

# Mental Health and Wellness among Graduate Students at Virginia Tech

## Report of Findings and Recommendations

AY 2019-2020

Presented by the

Graduate Mental Health Working Group

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## Note to the Reader

This work was undertaken during a time of increased recognition and action with respect to assessing mental health of students in the United States. Our work was conducted concurrently with several other ongoing initiatives, both at Virginia Tech and beyond. While we did not formally coordinate this report with any of those other efforts, we believe the work documented in this report is unique in its focus on graduate students and the stressors and resources unique to them at Virginia Tech. We do not claim that the inventories we conducted are comprehensive, although we did pursue multiple avenues for collecting information and were thus able to identify a wide range of issues from a fundamentally different perspective than the other working groups. We hope that this work will provide leads to decision makers who can commission the necessary work to reduce stressors and improve resources for graduate students and their mental health and wellbeing.

We completed this report during and following Spring semester 2020 in the midst of Coronavirus social distancing, which has had considerable impact on all stakeholders at Virginia Tech from students to faculty, staff, administrators, and the local community. The impact of this unique situation was not extensively addressed in our work, although we believe it will amplify the existing stressors identified already with respect to our graduate students. We have included sections in Chapters VII and VIII at the end of this report to highlight our own opinions of what these effects could be, in hopes that those taking over this effort will be able to take these factors into account.

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# I. Charge to the Working Group

This working group was initially convened by Dr. DePauw on June 24, 2019 with the aim of beginning the task and then continuing during the academic year. Co-chaired by Dr. Rajesh Bagchi and Dr. Annie Pearce, both former members of CGPSP, the initial working group consisted additionally of Dr. John Hole, Chair of CGPSP and Ms. Cynthia Hampton, representing the graduate student perspective. Dr. DePauw also recommended Ms. Jessica Robinson to represent the graduate student perspective, due to her interest in the subject matter. After an initial interview due to his subject matter expertise, Dr. Bryan Hanson, Graduate Ombudsperson was also invited to join the working group.

The initial charge to the group from Dr. DePauw was to recommend changes at Virginia Tech that will foster mentally healthful living for our graduate students. In particular, Dr. DePauw wanted the working group to explore existing programs and policies, both at VT and other universities, and identify barriers that get in the way of mental health as well as gaps in existing programs and knowledge. She also encouraged the group to identify best practices, both at VT and elsewhere, that represent positive examples of ways to promote graduate mental health.

During the discussion, Dr. DePauw identified multiple questions that are relevant to the challenge of improving graduate student mental health at Virginia Tech and other institutions, including:

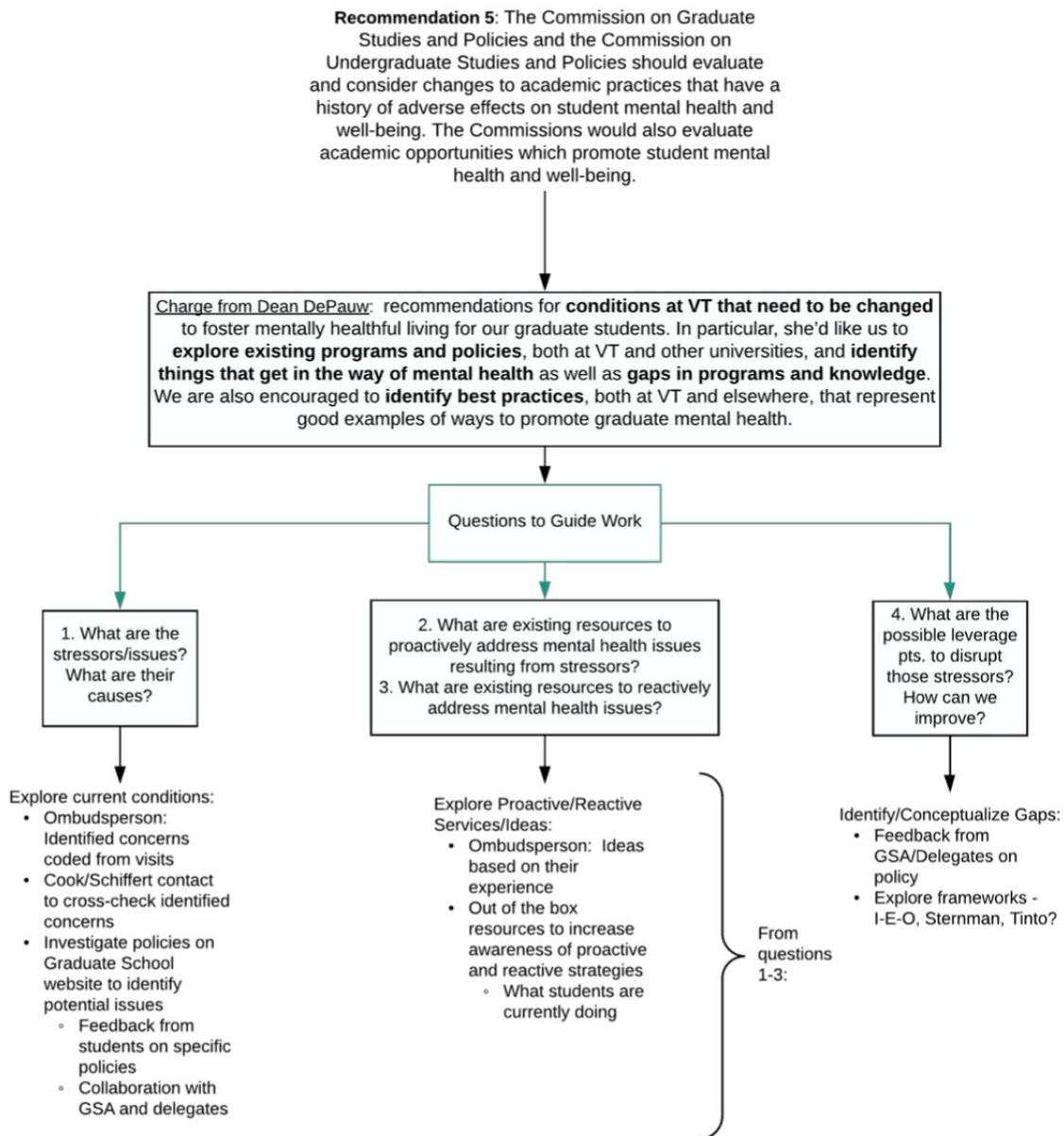
- What agency do students have in working toward their own mental health?
- What do faculty think about student mental health?
- How can we deal with the ongoing stigma of mental health issues? How to “destigmatize”?
- How does our culture (hierarchical) need to change to foster better mental health?
- What information gaps are there, e.g., with department heads who become aware of problems, with graduate students seeking help proactively?
- What are the cognitive and productivity impacts of poor mental health? How can awareness of these help incentivize better mental health?

To conclude the charge meeting, Dr. DePauw pointed out that there is an assumption that the student in crisis will have trust in the resources available to them, but this is not necessarily the case. She emphasized that part of our task is to make sure that what we ARE doing is helpful, not harmful. Toward that end, following the initial charge meeting, the working group met to discuss our scope, which we determined as finding the answers to the following four questions:

1. What stressors are our graduate students experiencing, and what are the causes of those stressors?

2. What resources presently exist at Virginia Tech and elsewhere to proactively address mental health issues resulting from stressors?
3. What resources presently exist at Virginia Tech and elsewhere to reactively address mental health issues resulting from stressors?
4. What actions can be taken to improve graduate student mental health at Virginia Tech?

These four questions served as an organizing structure for our investigation, illustrated in Figure 1. Each of the questions is addressed subsequently in this report, which includes documentation from all actions undertaken by the working group.



4. What are the possible leverage pts. to disrupt those stressors? How can we improve?

↓

Identify/Conceptualize Gaps:

- Feedback from GSA/Delegates on policy
- Explore frameworks - I-E-O, Sternman, Tinto?

} From questions 1-3:

**Figure 1:** Approach to Charge

## II. Our Approach to the Charge

We initially pursued our identification of stressors, opportunities, and best practices by seeking data from organizations on campus that offer resources to students experiencing mental health issues or otherwise seeking assistance for stressful situations, including the Graduate Ombudsperson's Office and Cook Counseling Center. Our intent was to prioritize stressors based on which ones seemed to lead most frequently to requests for assistance by students, then focus our recommendations on those high priority stressors.

Based on input from the student members of our group, however, we came to suspect that barriers such as lack of awareness or fear of perceptions of others may *actively prevent* students from seeking help from these venues. If this is the case, then reported data from these organizations may represent only a small subset of the contributors to lack of mental wellness among our graduate students. We therefore decided to broaden our search to include other assets that may be approached by students needing assistance. Thus, we chose to pursue a multi-pronged strategy to identify potential stressors, including the following:

- A detailed review of the policies listed in the Graduate School Handbook
- Discussion with service providers at Virginia Tech to identify stressors leading to requests for assistance, including:
  - Ombudsperson's office - Bryan Hanson
  - University Mental Health Initiatives - Chris Flynn
  - Cook Counseling Center - Rita Klein, Ellie Sturgis
  - Graduate School - Karen DePauw, Shernita Lee
- Review of available internal reports, including the Provost's report on Mental Health and a previous report from a working group on Academic Bullying
- Review of data summaries from previous years' Healthy Minds Study survey at Virginia Tech (provided by Bethany Rallis, Cook Counseling Center)
- Summary of anecdotal reports from various sources, including Dean DePauw and informal student polls.

Chapter III of the report presents our findings regarding stressors. We believe that engaging directly with the student population on this issue would be worthwhile, and recommend that this be undertaken by future working groups. In particular, such input could provide validation of our conclusions about key issues experienced by our students and also identify stressors overlooked in existing data.

Following the recommendations of the Provost's Report, Recommendation #5 (see Figure 1), we concurrently undertook a review of the current Graduate School website and Handbook of Policies to identify policies that have a potential adverse impact on graduate student mental health and wellbeing. Chapter IV contains the findings of that policy review.

Having identified potential graduate student stressors arising from policies and other sources, we then sought to inventory programs and resources at Virginia Tech and other similar institutions that respond to stressors experienced by graduate students. Dr. DePauw provided a list of existing assets and programs at Virginia Tech at the charge meeting that were recommended to be part of our inventory, including:

- Our Graduate School that is “receptive to improvements in mental health”, as stated by Dr. DePauw
- Our Graduate Ombudsperson
- Our efforts in diversity and inclusion
- The health and wellness programs and centers on campus
- The Cook Counseling Center for students
- Mental health first aid training
- Emergency grants from Student Services
- Recipients of the Outstanding Mentoring Award from the Graduate School.

A key distinction was made in our discussion between preventative mental health efforts vs. reactive mental health efforts. The types of programs and resources are different, and both are important. We tackled this inventory as part of our interviews with service providers and internal reports, along with a snowball internet search for best practices. Our findings are included as Chapter V (Internal Assets and Practices) and Chapter VI (Best Practices from Other Institutions) of this report.

Finally, having undertaken our search for stressors and inventory of assets and best practices, we focused on identifying recommendations for actions that could both mitigate known stressors and enhance our proactive and reactive responses as an institution to graduate students experiencing stress that could lead to unwellness from a mental health standpoint. These recommendations came from multiple sources, including actions suggested by people we interviewed, ideas from the resources we reviewed, and the internal brainstorming and discussion among the group. We present these recommendations in Chapter VII of the report, organized by the various intervention points at which mental health and wellness of graduate students can be influenced.

After answering the four questions that organized our original charge, we were left with a list of additional tasks we were unable to complete due to time constraints, but which could be pursued by future working groups. Chapter VIII of this report captures these items so that future working groups can pursue them.

### III. Stressors Experienced by Virginia Tech Graduate Students

During Fall semester 2019, the working group met with and interviewed a number of individuals involved in graduate student mental health on campus. The following sections present summaries and major findings of each interview with regard to stressors experienced by graduate students and improvement opportunities for Virginia Tech's response to those stressors. Any specific recommendations identified by interviewees are also included in Chapter VII of this report. Individuals interviewed by the working group included Dr. Karen DePauw, Dr. Bryan Hanson, Dr. Shernita Lee, Dr. Tara Frank, Dr. Rita Klein, Dr. Ellie Sturgis, and Dr. Chris Flynn.

#### Dr. Karen DePauw, Dean, Graduate School at Virginia Tech

Dr. Karen DePauw identified a number of known stressors during the original charge meeting to the working group. As the Dean of the Graduate School, she is privy to input on this issue both anecdotally through the many students and faculty with whom she interacts, and formally as the final decision maker for issues of graduate policy and operations. Issues identified by Dr. DePauw fell into five major categories, including funding, issues with differing abilities, basic human needs and rights, issues with departments and advisors, and issues not otherwise classified. Our discussion with her included not only elaboration on the stressors, but also examples of possible ideas that could mitigate them.

An ongoing and known category of significant stressors is **graduate student funding** (Box 1). This set of stressors dictates the livelihood of graduate students and the sense of stability in graduate programs. Several key stressors relating to funding exist that encompass temporality and transparency of funding mechanisms. The longevity or period of time that a funding commitment covers can range from a single semester to a year, multiple years, or even the entire expected duration of the student's graduate program. In many cases, students face a year to year challenge to secure funding, depending on their programs and departments. With changes in the external funding environment and institutional strategies for balancing budgets, many students experience funding gaps or uncertainty about future funding commitments, which can cause significant stress in light of the substantial additional university fees students are required to pay plus cost of living. International students in particular have significant stress related to their funding, since proof of funding is required to secure a visa to study, and their visas prevent them from easily obtaining work off campus in the event that their academic funding is no longer available. This is particularly acute in times of campus shutdowns such as breaks, summer, or the current COVID-19 shutdown.

Similarly, the timing of contracts, often for the duration of the academic year but not summer, and the time to process contracts, can place gaps in funding. There may also be lags in keeping

students informed about funding availability. The inability to “bank” funding in academic units or shift funding across fiscal years or between funding types creates an impasse for programs to adequately respond to these gaps in funding. Obtaining assistance related to questions in funding from friendly and safe individuals was also mentioned as a stressor.

**Box 1: Stressors related to Graduate Student Funding**

- Longevity/continuity
- Being able to “bank” funding to cover gaps
- Timing of contracts
- Transparency and differences across similar students
- Lack of friendly, safe people to ask questions
- Differential funding levels and steps based on type of money
- Minimum funding levels

Differential funding across students was also noted as a stressor associated with funding. In the university funding environment, each student is typically treated as an individual with funding assembled for that particular student as resources are available. The standards for setting funding levels for students may or may not be tied to actual performance, seniority, or merit depending on source of funds, departmental policies, and other factors. Even within a research group working with a particular faculty, the level of funding provided to each student is at the discretion of the faculty if the funds come from an external source. When students inevitably “compare notes” on the stipends they receive or other terms of their contracts, the lack of transparency to explain why funding differs from student to student can lead to stress and reduced trust, both of peer students receiving more funding and the institution which allows such disparities to exist.

The intersection of **differing abilities and the structure of graduate milestones** can pose stressors for a wide range of students (Box 2). While graduate committees have considerable flexibility from the standpoint of the Graduate School in working with students as individuals, few faculty are aware of or interested in expanding their notion of possible ways to meet university requirements. Likewise, students who are dependent upon faculty funding may be most interested in “just getting through” rather than trying to change the nature of their process or deliverables with the attendant risk involved. Departments, likewise, faced with the challenge of ensuring fairness and consistency across students, may also resist change in this regard.

**Box 2: Stressors related to Differing Abilities Among Students**

- Services for Students with Disabilities (SSD) office more geared toward undergraduates than graduate students
- The nature of required milestones in the graduate process
- Need for accommodations to account for different learning types
- Little flexibility in required deliverables, including dissertations and theses

Finding alternative and thorough assessment strategies and processes such as the use of ePortfolios could aid departments and programs in effective inclusion of graduate students who may require accommodations that do not align with the traditional undergraduate forms of support such as those offered through Services for Students with Disabilities (SSD) i.e. double-time testing, etc. These alternate forms of milestone assessment could align with departmental and program level collaboration with graduate students and their advisors on the most adequate progression for graduate students who may require different accommodations in order to emphasize their strengths.

At the core of graduate student stressors is **basic human needs and rights** (Box 3). A lack of food security has been highlighted in a recent study of the student body at Virginia Tech, which found that 34% of graduate student respondents reported having low or very low food security. Although there are various food banks available in the Blacksburg area, stigma and application processes limit their availability for students accessing this resource. A recent Gofundme campaign has been established by graduate students, but food security is still a persistent issue that results from rising costs of living, health insurance, and comprehensive fees. The requirement of a meal plan for on-campus housing raises an additional financial burden. It is unknown at the graduate level the number of students battling homelessness, or the quality and safety of housing in the Blacksburg area.

**Box 3: Stressors related to Basic Human Needs and Rights**

- Food security
- Cost of living
- Quality and availability of housing
- Homelessness, particularly during transitions between semesters
- Academic bullying
- Sexual harassment/Title IX issues

The disregard for graduate students' inherent dignity encompasses the other rights related stressors. Academic bullying with no faculty sanctions and the lack of full exploration of Title IX issues with sexual harassment aids in reinforcing an environment that: violates a sense of safety; does not accept and appreciate identity regardless of race, religion, ethnicity, sexual orientation, gender, or nationality; does not recognize a job well done; does not acknowledge suffering; does not practice fairness; does not encourage independence; and does not allow someone to be seen as trustworthy<sup>1</sup>. These active tactics in bullying and harassment create a psychologically unsafe atmosphere and culture for graduate students that is only amplified by biases related to race, culture, and gender.

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<sup>1</sup> Hicks, D. (2018). *Leading with dignity: How to create a culture that brings out the best in people*. Yale University Press.

The most acknowledged category of stressors for graduate students involve **evaluative relationships between graduate students and their departments and/or advisors** (Box 4). Graduate students and their advisors share a proximate relationship that can create special challenges and opportunities for mental health and well being. This close relationship rarely includes training or support in effective communication, conflict resolution, etc. The reality is that faculty advisors receive little if any training in mental health awareness and its link to academic bullying. Further, the current language used within policy documents may contain bias in terms of privilege and power at the university and departmental levels. Supporting transparency and a graduate student voice in departmental decisions that affect them is critical in counteracting this issue.

**Box 4: Stressors related to Student Evaluative Relationships**

- Degree of power differential between advisor and student
- Lack of training for advisors on mental health or academic bullying
- Lack of penalties for advisors who engage in academic bullying
- Fear of reprisal for speaking up
- Special issues with international students who have few if any options to change their situation
- Lack of graduate student voice in departmental policy decision
- Bias in terms of privilege and power in the language of documents

Lastly, stressors exist which are related to graduate students' experience with **navigating the academic system at large** (Box 5). These stressors include a lack of sense of self-worth in relation to the academic system or imposter syndrome, lack of clear information of the spectrum of services offered and what happens at various points of engagement with these services, understanding personal needs before they become unmanageable, and lack of clarity about the ramification of engaging policies for taking academic relief or leave, including fear of the perceptions of faculty associated with this decision.

**Box 5: Stressors Related to the Larger Academic System**

- Imposter syndrome
- Lack of clear information about the spectrum of supportive services and possible consequences of engaging them
- Figuring out what help is needed, including ways to prevent things before they get bad
- Unclear ramifications for using policies for taking leave/academic relief; fear of using resources like this for fear of faculty perceptions and retaliation

## Dr. Bryan Hanson, Graduate Ombudsperson

Dr. Bryan Hanson was one of the first individuals interviewed by the working group, and he was immediately invited to join the effort based on his experience as a first responder to provide aid to graduate students experiencing stress. He introduced the working group to a standard taxonomy from the International Ombudsman Association used by the office of the Ombudsperson for the Graduate School to classify reasons students seek his assistance. These include:

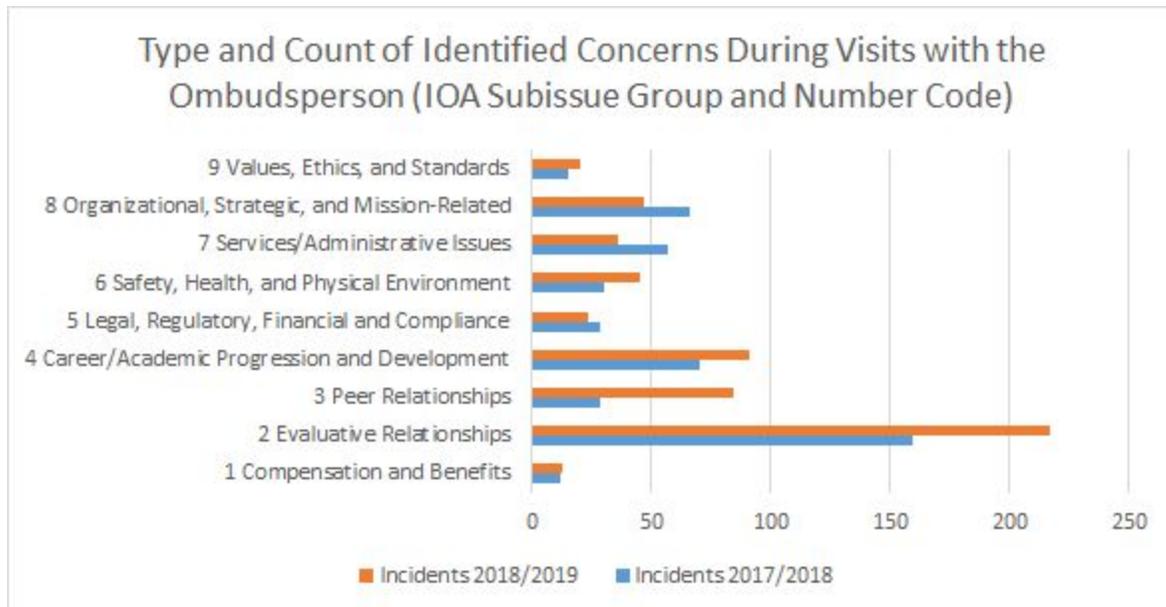
- 1) Financial and Compensation Issues
- 2) Evaluative Relationships
- 3) Peer Relationships
- 4) Career/Academic Progression
- 5) Legal and Compliance Concerns
- 6) Health and Safety
- 7) Administrative Concerns
- 8) Organizational and Mission-Related Concerns
- 9) Values, Ethics, and Standards

Within these categories there are many sub-issues that characterize the specific stressors of the individuals that visit the office, and each student seeking assistance is classified based on the specific stressors that bring them to meet with Dr. Hanson. Considering both the 2017/2018 and 2018/2019 academic years (Figure 2), visits to Dr. Hanson's office exhibited the following trends:

- 38% of issues identified related to the evaluative relationship. There were 6% to 7% of the cases that indicated a sense that there was no trust or a lack of respect within this relationship.
- Peer relationships also caused concern at higher levels than the previous academic year. Concerns with peer relationships made up 6% of the total identified issues in 2017/2018 while 15% of the issues identified in 2018/2019 related to peer relationships. One important indicator relevant to mental health indicated that 7% of cases were associated with a sense of a lack of respect among peers.
- Nearly 14% of cases related to a level of distress due to a concern about academic progress. This is up from 9% of the cases the previous year.
- Nearly 12% of cases indicated a concern with work/life balance. This is an increase from 8.5% of the cases the previous year.

When considering these numbers in relation to mental health, Dr. Hanson believes it is clear that improvements could be made by creating consistent guidelines for expectations in the evaluative relationship. One step could be to develop clarity around criteria to measure the attainment of research credits, or the fulfillment of tasks expected during assistantships. Increasing awareness for support resources is another step that could be taken to alleviate the

distress from work/life balance or interpersonal conflicts within the lab environment. This effort needs to reach not only the students, but also the faculty to ensure that they can make adequate referrals for assistance.



**Figure 2:** Frequency of stressors driving Ombudsperson visits

## Dr. Shernita Lee, Assistant Dean, Graduate School and Director for Office of Recruitment and Diversity

Dr. Shernita Lee serves multiple roles at the Graduate School, primarily in diversity recruitment and as an essential component of inclusion and retention efforts for graduate students, specifically of racial and ethnic minoritized identities at Virginia Tech. International student populations also contact Dr. Lee for various issues as well. Dr. Lee shared generalized information during an interview with Working Group member Cynthia Hampton based on experience resulting from contact with students occurring in times of distress or in dealing with difficulties with advisors, in their programs, or within the climate of Virginia Tech. Essentially, these stressors revolve around issues of relationships, transparency, politics, and power.

**Relationships:** A starting point of stressors mentioned in our conversation related to an insecurity or uncertainty of pertinent information that either had or had not been communicated from the advisor. These relationships between advisor and graduate student present issues when the communication styles are different, or when there is a lack of an advisor getting to know the graduate student. If a graduate student previously had a stressful relationship with an advisor in a past relationship, delays in communication or ambiguity around response times, i.e.

“talk to you later”, can rehash previous stressors and strain relationships further. When these relationships are tense, vulnerability is communicated from graduate students related to the signatory power of the advisor in regards to progressive academic milestones. Outside of relationships with advisors, Dr. Lee brought up the importance of connecting to student organizations, faculty, and staff to develop allies and to avoid isolation. These topics of strained relationships, isolation, and communication issues come full circle when seeing alumni involvement, in Dr. Lee’s opinion being heavily influenced by mentor and research experiences while at Virginia Tech.

**Transparency:** Issues with transparency of policies, practices, and culture represent an ongoing set of stressors that plague graduate students and were shared by Dr. Lee as spanning the interpersonal, programmatic, departmental, and institutional levels. Dr. Lee frequently discussed how to re-empower graduate students by navigating stressors, providing examples ranging from how to walk through an action plan to remediate an issue, to providing assistance in drafting emails and being direct and clear on next steps that students will need to take in order to resolve said issues. Additionally, transparency of advisor and program expectations was communicated as a stressor. For instance, an advisor will voice issues with a graduate student’s writing or their expectations of said writing, but will offer no recommendations for remediation or a plan for improvement. A lack of transparency permeated processes such as confirmation regarding if and when academic milestones were reached, knowing what support exists on campus, and understanding the different types of student support roles such as the ombudsperson. Dr. Lee communicated additionally that there was no interconnected system to know where students had already sought assistance or to whom they had expressed concerns on campus. These issues indicate the need for some form of tracking mechanism for student concerns, as well as the need for exit data on why graduate students leave advisors, programs, departments, colleges, and possibly the university overall. Lastly, Dr. Lee highlighted a need for transparency by departments in regards to understanding Graduate School policies and procedures.

**Politics:** One of the more sensitive stressors dealing with graduate students that Dr. Lee helps students navigate is politics. Dr. Lee provided an example of a graduate student seeking help from an advisor, and the advisor seeking advice from others in the department. As the issue is passed around a department/program, the advisor is getting advice from others on what to do related to the graduate student, but the original issue is not in the student’s voice and eventually travels to someone in the department who makes decisions, thereby having implications on the graduate student’s reputation. Dr. Lee has served as an advocate in helping graduate students work through the politics of issues by aiding in seeing the “big” picture, talking directly with leaders of a department, maintaining the anonymity of a student, and identifying if there needs to be cross-collaboration on an issue, and further, who can be entrusted with a particular student issue.

**Power:** Another category of stressors discussed by Dr. Lee encompassed the idea of power and empowerment. This conversation is one that underlies the vulnerability of graduate

students. A fear of bullying and sabotage in a student's process was discussed. This is articulated through a mistrust of who to go to for assistance. Feelings of ownership and servitude are persistently mentioned, and Dr. Lee works to change the conversation for individual graduate students to challenge that assertion in the culture. This conversation becomes especially precarious when discussing international students, where culture, citizenship status, and advisor power intersect to create vulnerable situations. Loopholes in various graduate policies can also be problematic, for instance extension of graduation dates.

**Climate:** The last category of stressors discussed dealt with a broad category of climate and culture. Climate in this sense dealt with the overall inclusivity of the graduate student experience for minoritized racial and ethnic graduate students as well as international graduate students. Students frequently comment on feeling like they "can't be the real me", challenging the essence of developing an identity as a researcher and scholar in this space.

A common thread among issues identified by Dr. Lee involves **communication and action**. Categorically many stressors could overlap with many that are communicated via the *Identified Concerns During Visits with the Ombudsperson* found in Appendix A. However, many of the examples given during conversation went further into actions taken by Dr. Lee in order to navigate political and cultural issues. As may be the case with other support roles at the university, students coming to the Assistant Dean wanted to talk through action plans to address stressors. Further, there appears to exist an ad hoc designation of various student support practitioners on campus that assist graduate students through navigating various issues that could be deemed stressors. Several leverage points appear from this conversation overall (Box 6). Communication with departments on support mechanisms as well as graduate student policy is needed. Additionally, diversity and inclusion training is needed at all levels, including senior positions. Lastly, training for how to advocate for graduate students is needed for sustainability purposes, starting at the college level. Although many support mechanisms may exist to navigate and address stressors, there is a need for a more integrated and communicative learning network.

**Box 6:** Leverage Points identified by Dr. Shernita Lee

- Communication with departments about support mechanisms and graduate policy
- Diversity and inclusion training at all levels
- Training at the college levels on how to advocate for graduate students
- More integrate and communicative learning network

## Dr. Tara Frank, Assistant Dean, Office of the Dean of Students

Dr. Tara Frank is an Assistant Dean within the Office of the Dean of Students. Dr. Frank was contacted regarding emergency grants offered to students through her office. She communicated that there are approximately 8-10 graduate students per semester who request

funds through this program. These funds are requested in most cases for rent and living expenses, or sometimes for out-of-pocket medical expenses. Graduate students often state that they do not receive enough funding from their stipend. However, requests usually occur because a student's budgeted refund amount from financial aid does not stretch through to the end of the semester, which is when the majority of requests occur. Dr. Frank's office has to check with financial aid on the amount of funding already received by the student. If the requester has already received a large refund from financial aid, then they will not be able to receive funds from the Dean of Students.

During the interview which occurred during Fall 2019, Dr. Frank indicated that during the Spring semester of 2020 a forum would be organized between the Dean of Students, Schiffert Health Center, and Cook Counseling to improve communication and coordinate services. The Working Group does not know the status of this meeting, but recommends following up with Dr. Frank to learn more. Dr. Frank also stated that it would be helpful for her office to find out how graduate students learn about the emergency grants, so that the Dean of Students can better exploit those avenues of communication in order to publicize the grants more broadly.

## **Dr. Rita Klein, GLC Counselor, Cook Counseling Center**

Cook Counseling Center (CCC) is the primary resource for mental health services available to students at Virginia Tech, both undergraduate and graduate. The Working Group spoke with Dr. Rita Klein, a counselor from Cook who is located on site at the Graduate Life Center one day per week to focus specifically on the needs of graduate students.

Dr. Klein reported that approximately 750 graduate students per year receive mental health services through CCC, out of approximately 5,000. Key issues are anxiety and depression, stress, and relationship issues, quite often with advisors. Compared to undergraduates, approximately 70% (vs. 65% with undergraduates) feel that their mental health has interfered with their academic performance.

## **Dr. Ellie Sturgis, Director, Cook Counseling Center and Dr. Chris Flynn, Director, University Mental Health Initiatives**

The working group also met jointly with Drs. Ellie Sturgis and Chris Flynn, both of whom have served as Director of Cook Counseling Center. Dr. Sturgis is presently the director, while Dr. Flynn has moved on to lead mental health initiatives for the entire university. The following comments reflect their joint discussion with our working group in November 2019.

One issue frequently mentioned by graduate students seeking help for mental health issues is **workload expectations**. Specifically, the number of hours students are expected to work and are compensated for is different from hours they actually work. There is wide variation among students on this issue. Some colleges or departments even have policies that their GRAs must register for the highest number of research hours possible, regardless of their workload expectations. There is little correlation between what one's contract or transcript says and what is actually expected, and this disconnect can cause significant stress.

International students in particular feel trapped; they must do whatever advisors ask them to do in order to remain in the country and any progress they make is completely dependent on that relationship. Dr. Sturgis pointed out that international students are "betting everything that they'll get along with their advisor", but expectations are not necessarily clearly communicated and may also be unreasonable. CCC often refers students to the Graduate Ombudsperson's Office for help resolving advisor-related issues.

A second major issue pertains to **support for academic progress**. Many students do not receive a lot of direction from their advisors and find that the process of doing a thesis or dissertation on their own is overwhelming. For instance, advisors may make scheduling a meeting contingent on producing a work product before the meeting, but students don't know what to do and thus feel stuck. These very bright and historically successful graduate students believe they should know how to do it and may not feel they can ask for help along the way. The Graduate School provides a platform for help, and there are many available resources including peer groups, but students may not be aware of these resources or may not realize how to engage them. Quite often, students don't know how to organize their thoughts to make progress, and there are both language skills issues and research skills issues.

There is a need to train faculty to provide **better mentoring and advising**. Dr. Sturgis mentioned a sequence of articles in Nature (included in the inventory of external information in Chapter VI) that address this gap with Ph.D.s. Professional disciplines such as medicine have a framework for training and managing mentoring of students, but in pure science disciplines, Ph.D.s do not get trained how to be good advisors, and little if any training is available after entering the academy as faculty. Advisor-student relationships are absolutely pivotal, particularly for international students who are vulnerable to deportation if the advising relationship goes sour.

While existing programs at VT don't really address mentoring, there are two notable exceptions. First, the College of Engineering has invested in a program out of Wisconsin from the Center for the Improvement of Mentoring in the Experience of Research (CIMER). The Department of Engineering Education has a grant program to bring this program to Virginia Tech, where it is presently being pilot tested. Second, Jack Lesko is spearheading a program focusing specifically on underrepresented students which is very successful.

There are also **gaps in information systems about students seeking help**. This involves having a network of helping people across campus to identify gaps and best practices and share information to ensure that students receive the most effective support possible.

Information is presently unavailable on the proportion of international vs. domestic students who seek help at CCC, but in general, Dr. Sturgis observed that international students are unlikely to seek help until there is a crisis, which is the least effective way to get help. Other cultures have an even more **significant stigma associated with asking for help** than exists for US students, particularly with mental health issues. For example, China's one child rule means that a whole family has invested in a single person to pursue success on behalf of the family. The pressure is immense among Asian students in particular. Students from a number of countries regularly send money back to their families instead of using it to support themselves. The huge investment in individuals by families can lead to incredible pressure to succeed.

Many challenges experienced by graduate students are not unexpected: stress, relationship pressures, and cultural environments, to name a few. Not all of these can be addressed by policy, but that doesn't mean there aren't other measures that can be taken to mitigate problems before they become crises.

Programmatically, there could be interventions to **help people feel comfortable seeking services**. There is presently no "one stop shop" in departmental orientation to tell students how to get help, and this could be improved. It could also be supported with training for graduate coordinators on how to refer students for help, although some departments have inadequate staff to allow a personal relationship with every graduate student. Providing information in documents at the departmental level could be a resource when students need it most.

Due to startling statistics about suicide among veterinary students, the Virginia-Maryland College of Veterinary Medicine (Vet Med) has done many things to help students in their professional program, including **embedded counselors**, changing to a **pass/fail grading** system, and others. Based on the success of this program, there is a plan to embed counselors in larger colleges including Engineering and Science.

Another example is the presence of **animals to provide emotional support**. For instance, Trent Davis has dogs that really appeal to Vet Med students, and having them "live" in the departments/schools makes them part of the culture and schedule of the programs.

Roanoke students want equal resources, and a counselor has been permanently embedded in Roanoke to address this need. Having people "on the ground and present" really helps address issues before they become crises. If nothing else, having embedded counselors makes students more aware of the existence of resources, even if they eventually seek help more centrally for their own issues.

Many off-campus students do not have opportunities to be exposed to potential resources at the Graduate School. On main campus, the GLC and the fact that students actually live there helps students make contact. Follow-up efforts should look at what percentage of graduate students are “touched” by the GLC.

Dr. Sturgis said that she regularly presents to the teaching assistant (TA) workshop and spends some time during that presentation about how to refer students to CCC. However, she spends more time with students in these workshops on their own skills such as time management. Including presentations on these issues during orientation could be helpful. Dr. Sturgis pointed out that during that time of year, CCC staff typically have more capacity than later in the semester. Including experiential activities such as mindfulness during orientation could be one way to have this message “sink in”; otherwise, the sheer volume of information feels like a firehose to students who are still excited and haven’t started feeling bad yet.

Ultimately, the trait of resilience is something that is important to cultivate in graduate students who will inevitably experience stressors. How do we help students in a preventative way? Dr. Sturgis believes that this is a trait of supporting structures, not only individuals. Both Dr. Flynn and Dr. Sturgis noted that Dean Karen DePauw is well-known for her focus on cultivating resilience in students, but they agreed that there need to be more leaders than just her to focus on this issue. They hypothesized it may be the case that healthy people use available services more than people in crisis.

**Mental health first aid training** is another possible resource that could be expanded. One training event has been held on campus so far, with Jim Rineheart as the primary trainer. Mental health first aid training is also offered at no cost to interested individuals by the New River Valley Community Services (NRVCS). Dr. Pearce has taken this full day training to get her certification.

**Question, Persuade, Refer (QPR) training** ([qprinstitute.com](http://qprinstitute.com)) is a type of suicide prevention training required of all Vet Med students. The training is also open to faculty, advisors, students, and other interested parties. The group thought that these types of training could be added to TLOS as a way to provide rewards to faculty for attending and broaden the reach. We agreed that people are less likely to come to open courses than an organized session to which they are invited. This kind of course offering would definitely appeal more to faculty than a three minute quick pitch at orientation. More training on so-called “soft” skills should be part of this, including conscientious discussion, communicating your research, and fostering a growth mindset.

At present, the International Association of Ombudspersons does not have any formal training on how to effectively avoid mediation. This professional association could do more of these sorts of preventive activities to address problems before they occur, although their audience is solely ombudspeople. Most ombudspersons are not attorneys but rather a mix of psychologists, social workers, and similar types of professionals. These disciplines provide more of an educational foundation for dealing with conflict.

VT's Academy of Teaching Excellence could be a model for recognizing best practices among faculty and sharing horror stories of how not to treat graduate students. Awards for effective mentoring are already given by the Graduate School to representatives from each college. There are already faculty out there who are providing best practices and being exemplars. Could we have an academy of mentoring excellence where we show these issues are valued by the university?

Ultimately, faculty are the stakeholders who have the most agency in shaping the graduate student experience. It is important to consider what would be the most effective way to incentivize changing behaviors among this group. How can we support this?

The VT Advisor's Network (VTAN) is an existing group that has newly marketed themselves as a network of advisors to share best practices across campus. Zach Underwood is organizing this network as Director of Undergraduate Advising, along with Kimberly Smith.

Dr. Flynn discussed the new Mental Health Task Force at the university level which was just getting underway in December 2019. This university-level task force came out of the Provost's office with the main objective of developing a mental health awareness campaign. It is co-chaired by Dr. Laura Hungerford, an epidemiologist from Vet Med. This group could also benefit from increased faculty involvement.

The task force was the result of a report from the Provost's office that came out a year ago about mental health. The report focused on undergraduate students, but did not explicitly address graduate students, who have fundamentally different issues. Mike Friedlander identified five questions to be addressed as the author of the report, and he is very aware of graduate student issues. Issues specific to graduate students may not have been explicitly included in the recommendations, but they were definitely a part of the discussion. The initiative from the Provost's office has gone through the President and Board of Visitors and thus has "higher ears". Dean DePauw also has access to and influence with these ears. The work emerging from this working group should be shared with these other groups.

While formal policy recommendations are unlikely to emerge as widespread solutions to mental health concerns, **academic relief** is a very important one that should be addressed. If a student needs time to attend to mental health issues, having academic relief could considerably change the rest of his or her life, particularly if he or she is an international student. Academic relief is much less common with graduate students than undergrads. Graduate students are very unlikely to request academic relief because they are giving up their assistantship and everything else to do so. The approval for it would come through Dean DePauw, as opposed to undergraduate students who are approved at the college level. Dr. DePauw typically works with students individually to ensure that they are choosing a good path for their situation, but sufficient time has to be taken to actually get well.

Academic relief is completely different for international students due to enrollment requirements to maintain their visa. One solution could be to go take courses at New River Community College to stay in the US, or find other solutions. Some advisors continue to work with students to support them during this time, but not all of them. Many graduate students don't know that academic relief is available. Typically graduate students are surviving on their assistantships, and there's no "paid time off". One would hope that advisors are flexible and try to work with their students, but there's no guarantee.

The university does not usually dismiss students for mental health related reasons, but does so for academic reasons. The student would need to request assistance to find an alternative in this case. Ideally, CCC staff and the university could work out a plan that the student could continue when they got back. The Graduate School's work-life balance grant is an example of how this could be done. Few if any graduate students even know that academic relief exists, and it's important to understand the implications for those who may need to avail themselves. Students really need an advocate at that point in time.

Robin Pannington is working with the Commission on Undergraduate Studies and Policies (CUSP) to explore the issue of undergrad academic relief. She is an associate dean of the CoS. The revision of the policy has not yet been written for undergraduates, but it will be forthcoming this spring. Perhaps academic relief policy should be a joint effort of both CGPSP and CUSP.

We then discussed whether there might be undergraduate policies in addition to academic relief that might have parallels for graduate students. Policy 91 is an undergraduate policy regarding dropping students from their major if they are making **insufficient academic progress**. There may be a parallel issue for graduate students, although again, graduate students are different from undergraduates in many ways. In general, graduate students are far more committed to their discipline and it's likely to be harder to switch disciplines unless there are courses that apply across multiple disciplines such as between Building Construction and Architecture. Policy 91 is significant with engineering upperclassmen in particular.

The group discussed the need for a **regular forum among organizations working to address mental health** to discuss trends, issues, and best practices. A mechanism is lacking to flag common problems across organizations that need to be dealt with. We could start by examining what the professional programs are doing, since they seem to be taking the lead. Dr. Flynn is in favor of this kind of regular meeting to connect existing resources and thus identify gaps.

Drs. Flynn and Sturgis clarified that the Office of Student Affairs reports to the provost, who has convened both the previous study and the current university-wide task force/awareness campaign. CCC has had great support from the administration to add staff, but is still not at a point at which it can completely meet demand. Not much has been done yet regarding preventative mental health programs.

Mental health is growing in recognition as a significant national issue at this point. Dr. Flynn commented that the age of onset for mental health issues is trending earlier, due to better recognition of problems and reduced stigma. Many students enter university already having seen counselors or on medication, and mental health services have become better over time in terms of accessibility. There may be an increased need to accommodate students with known mental health issues coming into graduate programs, rather than just those whose issues become known after they are here.

## Other Anecdotal Evidence

Near the conclusion of this work, a specific situation arose with a student on an assistantship outside their department in which a supervisor of the overall organization sought to impose new working conditions and process requirements on a student after a contract had already been established. These conditions posed specific challenges to the student under conditions of safely managing exposures to COVID-19 and interfering with previous commitments. The issue was resolved successfully due to open discussion and active championing of the student's interests by their immediate supervisor, but stress during that time due to both financial uncertainty and potential inability to meet family commitments was considerable for the student.

First, the proper response to questions of employment for graduate students was unclear to this student, particularly given new information and sources of assistance due to COVID-19 on the university's portal for questions pertaining to the pandemic. There are many possible routes for assistance - Office of Human Resources, Services for Students with Disabilities, Office of Diversity and Inclusion, Graduate Ombudsperson, ADA and Accessibility, etc. - but which of these was most appropriate to assist with accommodation requests for Graduate Assistantships was unclear, especially when the requests were COVID-specific.

Second, the student and their academic supervisor were unclear as to what might be the consequences of failing to meet conditions of employment, either those that are part of the original contract or those imposed after the contract was signed. How quickly those penalties might be imposed was also a concern. Would failure to comply result in the student being fired immediately, or would there be a process of formal evaluation, opportunity to improve performance, and reevaluation before an assistantship contract could be cancelled? If conditions were outside the scope of the university's formal contract with the student, could they even be a basis for terminating the contract early?

While guidance on these questions is no doubt available from the right person or office at VT, it was difficult or impossible to find online. Although every student's circumstances are unique and resolution of problems is often tailored to those circumstances, some aspects of this student's case are surely common to other students. A Frequently Asked Questions resource or even case studies such as those developed under the Academic Bullying initiative could be helpful for students facing such situations.

The final thing to note about this case is that when counselled to seek assistance from the Graduate Ombudsperson, the student expressed concern that they had already sought help from that office for a previous, different issue. They did not wish to be perceived as “*that*” student who causes trouble or is overly sensitive or demanding, and therefore were reluctant to use established resources. While this may be beyond the ability of service providers to address, it is a real barrier to finding help for some students. Having a network of mentors across campus who are informed advocates for students might help guide students in the right direction to efficiently access the help they need during times of stress.

## Comments from Spring 2020 Presentation to CGPSP

Co-chairs Bagchi and Pearce presented preliminary findings to the Commission on Graduate and Professional Studies and Policies (CGPSP) on March 4, 2020. Feedback from the meeting attendees raised some new issues in addition to validating previously identified challenges, as follows:

- In response to the identified need for a single hotline available 24/7 to provide referrals and immediate assistance that can help students navigate available support, one meeting attendee pointed out that the Dean of Students already has such a hotline available, although it does not appear to be well-known to graduate students.
- Students located in Roanoke and at other campuses do not have the same level of access to mental health services as students on the main campus.
- Access to mental health is typically not available during summer, whereas most graduate students continue their research or studies during this time. There is a serious need to ensure that students have access year round to mental health support.
- There have been instances of the university blocking student-led support, such as the recent student-led initiative to provide food security. This may be through policy that limits what university-affiliated student organizations can do, leading to the need for students to work outside the university environment to achieve their goals.
- The issue of scoping one’s research and who has control of the scope and direction of a student’s research can lead to a feeling of helplessness and lack of autonomy on the part of the student. Mental health issues can be an aggregate consequence of this process.
- There is a need for targeted hiring of mental health providers to support the needs of graduate students. Graduate students have issues that are fundamentally different from undergraduates - they are not simply older undergraduate students. The search and hiring processes should ensure that those who are hired for graduate support (staff, student affairs, career counseling) have worked with graduate students or have expertise in graduate student life.

## Summary of Findings from Interviews and Other Input

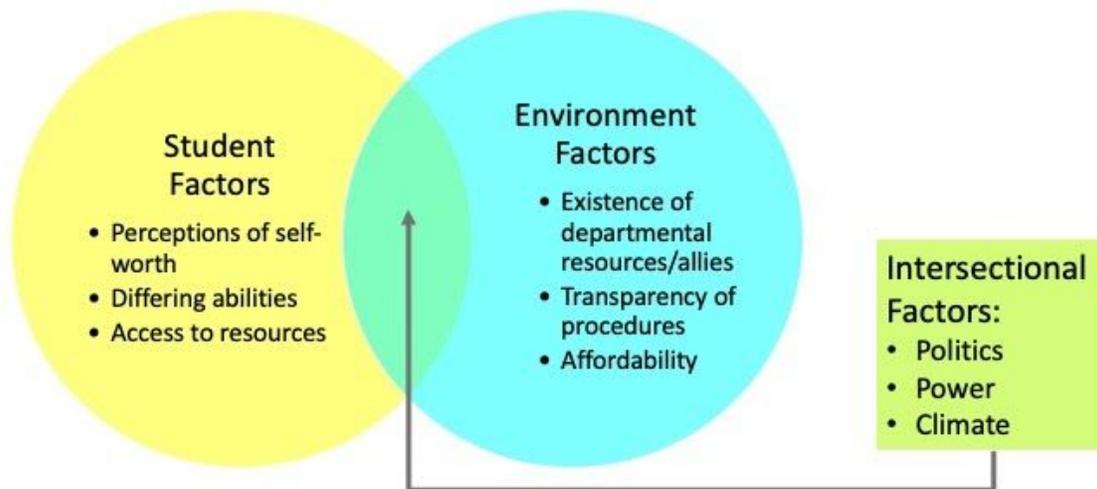
Although we did not conduct an exhaustive set of interviews, our interviews allow us to make a few observations.

**Macro-level Structural issues:** First, although concerns about student mental health are shared by all, it does not appear as though the University has a systematic coordinated effort to tackle these issues. For example, not all respondents relied on the same framework to identify stressors. This points to the possibility that caregivers may rely on different kinds of information to diagnose issues. We would also not be completely surprised if the sets of recommendations also differed substantially. On top of this, our interviews suggest that caregivers seem to operate rather independently; they seldom collaborate with each other, and certainly do not do so in a systematic fashion. This is likely to be a major problem as caregivers are unlikely to have information about prior history of those seeking help either within or beyond Virginia Tech and are also unlikely to be aware of the previous attempts to help them. Furthermore, given that caregivers seem to speak different disciplinary languages, it is also not clear if greater transparency and coordination alone would solve all problems. However, it would certainly be an important first step. Second, based on our interviews, it was not clear to us how caregiver resources are apportioned. There appears to exist an ad hoc designation of various student support practitioners on campus that assist graduate students through navigating various issues that could be deemed stressors. We believe a more systematic approach based on data and base rates may be more appropriate. Third, communication with departments on support mechanisms as well as graduate student policy is lacking. Fourth, more training related to diversity and inclusion and in dealing with mental health as well as with students with different abilities is lacking. Training is needed at all levels, including for those holding more senior positions. Finally, training for how to advocate for graduate students is needed for sustainability purposes, starting at the college level. Although many support mechanisms may exist to navigate and address stressors, there is a need for a more integrated and communicative learning network.

**Classification of Stressors:** First, as noted above, caregivers use different frameworks to identify issues. A common framework may be essential. Dr. Hanson's nine-category segmentation of stressors provides one way to classify stressors. Regardless of whether or not this categorization is used, we believe that caregivers and administrators at VT should use one formal framework to categorize mental health stressors. This will not only help us understand how pervasive these issues are, but it will also help us assess the effectiveness of any mitigating strategies that we implement. Second, based on frequency of occurrence, evaluative relationships account for the vast majority of stressors (about 38%), followed by distress owing to academic progression and development, and peer relationships. In all these cases, more incidents have been reported in 2018 than in 2017. However, these data need to be interpreted with caution. These are reported data—thus, it is not clear if the incidences actually occur with the same frequency as has been reported. For example, students may be more likely to report

certain kinds of stressors more than others. We are also not privy to the actual incidents—therefore, we are unaware of the seriousness of these issues. While some stressors may occur less frequently, and are also reported less frequently, the effects may be more severe or longer lasting. Finally, the cause and effect relationships are also unclear. While one may classify a stressor in a certain way, the underlying cause may be different. For example, financial stressors may give rise to concerns about program progression and completion.

**Deeper understanding of underlying causes:** While Dr. Hanson’s framework provides a systematic way to classify stressors, a deeper dive into the causal factors underlying these stressors might be necessary in order to devise appropriate mitigation strategies. One approach could be to segment these factors into the following categories (Figure 3): factors endogenous to the student (such as perceptions of self-worth, different abilities, different levels of knowledge and confidence, financial and food insecurity), factors embedded in the environment (such as transparency of procedures), and, finally, the factors that operate at the intersection of the two (relationships, politics, power, climate).



**Figure 3:** Factors influencing Stress Response

## IV. Results of Policy Review

A second major task undertaken by the committee was a thorough review of the online Graduate Catalog on the Graduate School web site. This review helped us identify potential stressors due to gaps or contradictions in policy that may be addressable through simple policy changes. This chapter presents the major issues identified in this review.

### Refund policies

The refund policies lack clarity. For example, the registrar's website says that "Depending on your course load and the date you drop a course, you may or may not be entitled to a refund. If you have financial aid, please contact your financial aid counselor before resigning, withdrawing or reducing your course load." Additionally, "A student resigning for medical reasons will be charged a daily tuition rate for each day enrolled. The tuition charge is prorated over the number of class days in the term. A request for a medical resignation must be initiated by the student through Schiffert Health Center or Cook Counseling Center."

The refund policies need greater clarity. For example, more details need to be provided about how refunds are determined. It is also unclear if the refund policies are fair. For example, refunds prorated on a daily basis inherently make the assumption that each class attended is worth the same amount. However, in reality students only realize value if they earn credit for the class. Furthermore, it may be important to reconsider how students who resign due to medical reasons should be charged. Additionally, the University may want to consider other provisions for students who take leave due to medical reasons--perhaps, students who return after a medical leave should be offered some form of financial aid (e.g., a discount) to finish courses that they left incomplete (i.e., if they paid for part of the course earlier, perhaps they can pay the arrears on their return).

### Leave of Absence Policy

The leave of absence policy needs to be thought through carefully. Here is the current policy:

"Students sometimes experience situations in which they cannot be continuously enrolled (e.g., health, family emergency, change in parental status, military service, financial hardship, personal or academic reasons, or other reasons). A student may request a leave of absence to suspend activities associated with course work or thesis/dissertation research (see Policy [PPM 292](#)). Students on leave of absence are not entitled to use University resources not normally available to the public or alumni (e.g., may not consult with advisors or work on courses or research).

The [Leave of Absence Request Form](#) must be submitted two weeks before the beginning of the semester for which the leave is requested. The leave of absence must be approved by the student's advisor and the Department Head or Graduate Program Director for the department before submission to the Graduate School. If the leave of absence request is approved, the continuous enrollment requirement will be relaxed during the period of leave. The Leave of Absence form indicates when the student will return to the program and any conditions the department or the Graduate School may stipulate for the student's readmission within that time. Leaves of absence may be granted for up to one year at a time. If a leave longer than one year is required, students will need to apply to the Graduate School for readmission.

International students should consult an immigration advisor in the Graduate School before requesting a leave of absence."

There are many aspects of this policy that can lead to unintended consequences. If students are encountering hardships (because of poor health, family emergency, change in parental status, military service, financial hardship, for personal or academic reasons, or for other reasons), then it may be unduly harsh to cut them off completely from the University community and offer no help. At times of crisis students may need the most help from the University and others, and we may want to assess how we can help them. An ongoing relationship with students on personal leave may also increase the chance of their return. Currently, leave of absence requests need to be submitted two weeks prior to the beginning of the semester. Students may not always be able to predict unfortunate events ahead of time. Therefore, it may be more appropriate to also provide them with opportunities to request leave in the midst of a semester.

## Policies regarding grades

There is some confusion about whether one can still graduate with non-passing grades, such as "I", "X", "NG" and "NR". On the one hand the document says "Graduate degrees cannot be completed until all "I", "X", "NG" and "NR" grades on the Plan of Study have been converted to a passing letter grade (i.e., a C- or better for courses with the A/F grading option, a P for courses only offered on the P/F grading option)." However, subsequently it is noted that, "However, as long as the student has a GPA of 3.0 or better both on the Plan of Study and overall, these grades can remain on the transcript and not interfere with degree completion."

Also, it is unclear why a GPA of 3.0 or higher is considered acceptable.

## Enrollment Limits and Requirements

Full-time enrollment for graduate students for purposes of tuition and fees consists of a minimum of 9 credit hours during academic year semesters. However, the Commonwealth of Virginia does not count students as full time unless they are enrolled for at least 12 credits, and in most academic contexts, 12 credits is considered full time. The maximum number of credit hours is 18 during academic year semesters. Overloads (19 credit hours or more per semester, or more than 6 per summer session) require permission from a graduate dean.

Some departments or colleges on campus have written or unwritten policies stating that students on assistantships must enroll for the maximum number of hours permissible, regardless of workload or specific situations. Some students have expressed concern that their workload on paper may not match their actual understanding of their official duties. However, departments encourage maximum registration to obtain maximum credit under the current budget model.

## Graduate Student Employment/Assistantships

**Course-work/Credit-Hour Expectations:** Graduate Assistants (GAs, GTAs, and GRAs) must enroll for at least 12 credit hours per semester to be eligible for their assistantship. Students on full assistantship are expected to work an average of 20 work hours per week for the assistantship and are considered to be 50% employed. Graduate students on assistantship can enroll for up to 18 credit hours of coursework in academic year semesters and up to 6 credit hours during each summer session.

While we understand that it is important to have some requirements for student enrollment, it is unclear why 12 credits is the required number for full time status. This might especially prove to be a burden for those engaged in 20 hours of assistantship. We also feel an 18-credit hour course load (or greater) in a semester for a graduate student is untenable.

Furthermore, departments often require graduate students to sign up for research credit hours. There appears to be no consistent criteria for evaluating these hours--for example, what level of work might be required to satisfy this credit load. This requirement varies considerably based on individual advisor policies and may be inconsistent even across different students working with the same advisor.

**GTA/GRA Assistantship Expectations:** While it is expected that students on assistantship would work for 20 hours per week towards their Assistantship, these expectations can vary across advisors and departments. In the absence of clear-cut measurement approaches, it is difficult to ensure that students do not in fact exceed this 20 hour limit.

**Training:** While GTAs receive training via workshops, no such support is extended to those on research assistantships. Providing some guidelines and training for RAs may be helpful. Additionally, there are occasions where students may be contracted at the last minute and maybe required to begin their assistantships immediately. These students may not always be able to enroll in the the GTA training workshops (which typically tend to be over-subscribed). So not all students who need the workshops are able to get the training in a timely fashion.

**Basic Contractual Terms and Conditions:** As noted in the previous chapter, we found little online information available for graduate students about employment situations other than the guidance provided in university policy 6210 (<https://policies.vt.edu/6210.pdf>). After following links, we found an online form (<https://docs.google.com/forms/d/e/1FAIpQLSdc9I3gXtWhwi8ArqKdN89v9bOo3Im1XY94PORljCIMOepHyg/viewform>) that departments can use to terminate a graduate student's contract, where one of the possible options was "terminate for cause". Space is provided on the form to attach evidence to support the department's case, but it is unclear who would make the final decision to terminate the contract, what evidence is considered appropriate or sufficient, what process must be followed in establishing cause for termination, and how quickly the termination would occur. No appeal mechanism for students is noted in the documentation, nor is any information provided regarding next steps if a student finds themselves in this situation.

## Policies on Scholarly Ethics

Virginia Tech fairly recently began requiring departments to provide minimum basic training on research and scholarly ethics to all graduate students as a condition of graduation. Each department maintains its own plan for ensuring that minimum training has been provided, and plan of study checks are used to certify that they have met the requirements. However, it is unclear whether or to what extent departments update their plans to incorporate new university ethical requirements. For example, new university rules for archiving and data storage have been established since the initial ethics plans were developed. We believe there should be a consistent rule stipulating the need and standards/processes for data storage and archiving as part of all departmental ethics plans. Other needs may also exist. We did not comprehensively review these plans, but recommend that this be done in future.

## General Organization of the Catalog

At the outset, we noticed that the policies are not organized in a systematic fashion. The organization does not make it easy for students to identify what policies may be relevant and what kinds of help may be available. For example, the catalog starts with medical policies, and

then jumps into policies about automobiles and bikes, and then onto graduate admission policies. It may be best to rely on some framework to help students quickly locate and identify policies that may be relevant to them—one approach could be to segment the policies in terms of procedures for new students and continuing students or separate them based on academic versus other policies, and so on.

Many of the links within the catalog as well as associated university policies redirect students to generic web pages and not to the specific intended location. The section on “Attending at Extended-Campus Locations” is a good example. The catalog specifies that questions regarding enrollment eligibility at the NCR location should be directed to the International Graduate Student Services office of the Graduate School, but the corresponding website links to the generic NCR website (<http://www.ncr.vt.edu/>).

## Summary of Policy Review Findings and Recommendations

We present our findings and recommendations grouped into macro-level structural issues in how policy information is organized and presented, followed by recommendations in terms of specific areas of the policy that could induce stress and may be helpful to revisit.

**Macro-Level Structural Issues:** First, policies are not organized in a systematic fashion, which makes it difficult for students to locate and identify appropriate policies. We recommend the use of a framework to help students quickly locate and identify policies that may be relevant to them. One approach to remedy this problem could be to segment the policies in terms of procedures for new students and continuing students or separate them based on academic versus other policies, and so on.

Many of the issues addressed in policies can be found elsewhere in a far friendlier format elsewhere on the Graduate School web site. For example, ultimately we found most of our information on what happens during termination of an assistantship contract on the main site organized hierarchically by topic under the heading of “Graduate Assistantship Info for Students”. We did not comprehensively review the entire web site vs. the catalog to check for consistency, but certainly the main web site was designed with potential users in mind compared to the policy sections of the Graduate Catalog. Having two parallel sets of information in these different online resources is both difficult to maintain and likely to cause confusion in the event of inconsistencies. We recommend that the information available on the graduate school web site be reviewed from a holistic standpoint to determine how best to present information to students and other users while maintaining any necessary differentiation between official policy language and more general information.

Second, the policies often are not very clearly articulated and may be internally inconsistent. For example, it is unclear if one can graduate with non-passing grades, such as “I”, “X”, “NG” and

"NR." While the document says one cannot graduate with non-passing grades, it then goes on to say that these grades will not interfere with degree completion.

**Refund Policies:** Refund policies need greater clarity and elaboration. We recommend providing examples of different scenarios with specific numbers for ease of understanding. Furthermore, we are concerned about the manner via which refunds are determined. Refunds are prorated on a daily basis, which implies that even if students do not complete a class and earn credit for the class, they would still be required to pay based on number of classes attended. It may be important to reconsider how students who resign due to medical reasons are charged. Additionally, the University may want to consider other provisions for students who take leave due to medical reasons--perhaps, students who return after a medical leave should be offered some form of financial aid (e.g., a discount) to finish courses that they left incomplete (i.e., if they paid for part of the course earlier, perhaps they can pay the arrears on their return).

**Leave of Absence Policy:** The leave of absence policy needs to be thought through carefully. The current policy does not provide enough flexibility and is unduly harsh as it does not allow students the use of University resources including consulting with advisors. These policies can lead to unintended consequences. If students are encountering hardships, then they may need the most help from the University, and we may want to assess how we can help them. An ongoing relationship with students on personal leave may also increase the chance that they will return. The leave of absence request needs to also be submitted two weeks prior to the beginning of the semester. Students should also be given opportunities to request leave in the midst of a semester.

**Enrollment Limits and Requirements:** It may be important to monitor student course loads. Although up to 18 hours of credits is permitted, and is often demanded by some departments to maximize revenues, this may not be a reasonable demand. Workload on paper may not match their actual understanding of their official duties. Although some of these credit hours are made up of research, no consistent criteria exists for evaluating what level of work satisfies the credit load. This could vary considerably based on individual advisor policies and may be inconsistent even across different students working with the same advisor. This may be something to consider in terms of the mental stress the lack of clarity presents.

**Graduate Student Employment/Assistantships:** Graduate Assistants (GAs, GTAs, and GRAs) are expected to work an average of 20 work hours per week for the assistantship and are considered to be 50% employed. It may be important to assess if graduate students are in fact spending about 20 hours on their assistantship work. Additionally, while GTAs receive training via workshops, no such support is extended to those on research assistantships. Providing some guidelines and training for RAs may be helpful.

**Scholarly Ethics:** There should be some rule stipulating the need and standards/processes for ensuring scholarly ethics, including policies on data storage and archiving.

## V. Current Mental Health Assets at Virginia Tech

This chapter provides a listing of resources available to VT graduate students that we identified during our review. One way to classify this set of resources is based on whether the resources help prevent and manage stress effectively before it becomes a problem (Proactive resources) or provide assistance after stress levels have escalated to more significant levels where interventions are required (Reactive resources). In other words, if the resources help in proactive management or occur reactively when stress levels have been escalated. Within each category we first discuss resources that are centrally available at the University and then discuss resources available within the Graduate school and other individual units. We conclude with a discussion of our observations--noting strengths but also identifying areas where improvements could be made.

### Cook Counseling Center

Cook Counseling Center provides various services to help provide relief from stressors. Cook counseling center is available to help students if they feel anxious or are worried about some other aspect of their life. Services offered by Cook Counseling Center include:

- Individual counseling
- Couples counseling (both members of the couple must be enrolled VT students)
- Consultation with students and parents
- Groups and workshops
- Psychiatry / Medication management
- Referral to off-campus providers

Cook Counseling Center also offers a wide range of group counseling services. In many situations group therapy is more effective than individual therapy as one could listen to other perspectives and get encouragement and feedback from peers. The weekly meetings are usually for 60-90 minutes duration and are confidential in nature. Specific groups available at the time this report was written include:

- Understanding Self and Others
- Substance Use Group
- DBT Skills Group
- DBT Skills Group for Eating Disorders
- Working Through Trauma
- The Moose Group
- Q\*mmunity Support Group
- Mindfulness for Anxiety
- Grief Group

- Body Movement Group
- Social Skills Gaming Group
- Expressive Arts with Wagner
- Our Voice
- Facing Our Fears

## Hokie Wellness Program

The aim of the Hokie Wellness Program (<http://hokiewellness.vt.edu>), located in the Division of Student Affairs, is to “educate and empower every Hokie to take an active and engaging day-to-day approach to their wellness, in order to enjoy a long, healthful, and purpose-filled life.” With in-person and virtual offerings for both students and employees of the university, this program provides prevention services, education, outreach, and resources that help improve both mental and physical health.

One important initiative is the Facilitating Effective Emotional Learning and Support (FEELS) peer education program ([https://hokiewellness.vt.edu/students/outreach/Peer\\_Educators/FEELS.html](https://hokiewellness.vt.edu/students/outreach/Peer_Educators/FEELS.html)), which is one of several similar programs targeted at issues such as financial well-being, health education and awareness, sexual assault and violence, positive alcohol culture, body image, and others. According to their web site, FEELS involves a team of trained graduate-level students who facilitate workshops and outreach programs about mental health and well-being, with the aim of normalizing mental health struggles and help students learn tools to manage and cope with them. The FEELS team is committed to:

- Holding supportive spaces for students to learn skills and strategies to promote their mental health
- Engaging in continued learning and professional development on effective mental health prevention and intervention
- Continuously increasing knowledge and skills regarding the intersection of identity and mental / emotional well-being
- Connecting students to mental health resources on campus.

Additional resources provided by this office that are relevant for graduate students but also available to undergraduates, faculty, and staff include:

- **Coaching** one-on-one by program staff on issues ranging from nicotine use, sexual health, and nutrition to financial wellness and substance abuse ([https://hokiewellness.vt.edu/students/Health\\_Coaching.html](https://hokiewellness.vt.edu/students/Health_Coaching.html)).
- **Virginia Tech Recovery Community**, a collection of programs and resources designed to provide support to people recovering from substance abuse, including ally training, meetings, recovering housing, and others (<https://hokiewellness.vt.edu/students/recovery.html>).

- **The ROOST**, Blacksburg’s first recovery space for students, located in the Wesley Center (209 W. Roanoke St.). This space is staffed over lunch by students M-F, and provides a space for students to study, connect, and play.
- **Body Image Resources**, including Body Project workshops that help participants celebrate their bodies in a healthy state and learn behaviors that create positive body images instead of negative ones  
(<https://hokiewellness.vt.edu/students/Body-Image.html>).
- **Yoga classes**, taught at McComas, which teach mindfulness skills and provide a physical outlet for stress.
- **Mindful Mondays**, a series of meditations and virtual events with a theme of mindfulness that encourage grounding, self-reflection, and sitting with oneself without judgment. During regular operations, also offered as in-person sessions weekly at Newman Library  
(<https://hokiewellness.vt.edu/hokie-wellness-at-home/-hokie-wellness-at-home/MindfulMonday.html>).
- **Developing Resiliency Series**, which includes targeted practical workshops on topics such as Learning to Press Pause, Developing a Growth Mindset, Self-Care, and the Key to Connection. Facilitators are also available upon request to provide versions of these workshops as part of classes and other events on campus  
(<https://hokiewellness.vt.edu/students/workshops/Resiliency.html>).
- **Koru Mindfulness Series**, a curriculum designed to teach mindfulness, meditation, and stress management. Students and employees can discover the importance of mindfulness and learn and practice techniques in these sessions, which are offered multiple times throughout the semester. Presently offered in four sessions via zoom.  
(<https://hokiewellness.vt.edu/Employees/services/programs/koru.html>).

## Student Mental Health Coalition

Under the larger umbrella of the Hokie Wellness program, this group of representatives from approximately fifteen graduate and undergraduate organizations meets once a month to “engage in meaningful dialogue regarding mental health on campus”  
(<https://hokiewellness.vt.edu/students/outreach/mhc.html>). Within this peer network, leaders of student organizations can:

- Learn about & support each others' programming/advocacy efforts
- Elevate the discussion and actions around mental health on campus
- Collaborate for a common annual goal (policy change, event, etc.)
- Engage in personal and professional development through trainings and workshops
- Increase knowledge of & connection to campus mental health resources.

This group has also been engaged by the larger university-scale Mental Health Working Group to review and comment on proposed outreach programs and awareness campaigns.

## VT Recreational Sports

The VT Recreational Sports Department (<https://recsports.vt.edu>) offers multiple resources for both undergraduate and graduate students as well as faculty and staff that are dedicated to engaging in physical activity to create healthy lifestyle habits. These programs are typically available in person at McComas Hall, and also include online and virtual events. Programs include:

- **Group exercise memberships**, including classes in everything from bootcamp to spin, yoga, and BODYPUMP. The range of class types is truly staggering (<https://recsports.vt.edu/fitnessprograms/groupexercise/classdescriptions.html>).
- **Venture Out** trips and gear rentals for activities such as canoeing, hiking, yoga, mountain biking, and other outdoor skills (<https://recsports.vt.edu/outdooractivities/outdoorrecreation.html>).
- **Intramural sports**, including team sports, singles activities, and skills competitions (<https://recsports.vt.edu/sports/intramuralsports.html>).
- **Hokie Fit Online Training**, of which the initial two-week Kickstarter program has been made available to all Hokies at no cost during the COVID-19 pandemic (<https://recsports.vt.edu/fitnessprograms/hokiefit.html>).
- **Happiness Groups**, led by Dr. Vicky Dierckx and based on the book “The How of Happiness: A New Approach to Getting the Life You Want” by Sonja Lyubomirsky. These groups are designed to help students deal both proactively as well as reactively with stressors and are based on scientific research about what makes humans truly and sustainably happy (<https://recsports.vt.edu/wellness/howofhappiness.html>). The goal of this program is to build resilience and help students improve their personal well-being, health, and happiness. These workshops can be taken over the lunch break and are also available virtually during the pandemic. Appendix C contains an outline of the major course elements.

## Diversity & Inclusion Assets and Resources

The working group did not do an exhaustive inventory of current initiatives under the topic of diversity and inclusion, but we recognize the importance of both of these values as part of quality of life and well-being for people of both majority and minority identities at Virginia Tech. We also recognize the challenges experienced by many differently-abled or otherwise diverse individuals at Virginia Tech. We recommend that future working groups explore this topic in greater detail to evaluate how it influences mental health and wellness of students, faculty, and staff. Among the relevant assets known already to members of our working group are:

- **InclusiveVT**, the umbrella initiative for diversity and inclusion at Virginia Tech whose goals include institutionalizing structures to promote a sustainable transformation, increasing faculty, staff, and student diversity, ensuring a welcoming, affirming, safe, and

accessible campus climate, and advancing the research, teaching, and service mission through inclusive excellence (<https://www.inclusive.vt.edu>)

- **Required Diversity, Equity, and Inclusion online training** for students both graduate and undergraduate (<https://students.vt.edu/onlineprograms.html>)
- **Services for Students with Disabilities (SSD)**, which manages the registration process for students with disabilities and their affected interactions with the university (<https://ssd.vt.edu>).
- **Office for Equity and Accessibility**, which manages cases of discrimination and harrasment from both students and employees of the university (<https://oea.vt.edu>). This office focuses both on compliance with relevant regulations and prevention initiatives related to discrimination and harrasment.

## University Mental Health Education/Prevention Team

Following the recommendation in the March 2019 report of the Provost's Virginia Tech Mental Health Task Force, a team was appointed to implement some of the strategies highlighted in the report. The first year of the initiative has focused on a mental health awareness campaign, which was approaching its launch in Spring 2019 before COVID-related issues shifted priorities on campus. Additional efforts are being pursued by this committee, which is led by Dr. Chris Flynn. The top priority action items include:

- Hiring four new counsellors at Cook Counselling Center to ensure that optimal counselor-to-student ratios were maintained to meet demand as well as be compliant with suggestions of the International Association of Counseling Services.
- Coordinating with the Healthy Minds Study and the Center for Collegiate Mental Health, which will improve monitoring and measurement.
- Engaging student aides and advocates to help with various initiatives.
- Embedding counsellors in all colleges, starting with the VA-MD College of Veterinary Medicine (see section below).
- Developing a program to improve financial wellness of our students.

## Initiatives and Assets within the Graduate School

The Virginia Tech Graduate School has developed a number of innovative initiatives in support of mental health and wellbeing of graduate students. These include but are not limited to:

- Dean DePauw's "Thrive, not survive" Culture
- Work-Life Balance Grants
- Anti-bullying Initiatives
- Graduate Ombudsperson
- Graduate Lounge
- On-site Counselor from CCC at GLC

Members of the working group also note that the Graduate School is widely appreciated at VT as a place to go for assistance with problems of any sort pertaining to graduate study, whether you are faculty, student, administrator, support person, or otherwise. We had the pleasure of interviewing several of the key people who are first and second responders to graduate student problems, and our notes and findings from those interviews are summarized in Chapter 3.

## Assets and Resources to Handle Financial Distress and its Consequences

The Dean of Students Office offers grants to students who have an immediate financial need that could prevent them from staying in school (<https://dos.vt.edu/emergencyfund.html>). The funds are limited and priority is given to those in dire need (e.g., facing the threat of eviction, food insecurity). Graduate students are also eligible for these funds.

Food access is a problem experienced by many VT students as a result of financial distress, and has also been a recent focus of both working groups and a new non-profit group started outside the university by students. In 2019, a university-wide study was released to document food security related issues at VT and to provide policy recommendations (<https://vtechworks.lib.vt.edu/bitstream/handle/10919/95218/VTFoodAccessSecurityStudyReport20191030.pdf>). The study was conducted during 2017-2019 and the findings are based on responses from over 3,000 students from the Blacksburg campus (2,441 undergraduate and 589 graduate students completed the survey). Findings suggest that 29% of undergraduate and 35% of graduate students have low or very low food security. Furthermore, it appears that Graduate students suffer more than undergraduates and are unable to eat a balanced meal due to financial insecurity. Students who did not have enough to eat also indicated that they did not often seek help because they felt others needed help more and that they were not aware of food assistance programs and were not sure if they were eligible for these programs. They also did not know who to contact. This report lists resources available to students (see p. 25), including two off-campus food pantries (209 Manna Ministries and the Interfaith Food Pantry).

Food Access for Students (FAS) is a recently-launched volunteer initiative led by two graduate students, Cortney Steele and Anurag Mantha (<https://www.gofundme.com/f/foodaccess4students>). The goal of this group is to provide food access to students. With the help of donations, as well as organizations and resource centers at Virginia Tech, FAS provide prepaid grocery cards which can be used by students in financial distress for purchasing food and other supplies.

Our working group also realizes that graduate student housing affordability is a serious problem for many students at Virginia Tech, and access to on-campus housing is extremely limited. We did not address this issue explicitly in our work, but recommend that it be a part of the tasking for future working groups.

## Emergency Contact Resources for Students in Distress

Our working group also explored resources that students in active distress could access to provide guidance and assistance for emergency situations. These resources include:

- **Cook Counseling Center**, which offers appointments that can be scheduled during office hours, or after hours (via phone).
- **Blue phones** located around campus to connect immediately with campus police. We did not explore the level of training held by those who answer these calls or their capacity to deal with students in a mental health crisis.
- **Virginia Tech Women's Center**, which offers confidential counseling to women dealing with emergencies. The center is able to provide advice without mandatory reporting for students who are not ready to pursue formal action in response to harassment or other reportable offenses.

Multiple public suicide hotlines and helplines are available to anyone in distress, but may not be well known to students. These include both telephone hotlines as well as texting and internet chat options. We did not conduct an exhaustive inventory of available options, but we provide a list of the four most well-known assets available locally in the Blacksburg area:

- National Suicide Prevention Lifeline - provides 24/7 telephone counseling by calling 800-273-8255.
- [ACCESS](#) – Emergency services clinicians are available to meet with you at your location. A friend or family member can call for you if you feel that you are unable to do so yourself. Call 540-961-8400.
- [CONNECT](#) – A 24-hour referral and emergency evaluation service of Carillion Health Care. Call 1-800-284-8898 or 540-731-7385.
- [RESPOND](#) – A mental health admittance and referral service of Montgomery Regional Hospital and Lewis Gale Hospital. Call 540-953-5324.
- Lifeline Chat - an online text-based chat service available 24/7 at no cost through <https://suicidepreventionlifeline.org/chat/>

We were unable to identify any on-campus resources available to students located in Northern VA, Roanoke, or at other non-Blacksburg campuses. There is a definite gap with regard to serving the mental health needs of these students, and this gap is likely to be even more acute for students studying abroad at VT locations. However, many of the main campus resources noted in this chapter have migrated to virtual or online options due to COVID, which may increase their accessibility to students at other locations.

We also note that little is known what the response or ramifications will be if a person in distress calls a local resource and admits to a mental health problem. Particularly for international students, there is a significant fear that this could lead to problems that may threaten their ability

to remain in the US and complete their studies. Even domestic students may be unsure about issues of confidentiality, cost, and other ramifications of seeking emergency help. Any awareness campaigns should address this barrier by providing information about what happens when one asks for help, and what the implications are from financial, legal, and other standpoints.

## Resources for Individual Allies of Distressed Students

**Dean of Students Reporting System in HokieSpa:** Following the events of 2007 at Virginia Tech, efforts were made to provide a defined path for faculty to report students of concern for further assessment by the university. Each faculty member can access this resource through HokieSpa under the Faculty & Advisor Student Menu, although it is presently unknown how many faculty are aware of this capacity or how and when to use it. One member of the working group had experience using this reporting system, but no confirmation or follow-up was provided following identification of the student within the system. This faculty had no idea what sort of response was triggered by the report, as the student continued to experience problems that eventually led to expulsion from the university.

**Mental Health First Aid Training:** Some faculty or staff may have advanced training undertaken voluntarily to provide assistance to students in distress. For instance, Mental Health First Aid Training has been offered at no cost to the VT community on a very limited basis by the NRV Community Services organization. It is unknown how many faculty or staff have availed themselves of this resource to become better trained at mental health first aid.

**VT Safe Space Program:** The Safe Space training program is another source of potential support for students in distress. While primarily targeted toward issues relevant for the LGBTQ+ community, some students may perceive faculty, staff, and even peer students who go to the effort to create a safe space as a resource for support when in distress. To our knowledge, there has been no assessment of the extent to which these individuals have provided mental health support to distressed students, nor the level of success such interventions have had.

## Police Department's Campus Workplace Violence Protection

The web site of this initiative (<https://police.vt.edu/safety-security/communitysafety.html>) has excellent links to various campus resources.

**Campus and Workplace Violence Prevention Policy (Policy #5616):** This policy establishes two committees to bring together campus stakeholders to address and prevent campus and workplace violence. This is the Campus and Workplace Violence Prevention Committee and the Threat Assessment Team.

**Campus and Workplace Violence Prevention Committee:** The Violence Prevention Committee is an operational committee established by university Policy 5616, Campus and

Workplace Violence Prevention, and is one of the components of the violence prevention committee structure approved by the Board of Visitors in accordance with the provisions of Section 23.1-805 of the Code of Virginia. The Chief of the Virginia Tech Police Department, or designee, chairs the Campus and Workplace Violence Prevention Committee, which is appointed by the Senior Vice President for Operations and Administration and reports to the University Safety and Security Policy Committee. In addition to the responsibilities outlined by the Code, the committee will be responsible for: (i) recommending and promoting employee and student awareness and training programs on campus and workplace violence; (ii) reviewing periodic summary reports from Student Affairs, Campus Police, Human Resources, and other offices regarding violence prevention programs; and (iii) communicating internally with employees and students regarding violence prevention programs.

**Threat Assessment Team:** The team is charged with using its judgment to assess, intervene, and follow policies for individuals whose behavior may present a threat to the safety of the campus community as appropriate; working with enforcement and mental health agencies to expedite assessment and intervention; and developing comprehensive fact-based assessments of students, employees, or other individuals who may present a threat to the university. The TAT is empowered to take timely and appropriate action, consistent with the judgment of the team, university policy and applicable law.

## VA-MD College of Veterinary Medicine at Virginia Tech

In response to the significant number of suicides among veterinary students nationwide, the VA-MD College of Veterinary Medicine (COVM) at Virginia Tech has piloted and formally implemented several programs aimed at addressing mental health issues among its students, both proactively and reactively. Our working group did not have the chance to speak directly to any of the people involved in this program, but we were able to access information about it (<https://vtnews.vt.edu/articles/2019/12/vetmed-wellness-initiatives.html>).

COVM now has embedded the services of a licensed clinical social worker (Trish Haak) who is available to help the hospital's clinicians, staff, students, and clients. Trish has established a program that seeks to address wellness issues and provides not just support and crisis intervention, but also helps educate students, staff, and clients through workshops and support groups. Trish Haak is also being assisted by Dr. Jody Russon, who is integrating mental health assessments into the COVM student population. An initial study that she conducted with the help of others confirmed that the stigma that many associate with mental health could hamper our ability to provide appropriate health. As she notes, "Because no one is immune to the stigma of mental illness, one of the core themes we detected in our qualitative interviews was this concept of mental toughness. If we show vulnerability, our struggles, we may be perceived as being too weak or not having the grit to succeed in this intense profession. Or, we would perceive ourselves as not having the grit to deal with this difficult profession."

## Pamplin College of Business Department of Marketing

The Marketing Department within the College of Business is offering two courses on improving student well-being. One of the courses is geared towards undergraduates. The title of this new course is “Mental Health, Well-being and professional success.” The goal of this course is to provide future professionals the tools to help improve their work-life balance, deal with stressors better, and invest in their personal and professional well-being. A part of the course will focus on how to improve the well-being of one’s future employees as well. A course of this nature is likely to be very helpful to students. Even before the current health crisis, nearly four out of five working adults were suffering from stress-related syndromes. Being overly stressed at work affects one’s performance, personal life, and causes physical and mental illnesses. Recently, it was estimated that the incremental health-care costs from stress at work is about \$190 billion annually. Moreover, employers are dealing with the costs associated with loss of productivity and hiring and training new employees.

This course is open to students of any major, and all students can benefit from understanding what does and what does not sustainably contribute to well-being. In any job context, it is an asset to be able to manage your stress level and reactions and implement strategies that allow you to keep a better balance between your personal and professional life. Students will also learn about what makes workplace well-being strategies successful. This knowledge will help them in managing a business, fostering change in less employee-friendly workplace environments, and making smart choices in selecting future employers.

The course will help prepare students to not only thrive in their workplace, but will also help them learn how to develop long lasting meaningful relationships that will help them lead a life full of fulfillment and happiness. A course structured along these lines could be developed for Graduate students as well, and the Marketing Department is willing to help in the creation and dissemination of such a class. This class is being taught by Vicky Dierckx, an expert on Well-Being and Happiness (see Appendix B).

The Marketing Department also instituted a summer course geared towards graduate students. The goal of this course is to help graduate students learn skills to improve their well-being. The coronavirus has changed our daily lives tremendously. Everything that gave us structure and predictability seems to be gone. Graduate students may find it difficult to stay positive after being in quarantine for so long. The four-week interactive course was designed to offer students ways to cope with this emotionally challenging time. Students will learn how to improve their well-being sustainably, using tools that are backed up by science. Each session will be a combination of theory and exercises. Students are expected to do some of the well-being exercises during the sessions, and others at home. We organized this class because we understand that it is normal to struggle during a (health) crisis. Participating in this course will not only help students deal with their struggles better; but it will also offer them an opportunity to

bond with their fellow students. They will get the chance to get to know each other in a different context, and recognize that “we are all in this together!”

## Department of Engineering Education

The working group was advised also to explore some best practices implemented by the Department of Engineering Education. This department offers a course led by Dr. Walter Lee, Assistant Director for Research at the Center for Enhancing Engineering Diversity (CEED), aimed at improving graduate students’ ability to work effectively in multicultural environments. The course, ENGE 5304: Graduate Student Success in Multicultural Environments, is offered at the graduate level across all engineering programs at Virginia Tech. We did not have the opportunity to talk with Dr. Lee, but we understand that he may have some relevant data resulting from his experiences teaching this course.

We were also quite impressed by the email that the Department of Engineering Education sends to its incoming graduate students, and felt it would be instructive to share it in this report. The email highlights the importance of maintaining a healthy work-life balance and sets clear expectations in terms of Assistantship requirements, and encourages students to communicate clearly, and also engage with the community and the department.

Example of welcome email to new ENGE students two weeks before classes start:

*I hope you all had a wonderful and relaxing summer! With Fall contracts officially underway, I have a few points to raise leading into the new term together so we can all begin on the same page:*

**Welcome New Cohort.** *We're very excited to welcome nine new PhD students officially tomorrow during orientation. So excited to have you join our community, Alaa, Julia, Abram, Carol, Tina, Jazmin, Malle, Umair, & Sophia! We're all looking forward to learning and working alongside you.*

**Work/Life Harmony:** *Please remember to take this seriously. There's no single recipe or right answer to finding a balance/harmony/alignment that works in graduate school. What's important is that you keep an open line of communication with your advisor, mentoring network, and assistantship supervisor if you run into challenges so we can provide support or point you in the right direction of university resources.*

**Assistantships and Coursework/Dissertations:** *Your health and well-being in a holistic sense will enable you to be successful in your work. For those of you on regular assistantships, please think about these as jobs that have a 20 hour/week on average expectation (e.g., if you put in 10 hours one week, a 30 hour subsequent week would make up that time). We have commitments to entities like the National Science Foundation and Virginia Tech that these hours are being met. It is important to maintain a clear communication channel with your supervisors*

to be sure you understand and are in alignment with expectations. And for full-time enrolled students, your coursework/dissertation will comprise the other chunk of your work time in the program. This work should be exciting and enjoyable, but it does require effort, dedication, time investment, and focus.

**Offices:** I'll be sending emails about individual student spaces soon. If you have an assigned space, please do use it. Space is much easier to take by the university when not used...and there's a good reason why we fight hard to retain these student spaces. We believe our research community can be more successful when we learn and work together, and physical space is a key facilitator of that kind of collaborative environment.

**Communication:** Maintaining effective communication is absolutely key in any work environment, and the Graduate School points to poor communication as the top issue leading to conflict between students and advisors. I encourage everyone to maintain an open channel with your advisor. If you ever need a different perspective, I am always willing to meet with you, as is any member of the Graduate Committee. The Graduate School also has an Ombudsperson for this purpose. Additionally, our department currently uses email as our major communication source--it is essential that you pay attention to and be responsive to your VT emails and is an expectation in our department.

**Engaging in the Community:** Participating in departmental life is what makes graduate school a wonderful place for learning, brainstorming, and sharing ideas. We expect you to attend departmental seminars (Fridays at 10:10 in Goodwin 145), participate in job talks, and engage in your research groups, McBryde/Goodwin spaces, etc. Those are the touch points where you can wrestle with ideas, become a member of our professional community, and connect with faculty and students outside of your research groups--the ENGE community should become some of your biggest cheerleaders throughout your careers.

**Social Events:** We also strive to have a variety of social events to get to know one another in less formal settings. Anyone is welcome to the Goodwin Breakroom for coffee and a space to convene, and there's usually a group around 10:30 each morning or before Friday seminar. We also hold a weekly happy hour at 4:00 at Frank's Tavern at 622 North (relocate to Blacksburg Taphouse if there's a private event). And on September 20th, you and your families are all welcome to a Fall Picnic at Foggy Oak Farm--my family and I are excited to host everyone. The ASEE Student Chapter also has several other upcoming events.

In closing, I believe we have a wonderful graduate community that benefits from the strong engagement of our students. We would not be where we are without the kind of full-on engagement and mutual support you'll see every day in our department. I'm looking forward to an exciting semester of learning, working, and fun with you all. If you ever need anything or have any questions, please don't hesitate to reach out to any member of our faculty. And welcome, again, to the newest members of our community--looking forward to seeing you at orientation tomorrow, and here's to a wonderful semester!

## Summary of Mental Health Resources and Assets at Virginia Tech

In summary, Virginia Tech has a diverse and growing set of resources and assets available to students to both help them manage their wellbeing on a regular basis as well as when stress levels get escalated. The 2007 tragedy set the stage for this issue to be taken very seriously, and many positive steps have resulted. However, there are still issues that prevent these assets from functioning as well as they could, and there are still gaps that can be meaningfully addressed. Specific gaps we identified include the following:

**Lack of Awareness:** Students are often unaware of the resources available to them. The VT Food Access and Security Study quite explicitly documents this. While resources are available to those financially distressed, students are unaware of these resources and do not know how to proceed. Increasing awareness of these resources will help those who need these the most to apply in a timely manner. This can potentially at least help with deescalation of some of the stress, if the cause is predominantly of a financial nature.

**Lack of Resources:** While we have made a lot of progress on many issues, much still needs to be done, at least in some areas. Food security is one such area. Given that roughly one third of the student population in the Blacksburg campus does not have access to high quality food, it may be important to support and promote groups such as Food Access for Students (FAS) and start other initiatives. We believe financial security would be another area. VT's decision to start a program focussing on financial literacy and financial wellbeing is an important first step in this direction. We also did not find many resources dedicated to helping our International students (e.g., immigration-related issues). We would recommend future committees to take a look at this.

**Lack of Coordination:** Mental health-related assets at VT are typically developed and deployed at the unit or subunit level within the overall organization. In many cases, these assets work in a proverbial vacuum and do not attempt to systematically coordinate with each other to share resources or lessons learned. Students needing interventions or seeking mental health resources must typically seek out those resources on their own, and can access various resources across campus without any of those resources being aware of what has already been done to help the student in other ways.

**Lack of Measurement/Tracking:** Given the lack of coordination among mental health-related initiatives and assets at VT, there is presently no mechanism to track common problem sources and provide a data-driven strategy to change our culture where needed. In fact, the major entities which collect data on instances of student problems are prevented by confidentiality concerns from sharing information directly. Even if they were inclined to take a "big picture" look

at data across the organization, they would use fundamentally different frameworks to classify relevant data, making it difficult to observe patterns or draw conclusions. Furthermore, it would also have the unwanted side effect of decreasing efficiency of response and would increase time required to find the right resource. The work of this subcommittee was, to our knowledge, one of the first attempts to take a broader, big picture look at mental health issues with respect to graduate students and attempt to look both at reducing or eliminating stressors as well as responding to stress after it had already occurred.

We believe there needs to be a way to coordinate assets across the organization as a whole, to allow them to share lessons learned, find gaps among resources available, and coordinate to obtain what they need. Beyond coordination from the asset perspective, however, we also believe it will be critical to assess the effectiveness of what is done in terms of addressing fundamental mental health problems. There is presently no way to measure the effectiveness of various interventions provided to students. We found that a student experiencing a mental health problem could essentially bounce from one resource to another, with no follow up to prior assets to report what happened. Due to confidentiality concerns, communication is left to the student, who may or may not be in a position to want or be able to provide this information.

**Lack of Accountability:** There is presently no centralized accountability for resources within the system to ensure that they are doing their job properly with respect to other resources.

While many excellent examples were found of initiatives at various levels, we found no one source of information had a complete picture of the whole problem and range of assets being deployed. Understanding graduate student mental health from a systems standpoint is essential to understand where changes can be made to prevent or mitigate problems. Even more so, having data about which interventions work best would enable more effective investment in interventions at both the macro and micro scales.

## VI. Graduate Student Mental Health Initiatives Beyond Virginia Tech

With growing awareness of the importance of mental health at institutions of higher education, increased attention is being focused on this issue at other peer institutions and across the higher education community in general. Our working group did not undertake a comprehensive review of current practice elsewhere, but we were referred to multiple sources of information during our interviews of VT staff about key resources and best practices outside Virginia Tech. This chapter provides a list of the information and resources sent to our team by others with expertise in this field. Unfortunately, comprehensive review and synthesis of best practices proved to be beyond our resources during the study period, but we captured information here for use by future working groups. We also identified what we believe are exemplary studies at different universities that focus on different approaches to supporting mental health, including one that focuses on changes at the institutional level (University of North Carolina) and one focusing on changes by instructional faculty and staff (University of Minnesota).

One member of our team, Dr. Rajesh Bagchi, is championing the mental health-related initiatives in his home department (Marketing, Pamplin College of Business), and he identified Ohio State's MindStrong program as a point of departure for developing his department's program. We include our full review of the MindStrong program within this chapter as an exemplar of what can be done at the departmental or college level.

### Mentoring and Mental Health in *Nature* Journals

A significant gap identified by our interviewees was the lack of training for future faculty advisors on how to be good mentors. One interviewee mentioned a recent sequence of articles in *Nature* on this topic. She noted that while professional schools have a more systematic framework for this, "pure science Phds" do not typically get trained how to be good advisors. Moreover, little to no training is available after they graduate and assume faculty positions, particularly when they are focused intently on personal achievement to meet tenure expectations.

We identified the articles and related resources in *Nature* mentioned in this interview, many of which are archived in *Nature's* collection titled "Mentoring" (<https://www.nature.com/collections/lhgrijpydm/content/mentoring-content-from-nature-journals>) . Specific articles of interest within this collection include:

- Lee, A., Dennis, C., and Campbell, P. (2007). "Nature's guide for mentors." *Nature*, v. 447, 14 June, 791-797. <<https://www.nature.com/articles/447791a.pdf>>.

- Pedersen, C. L. (2019). "This simple tool shows you how to choose your mentors." *Nature*, 28 August. <<https://www.natureindex.com/news-blog/tool-how-choose-mentors-academic-scholar-early-career-researcher>>
- Powell, K. (2006). "Mentoring mismatch." *Nature*, v. 440, 964-965. <<https://doi.org/10.1038/nj7086-964a>>.
- Vanderford, N.L. (2013). "Mentors, be nice." *Nature Biotechnology*, v. 31(7), July, 659. <<https://www.nature.com/articles/nbt.2633.pdf>>.
- Woolston, C. (2019). "How mentors affect careers." *Nature*, v. 565, 31 January, 667. <<https://media.nature.com/original/magazine-assets/d41586-019-00262-2/d41586-019-00262-2.pdf>>.
- Woolston, C. (2019). "A better future for graduate student mental health." *Nature*, 30 August. <<https://www.nature.com/articles/d41586-019-02584-7>> .
- Woolston, C. (2019). "PhD poll reveals fear and joy, contentment and anguish." *Nature*, v. 575, 14 November, 403-406. <<https://media.nature.com/original/magazine-assets/d41586-019-03459-7/d41586-019-03459-7.pdf>>.
- Woolston, C. (2019). "Just a Minute...PhD Students Voice Concerns on Mentoring." *Nature*, v.575, 21 November, 551-552. <<https://media.nature.com/original/magazine-assets/d41586-019-03535-y/d41586-019-03535-y.pdf>>.
- Woolston, C. (2020). "Signs of depression and anxiety soar among US graduate students during pandemic." *Nature*, v. 585, 3 September, 147-148. <<https://media.nature.com/original/magazine-assets/d41586-020-02439-6/d41586-020-02439-6.pdf>>.

The first article listed (Lee et al. 2007) includes a self-assessment tool to evaluate one's own mentorship skills. This article may be extremely useful to faculty wishing to improve their own skills in this area. Woolston's article (2020) provides a useful list of actions universities can take to encourage mental wellness during the pandemic, including:

- Recognizing the crisis
- Addressing mental health in the classroom
- Focusing on prevention of mental health problems
- Being transparent regarding plans to manage the pandemic
- Providing remote counselling/online therapy and peer-led support groups
- Being inclusive in providing a variety of resources to address different types of students.

Woolston's August 2019 article mentions a current initiative across universities being undertaken by the Council of Graduate Schools called "Supporting Mental Health and Wellness of Graduate Students." This project includes both administrator surveys and input from students and their advocates. The article also identifies several best practices currently implemented by leading universities, including:

- **Paid holiday policy** (ten working days) for PhD students on annual stipends (Boston University)
- **Mental Health Bill of Rights and Responsibilities** (Vanderbilt University), which includes an assigned care coordinator for any student seeking mental health treatment who can help navigate the system and connect with resources <<https://gradschool.vanderbilt.edu/students/current/mhborr.php>>. We include the language of this exemplary document in Appendix D of this report.

The complete dataset from *Nature's* most recent 2019 survey of over 6,000 PhD students is available online at <[https://figshare.com/articles/dataset/2019\\_Nature\\_PhD\\_Students\\_Survey\\_Data/10266299](https://figshare.com/articles/dataset/2019_Nature_PhD_Students_Survey_Data/10266299)>.

## Resources from Trans-institutional Groups

Several multi-institutional groups are presently working on the challenge of graduate student mental health. The **National Association of Graduate-Professional Students (NAGPS)** has produced its *Graduate Student Life Brief*, a report highlighting the unique attributes of graduate students and their experiences during graduate study

(<http://nagps.org/newsite/wp-content/uploads/2019/03/Graduate-Student-Life-Brief-NAGPS-2019-1.pdf>). It also addresses mental health issues regularly through blog posts and other articles

such as its 2020 article on the role of Student Affairs professionals and faculty in promoting mental health among graduate students

(<https://www.naspa.org/blog/promoting-graduate-student-mental-health-the-role-of-student-affairs-professionals-and-faculty>>. NAGPS is also an active advocate for the graduate student

population with respect to legislation that affects their mental health, such as the July 6, 2020 guidance no. 2007-01 from Immigration and Customs Enforcement (ICE) stating that international students located in the United States would not be able to take all coursework online (<http://nagps.org/rescind-the-rule/>). Other policy initiatives address international student visa reform, graduate student debt, open access to educational resources, and funding graduate education.

The **Council of Graduate Schools (CGS)** is working with the Jed Foundation on a two-year project to identify evidence-based best practices recommended to improve mental health of graduate students (<https://cgsnet.org/graduate-student-mental-health-and-well-being>). CGS also conducts a regular “Pressing Issues” survey of graduate administrators, which has provided evidence to support the seriousness of mental health issues among graduate students

(<https://cgsnet.org/pressing-issue-mental-wellness-graduate-students-0>). In 2019, it also produced a Mental Health Statement of Principles and Practical Actions as an outcome of its Strategic Leaders Global Summit held at the University of Manchester

(<https://cgsnet.org/ckfinder/userfiles/files/2019%20Global%20Summit%20Practical%20Actions>

[Final\(1\).pdf](#)). These practical actions span the range of issues from prevention to response, and are well worth consulting as a basic list of considerations university initiatives should strive to address.

The **Jed Foundation** is a non-profit focused on emotional health and suicide prevention among teens and young adults. It is a collaborator with CGS in the aforementioned project as well as a general advocate for mental health and suicide prevention among student-age populations. In particular, its *Comprehensive Approach to Mental Health Promotion and Suicide Prevention for Colleges and Universities* (<https://www.jedfoundation.org/what-we-do/>) is an evidence-based model identifying key areas of intervention for colleges and universities, providing a useful framework for assessment and programming covering the range of mental health issues. It has also developed a ten-point *Equity in Mental Health Framework and Toolkit* (<https://equityinmentalhealth.org>) in partnership with the Steve Fund to address issues particular to students of color.

The **Center for Improvement of Mentored Experience in Research** (CIMER) is a funded center at the University of Wisconsin Madison with a focus on improving research mentor-mentee relationships (<https://cimerproject.org/mission-history/>). CIMER develops, implements, and evaluates training, interventions, and other resources that are evidence-based and culturally responsive. It also undertakes research to develop and study new approaches to advance mentoring relationships, advance diversity in research, and promote cultural change. It has held over 80 training events throughout the United States, developed with support from NSF, NIH, and other organizations.

## University of North Carolina Task Force on Mental Health

The University of North Carolina at Chapel Hill convened a task force in 2018 to conduct a scoping review of mental health needs, services, and initiatives on their campus, best practices from peer institutions, and relevant research in the field. This review formed the basis for a set of recommendations (*UNC Report of the Mental Health Task Force*, April 2019) to be addressed at an institutional level in three main areas of focus: (1) Wellness and Climate; (2) Identification, Treatment, and Ongoing Support; and (3) Academic Policies.

Of particular interest in this report is a model of possible intervention points and issues at different scales (Figure 4). This model provides a context for understanding both challenges to mental health delivery and possible solutions to address them.



**Figure 4:** Socio-Ecological Model developed by UNC-Chapel Hill (2019)

The Task Force identified several overarching challenges to student mental health that we believe are generalizable to Virginia Tech and similar institutions, as follows:

- Universities have highly decentralized and complex structures.
- Universities are often disconnected from their own grassroots initiatives.
- Universities operate within politically charged environments.

University-level recommendations of the Task Force include creating a permanent committee to address mental health and implementing ongoing assessment. A variety of university-level specific actions are also proposed, ranging from development of training and mentorship programs, to enhancing existing university counseling resources to increase access to care, to adjusting policy to reduce stressors on graduate and undergraduate students. The Task Force specifically called out recommendations relevant for graduate students, as follows:

- Better online explanation of academic options and their potential implications for students seeking relief due to mental health issues. Options considered by UNC include course underloads, course drops, and term withdrawals.
- Creative peer-based options for explaining possible actions and implications that students in need of intervention can explore *before* speaking with institutional representatives.
- Required in-person consultation with university representatives to receive guidance before selecting an official course of action, particularly with respect to issues such as loss of funding, insurance, visa status, and other benefits linked to full-time graduate status.

- Providing guidance and support for how to secure insurance and identify community providers to ensure continuity of care for students who can no longer access university resources. Consider allowing short-term continued access to campus health services.
- Exploring the feasibility of underload status for graduate students under extenuating circumstances, where students would still be considered full-time despite being enrolled in less than the required number of credit hours. They note that this would require a petition process to review extenuating circumstances.
- Implementing holds or warnings within the registration system to flag situations when a student dropping a course would drop them below full-time status and require consultation with an institutional representative.
- Increasing/improving communication with students regarding options and implications of later problems during the initial advising process.
- Exploring alternatives/exceptions for students with documented mental health or medical circumstances to repay tuition following a drop from full-time status or term withdrawal.
- Developing comprehensive checklists, explanations, and processes for initiating administrative or medical term withdrawals, including consultation with institutional representatives to support informed decision making and clarify ramifications (especially financial).
- Develop clear guidance on how to initiate the process of readmission following a leave, emphasizing consistency between Graduate School, departmental, and university policies.
- Make students aware of the possibility of requesting accommodations for academic and clinical/fieldwork/internship experiences as well as employment accommodations under their assistantships through the relevant university offices. Clarify eligibility requirements and process for requesting accommodations.
- Require mandated training for faculty and staff regarding mental health, resources, accommodations, and legal obligations.

Overall, this report provides a detailed overview of issues and specific recommendations at the institution level that are applicable at Virginia Tech.

## University of Minnesota Student Mental Health Recommendations

The University of Minnesota's Joint Task Force on Student Mental Health produced a report in September 2017 containing its insights and observations related to the role of faculty and instructors in addressing student mental health. The group was tasked to develop specific strategies for engaging faculty and instructional staff to:

- Recognize their role in student mental health
- Become knowledgeable about student mental health resources on campus
- Recognize and respond to behaviors that signal student mental health concerns
- Contribute to positive student mental health environments
- Reduce the stigma associated with mental health problems.

Their report provides a broad and comprehensive set of recommendations in these categories that are well within the control of instructional faculty and staff as part of their teaching mission. The recommendations are also grounded in the literature, connected to specific local resources, and framed within the context of larger university initiatives and adjustments that are also taking place. Overall, this report is an excellent overview of best practices that could be implemented by faculty.

## Ohio State MindStrong Program

The College of Nursing at Ohio State University runs a program entitled MINDSTRONG, which uses an evidence-based approach to enhance cognitive and behavioral skills among students. Targeted not just at students but also staff and faculty, the main objective of the program is to teach life skills that would make them more resilient and help improve their physical and mental well-being. The program is administered over a seven week period and helps participants learn how to deal with stress, anxiety, and depression. Participants are taught specific strategies to establish healthier behaviors.

The program utilizes both proactive and reactive approaches to help improve well-being. From a proactive standpoint, participants learn skill sets that help block mental illness. From a reactive perspective, the program provides support to those who are already struggling with mental health issues. The ultimate goal is to boost self-esteem and improve optimism. Topics covered in the program include:

- Mental resiliency
- Solid coping and cognitive-behavioral skills
- Effective communication skills
- Promoting practicing good sleep habits
- Healthy eating
- Physical activity.

Ohio State is concurrently implementing other strategies to help improve well-being. Some of the strategies focused specifically on student wellbeing include:

- Flexible Schedules: The College of Medicine has a very flexible schedule that allows all students to attend classes. All courses are offered both in person and via live webcast, and courses are also recorded, thus providing students multiple opportunities to learn and engage at a time and place that fits their specific situation. This approach also enhances the opportunity for students to learn at their own pace.
- Learning Communities: Students regularly meet in groups with faculty outside the classroom at locations such as restaurants or faculty homes to engage together as

formal learning communities. This interaction helps them develop stronger personal relationships with peers and faculty.

- Student Wellness Teams: Student volunteers are tasked with the responsibility of surveying peers about challenges affecting their well-being. The student feedback is then communicated back to administrators who then use this information to improve their programs.
- Funding for Student-Led Wellness Activities: Student groups can request and receive funding to support wellness-related activities.
- Wellness Room and Exercise Area: A dedicated area equipped with light therapy lamps, meditation spaces, yoga mats, meditation rugs, and pull-out couches is available to students for the purpose of de-stressing between classes.
- Counselors: Counseling services are available for all students free of charge.

Other strategies targeting broader audiences include the following:

- Wellness discussion boards
- A faculty wellness toolkit that provides ideas and tools for incorporating wellness into course curricula
- Discussion, education, and awareness sessions organized around the prevention of clinician burnout and compassion fatigue.

Overall, we found these initiatives to be well-coordinated and broadly address mental health and wellness from a proactive, holistic standpoint. We believe these constitute a good model for Virginia Tech to consider.

## Other University Initiatives and Changes

While we did not explore the following initiatives in detail, we include them here as a starting point for future investigation.

- **University of Wisconsin Madison** story about a grad student who committed suicide (<http://www.insidehighered.com/news/2019/11/04/graduate-students-death-uw-madison-devastating-cautionary-tale>) and link to UW Madison's Grad Assistant policies that were refined following this event (<https://hr.wisc.edu/policies/gapp/>).
- **Stanford University** article about changes to leave of absence policy in response to an undergrad population that self-harmed (<https://www.insidehighered.com/news/2019/10/08/stanford-changes-leave-policies-mental-illness>) which includes useful implications of leave-of-absence as a way to manage mental health for students in general. Also discusses JED Campus, an organization that Stanford uses to help assess and develop policies around mental health.

## Summary of External Initiatives

Our relatively cursory review of outside initiatives revealed a wealth of information and best practices presently being considered by our peer institutions, as well as comprehensive surveys of the issues influencing graduate student mental health. Given the different charges put to working groups at other institutions, we found that the recommendations developed at different institutions focus on distinct opportunities and leverage points within the university environment:

- The University of North Carolina at Chapel Hill's report focuses extensively on actions that must be undertaken at the **institutional level**, such as policy interventions and campus-wide resource enhancements.
- The University of Minnesota's report focuses on actions that could be undertaken by **instructional faculty and staff** in their day-to-day interaction with students as well as when planning courses and curriculum redesign.
- Ohio State's MINDSTRONG initiative is an excellent example of a program implemented at the **college or departmental level**.

We see considerable promise in some of the current multi-organizational efforts such as those undertaken by CGS and the Jed Foundation, although we suspect that their plans have had to adjust significantly given the COVID pandemic, and outcomes are still forthcoming.

## VII. Opportunities for Improvement

Over the past year, our working group has had an opportunity to develop a sense for some of the key barriers to mental health and wellness facing graduate students at Virginia Tech. Before the challenges posed by COVID-19, some of the key barriers we identified include:

- Confidentiality “firewalls” for information that make capturing lessons learned and coordinating care difficult
- Legacy attitudes and bad habits among some faculty
- Existing culture of graduate study in general
- Uncertainty about options for/implications of seeking help from various sources
- Fear among students of discrimination/retaliation.

Since Spring Break 2020, when VT and many other institutions elected to finish spring semester completely online to avoid spread of the virus, the range of challenges facing our students has escalated beyond what any of us could have imagined. Now, not only are many of our students facing the stressors inventoried earlier in Chapter 3, but also they now must deal with the following to some degree or another:

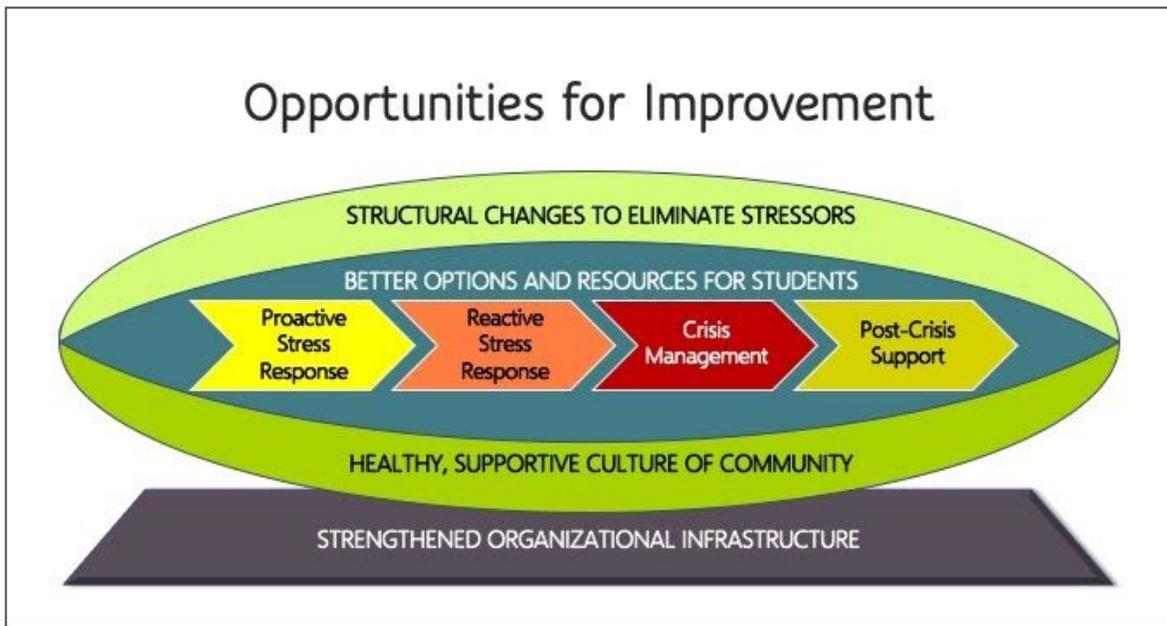
- Threats to personal and family health and well being from potential exposure to COVID-19 during their studies and interactions with the community
- Loss of outside employment income for family members, resulting in all the negative impacts of financial insecurity
- Increased uncertainty about their own employability following graduation
- Rapid and profound transformation of processes and responsibilities for those serving as Teaching Assistants
- Significant adjustments for those whose research involves human subjects or working with others in laboratory settings
- Disruption of conventional ways to access faculty assistance
- Lack of certainty about university-level decisions affecting their coursework and interactions with others on campus
- Significantly charged political climate in the United States, which is especially acute for students of color and international students and which continues to escalate as we approach the November election
- An overall decrease in the level of respect and credibility accorded to science and academia among the US population

- Increased global climate change impacts that regularly affect the US and home countries of international students, coupled with the inability to travel easily to get to family affected by disasters.

In light of the rapid changes in our society over the past six months, some of the ideas we originally identified seem trivial in comparison. However, in hopes of helping to establish a better “new normal” that better supports mental health and wellness among our graduate students, we present them anyway in this chapter. It is also worth noting that COVID-19 has resulted in solutions to some of the problems we identified, shifting priorities for intervention to other areas. For example, as Virginia Tech and society at large “went virtual”, many services that were previously only available in person, such as counseling and therapy, became available through telemedicine. At the same time, many insurance carriers agreed to cover services delivered through telemedicine, although many are now discontinuing coverage of such services. In this way, technical barriers to service delivery were overcome by necessity in the face of the pandemic, although policy barriers remain that must still be addressed to maintain and improve access to relevant services.

In this chapter, we grouped ideas and opportunities identified in our work according to the scale at which interventions would occur and the phase of retention in which interventions would be available to individual students seeking assistance. This resulted in our own model of interventions, shown in Figure 5, which we used to organize this chapter and present our findings to the Commission on Graduate and Professional Studies and Policies (CGPSP). This chapter contains, therefore, our ideas organized into subsections based on the sections of the diagram shown in Figure 5.

Since our working group’s aim was to cast a wide net to identify problems, we elected to capture all ideas presented to us or generated by our group in this chapter without explicit priority, to provide a starting point for future work. To provide some context, each section also contains a brief commentary on the status quo in this area at Virginia Tech, next steps and issues of urgency as well.



**Figure 5:** Interventions for Improving Graduate Student Mental Health and Wellness at Virginia Tech

## Structural Changes to Eliminate Stressors

We identified a range of structural barriers that stand in the way of addressing some of the key stressors identified earlier in this report, along with ideas for addressing them (Box 7). We classify these opportunities as “structural” because they would need to be addressed at the highest levels through policy changes. Some, such as a funding bank, may even require modifications to the university’s basic accounting practices, state law, or beyond.

While we recognize and acknowledge the necessity of operating within the regulatory context of the university, we also believe that creative solutions may be possible if the right minds are pulled together to address some of these issues. Therefore, we also include in this category opportunities to engage students and fund student-led initiatives.

Conventional thinking will not result in solutions to the problems created by it, so new ideas should be entertained to stimulate innovative thinking, no matter how outlandish. For instance, what if the university used the financial model of a multi-year public-private partnership to provide a funding bank that can fill student funding gaps? Public-private partnerships have been used successfully in public infrastructure asset management as a way to expand the public sector business model to better handle complex projects with long life cycles. It may therefore offer possibilities for addressing some of the challenges faced in our university business model. We did not perform a comprehensive search for precedent or assessment of ideas such as this

one, nor does anyone in our working group have the necessary expertise to evaluate it, but we encourage those who follow us to consider thinking well beyond conventional boundaries in their search for structural solutions.

#### **Box 7: Opportunities for Structural Changes to Eliminate Stressors**

- Funding bank to provide continuity for student funding
- Workshop for incoming GRAs, similar to GTAs, that helps set expectations and empowers students to manage relationships with supervisors
- Clear guidance about confidentiality firewalls that can make it difficult to coordinate support among responders
- Consistent policies for credit hour loads and expectations for required work
- Revisions to Leave of Absence policy (hardship-related):
  - Timing for hardship leave
  - Access to resources during absence
  - Continuing contact with university community
- Greater clarity in policy on Refunds
- Reorganization of Graduate Catalog and Policies; updated links
- Formal solicitation of ideas/concerns from students
- Grants for student-led initiatives

Other options we included in this category are far more straightforward to implement. For example, a mandatory workshop for GRAs could be developed to normalize expectations and promote best practices for the advisor-student relationship from the student standpoint, thus reducing one of the major stressor categories: dealing with problems in power relationships.

Clarified policy guidance and more explicit policies may also be comparatively easy to provide. For instance, a university-level adjustment to how the PIBB budget model returns revenues to departments could fill the loophole requiring students to “max out” their credit hour load each semester regardless of duties. Alternatively, as is done at Georgia Tech, a new category of credit hour could be implemented for research assistant or teaching assistant responsibilities each semester, thus better accounting for the responsibilities of students receiving these kinds of funding.

Overall, some of the recommendations developed by the University of North Carolina at Chapel Hill may be worth considering as a way to address issues related to how students experiencing mental health problems engage with the university. Above all, students pursuing help during times of crisis or duress should be able to get clear answers about their options and the implications of various choices. In fact, resources to provide this information should be explicitly designed to account for the challenges of making good decisions while under extreme stress, and multiple checks and balances should be in place to prevent or delay students from making choices with irreversible consequences during what is an incredible stressful time.

## Better Options and Resources for Students

Based on our review of existing Virginia Tech assets and programs in Chapter V of this report, we found a wide array of both proactive and reactive resources available to graduate students to meet their mental health and wellness needs. While some of these resources are mainly targeted to undergraduates, quite a few are available more broadly and extend even to faculty and staff, like Hokie Wellness programs.

We saw evidence of the university investing resources to address specific student challenges as they become relevant, in response to current events and best practices. Therefore, rather than recommend any particular program or direct intervention in this section, we focus primarily on the gaps our students face in finding and evaluating options during difficult times (Box 8). Many of the resources available to students have been developed in organizational silos, but there are surprisingly few overlapping offerings given this fact. Some resources may be available in unexpected places, such as Recreational Sports as a source for Happiness classes.

### **Box 8:** Opportunities to Improve Options and Resources for Students

- Uniform language for departmental handbooks/orientations
- One-stop shop for crisis response, available 24/7/365
- Clarity about options and implications of using those options
- Supportive path for students on leave and during reentry:
  - Continued access to key resources during leave
  - Clear process/resources for reentry
  - Information for departmental staff who can support reentry, without compromising confidentiality
- Embedded resources at the college or departmental level similar to Grad School or VA-MD COVM
- More supportive culture and improved infrastructure (next sections)

We believe that ultimately, a consistent and unified message to students along with well-informed peer and faculty/staff guidance will help students identify possible options for preventing, mitigating, and responding to mental health problems. The university-level Mental Health Working Group is presently involved in developing an awareness campaign for mental health and wellness, and it might be able to provide a consistent messaging for this effort.

Of particular importance is addressing barriers to students seeking help when they need it, receiving that help throughout any crises that occur, and experiencing continuity of assistance during reentry if they leave the university. This will require students not only knowing what options exist, but also obtaining trustworthy information about the implications of those options should they choose to pursue them, all potentially in the context of stressors that are negatively

affecting mental health and wellness. This highlights the need for improvements to underlying institutional infrastructure that allows multiple caretakers to share information appropriately to provide the best possible care and support for the student while respecting privacy and the student's wishes.

Better points of contact within each organizational unit (college or department) appears to be a viable option for providing resources and guidance to students, based on positive experiences by the Veterinary College. Not only does this allow a culture to develop that is uniquely relevant for a particular type of learning experience, but also it may allow closer contact with involved individuals and therefore more tailored guidance and followup that best fits a student's particular needs. In parallel, the embedded support staff must be broadly aware of university-wide resources, and could provide very useful information about the relevance and effectiveness of those resources in meeting the needs of their students.

## Healthy, Supportive Culture of Community

Cultivating a healthy, supportive culture of community is foundational to improving mental health and wellness in the university context. Virginia Tech's Principles of Community, Ut Prosim values, and organization-wide efforts in Diversity and Inclusion have laid the groundwork for this culture that is unique to our institution. These efforts should be continued and expanded to help normalize mental health and wellness as a cultural value of the university. Straightforward actions such as adding neurodiversity to the Principles of Community represent the many opportunities to improve and expand Virginia Tech's existing environment for mental health (Box 9).

Some of our peer institutions have already developed excellent resources upon which we can draw for these efforts, including Ohio State's MindStrong program for providing evidence-based health and wellness training to students, and University of Minnesota's recommendations for instructional faculty and staff to incorporate mental health and wellness as part of learning. We recommend that future efforts include expanding our initial inventory of peer resources and practices, particularly in light of the ongoing efforts of the Council of Graduate Student's partnership with the Jed Foundation to study graduate student mental health. With the COVID-19 pandemic and other influential cultural factors presently affecting graduate education, we believe innovative best practices may emerge to fit the "new normal".

We can also build upon our unique culture of community at VT to develop innovations internally. A number of individuals and groups at VT have developed and implemented best practices noted in this report, such as Engineering Education's course on multicultural success and many others. Recognizing and celebrating these achievements would show the VT community what our institution values, along with providing an opportunity for others to learn from them.

### **Box 9: Opportunities to Improve the Healthy, Supportive Culture of Community**

- Concerted campaign to reduce stigma associated with mental health
- Evidence-based health/wellness training for graduate students
- Wellness-based discussion boards and forums
- Resources for faculty to incorporate wellness into curricula
- Support for supporters to prevent compassion fatigue
- Recognition of exemplary service/community/mentoring behavior among students
- Regular inventory/dissemination of best practices from within VT
- Programs to reduce faculty stress levels so they don't take it out on students and can set good examples
- Safe zone equivalent for mental health (training + publicity) to provide communication channels and respite (similar to the Recovery Community's ROOST space)
- Adding neurodiversity to Principles of Community, and reframing mental illness appropriately
- Grants for student-led wellness initiatives and wellness teams
- Evidence-based health and wellness retrofits to the campus built environment
- Learning communities to increase faculty-student and peer-peer interaction
- Flexible scheduling policies and processes to negotiate them with faculty supervisors

We also believe it would be helpful to establish a mental health “Safe Zone” program similar to the Safe Zone training and designation associated with LGBTQ+ issues. The purpose of this program would be to create a recognizable presence, ideally in each department, for students to consult without prejudice or judgment if they have questions about mental health in general or want to explore options for themselves or someone they know. Providers should receive basic training about available assets at Virginia Tech as well as some variant of Mental Health First Aid training, and should be able to identify appropriate resources and direct students to them. Participation would be voluntary on the part of the provider, but ideally there would be at least one provider in each organizational unit on campus where graduate students are engaged. Such a program could supplement efforts to embed paid resources in each organizational unit with volunteers who have an interest or passion in the topic.

## **Strengthened Organizational Infrastructure**

Lastly, there are many opportunities to strengthen Virginia Tech's organizational infrastructure to provide support for graduate student mental health and wellness (Box 10). Multiple resources already exist in the community, such as Mental Health First Aid training, that could be easily and more broadly incorporated as part of our infrastructure. Recent innovations developed in response to COVID-19 such as the HokieReady app can be easily expanded to serve as a platform for effective communication and response to mental health issues, thus taking advantage of investments already made for other reasons.

Investment is already being made in expanding the capacity of Cook Counseling Center. Experimental innovations in telemedicine and virtual support provided during the pandemic should be evaluated, improved, and continued as a way to provide access to these key services to underserved populations of graduate students such as those in Northern VA and Roanoke. In parallel, structural barriers to use of these resources such as insurance companies rescinding coverage of teletherapy must also be addressed.

**Box 10: Opportunities to Strengthen Organizational Infrastructure**

- Improved “first response” assets:
  - Mental health first aid training for faculty and staff (perhaps through TLOS)
  - Required orientation for new administrators (Grad coordinators, directors, and department heads)
  - Peer training for graduate student volunteers/leaders
  - One-stop shop for first responders, available 24/7/365
  - Electronic equivalent of wallet cards/Integration with HokieReady app
- Mechanism for follow-up to improve ability of first responders to support reentry of returning students
  - Coordination of care across service providers:
  - Centralized coordination/tracking of resources and assets across subunits
  - Capture and sharing of lessons learned/best practices
  - Unified reporting framework to monitor trends
  - Metric and process to measure effectiveness of various interventions
  - Regular review of practices to identify gaps
  - Benchmarking against other institutions
  - Evidence-based strategic investment
- Increased investment in mental health resources in Roanoke and NoVA, where many graduate student programs are concentrated
- Activation of local 988 suicide hotline infrastructure
- Additional resources for and increased awareness of assets like Ombudsperson, Cook Counseling Center, Student Affairs
- Normalized perspective on mental health and wellness, e.g.,
  - Coordinated information campaign with user-centered content in common locations and easy-to-access online information
  - Annual health screenings that include mental as well as physical health
  - Training for faculty on mental health as part of mentoring

Additional attention is sorely needed with respect to the experience of reentry to study following a mental health crisis. While the 2007 tragedy at Virginia Tech stimulated a wave of investment and action to improve first response, little centralized attention has been given to how to

welcome distressed students safely back to campus to finish their studies, making good on the significant investment in their success made both personally and by the university. Existing models of community reentry following incarceration may serve as a useful source of ideas for these efforts.

Given our approach to identifying stressors, we were unable to clearly capture the prevalence of particular stressors among Virginia Tech students beyond what has already been identified by others. We believe using consistent and appropriate frameworks will help the community identify mental health related issues as well as design effective interventions. Therefore, we also recommend the following specific interventions to improve continuity of care, provide appropriate follow-up, and better data to support decision making:

- Use a commensurable framework to identify and classify stressors across all providers of mental health support on campus (e.g., the nine-category framework used by Dr. Hanson)
- Develop a better understanding of severity of these stressors and their interrelationships
- Develop new models that help us understand underlying causal mechanisms, including factors endogenous to the student (perceptions of self-worth, different abilities, different levels of knowledge and confidence, financial and food insecurity, etc.), factors embedded in the environment (e.g., transparency of procedures), and factors that operate at the intersection of the two (relationships, politics, power, climate).

We also recommend convening a campus-wide “team” of mental health, conflict resolution, threat assessment, and other related service providers. These providers exist in different organizational silos and regularly refer students to each other, but they seldom have a chance to coordinate and share lessons learned. Regular meetings among these providers with appropriate attention to confidentiality would enable them to identify trends and common issues across campus, discuss new resources and best practices, identify gaps and needs for improvement, and make recommendations for strategic investment by the university. The goal of such an effort would not be to require more oversight but rather to empower providers so that they can be proactive in bringing forward needs and opportunities to appropriate university channels.

Beyond basic sharing of lessons learned, a carefully developed protocol is needed for sharing/exchanging relevant case information among campus entities who provide services to students experiencing stress, without compromising FERPA or confidentiality requirements. This protocol must protect student interests but is necessary to ensure maximum efficiency of response to urgent cases by informing subsequent responders to know what measures have already been taken. The protocol would also enable VT to assess where and how institutional responses are being provided to students and can serve on an ongoing basis to capture lessons learned and identify improvement opportunities. Finally, by providing a way for initial responders to be informed about the outcomes of cases, it would offer both a way for them to learn what

works well and what does not for future cases, and provide updates that allow initial responders to offer support for students returning to their departments after time off.

Notably, both initial responders among the faculty and students themselves are not always aware of the information “firewalls” that exist as a case is escalated through various university channels. A student returning to a department may feel inadvertently stigmatized by uninformed first responders who can provide no official reaction short of asking the student themselves to provide information.

## VIII. Carrying Forward the Momentum of this Working Group

In addition to the work we were able to complete during the year we worked on this effort, we identified multiple additional opportunities to both enhance and expand the scope of assessment to be more comprehensive. This chapter lists our recommendations for follow-up activities and scope expansions that subsequent working groups could pursue, as well as our observations about the impacts of the COVID pandemic on the graduate community at Virginia Tech.

### Recommended Follow-up Activities

We pose the following list of potential follow-up activities that could be undertaken by future groups working on graduate student mental health at Virginia Tech:

- Formally connect to the University-level Mental Health effort (led by the Christopher Flynn and Chris Wise)
- Connect to other university-level commissions related to mental health issues such as sexual harassment and food insecurity
- Follow up to evaluate effectiveness of anti-bullying campaign already developed for graduate students; expand the work done there
- Connect with Bethany Rallis ([rallisb@vt.edu](mailto:rallisb@vt.edu)) from Cook Counseling Center to get additional data from the National Mental Health Survey
- Connect with Kacy Lawrence ([klawr5@vt.edu](mailto:klawr5@vt.edu)) to get data from the Graduate School's Climate Survey. She is the Director of Assessment for the Graduate School.
- Connect with Vet School embedded staff Jody Russon ([jrusson@vt.edu](mailto:jrusson@vt.edu)) to evaluate what they are doing at a more detailed level and share with the larger community
- Connect with Jack Lesko regarding his work with underrepresented students, which is perceived as being done very well.
- Interview past recipients of the Graduate School's Outstanding Mentor Award to determine what they believe are the most important issues graduate students deal with and the resources to which they direct students.
- Determine what a resolution might look like that can address some of issues identified in this report (e.g., a resolution regarding the rights of the person and level of engagement the university should have with regard to taking personal leave).

### Recommendations for Expanding Scope of Consideration

Specific issues we believe are important but were unable to adequately address within the scope of this report include challenges facing differently-abled students, the exacerbating

impacts of COVID-19, policy uncertainty and flux at the federal level, and local attitudes regarding student populations.

**Differently-abled students:** Students of differing abilities, be they physical, psychological, or otherwise, are likely to have a distinct set of concerns regarding mental health in addition to what is noted in this report. In particular, there may be differences in ability that are not immediately visible to others, and therefore faculty and staff may not take them seriously. Speaking with the Services for Students with Disabilities office to identify key issues is an important next step.

**Exacerbating impacts of COVID-19:** Both impacts general to the population of graduate students and impacts specific to university response are not well-understood at this point, although we mentioned them elsewhere in the study. For example, the way in which social distancing has been framed in some recent initiatives can be perceived as encouraging isolation from others, which can worsen mental health. Reframing this public health measure as physical distancing and offering alternative strategies for meeting emotional and social needs could help. Existing programs that help to address current needs such as homelessness and food insecurity will also remain critical.

**Policy uncertainty and flux at the federal level:** Although later rescinded, the recent mandate pertaining to international students taking courses in person is but one example of these very significant stressors. Changing federal policies escalate the climate of uncertainty around immigration and visa issues for international students, who comprise a very significant portion of our graduate population. Efforts being undertaken by the National Association of Graduate-Professional Students (NAGPS) are relevant to this issue, and this organization is a good source of information regarding key issues and specific actions students can take to make a difference.

**Local attitudes regarding student populations:** Given VT's location in a conservative rural area and the disproportionately large impact of student populations on the local economy, the attitude of local residents about students can be antagonistic, particularly when decisions at the municipal level seem to be driven by university needs compared to other priorities. Although the maturity of graduate students is typically greater than undergraduates, some citizens do not distinguish between these two very different populations in their opinions and actions. In light of the coronavirus pandemic, a current concern is the impact on public health of students returning to campus. Local residents have largely enjoyed an environment with relatively few COVID cases over the summer, and many are anxious about how this might change now that students have returned to campus. Among other activities, several local municipalities including the town of Blacksburg and the city of Radford have held special meetings to develop new policies focused specifically on students, to help control and manage the spread of the coronavirus. These factors have led to a greater-than-normal level of tension between town and gown, and graduate students are likely to be influenced by at least some of this tension.

# Appendix A: Identified Concerns During Visits with the Ombudsperson

IOA Sub Issue #	SUBISSUE	2017/18	2018/19
<b>1</b>	<b>Compensation and Benefits</b>		
1a	Compensation	7	10
1b	Payroll	1	1
1c	Benefits	4	0
1e	Compensation & Benefits - Other	0	2
<b>2</b>	<b>Evaluative relationships</b>		
2a	Priorities, Values, Beliefs	1	3
2b	Respect/Treatment	9	22
2c	Trust/Integrity	8	19
2d	Reputation	0	1
2e	Communication	31	48
2f	Bullying, Mobbing	18	15
2g	Diversity-Related	2	3
2h	Retaliation	5	3
2j	Assignments/Schedules	19	23
2k	Feedback	18	17
2l	Consultation	7	4
2m	Performance Appraisal/Grading	14	21
2n	Departmental Climate	4	3
2o	Supervisory Effectiveness	16	29
2q	Discipline	0	1
2r	Equity of Treatment	7	5
<b>3</b>	<b>Peer Relationships</b>		
3a	Priorities, Values, Beliefs	3	5
3b	Respect/Treatment	8	21
3c	Trust/Integrity	2	10
3d	Reputation	1	3
3e	Communication	4	24
3f	Bullying, Mobbing	6	6
3g	Diversity-Related	2	7
3h	Retaliation	1	0
3i	Physical Violence	1	0

3j	Peer and Colleague Relationships - Other	1	0
3k	Styles and Preferences	0	8
<b>4</b>	<b>Career/Academic Progression and Development</b>		
4a	Job Application/Selection and Recruitment	4	1
4b	Job Classification and Description	5	0
4c	Involuntary Transfer/Change of Assignment	7	3
4d	Tenure/Position Security/Ambiguity	1	2
4e	Career/Academic Progression	24	41
4f	Rotation and Duration of Assignment	3	7
4g	Resignation	4	5
4h	Termination/Non-Renewal	11	14
4i	Re-employment of Former or Retired Staff	0	2
4j	Position Elimination	1	0
4k	Career Development, Coaching, Mentoring	9	13
4l	Other	1	3
<b>5</b>	<b>Legal, Regulatory, Financial and Compliance</b>		
5a	Criminal Activity	3	4
5b	Business and Financial Practices	0	7
5c	Harassment	5	0
5d	Discrimination	7	1
5e	Disability, Temporary or Permanent, Reasonable Accommodation	5	2
5g	Intellectual Property Rights	5	3
5h	Privacy and Security of Information	1	3
5j	Other	3	4
<b>6</b>	<b>Safety, Health, and Physical Environment</b>		
6a	Safety	2	5
6b	Physical Working/Living Conditions	1	1
6e	Security	2	0
6g	Safety Equipment	1	1
6i	Work Related Stress and Work–Life Balance	22	36
6j	Other	2	2
<b>7</b>	<b>Services/Administrative Issues</b>		
7a	Quality of Services	9	5
7b	Responsiveness/Timeliness	12	8
7c	Administrative Decisions and Interpretation/Application of Rules	27	14
7d	Behavior of Service Provider(s)	4	5
7e	Other	5	4
<b>8</b>	<b>Organizational, Strategic, and Mission-Related</b>		
8a	Strategic and Mission-Related/ Strategic and Technical Management	0	5
8b	Leadership and Management	9	11
8c	Use of Positional Power/Authority	18	8
8d	Communication	3	9
8e	Restructuring and Relocation	4	5

8f	Organizational Climate	22	4
8g	Change Management	4	2
8h	Priority Setting and/or Funding	4	2
8i	Data, Methodology, Interpretation of Results	0	1
8j	Interdepartment/Interorganization Work/Territory	2	0
<b>9</b>	<b>Values, Ethics, and Standards</b>		
9a	Standards of Conduct	9	12
9b	Values and Culture	1	1
9c	Scientific Conduct/Integrity	5	7
Total Issue Categories		344	382
Total sub-issues		467	577
Total Unique Cases		257	303

### CASE CONCERN HIGHLIGHTS RELATED TO MENTAL HEALTH:

- 38% of issues identified related to the evaluative relationship. There were 6% to 7% of the cases related to a sense that there was no trust or a lack of respect within this relationship.
- Peer relationships also caused concern at higher levels in the previous academic year. Concerns with peer relationships made up 6% of the total identified issues in 2017/2018 while 15% of the issues identified in 2018/2019 related to peer relationships. In regard to an important indicator in regard to mental health, 7 % of the cases related to the sense of a lack of respect among peers.
- Nearly 14% of cases related to a level of distress due to a concern about academic progress. This is up from 9% of the cases the previous year.
- Nearly 12% of cases indicated a concern with work/life balance. This is an increase from 8.5% of the cases the previous year.

# Appendix B:

## Inventory of Ideas and Resources by Students in Working Group

### Types of Interventions

Note: some things may be in multiple categories

- Immediate - this includes calling Cook, but also maybe a meditation?
- Pep talk - short talks or reads that you can do in <5min to give yourself a pep talk
- Habitual - things like weekly yoga, study schedule, exercise,
- Long term - change your long term mindset, have a long term plan to help yourself (this crosses into habit, but habit doesn't necessarily mean you have invested in a long term plan

### Books

- "How to stop worrying and start living" by Dale Carnegie
- "7 Habits of Highly effective people" by Stephen Covey
- "Healing Anxiety and Depression" by Daniel Amen, MD and Lisa C Roth MD

### Web Resources and Podcasts

- Calm.com - Guided Mindfulness meditation and calming sounds (some free, some paid)
- Jon Kabat-Zinn videos on youtube
- Reprogramming your brain to overcome fear: Olympia LePoint at TEDxPCC ([https://www.youtube.com/watch?v=1PV7Hy\\_8fhA](https://www.youtube.com/watch?v=1PV7Hy_8fhA))
- Before You Feel Pressure - by Jay Shetty (<https://www.youtube.com/watch?v=6S9E0MVteEc>)
- The Friend Zone - Listen along every Wednesday as Dustin Ross, HeyFranHey & Assante explore mental health, mental wealth and mental hygiene, because who in the hell wants a musty brain?

### Apps

- Headspace - Guided meditation (<https://www.youtube.com/watch?v=CS76mK58url>)

- Simple Habit - 5min guided meditation for mindfulness  
(<https://www.youtube.com/watch?v=A2agZCOgdh4>)
- Forest App - An app to help stop distraction by your phone while trying to focus.  
(<https://www.youtube.com/watch?v=1rEeg9TZcOM>)
- Momentum App - Helps for goal tracking for daily/weekly activity  
(<https://www.youtube.com/watch?v=1rEeg9TZcOM>) (the second one)

## Campus Religious Resources

- Northstar Church Counseling  
(<http://northstarfamily.org/ministries/christian-counseling/>)
- Ukirk
- Campus Crusaders

## Self-guided Activities

- Letter to a "friend" - One person had a hard time going to someone in person. The idea here is to somehow make an anonymous pen pal to upper-class leader to get advice and have some anonymity.
- Hosting a mindfulness group
  - We could get a subscription to Calm or something similar and have an online version run for the group
- Movie study - Like a Bible group, but without the religion. To watch inspirational engineering movie with a group discussion about the struggles.
  - Hidden Figures
  - 3 idiots (Bollywood)
  - Maybe
    - Good Will Hunting
    - A Beautiful Mind
    - Something the Lord Made
- Hosting a support group?
- Create a motivational playlist to listen to while walking. Challenge: sing all the songs in your playlist at the top of your lungs in an empty car or with friends.
  - Here are some suggestions for a motivational list, but make your own!
    - Stronger - Britney Spears
    - Eye of the Tiger - Survivor
    - Fighter - Christina Aguilera
    - Fight song - Rachel Platten

- Bulletproof - La Roux
  - Roar - Katy Perry
  - Champion - Carrie Underwood
  - Go the distance - Hercules
- It may also be helpful to make an emotional list to help cope with and get your feelings out.
- Write a list of your worries down to get them off your mind
  - If you're up to it. Go through worst case scenarios. If this happens “what is the worst that could happen and how would that affect me in the long run?”
- Exercise with a friend regularly, set up times to meet where you count on each other to be there. This can help with getting out some of the pent up energy that is spent emotionally. Having a friend go with you helps you stay accountable for exercising.
- Mental Health Assessments (Background: There is a current effort led by Dr. Jody Russon to integrate mental health assessments into the Vet med student population. This is meant to decrease the alarming high trend of suicides in the veterinary profession)
- Shift prioritization of your time. Breaks for mental health can reap great benefit over extensive time in the lab or library.
- Reframe mental toughness. Mental toughness, often seen as suppressing stress and concerns, is much stronger and healthier when it prioritizes a well-balanced lifestyle that is aware of deficiencies that occur when distress is ignored.

## Appendix C:

# The How of Happiness Workshop by Vicky Dierckx

Over the past two decades, a huge amount of research has been done on the science of happiness and wellbeing. One of the most important findings is that 40% of our happiness is under our control. The problem is that people are often looking for happiness at the wrong spots. A class or group on happiness will teach students about how they can increase their happiness in a more sustainable manner. They will learn about and apply happiness strategies of which the effect is backed up by science. A typical six-weeks class has the following topics:

**Happiness and prioritizing positivity:** General information about what happiness is (40%, hedonic adaptation), why it matters to invest in your happiness, what does and does not make you happier. Students learn how to overcome the negativity bias.

**Investing in social relationships:** It is impossible to be happy without meaningful relationships. Social relationships are analyzed, and students get the assignment to strengthen existing relationships or broaden their social network. The positive effects of kindness are discussed.

**Living in the now and taking care of your body:** Our mind is constantly wandering, making us miss out on positive experiences. Exercises on savoring the now, noticing nature, and mindfulness are given.

**With an attitude of gratitude and optimism:** Practicing gratitude has proven to have a very strong effect on your happiness. Students also learn to apply an optimistic style to explain negative events that have happened to them.

**Pursuing worthwhile goals:** Goal pursuit adds meaning to our lives, contributing to our happiness. The Best Possible Self exercise helps students to detect a worthwhile goal. This goal is further analyzed and specified into a concrete plan. Students also get to know their strengths (VIA Survey of Character Strengths)

**Coping in the face of challenge and bouncing back:** Happy people can cope with setbacks better. Students will learn how to overcome challenges and apply better coping strategies.

# Appendix D:

## Vanderbilt University's Mental Health Bill of Rights and Responsibilities

<<https://gradschool.vanderbilt.edu/students/current/mhborr.php>>

1. Vanderbilt University sees the mental health of its students as a priority and undertakes to protect student access to quality, affordable, professional, and comprehensive mental health care.
2. Vanderbilt University is committed to combat stigma surrounding mental health, to provide an environment of mental health care that is inviting and inclusive for all students, and to proactively encourage and guide students to be good stewards of their mental health.
3. In caring for the mental health of all of its students, Vanderbilt University commits to consider and support the unique needs of its students, including but not limited to: students of color, international students, LGBTQI students, students with disabilities, military veterans, students who are first-generation college students, survivors of trauma, and students from underrepresented religious and socioeconomic backgrounds.
4. Vanderbilt University commits to protecting the privacy of its students with regards to their mental health care and to providing maximum information and transparency for students regarding their privacy rights, including protection for treatment records.
5. Vanderbilt University undertakes to provide mental health services to its students in accordance with the following guidelines:
  - a. An individual Care Coordinator shall be designated as the primary point of contact for each student upon intake into the Vanderbilt Student Care Network. The Care Coordinator shall assist the student in understanding, navigating, and accessing the resources within the network, and shall support the referral of the student to a provider outside of the primary Student Care Network, hereby referred to as an "outside provider."
  - b. For non-urgent mental health concerns, students shall have a right to their choice of an in-person or phone assessment by a qualified mental health trained clinician within a reasonable time after contacting the Vanderbilt Student Care Network. For urgent concerns during normal operating hours and during nights and weekends, students shall have access to an on-call provider for assessment; the on-call provider may refer the student to emergency services if the student's condition necessitates immediate attention, or may initiate scheduling of an assessment within a reasonable time. A

“reasonable time” shall be determined on an individual basis by a qualified mental health trained clinician.

c. Individual services shall be accessible to every student at no more than a reasonable cost until a mental health clinical review panel determines that a standard of care is reached, or that such standard of care would be better facilitated by an outside provider in accordance with 5 (d).

d. The Student Care Network shall not terminate services without first providing due notice, and shall continue providing care until the commencement of treatment with an outside provider. A readily available list of outside providers who accept the student insurance option shall be maintained by the Student Care Network. Student inability to pay out-of-pocket expenses, ease of access to off-campus services, specific student identities (see item 3), and other personal student needs associated with referral to an outside provider shall be considered during the clinical review process.

e. The Student Care Network shall strive to create a mental health care plan that meets the needs of the student and shall engage in a collaborative referral process with the student to secure appropriate services outside the primary Student Care Network. The student shall also have the ability to request a secondary review of their mental health care plan with members of the clinical review panel or another Student Care Network provider. This request should be facilitated by the student's Care Coordinator.

6. Vanderbilt University shall consider the coverage for mental health care, including, but not limited to, therapy, medication, emergency services, surgery, in-patient mental health treatment, and substance abuse treatment, in selecting a student health insurance option. Vanderbilt University shall consider the fiscal limitations of its students in selecting student insurance options.

7. Vanderbilt University shall strive to provide mental health care within an evidence-based framework, and to ensure that each student shall have the opportunity to:

a. Remain apprised of the structure, policies, and practices of mental health care services for students by Vanderbilt University, through elected liaisons in student government bodies;

b. Provide input to Vanderbilt University regarding the structure, policies, and practices of mental health services for students, through elected liaisons in student government bodies;

c. Consider and comment on any proposed changes to the structure, policies, and practices of mental health services for students, through a mechanism determined by the student government bodies in consultation with the Student Care Network, and to have their comments entered into the record and duly considered before proposed changes may be adopted;

- d. Receive detailed, transparent notice of changes following their adoption and prior to their implementation; and
  - e. Access metrics and actuarial data regarding mental health care provided by Vanderbilt to its students, or underlying all decisions to alter or discontinue mental health services.
8. Students desiring mental health services should proactively contact a Care Coordinator. Vanderbilt University cannot provide care for cases of which it is unaware.
9. Students shall have a responsibility to notify Vanderbilt University of serious and imminent concerns regarding the mental health of their colleagues, students, and other members of the Vanderbilt community.
10. Students within the Vanderbilt network of care shall have the following responsibilities:
- a. To consent to be treated and to accept the privacy policy for care;
  - b. To provide accurate information regarding medical history, medications, symptoms, and other matters relating to their mental and physical health;
  - c. To proactively communicate expectations, needs, questions, and concerns;
  - d. To make a good faith effort to keep appointments, to be on time for appointments, and to communicate if conflicts emerge;
  - e. To abide by facility rules and act in a manner that is respectful to other patients, staff, and facility property; and
  - f. To actively participate in decisions regarding their mental health care.
  - g. To inform the Student Care Network when their mental health care plan no longer meets their individual needs.
11. Students within the Vanderbilt network of care are encouraged to do the following:
- a. To follow treatment and care plans;
  - b. To report any concerns or changes in condition to their health care provider;
  - c. To alert staff to any privacy concerns; and
  - d. To consider consequences before refusing treatment.