of being more relaxed related primarily to their ability to set their own schedules. They reported being able to sleep better, finding time to prioritize journaling, meditation and exercise. These students also indicated that they felt more productive and
relieved to some extent to have different (and likely fewer) interactions with advisors. Here are the words of one of these students:

I feel like COVID is a blessing in disguise for me. I need time to take a breath and prioritize the things in my life. I realized that I was not putting myself first because I had many other roles to fulfill including being a PhD student. I have started journaling and reading non-academic books because I need to take care of myself. I am working on making positive changes in my life and taking a better path in life now than I was a few months ago.

Students who were not able to continue their research felt increased anxiety. One student’s response:

In my experience, it completely wrecked my progress, my work is 100% in a wet lab. Reading can only go so far when you can't plan and perform experiments to see what next steps are necessary. Also add all the stress of the threat that the pandemic poses to my family that still lives in a country with a deplorable health system.

One student also indicated anxiety related to diminished social interactions. This student describes the measures she took to address this:

Staying at home took a strain on my health after a few weeks because I could go days without talking to anyone, not even in online classes. So my classmates and I decided to meet on Zoom to do homework, or discussions and sometimes just to interact with each other. It helped to alleviate the isolation I felt.
Summary of Responses to the Guiding Questions by Group

Defining Mental Health/Wellness

Responses from Under-represented Minority doctoral students:

- There is a disparity between how students feel about mental health and how their communities conceive of it. Generally students described mental health as an ability to find a sense of emotional balance in response to different demands. Community conceptions were explained differently as “weakness” or “indulgence” - in other words, in terms of a failure to perform in ways that are traditionally acceptable.
- Balancing the norms and expectations of multiple communities or identities is ‘exhausting’.
- Three students reacted to the definition of the term “wellness”. One student said that “sharing a definition of “wellness” in the context of how it is used in the U.S. feels a ‘little oppressive’ because it is giving a framework of how we view this word, when in fact in her background as a speaker of English as a second language, there is not necessarily a translation. In her community (Asian), there is another component, which is prosperity. There is an external aspect as well as an internal one. A second student expressed the sense that the definition ignores other dimensions and offered this definition instead: Wellness is trying to be able to listen and give yourself permission to seek out resources that you may need.
- Many students have found mental health has to be about their own needs separate from the expectations of their communities.

Responses from International doctoral students:

- Students identified a disconnect between personal ideas of mental health/wellness and cultural norms. Most acknowledged that perceptions of mental health in their home country are changing slowly, but individually they have adopted new concepts of mental health. These students described a kind of “journey” in their own perceptions of these ideas.
- Conversation also included discussion around the toxicity of traditional ideas of masculinity (as an inability to express emotions beyond anger and aggression).

Responses from Women Doctoral Students:

- Descriptions of mental health emphasized both “a sense of control” and “balance”. Three of the participants acknowledged a sense of “taboo” about discussing mental health.
- Students described dissonance around wellness. For some students the concept of wellness was informed by superficial considerations around appearance. In response,
students reported finding ways to focus on internal (mental or spiritual) health and on finding balance between care of mind and body.

- Several students noted the impact of imposter syndrome as a part of the “culture” of higher education that isn’t discussed openly.

Strategies and Barriers before and after COVID-19

**Responses from Under-represented Minority doctoral students:**

- COVID and stress management: two students expressed a reduction in stress since isolation has put a necessary pause on some expectations and allowed students to create and maintain their own schedules. Media is ‘overwhelming’ and many students indicated that they needed to tune out the news and media.
- Strategies for coping with stress included setting a schedule, helping others, enjoying the little things, “holding space”, finding ways to connect socially and physical activity.
- A majority of the students had sought out ASU Counseling Services. Two of the participants reported difficulty in obtaining appointments. One indicated that she had difficulty finding a psychiatrist who could understand her cultural context.
- Several students noted faculty reluctance to discuss wellness/mental health and balance with their students, and felt deflected when the advisor suggested that they seek counseling.

**Responses from International doctoral students:**

- Four students expressed a sense of powerlessness in the power dynamic with their advisor or supervisor. Students feel vulnerable to advisors’ control of their funding and, by extension, visa status. These were generalized as pre- and post-COVID issues.
- Four of the students said that they feel less stress post-COVID in general based on more flexibility in their schedules and less problematic interpersonal experiences in the workplace (i.e. lab). However, two students whose research is in a wet lab or in the field and therefore cannot continue during the shutdown reported higher levels of stress.
- Strategies for coping with stress included exercise, meditation, dealing with emotions, meeting friends on Zoom.
- Six of the students said that pre-COVID they had availed themselves of some resources at ASU, including Sun Devil Fitness Center, and department Lunch and Learns. Two students had made use of ASU Counseling Services on their own. One student indicated that he had not been aware of the resources until he had found himself consulting the Dean of Students office and they had referred him to other resources.
Responses from Women Doctoral Students

- Emotional responses to COVID-19 were mixed. Students acknowledged having had some anxiety prior to COVID-19 due to other factors (lack of connection to department, transition from professional career to academe, finance) which had increased. One student whose work in a wet lab was halted described the inability to continue her research as a loss for which she felt a level of grief. Three students indicated that the transition to working from home had minimal impact on their productivity and wellbeing. One student indicated that they felt less productive and emotionally overwhelmed.

- Strategies for coping with stress included yoga, meditation, a class on transformational leadership and embodied activism, getting enough sleep, using schedules and to-do lists to keep on track, making checklists to feel accomplished during the week, and Zoom with friends.

- Three students referenced having issues with their advisor. One student made a change to her advisor based on fit.

- Three students had reached out to ASU Counseling Services at different points in their career as graduate students. One student indicated that their hours did not suit her needs. Students who had engaged ASU Counseling Services mostly felt that the experience was positive. Two students had also utilized department resources such as lunch & learns.

Conclusion

The listening sessions offered a glimpse into the perspectives of a fraction of doctoral students at Arizona State University enrolled in different disciplines. There are clear limitations in these findings, such as small sample size and the fact that these voices are from students who self-selected to participate. However, it is worth noting that each session concluded with students thanking the group for allowing them to share and to be heard. Comments collected in the post-session surveys also highlighted the appreciation of the students to receive an opportunity to communicate their perspectives, opinions and suggestions regarding the graduate student experience.

Facilitators met the week after the sessions and shared what they were surprised to hear from the participants. Most facilitators did not expect to hear some students report increased mental health/wellness post-COVID-19. They were interested to hear the way that students describe their changing perspectives on mental health and wellness. They noted the eagerness of students to have a space like the session in which to share with and listen to fellow students about their non-academic development.

While it was troubling to hear the problematic relationships that one-third of the international students reported experiencing with their advisors, much of what was shared in the sessions
demonstrated the capacity of all of the doctoral students to find strategies for coping with stress factors common and uncommon to the graduate student experience.

Note: The last Listening Session occurred on May 13, twelve days prior to the death of George Floyd, which triggered international protests in support of the Black Lives Matter movement. Undoubtedly there might be different responses from each of these groups in response to this moment.

Next Steps

- The Student Support Resources unit of the Graduate College will expand training for students on negotiating conflict with advisors through mini-webinars, best practice documents and orientation sessions.

- The students’ reaction to the definition of the term “wellness” will be shared with the units who partnered with the Graduate College on this project in order to highlight the need to utilize terms that are culturally inclusive in future programming around these issues.

- Continued efforts to open space for sharing experiences, strategies and anxieties would seem to be warranted. Over the last year, ASU Counseling Services has partnered with the Graduate and Professional Student Association and with some academic units to host graduate student talks that would be a good model to build on and expand with collaboration of some of the units who helped in facilitating the sessions.

- Additional space should be programmed into the onboarding of incoming graduate students - especially international doctoral students - for sharing of experiences and also some advising on how to manage power dynamics in their academic units.

- Engage the Graduate Faculty Mentor Academy in generating awareness of best practices for advising of graduate students

- Similarly, the Graduate College should expand opportunities to help students adopt a preventative approach and mindset in utilizing campus resources addressing mental health, wellness and fitness.

- Peer-to-peer mentor groups such as the ones launched this Fall (CIRCLES) through the Graduate College provide another opportunity for students to share with and support each other in their academic development.

- Take up the 2019-20 GPSA resolution to form a coalition among GPSA, Graduate College, ASU Counseling Services and Sun Devil Fitness Center with the intent to effectively coordinate and communicate resources to graduate students.
Recommendations

Graduate College

- Through the work of a coalition, connect resources and communication about resources across campus in proactive support and promotion of graduate student wellbeing.
- Annualize listening sessions around graduate student mental health and wellbeing.
- Distribute best practice efforts of the Graduate Faculty Mentor Academy to academic units.
- Share findings of CGS-JED Workshops with academic units.

University

- Assess and address any identified disparities in mental health resources among minoritized communities of graduate students.
- Provide resources for continued data collection on graduate student wellbeing.
- Celebrate efforts of academic and other units that demonstrate innovation in promotion of graduate student wellbeing.