

Mental Health and Well-being

Introduction

Graduate and professional student mental health and well-being at Cornell continue to be in crisis. A recent study found that graduate trainees are more than six times as likely to experience depression and anxiety in comparison with the general population. Internal data collected from the 2019 Doctoral Experience survey found that 30% and 50% of participants reported mental health and loneliness/social isolation respectively as obstacles to their academic success in the last year. The 2013 - 2018 GPCI called for increased mental health and physical resources to support graduate and professional students in both managing work-related stress and developing meaningful relationships. Although the university has increased these resources since 2013, we persist in requesting increased offerings for graduate and professional students in particular, who often feel that their needs are subordinate to those of the undergraduate student population.

This section details three areas we feel are critical to advancing graduate and professional student mental health and well-being. This includes advancing the quality of and support for graduate advisor-advisee relationships, as both data collected from the doctoral experience survey identifies and anecdotally indicates that this is a major influencer of student health. Similarly, it calls for improving the accessibility of physical health resources for graduate and professional students. Physical health and mental health are deeply intertwined and investment in this area is key to supporting student well-being. Finally, an influx of programming and resources have been developed since 2013 to support student well-being, and we call for the expansion of this programming to better support community needs.

Objectives

Objective 1: Improve support for graduate advisor-advisee relationships

Rationale: The 2019 Doctoral Experience Survey found that 30% of graduate trainees reported their relationship with their adviser as an obstacle to their academic success, and, despite our best efforts, this number has remained unchanged since the 2013 Doctoral Experience Survey. The Graduate and Professional Student Assembly Student Advocacy Committee held a Dine & Discuss event in 2018 on graduate and professional student mental health and heard several stories from current students clarifying not only how crucial the advisor-advisee relationship is to success but also how detrimental it can be when these relationships become strained. Zooming out to broader graduate education landscape, a recent study found that graduate trainees with anxiety and depression were consistently more likely to be critical of their relationship with their advisor, including more often stating that they did not believe their advisor positively impacted their emotional or mental well being.

Our expectation is not to limit the diverse range of productive and positive mentoring styles, but instead to set expectations for and improve communication between both parties. The action items listed below highlight a variety of ways to do this.

Actions:

- a. Enforce education on and usage of the new Student Progress Report (SPR) system and incorporate additional confidential questions for graduate students regarding the advisor-advisee relationship to get a better sense of the true nature of the dynamic and information on where to seek support if needed
- b. When advisee-advisor relationships are established, a formalized meeting to discuss initial expectations should be held. The content of this meeting should include, but is not limited to: frequency of in-person meetings, best forms of communication, coursework load, approximate timeline of key milestones in the program (coursework, thesis proposal, A exam, B exam, number of publications expected before graduation, etc).
- c. Distribute a student-written document to onboard incoming graduate students on how to not only choose an advisor but also identify both good and bad advising dynamics and additional mentors outside of the committee
- d. Consistently distribute resources to faculty regarding best advising practices, including but not limited to the Graduate and Professional Student Assembly's Best Practices for Faculty Advising Document
- e. Mandate training that equips faculty with best practices for managing and mentoring students, avoiding or resolving conflict, and sensitizing them to the needs of particular student communities, including students from underrepresented minority groups, international students, students with disabilities, and students with families
- f. Facilitate discussions between DGS's and faculty champions with their fellow faculty members on their role in supporting the well-being and success of graduate students. This includes encouraging attendance of Notice and Respond training and programming offered by the Center for Teaching Innovation.
- g. Institutionalize graduate student feedback when selecting a field's DGS, as the DGS is often responsible for mitigating toxic advisor-advisee relationships. A DGS must have the trust of the graduate students in order to effectively fulfill this role, so actively seeking graduate student input on candidates is key in finding a successful DGS.
- h. Increase support for graduate students that are actively in conflict with advisor in the following ways:
 - i. Hold the DGS and GFA of each field accountable to meet the minimum requirements of their role set by the Graduate School
 - ii. Consistently educate graduate students about the diversity of resources/services available to them in managing this conflict. This includes the DGS and GFA in their field, the Ombudsman's Office, the Graduate School, and more.

Objective 2: Improve graduate and professional student access to physical well-being, recreation, and fitness

Rationale: The connection between mental and physical health is well-established, and Cornell's graduate and professional students cite physical exercise as the most common way they combat work-related stress. However, many barriers exist that limit their ability to exercise regularly. These include costs, limited hours, decentralized facilities, limited transportation and parking, poor quality or quantity of equipment, inaccessibility, and overcrowding. Very little progress has been made in meeting objectives detailed in the 2013 GPCI related to improving the physical fitness of graduate and professional students. We reiterate and expand upon our calls in 2013 to advance the physical fitness of our graduate and professional students as a mechanism for supporting their mental health.

Actions:

- a. Include the building of a large, centralized fitness center and constructing more fields specifically for club sports usage into the campus strategic plan; this will ensure that gathering the funding—and other necessary resources to make any project of significant scale and cost happen—will be prioritized
- b. Until then, work with existing Cornell fitness centers as well as community fitness centers to get Cornell graduate and professional students joint or low-cost memberships
- c. Improve hours of fitness centers on evenings, weekends, and breaks, particularly during summer and winter breaks when graduate and professional often remain on campus
- d. Reinstate gym membership reimbursement, as also urged by the JED Foundation
- e. Offer fitness and outdoor recreation courses and events specifically targeted to graduate and professional students year-round
- f. Improve communication of hours and any cancellations for all on-campus facilities. These should be clearly posted online as quickly as possible and shared with graduate and professional students via the Big Red Rec listserv
- g. Continue and consider expanding the “late night special” offer of free gym entry to graduate and professional students during less busy hours such as evenings and weekends
- h. Coordinate TCAT lines for Cornell Fitness Centers and Cornell Health
- i. Continue to encourage graduate and professional students to serve on the student health benefits committee and heed the committee's recommendations
- j. Increase support services offered by SDS to meet student needs both inside and outside of the classroom
- k. Allow students to request an interpreter, captionist, or translator when scheduling appointments online using myCornellHealth
- l. Increase lighting on campus for all street crossings and commonly used walkways, sidewalks, and stairs; and work with officials in the community to improve lighting near TCAT bus stops and on routes walked by students
- m. Have more interdisciplinary graduate and professional social events that are centered on physical components such as yoga, swimming, and climbing, rather than drinking

- n. Make the Lindseth climbing center more inclusive for diverse graduate and professional students and consider funding their Adaptive Climbing Initiative Course Proposal

Objective 3: Improve programming, resources, and healthcare that can ameliorate overall graduate and professional student mental well-being and prevent mental health crises

Rationale: Programming and resources housed in both Cornell Health and Graduate School provide invaluable support for graduate and professional students. Concerns about the accessibility and quality of care provided by Cornell Health to graduate students persist however and must be addressed to improve graduate and professional student health.

Both graduate and professional students surveyed in 2017 state that they are not receiving adequate guidance or instruction on personal skills (such as time management and financial awareness) that are critical for success. Doctoral students also report that they are not receiving enough training in critical skills for academic success such as writing skills necessary to complete their dissertation or funding proposals. This perhaps explains why in the 2019 Doctoral Experience Survey 62% of respondents reported their self-confidence and 47% reported the current job market as obstacles to their success.

While programming has improved since the 2013 GPCI, we reiterate here the value of these programs and the need for their maintenance and expansion. This includes programming housed in both Cornell Health, the Graduate School, and other units on campus.

Actions:

- a. Support Skorton Initiatives for mental health and develop a Peer-to-Peer (P2P) Notice & Respond Training specifically for graduate and professional students
- b. Expand existing Let's Talk resources by providing hours and locations that meet the needs of graduate and professional student populations both on and off campus (such as expanding hours and locations to the vet school, Cornell AgriTech, and Cornell Tech and/or using telehealth videoconferencing technologies)
- c. Hire more CAPS counselors to be able to meet the rising demand for one-on-one counseling on-campus
- d. Mandate training for CAPS staff to learn skills on how to effectively support diverse students including but not limited to students of color, students from diverse class backgrounds, international students, LGBTQ+ students, and students with disabilities
- e. Increase access to on-campus psychiatrists and necessary medication
- f. Carefully manage off-campus referrals by following up with students about their ability to find off-campus care due to cost, transportation, mobility, and scheduling
- g. Increase programming that targets personal skills such as time management, organization, resilience, relationships, and finances
- h. Increase programming that targets professional skills such as how to write a dissertation, manuscript, or funding proposal

- i. Increase support and funding to career services specifically for graduate and professional students to help them navigate the job market and mitigate the stress associated with finding a job
- j. Ensure all Graduate Teaching Assistants receive robust training on identifying signs of mental distress, communicating with their students about their mental health, and connecting students in need with appropriate university services.
- k. Establish committees within the professional schools consisting of faculty, students, and staff to investigate the impact course load has on student mental health and to develop strategies to mitigate these effects for each professional program on all of Cornell's campuses.

Objective 4: Advance data-collection, communication, and programming regarding substance abuse within the graduate and professional student communities

Rationale: Information regarding the number of graduate and professional students dealing with substance abuse is minimal at best. A survey in 2014 of students in fifteen law schools across the country found that “roughly one-quarter to one-third of respondents reported frequent binge drinking or misuse of drugs”. Similarly, a 2015 study of veterinary students finds that approximately half of respondents engaged in episodes of binge drinking. Institutionally, we lack information regarding the level of substance abuse within our own graduate and professional student communities. Students suffering from substance abuse may be hesitant to express this and to seek help due to social stigma and a fear that this will negatively impact their ability to secure a job.

These action items are designed to help the university assess the level of substance abuse within the graduate and professional student communities and to create programming to help students who are struggling with it.

Actions:

- a. Develop and distribute a survey to enrolled graduate and professional students inquiring about their usage of alcohol, marijuana, and other substances
- b. Distribute information and create programming to combat common misconceptions about the consequences of help seeking behavior on job seeking or admission into professional organizations
- c. Create sober programming to help build community between graduate and professional students recovering from substance abuse
- d. Develop group counseling opportunities within Cornell Health specifically for graduate and professional students seeking help recovering from substance abuse