

Graduate Student Mental Health and Well-Being Task Force

Final Report, August 2024

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1 Executive Summary

Graduate students are integral to the success of our university, contributing significantly to research, scholarly output, and the education mission, particularly in undergraduate education. However, in recent years, the mental health and well-being of graduate students have emerged as significant national concerns, with mounting evidence pointing to increasing levels of stress and anxiety among this population (Council of Graduate Schools [CGS], 2021). Graduate students face a myriad of stressors, including pressure to publish, challenging mentor/advisor relationships, financial insecurity, and a competitive job market. Additionally, they contend with various life-stage-related stressors, role ambiguity between being a student and a worker, challenges in achieving work-life balance, and the imposter phenomenon.

In response to these challenges, the Council of Graduate Schools and The Jed Foundation (JED) released a report, [*Supporting Graduate Student Mental Health and Well-being*](#), which calls on graduate deans to commit to creating educational environments that support the holistic well-being of graduate students alongside their academic success (Council of Graduate Schools, 2021). This commitment recognizes that graduate students thrive when their physical, social, and emotional well-being are nurtured, and when diversity, equity, inclusion, and transparency are valued principles. The report underscores the importance of well-being for student success, advocating for graduate programs that foster not just surviving, but thriving.

In Spring 2024, the Graduate Student Mental Health Task Force was convened at the request of Dean Jeni Hart of the Graduate School to develop a sustainable model for enhancing the mental health and well-being of graduate students. Co-chaired by Dr. Heather Hoffman, Assistant Dean for Professional Development and Leadership for the Graduate School, and Dr. Christine Even, Director of the MU Counseling Center, the Task Force established five key objectives: (1) to assess the current state of graduate student mental health and well-being at Mizzou, (2) to identify existing resources and supports, (3) to recommend actionable improvements, (4) to create mechanisms for ongoing feedback and assessment, and (5) to deliver a final report summarizing findings and recommendations.

Throughout our work, we recognized the distinct needs of graduate students compared to undergraduates, as well as the diversity within the graduate student population. We also acknowledge that promoting graduate student mental health and well-being requires a comprehensive approach at all organizational levels, beyond the scope of the Graduate School and Counseling Center alone.

Based on our findings, we propose the following key recommendations:

1. **Establish a Graduate Student Care Team Coordinator:** Prioritize creating a dedicated Care Team Coordinator position to serve graduate students. If not feasible, train one of the current Care Team Coordinators specifically on graduate student needs.
2. **Enhance Training for Faculty and Staff:** Provide additional and other resources for faculty and staff who work closely with graduate students, such as “See. Say. Do.” training, resource toolkits, and/or a wellness ambassador program.

3. **Enhance Strategic Communication Regarding Mental Health and Well-being Resources for Graduate Students:** Improve strategic communications to increase awareness of available services tailored to graduate students and provide clarity on how these services differ from those for undergraduate students.
4. **Establish an Ombudsperson for Graduate Students:** Establish an Ombudsperson available to graduate students to provide a confidential, impartial, and informal resource for addressing academic concerns and conflicts.
5. **Enhance Assessment of Graduate Student Mental Health and Well-being:** Establish annual benchmarks to provide a comprehensive view of graduate student mental health. Explore data in conjunction with factors such as race/ethnicity, first-generation, and family status to understand different groups' experiences.
6. **Enhance GradEssentials Programming:** Expand GradEssentials offerings through the Graduate School to better address graduate student mental health and well-being. Strengthen campus partnerships to develop core offerings.
7. **Establish a permanent Graduate Student Mental Health & Well-Being Advisory Committee or Network:** Create a committee or network to sustain and support ongoing efforts to enhance graduate student mental health and well-being. This group will convene regularly and include key campus stakeholders and members from the network of care.

2 Description of the Task Force Process

In January 2022, Dean Hart established the Graduate Student Mental Health & Well-Being Task Force, directing it to develop a sustainable model to promote the mental health and well-being of graduate students, grounded in existing data and best practices. The Task Force initiated its work but paused briefly due to staffing changes. In Spring 2024, the Task Force was re-established with a combination of returning and new members, including co-chairs from the Graduate School and MU Counseling Center, faculty, and graduate students representing various departments, and staff from key service areas such as the Disability Center and Care Team (see appendix for a list of members). The group met approximately every three weeks during Spring 2024, focusing on the following objectives:

- **Examine the State of Graduate Student Mental Health at Mizzou:** Conduct a needs assessment to thoroughly examine the current mental health status of graduate students at the university, drawing on existing surveys, data analysis, and qualitative research to understand prevailing challenges.
- **Identify Available Resources and Supports:** Map and assess the resources and support structures available to address the mental health needs of graduate students, including both on-campus and off-campus resources. Identify any gaps in services or constraints that may limit service delivery.
- **Recommend Actions for Improvement:** Use insights from the needs assessment and resource inventory to identify gaps, constraints, and underlying causes contributing to unmet needs. Recommend evidence-based actions and initiatives tailored to enhance graduate student mental health, aligning with their unique needs, and incorporating best practices from nationwide research.
- **Establish Feedback Loops and Ongoing Assessment:** Implement mechanisms for ongoing assessment and feedback loops, including plans for collecting feedback from graduate students, monitoring the impact of initiatives, and making necessary adjustments to better support mental health. Establish benchmarks, both nationwide and internally, to evaluate progress and effectiveness.
- **Submit Final Report with Summary of Findings and Recommendations by Summer 2024:** Compile a comprehensive final report integrating findings from the needs assessment, resource inventory, and analysis of national data and trends. Include evidence-based recommendations for improving graduate student mental health, serving as a guide for the university and stakeholders in implementing proposed actions. Submit the final report to relevant stakeholders for consideration and dissemination.

Additionally, the Task Force divided its work into four distinct working groups, each dedicated to specific aspects of the project:

- **National Trends and Benchmarks Working Group:** Analyzed several key reports to provide background and contextual information, including reports from the Council of

Graduate Schools (CGS), American Council on Education (ACE), and Healthy Minds Study (HMS).

- **Mizzou Data Working Group:** Conducted an in-depth analysis of existing data sources on graduate student mental health at Mizzou. Evaluated the need for additional data collection to establish benchmarks and feedback loops.
- **Mizzou Resources Working Group:** Mapped and evaluated all available resources and supports for graduate student mental health at Mizzou. Produced a report evaluating the effectiveness of these resources.
- **Peer Institutions Working Group:** Conducted comprehensive research on mental health initiatives at peer and aspirational institutions. Gathered insights, best practices, and potential strategies that could inform the Task Force's recommendations.

These groups presented their findings and recommendations at each meeting. The following report synthesizes findings from each working group to provide a comprehensive understanding of the mental health and wellness needs of graduate students at Mizzou. Based on these findings, the report outlines key recommendations for improving graduate student mental health and well-being, along with suggestions for sharing findings and establishing ongoing assessment mechanisms. The Task Force acknowledges that addressing these issues requires a university-wide effort, not just the Graduate School or Counseling Center. Therefore, the recommendations include stakeholders at multiple organizational levels.

3 Background Information

Mental health has become a significant national concern in higher education. Reports show a substantial increase in depression among both undergraduate and graduate students, rising from 20% in 2014 to 41% in 2022 (Eisenberg et al., 2023). Similarly, anxiety symptoms have increased, from 20% to 36% during the same period. Although national data on the prevalence of mental health issues specifically among graduate students, especially master's students, is more limited, some evidence suggests that PhD students experience a higher prevalence of mental health problems compared to the general population (Levecque et al., 2017).

To effectively understand and address the needs of graduate students, it is crucial to consider them separately from undergraduate students. Graduate students represent a diverse demographic, marked by unique stressors, prevalence rates, help-seeking behaviors, and disparities across various groups within this population (Council of Graduate Schools (CGS), 2021).

First, there is no "typical" graduate student (Council of Graduate Schools (CGS), 2021). The graduate student population is highly diverse, encompassing individuals at different life stages, with varied financial support structures, marital or caregiver statuses, and citizenships. This diversity extends to their academic and career goals, reflecting a wide range of aspirations and paths. Graduate students engage in diverse scholarly activities and training contexts, influenced by their fields, degrees pursued, individual pursuits, and the values and cultural norms of their programs and departments.

Second, graduate students face stressors distinct from those encountered by undergraduate students. These include challenging mentor/advisor relationships, financial insecurity, a competitive job market, a lack of transparency about university processes, role conflicts (e.g., student, instructor, junior colleague), work-life integration due to multiple responsibilities (e.g., class, research, work, and family), the political landscape, imposter syndrome, and microaggressions. These unique stressors must be considered when implementing service delivery and developing new intervention strategies.

Additionally, the unique circumstances of graduate students influence their help-seeking behaviors. Graduate students often seek support from informal sources, such as non-roommate friends, family members, and significant others. Common barriers to seeking help include insufficient time or financial concerns. There is also a reluctance to seek help from formal sources due to concerns about encountering students they teach or fellow graduate students who may be serving as counselors, as well as the fear of stigma associated with seeking help. Graduate students working in clinical settings may experience secondary trauma and may avoid seeking help from those with whom they have professional relationships, further complicating their help-seeking behaviors (Collett et al., 2024). This population may benefit from specialized training on managing and coping with secondary trauma, as well as increased awareness of counseling services tailored to their needs.

Help-seeking behaviors also vary significantly among students in minoritized identity categories (Brocato et al., 2021). For example, international students face unique challenges, such as language barriers, social isolation, cultural adjustment, financial and visa/status precarity, and safety concerns (Lee, 2021). These students may be reluctant to seek help due to a lack of awareness of counseling services, discomfort in talking to people unfamiliar with their culture, and cultural stigma related to mental health (Mori, 2000)

The scholarship emphasizes the need for a nuanced understanding of graduate student mental health, recognizing their diversity and the complex factors impacting their well-being. Universities must consider the cultural dimensions of help-seeking behaviors among graduate students and the diversity of counselors providing care. Recommendations include adopting a proactive, preventative, public health approach, tailoring support services to address specific challenges; investing in effective strategies such as skill-training interventions and mindfulness programs; and regularly assessing population-level needs (Abelson et al., 2023; Council of Graduate Schools, 2021)

4 Graduate Student Health & Well-Being Data at Mizzou

While national trends provide valuable insight into graduate student mental health, understanding the specific context and profile of students at Mizzou is essential for tailoring programs and services effectively. This section utilizes existing campus data to provide a comprehensive overview of graduate student needs, emphasizing the unique stressors, prevalence rates, help-seeking behaviors, and disparities within this diverse population. By examining these factors, we aim to develop programs and services that address the specific challenges faced by Mizzou graduate students, ultimately enhancing their academic and personal success.

4.1 Demographic Profile

Understanding the demographic profile of Mizzou graduate students is crucial for identifying trends, disparities, and areas requiring targeted support. This information provides a foundation for designing interventions that meet the specific needs of various student groups

Table 1: Fall 2023 Enrollment

| | Total Enrollment | Doctoral Students | Master's Students |
|----------------------------------|------------------|-------------------|-------------------|
| Total Enrollment | 5,719 | 2,014 (35.2%) | 3,705 (64.8%) |
| Female | 61.0% | 53.9% | 64.9% |
| Underrepresented Minority (URM) | 12.9% | 11.9% | 13.5% |
| Non-residential or International | 20.0% | 38.6% | 9.9% |
| On-campus Programs | 47.5% | 81.4% | 29.2% |
| Distance Learners | 52.5% | 18.7% | 70.8% |

As shown in Table 1, Mizzou's graduate enrollment in Fall 2023 totaled 5,719 students. Doctoral students made up approximately 35% of this population, while master's level students¹ accounted for about 65%. Female graduate students represented 61.0% of the total enrollment, with 53.9% of doctoral students and 64.9% of master's students being female. Underrepresented minority groups constituted 12.9% of the total enrollment, with similar proportions among doctoral students (11.9%) and master's students (13.5%). Approximately 20.0% of the total enrollment were international students, with international students

¹ For the report, master's level students include those in master's programs, educational specialists, post-baccalaureate non-degree-seeking graduate students, and graduate certificate students.

representing a significantly larger share of doctoral enrollment (38.6%) compared to master's program enrollment (9.9%).

Regarding learning modalities, doctoral students are more likely to be enrolled in on-campus programs, whereas master's level students are more frequently distance learners. This distinction is important for designing programs tailored to each student group's needs. On-campus support services should focus on the specific profiles and requirements of doctoral students, while remote support services should be tailored to master's students, who are often working professionals.

Note: *The Task Force primarily used existing reports and charts for this project and did not conduct a detailed subpopulation analysis. While we present some comparisons of demographic groups and other subpopulations relative to the overall average, we do not perform a detailed analysis comparing demographic subpopulations to one another. Interpret results for subpopulations with caution, as the total population average includes all subpopulations and may not fully reflect differences. These results are indicative, not definitive, and further analysis with comprehensive data is needed for more precise comparisons.*

4.2 Missouri Assessment of Collegiate Health Behaviors Survey (MACHB)

The MACHB is an annual survey conducted by Missouri Partners in Prevention (PIP) that collects data from both undergraduate and graduate students at colleges and universities across the state of Missouri. Initially, the survey was primarily administered to undergraduate students at Mizzou, with some graduate students (e.g., dual-enrolled undergraduate/graduate students) receiving it as well. However, starting in 2020, Mizzou also began administering the MACHB to graduate and professional program students. The survey is not a census survey but is administered to approximately one-third of students who are randomly selected. Questions encompass a range of experiences related to college or graduate school, including substance use/misuse and mental health.

Since the survey was being administered concurrently with the work of the Task Force, we focused on the results of the Spring 2023 survey. For brevity, we refer to "graduate students" throughout this section of the report, but the data includes graduate and professional students.

4.2.1 Substance Use

In the past year, approximately 76% of graduate students reported alcohol use. While the focus on the negative impacts of drinking behavior often centers on undergraduate students, graduate students also display signs of risky behavior. For example, 28% admitted to driving immediately after drinking, 53% drove within 2 hours of drinking, and 24% rode with someone who drove after drinking. These behaviors not only put themselves at risk but also endanger others on the road. Additionally, 48% reported experiencing hangovers, and 14% reported blackout/memory loss within the past year.

About 28% of graduate students reported cannabis use in the past year. The survey does not distinguish between recreational and medical use for this question. However, approximately 12% of graduate students who used cannabis said they were using it for medical purposes,

while only 11% of respondents reported having a prescription for medical cannabis in Missouri. It's important to note that legal recreational cannabis sales began in February 2023, which may lead to increased usage in future years. A significant proportion of these users (70%) also reported using alcohol concurrently, and 18% reported using prescription drugs at the same time. This highlights the potential for increased risk when multiple substances are used together.

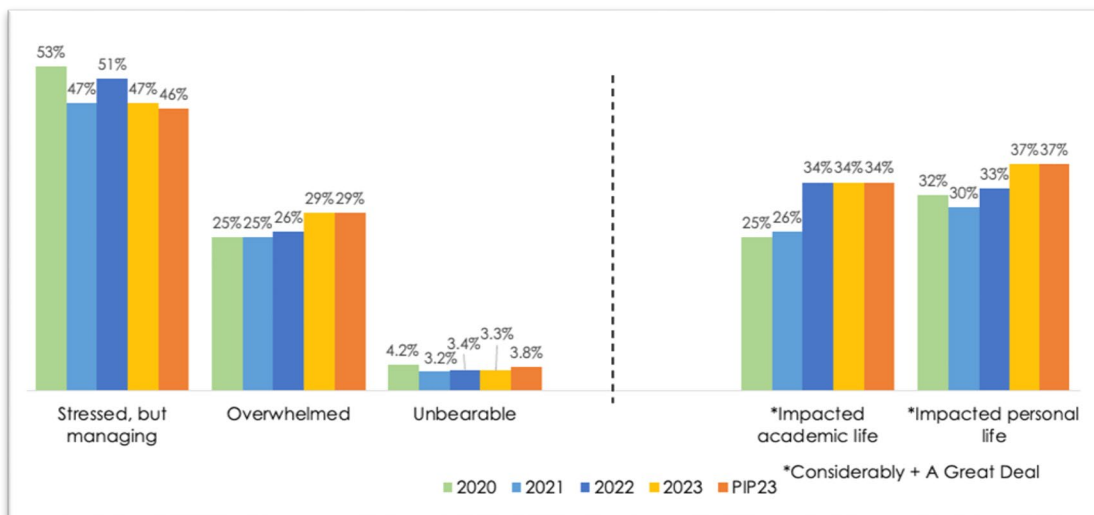
Cannabis usage varied among graduate student subpopulations. For instance, LGBQQAP (Lesbian, Gay, Bisexual, Queer, Questioning, Asexual, Pansexual) students reported a relatively higher proportion of cannabis use within the past year (52%) compared to all graduate students (28%). Additionally, 40% of graduate students who had thoughts of dropping out also reported having used cannabis at least once in the past year. This pattern challenges the view that cannabis use is harmless and suggests that there may be underlying factors influencing substance use patterns that warrant investigation and targeted interventions.

The findings on substance use among graduate students underscore the importance of addressing not only alcohol but also cannabis use and its potential consequences. The goal is not to enforce abstinence but to reduce harm and risky behaviors such as driving while intoxicated or mixing substances. Targeted interventions and support services could help mitigate these risky behaviors and promote healthier choices among graduate student populations. Implementing harm reduction strategies, such as providing education on safe consumption practices and offering resources for those seeking help, can be effective in fostering a safer and healthier environment for all students.

4.2.2 Stress Among Graduate Students

Respondents were also asked about the extent to which stress impacts their academic and personal lives. As shown in Figure 1 below, nearly half (47%) of graduate student respondents in 2023 reported that they were stressed but managing, while a smaller proportion reported being overwhelmed (29%) and 3.3% found the stress to be unbearable.

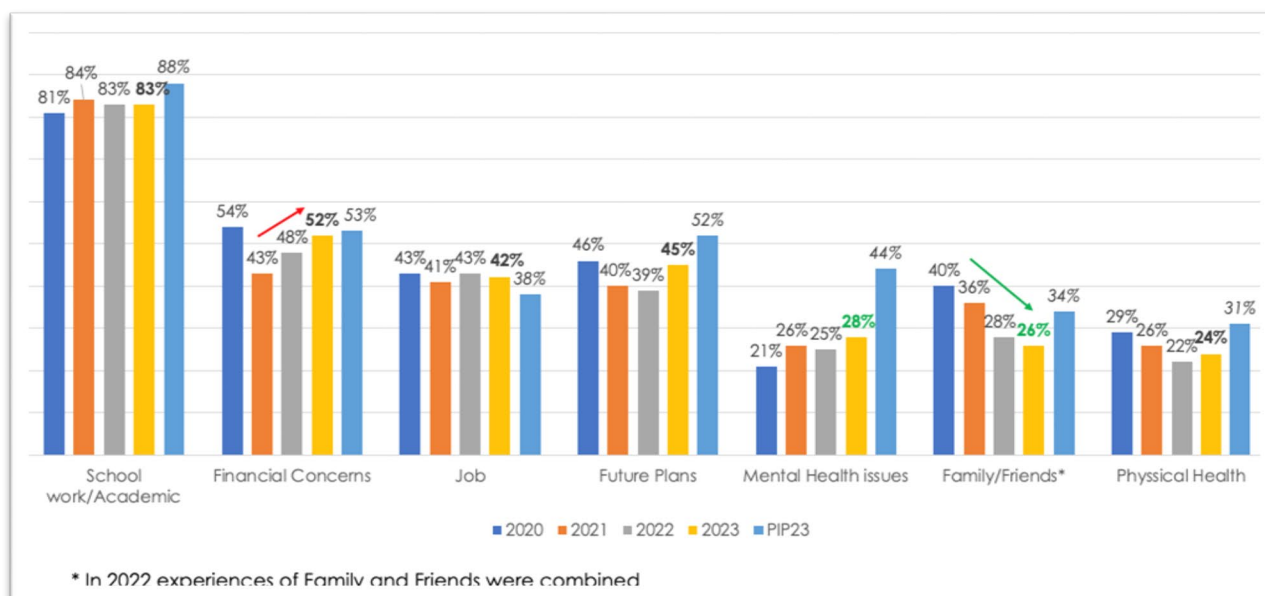
Figure 1: Stress Among Graduate Students Over Time



Additionally, roughly one-third (34%) reported that their stress levels impacted their academic life, and 37% reported it impacted their personal life. Compared to 2020, these results indicate an increase in the proportion of graduate students reporting that they found their stress levels to be “overwhelming” or “unbearable.” Furthermore, the proportion of students reporting that their stress impacted their academic and/or personal lives also increased.

As shown in Figure 2 below, most graduate students cited schoolwork/academic responsibilities (83%) as a source of stress, followed by financial concerns (52%), future plans (45%), and job-related pressures (42%). It's worth noting a significant return to Covid-era levels of financial concerns as a source of stress, with 52% of students reporting this in 2023, compared to 54% in 2020.

Figure 2: Sources of Graduate Student Stress Over Time



The increase in the proportion of students reporting stress impacting their academic and personal lives underscores the importance of addressing stress among graduate students. This highlights the need for increased support services and resources, as well as targeted interventions to address specific stressors like workload, academic pressure, or personal challenges. By providing such support, institutions can help graduate students manage stress more effectively, thereby enhancing their overall well-being.

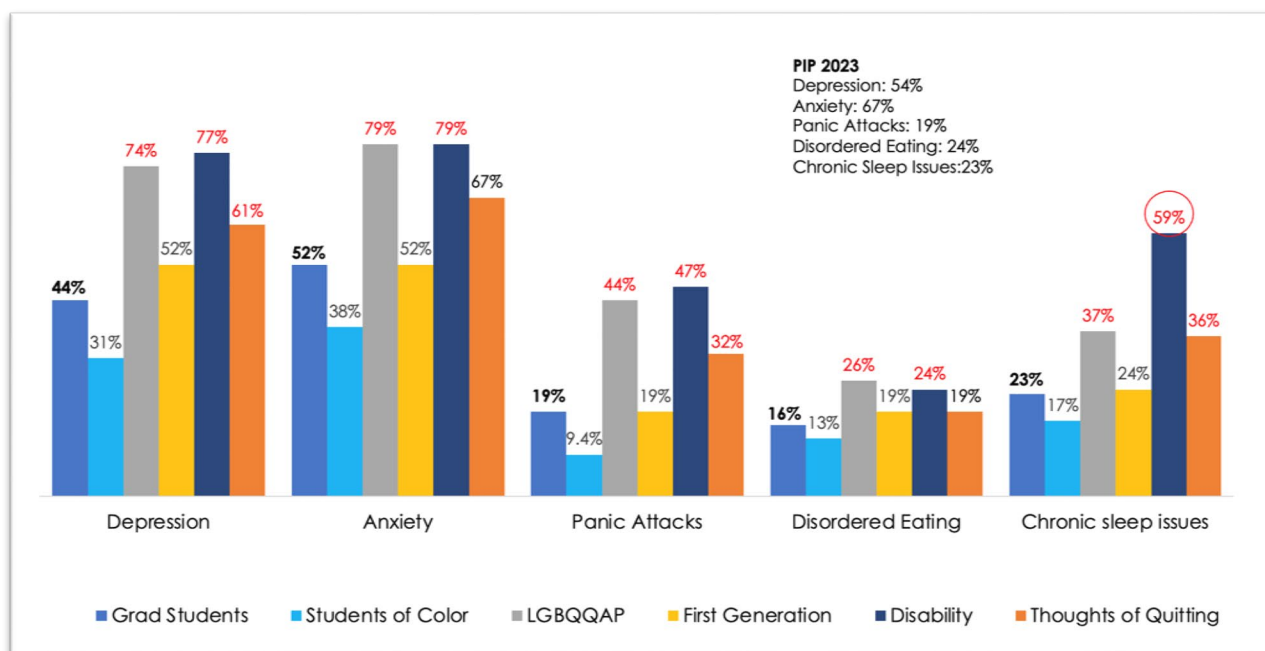
4.2.3 Mental Health Concerns

Overall, about 44% of graduate student respondents reported experiencing depression during the past year, with 23% of these individuals receiving a formal diagnosis. As shown in Figure 3 (on the next page), among graduate subpopulations, students with disabilities were the most likely to report depression (77%), followed by LGBTQAP individuals (74%), and those contemplating quitting school (61%).

Regarding anxiety, 52% of graduate students reported experiencing it in the past 12 months, with 31% diagnosed by professionals. Again, rates varied among subpopulations, with students with disabilities and LGBQQAP students most likely to report anxiety (79%), followed by those considering leaving school (67%).

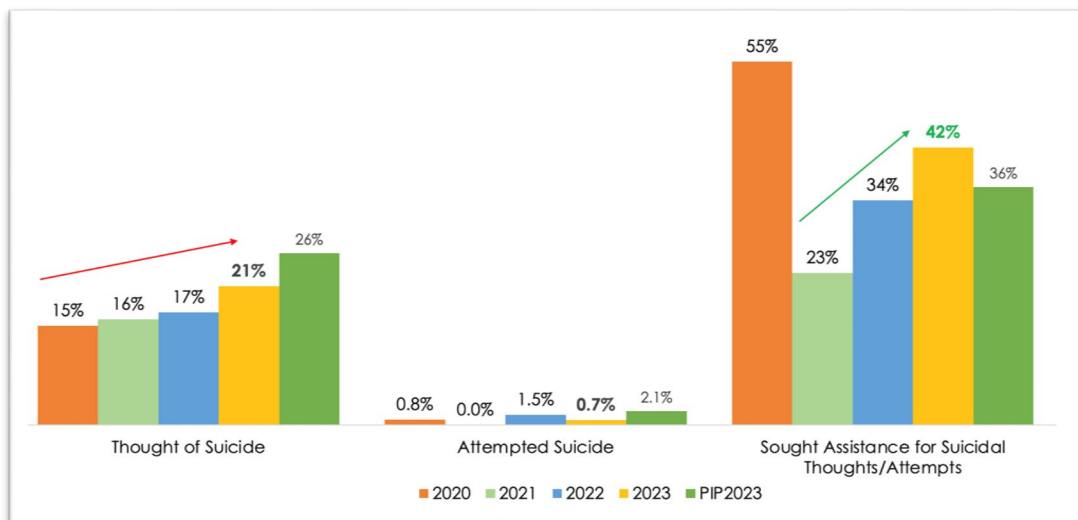
Other prevalent mental health concerns among graduate students included panic attacks (19%), disordered eating (16%), and chronic sleep issues (23%). Significantly, students with disabilities were more than twice as likely as the average to report chronic sleep issues (59% vs. 23%).

Figure 3: MH Diagnosed Among Graduate Student Subpopulations



The MACHB also asked about suicidal ideation and attempts. As shown in Figure 4 (on the next page), 21% of graduate students reported having thoughts of suicide in 2023, a substantial increase from 15% in 2020. However, the percentage reporting suicide attempts decreased slightly from 0.8% in 2020 to 0.7% in 2023, which is lower than the 2.1% average among all PIP respondents in 2023.

Figure 4: Suicidality Among Graduate Students Over Time



These findings underscore the critical need to address mental health concerns among graduate students and ensure they have access to appropriate support services. The data reveal an elevated prevalence of mental health issues among specific subpopulations, such as students with disabilities and LGBQQAP students, highlighting the importance of targeted interventions and tailored support. Additionally, the significant increase in reported suicidal ideation from 2020 to 2023 underscores the urgency for proactive mental health initiatives and suicide prevention strategies within graduate student communities.

4.2.4 Support-Seeking Behavior

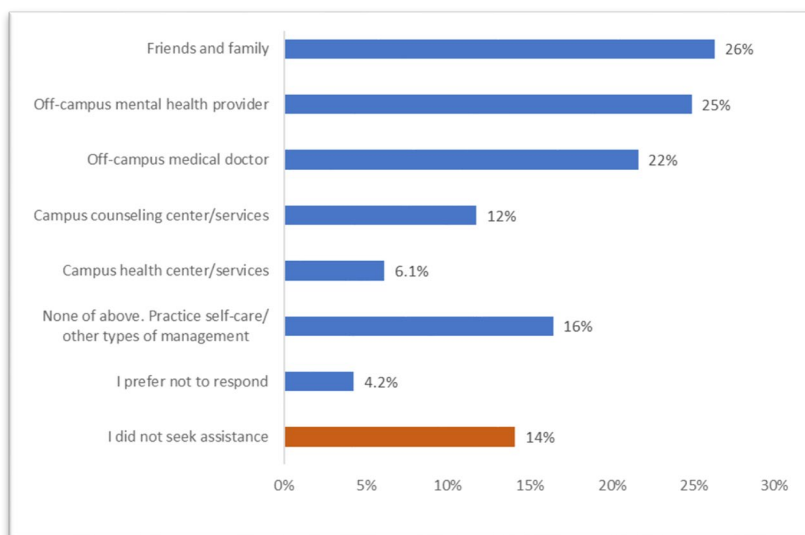
Graduate students were asked about their sources of on-campus support for stress related to academic or personal concerns. As shown in Table 2 (on the next page), 23% indicated they would turn to campus counseling center or services. A slightly larger proportion mentioned seeking support from faculty or professors (31%) or an academic advisor (26%). However, most students (58%) stated they would turn to friends or peers for support.

Interestingly, approximately 20% of graduate student respondents reported having no one they felt they could go to for support on campus when facing personal or academic concerns. This proportion has increased over time, rising from 13% in 2020 to 20% in 2023.

Table 2: Sources of On-Campus Support for Personal/Academic Stress Over Time²

| | 2020 Grad | 2021 Grad | 2022 Grad | 2023 Grad | 2023 PIP |
|--|--------------|--------------|--------------|--------------|-------------|
| I don't feel like I can go to anyone/I don't know anyone to go to on campus when personal concerns arise | 13% | 18% | 17% | 20% | 16% |
| Friends/peers | 61% | 57% | 65% | 58% | 69% |
| Campus counseling center/services | 27% | 22% | 17% | 23% | 31% |
| Campus health center/services | 11% | 8.3% | 5.7% | 9.5% | 11% |
| Law enforcement/campus security | 3.0% | 0.7% | 3.0% | 2.6% | 4.7% |
| Academic advisor | 22% | 23% | 21% | 26% | 21% |
| Faculty/professor | 36% | 28% | 23% | 31% | 26% |
| University staff member | 11% | 6.8% | 4.0% | 8.2% | 8.8% |

Graduate students were surveyed about where they sought assistance for mental health concerns. As shown in Figure 5 below, 25% reported visiting an off-campus mental health provider, while 22% visited an off-campus medical doctor. For on-campus support, around 12% visited the University Counseling Center, and 6% visited the University Health Center; 14% did not seek help at all. Among those not seeking help, 50% stated they did not believe they needed assistance, 23% cited cost as a barrier due to insurance coverage or expense, and 10% were unaware of available resources. Just as with personal concerns, friends and family were the most frequently cited sources of support for mental health concerns.

Figure 5: Support for MH Concerns³

² Respondents were allowed to select multiple options.

³ Respondents were allowed to select multiple options.

These findings suggest a complex landscape of support-seeking behavior among graduate students. While some students are proactive in seeking support from both on and off-campus resources, a significant portion does not seek help at all. These findings reveal a preference among graduate students for seeking support from friends or peers, indicating the importance of informal networks in managing both personal and mental health concerns.

The increasing proportion of students who feel they have no one to turn to on campus for personal or academic concerns is concerning. Additionally, the reasons for not seeking help for mental health concerns, such as cost barriers and lack of awareness of resources, emphasize the importance of universities addressing these issues to ensure that all students have access to the support they need. The findings underscore the importance of promoting awareness of available on-campus resources and destigmatizing seeking help for personal or academic issues among graduate students.

4.2.5 Well-Being and Flourishing

The MACHB includes a Flourishing Scale, a brief 8-item summary measure of the respondent's self-perceived success in important areas such as relationships, self-esteem, purpose, and optimism. The scale provides a single psychological well-being score. In 2023, graduate student respondents received a flourishing scale score of 46.2, slightly higher than the state average for all participants (44.1). This represents an increase from 2022 (40.1) but is still lower than the scores in 2020 (47.7) and 2021 (46.8), respectively.

Due to time constraints, the Task Force did not unpack these results in detail. However, the scale is important to note as a potential indicator of well-being, as opposed to most assessments focused on the prevalence of mental health issues or other negative indicators. The Task Force recommends further exploration of the results of this indicator through the MACHB scale or possibly incorporating the scale into a campus instrument to better understand graduate student flourishing and well-being.

4.3 Graduate and Professional Student Experience Survey

The Graduate and Professional Student Experience (GPSE) Survey is conducted by the Graduate School each fall in partnership with Student Affairs and the Graduate Professional Council (GPC). It is a comprehensive survey covering topics such as academic program satisfaction, advising and mentoring, professional development, career aspirations, financial situation, health and well-being, and satisfaction with services and resources, among others. Due to delays in the results from the 2023 survey, the Task Force focused on analyzing the Fall 2022 survey results. The response rate for graduate students⁴ was approximately 21%, with doctoral students being

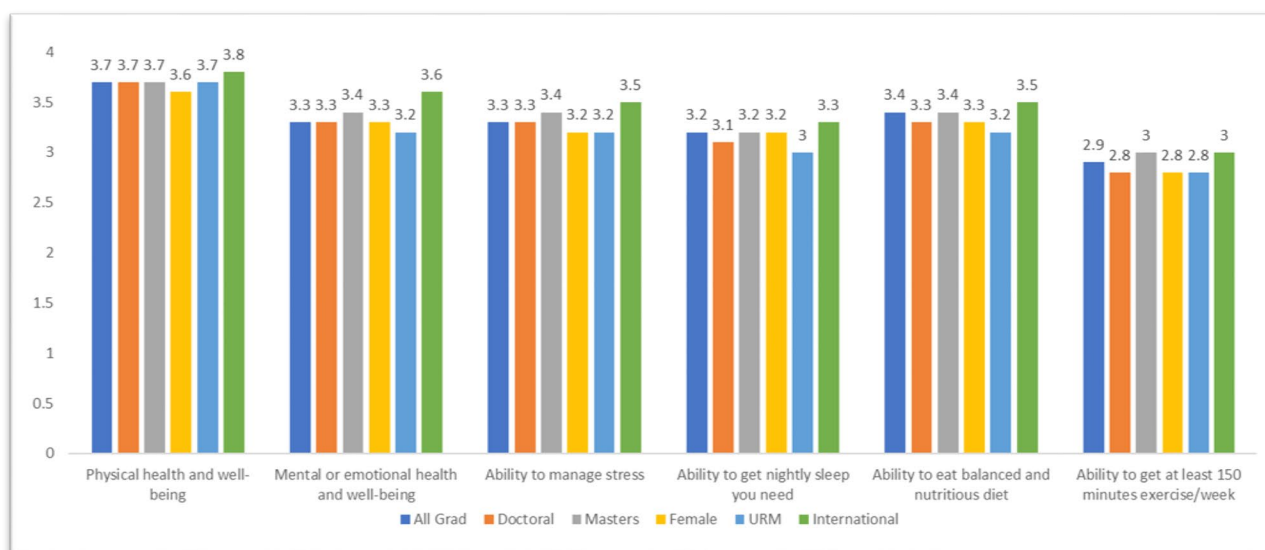
⁴ Unlike the Missouri Assessment of Collegiate Health Behaviors (MACHB) results discussed above, which present results for both graduate and professional students, the Graduate and Professional Student Experience Survey analysis focused solely on the results of graduate student respondents for the purposes of this report.

slightly overrepresented (42% reporting vs. 33% in the population), as well as on-campus students (69% vs. 48%) and international students (30% vs. 20%).

4.4 Current Health and Well-Being

Survey respondents were asked to rate their current health and well-being across various dimensions on a scale of 1 to 5, with “1” indicating “terrible” and “5” indicating “excellent.” As shown in Figure 6 below, among the factors assessed, graduate students rated their ability to get 150+ minutes of exercise per week (2.9) and their ability to get nightly sleep (3.2) as the lowest.

Figure 6: Current Health and Well-Being Among Graduate Subpopulations



Health and well-being scores also varied across subpopulations. For instance:

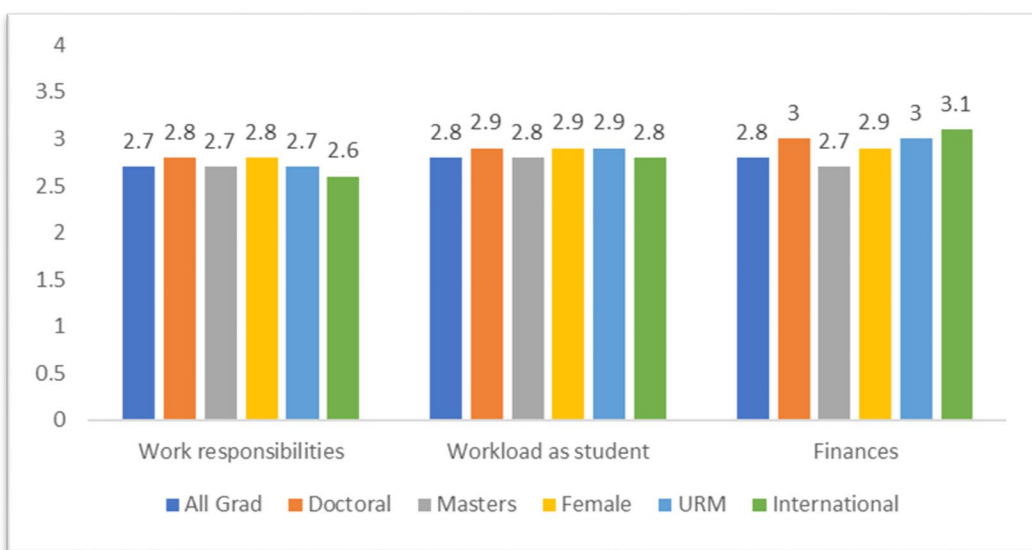
- **Female respondents** rated 4 out of 6 items lower on average than the graduate student population (e.g., physical, stress management, balanced diet, and exercise).
- **Underrepresented minority (URM)⁵** students rated their ability to get an adequate night’s sleep (3.0 vs. 3.2) and eat a balanced and nutritious diet (3.2 vs. 3.4) at slightly lower levels than the general population.
- **International students** rated slightly above the graduate student population average across all factors; however, one must be cautious in interpreting these findings, as they may be more reflective of a positive reporting bias, meaning they might report higher satisfaction scores than is true relative to other comparison groups.

⁵ Includes Hispanic/Latino, American Indian or Alaska Native, Black or African American, Native Hawaiian or Other Pacific Islander, Two or More Races. Excludes Asian, White, Unknown, Non-resident/International.

4.4.1 Graduate Student Stressors

Respondents were asked about stressors that negatively impacted their well-being and/or academic success in the past 12 months, using a scale where “5” represented a great deal and “1” represented not at all. It is important to note that the higher the score, the higher the perceived impact of the stressor. As shown in Figure 7 below, graduate students identified their student workload (2.8), finances (2.8), and work-related responsibilities (2.7) as their top three stressors.

Figure 7: Top Stressors Among Graduate Subpopulations



While the top stressors remained consistent across various subpopulations, some groups rated certain factors as more likely to impact their well-being and/or academic success compared to the overall graduate student population. For instance:

- **Underrepresented Minority (URM)** graduate students were more likely to report that racial trauma (2.0 vs. 1.4); discrimination/oppression (2.0 vs. 1.5); and campus climate (2.0 vs. 1.6) negatively impacted them relative to the overall graduate student population.
- **International students** were more likely to report concerns with immigration rules and regulations (2.6 vs. 1.7), inconsistent access to healthy or culturally appropriate food, going hungry (2.2 vs. 1.6), and inconsistent access to affordable healthcare (2.5 vs. 1.9).

4.4.2 Sense of Belonging

The GPSE survey includes questions about the sense of belonging at both the department/program level and the institution in general⁶. Respondents were asked to rate their agreement with statements on a scale of 1 to 5, with “1” indicating “strongly disagree” and “5” indicating “strongly agree.” As shown in Figure 8 (on the next page), graduate students were slightly more likely to agree that they feel a stronger sense of belonging to their department/program (3.7) than to the Mizzou community at large (3.5).

As expected, distance students reported lower levels of sense of belonging to their program/department (3.3) relative to graduate students on average (3.7). Distance students were also less likely than the average to report having friends in their department and to agree that their program/department supports a collegial and supportive environment. As distance students comprise more than half (52.5%) of all graduate students and 70.8% of all master’s, we recommend that departments/programs enhance their efforts to engage distance students and foster a more inclusive and supportive environment.

Respondents were also asked to rate the extent to which their program/department demonstrates a commitment to Diversity, Equity, and Inclusion (DEI). As shown in Figure 9 (on the next page), average ratings were generally consistent across graduate student subpopulations, except for URM students, who rated this aspect lower at 3.9 (compared to 4.1). This indicates that there may be room for improvement in how programs/departments demonstrate their commitment to DEI, especially among URM students. It is important to prioritize this area for future consideration and action, as enhancing graduate students' sense of belonging and DEI commitment can foster a more supportive, inclusive academic environment and improve overall well-being.

⁶ The MACHB also includes a question about sense of belonging to Mizzou in which about 53% of graduate student respondents indicated that they "agree" or "strongly agree" with feeling a sense of belonging at Mizzou. However, as a benchmark, we recommend using the GPSE indicators, as they include sense of belonging at the department and institutional level.

Figure 8: Sense of Belonging Among Graduate Subpopulations

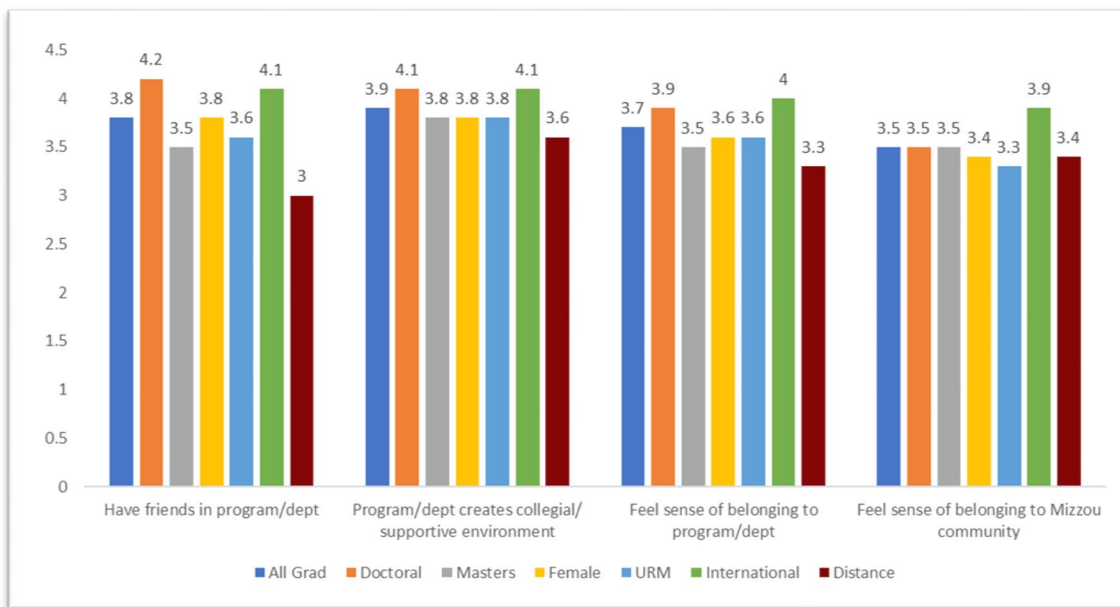
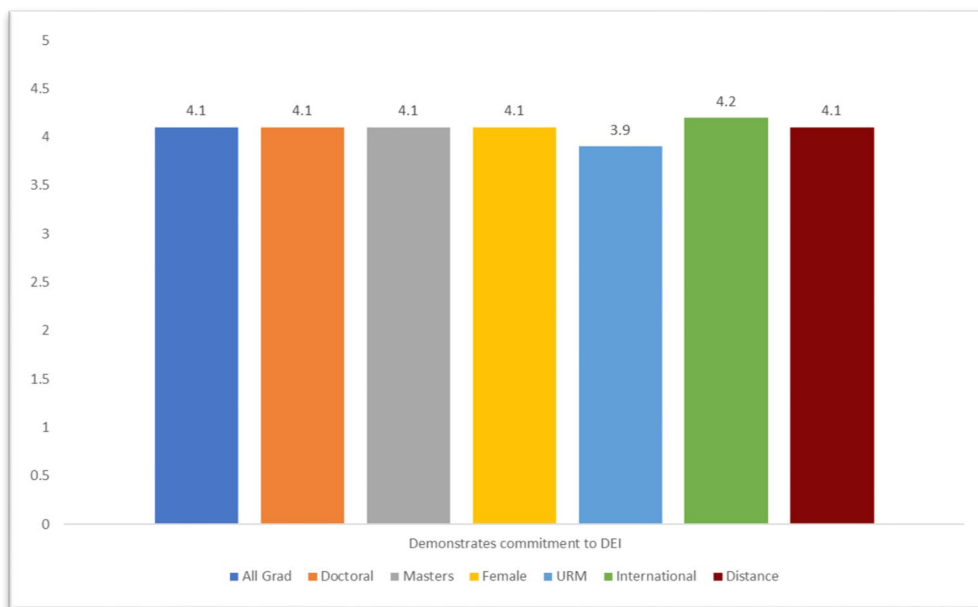


Figure 9: Program/Department Commitment to DEI Among Graduate Subpopulations



4.4.3 Food & Housing Security

The GPSE survey includes questions on food and housing security, similar to the undergraduate student experience survey. As shown in Table 3 (on the next page), 45.7% of respondents reported cutting back on expenses or important needs almost every month. About 20.9% indicated they eat less or choose less nutritious food options at least monthly due to financial constraints, with nearly half (49.7%) doing so at least once in the past year. Housing insecurity,

including difficulty paying rent, mortgage, or utilities; frequent moves; or living with others due to financial issues, affected 26.4% of respondents at least once in the past year. Additionally, 3.2% reported being unhoused at some point within the same timeframe. These findings are notable as graduate students are the largest user group of the Tiger Pantry, according to its user data.

Table 3: Food and Housing Security Among Graduate Subpopulations

| | Almost every month | Some months | 1 or 2 months | At least one month |
|--|--------------------|-------------|---------------|--------------------|
| Cut back on expenses or things that were important to you | 45.7% | 31.6% | 8.2% | 85.5% |
| Eat less or choose less nutritious options because you did not have enough money | 20.9% | 19.3% | 9.5% | 49.7% |
| Experienced housing insecurity | 7.4% | 10.9% | 8.1% | 26.4% |
| Been unhoused (sleeping in a homeless shelter, car, or structure not meant for habitation) | 1.4% | 0.7% | 1.1% | 3.2% |

The Task Force also examined the issue of food and housing insecurity for international students. As shown in Table 4 below, one-fourth (24.8%) of international graduate students indicated that they eat less nutritious food options monthly due to financial constraints, and more than half (64.5%) reported cutting back at least one month within the past year. This is nearly 15 percentage points higher than the average for the overall graduate student population (49.7%). International students also reported higher rates of housing insecurity, with 41.4% experiencing it at least once in the past year, and 7.1% reported being unhoused at some point within the same timeframe. These findings are particularly relevant as graduate students comprise the largest user group of the Tiger Pantry, according to their user data.

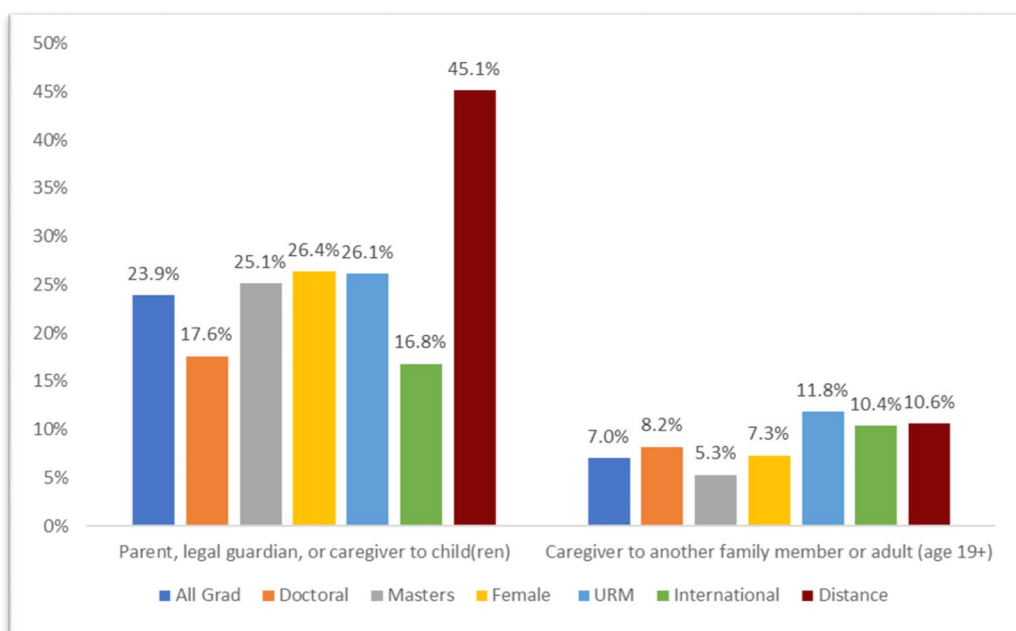
Table 4: Food and Housing Insecurity Among International Graduate Students

| | Almost every month | Some months | 1 or 2 months | At least one month |
|--|--------------------|-------------|---------------|--------------------|
| Cut back on expenses or things that were important to you | 46.5% | 31.7% | 7.4% | 85.6% |
| Eat less or choose less nutritious options because you did not have enough money | 24.8% | 26.6% | 13.1% | 64.5% |
| Experienced housing insecurity | 10.4% | 18.4% | 12.6% | 41.4% |
| Been unhoused (sleeping in a homeless shelter, car, or structure not meant for habitation) | 3.7% | 1.9% | 1.5% | 7.1% |

4.4.4 Dependent Care

As shown in Figure 10 below, approximately 23.9% of all graduate student respondents indicated that they are a parent, legal guardian, or caregiver of a child/children and 7.0% reported that they are a caregiver to another family member or adult (aged 19+ or older). Given that graduate students are more likely to be at a different life stage than undergraduate populations at Mizzou, it is also important to consider the caregiving responsibilities of graduate students when considering mental health and well-being.

Figure 10: Caregiving Responsibilities Among Graduate Subpopulations



4.5 Counseling Center Assessment of Psychological Symptoms (CCAPS)

The Counseling Center Assessment of Psychological Symptoms (CCAPS), developed by Penn State's Center for Collegiate Mental Health (CCMH), offers a comprehensive, affordable tool for assessing psychological symptoms in college counseling centers. It covers prior counseling experience, suicidal ideation, unwanted sexual contact, traumatic events, academic stress, and substance use. Used by over 700 counseling centers, including MU's, the CCAPS is administered to clients at their first, fourth, and final sessions, and at the end of each semester if in treatment.

While the Task Force did not analyze these data extensively due to time constraints, the CCAPS provides valuable benchmarks against other centers. However, it only reflects Counseling Center clients and not the general student population. Integrating some of its questions into broader campus surveys could offer insights into prevalence trends among graduate students.

5 Mental Health & Well-Being Resources at Mizzou

The University of Missouri offers a comprehensive network of care to support the mental health and well-being of its students. This network includes various resources and services designed to address a range of needs and concerns that students may face during their academic journey. Understanding and utilizing these resources is crucial for promoting a culture of well-being and ensuring that students receive the support they need to thrive.

5.1 [Student Health & Well-Being](#)

Student Health & Well-Being encompasses the MU Counseling Center, the Student Health Center, and the Wellness Resource Center.

5.1.1 MU Counseling Center

The MU Counseling Center provides a wide range of services to support the mental health and well-being of graduate students. Mental health appointments are available within 72 hours⁷, with same-day or next-day appointments typically available, with no additional cost to students, which are covered by student fees. Services also include 24/7 crisis support, brief individual and group therapy, and referral services. Currently, the center offers two group therapy options specifically for graduate students: one for general graduate student issues and another for international students. Efforts are made to ensure that participants in these groups do not know each other, providing a space where students can relate to others who understand their experiences. Referral services are available to connect students with other campus or community resources, such as emergency housing. Approximately 20% of MUCC clients are graduate students, highlighting the importance of these services for the graduate student community.

Graduate students who are in clinical training at the MU Counseling Center cannot receive counseling services at the MU Counseling Center due to potential ethics violations from dual relationships. However, they can seek clinical services at Psychological Services or Integrative Behavioral Health Clinic instead. This policy also applies to graduate students training at these alternative locations. The understanding is that dual roles at a single site constitute an ethics violation through dual relationships. Therefore, graduate students in clinical training may face a potential gap in access to mental health services but can seek help at the alternative locations

⁷ Students must be physically located within the state of Missouri to receive ongoing counseling services due to state licensure laws. Those within Missouri but outside Columbia can participate in telehealth services if deemed clinically appropriate. Students outside Missouri are eligible for crisis services via phone and can meet with a referral coordinator to help locate local counseling services. They can also participate in non-clinical outreach events and presentations offered remotely.

mentioned or access services provided through the Employee Assistance Program (EAP) due to their roles as employees through their graduate assistantships.

5.1.2 MU Student Health Center

The Student Health Center provides primary care services, mental health screenings, and psychiatric medication management, although students may not always consider it a resource for mental health needs. The center provides ongoing evidence-based screening for conditions such as depression, anxiety, social anxiety, and suicidality. Approximately 25% of students who receive a screening receive a mental health diagnosis. Additionally, the center is well-staffed with a full-time psychiatrist and psychiatric residents amounting to 3.7 FTE staff, a higher rate than in the general public, enabling quick access to psychiatric medication. Primary care providers, who prescribe the bulk of the mental health medications, are typically available on the same or the next day, while the wait may be longer for psychiatric services. All services provided by the Student Health Center are available to registered graduate students. Some services are covered by the health fee, which is paid by graduate students taking seven or more credit hours during the fall or spring semester (and four hours in the summer). Paying the health fee is optional for graduate students enrolled in fewer hours. Services not covered by the health fee are covered by many [health insurance](#) plans, including the [Anthem Student Advantage health insurance plan](#), which is required for all international students. Note that the Student Health Center often serves as the first stop for international students for their medical needs as they are new to the area and have not established care elsewhere.

Given that financial concerns often deter graduate students from seeking mental health assistance, the Task Force recommends clarifying the financial structure of seeking help at the Student Health Center to increase service access. This includes better promotion of the mental health screening and psychiatric services available, the accessibility of same-day appointments, and detailing which psychiatric services are covered by student health fees and the student health insurance plan.

5.1.3 Wellness Resources Center

The Wellness Resource Center provides one-to-one and group-based activities to help students understand how their choices and behaviors can support their life values and goals. They offer programming on various topics to help students develop skills and knowledge for well-being, including healthy relationships, mental health, nurturing my wellness (NMW), sexual health, suicide prevention, and much more. Programs are available [upon request](#).

Other one-on-one services include sexual health consultations, nicotine cessation, and [well-being coaching](#). Well-being coaches work with students to co-create plans to improve sleep or manage stress. This non-clinical service is offered in multiple sessions, with the initial session being 60 minutes and follow-ups being 25-30 minutes.

The Center also administers the [Brief Alcohol Screening and Intervention for College Students \(BASICS\)](#), which helps students understand their alcohol or cannabis use and reduce risky

behaviors and harmful consequences. Students may be referred to this service due to a conduct violation or medical follow-up through the MU Connect system.

Additionally, the Center provides a “recovery lounge,” offering students a place to study, find a brief escape, or connect with others who share their experiences. Furthermore, the Center trains peer educators, a group of students who work to bring holistic well-being to the Mizzou community.

While the Center primarily focuses on providing resources to an undergraduate audience, there are opportunities to enhance services specific to graduate students. A benefit of the Center is the opportunity to increase student engagement beyond traditional counseling services. The Center is currently undergoing renovations to improve user-friendliness.

5.2 [Disability Center](#)

The Disability Center facilitates the provision of accommodations to students and provides consultation to the university community. The center often registers students for mental health accommodations. To establish accommodations, students must complete a new student application and may need to provide documentation. The student then attends an Access Planning Meeting (APM) with an access advisor. Accommodations and supports may include classroom and exam, housing, parking, and transportation accommodations.

About 19% of students registered with the Disability Center are graduate or professional students, but awareness and full utilization among this population are somewhat unclear. Enhancing marketing efforts targeting both students and faculty/staff about this resource could potentially increase utilization among those who could benefit from accommodations within this demographic.

5.3 [Care Team](#)

The Care Team at the University of Missouri provides crucial support for students facing various challenges, offering one-on-one assistance, interventions, advocacy, referrals, and follow-up services. This support extends to addressing significant difficulties related to mental health, physical health, personal and family emergencies, financial issues, and other areas of concern. It's important to note that the Care Team does not provide counseling, therapy, or academic advising, nor does it offer emergency services. Students can access the Care Team's services by directly emailing or calling, and faculty or staff can refer students to the Care Team through an [online form](#) for non-immediate concerns. Currently, the Care Team comprises five employees, including a new Basic Needs coordinator, with plans to add a sixth employee in Fall 2024.

The Care Team also receives referrals from the Student At Risk Committee. This multi-disciplinary member committee meets regularly to coordinate responses to and assistance for MU students whose behavior is distressing, disruptive or potentially harmful, or whose situation is especially concerning, worrisome, or threatening.

Given the unique challenges encountered by graduate students, including those related to their academic and research pursuits, as well as specific life-stage issues (e.g., family transitions), the

Task Force believes it is crucial to establish a Care Team coordinator dedicated specifically to serving graduate students. The coordinator would provide personalized support, including advocacy; referrals; and follow-up services for mental health, physical health, personal and family emergencies, financial issues, and other concerns. Additionally, the coordinator would be knowledgeable and have available resources and support for life-stage-related issues, such as family transitions, childcare, adversity, trauma, and life-threatening behaviors.

Update: Following this project and with the increased capacity from adding a 6th employee in Fall 2024, the Care Team is considering updating their processes to ensure that one individual manages all graduate student cases, except for those involving "basic needs" (e.g., housing insecurity, food, clothing, medical insurance, and financial concerns), which will be handled by the Basic Needs Coordinator.

5.4 [Graduate School](#)

The Graduate School is committed to the holistic personal and professional development of graduate students through its GradEssentials framework, which emphasizes mental health and well-being as a core skill area. Collaborating with campus partners, the Graduate School develops programming and promotes existing opportunities. Recent initiatives include workshops with the MU Counseling Center on mindfulness during dissertation writing, graduate student resilience, and intersectional graduate student circles. Additionally, the Graduate School hosts a campus-wide new graduate student orientation in August, offering a valuable opportunity to inform incoming students about mental health and well-being resources.

The Graduate School serves as a crucial link to graduate student stakeholders, including the Graduate Faculty Senate, Associate Deans in the Schools and Colleges who oversee graduate education, Directors of Graduate Studies (DGS), and the Graduate Professional Council (GPC). Regular interactions with these groups allow for the dissemination of mental health and well-being resources and training. For example, the Graduate School organizes an annual orientation event for Directors of Graduate Studies in August and a DGS Summit in September, along with various network events throughout the year. The Graduate School has offered professional development sessions in the past focused on supporting graduate student mental health and well-being.

Furthermore, the Graduate School, in partnership with the Office of the Provost, facilitates training through the Center for the Improvement of Mentored Experiences in Research (CIMER), aimed at enhancing mentors' skills in engaging in productive, culturally responsive research mentoring relationships. Improving these relationships is essential for enhancing graduate student health and well-being. Additionally, the Graduate School often acts as a liaison for graduate students who are unable to resolve issues within their departments, such as problems with mentors, probation, or dismissal, effectively serving as an unofficial ombudsman service.

5.5 [Academic Department](#)

The academic department plays a crucial role in a graduate student's network of care due to its direct influence on the student's academic and professional development, as well as their

overall well-being. Faculty, Directors of Graduate Studies, and staff within the department often serve as advisors and mentors, providing guidance and support not only in academic matters but also in personal and professional growth. Departmental faculty and staff can offer valuable insight, resources, and referrals to support services, contributing significantly to a student's success and well-being. Additionally, the academic department is a key point of contact for accessing resources and navigating challenges, making it an integral part of the graduate student's support network.

5.6 [Student Veterans Resource & Support Center](#)

For graduate students who are veterans, the MU Veterans Center offers valuable resources and support. Staffed by two full-time MU employees and six VA work-study students, the center provides referrals to the Truman VA Medical Center, specialists in the University Student Health Center, the University Counseling Center, and the School of Medicine's Department of Neurology. Additionally, the center aids in the reintegration from the military to academia by coordinating with the other campus departments and organizations, such as the Student Success Center or the Mizzou Student Veterans Association, among others.

5.7 [Other Mental Health & Well-Being Resources](#)

5.7.1 [Mental Health Resources Hub](#)

The Mental Resources Hub serves as a centralized website that consolidates all available mental health and well-being services for students into one accessible location. It demonstrates a comprehensive network of care that includes campus and community partners, acknowledging the unique experiences of each student. Mizzou's holistic and integrated approach provides numerous opportunities for students to engage, develop skills, and access treatment options tailored to their needs, aiming to foster a culture of caring where students can thrive.

The Hub is organized into four main sections:

- Supporting Your Own Mental Health
- Counseling Center Services
- Student Health Center Services
- Resources for Supporting Others
- Other Health-Related Resources

While the Hub offers a comprehensive set of resources, the Task Force has identified areas for improving its support for graduate students. First, the Hub lacks resources that impact general well-being and address top concerns of graduate students, such as financial issues and academic stressors. The Hub could benefit by including additional campus resources, such as the Office of Financial Success and the Career Center, to help address these concerns before they escalate into mental health issues.

Second, while many resources are available to both undergraduate and graduate students, graduate students often struggle to identify which resources are specifically available to them. For example, the Counseling Center offers group therapy sessions specifically for graduate students, but this information is not easily discoverable. The Task Force recommends either adding a dedicated section to the Hub for graduate students or prominently highlighting resources tailored to them. This would ensure that graduate students can access relevant support without having to search extensively.

5.7.2 [Therapy Assistance Online \(TAO\)](#)

TAO is a collection of online tools accessible 24/7, offering a toolkit of evidence-based resources tailored to individual needs. Topics covered include stress, relationships, communication, anxiety, worry, sleep, depression, and substance use. To access TAO, students first register online and can then download the app from the Apple or Google store. Note that the app is free and available to students, faculty, and staff.

Preliminary statistics indicate there is low awareness of the app (15 to 17%). There is also low utilization at approximately 3%. In general, the TAO app could benefit from improved marketing around the app. However, the Task Force also recommends targeting efforts to graduate students through Graduate School communication channels (e.g., Graduate School website, newsletter, Directors of Graduate Studies) and possibly including content tailored specifically to graduate students.

5.7.3 [See Something. Say Something. Do Something.](#)

"See, Say, Do" is a training program offered by the MU Counseling Center for faculty and staff designed to help them recognize signs of mental and emotional distress, communicate compassionately to understand the individual's distress, and connect them to supportive resources. The training sessions are provided regularly and can be requested by departments and organizations. One limitation is that while participants are eager for the information, they may be reluctant to commit to a full 3-hour session. To address this, the content can be condensed into a one-hour training session if necessary.

6 Peer Institutions

The Task Force examined other peer institutions to gather insights, best practices, and potential strategies that could inform our recommendations. Peer institutions included Indiana University-Bloomington, SUNY-University at Buffalo, University of California-San Diego, University of Colorado at Boulder, University of Iowa, University of Kansas, University of Oregon, and University of Virginia. Additionally, we reached out to networks to gather information not represented on websites, and in some cases, we included data from aspirational institutions such as the University of Michigan's Rackham Graduate School.

First, the Task Force focused on how mental health and well-being were defined and presented at these institutions. Common labels included mental health, wellness, well-being, health promotion, empowerment, and self-help. While institutions varied some in their terminology, the language used coincided with a generally holistic approach that encompasses emotional, physical, and social health.



Generally, the Task Force identified three common types of approaches to mental health and well-being support:

- **Universal Support:** Examples include resource fairs, speaker series, apps and websites, mind-body labs, social events, brochures, blogs, and podcasts.
- **Targeted Support:** Examples include support groups, skills-based workshops, centers, and affinity groups.
- **Intervention:** Examples include counseling services, crisis lines/centers, ombuds offices, and case management services.

We found that all institutions provided counseling and support services, urgent care (24-hour hotlines), and wellness coaching to help graduate students manage stressors. Additionally, some institutions offered identity-related health and wellness services (e.g., for women, LGBTQ+, and minorities) and support groups specifically for graduate students. Notable practices included the University of Illinois' GRADLIFE blog, newsletter, and podcast; KU's Wellness Wednesday webinars; and the University of Iowa's "Fresh Check Day," which was a health resource fair on mental health. Several institutions also highlighted mental health and well-being resources and services on their graduate school websites.

The Task Force also identified areas that were lacking both at Mizzou and peer institutions. There was a general lack of focus on the unique life stage of graduate students, who are not just older undergraduates but often individuals with families and intersecting identities that affect their experiences. Additionally, there was a lack of clarity on how to best connect graduate students to information as both a resource and in crises. There was also insufficient guidance on how faculty and Directors of Graduate Studies can connect graduate students to necessary services. Finally, financial concerns (and visa status) and their impact on mental health and well-being were not adequately addressed.

The examination of peer institutions underscores the critical need for a comprehensive and nuanced approach to supporting the mental health and well-being of graduate students. By adopting best practices and addressing identified gaps, Mizzou can significantly enhance its support framework. Key strategies include offering a blend of universal, targeted, and intervention-based resources; ensuring clear communication channels; and tailoring support to the unique life stage and intersecting identities of graduate students. Additionally, addressing financial concerns and visa-related issues will further support the mental health of this diverse population.

7 Conclusion

The Task Force's analysis reveals a complex picture of mental health and well-being among Mizzou's graduate students. While stressors and support-seeking behaviors differ across subpopulations, several common themes emerge. Financial concerns, heavy workloads, and academic pressures significantly affect students' personal and academic lives. Mental health issues, including depression and anxiety, are notably prevalent, particularly among students with disabilities and those identifying as LGBTQAP. The increase in suicidal ideation highlights the urgent need for proactive mental health initiatives and suicide prevention strategies. Food and housing insecurity are also significant challenges, especially for international graduate students. These findings emphasize the need for targeted interventions, enhanced support services, and a comprehensive approach to promoting graduate student mental health and well-being.

The Task Force has identified a robust network of wellness resources for graduate students, including specialized support groups from the MU Counseling Center and comprehensive care from the Student Health Center. However, improvements are needed, such as clarifying the financial aspects of mental health services, enhancing marketing efforts to raise awareness, and further tailoring resources to the unique needs of graduate students.

Insights from peer institutions offer valuable best practices that can enhance mental health and well-being support at Mizzou. While Mizzou's support offerings align with those of peer institutions, there is room for improvement in providing tailored support, clarifying resource connections, and addressing financial and visa-related issues.

Based on these findings, the Task Force presents actionable recommendations for university leadership to consider. Addressing graduate students' mental health effectively requires a university-wide effort, involving students, faculty, and staff, to create a supportive environment that fosters understanding of mental health issues and encourages open dialogue.

7.1 Summary of Recommendations

7.1.1 Establish a Graduate Student Care Team Coordinator

The Task Force recommends that the University should prioritize creating a dedicated Care Team coordinator position to serve graduate students. This individual would be knowledgeable about the unique challenges and needs of graduate students and the resources available to address them. The coordinator would provide personalized support, including advocacy; referrals; and follow-up services for mental health, physical health, personal and family emergencies, financial issues, and other concerns. Additionally, the coordinator would be knowledgeable and have available resources and support for life-stage-related issues, such as family transitions, childcare, adversity, trauma, and life-threatening behaviors.

If the University is unable to establish this position or do so promptly, the Task Force recommends that one of the current Care Team Coordinators be trained specifically on graduate student needs and that all graduate student-related referrals be routed to this coordinator.

Update: Following this project and with the increased capacity from adding a 6th employee in Fall 2024, the Care Team is considering updating their processes to ensure that one individual manages all graduate student cases, except for those involving "basic needs" (e.g., housing insecurity, food, clothing, medical insurance, and financial concerns), which will be handled by the Basic Needs Coordinator.

7.1.2 Enhance Training for Faculty and Staff

To better support graduate students, we propose increasing and potentially mandating training for faculty and staff who interact closely with them.. This training should include information on graduate student needs and could be integrated into existing programs, such as Title IX training. Additionally, specialized training should be provided for Directors of Graduate Studies (DGSs) and department chairs. For example, the "See, Say, Do" training could be incorporated into key Graduate School events, such as the DGS Summit or DGS network events, as a one-hour session.

We recommend developing a comprehensive toolkit for faculty and staff, building on resources like the MU Counseling Center's existing toolkit. This toolkit could include sample syllabus statements and other timely resources. To ensure accessibility, the toolkit should be made available on the DGS resources webpage and the DGS Teams site.

Recognizing that not everyone will receive the necessary training or actively seek out resources, we suggest appointing a "Wellness Ambassador" within each school or college. These ambassadors would receive specialized training in mental health awareness, stress management, and available resources from the MU Counseling Center. They would act as points of contact for faculty, staff, and students, promoting central resources and programmatic offerings.

7.1.3 Enhance Strategic Communication Regarding Mental Health and Well-being Resources for Graduate Students

The Task Force recognizes that many existing resources for graduate students are underutilized due to a lack of awareness. To address this, we recommend enhancing strategic communication to raise awareness about services specifically designed for graduate students and clarify how these services differ from those for undergraduate students. Proposed strategies include:

- Expanding the Counseling Hub to include graduate-specific resources such as workshops, social events, affinity groups, and support for issues like food insecurity, housing, and financial well-being, to offer a comprehensive view of well-being.
- Increasing the visibility of mental health resources on the Graduate School website and during new graduate student orientations. We recommend consulting with the new strategic communications person (when hired) to optimize marketing strategies and better engage graduate students.
- Updating the Student Health & Well-Being Module within Canvas to ensure that the "Graduate Student Content" is current and relevant.

7.1.4 Establish an Ombudsperson for Graduate Students

As the report shows, academic concerns are one of the top stressors for graduate students. To address this, we recommend establishing an Ombudsperson specifically for graduate students to help prevent academic issues and conflicts from escalating into mental health challenges. Currently, many of these issues are directed to the Graduate School Dean or Associate Dean, roles that are part of the administrative structure and may have conflicting responsibilities that affect their ability to act as neutral parties.

An Ombudsperson would offer a confidential, impartial, and informal resource for graduate students to discuss their concerns and explore resolution options. This role would focus on addressing issues with faculty, advisors, or within academic programs, aiming to foster a positive learning environment and promote fairness and equity for graduate and professional students.

While creating a new position may be challenging, the Task Force suggests integrating these duties into the role of the existing faculty ombudsperson or another suitable position on campus. For example, a law faculty member with expertise in mediation could be a qualified candidate for these responsibilities.

7.1.5 Enhance Assessment of Graduate Student Mental Health and Well-being

To enhance the assessment of graduate student mental health and well-being and track progress over time, we recommend establishing annual benchmarks that offer a comprehensive overview of these aspects. This assessment should be analyzed in relation to factors such as race/ethnicity and life stage to understand how different groups experience graduate education and well-being. Additionally, tracking high-stress periods and patterns of resource utilization among graduate students will enable proactive outreach and support. The following data points are suggested for inclusion:

- **Prevalence Rates:** Data on mental health concerns across the entire graduate student population, including life-threatening behaviors such as self-injury, suicide planning, attempts, and completions.
- **Service Utilization:** Statistics on graduate student usage of key services like the Counseling Center, Disability Center, Care Team, and Office of Financial Success.
- **Well-being Indicators:** Metrics related to graduate student well-being, such as a sense of belonging or a graduate student well-being index.
- **Retention and Degree Completion Rates:** Data on retention rates and time-to-degree for both majority and traditionally underrepresented student groups

Additionally, we recommend administering an exit survey for graduate students who leave without completing their degree or who complete a different degree from their original program. Improving the collection of leave of absence (LOA) data is also suggested.

To facilitate this, the Task Force recommends that the assessment coordinator of the Graduate School collaborate with the assessment coordinator of Student Affairs and other campus offices to produce an annual report. This report should be released annually and shared with campus leadership in the Graduate School, Student Affairs, Student Health & Well-Being, and the Graduate Professional Council (GPC).

7.1.6 Enhance GradEssentials Programming

The Task Force recommends enhancing the GradEssentials program, the Graduate School's professional development framework, to better support graduate student mental health and well-being. While the framework already includes mental health components, a more focused approach is needed to integrate these aspects into overall student success. Proposed enhancements include:

- Collaborating with the MU Counseling Center to offer workshops on stress management and mindful dissertation and thesis writing.
- Partnering with the Office of Financial Success to provide financial wellness workshops.
- Coordinating with the MU Care Team to address basic needs and provide additional resources.
- Prioritizing events that support minoritized graduate student identities, such as intersectional graduate student circles within the Nurturing My Wellness Program. This should include focused events for international students, LGBTQ+ students, students of color, and parenting students.
- Engaging with the Graduate Professional Council (GPC) to raise awareness and promote events centered on graduate student mental health and well-being.

7.1.7 Establish a Graduate Student Mental Health & Well-Being Advisory Committee or Network

To enhance and sustain support for graduate student mental health and well-being, the Task Force recommends establishing a dedicated advisory committee or network. This group should meet at least once per semester to address key issues and oversee initiatives. It should include representatives from the Graduate School, graduate faculty, and students, as well as members from the Counseling Center, Disability Center, and Care Team. Including representation from professional programs could also be valuable.

This committee will be crucial for sharing information, implementing the Task Force's recommendations, and ensuring a comprehensive approach to student well-being. It will help raise awareness, provide feedback on current programs, and enhance initiatives.

Although this committee will function separately from the existing Student Health and Well-being Standing Committee, it is recommended to include at least one representative from the existing committee (e.g., a GPC representative or Graduate Student Care Team Coordinator) in the new network, or vice versa, to maintain continuity and collaboration.

8 Appendix

8.1 Task Force Membership

Co-Chaired by Graduate School and Counseling Center:

- Heather Hoffman, Assistant Dean, Graduate School
- Christine Even, Director, Counseling Center

Faculty / Administrators:

- Enid Schatz, Associate Dean, Graduate School
- Rachel Bailey, Assistant Clinical Professor, Social Work
- Christy Hutton, Assistant Teaching Professor, Educational, School, & Counseling Psychology
- Reginald Rogers, Associate Professor, Engineering
- Ashlie Lester, Associate Teaching Professor, Human Development & Family Sciences
- Jenna Strawhun, Assistant Clinical Professor, Psychological Sciences/Psychological Services Clinic
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Staff:

- Amy Adam, Student Services Coordinator, School of Information Science & Learning Technologies
- Sabra Mitchell, Student Services Coordinator, Disability Center
- Beth Lauchstaedt, Care Coordinator, Student Affairs
- Dana Schmidt, Assessment Coordinator, Graduate School
- Joan Masters, Project Director, Missouri Partners in Prevention, MU Counseling Services

Graduate Students:

- Elizabeth Taylor, Doctoral Student, Social Work
- Ashwin Dhakal, Doctoral Student, Computer Science; Director of Programming, Graduate Professional Council
- Maggie O'Brien, PhD Candidate, Education, School, and Counseling Psychology
- Jamie Trenary, Master's Student, Education, School, and Counseling Psychology

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