

# Report Acceptance Letter from Dean Mike Solomon

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September 18, 2020

In June 2019, the Rackham graduate school set up a task force on graduate student mental health. The charge of the task force was to identify major factors that influence graduate-student mental health, with a goal of identifying changes that Rackham, graduate programs, faculty mentors, and graduate students can make to better support graduate-student mental health. The task force was made up of faculty, staff, students, and mental health professionals.

In June 2020, the task force presented a report on its activities during the first year with a series of wide ranging recommendations. As part of the State of the Graduate School event, we have made this report publicly available.

On behalf of the Rackham community, I would like to thank all members of the task force, and all students, staff, and faculty who participated in town halls or who otherwise shared their views with the task force. The issue of mental health is something that we can only address in partnership with one another.

Rackham supported this task force as an important response to the observations of our Resolution Office and the advocacy of faculty and students. We recognized that graduate student mental health has direct and disparate consequences for the academic success of all graduate students, and it therefore needs continuous attention of the graduate school, graduate programs, and all who mentor and work with graduate students. Building on this foundation, we are committed to making the support and improvement of graduate student mental health a central issue of the work of the graduate school in the years ahead. We realize that with the ongoing pandemic, the continued need to address the racial injustices in our university and society, and the sustained impact of federal policies and proclamations on graduate students, particularly international and undocumented students, support for graduate student mental health is more needed than ever.

The thoughtful recommendations in the report offer a coordinated suite of impactful steps to move the Rackham community forward. Some of the recommendations fit with work the graduate school has already undertaken, or is in the process of

undertaking, and we see numerous intersections between this work and the work of the mental health task force in the year ahead. There are also new initiatives that can follow from the task force recommendations. Rackham is committed to moving forward with a coordinated series of initiatives, but with sequencing in time that reflects the capacity of our organization and our community as well as the need for some of the recommendations to build upon each other.

I am also very appreciative of the [resource for the Rackham community](#) that the task force has already produced, and has been communicated to students, faculty, and staff.

These are, in summary form, the 10 recommendations that the task force put forward. We refer to the report for full discussion of the recommendations.

1. Creation of a standing committee focused on graduate student mental health and wellness;
2. Amending Rackham Program Review to include questions about the mental health and wellness climate within graduate programs;
3. Creation of staff positions at Rackham to allow for centralization of efforts to better support graduate student mental health and well-being;
4. Creation of a resource map;
5. Creation of a Graduate Student Mental Health and Wellness Advocate Program;
6. Development of programs focused on preventing and addressing toxic program climates;
7. Use of an integrative approach to increasing access to long-term care;
8. Increasing awareness of existing resources for individual graduate students, and development of additional skill-building programs for individual graduate students;
9. Strongly encouraging graduate programs to require mentoring plans for all graduate students;
10. Changes to leave policies, including the creation of a shorter term (4-6 week) leave option.

## **New Initiatives**

As it recommends, the graduate school will work with the mental health task force to create a standing committee on graduate student mental health ([recommendation 1](#)). This committee should be in place by the beginning of the 2021-22 academic year, and take over when the task force completes its work. We

look forward to further recommendations from the task force about the membership and charge of this committee.

We commit to the creation of a program of graduate student mental health and wellness advocates who will have knowledge and tools to assist programs and operate in a space that connects academic expertise to the work of mental health professionals ([recommendation 5](#)). As we progress in this direction, I see a need to build this program through the identification and development of resources and the piloting of training and educational opportunities. These steps will ensure its successful execution. It will also be necessary to include ways of assessing its effectiveness. In addition, this program needs to be clearly embedded in the work of the standing committee, to make sure that the advocates have access to current tools and scholarship that are necessary to support graduate students. We welcome further conceptualization of such a program by the task force so that by the beginning of the next academic year the standing committee can further develop and oversee a pilot program with a small number of individuals.

We see strong potential for the need of a resource map to help students navigate the ever changing amount of resources available at this university ([recommendation 4](#)); we also realize that a resource map needs continuous curating and updating. Creating a resource map is only a first step. We look forward to working with the task force to see how we can make this an available resource for the longer term. This will include making such a resource map part of the work of the standing committee. We see a connection between this resource map and [recommendation 8](#) of the report, because the resource map should also include resources for individual graduate students.

We think that in order to help the work of the standing committee on graduate mental health, it will be necessary to add some questions in the next cycle of program review that will give us insight into the mental health and wellness climate of programs ([recommendation 2](#)). We will work with our Rackham Program Review team to take this step.

We are committed to recommendations [3](#), [7](#), and [10](#) of the report, but, and as also acknowledged in the report itself, current restrictions on our capacity preclude immediate follow up on these recommendations. Specifically, we commit to continue to work with our campus partners, in particular CAPS, to advocate for the particular mental health needs of graduate students.

## Ongoing Initiatives

Through Rackham Program Review and the work of the MORE committee, Rackham has been working with programs to provide students with the advising and mentoring support necessary for them to achieve their educational goals. The role of mentoring in graduate student mental health cannot be denied. Setting clear expectations and communication lines are key to a healthy mentoring relationship, and the role written mentor agreements can play in creating such a healthy relationship ([recommendation 9](#)) is clearly documented. A question about the use of mentoring agreements has been part of the survey of current students that is part of Rackham Program Review, and the MORE committee offers workshops for mentor/mentee dyads. Moving forward, Rackham will work with programs and the MORE committee to create a normative expectation for the presence of written mentoring plans in all doctoral programs.

The report identifies graduate student sense of belonging as well as program culture and climate as central factors in promoting graduate student mental health. We have recently begun to create and adapt existing programming for graduate faculty to make them aware of their central role in creating a positive program climate (recommendation 6). This programming will be piloted in the course of the fall semester for select groups of Rackham faculty. This programming will build on the work of many faculty, staff, and students who are already working to create a positive climate in Rackham's graduate programs.

Moreover, the [strategic vision](#) of the graduate school has given prominence to work to reimaging graduate education, which could address two of the promising ideas mentioned later in the report (nos. 1 and 2). For example, a number of programs have begun thinking about the sequencing of their milestone exams, including breaking them up in smaller units. We will follow up with these programs and assess the effectiveness of such programs not only for academic progress, but also graduate student mental health and wellness.

My colleagues and I look forward to working with the task force in the next year to implement these recommendations which will have positive benefits for the Rackham community. Thank you again for the generation of the report, and the application of your knowledge and expertise to this critical challenge for the Rackham Graduate School.

Michael J. Solomon  
Dean, Rackham Graduate School

# Recommendations of the Rackham Graduate School Task Force on Graduate Student Mental Health

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To: Associate Dean Arthur Verhoogt, Rackham Graduate School

May 2020

## Section I. Executive Summary

There is an urgent need to understand the factors influencing graduate student mental health, and to identify changes that would better support graduate student mental health and wellness. One recent study found the prevalence of common mental health conditions was over twice as high as in a comparable segment of the general population (Levecque et al. 2017 *Research Policy*), and University of Michigan doctoral students report significant declines in mental health and wellness during their doctoral programs (Michigan Doctoral Experience Study, unpublished data). Moreover, students report that their mental and emotional health impact their academic progress (Eisenberg et al. 2007, *Am. J. Orthopsychiatry*), and that mental health difficulties can have a substantial negative impact on their doctoral experience, leading to increased thoughts of leaving their graduate programs (Michigan Doctoral Experience Study, unpublished data).

In response to this need, in spring 2019, Dean Mike Solomon convened a task force focused on graduate student mental health. This task force included faculty, graduate students, mental health professionals, and other staff who work closely with graduate students. The task force was solutions-focused, charged with identifying and implementing specific changes that could be made to better support graduate student mental health. During the 2019-2020 academic year, the task force worked to identify the major factors influencing graduate student mental health and wellness, and to identify specific changes to recommend. As part of this process, the task force gathered feedback from across campus, reviewed published studies, and engaged with individuals at other institutions who are also focused on graduate student mental health. Based on this process, we have identified ten specific recommendations, listed briefly in this section and in more detail in Section V below. Based on evidence from the social sciences about how to most effectively enact change, our goal was to identify a relatively small number of recommendations that would have a disproportionately large impact (Grenny et al. 2013 *Influencer*).

In addition to providing these specific recommendations, the task force calls on the Rackham Graduate School and individual graduate programs to prioritize graduate student mental health and well-being alongside academic success. Well-being and academic performance are interdependent and dynamic; prioritizing student well-being is not at odds with academic success, but, rather, supports it. We also call on Rackham and graduate programs to reduce observed inequities experienced by marginalized groups.

Rackham states that part of its mission is “to advance excellence in graduate education, to cultivate a vibrant and diverse student community, and to impact the public good through the scholarship and discoveries of its students and degree recipients.” Supporting graduate student mental health and well-being is strongly aligned with this mission: it will promote academic performance and scholarship, and support a vibrant and diverse student body.

In order to achieve these goals, we recommend:

1. Creation of a standing committee focused on graduate student mental health and wellness, similar to Rackham’s Faculty Committee on Mentoring (MORE)
2. Amending Rackham Program Review to include questions about the mental health and wellness climate within graduate programs, and to make mental health and wellness climate the focus of the Program Review cycle beginning in 2024
3. Creation of staff positions at Rackham that would allow for centralization of efforts to better support graduate student mental health and well-being
4. Creation of a resource map that helps connect graduate students, faculty, and staff with the many resources available at Michigan
5. Creation of a Graduate Student Mental Health and Wellness Advocate Program; these allies would be existing members of departments (students, faculty, and/or staff) who would receive training, support, and resources that would help them connect graduate students and mentors with existing campus resources and as they enact changes within graduate programs
6. Development of programs focused on preventing and addressing toxic cultures, drawing on existing resources that help people deal with corrosive connections
7. Use of an integrative approach to increasing access to long-term care, via a combination of increasing the number of CAPS embedded counselors, increased access to wellness professionals, other professional supports, and peer mentoring, and increased access to tele-therapy
8. Increasing awareness of existing resources for individual graduate students, and development of additional skill-building programs for individual graduate students; while we emphasize that changes at the Rackham- and graduate-

program levels are essential, there is also a need for resources that individual graduate students can use to attend to their mental health and well-being

9. Strongly encouraging graduate programs to require mentoring plans for all graduate students that are updated at least annually, and development of resources that can be used at existing mentoring workshops that focus on the intersection of mentoring and mental health
10. Changes to leave policies, including the creation of a shorter term (four to six week) leave option

In making these recommendations, we emphasize that this work represents both a challenge and an opportunity. At present, there is strong evidence that many graduate students experience mental health challenges, and that this impacts their academic success in graduate school. However, there is substantially less evidence regarding the impacts of specific interventions. Thus, there is a real opportunity to develop scholarship in this area, which would further strengthen the University of Michigan's position as a leader in graduate education. There is also a need to do this work with a DEI lens, to ensure that changes do not exacerbate existing inequities but, rather, reduce them.

Many of these changes will require substantial effort—and some will require substantial funding at a time when budgets are particularly stressed. However, these changes are essential to support Rackham's student-centered mission. We also note that some of these recommendations (e.g., amending Rackham Program Review, strongly encouraging programs to require mentoring plans) are likely to have a large impact while requiring little money.

Better supporting graduate student mental health and well-being is the right thing to do, and also promotes academic success as well as the long-term health of our students. Supporting graduate student mental health and wellness is an essential component of Rackham's mission to advance excellence in graduate education, to cultivate a vibrant and diverse student community, and to impact the public good through scholarship.

## Section II. Overview

### 1. Introduction

Half of all graduate students experience psychological distress (Levecque et al. 2017 *Research Policy*), and about one quarter of University of Michigan graduate students report significant symptoms of a mental health problem such as major depression, severe anxiety, disordered eating, or suicidal thoughts (Healthy Minds Study, unpublished data). Rackham Graduate School data shows that student mental health declines significantly during graduate school (Michigan Doctoral Experience Study, unpublished data), and there is widespread evidence that the number of students experiencing mental health symptoms, and who have mental health diagnoses, has increased significantly over the past decade (Lipson et al 2018 *Psychiatric Services*).

Importantly, data from the Michigan Doctoral Experience Study, the Healthy Minds Study, and many other studies shows that women, underrepresented minorities, and students from other marginalized groups are more likely to experience greater mental health burdens, and that there can be important intersections between these identities. For example, the Michigan Doctoral Experience Study of Rackham graduate students found that women report substantially greater stress and significantly lower self-rated mental health as compared to men; notably women in underrepresented minorities had the greatest stress and lowest self-rated mental health (MDES, unpublished data).

Mental health challenges impact productivity: four in ten graduate students reported that mental or emotional health affected their academic performance in the previous four weeks (Eisenberg et al. 2007, *Am. J. Orthopsychiatry*). Given this, it is not surprising that one of the key recommendations of the National Academies of Science, Engineering, and Medicine's report on graduate student STEM education for the 21st Century related to better supporting graduate student mental health. Addressing mental health challenges in graduate school also facilitates the long-term health and success of these students, providing a solid foundation for their future careers and lives.

In short, there is a clear need—and opportunity—to better support graduate student mental health.

### 2. The Task Force's Call to Rackham Graduate School and Individual Graduate Programs

The Rackham Graduate Student Mental Health Task Force calls on the Rackham Graduate School and individual graduate programs to expand from the current focus on graduate student persistence and graduation to a more holistic wellness approach that emphasizes that attaining a graduate degree should not come at the



expense of health and well-being. More specifically, the task force calls on the Rackham Graduate School and individual graduate programs to prioritize graduate student mental health and well-being alongside academic success. In doing so, we hope faculty, students, and staff recognize that well-being and academic performance are interdependent and dynamic.

Achieving these goals will require measuring the mental health and well-being of students, measuring the mental health and well-being climates experienced by students during their time in graduate school, and sharing this information broadly. We call on the Rackham Graduate School to reward departments and graduate programs that make systemic and/or policy changes that measurably increase mental health and wellness climate within graduate programs over the next five years. We also call on Rackham to continue to analyze data from the Michigan Doctoral Experience Study in ways that allow for assessment of whether existing inequities associated with gender and underrepresented student status are reduced.

Strong mental health promotes academic performance and scholarship, and also supports a vibrant and diverse student body. Thus, working to improve graduate student mental health clearly aligns with Rackham Graduate School's stated mission "to advance excellence in graduate education, to cultivate a vibrant and diverse student community, and to impact the public good through the scholarship and discoveries of its students and degree recipients." We emphasize that fully achieving this mission requires work that acknowledges and reduces existing inequities that impact the mental health of students from marginalized groups.

### **3. Overview of Task Force Work During the 2019-2020 Academic Year**

The task force spent the 2019-2020 academic year identifying the major factors influencing graduate student mental health; gathering feedback from graduate students, faculty, and staff at town halls, coffee hours, and in smaller meetings around campus; reviewing studies that have analyzed graduate student mental health and the factors influencing it; and engaging in conversations with individuals at other institutions who are also working to better support graduate student mental health. Our goal was to identify specific changes that would improve graduate student mental health and well-being. In doing this work, our aim was to identify a relatively small number of changes—social science research shows that the most effective way to drive institutional change is to identify a handful of changes that will have a disproportionately large impact, and to focus on doing those well (Grenny et al. 2013 *Influencer*).

A challenge we grappled with in our work is whether to focus on addressing worst case scenarios (e.g., students experiencing the most severe challenges) vs. trying to improve things for most or all students. In doing so, we were guided by public health

perspectives, including a recognition that interventions aimed at improving conditions for the entire population can end up increasing inequities (Frohlich & Potvin 2008 *American Journal of Public Health*). Our recommendations include some interventions aimed at supporting populations at particular risk, but also include those aimed at improving conditions for graduate students as a whole. We emphasize that it will be especially important to monitor the effects of these interventions on different groups, to ensure that inequities are not inadvertently exacerbated by changes that are made.

In doing our work, we were also guided by the principle to first do no harm. Sometimes, interventions that are carried out with good intentions and that seem likely to help end up making things worse (e.g., Rose et al. 2002 *Cochrane Database of Systematic Reviews*). For this reason, to the extent possible, we sought to identify interventions that are evidence-based. However, the relative scarcity of work on graduate student mental health (and particularly on interventions that improve graduate student mental health) meant that the evidence base was not always as robust as we wished. This is another reason why it is essential to monitor the impact of the recommendations as they are adopted. It is also an opportunity: we have a chance to build scholarship that will not only help programs at Michigan as they seek to better support mental health, but that can also guide efforts nationally.

In our work, we focused especially on the experiences and needs of students in doctoral programs. Many of the changes we identify below would also support students in master's programs as well as postdoctoral scholars at the university. However, master's students and postdoctoral scholars also each have unique needs that will not be addressed by the recommendations of our task force. We recommend future work that focuses on the needs of these specific groups.

#### **4. Changes Due to COVID-19**

It is important to acknowledge that, when we carried out much of this work, we did not envision that these recommendations would be shared during a global pandemic, when campus would be largely closed and when the future would feel so uncertain. We anticipate that the lives and work of graduate students, staff, and faculty will continue to be substantially impacted by the pandemic at least for the 2020-2021 academic year. We also recognize the significant financial stresses the pandemic places on the university.

As a result of the ongoing pandemic, student mental health is even more stressed and important to address (United Nations Policy Brief on COVID-19). Fortunately, Rackham and the task force are well-positioned to take actions in both the short- and long-term. In particular, we emphasize a need to take immediate actions to ensure all graduate students have access to mental health resources. The task force

will also work during the 2020-2021 academic year to develop several institutional efforts that can be implemented beginning in 2021.

Finally, we recognize that some recommendations that would require substantial financial investment might not be feasible in the short term, given the current budget climate; we include an ideal timeline for recommendations below, but recognize that some recommendations might take longer to implement, given the current budget situation.

### **Section III: Summary of Key Factors Influencing Graduate Student Mental Health at Michigan**

During our conversations with graduate students, faculty, mental health professionals, and other staff who work closely with graduate students, we focused on identifying key factors influencing graduate student mental health, with a particular focus on factors that could be modified by changes at the Rackham Graduate School, in graduate programs, or by individual graduate students, faculty, and staff. We identified several major themes, summarized below. A more [complete summary of factors influencing graduate student mental health](#) is available on Meghan Duffy's blog.

#### **Access to Care and Other Resources**

This included people being unaware of what resources are available or which resource is appropriate; a lack of access to counselors who can provide long-term treatment, who accept GradCare, and who are near campus; affording the copay for mental health care; a lack of clarity regarding policies related to a leave of absence, a lack of communication with students who are taking a leave, and a need for shorter term leave options; a need for access to care when off campus for field work or other extended work-related travel; and a need for support for students who previously have not had sufficient healthcare, or whose prior experience with healthcare was in a very different context.

#### **1. Mentoring and navigating the mentoring relationship**

Mentoring relationships can strongly influence graduate student mental health. Both faculty and students want more training for advisors related to graduate student mental health. Faculty should not attempt to provide mental health care to their advisees, but there are still many opportunities for them to help support students, including by having supportive conversations and helping students access existing resources on campus. However, at present, many faculty feel unsure of how to reach out to a student they have concerns about, who they can receive support from if they have a concern, and about how to accommodate student mental health concerns. One thing students emphasized was that they want advisors to receive more training in how mentoring can influence student mental health. There is also a need for training for graduate students and mentors in how to have difficult

conversations.

## **2. Programmatic requirements, expectations, and culture**

A variety of influences related to program requirements and expectations emerged, including: whether there was flexibility in definitions of success and different paths to successful degree completion; whether graduate programs are designed with students with mental health conditions in mind, including whether departments have formal mechanisms to support these students; and whether departments truly support students taking time each week for activities outside their graduate studies.

The culture in a graduate program also has a major impact, including whether students experience a culture of chronic overwork, expected perfection, discrimination, and/or hostile work environments (especially for students from marginalized groups). In addition, the degree to which there are department structures that reduce isolation and promote a sense of community, as well as whether there is true support at the department level for students who are interested in non-academic careers, can strongly influence graduate student mental health. Finally, there is a clear desire for people within departments and graduate programs who are identified as being comfortable discussing student mental health, who have access to the training, resources, and supports needed to do this work, and who receive formal recognition for this often-hidden labor.

## **3. Training and resources for individual students**

While we emphasize the need for structural and cultural changes at the levels of graduate programs and Rackham Graduate School, students also are seeking resources that will allow them to work individually to better support their mental health. For example, some students noted that they have greater access to health insurance and mental health services in graduate school than they did previously, but did not initially realize that they would benefit from using those services, and were not aware of options for addressing mental health concerns.

## **4. Additional themes**

Many students experience perfectionism (CAPS College Student Mental Health Survey Phase V Report) and imposter syndrome (Jaremka et al. 2020 *Perspectives on Psychological Science*), which can strongly influence mental health and well-being. Finally, sometimes seemingly small barriers can end up being a large barrier to self-care and mental health—as one example, a lack of towel service at the campus recreation center can present a barrier to students exercising; there is very strong evidence that exercise improves mental health (Sharma et al. 2006 *Prim. Care Companion J. Clin. Psychiatry*).

## Section IV: Graduate Student Diversity

Students in Rackham Graduate School come from a variety of backgrounds and hold a diversity of identities. This is a major strength of Rackham and the University of Michigan. In working to better support graduate student mental health and well-being, it is important to recognize that different students will be differentially impacted by the factors in Section III, and by the recommendations laid out in Sections V as well as the possible future interventions contained in Section VI. In doing this work, we explicitly considered different groups of students, including but not limited to students of color, first-generation students, students with children or other dependents, international students, undocumented students, LGBTQ+ students, students with disabilities, students from underrepresented religious backgrounds, students from low socioeconomic status backgrounds, veterans, survivors of trauma, and students in recovery. As Rackham and graduate programs work on implementing these changes, we emphasize a need to repeatedly consider how students from different groups will be impacted by a potential change, and to work to reduce observed inequities in mental health.

## Section V: Recommendations of the Task Force

In this section, we lay out ten specific recommendations of the task force. *Recommendations that seem likely to have the biggest impact appear first.* We strongly encourage Rackham to adopt all of these recommendations, but, if some need to be implemented before others, we encourage prioritizing those that seem likely to be most impactful. For those that are costlier, a fundraising campaign around graduate student mental health might help offset costs, and also would likely engage a different set of donors.

### Key for Costs

- negligible = < 1,000
- \$ = 1,000 to 10,000
- \$\$ = 10,000 to 100,000
- \$\$\$ = >100,000

## 1. Graduate student mental health and well-being standing committee

### *Rationale*

The work being done by the Mental Health Task Force is important, but will not be sufficient to meet the goals of long-term improvements in graduate student mental health and well-being. In addition, many of the interventions called for below will require support beyond what Rackham staff can provide. As just one example, an increased emphasis on mental health climate in Rackham Program Review will mean programs work to address climate prior to review and in response to issues surfaced during review. These programs would benefit from being able to work with

committee members who can provide a series of options that have worked in other programs and tailor them to that program's needs. This committee could also help with emergent needs and opportunities, as well as aligned efforts by other groups. As an example of the latter, this year, members of the task force helped Rackham's Inclusive Spaces Subcommittee as they worked to design a space that helps students de-stress and supports mental health needs of Rackham students.

### ***Specific Recommendation***

Creation of a standing committee, similar to Rackham's Faculty Committee on Mentoring, MORE, that maintains a clear focus on graduate student mental health and well-being. This committee should have a similar diversity of perspectives as on the current task force (including a mixture of students, staff, and faculty). The chair of this committee should sit on the Student Life Health and Wellness Collective Impact Core Team, to facilitate integration of Rackham's work on graduate student mental health with related work going on across campus.

### ***Timeline***

This committee should begin its work as soon as the task force completes its work.

### ***Who***

Associate Dean Verhoogt and Professor Duffy, in consultation with the other members of the task force and others at Rackham.

### ***Costs***

\$\$; stipends and professional development funds for task force members; additional costs will be associated with supporting the program (e.g., time invested by a Rackham staff member).

## **2. Rackham Program Review**

### ***Rationale***

The environment within graduate programs has a major influence on graduate student mental health, and changes aimed at individual students will have limited impact if they are not accompanied by meaningful support within graduate programs. Moreover, we are calling for measurable improvements in mental health and wellness climate at the program level, and for reducing observed disparities.

Rackham Program Review is well-suited to these tasks of measuring and reporting. Rackham's Program Review process is a key avenue through which Rackham defines and encourages excellence. It provides an ideal opportunity for Rackham to define excellence as prioritizing mental health alongside academic success. Given the national attention on graduate student mental health, incorporating mental health in the program review process provides Rackham a unique opportunity to serve as a national leader.

### ***Specific Recommendations***

1. Beginning in 2024, include one to four questions asking about the mental health and wellness climate in programs; these should be added to the Current Student Survey.
2. Make mental health and wellness climate the focus of the Program Review cycle beginning in 2024, to encourage self-reflection and action by the programs. This should involve adding a question for discussion with faculty leadership of graduate programs that asks about efforts they are making to address mental health and wellness climate in their program.

We emphasize that, for both of these specific recommendations, the focus should not be on whether students experience symptoms associated with mental health, but rather about whether the climate in their program supports mental health and well-being. One reason for this focus is to reduce the risk of unintentionally creating an incentive for programs not to admit students who disclose mental health conditions.

Both before and after Program Review, the mental health and wellness standing committee (recommendation 1 above) will support graduate programs as they work to define excellence in a way that incorporates graduate student well-being. This will include providing programs with materials regarding best practices and support for changes within programs. It will also include helping programs recognize how addressing the mental health and wellness climate meets their program goals (including student recruitment and successful degree completion) and aligns with program values. During this process, committee members who are assisting departments as they prepare for program review should remind departments to consider the impact of potential changes along a variety of axes of diversity, as discussed in section IV.

### ***Timeline***

During the 2020-2021 academic year, task force members will work with Rackham staff to identify questions that will be added to Program Review, and to prepare materials for alerting and supporting programs that will undergo Program Review in AY 2024-2025.

### ***Who***

Task force members, Ida Faye Webster, and other Rackham staff who work on Program Review.

### ***Costs***

Negligible; no financial costs directly associated with this recommendation. This will require some additional time from Rackham staff who work on Program Review,

and care will need to be taken to ensure that Program Review does not get overly long and burdensome.

### **3. Rackham Staff Positions**

#### ***Rationale***

Centralizing efforts aimed at better supporting graduate student mental health and wellness would benefit greatly from having staff at Rackham for whom this was their primary responsibility. Michigan Medicine recently recognized the importance of such a position, appointing a Chief Wellness Officer who heads their new Wellness Office.

#### **There Are Several Related Needs**

First, at present, the large number of resources available on campus presents challenges with identifying which is most appropriate. In addition, graduate students often need to connect with community-based mental health providers and other off campus resources, but a common theme was that the transition is not smooth for many students. Students facing mental health challenges also sometimes struggle to navigate policies at the program- and Rackham-levels.

Second, there is a need for a central person who can collect information indicating areas that need attention and issues as they surface. The College of Engineering has had success with a model where there is a central person who collects information from a variety of (non-confidential) sources, which can help identify and address issues relatively early.

Third, at highly decentralized Michigan, there is a need for coordination of programs and initiatives occurring at multiple levels and run by multiple offices, all aimed at supporting graduate student mental health and wellness. This coordination would also help related efforts learn from and better support one another, and would hopefully reduce unnecessary duplication of efforts.

Fourth, research indicates that graduate student mental health is likely to be a large, growing, and rapidly evolving challenge deeply impacting the core mission and outcomes of Rackham Graduate School, affecting everything from student academic success to alumni giving. Innovative, prepared, visible leadership that is in place for the long-term and positioned to connect across units and departments will be key to Rackham's success addressing the challenge.

Fifth, supporting a vibrant and diverse Rackham student body requires tracking mental health and mental health climate for different groups of students over time, and developing and championing efforts to reduce inequities. This requires having someone in a leadership position who is focused on collecting data and developing initiatives that support the mental health and well-being of students from



marginalized groups, including students of color (Equity in Mental Health Framework, 2017).

### ***Specific Recommendations***

1. Creation of a 50% Case Manager position. This person would help students connect with resources on and off campus, would maintain the mental health resource map (see below), and would be a central person who can collect information about possible areas that need attention.
2. Creation of a 50% Assistant Dean position focused on graduate student mental health and well-being. This person would coordinate programs and initiatives for all programs under the Rackham umbrella. This person would also be responsible for monitoring inequities associated with marginalized groups (using data from the Healthy Minds Study and Michigan Doctoral Experience Study), working in partnership with Assistant Dean Brammer and the graduate student mental health and wellness committee.

### ***Timeline***

Requires identifying funding; target date: have positions in place for fall 2021.

### ***Who***

If funding for the positions is identified and approved, task force members will work with Associate Dean Verhoogt and others at Rackham to develop the positions

### ***Costs***

\$\$\$; salary + benefits for each of the half-time positions.

## **4. Resource Map**

### ***Rationale***

A dominant theme of feedback the task force received is that, while Michigan is resource-rich, many people do not know about resources that are available, especially beyond CAPS. Additionally, people do not know which resource is most appropriate in a given situation. One reason this is a problem is sometimes students end up being sent to a series of resources before finding one that can help; this can lead to a student never connecting with the correct resource.

### ***Specific Recommendation***

Development and maintenance of a resource map that remains up to date and accessible. However, we note that a resource map, on its own, might be of limited use; groups that have attempted something similar in the past emphasized that a person who can help students navigate the resources is invaluable. This is one reason for our recommendation for a Rackham staff position above.

### ***Timeline***

Other groups are also working to develop a resource map and/or are interested in partnering on one; we are working with those groups on the development and maintenance of a resource map, but substantial work on this still needs to be done in order to ensure a map that is as widely useful as possible. Our aim is to have a map available by winter 2021.

### ***Who***

Task force members, jointly with other groups at Rackham and across campus who are working on similar projects.

### ***Costs***

\$; some costs associated with developing it, thereafter direct costs will be negligible, but someone will need to check the resource periodically to make sure it is up to date, links are functional, etc.

## **5. Graduate Student Mental Health and Wellness Advocate Program**

### ***Rationale***

It would be beneficial for there to be people within graduate programs who can serve as a resource to whom people in the program can turn, helping connect people to resources. These allies would also be tasked with working to improve the department climate around mental health and wellness. This would formalize service work that some people are already doing, and would provide these people with training and support. Importantly, these people would *not* fill the role of a counselor; rather, they would help connect people with existing resources across campus, as well as develop initiatives and help facilitate changes within the graduate program. This would differ from existing programs related to mental health and wellness in that the allies would be members of the departments (students, faculty, and/or staff) who receive additional training, support, and resources so that they can provide a bridge between the department and existing campus resources, and also work to promote change within the department.

### ***Specific Recommendation***

Development of a Graduate Student Mental Health and Wellness Advocate Program, modeled on the Faculty Allies for Diversity Program; it is possible that this should be nested within the Faculty Allies for Diversity Program, as a new track of that existing program. We suggest having two versions: a more pared down version (just advocates within the department) and a scaled up version (advocates plus funding for initiatives within the department). For the latter, programs would need to submit a proposal describing how funding would be used to improve the department climate around mental health and wellness. It is important that there be at least two allies, most likely one faculty and one staff member, that someone in

a particular program can turn to. One model might require a certain number of advocates for a given number of students, to take into account the large variation in graduate program sizes across campus.

### ***Timeline***

Members of the task force will develop this program in AY2020-2021. We will advertise this program and recruit the initial allies during AY2021-2022, with a goal of expanding during AY2022-2023. Development of this program should include developing a plan for assessing the impact of the program.

### ***Who***

Task force members, in consultation with Associate Dean Verhoogt and staff at Rackham who run the Faculty Allies program.

### ***Costs***

\$\$-\$\$\$\$, depending on specifics of how program is developed; costs will be lower if it is a sub-theme within the existing Faculty Allies program. This will also have an additional cost at the department level, in terms of creating an additional service role that needs to be filled; however, we note that this is most likely formalizing service that is currently largely invisible, and that is often done by women and people of color.

## **6. Preventing and addressing toxic cultures**

### ***Rationale***

The culture within a graduate program can have a large impact on graduate student mental health, as can the mentor-mentee relationship. Unfortunately, in some cases these cultures and/or relationships are toxic, which can cause significant harm to individual graduate students.

Knowledge from the business world points to ways to help people deal with corrosive connections. Unfortunately, a commonality to the business world and academia is that sometimes connections are toxic, and the difficulties of dealing with these corrosive connections can be compounded by power imbalances and other aspects of the workplace or program organizational structure. Fortunately, there is scholarship on how to create organizations in which toxicity is not tolerated, and for helping individuals deal with corrosive connections, including strategies for buffering and strengthening oneself and for transforming the connection via a process known as respectful negotiation (Dutton 2003 *Energize Your Workplace*).

In addition, there are existing programs, such as Crucial Conversations, that help people develop communication skills. Such communication skills are often essential components of changing cultures within companies (Grenny et al. 2013 *Influencer*). At Michigan, the Ross School of Business already hosts workshops on negotiating

with advisors. Programs such as these could be implemented (perhaps with some tailoring) more broadly across campus.

### ***Specific Recommendations***

Identify training programs that can be implemented within departments or graduate programs to help people build communication skills; existing programs that should be considered include Crucial Conversations and Ross's workshops on negotiating with advisors. In addition, the task force should identify and further develop existing trainings in how to deal with corrosive connections, building on knowledge from the business community. We emphasize that these training programs will need to be held regularly in order to be effective.

### ***Timeline***

During AY 2020-2021, task force members will work to identify specific programs, to tailor these if necessary, and to identify whether it makes more sense to run the programs at the department- or Rackham-level. Graduate programs and Rackham should begin implementing these during AY 2021-2022, including assessments designed to measure the impact of these programs.

### ***Who***

Task force members, in consultation with people who run existing programs.

### ***Costs***

\$\$\$\$; some activities would be relatively inexpensive to carry out, but others might be more costly. The task force will identify options at a range of costs for consideration. This will also have costs associated with the time invested by members of the department or graduate program; however, this work will have a large benefit for the program, and hopefully would support ongoing efforts.

## **7. An Integrative Approach to Increase Access to Long-Term Care**

### ***Rationale***

A dominant theme of the feedback we received regarded a lack of access to resources that support student mental health. This includes a lack of access to long term mental health care, particularly from providers who can be easily accessed without taking substantial amounts of time away from campus during the day. Some of this reflects a shortage of on-campus counselors. While the feedback the task force received about CAPS was mixed overall, all of the feedback regarding CAPS embedded counselors was positive and there was substantial enthusiasm for expanding this model. Another barrier to long term mental health care is difficulty in finding providers in the community who accept GradCare and who are accessible from campus; this can be especially challenging for students from underrepresented groups seeking a provider who shares a salient identity or specializes in treating

particular groups or conditions. These challenges could be alleviated by increased access to tele-therapy. Notably, GradCare has substantially more limited coverage of telehealth than does the Student Health Insurance Plan (SHIP), which is also a BCN product, even though GradCare has a higher premium (comparing on an annual basis); this suggests expanding access to tele-medicine should be possible. Moreover, during the current pandemic situation, there has been a dramatic and rapid increase in tele-health, which has helped demonstrate that, for many individuals, tele-therapy is safe and effective.

The State of Illinois recently enacted HB 2152, which requires that “through a combination of on-campus capacity, off-campus linkage agreements with mental health service providers, and contracted telehealth therapy services, each public college or university shall attempt to meet a benchmark ratio of one clinical, non-student staff member to 1,250 students.” While the particular ratio that the University of Michigan seeks is likely to differ, this section of the bill is noteworthy because it emphasizes that improving access to care will likely require a combination of approaches, including more on campus resources and improved access to telehealth.

When considering ways to improve access to care, we recommend adopting an integrative approach that recognizes that a diversity of resources will help support the wide-ranging needs of Rackham’s diverse graduate students. The embedded model is promising, but at present primarily used for CAPS counselors. However, for a variety of reasons, including stigma, many students do not reach out for mental health care, but would reach out for other forms of support. At the same time, Michigan has strengths in wellness coaching, which helps students develop new skills, identify personal and professional goals, and develop strategies for navigating various challenges in their work environments and personal lives (ACHA White Paper on Wellness Coaching, 2020). When improving access to care, it is important to consider not just psychologists and psychiatrists, but also wellness coaches, case managers, peer-to-peer mentoring, and additional supports within departments (such as the Student Navigator and Climate Enhancer position in the Biostatistics program in the School of Public Health).

### ***Specific Recommendations***

1. Increase the number of CAPS embedded counselors on campus, both in Rackham and in other units across campus; one possibility would be for similar units (e.g., Central Campus programs in the physical sciences) to share a counselor.
2. At the same time, increase access to wellness professionals and professional supports within programs, again using the embedded model.
3. When the next GradCare contract is negotiated, increasing access to tele-therapy should be a priority.

## ***Timeline***

### **Items 1 and 2**

While we recognize funding these positions is not trivial, our hope is that additional providers can be in place by AY 2021-2022.

### **Item 3**

When the GradCare contract is next negotiated with BCN.

## ***Who***

Task force members, working with Rackham, CAPS, Wolverine Wellness, and other campus partners; discussions about renegotiating GradCare would be held with the Benefits Office in Human Resources (initial person to contact: Marsha Manning, Manager of Medical Benefits and Strategy).

## ***Costs***

### **Items 1 and 2**

\$\$\$ (salaries and fringe)

### **Item 3**

Negligible

## **8. Resources for Individual Graduate Students**

### ***Rationale***

While changes at the Rackham- and graduate program-levels are imperative, there is also a need for interventions aimed at individual graduate students that help them develop strategies for attending to their mental health and wellness. Such interventions are especially urgent in light of the ongoing pandemic. Participation in these programs must be entirely voluntary.

We have identified different options, some of which are already available to all students, and some of which would allow for a subset of students to focus more intensively on developing skills related to mental health and wellness. The resources that are available to all students include the [StressBusters](#) app, which addresses wellness and is tailored to University of Michigan students, the Canvas well-being tab, and [SilverCloud](#), which is an online, self-guided mental health resource that provides cognitive behavioral interventions. These resources should be shared with graduate students regularly, beginning in summer 2020, to ensure they are aware that they have access to them. During the pandemic, students can also be pointed to the [HeadSpace](#) resources provided by the State of Michigan; there are also other free mindfulness resources that can be shared with students (e.g., [guided audio and](#)

[video](#) from UCSD's Center for Mindfulness, which is based on Mindfulness-Based Stress Reduction (MBSR), which has a strong evidence-base for its effectiveness).

Some students will want to focus more intensively on developing skills related to mental health and well-being. For these students, we have identified two interventions that seem especially promising: MoodLifters for Graduate Students and Teach Me Self Care.

- [MoodLifters](#) is a program that was created by Prof. Patricia Deldin at Michigan; it is modeled on Weight Watchers, but with a focus on mental health. In a randomized control trial, people who participated in MoodLifters had reduced symptoms of anxiety and depression, as well as reduced perceived stress, as compared to a control group. A version specific to graduate students is currently being developed.
- [Teach Me Self Care](#) was developed by Prof. Jordan Cummings and Jessica Campoli at the University of Saskatchewan and is based on Acceptance and Commitment Therapy. So far, it has been tested on health care trainees; participants in Teach Me Self Care reported significantly greater use of self-care, significant reductions in depression, and marginally significant increases in self-esteem.

### ***Specific Recommendations***

We recommend making all students aware of available resources, including StressBusters, SilverCloud, and HeadSpace for MI; communication about these resources should come from multiple sources, to make it more likely to reach students. In addition, the task force should support piloting both of the more intensive interventions (MoodLifters for Graduate Students and Teach Me Self Care) with University of Michigan graduate students in AY 2020-2021. These should be implemented in a way that allows us to build scholarship regarding the effectiveness of these interventions.

### ***Timeline***

Existing resources should be advertised to existing students in summer, fall, and winter semesters. The pilot of MoodLifters for Graduate Students will begin in fall 2020 and be run a second time in winter 2021. The pilot of Teach Me Self Care will begin in winter 2021.

### ***Who***

Task force members will work on messaging strategies, in consultation with Rackham communications staff; task force members and the MoodLifters and Teach Me Self Care teams will work on the MoodLifters and Teach Me Self Care pilots; if possible, hiring a freelance behavioral scientist to help with the winter pilots would allow for larger sample sizes.

### ***Costs***

\$. The main cost would be for hourly pay for a behavioral scientist to help run the pilots of these interventions in winter 2021; recruit, onboard, and check in with participants; and help with data analysis and synthesis. We estimate this will require five to ten hours/week (approximately \$6,000 total). There would also be some costs associated with hosting the intervention materials, but these are likely to be small. If these pilots are successful, costs associated with these programs in future academic years could potentially be offset by modest registration fees (the regular MoodLifters currently costs \$200 per person for four months of treatment) and/or with assistance from the Case Manager recommended above in recruiting students and running the programs.

## **9. Mentoring Plans for All Graduate Students and Development of an Additional Handout for More Workshops**

### ***Rationale***

Mentoring and graduate student mental health interact, and both faculty and graduate students clearly indicated a need for more resources that address the interface of mentoring and graduate student mental health. There was a strong desire from mentors and graduate students for more information on how to mentor in a way that supports mental health, and for more information on how the mentoring relationship can influence student mental health. Moreover, developing and updating mentoring plans promotes communication between graduate students and their mentors, and also helps with both short- and long-term planning; these all promote graduate student well-being and academic success.

Rackham already has a wealth of resources related to mentoring and mentoring plans, and some graduate programs already require that all graduate students have a mentoring plan that has been updated in the past year. The MORE Committee already hosts workshops centered around best practices in mentoring, which provide an excellent introduction to mentoring plans. In addition, mentoring plans can be developed without attending workshops, based on [mentoring resources available from Rackham](#) or from external resources (e.g, [myIDP](#)). The MORE Committee has recently added more coverage of mental health to their workshops. In discussions with members of the MORE committee, it became clear, however, that there is a need for additional resources specific to the intersections between mental health and mentoring.

### ***Specific Recommendations***

1. Strongly encourage graduate programs to require mentoring plans for all graduate students that are updated at least annually.
2. Task force members, in consultation with the MORE Committee and other experts on mentoring and mental health, should develop a short (two page)



handout that can be distributed at MORE workshops. This should highlight existing resources and policies relevant to mentoring and mental health, as well as give information on best practices and additional opportunities for developing skills in this area (e.g., trainings related to difficult conversations, as recommended above). Our hope is that this would be the first in a series of resources and interventions focused on the intersection between mental health and mentoring, and that there will be long-term collaborations between the MORE Committee and a future committee focused on graduate student mental health and well-being.

### ***Timeline***

This resource can be developed by task force members during AY 2020-2021, and available for distribution at MORE workshops beginning in 2021.

### ***Who***

Task force members, in consultation with the MORE Committee and others with expertise in mentoring and mental health.

### ***Costs***

Negligible

## **10. Changes to Leave, Including Creation of Shorter Term (Four to Six Week) Leave**

### ***Rationale***

Formal leaves are taken by very few students; based on conversations with students and advisors, this seems to be due to a lack of awareness about the leaves, challenges with supporting oneself financially during a leave, needing to withdraw for at least one full semester, and issues related to the timing of leaves. At present, leaves are taken for at least a semester, and, while on leave, students are not supposed to make any progress towards their degree. This creates a cascade of consequences for students, including a lack of stipend support while on leave.

Our work revealed a need for shorter term, within semester leave (approximately four to six weeks), during which students would still receive their stipend, regular health benefits, and access to CAPS and student housing; it would also make it so that the student could potentially remain enrolled in coursework, if desired. Overall, a shorter term, within semester leave would mean students will be able to attend to their mental health in a way that is less disruptive, facilitating both their wellness and progress towards a degree.

During our work, we also identified some changes that could be made to the existing leaves that would be beneficial. These changes include more support as students re-enter their graduate programs; ideally, these supports would come from

both Rackham and the student's graduate program. It would also be very helpful if the existing policies were better advertised. At present, many students are unaware of them, which creates inequities.

### ***Specific Recommendations***

Our primary recommendation is the development of shorter term (four to six week long) leaves, during which students retain stipend support and health insurance. A secondary recommendation is relatively minor changes to existing leaves, including improved communication, connectedness, and support structures for students considering and taking leaves.

### ***Timeline***

Creation of a shorter term leave will require identifying additional funding sources; our target is to have a short term leave structure in place for fall 2022. Task force members can work during AY 2020-2021 to help develop a policy for a short-term leave, and also to modify existing leave structures.

### ***Who***

Identifying possible sources of funding for shorter term leave: Rackham administrators; Developing structure and guidelines for shorter term leave, and making changes to existing leaves: task force members in consultation with Ida Faye Webster and others at Rackham.

### ***Costs***

\$\$\$; While we do not have an estimate for the number of students who would take a shorter term leave, it likely would be many more students than who take the current longer term leaves. That, combined with the call to continue to fund the stipend during the leave, means this is likely to be a particularly costly recommendation—but also one that has the potential to have a large impact.

## **Section VI. Summary of promising ideas to be considered for possible implementation at a later date**

The recommendations above were the ones that emerged as the highest priority. However, we identified several other promising ideas that would likely help achieve the goals of better supporting graduate student mental health and well-being. In this section, we summarize these ideas, which we imagine will be particularly useful to a future committee focused on graduate student mental health and well-being, especially as it works with individual departments and graduate programs.

### **1. Multiple paths to successful degree completion**

- Many graduate programs expect students to follow a very specific path through the program, but these program requirements do not always align well with a student's desired career path or interests.

- In addition, many graduate programs require students to meet specific milestones within a fairly narrow time range. This creates substantial stress (especially when the consequences of failing to meet a milestone are not clear), as well as barriers for students with chronic health conditions, including mental health conditions.
- We propose that members of the task force and a future committee focused on graduate student mental health and well-being visit graduate programs to help them have conversations about the possibility of creating multiple paths to successful completion of program requirements (perhaps using principles of backwards design) and to help ensure that the requirements—and any consequences of not meeting milestones—are clearly conveyed to students.
- It is important to note that flexibility is key to creating an inclusive environment, but that the flexibility should be in terms of *how* students are expected to meet certain requirements, not *what* the requirements are (Levine 2020 *Science*).

## 2. Cohort-based mentoring

- With cohort-based mentoring, a graduate program would assign a faculty mentor to a particular cohort (or pairs/groups of two to three cohorts in medium-smaller programs); this would support more diffuse mentoring, facilitate professional development and community building, and would support students with resources tailored to particular stages of graduate school.
- There has been enthusiasm for this idea in conversations across campus, and some graduate programs already use this model.

## 3. Safety net

- For cases where a student needs to change to a new advisor, there should be a system that allows this to occur with minimal disruptions for the student.
- Some challenges that would need to be addressed when creating a safety net are bridge funding as the student transitions to a new mentor and issues surrounding intellectual property and access to data, code, and other materials from the time the student spent working with the original advisor.
- The task force recommendation surrounding preventing and addressing corrosive connections will hopefully mean fewer students end up in positions where they need this safety net, but there will always be a need for some students to change to a new advisor; programs should set up systems that allow this transition to be as smooth as possible, and for the mechanisms to be clearly stated and available to all students in the program.

#### **4. Mental Health Bill of Rights and Responsibilities**

- It would be helpful to have a document that clearly articulates expectations, responsibilities, and ideals related to graduate student mental health and well-being.
- Development of this should be led by Rackham, working with the task force or mental health standing committee, as well as faculty, students, mental health and wellness professionals, and others.
- Possible model: [Vanderbilt Graduate School's Mental Health Bill of Rights & Responsibilities](#).

#### **5. Need-based reimbursement for mental health co-pays**

- Goal: make mental health care more affordable for students for whom it is currently inaccessible.
- One possibility would be to use a process similar to the emergency funds for students, reimbursing students for whom mental health visit co-pays represent a financial burden.
- Still need to consider administrative burden of this more, and how to have this program reach the students who need it most.

#### **6. Quick wins**

- Sometimes, students (or others) will identify something that wouldn't cost a lot of money but that could have a big impact. Right now, though, there is no clear system for surfacing and implementing these ideas. Can we create a mechanism that supports that?
- Possible models: ergonomics grants and existing programs run through Wolverine Wellness.

#### **7. Reorientation**

- General idea: have a second orientation for students as they begin their third year, with information that would be useful to students midway through graduate school.
- Possible model: similar program at University of California-San Francisco.
- One thing to work out: how much of this should be done by the department vs. Rackham.

## 8. Wellness events

- Two challenges that we identified are that sometimes students don't know what resources are available, and sometimes students don't realize that they might benefit from available resources.
- Increasing the number of events on campus that include a focus on wellness could help address both of these challenges. These events could provide free mental health screenings, information about resources available on campus such as wellness coaching, and other items related to wellness.
- An emphasis should be on meeting students where they are, both metaphorically and literally. Therefore, in addition to events such as wellness fairs, it would be beneficial to develop ways to incorporate these activities into existing events, such as career fairs, and to have them in central locations where students are likely to come across them even if they aren't seeking them out. It also would be helpful if these events were held at multiple times during the year (to avoid the information overload that happens at the beginning of fall semester).

## **Section VII. 2019-2020 Task Force Members and Acknowledgments**

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**Acknowledgments**

The task force is very grateful to John Gonzalez and Ida Faye Webster for their assistance with task force work, and to Steven Corcelli (University of Notre Dame) for very helpful conversations. We are also extremely grateful to the graduate students, staff, and faculty at Michigan, as well as to people at institutions around the country, for sharing their thoughts, concerns, ideas, and hopes with the task force over the past year.