

10.23.20 Working document (with updates and additions based upon input received)

Findings and recommendations from
Graduate Student Mental Health Task Force report

Next steps:

1. The entire report and these suggested action steps will be shared with
 - a. University-wide mental health working group for their review (sent 9.21.20; Monika Gibson and graduate students serving on working group; K. DePauw invited to attend a meeting in Fall 2020)
 - b. Commission on Graduate and Professional Studies & Policy (CGPSP) (shared 9.16.20; regular updates throughout '20-'21)
 - c. Graduate student mental health task force members (shared 9.17.20; working document revised based upon input)
 - d. Graduate students in Blacksburg, Roanoke, and MetroDC area for comment and suggestions (GSA, RGSA, VTGSASDC responses added)
 - e. other groups (e.g. GPD, CUSP, Faculty Senate, Deans)
2. The final report and action steps (working document) will be publicly available on the Graduate School website plus resources and programs in support of mental health
3. Progress on action steps to be documented and updated regularly

Specific action items based upon findings and recommendations from report (and developed with consideration of the Steve Fund report 2020)**

Actions to be considered by Graduate School: Graduate School will take the lead on these and expand/refine as appropriate for implementation.

1. Workshop for incoming GRAs, similar to GTAs, that helps set expectations and empowers students to manage relationships with supervisors (in progress):
 - o GTA workshop (GRAD 5004) opened to GAs, GTAs, & GRAs, starting Fall 2020. GTA workshop is offered each semester and plans are underway to make the elements will be available year round.
 - o Mentoring training was added (2019); also peer mentoring to be consider
2. Review and revise policy and practice
 - o Credit hour loads and expectations for required work
 - o Leave of absence policy (clarification in progress; adjustments to catalog and website)
 - o Flexible schedules
 - o Communicate expectations/boundaries to advisors and committee members
In progress: presentations on committee member responsibilities by Graduate Associate Deans to department faculty meetings
3. Review and clarify policies in Graduate Catalog and Graduate School websites including: (in progress)
 - o Grading system
 - o Refunds
 - o Communication about Plans of Study and applications for degree, graduate certificates and SSDE

- other
- 4. Embedded resources at the college or departmental level similar to Grad School or VA-MD COVM ([Graduate Life Center has embedded Counselor – August 2020](#))
 - Program Director as advocate for student when faculty precipitate distress ([discussion with GPDs in October](#))
- 5. Respond to specific stressors* (see complete list at the end of the document) facing graduate students identified in the report including: [Need an ongoing evaluation of stressors for graduate students](#)
 - Funding issues ([10.20 initiated efforts to clarify communication about funding. Gibson, Lee, Wong, DePauw. Fall '20 completion](#))
 - Students with disabilities ([hired GA to identify strategies, DePauw. Fall '20 completion](#))
 - Basic human rights and needs ([10.20 initiated effort to convene focus groups to gather input from graduate students and through website. Lee + ORDI, Lawrence](#))
 - Graduate student – faculty interactions ([10.20 initiated effort to convene focus groups to gather input from graduate students. Lee + ORDI, Wong](#))
 - General academic environment ([10.20 initiated effort to convene focus groups to gather input from graduate students. Lee + ORDI, Wong](#))
- 6. Ask diverse students what traumas/intersectional belongings affect their student experiences. Can be asked face-to-face, or in a survey format to get more transparency. Analyze the responses, see what challenges are affecting many, but also get an insight on what's affecting students personally/as individuals (included within #5)
- 7. Initiate awareness campaign and training programs for graduate students and faculty including
 - Evidence-based health/wellness training for graduate students
 - Wellness-based discussion boards and forums
 - Regular inventory/dissemination of best practices from within VT
 - Safe zone equivalent for mental health (training + publicity) to provide communication channels and respite (similar to the Recovery Community's ROOST space)
 - Learning communities to increase faculty-student and peer-peer interaction

Referrals to university-wide mental health working group:

1. Improved “first response” assets: [should we include graduate student participation and access?](#)
 - a. Mental health first aid training for faculty and staff (perhaps through TLOS) [maybe through Canvas?](#)
 - b. Required orientation for new administrators (Grad coordinators, directors, and department heads) ([with Graduate School](#))
 - c. Peer training for graduate student volunteers/leaders ([with Graduate School](#))
 - d. One-stop shop for first responders, available 24/7/365
 - e. Electronic equivalent of wallet cards/Integration with HokieReady app
2. Mechanism for follow-up to improve ability of first responders to support reentry of returning students with coordination of care across service providers:
 - a. Centralized coordination/tracking of resources and assets across subunits

- b. Capture and sharing of lessons learned/best practices
 - c. Unified reporting framework to monitor trends
 - d. Metric and process to measure effectiveness of various interventions
 - e. Regular review of practices to identify gaps
 - f. Benchmarking against other institutions
 - g. Evidence-based strategic investment
3. Increased investment in mental health resources in Roanoke and Washington DCMetro, where many graduate student programs are concentrated (**with Graduate School**)
 4. Activation of local 988 suicide hotline infrastructure
 5. Additional resources for and increased awareness of assets like Ombudsperson, Cook Counseling Center, Student Affairs (**with Graduate School**)
 - a. Access to Cook Counseling Center needs to be broadened. At a university this size, with its particular tragic history pertaining to student mental health, there should be an expectation that a student seeking counseling services should be able to receive treatment more often than monthly. Currently the CCC is only able to accommodate appointments every 3-4 weeks, which leads students with greater need to either not seek counseling, or to have to use additional financial resources to secure more regular counseling services in the community. And in the current environment, getting free therapy included with tuition costs is exactly what we all need, but if offered too infrequently, it can possibly do more harm than help.
 - b. Clarification extension of services to WADCMetro area
 6. Normalized perspective on mental health and wellness (with Graduate School)
 - a. Coordinated information campaign with user-centered content in common locations and easy-to-access online information
 - b. Annual health screenings that include mental as well as physical health
 - c. Training for faculty on mental health as part of mentoring
 7. Carefully developed protocol is needed for sharing/exchanging relevant case information among campus entities who provide services to students experiencing stress, without compromising campus security, or FERPA and other confidentiality requirements
 8. Strategies to enhance environment for graduate students including (**with Graduate School**)
 - a. Mitigate legacy attitudes and bad habits among some faculty
 - b. Existing culture of graduate study in general (**see section under Graduate School and stressors**)
 - c. Uncertainty about options for/implications of seeking help
 - d. Fear among students of discrimination/retaliation. [needs to be an improvement over Title IX protections]
 9. Continuity of care and better data to support decision making and broadening the scope of programs (**with Graduate School**)
 - a. **Students with disabilities (not differently able)**
 - b. Exacerbating impacts of COVID-19
 - c. Policy uncertainty and flux at federal level [esp. for international students]

d. Local attitudes regarding student populations

*Stressors for graduate students (from Boxes 1-5 in the report)

Funding issues: [\(pertinent to each campus location\)](#)

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

Student with disabilities

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

Basic Human rights and needs

- Food security
- Cost of living [\(specific to campus location\)](#)
- Quality and availability of housing [\(information about finding housing\)](#)
- Homelessness, particularly during transitions between semesters
- Academic bullying
- Sexual harassment/Title IX issues

Graduate student – faculty relationship evaluation

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

General academic environment

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

- racism on campus
- racism/ general nonwhite safety in the very proudly pro-tr*mp Blacksburg/Montgomery County area
- lack of expressly anti-racist messages on campus promoting specified equity among different demographics
- the campus' status as a spreader of Covid
 - the accuracy of covid tests which have been rumored to be overly sensitive/misdiagnose?
- Lack of regularly timed/frequent access to counseling services campus-wide

**2020/09/CRISIS-RESPONSE-TASK-FORCE-STEVE-FUND-REPORT: Recommendations (selected) for higher education pertinent to [graduate education](#)

1. Build Trust Through Racial Trauma-Informed Leadership
 - a. Encourage and listen to student voices to better understand their lives. Acknowledge and affirm students' stories. Consider intersectionality and cross-cutting identities, such as socioeconomic status, immigration status, ability status, sexual orientation, gender identity, cultural background, religion, and family role. Understand that racial/ethnic groups are not monolithic. [Connect lunches](#), ["with the Dean" series](#), [Diversity & Inclusion requirement](#), [GRAD 5204](#)
 - b. Adopt a communications strategy that demonstrates empathy towards the injustices and inequalities that students of color are experiencing. [Office of Recruitment, Diversity & Inclusion \(ORDI\) efforts](#)
 - c. Evaluate and tap into the growing number of mental health digital applications, tele-therapy resources, and other technologies to meet the mental health needs of students of color. ([referred to University working group](#))
 - d. Know that there is not a single best approach to providing student services and supports, and that adaptability is at a premium. [GSSO, ORDI](#)
 - e. Expand campus-wide training on implicit bias, systemic racism, racial trauma, allyship, and wellness. [Ongoing efforts in Graduate School](#), [Diversity & Inclusion requirement](#), [Disrupting Academic Bullying+](#)
2. Take a Collaborative Approach to Promote Mental Health for Students of Color
 - a. Partner with enrollment management, faculty, and staff to maintain contact with remote learners. Regular contact via calls, texts, or digital platforms can help support the well-being of students of color and their academic success. [Graduate School](#), [GSSO](#), [ORDI](#)
 - b. Ensure that student life, academic affairs, and other staff coordinate efforts to support the mental health and well-being of students of color. [Ongoing efforts of Graduate School](#), [GSSO](#), [ORDI](#)
 - c. Form mental health task forces and DEI committees to collaborate using tools such as the EMHF to identify current campus resources and areas of growth in order to promote a campus culture of wellness. [ORDI](#), [Health/wellness room](#)
 - d. Tap into culturally aligned student groups and clubs on campus and foster their ties to mental health supports to help students simultaneously maintain a cultural connection and reap mental health benefits. [GSA and cultural centers](#)

- e. Engage campus security in collaboration and training so that all interactions with students, including those in crisis, reflect empathy and respect. [Principles of Community, University working group](#)
- 3. Engage Faculty and Staff to Support Mental Health of Students of Color Academic ([referred to University working group](#))
 - a. Adopt course design, classroom policies, and academic advising policies and resources that promote an inclusive culture. [GTA workshop, VTGrATE, GRAD courses \(PFP, Contemporary Pedagogy, Diversity & Inclusion\), GPD meetings/workshops](#)
 - b. Equip faculty and staff with the knowledge and skills to identify signs of mental health distress or crisis in diverse student populations.
 - c. Develop a system for faculty and staff to support student mental health crises through a team that is knowledgeable about working with racially diverse students.
- 4. Treat Student Mental Health as a Priority Area for Investment ([referred to University working group](#))
 - a. Prioritize mental health funding when making budgetary decisions.
 - b. Identify and make available the best telehealth resources and incorporate them into your college or university's health strategy.
 - c. Provide access to diverse, culturally competent mental health practitioners to serve student populations.
- 5. Leverage Community and External Stakeholders to Promote Emotional Well-Being of Students of Color ([referred to University working group](#))
 - a. Partner with nonprofits to offer entering students ongoing professional and peer support.
 - b. Invest in partnerships with local faith and cultural organizations, government agencies, K-12 schools, and grassroots organizations.
 - c. Partner with prospective employers to build comprehensive strategies for workforce preparation.