Executive summary

. Prioritising PGR mental health is not negotiable. UK Research and Innovation (UKRI) and its Research Councils, the QAA and Charities like the Wellcome Trust are increasingly putting pressure on HE institutions to curb the upward trend in psychiatric morbidity among the Postgraduate Researcher (PGR) student population.

. The Higher Education Sector is waking up to the mental health challenges it is facing and bringing them to the centre of the HE Policy arena; of note:

. The 2018 HEFCE Catalyst Fund to financially drive support for mental health and wellbeing for PGRs.
. The work of the UUK Health University Network, in particular, their concept of the ‘Whole University Approach’\(^1\) and the very topical #stepchange\(^2\) in student mental health, advocating: ‘a joined up approach to transform cultures and embed mental health initiatives beyond student services’.
. 2018 has seen a surge in the publication of journal papers exploring the experience of doctoral researchers, with a particular interest in mental health and wellbeing.

. UUK #stepchange is giving the sector renewed impetus to look at the problem, namely:

. The current health paradigm which is based on a dichotomous approach whereby individuals are considered whether healthy or sick needs revisiting.
. We need to stop thinking of health as this dualist notion of mind and body and start to see the parts as one whole.
. PGR mental health must be framed in terms of systemic causation as opposed to direct causation.
. The concept of otherness must be taken into consideration when exploring therapeutic significance and widening access to healthcare.
. Health depends on how individuals respond to external pressures and how they adapt to their environment. The lived experience of PhD candidates must be situated in the broader cultural, social and political contexts.
. Emotional experience of individuals is linked to social ties. The social sharing of emotions is best realised via a ‘circle of intimates’, which needs to be nurtured.

---

2. [https://www.universitiesuk.ac.uk/stepchange](https://www.universitiesuk.ac.uk/stepchange)
Placing and organising PGR health and wellbeing in five domains (health, time use, community vitality, cultural diversity and good governance) will help us approach the complex and multifactorial problem that is PGR mental health in a more systematic manner.

The traditional view of PhD student support is fast becoming outdated and restrictive. We should look beyond intervention and prevention and how we support students when dealing with supervisory difficulties; explore the benefits of peer support; and think of the PhD in terms of value (to the self and the wider society).

The University of Southampton Doctoral College recognises the significance of mental health in terms of both the health of our doctoral researchers and the cost to the University in relation to academic performance (i.e. late completions), student complaints and the institutional risk of losing research bids. It also recognises the moral duty placed upon the Institution to create an environment that fosters wellbeing for all and encourages a positive workplace culture based on the principle of collegiality.

The Doctoral College is mandating a culture shift around PGR mental health based on the following modality: changing beliefs, assumptions and behaviours to change outcomes. This will entail reframing the narrative to change beliefs, as well as reinforcing and communicating the desired beliefs, behaviour and outcomes. In other words, acknowledging the realities of the PhD journey; reframing the perception that PGRs and their supervisors have of it and reinforcing the positive experience.

Building on the successful work completed by the Doctoral College as part of the 2016 EEF-funded project and taking into consideration current thinking around PGR mental health, the Doctoral College proposes a three-part programme of activities to accelerate culture change around mental health within the Institution.

1. **Diagnose and articulate the beliefs, behaviour and outcomes that frame the existing organisational culture.** Create a map of the PGR wellbeing; identifying barriers and challenges for equality, diversity, inclusion and wellbeing in the doctoral research environment as well as in accessing support services and the type of student support currently available.

2. **Reframe and start embedding the narrative needed to change the organisational cultural narrative.** Giving new meaning to old (PhD) myths/stories. Raise awareness about causes of emotional distress and how to shine new light on key problem areas (e.g. story writing club mindfulness-based exercises like qi-gong). Explore the relationship between emotions and exercise (e.g. dance classes/dance your PhD, conversation group). Learn about and share healthy lifestyle and habits (e.g. the lessons from the world’s Blue Zones on how to live a long and healthy life – see appendix 2).

3. **Reinforce and communicate desired beliefs, behaviours and outcomes.** Use metaphors and narrative structure, story-telling to harness the power of positivity. Blog, vlog and interviews with PGRs, supervisors and professional services colleagues. Celebrate truthful, powerful stories. Bring together doctoral students, supervisors and professional staff members in one community.

The Doctoral College will be developing a communication campaign that can be summarised in this quote by Professor George Lakoff (Cognitive Scientist and Linguist):  *Positive persistence beats negative resistance*.

The Doctoral College will also design and deliver a programme of practical workshops aiming to create a positive and inclusive culture for our community of doctoral researchers. It will also endeavour to support programmes and activities that take place in the faculties, as applicable. A Programme of activities is being developed.
1. Introduction

The discussions that took place at the UKCGE #StepChange event on PGRs (Postgraduate Researchers) mental health on 4th October 2018 breathed new life and hope in the way that the Higher Education Sector is starting to truly understand mental health at doctoral level. The conversation shifted from supervisory skills to supervisor’s behaviour, from risk management process to compassion and caring for others. There was a recognition that measuring mental health was in fact limited to measuring capacity, but not the health of our students. There was a consensus that the concept of student support needs to extend beyond the traditional supervisory relationship and the Student Support Services. Support mechanisms already flourish in unusual spaces in some universities.

This paper wishes to harness the renewed enthusiasm that was evident at the event and explore why and how we need to humanise the PhD.

2. The HE context: external expectations and obligations

There has been increased concern in the mental health of PGRs over the years and in the last year Research Councils like EPSRC, ESRC and BBSRC and Charities such as the Wellcome Trust have been working with institutions and the scientific community to increase awareness of mental health in planning their research. In addition, an evidence-based approach to promoting and embedding diversity and equality in research within and across organisations is also high on their agenda.

In developing its programme of activities for doctoral researchers, the Doctoral College has taken into consideration the external compliance obligations and expectations placed upon Higher Education institutions, in particular as a direct result of:

1. UKRI’s evidence-based approach to promoting and embedding diversity and equality in research within and across organisations. Organisations in receipt of Research Council funding will be expected to ‘provide evidence of ways in which equality and diversity issues are managed at both an institutional and department level’.

2. The Research Councils (AHRC, BBSRC, EPSRC, ESRC, MRC, NERC and STFC) are leading the way in cross-disciplinary mental health networks. These networks seek to address important mental health research questions that require an innovative, cross-disciplinary approach to accelerate progress; to build cross-disciplinary research capacity in the field; and to strengthen the UK mental health research base.

3. The Wellcome Trust adopting a similar evidence-based approach to promoting ‘positive research cultures’, with particular strategic priority areas as diversity and inclusion as well as mental health. Funded institutions are expected to play a part in this.

4. The Office for Students and Research England investment to support mental health and wellbeing for PGRs as part of their Catalyst Fund. Competitor institutions have been awarded HEFCE funding to improve the support for the mental health and wellbeing of their PGRs. These institutions

---


4 [https://wellcome.ac.uk/news/more-positive-culture-phd-training](https://wellcome.ac.uk/news/more-positive-culture-phd-training)
include the University of Durham, the University of Liverpool, the University of Manchester, the University of Oxford, QMU of London, UCL, the University of Warwick.

5. It is expected that the QAA UK Quality Code for Higher Education Advice and Guidance for Research Degrees with make reference to supporting the wellbeing and mental health of doctoral researchers and ensure PGRs have equality of opportunities for developing their research, professional and personal skills.

6. The framework for universities, as recently published by Universities UK (UUK), being developed to help improve the mental health and wellbeing of students and staff in Higher Education, with a particular focus on adopting a more comprehensive approach to mental health across the whole university population. The framework is being referred to as ‘Whole University Approach’ (see Appendix 1).

7. HEFCE-commissioned VITAE’s report exploring wellbeing and mental health and associated support services for PGRs. The report concludes that ‘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’, and gives two sets of recommendations, one for UKRI (and stakeholders) and one set for institutions:

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.


The University of Southampton Doctoral College recognises the significance of mental health in terms of both the health of doctoral researchers and the cost to the University in terms of academic performance (i.e. late completions), student complaints and the institutional risk of losing research bids. It also recognises the moral duty placed upon the Institution to create an environment that fosters wellbeing and encourages a positive workplace culture based on the principle of collegiality.

---

2 https://www.universitiesuk.ac.uk/policy-and-analysis/stepchange/Pages/whole-university-approach.aspx
3. PGR health (mental and physical) and wellbeing

The media abound with articles reporting on the stark challenges that doctoral researchers have faced in their doctoral studies. This has been on-going. Below are some typical headlines:

‘One in four female and one in five male postgraduate researchers found to be seeking counselling during their studies’. Times Higher Education® (2018)

‘One night during the third year of my PhD program, I sat on my bed with a packet of tranquilizers and a bottle of vodka. I popped a few pills in my mouth and swigged out of the bottle, feeling them burn down my throat.’ Qz.com® (2015)

‘I’ve seen PhD students with depression, sleep issues, eating disorders, and thoughts of suicide’. The Guardian® (2014)

The 2018 Postgraduate Research Experience Survey (PRES) analysis reports that while three quarters of researchers agree to some extent that they are ‘satisfied with their life’, the most concerning aspect coming out of the survey in the Wellbeing section (10) is that achieving the right work-life balance remains a challenge. When looking at the connection between wellbeing and retention, the PRES report concludes that:

‘Just over 1 in 4 researchers have considered leaving their course, but this rises strikingly among researchers who are less satisfied in terms of their wellbeing. Nearly 6/10 who are dissatisfied with their life overall, and/or their work-life balance, have considered leaving. Even more significantly, researchers who don’t feel their degree programme is worthwhile are highly likely (72%) to have considered leaving their course.’


8 https://www.timeshighereducation.com/news/call-tailored-mental-health-support-postgraduate-researchers
10 https://www.theguardian.com/higher-education-network/blog/2014/mar/01/mental-health-issue-phd-research-university
It was encouraging to hear at the 2018 UKCGE and VITAE annual conferences that institutions across the UK and beyond have started to embed practical preventative measures to support their doctoral researchers exhibiting signs of depression, stress and anxiety. These preventative measures (promoting a healthier diet, taking breaks, engaging in regular sports activities, practising mindfulness, raising awareness about drinking), are laudable, well intended and beneficial. However, the focus on (early) intervention is showing that institutions still adopt a restricted view of mental health and tend to axe their strategy around the binary model of ‘symptom and treatment’. This approach is a necessary first step toward wellbeing but remains partial. Piecemeal prevention of this kind is not sustainable in the longer term for students or institutions.

Arising from the conversations and debates that take place across the sector, a fundamental question comes to light: What is the root cause of doctoral researchers’ declining health and quality of life and thus their inability to complete on time for a significant proportion of them?

Below is a table taken from the PGR Wellbeing project report written by the University of Southampton Doctoral College in 2016, listing some of the factors influencing the wellbeing of doctoral researchers as noted in the literature.

<table>
<thead>
<tr>
<th>Factors Influencing Doctoral Wellbeing</th>
<th>Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workload and time management (including balancing employment)</td>
<td>Gardner 2007; Juniper et al 2012; Byers, V., Smith, N et al 2014; Martinez 2013; y West 2011</td>
</tr>
<tr>
<td>Feelings of uncertainty about future</td>
<td>Gardner 2007; McAlpine et al 2012;</td>
</tr>
<tr>
<td>Lack of research progress</td>
<td>Juniper et al 2012; McAlpine et al 2012; Devos 2016; El-Ghoroury et al. 2012; Deem and Brehony 2000</td>
</tr>
<tr>
<td>Experiences of research supervision</td>
<td>Deem and Brehony 2000; Malffroy 2005; McAlpine et al 2012</td>
</tr>
<tr>
<td>Language proficiency for international students</td>
<td>Deem and Brehony 2000; Juniper et al 2012</td>
</tr>
<tr>
<td>Office working environment</td>
<td>Deem and Brehony 2000; Juniper et al 2012</td>
</tr>
<tr>
<td>University administration systems</td>
<td>Deem and Brehony 2000; Juniper et al 2012</td>
</tr>
<tr>
<td>Struggles with acculturation</td>
<td>Deem and Brehony 2000; Soong et al 2015; Rice et al 2016; Hannigan 1997</td>
</tr>
<tr>
<td>Isolation</td>
<td>Ali and Kohen 2006; Deem and Brehony 2000; Lovitts 2001; Hutchings 2015</td>
</tr>
<tr>
<td>Gendered experiences (specifically women)</td>
<td>Sallee 2011; Acker and Haque 2015; Maher et al 2010; Carter et al 2013; Brown and Watson 2010</td>
</tr>
<tr>
<td>Experiences of racial inequality</td>
<td>Acker and Haque 2015</td>
</tr>
</tbody>
</table>

The 2018 VITAE document lists similar factors negatively effecting PGR wellbeing. Of note, it mentions factors directly associated with the research process, namely ‘lack of clarity in the expectations for their research’ and ‘lack of positive feedback on their progress’; their supervisor (‘poor supervisory relationship’ and being ‘reluctant to talk to their supervisors about their wellbeing’ – even in a positive supervisory relationship).

These factors hide a much darker reality usually dismissed as ‘anecdotal evidence’, some which may be traced back to comments, contributions and testimonies (often anonymous) from doctoral researchers or concerned supervisors. In 2016, the National Union of Students (NUS) dared to break the silence at a roundtable event on ‘Student Suicide’. The transcript¹¹ points to discussion around harassment and

undervaluing of PhD student’s work. These problems are real and endemic, and need to be acknowledged and tackled within institutions.

4. What health for which PGRs?

When we mention mental health, we usually refer to poor health or illness. Despite the many years spent raising awareness across the HE sector, the narrative around wellbeing still remains patchy.

The current health paradigm at work is based on a dichotomous approach whereby individuals are considered either healthy or sick (at work or on sickness leave). The long list of ‘minor’ ailments, usually of daily occurrence, experienced by individuals have nonetheless a negative impact on their wellbeing. These complaints such as digestive problems, headaches, insomnia, fatigue, irritability, atopic disorders (etc..) negatively impact on work performance and our ability to live a fulfilling life.

The mainstream approach to health usually centres around diseased parts of the body and focusses on the treatment of specific symptoms. What this model often fails to take into consideration is the ‘whole person’ in relation to their symptoms: physiology and behaviour but also the political, cultural, social, and, where applicable, the religious and/or spiritual environments of those individuals.

The World Health Organisation (WHO) highlights in their report ‘Prevention of Mental Disorders: Effective Interventions and Policy Options’ (2004) that:

‘many of the effective preventive measures are harmonious with principles of social equity, equal opportunity and care of the most vulnerable groups in society’

Access to healthcare and therapeutic significance in relation to otherness must be given due consideration in the academic setting. The field of ethnopsychiatry, and especially the work of Professor Tobie Nathan, has helped raise awareness about the need to take into consideration ‘cultural difference’ when addressing the wellbeing of migrants. Thus, the lived experience and health, of non-native English speaking PhD candidates must be situated in broader social and political contexts.

Health depends on how individuals respond to external pressures, in other words, how they adapt to their environment. Health is not just about the absence of symptoms and diseases, as Hunter-Jones et al write in The Psychologist:

‘Our mental wellbeing is firmly rooted in our social and environmental conditions. The greatest changes in physical health have come not through interventions with the individual, but through environmental change [...]. Psychological services in England have fallen into the same trap in believing that their individual interventions can make any kind of real difference. Real benefits to our mental wellbeing will not come through seeing the individual as having a problem but through recognising the stresses created by a toxic environment.’

(Vol.31 (pp.4), May 2018)

Yet, environmental stressors are not the only factors that influence health. Internal stress (such as feeling ‘not good enough’ a.k.a. imposter syndrome) plays a critical role in our body’s ability to develop physical symptoms or protect from disease. The field of psychoneuroimmunology has put to the fore the interplay of psychosocial actions, brain processes and immune system. Social isolation is now recognised as being

---

13 https://link.springer.com/article/10.1007/s11013-008-9115-1
involved in the development of a broad range of diseases, including depression. We need to stop thinking of health as this dualist notion of mind and body and start to see the two parts as one whole in order to keep healthy or regain health.

Thus, we need to complement our current actions (i.e. fixing broken parts) with sustainable actions that address the totality of the doctoral researcher’s ecosystem. We need to put the doctoral researcher at the heart of their experience and implicate them in the shaping of the environment in which they live and do research.

The Higher Education sector is catching up with the successes of holistic and whole system health initiatives, as evidenced by the work of the UUK Health University Network, in particular, their concept of the ‘Whole University Approach’ and the very topical #stepchange in student mental health. The ‘Whole University Approach’ advocates:

’a joined up approach to transform cultures and embed mental health initiatives beyond student services’.

The Sector needs to recognise that the issue of mental health must be framed in terms of systemic causation (a cause may be one of a number of multiple causes) as opposed to direct causation (one change is the result of one cause) in order to understand how mental health and wellbeing interact with the PGR ecosystem. Mapping PGR mental health and wellbeing and Equality Diversity and Inclusion against stress factors using causal loop diagrams would be a good start. It is pleasing to hear at the UKCGE event held on 4th October 2018 that a Step Change/PGR Mental Health Working Group has already started to work on a similar map.

5. Transforming cultures

5.1. Social sharing of emotions

While it is the duty of each student to take charge of their own health and wellbeing, PhD students face significant challenges that will, more than likely, affect their mental health. Professor Bernard Rimé (2009) contends that the individualist view of emotion [...] is untenable. Professor Rimé links the emotional experience of individuals to social ties. He refers to this process as the social sharing of emotions. Evidence suggests that individuals who are exposed to strong emotional circumstances (whether positive or negative) have an insatiable need to socially share the emotional experience. The social sharing of emotions serves many functions, for example:

- Capitalise on the positive affect of positive emotions.
- In the case of negative emotion: Cognitive articulation (i.e. re-negotiating in one’s own terms) that leads to a progressing distancing from the experience.
- Social comparison and the co-construction of a collective memory (sense of community).

As Rimé writes (2009): ‘conversation can transform and absorb unfamiliar elements into social representation’ and ‘the consequences of emotion are far from being limited to the individual who experienced it’. Propagation of social knowledge across the community in turns reinforces the bonds in the community. Furthermore:

16 https://www.universitiesuk.ac.uk/stepchange
17 http://journals.sagepub.com/doi/pdf/10.1177/1754073908097189
‘emotions experienced by individuals are not only instruments at the service of individual adaptation, they are also major tools serving the adaptation of members of a community’.

Our emotions guide us, motivate us. We need them to live. Yet we do not always understand them. Sharing how we feel with other individuals is an important step toward acquiring such understanding. Data reveals that social sharing is confined to a ‘circle of intimates’ (i.e. family or close friends’). As shown below, among 18-33 year old population, the preferred social sharing network for male is a close friend, followed by spouse/partner and then family. For female population, it is family first, then a close friend and third their spouse/partner.

This data also reveals that people who are not part of the ‘circle of intimates’, i.e. a doctor, rarely play a role in the social sharing of emotions, regardless of age or gender. As we know, PhD students turn to their GP or student support services as a last resort. Thus there is a need to facilitate the social sharing channels among the ‘circle of intimates’, i.e. their peers/friends and family.

5.2. Broadening the traditional view of PhD student support

5.2.1. The PhD journey

A paper written by Aline Giordano, Doctoral College Manager, and Dr Emma Waight (Project Research Officer) was published in the Journal of Higher Education Policy and Management (Vol.40, 2018, issue 4) earlier in the year. In our paper we advocate:

1. dedicated support services in order to reach doctoral students, including dedicated online support
2. proactive workshops designed to build individual resilience and teach strategies that students can use to sustain their mental health
3. improved signposting to support services
4. training for supervisors in order to bridge the gap between academic departments and student support services

The Doctoral College in partnership with Enabling Services built a dedicated webpage signposting to Support Services, highlighting the specific support available to doctoral researchers. Enabling Services

18 [https://www.tandfonline.com/doi/abs/10.1080/1360080X.2018.1478613]
coordinated the first ‘conversation group for PGRs’ in 2016. The Group, facilitated by a University counsellor, is in its third year and is proving very popular. The Doctoral College delivered two one-day retreats on Winchester campus in July 2017. The workshops were fully booked within hours of being advertised. Both days ran at full capacity (with waiting list for each day) and student feedback was extremely positive. We need to carry on providing these safe spaces for PGRs to be able to share their emotions, discuss solutions when facing problems, connect with their peers, make friends, as well as feeling that they belong to a community that understand them. Support mechanisms need to align with the ups-and-downs of the PhD journey, which follows a well-recognised and documented pattern for some:

1. Settling in
2. Dip in the middle of the doctorate
3. End of programme burn-out

Behind each phase lie common challenges and real difficulties specific to that particular phase: self-confidence, time management, work life balance, feeling of isolation. A study conducted at Ghent University reported that approximately one-third of PhD students are at risk of having or developing a common psychiatric disorder like depression. Institutions responded by raising awareness among students and the onus was placed upon them to recognise early signs of mental fatigue and act before it is too late. In other words, PGRs ought to seek help from their peers, institutional support services or externally (consult a GP). We must map which challenges and difficulties are more prominent for each stage and nurture the ‘circle of intimates’ and if possible, extend it.

5.2.2. Look upstream: the theory of the Whole

Long-standing publications about mental health in Higher Education and more recently about the doctoral research environment specifically, have provided fine details and evidence of the multi-faceted problems doctoral researchers (and their supervisors) face throughout the PhD candidature. Institutions have turned to hands-on and creative activities (e.g. workshops using Lego®) in order to provide temporary assistance. However, as noted earlier, these piecemeal measures are proving insufficient, leaving important gaps in PGR student support. In a recent article published in Times Higher Education (THE) on 20th September 2018, the authors state that ‘we have reached a moment of real crisis regarding student mental health’. Intervention teams in the likes of Student Support Services practitioners, Faculty Graduate Schools and supervisors have a place in providing support to doctoral researchers, be it administrative or pastoral, but we urgently need to broaden our understanding of the traditional view of PhD student support. We now must look upstream, beyond intervention and prevention. Transforming cultures entails building a more inclusive PGR community, a positive research environment as well as designing and delivering a programme of activities, embedded in the theory of the Whole.

Emergence (the whole has properties its parts do not have) and etiology (causation) offer valuable pointers toward a more fully integrated PGR support which may be summarised as follows:

- the essence of the problem
- the essence of the solution

By examining the essence of the problem the University will be better equipped at exploring the essence of the solution. If we only look at the parts, while ignoring the organising principles of the ‘whole’ we are

---

19 https://www.vitae.ac.uk/doing-research/doing-a-doctorate/starting-a-doctorate
20 https://www.vitae.ac.uk/doing-research/doing-a-doctorate/during-your-doctorate-the-middle-phase/staying-positive-during-your-doctorate
21 https://www.sciencemag.org/careers/2017/04/phd-students-face-significant-mental-health-challenges
22 https://www.timeshighereducation.com/opinion/universities-need-communal-approach-mental-health
ignoring important clues to understanding health and wellbeing. We need to take a step back and look at 
the broader picture, observe how the picture evolves and act where the patterns have become irregular 
or broken without losing sight of the big picture. Practically speaking, we need to widen the pool of 
experience of our doctoral researchers taking into consideration their social environment, including how 
individual interact with one another.

Transforming culture will start when we are systematically addressing:

- those fractured points in the PhD journey and the PGR ecosystem
- the wider external environment (cultural, social and political) of doctoral researchers

5.2.3 Five domains for health and wellbeing

As the UUK reports, ‘effective programmes are likely to be complex, multifactorial and involve activity in 
more than one domain’\(^2^3\). Following increased interest in the Gross National Happiness (GNH) Centre in 
Bhutan\(^2^4\) by the UN\(^2^5\), the University of Oxford and the OECD\(^2^6\), it is proposed that PGR health and 
wellbeing be explored using these five clusters or domains:

1. **Health**, including physical health and mental wellbeing (e.g. life satisfaction, personal growth, 
purpose in life, emotional self-sufficiency)

2. **Time use** (balance between study, paid work, leisure/time spent with family, friends, community, 
sleep)

3. **Community vitality** or positive relations with others (e.g. socio-cultural participation, co-operative 
relationships, social support within the PGR community, how we support each other and interact 
positively with each other, promoting and sustaining a sense of belonging)

4. **Cultural diversity** (developing cultural diversity and resilience in a global context, overcoming 
challenges and difficulties arising from different norms, beliefs and ideals)

5. **Good governance** (confidence in the Institution’s system and PGR community, participation in the 
system and community (e.g. the PGR voice)),

Actions and support mechanisms would need to impact on at least one of the five domains and at each 
part of the doctoral journey. This method would more systematically identify:

- the needs of PhD candidates
- current gaps in PhD student support, and
- policy and guidance to improve doctoral researchers’ wellbeing and mental health

It is also the vision of the Doctoral College that the monitoring of a Doctoral Researcher Experience (DRE) 
Index should provide an overview of performances across the five domains. The DRE index would seek to 
capture doctoral researcher accomplishments in a fuller and more meaningful and systematic way.

---

\(^{2^3}\) https://www.universitiesuk.ac.uk/policy-and-analysis/stepchange/Pages/whole-university-approach.aspx


5.2.4. Helping students when dealing with supervisory difficulties

A large-scale study conducted among 1,173 doctoral students showed that almost 20% of the experiences (positive and negative) the most relevant to their journey are related to supervision (201827). Helping students share those experiences would ensure that they are able to reflect and adjust their strategies for dealing with perceived problematic situations. Receiving emotional support from their peers and other staff members is a prerequisite to handling supervision-related difficulties and taking ownership of their doctoral experience. This in turn would positively impact on the quality of their experience and thus progressively on student feedback (such as the Postgraduate Research Experience Survey (PRES)). The study also reported that students who see themselves as ‘strategic seemed more confident and resilient to overcoming poor supervision’.

5.2.5. Exploring the benefits of peer support to PGRs

The PGR experience is not usually framed in terms of peer learning, yet as a recent paper published in Studies in Higher Education (201828) demonstrates, it can be usefully and successfully applied in a doctoral research environment. Some important points arising from the study are listed below.

‘Which conditions help peer learning to develop?’

- Sustained dialogue is a necessary condition for learning
- Difference in expertise allows students to pool their resources
- Regular meetings provide structures but they need to have emergent features (i.e. achieving a ‘delicate balance between emergent and structured types of interactions’)
- Peer-learning works best in small groups and with people from similar disciplines

5.2.6. Thinking of the PhD in terms of ‘value’

A paper 29published in the Journal of Higher Education Research and Development this year poses doctoral study in terms of risks to the individual – those risks being, for example, precarious financial situation, occupational stress and developing common psychiatric disorders. The study underpinning the paper explores the PhD as ‘value’ in the context of personal, social and cultural value. The results of the study enabled the investigators to design a conceptual model of doctoral values, as follows:

- Career value (professional credibility, progression and reward)
- Skills value (transferrable skills, competencies and behaviours, project-based skills and knowledge)
- Social value (Networks, esteem and status)
- Personal value (identity development, achievement, resilience)

5.3. Framing: Reframing the idea and experience of the PhD by framing values

Values matter. Following on from and in parallel with point 5.2.6, we need to actively frame a positive and responsible narrative around PGR mental health and wellbeing by fostering discussion around the core

27 https://www.tandfonline.com/eprint/ZsydNmpyfUf27aY7hx96/full?utm_source=TrendMD&utm_medium=cpc&utm_campaign=Studies_in_Continuing_Education_TrendMD_0
values of the PhD. The work by Dr Tom Crompton at the Common Cause Foundation can be of particular use.

Why do PGRs want to complete a PhD? What are the values underpinning their choice to start a PhD? Those may be intrinsic or extrinsic values. Giving a voice to these values has shown to strengthen the connections individuals have to their communities and in turn people show greater engagement to their community. (see the work by Dr Tom Crompton at the Common Cause Foundation https://valuesandframes.org/).

5.4. Transforming cultures: final remarks

As seen across the sector and the literature, mental health and health in general need to be thought of in a more integrated and systematic fashion, crossing boundaries to manage the problem from its roots, upstream (Policy level) as well as downstream (at the human being level). The University must recognise and reflect on the personal experiences of doctoral students and support them in building mental resilience (how to manage emotions) as well as making sense of their emerging identity as they navigate the liminality of becoming a researcher (that in-between space of not being an undergraduate student any longer and not yet an academic researcher). Tackling mental health effectively requires a shift in the way we think of PGRs. It also reinforces the need to offer parity of experience; helping doctoral researchers make sense of their individual needs, be it emotional, cultural, social and professional.

6. Realising culture change

Building on the successful work completed by the Doctoral College as part of the 2016 EEF-funded project and taking into consideration current thinking around PGR mental health, the Doctoral College proposes a three-part programme of activities to accelerate culture change around mental health within the Institution.

1. **Diagnose and articulate the beliefs, behaviour and outcomes that frame the existing organisational culture.** Create a map of the PGR wellbeing; identifying barriers and challenges for equality, diversity, inclusion and wellbeing in the doctoral research environment as well as in accessing support services and the type of student support currently available.

2. **Reframe and start embedding the narrative needed to change organisational cultural narrative.** Giving new meaning to old (PhD) myths/stories. Raise awareness about causes of emotional distress and how to shine new light on key problem areas (e.g. story writing club mindfulness-based exercises like qi-gong). Explore the relationship between emotions and exercise (e.g. dance classes/dance your PhD, conversation group). Learn about and share healthy lifestyle and habits (e.g. the lessons from the world’s Blue Zones on how to live a long and healthy life – see appendix 2).

3. **Reinforce and communicate desired beliefs, behaviours and outcomes.** Use metaphors and narrative structure, story-telling to harness the power of positivity. Blog, vlog and interviews with PGRs, supervisors and professional services colleagues. Celebrate truthful, powerful stories. Bring together doctoral students, supervisors and professional staff members in one community.

The objective view of what constitutes a successful PhD programme can be at odds with how PGRs (and their supervisors) experience the doctoral journey. In order to help PhD candidates prepare for the ups-and-downs of the PhD, and support the cultural shift within the Institution, the Doctoral College is developing a communication campaign that can be summarised in this quote by Professor George Lakoff (Cognitive Scientist and Linguist):
‘Positive persistence beats negative resistance’

The Doctoral College will also design and deliver a programme of practical workshops aiming to create a positive and inclusive culture for our community of doctoral researchers. It will endeavour to support programmes and activities that take place in the faculties, as applicable.

Aline Giordano, Doctoral College Manager (23rd October 2018)
WHOLE UNIVERSITY APPROACH

"Leaders of schools, colleges, universities and community organisations [to] take a whole organisation approach to the mental health of their students, young people and staff, so that it permeates every aspect of their work and is embedded across all policies, cultures, curricula and practice."

2035 VISION, CHILDREN AND YOUNG PEOPLE’S MENTAL HEALTH COALITION

What is the background for a whole university approach?

The development of a whole university approach to mental health is informed by frameworks for health promotion including the Ottawa Charter, the Okanagan Charter for Health Promoting Universities and Colleges, 2015 and the Healthy Universities framework. The last of these, developed in the UK with support from the Higher Education Funding Council of England, aspires to create: “a learning environment and organisational culture that enhances health, wellbeing and sustainability”, an approach to make the setting itself a healthier place for people to live, work and play, combining healthy policies, in a healthy environment with education programmes and initiatives.

The whole university approach also refers to current initiatives in schools and colleges specifically related to mental health and wellbeing. An early review of evidence on the whole school approach to mental health suggested that effective programmes are “likely to be complex, multifactorial and involve activity in more than one domain.” Further reviews of the evidence in schools and colleges have reinforced the finding that isolated interventions or services are inadequate to address the ‘wicked’, multifactorial challenge of mental health. The model for educational settings has more recently been further detailed with frameworks for implementation in for example Public Health England’s work with the Coalition for Children and Young People’s Mental Health Promoting children and young people’s...
emotional health and wellbeing: a whole school and college approach (2015). Government policy has adopted the whole school/whole college approach to mental and emotional health in schools with the Children and young people’s mental health and wellbeing taskforce (2015) identifying a national commitment to “encouraging schools to continue to develop whole school approaches to promoting mental health and wellbeing”. This is reflected in National Institute for Health and Care Excellence guidelines and Ofsted inspection requirements. The Green paper on Children and Young People’s Mental Health due at the end of 2017 will seek further implementation of this model.

Finally the whole university approach looks to models of psychosocial education such as Positive Education which has been defined as ‘education for both traditional skills and happiness’. Positive and other psychosocial approaches emphasise the importance of learning environments in the acquisition of emotional skills including Seligmans five routes which include meaning, relationships, positive emotion, accomplishment and engagement alongside knowledge and technical skills. Positive university models have sought to apply positive methodology across the various environments of a higher education institution: learning, social, community, faculty and administration and residential. Further information is available from the International Positive Education Network.

Why adopt a whole university approach?

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.

What does it entail?

Most importantly it entails a joined up approach to transform cultures and embed mental health initiatives beyond student services.

The UUK model describes four domains:
COMMUNITY: Empowering communities, and promoting community awareness and cohesion are central to health promotion. Involve students and staff in all stages of the improvement journey, recognising the importance of peers and colleagues, joint development of activities and resources, transparency in decision-making and evaluation.

LEARNING: Curricula and teaching practices have a significant impact on mental health. Introduce learning communities to foster connectedness and motivation, enhance the role of the personal tutor, offer flexibility in course design and assessment and in adjustments all to understand and support the needs of diverse students. Encourage regular feedback on learning and academic practice including the use of analytics should reinforce the connection between students and staff.

LIVING: Social, physical and digital environments all bear on mental health. Regularly audit and enhance these environments in order to regulate, support and improve healthy cultures within them. This includes policies on respectful communications, discrimination, harassment, behaviours, consideration of physical space and built environment, support for activities including sports and clubs, liaison with local community, businesses and residents.

SUPPORT: Universities already develop and resource a range of support services appropriate to the needs of students. Regularly review these to ensure they meet the needs of those experiencing mental health difficulties, provide access to appropriate services, signpost advice on other issues such as finance or housing, and link effectively with academic policies.

1 Stewart-Brown, Sarah. “What Is the Evidence on School Health Promotion in Improving Health or Preventing Disease and, Specifically, What Is the Effectiveness of the Health Promoting Schools Approach?” WHO/Europe.
Lessons from the world's Blue Zones on living a long, healthy life

1. **Move Naturally.** Moving naturally throughout the day — walking, gardening.

2. **Purpose.** The Okinawans call it *ikigai* and the Nicoyans call it *plan de vida.* Knowing why you wake up in the morning makes you healthier, happier, and adds up to seven years of extra life expectancy.

3. **Down Shift.** Stress is part of life, but Blue Zones centenarians have stress-relieving rituals built into their daily routines. Adventists pray, Ikarians nap, and Sardinians do happy hour.

4. **80% Rule.** People in Blue Zones areas stop eating when their stomachs are 80% full and eat their smallest meal in the early evening.

5. **Plant Slant.** Vegetables, fruit, and whole grains are the cornerstone of most centenarian diets. Meat is eaten in small amounts and so are processed food.

6. **Family/loved Ones First.** Having close and strong family connections (with spouses, parents, grandparents, and grandchildren) is common with Blue Zones centenarians.

7. **Belong.** Being part of a faith-based community is important. Faith-based doesn’t necessarily mean religious community.

8. **Right Tribe.** Widen the circle of close friends who can contribute to your wellbeing.

(Adapted from an article on www.weforum.org and Alternative Bien-être (October 2018 № 145))