

RUTGERS GRADUATE STUDENT MENTAL HEALTH SURVEY REPORT

APRIL 2022

MENTAL HEALTH COMMITTEE
GRADUATE STUDENT ASSOCIATION



Survey data were analyzed and summarized by
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Graduate Student Mental Health Committee

April 13, 2022

Dear members of the Rutgers community,

Following is a summary of the results from the **2021 Graduate Student Mental Health Survey** administered from May 2021 to February 2022 by the Graduate Student Mental Health Committee (MHC) of the Rutgers University Graduate Student Association (GSA).

This survey was created for the graduate student community and recognizes that mental health and wellness resources are important to ongoing University-wide efforts to enhance student wellbeing, enabling students to thrive both personally and professionally. The overarching goals of the survey were to understand the state of Rutgers graduate students' mental health, to identify their needs, and to provide a platform for students to anonymously share their experiences and ideas through a short series of open-ended questions.

This report will be shared publicly on the GSA website, as well as directly to relevant University offices to educate and inform our collective efforts to support student wellbeing across the University. The survey results provide information that can help to guide revision of ongoing and creation of new wellness initiatives that may reach classrooms, departments, offices, student organizations, and schools across the University.

Our analysis has expanded our understanding of graduate students' experiences and revealed possible areas for us to continue to explore together, as a university community, to improve student life. While responses to survey questions varied across the student body, most students who participated in the survey shared common concerns with campus resources.

We invite you to learn more, share your thoughts, and get involved in this important work – whether you are a student who wants to learn how to care for yourself or your friends, a faculty member interested in expanding your skills to better support your students and colleagues, or a staff member working with students at Rutgers. There are many ways to contribute within your school and at the University-level through student-led initiatives, task forces, committees, and more. Students can also find additional information about campus resources on the [GSA website](#).

Sincerely,



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OVERVIEW

The Graduate Student Association (GSA) Mental Health Committee (MHC) distributed a mental health survey to Rutgers University - New Brunswick graduate students in May of 2021. We know that a strong feeling of wellbeing in many different categories is a critical contributor to students' capacity to thrive during graduate school, both academically and socially, based on previous studies [1, 2] and personal experience. Wellbeing is a complex topic; as we review and develop current services and programs, and as we explore new ideas, our knowledge of what wellbeing means in the Rutgers community continues to evolve.

The Survey

The survey was designed to understand the current state of Rutgers graduate students' mental health and the challenges that they face. An additional goal of the survey was to gather data to better inform the University administration of our graduate students' needs to help guide the creation of further support services and activities. This report provides an analysis of the data from the **2021 Graduate Student Mental Health Survey** and is divided into the following sections:

1. Overview
2. Survey Findings
3. Recommendations & Resources

The results of the 2021 Survey add to our knowledge of the issues that graduate students face, particularly those concerns connected to mental health. It also aids us in identifying areas where we can make new or improved efforts to support student wellbeing at Rutgers. These quantitative survey data, as well as qualitative student comments in the open-ended responses, complement and enrich what we gain from other data sources. These data should aid ongoing planning at Rutgers to maintain a vibrant student body and a beloved community that fulfills the University's mission.

Survey Methods

The survey was created by the Rutgers University Graduate Student Mental Health Committee (MHC), a committee under the Graduate Student Association (GSA). A copy of the survey can be found in the Supplemental Materials (**S1**). The survey was first distributed to all Rutgers graduate degree-seeking students in May 2021 and remained open until February 2022. Participants were invited to take part in the survey by emails from university leadership and the GSA, and it was completed via Qualtrics, an external survey administrator. All survey responses were anonymous (with no names or identifying information recorded), and Rutgers was not given any information about individual respondents. The Rutgers University Institutional Review Board (IRB) approved the survey and its procedures. The following themes were addressed in the survey questions:

- Awareness and use of Rutgers resources and services
- Overall mental health, including stress, coping and resilience, and sources of support
- Use of mental health treatment options and help seeking skills
- Open-ended questions around mentor relationship and overall mental health

Survey Responses

A total of 254 students completed the survey.

Participant Demographics

This section includes crucial demographic information for student survey participants, such as gender identification, race/ethnicity, sexual orientation, age, and the respondent's year in their graduate program. The majority of students who participated in this survey identified as female (68.5%, Fig. 1). Most students were of white ethnic background (54.3%, Fig. 2) and identified as heterosexual (67.3%, Fig. 3). Most participants were aged 25-34 years old (61.5%, Fig. 4) and were in doctoral programs (71.4%, Fig. 5). The survey participants represented all years of degree progress with 12.7% of participants being first-year graduate students, 23.9% second-years, 25.9% third-years, and 37.5% of participants in their fourth year or more (Fig. 6). Additionally, 83.7% of respondents did not identify as international students (Fig. 7).

Figure 1. Participant Gender Identity

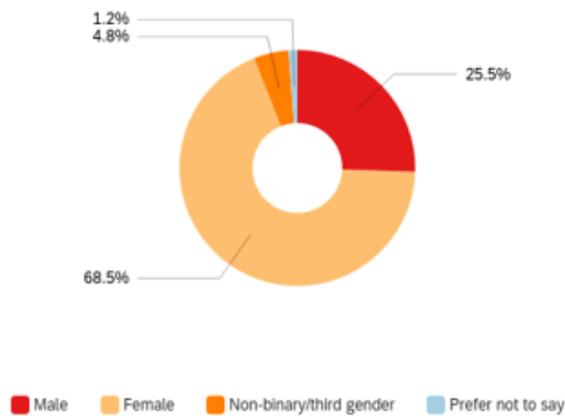


Figure 2. Participant Race/Ethnic Background

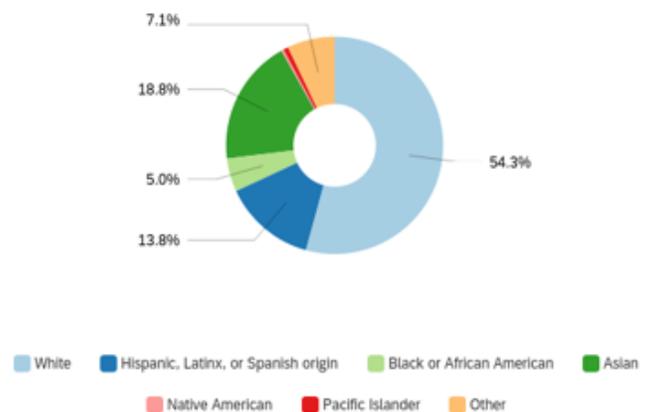


Figure 3. Participant Sexual Orientation

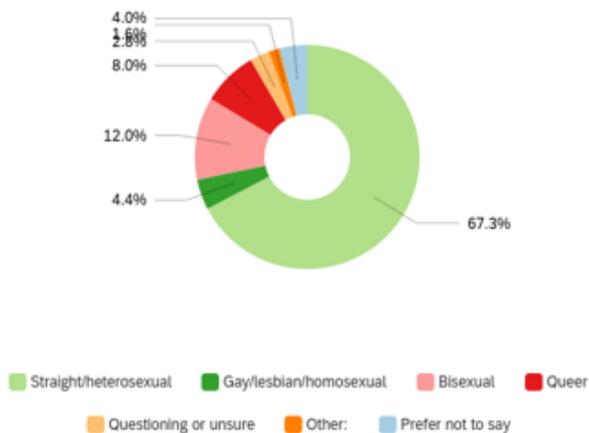


Figure 4. Participant Age

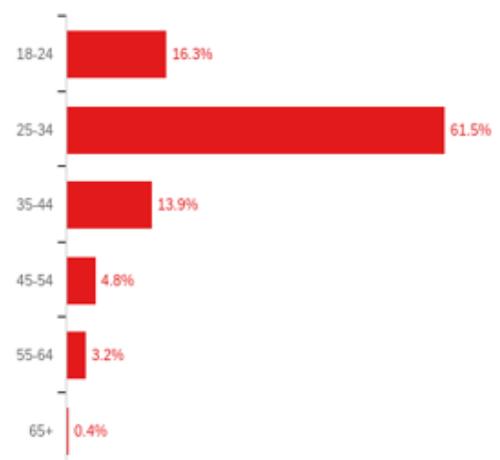


Figure 5. Participant Graduate/Professional Program

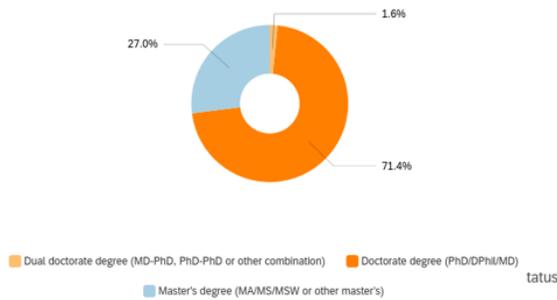


Figure 6. Participant Year in Academic Program

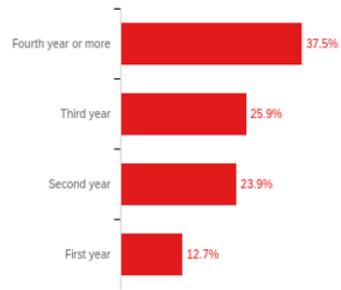
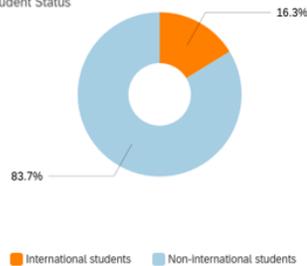


Figure 7. International Student Status



SURVEY FINDINGS

I. WORK-LIFE BALANCE

Most students did not report any caretaker responsibilities (79.3%), while 10.8% reported that they take care of an adult and 8.8% take care of a child under 12 years of age (Fig. 8). We found that 71.8% of graduate students had a job, including those with teaching assistantships or graduate assistantships; thus, only 28.2% did not have paid work in addition to their studies (Fig. 9). When asked how many hours per week students spend on their graduate program-related work on average, including their coursework/studies and lab work, students reported a range of responses (Fig. 10a). Collectively, 40.1% of students spend an average of 10-30 hours on program-related work per week, while 37.7% spend 31-50 hours on program-related work.

Figure 8. Caretaker Responsibilities

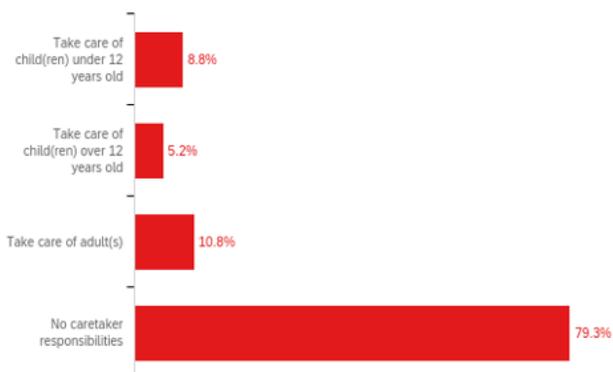


Figure 9. Participants with jobs in addition to their studies. Jobs include teaching assistantships, graduate assistantships, etc.

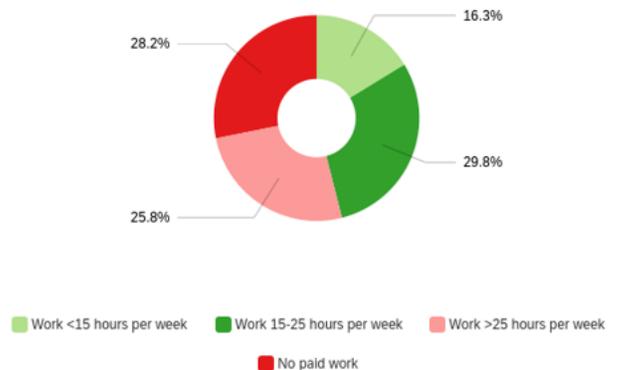


Figure 10b depicts the variation in time spent on program-related work when analyzed by graduate program type (Master's program, Doctorate program, Dual degree program). When asked how many hours per day students spend on leisure activities on average, 17.9% reported three hours or more per day, 43.8% reported up to two hours per day, 31.1% reported up to one hour per day, and 7.2% reported no regular leisure activities (Fig. 11).

Figure 10a. Average hours/week spent on graduate program-related work

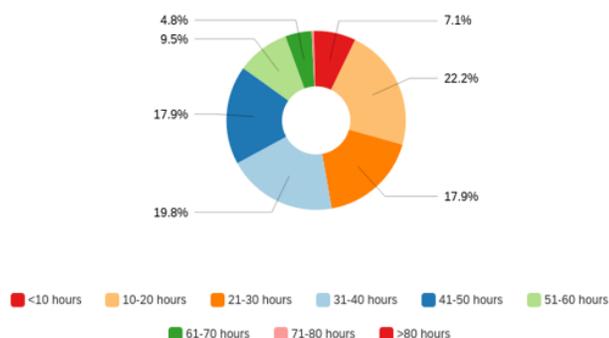


Figure 10b. Average hours/week spent on graduate program-related work analyzed by type of graduate program

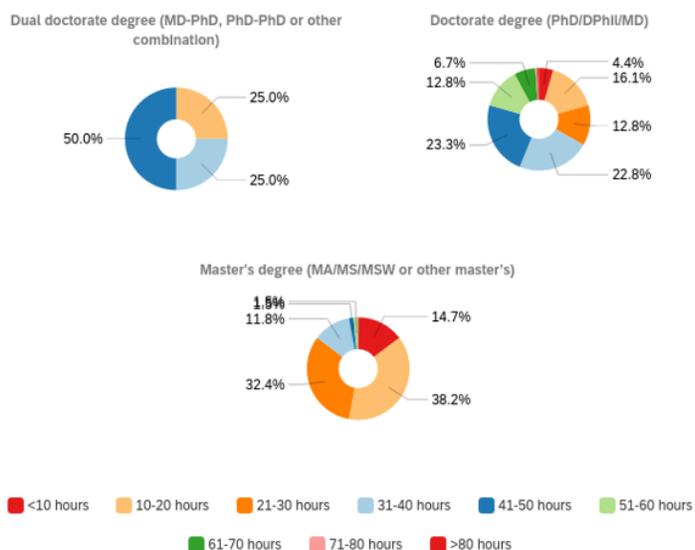
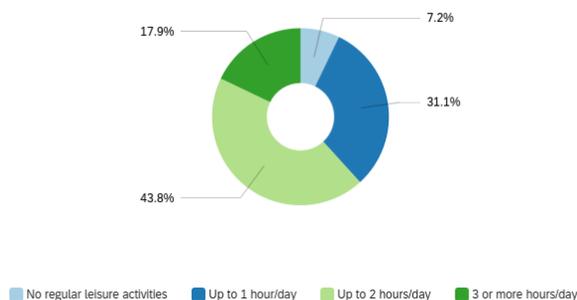


Figure 11. Average time spent on leisure activities (hours/day)



II. OVERALL HEALTH & MENTAL HEALTH

The focus of this section is on overall health and wellbeing, as well as mental health. It encompasses themes such as stress and mental health concerns including anxiety, depression, and post-traumatic stress disorder. It also asks about social supports and how students employ coping skills when faced with obstacles.

When asked about experiencing any mental health issues related to their graduate program workload, such as anxiety or depression, nearly 80% of participants answered “yes” (Fig. 12).

Those who responded affirmatively were then asked to describe their mental health concerns, with the option to select more than one answer from the options shown in Table 1 below. In addition, these responses reflected the participants' own perceptions of their concerns, as the question noted that it was not required to have a professional diagnosis of the mental health concern/condition. Of the 201 respondents who answered "yes" to workload-related mental health concerns, 97.5% reported experiencing anxiety, while 77.1% reported prolonged sadness/depression, and 49.8% reported experiencing panic/panic attacks (Table 1). Furthermore, over half of the surveyed population reported that, at some point in their graduate program, they seriously contemplated quitting their program (55.6%, Fig. 13).

Figure 12. Mental Health Concerns Related to Workload

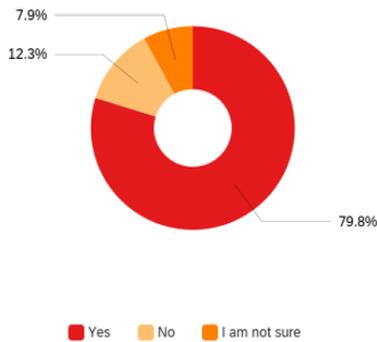


Table 1. Graduate Student Mental Health Concerns (respondent totals)

Field	Percentage
Anxiety	97.5%
Prolonged sadness/depression	77.1%
Panic/panic attacks	49.8%
Development of a potentially unhealthy coping behavior (such as increased substance use or self-harm)	36.3%
Development of an obsessive-compulsive tendency	18.4%
Other (please comment)	6.5%
Prefer not to answer	1.0%

When participants were asked about whether or not they experienced a mental health crisis while in graduate school; a mental health crisis was defined as "a situation in which your behavior puts you at risk of hurting yourself or others and/or prevents you from caring for yourself or functioning effectively." About 30% of respondents answered "yes" and 55% answered "no," while 15% answered that they were unsure (Fig. 14). For those that answered "yes," the majority were triggered by extreme feelings of anxiety, panic, and/or depression (Fig. 15).

Figure 13. Have you ever seriously contemplated quitting your graduate program?

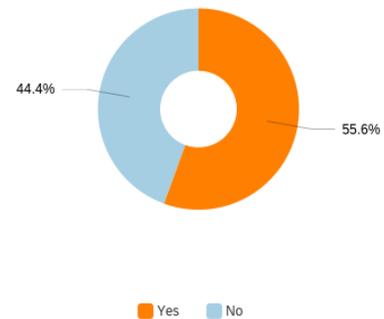


Figure 14. Have you experienced a mental health crisis while in graduate school?

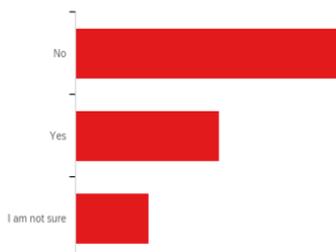
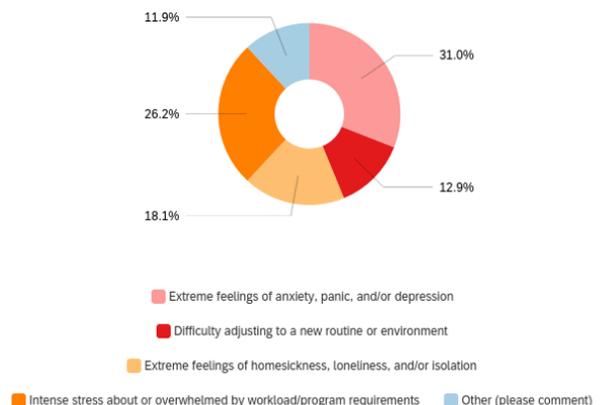
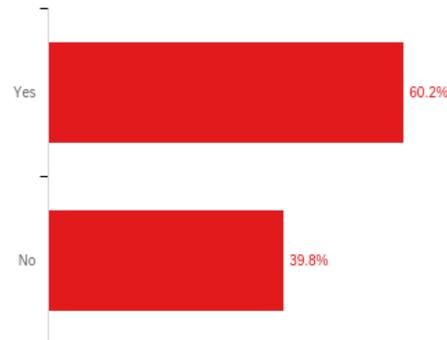


Figure 15. Triggers of Mental Health Crises in Graduate Students



Interestingly, most students reported that they did not consult their graduate program in response to their mental health crisis (~67%), which may have been driven by the fear of the how faculty and peers would perceive them for reporting mental health issues (Fig. 16).

Figure 16. Are you afraid/concerned that disclosing mental health issues could have an impact on how other students, faculty, and/or staff perceive you?



Prior to starting their graduate studies, 61.5% of students reported not being diagnosed by a mental health professional with any mental health condition (including depression, anxiety, increased substance use, eating disorder/self-harm, trauma/stressor related disorder, or obsessive-compulsive disorder). Of those with previously diagnosed conditions (Fig. 17), most students reported depression (34.5%) and anxiety disorders (36.1%). Since starting their graduate studies, 69.4% of students reported not being diagnosed by a mental health professional with any of the forementioned mental health conditions, while 30.6% were diagnosed with a mental health condition while in graduate school. Interestingly, within the population of students who were diagnosed with a mental health condition since beginning their graduate studies (Fig. 18), the proportion of each condition almost mirrored the proportions of the conditions diagnosed prior to starting graduate school (Fig. 17). In addition, nearly all the survey respondents (92.1%) reported that they have not sought accommodations through the Office of Disability Services (ODS) for their mental health.

Figure 17. Mental Health Conditions Diagnosed Prior to Graduate School

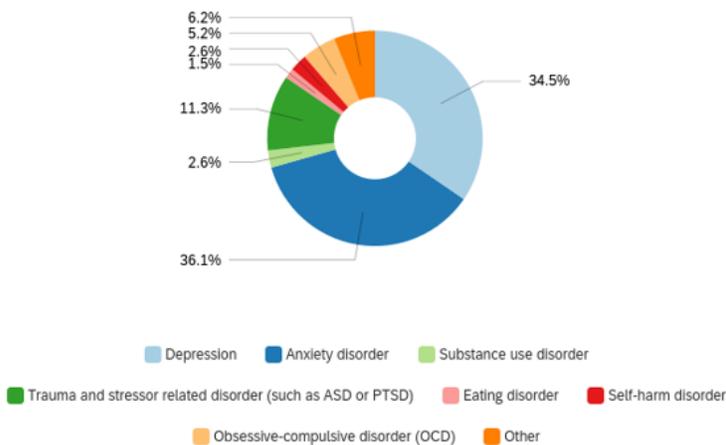
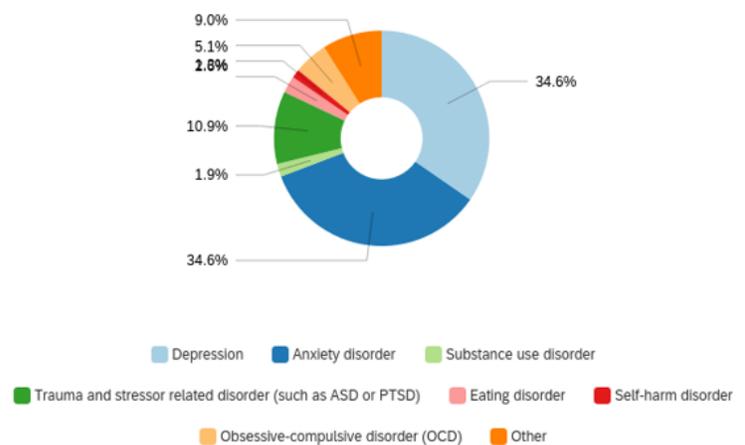


Figure 18. Mental Health Conditions Diagnosed Since Starting Graduate School



The majority of graduate students self-reported their overall mental health to be “fair” (53.6%), while 9.5% reported having “poor” mental health. A further 31% reported “good” mental health and 6% reported “excellent” mental health (Fig. 19). In addition, over half of the respondents stated that their mental health had either “significantly worsened” (30.6%) or “worsened a little” (35.7%) since the start of their graduate experience (Fig. 20). When asked to rate their own mental health against the perceived mental health of the average student in their graduate program/department, most students rated their own mental health status as “as good as/average” (40.5%) or “somewhat worse” (31.3%) than that of their peers (Fig. 21).

Figure 19. Self-reported Overall Mental Health Rating

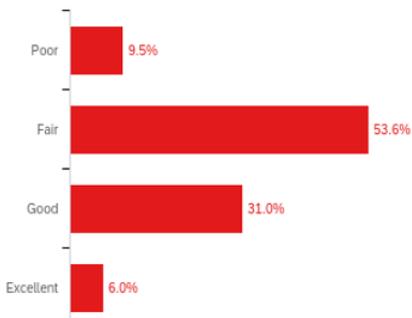
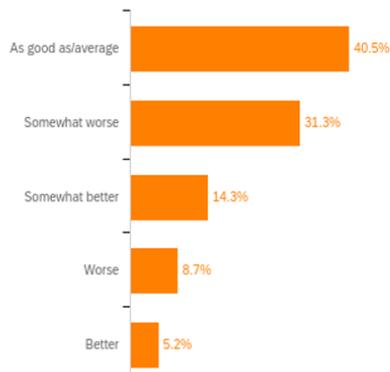


Figure 20. Since the start of your graduate school experience, would you say that your mental health has:



Figure 21. Do you think that your mental health is better or worse than the mental health of the average graduate student in your department/program?



III. RESOURCES, HELP SEEKING & COPING SKILLS

When asked how often the survey participants let someone in their personal life know about a problem or worry that affects their mental health, 52.4% reported “sometimes,” while 29.4% reported “most of the time” (Fig. 22). Furthermore, 44% reported that they would be somewhat likely, while 34.1% reported that they would be very likely to seek professional help if they were to experience a mental health issue (Fig. 23). Of the respondents who reported experiencing a mental health concern while in graduate school, 12.5% did seek help from a Rutgers mental health professional, though a greater proportion (20.2%) looked to a professional outside of Rutgers (Fig. 24). In agreement with the responses from Fig. 22, many students also reached out to friends

inside (13.2%) and outside (25.2%) of Rutgers, as well as family members (22%, Fig. 24). However, few would turn to a faculty/staff member in their department at Rutgers (4.4%, Fig. 24). If they chose not to seek help, timing issues (36.7%), such as busy schedules or conflicts with hours of operation, and financial factors (26.7%), such as insurance coverage issues or not being able to afford the cost of help, were two of the main barriers for students (Fig. 25). Also of note, a third main barrier to seeking help for graduate students was stigma or embarrassment (20%, Fig. 25).

Figure 22. When you have a problem or worry that affects your mental health, how often do you let someone in your personal life know about it?

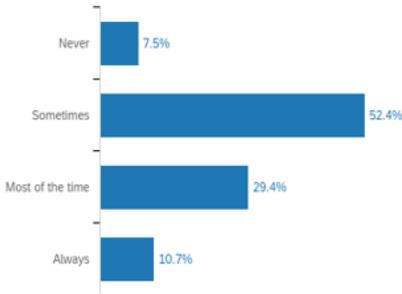


Figure 23. If you ever feel that you are experiencing a mental health issue, how likely would you be to seek professional help (such as a doctor, psychiatrist, or therapist)?

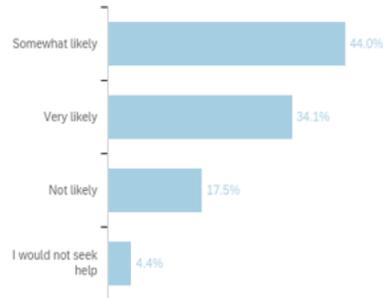


Figure 24. Sources of Help when Experiencing a Mental Health Concern during Graduate School

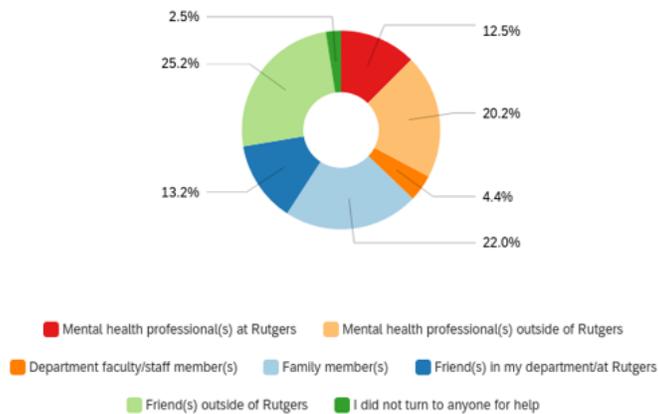
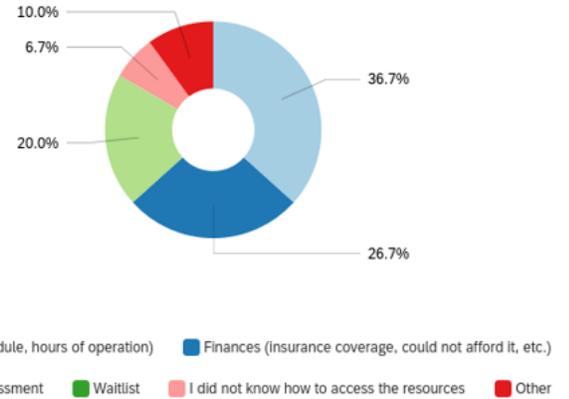


Figure 25. Reasons for Not Seeking Help for a Mental Health Concern



We asked survey participants if they were aware of the mental health resources provided on campus, such as Counseling, Alcohol and Other Drug Assistance Program & Psychiatric Services (CAPS), and if they felt they needed help finding healthy ways to cope with their mental health concerns. About 84% of students were aware of on-campus resources available to them, while 10% did not, and 6% were not sure (Fig. 26). Over a third of participants (38.5%) felt that they needed help finding healthy ways to cope with mental health concerns such as stress, anxiety, and depression, while another 30% of participants reported that they might need help with coping mechanisms (responded “maybe”), as seen in Fig. 27.

Figure 26. Are you aware of the mental health resources that are available to you on campus as a graduate student (for example, CAPS)?

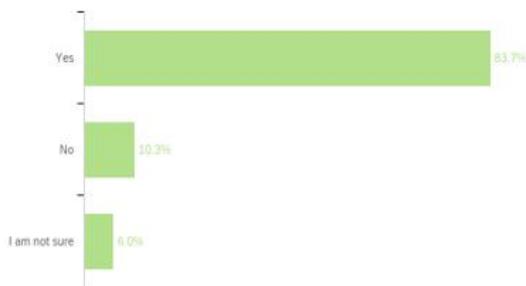
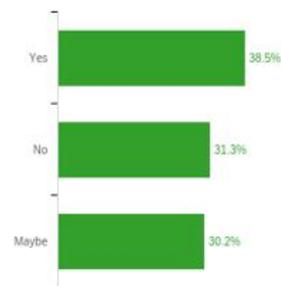


Figure 27. Do you feel that you need help finding healthy ways to cope with mental health concerns (stress, anxiety, depression, etc.)?



We also surveyed graduate students on their experiences with and opinions around the mental health resources at Rutgers University. Participants were asked to answer using a 5-point Likert scale based on how strongly they agreed/disagreed with a series of statements: strongly agree, somewhat agree, neutral (neither agree nor disagree), somewhat disagree, or strongly disagree. These results are compiled in **Table 2** below.

When asked if they believe that Rutgers offers adequate one-to-one mental health support/counseling, about 30% of students either strongly or somewhat agreed, 43.8% felt neutral, and about 26% either strongly or somewhat disagreed. When asked if Rutgers offers different types of support to promote mental health and wellbeing beyond one-to-one support, about 47% of respondents either strongly or somewhat agreed, while 39.1% felt neutral, and about 14% either strongly or somewhat disagreed. Nearly half of the respondents (48.2%) were

Table 2. Mental Health Support at Rutgers: To what extent do you agree with the following statements?

<i>Statement/Question</i>	<i>Strongly agree</i>	<i>Somewhat agree</i>	<i>Neutral</i>	<i>Somewhat disagree</i>	<i>Strongly disagree</i>
Rutgers offers adequate one-to-one mental health support/counseling.	11.6%	18.5%	43.8%	14.1%	12.0%
Rutgers offers different types of support to promote mental health and wellbeing beyond one-to-one support/counseling (such as workshops, seminars, etc.).	17.3%	29.8%	39.1%	8.5%	5.2%
Mental health and wellbeing services at Rutgers are tailored to and appropriate for the needs of graduate students.	6.1%	15.8%	48.2%	17.4%	12.6%
My advisor/supervisor/PI (or other faculty you frequently interact with) have good awareness of support services and can refer me to them if needed.	13.1%	24.2%	37.7%	12.7%	12.3%
Members of my department make time for conversations about student mental health and wellbeing.	12.7%	23.0%	25.8%	19.0%	19.4%
My program/department at Rutgers supports a healthy work-life balance.	11.6%	23.1%	25.9%	22.3%	17.1%
I am hesitant to seek counseling on campus because I do not want to be seen by my peers.	7.2%	15.1%	18.3%	21.1%	38.2%

neutral when asked if the mental health and wellbeing services at Rutgers were tailored to and appropriate for the needs of graduate students, while only about 22% either strongly or somewhat agreed. Survey participants answered mostly neutral (37.7%) when asked if their advisor has a good awareness of the support services and can refer them to these services if needed; however, about 37% either strongly or somewhat agreed and about 25% strongly or somewhat disagreed. The survey results were similarly split when asking if graduate students' departments make time for conversations about student mental health and wellbeing. Additionally, when asked if their program/department supports a healthy work-life balance, about one-fourth of respondents (25.9%) felt neutral, while over one-third either strongly/somewhat agreed (34.7%) or strongly/somewhat disagreed (39.4%). Overall, it is likely that the culture surrounding graduate student mental health, including awareness and support, is highly department-, program-, and/or advisor-specific and that this culture varies widely across the university. Furthermore, to try to determine the extent to which stigma or embarrassment may affect students' decisions to seek help, we asked how strongly participants agreed with the following statement: "I am hesitant to seek counseling on campus because I do not want to be seen by my peers." Interestingly, the majority of participants (59.3%) strongly or somewhat disagreed, while 22.3% strongly or somewhat agreed and 18.3% were neutral.

IV. IMPOSTER SYNDROME

Imposter Syndrome, also known as the Imposter Phenomenon (IP), is a compilation of feelings of inadequacy, especially regarding academic or professional ability. Imposter Syndrome commonly manifests as chronic self-doubt, worry, and low self-esteem. Even when confronted with evidence of one's validity and accomplishments, feelings of inadequacy persist. In the current survey, we aimed to determine the extent of Imposter Syndrome in Rutgers graduate students. Similar to the previous section, participants were asked to answer using a 5-point Likert scale based on how strongly they agreed/disagreed with a series of statements. These results are compiled in **Table 3** below.

Table 3. Imposter Syndrome Question Series: To what extent do you agree with the following statements?

<i>Statement/Question</i>	<i>Strongly agree</i>	<i>Somewhat agree</i>	<i>Neutral</i>	<i>Somewhat disagree</i>	<i>Strongly disagree</i>
I often compare my ability to those around me and think that others are more intelligent or capable than I am.	43.7%	35.7%	9.9%	6.7%	4.0%
I feel bad/discouraged if I am not "the best" or at least well above average in situations that involve achievement.	36.1%	40.5%	11.9%	8.3%	3.2%
I feel confident in my abilities as a student.	19.4%	43.3%	15.5%	19.4%	2.4%
I feel that I am at the same level of ability as other graduate students in my department/program.	13.9%	41.8%	15.1%	23.1%	6.0%

When asked if students often compare their ability to those around them or think that others are more intelligent/capable, almost 80% of graduate student respondents strongly or somewhat agreed, while only 10.7% strongly or somewhat disagreed. When asked if students felt discouraged if they were not “the best” or at least well above average in situations involving achievement, about 77% of students strongly/somewhat agreed, while only about 12% strongly/somewhat disagreed. Most students reported that they feel confident in their abilities as a student (62.7% strongly/somewhat agreed). A little over half of participants (55.7%) reported that they strongly/somewhat agree that they are at the same level of ability as other graduate students in their program, while about 23.1% somewhat disagreed and a smaller minority were either neutral (15.1%) or strongly disagreed (6%).

V. OPEN-ENDED QUESTIONS

The survey concluded with the following open-ended questions:

1. How could your advisor/supervisor/PI (or other mentors) be more supportive of your mental health and wellbeing?
2. What would you like to see from your GSA Mental Health Committee?
3. What do you want Rutgers University to know about mental health as a graduate student?

The below responses in **Tables 4, 5, and 6** are included as examples. **A comprehensive list of all open-ended survey responses can be found in the Supplemental Material (S2).**

Table 4. Question 1 Responses: How could your advisor/supervisor/PI (or other mentors) be more supportive of your mental health and wellbeing?
Bring up resources when onboarding
Sometimes it feels like they have high expectations and want us to keep working even if there is already a lot on our plates.
Regular, sincere, actual check-ins, communication, listening, respect. I have seen mentorship improvement plans come and go, and all require more work from students (e.g. documenting what they want, how they feel). I have never seen any plan that asks mentors to work on their mentorship skills, undergo training, increase their accountability, etc.
This isn't specific to my mentors but more of a comment on the general culture of grad school: we need to unlearn the "hazing" mentality -- simply because PhD programs were previously hellish experiences that sucked the life out of students does not mean that ours needs to be as well. PhD programs can be rigorous entirely without overworking students and jeopardizing their wellness. This is inherently ableist and classist.
My advisor is a severe perfectionist and caused my anxiety to spiral out of control. I would never ever admit that to them, nor ask for help with my personal life
I wish they would acknowledge our efforts and our progress in our graduate school journey. I don't want my advisor to keep breathing down my neck and make me feel guilty if I want to take a vacation once a year. I also want our advisors to respect all their graduate students and support us in our research.

Make true adjustments to the program. There's a lot of lip-service, but no actual changes.
A more standard "professional" rather than "academic professional" approach to things like work/life boundaries and the idea of sick days.
My advisor is supportive of me seeking help via therapy, counseling, etc. when it comes to my mental health. However, we rarely discuss mental health and how it impacts my progress on my work and thesis. Having an open dialogue about how my mental health struggles take a toll on my work and that it's okay to be delayed due to mental health issues would be greatly beneficial.
It would be nice if there was mandatory training for PI's/advisors on mental health, including warning signs and appropriate responses to those warning signs.

Table 5. Question 2 Responses: What would you like to see from your GSA Mental Health Committee?
Push for more grad student resources from CAPS, etc. that are more distinct from undergraduate resources
An assessment of department faculty. How and to what ends they exploit, treat, respect, interact with graduate students. Academic hazing, failure to treat one another as human beings, penchants for exploitation and condescension, etc. are rampant in graduate school. I feel there must be a culture shift, and that starts with the faculty that stay put, as graduate students leave. Providing resources is helpful, but I would want to see faculty change and accountability.
Would love to see more awareness type events. We are all in the same boat perhaps, but we just don't know that.
More awareness to culturally relevant concerns with students of different identities and social class statuses
Practical guidance on pursuing help both in and outside of Rutgers - aka more than simply linking to CAPS and advertising wellness seminars. As someone who takes medication to maintain my mental health, I have not found much support via Rutgers. Advocacy concerning topics like health insurance coverage would be very useful as well.
Advocating for faculty to become more aware of how their behaviors as mentors can impact graduate student mental health. Faculty need to be more aware of how to promote health work habits amongst graduate students and should encourage students to take time for their mental health to avoid burnout, depression, etc.
Providing references for mental health services/professionals who accept Rutgers insurance that are not affiliated with Rutgers would be helpful. I do not want to use Rutgers' services and potentially run into (or worse, have as a therapist) students/faculty I know. Even with the best intentions, I believe too many faculty members knowing that I am struggling with my mental health will change their perceptions of me and ultimately manifest in worse letters of recommendation or less willingness on their part to help me succeed at earning grants/awards/interviews. The stigmatization of mental health is too omnipresent for it to have no effect on people's perceptions/actions.
More outreach especially to first year students. I think more intimate ways of connecting would help motivate and inspire people to take part in GSA and other communities on campus.
Relay the information from this survey to those in positions of powers who can address issues related to mental health
More outreach! I know we got emails about the app, but it would be cool to see free trainings maybe or even little check in videos or something would be neat
Resources for easy to obtain, one-on-one counseling at Rutgers or with someone affiliated with Rutgers who I know would be covered by my insurance.

Table 6. Question 3 Responses: What do you want Rutgers University to know about mental health as a graduate student?

Graduate students need to be encouraged (required) to take breaks from their research or studies.

Without having anything but anecdotal knowledge of this, I think two main stressors and triggers for students are lack of time and lack of clarity (on assignments, steps to completion, etc.) and can contribute to the feeling of being overwhelmed or an imposter. Sometimes I think that more focus from departments on the student experience would do more help than various hour+ long seminars or workshops that tell us that we how to control the symptom, when often we have no control over the causes of mental stressors.

Stop sending grad students to CAPS if you're just going to turn them away for being TAs. I went to CAPS absolutely falling apart and got turned away and told to look to the community, and the person who was supposed to follow up with me took months to do so. CAPS does not help grad students. Set up a new office for them so you can actually give them the help they deserve.

I tried CAPS and the counselor just didn't show up after the first session. There was no one to tell about it or to meet with anyone else. I feel in the GSE, any talk of mental health is lip service. We are told we can't work jobs and do the program, can't have caregiver responsibilities and do the program, and that we are not making adequate progress if we don't give all of our time to studies and service and publications and networking, while they don't help with financial issues, don't offer support on doing any of those things.

I want RU to support all the graduate students and realize that mental health problems is a real issue. I wish we could reach out to our supervisors without feeling guilty and without their judgement. Lastly, as a graduate student who has tried CAPS before, I don't think CAPS personnel are equipped to handle graduate students concerns. Rutgers need to hire better therapists for their students.

Earning a doctorate degree has been my dream for almost two decades of my life and after spending 5 years in my program, I almost gave up and quit. This is not normal and it shouldn't be.

Be empathetic to students, faculty and staff.

I strongly believe that Professors who are allowed to advise students (especially in the PhD program) should be somehow evaluated for their behavior towards their students as well as with regards to their own mental health and their capability to mentor/advise/direct and RESPECT students.

As someone with SAD, this is real and not spoken about enough. We need visibility on psych conditions/resources from corresponding offices like CAPS, ODS, Diversity/Inclusion initiatives, etc. Assess faculty and staff on their knowledge and competency in resources too for supporting students. And empower students by providing knowledge: I was desperate for help when my social anxiety became severe that I did not know how to navigate different providers and what they could and could not offer me.

There's a lot of confusion about mental health resources, including what is available through our health insurance. A seminar about using those benefits could be useful.

This is not the 1950's or even 1970's. Mental health is more prevalent, more serious, and has far more environmental triggers than in years past. This is not a "pick yourself up" or "the strong will survive" moment. Good scholars are leaving and some horrible scholars have grit but lack of imagination and care.

Graduate students often have horrible mental health, yet they often feel disconnected or under supported by Rutgers since Rutgers mostly focuses on their undergraduates.

My mental health was severely affected by the toxic academic culture that is very common in graduate school. There needs to be better ways to hold supervisors accountable for toxic environments. Graduate students are supposed to be the future of so many different careers and it's sad and unfortunate that so many of us are experiencing such horrible working conditions

It is good that CAPS exist but whenever I used their services, I felt that my problems were not heard, I rather received academic advising more. CAPS need to diversify its counselors for migrant, Black and Brown populations at Rutgers as well. May be specific counselors for international students and students of color.

I am a full-time employee and a single mom who is also in a doctoral program during a viral pandemic. Mental health resources at this point are not workshops and seminars. We need financial aid, more flexibility with requirements and other supports like this. I have done over a year of doctoral work from my house without access to quiet spaces, library resources, etc. For the expectations to be the same is unfair and truly impossible. This is what impacts mental health. There needs to be an acknowledgement and discussion of how these unique circumstances can be met.

There are a lot of group counseling options available through CAPS but I would like to see more of a push for individualized counseling. Looking through mental health options available through CAPS I see mostly either group sessions (which would not be my first choice as an entrance into mental health services) or crisis prevention (which does not apply to me and I feel like I am taking resources away from those in crisis situations if I use them)

RECOMMENDATIONS & RESOURCES

Enhancing student wellbeing and guaranteeing the Rutgers community's success is a team effort that benefits from the participation and contributions of all members of the Rutgers community – students, faculty, and staff.

There are numerous opportunities to participate in both short- and long-term endeavors to benefit the wellbeing and, therefore, impact the success, of Rutgers students. Resources for students and recommendations for the future can be found below.

Resources for Students

A comprehensive list of mental health-focused wellness resources can be found on the GSA website under “Mental Health & Counseling Resources” on the Health and Wellness page. Students can access this page here: <https://gsa.rutgers.edu/resources/health-and-wellness/>.

Recommendations for Rutgers

The following are recommendations for Rutgers University to consider when developing mental health resources for graduate students. **In addition to the ideas presented below, we strongly advise the University to carefully read and take to heart the written responses from the open-ended questions.**

- Widely advertise mental health resources that include, but are not limited to, CAPS. Through the Survey results, we have observed that students may need additional options beyond CAPS and may have difficulty accessing help through CAPS.

- Include mental health conversations as part of the graduate school orientation for first-year students and explain the resources that are available to students.
- Expand program funding, including funding for additional mental health counselors. It is possible that current Rutgers resources are overwhelmed and unable to successfully assist everyone in need.
- Many students do not feel comfortable disclosing information to their supervisors. Faculty training programs regarding graduate mental health, student success, and mentoring could be included as part of faculty onboarding and continued training. Making certain programs mandatory for faculty would help to ensure that all mentors are better equipped and may allow them to feel confident in initiating a discussion surrounding their mentees' mental health and/or work-life balance. In addition, refresher and continued trainings should be available for all faculty.

References

1. Woolston, C., *Graduate survey: A love–hurt relationship*. *Nature*, 2017. **550**(7677): p. 549-552.
2. Evans, T.M., et al., *Evidence for a mental health crisis in graduate education*. *Nature Biotechnology*, 2018. **36**(3): p. 282-284.