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Waight, E & Giordano, A

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Title: Doctoral students' access to non-academic support for mental health

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Emma Waight*, Winchester School of Art, University of Southampton
(emmawaight@hotmail.co.uk)

Aline Giordano, Doctoral College, University of Southampton
(a.c.giordano@soton.ac.uk)

Winchester School of Art, University of Southampton, Park Avenue, Winchester UK,
SO23 8DL

Doctoral students' access to non-academic support for mental health

Abstract

Increased doctoral student numbers has led to a growth in studies dedicated to doctoral experience. These studies have raised a range of mental health concerns around workload, supervision processes, and student wellbeing. Despite these challenges being well documented, few studies have looked at doctoral students' experiences of accessing non-academic support services. This article presents the findings of a mixed-method study to investigate doctoral experiences of non-academic support, conducted at one British university with a large postgraduate research population. Drawing on focus groups and a student survey, the article concludes that many doctoral students are not accessing institutional support when they could benefit from it, with many turning to external support mechanisms including family, personal doctor and online resources. Five institutional recommendations are proposed to develop improved dedicated doctoral student mental health support; clear signposting, online self-help, workshops, parity of support, and supervisor training.

Key words: mental health, student services, research student, PhD, pastoral support

Introduction

With the increase in postgraduate research student numbers across the UK and worldwide, interest in doctoral student experience has intensified. Much of this work has focused on the challenges of doctoral study and the role of the supervisor-student relationship in managing these challenges (Bastalich 2017; Löfström and Pyhältö 2015; Malfroy 2005). It could be argued that doctoral students are better equipped to cope with the social, psychological and academic demands of study than their undergraduate counterparts and therefore have little need for non-academic student support services offered by the university. Yet, recent studies focused on doctoral student mental health in Europe, Australia and the United States, suggest this may not be the case (Juniper et al 2012; Levecque et al 2017; Pearson 2012). This article therefore explores doctoral student access to non-academic support (within and outside the university) in order to develop recommendations for improving institutional (university) services with an emphasis on mental health support.

We define non-academic support as the varied and holistic forms of support that consider the physical, social, cultural and emotional needs of students. We are aware that students often draw on informal social support for this role (peers, family and friends) yet conclude in this article the need for a specialist approach to doctoral student non-academic support, and potentially dedicated mental health support, at the institutional level. By looking at all forms of non-academic support we are acknowledging that mental health support is not solely needed for students living with diagnosed mental health conditions, but rather that many doctoral students will experience issues (that may be academic-related or personal) that influence their mental health at some point (Levecque et al 2017) and that students may benefit from extra support during these times. Our

empirical findings and recommendations will be of interest to all those who support or supervise doctoral students.

UK Context

Public mental health services in the UK have been a key focus of policy debates in recent years. In 2016, NHS (Britain's free-at-delivery National Health Service) England published a Mental Health Taskforce Report: the 'Five Year Forward View for Mental Health'. The report calls for mental health to be treated with equal importance to physical health and highlights the need to end stigma attached to mental health, positioning *prevention* as critical to a new service approach. According to this report, three-quarters of adults with mental health problems will not seek support. Such statistics are relevant for universities to be aware of in considering student support services. Poor mental health and wellbeing is a concern for all organisations as it is seen to have a detrimental effect on workplace productivity and social cohesion (Biggio and Cortese 2013; Levecque et al 2017). Higher education institutions are no exception to this, with appropriate student support linked to individual success and attrition (Everett 2017; Humphrey, Marshall and Leonardo 2012; Tinto 2006). Despite the mental challenges of doctoral studies being known, there has been no dedicated study of doctoral student access to non-academic institutional support that the authors are aware of.

In the UK context, various policy changes in higher education have altered the broader structures around research degree study including the following:

1. A growth in research student numbers that has not been met with an immediate increase in institutional resources or academic jobs.
2. An increase in students taking professional doctorates in a bid to make doctoral degrees more accessible to and relevant for those working outside academia.
3. An increase in overseas postgraduate students studying in the UK.
4. A push by institutions and funding bodies to keep average completion times within 4 years.

A report for the Higher Education Funding Council for England (HEFCE) (Williams et al 2015) argues that while many English institutions have restructured their provision of support to confer a more student-centred approach, actual *monitoring* of support effectiveness appeared to be weak. The drift towards a student-as-consumer model places emphasis on the quality of service provision offered to students, as measured by the National Student Survey (for undergraduates) and the Postgraduate Research Experience Survey. This kind of service evaluation is particularly applicable to undergraduate support where their responses can influence university league tables. Yet, effective doctoral student support could improve institutional retention and completion rates and thus affect strategies for securing external research funding.

In an environment where support services are considered a student entitlement (Macfarlane 2011), it seems necessary for universities to consider the support needs of doctoral students (Acker and Haque 2015; Bieber and Worley 2006; Levecque et al 2017;

Matthiesen 2009). This paper provides evidence from one British university on the ways in which doctoral students are accessing non-academic support, particularly in relation to mental health. To do so it draws on a mixed-method study of six focus groups and an online survey. Findings from this study add to the literature on doctoral student experience and make suggestions as to where mental health provision for doctoral students can be improved. These recommendations are made on the basis that improved mental health provision may support students' academic success and that this is beneficial for the individual students involved and the institution as a whole.

Doctoral student experiences and impact on mental health

Doctoral study requires sustained effort and dedication over a period of years. As an individual research training program, progress can be slow, and emotionally as well as cognitively challenging (Mantai and Dowling 2015). A PhD program in the UK (like elsewhere in Europe, Australia and New Zealand) varies widely between disciplines but, as a rule, is less structured than a PhD programme in North America. Teaching allocations and taught courses, as part of doctoral enrolment, are the exception rather than the rule, although many research students choose to spend time on these pursuits. This is important context to discussing doctoral student access to non-academic support, as students are susceptible to physical and emotional isolation (Ali and Kohen 2006; Deem and Brehony 2000).

The mental health of Flemish doctoral students was highlighted in a recent academic study (Levecque et al 2017). The data found 51 per cent of students had experienced at least two symptoms of poor mental health over the course of their research degree, and 40 per cent, three or more symptoms. Work-life balance was the strongest indicator of psychological distress according to Levecque et al's (2016) study, closely followed by job demands (i.e. workload). This same study found that doctoral students were significantly more likely to be affected by poor mental health than the highly educated general population, highly educated employees, and higher education students in total. Whilst this can only be taken to denote the population of Flanders, Belgium, it is still a good representation of doctoral student wellbeing in general if we correlate with the findings of other studies (such as Deem and Brehony 2000; El-Ghoroury et al 2012; Juniper et al 2012).

The key challenges of doctoral study have been documented by Lovitts (2001), Acker and Hacque (2015), and Löfström and Pyhältö (2015), among others, and include workload demands, feelings of inadequacy, isolation, and negotiating both personal and professional relationships. A comprehensive but non-exhaustive list of these issues can be seen in Table 1. Any one or a combination of these issues can lead to feelings of stress (Devos et al 2017; Martinez et al 2013), guilt (Byers et al 2014), acute anxiety (El-Ghoroury et al. 2012; McAlpine et al 2012; Pearson 2012) and procrastination (Byers et al 2014; Pearson 2012) thus having a negative influence on mental health. It is also recognised that certain groups, such as international students struggling with acculturation, and female students in male-dominated disciplines, may be more at risk of

experiencing the kind of challenges that can have a negative influence on mental health (Sallee 2011; Soong, Tran and Hoa Hiep 2015; Winchester-Seeto et al 2013).

Factors Influencing Doctoral Wellbeing	Study
Financial concerns	Acker and Haque 2015; El-Ghoroury et al. 2012; Lariviere 2013; Robertson 2017
Workload and time management (including balancing employment)	Byers et al 2014; Gardner 2007; Juniper et al 2012; Martinez 2013; y West 2011
Feelings of uncertainty about future	Gardner 2007; McAlpine et al 2012
Feelings of inadequacy (Imposter syndrome)	Hay and Samra-Fredericks 2016; Juniper et al 2012
Lack of research progress	Deem and Brehony 2000; Devos 2016; El-Ghoroury et al. 2012; Juniper et al 2012; McAlpine et al 2012
Experiences of research supervision	Deem and Brehony 2000; Malfroy 2005; McAlpine et al 2012
Language proficiency and acculturation for international students	Deem and Brehony 2000; Soong et al 2015; Winchester-Seeto et al 2013
Office working environment	Deem and Brehony 2000; Juniper et al 2012
University administration systems	Juniper et al 2012
Isolation	Ali and Kohen 2006; Deem and Brehony 2000; Hutchings 2015; Lovitts 2001; Mantai 2017
Managing personal relationships, childcare and family life	Byers, V., Smith, N et al 2014; Deem and Brehony 2000; Hay and Samra-Fredericks 2016; Kurt-Costes et al 2006; Robertson 2017
Gendered experiences (specifically women)	Acker and Haque 2015; Brown and Watson 2010; Carter et al 2013; Maher et al 2010; Sallee 2011
Experiences of racial inequality	Acker and Haque 2015

Table 1. Factors influencing doctoral wellbeing as stated in the literature

Student support services

In UK universities, doctoral students can, in the main, access the same institutional non-academic support services available to undergraduates and taught postgraduates, for example, learning and physical disability support, counselling and careers advice. To date however, literature has focused predominantly on the general support doctoral students receive from their academic department or faculty (including supervisors) (Hutchings 2017; Löfström and Pyhältö 2015; y West et al 2012), through mentors (Curtins et al 2016; Godskenen and Kobayashi 2015) or through peers, family and friends (Byers et al 2014; El-Ghoroury et al. 2012; Tompkins et al 2016), with little attention paid to doctoral students' experiences of institutional non-academic support services. Further consideration of this is needed, because while social networks can be effective forms of everyday support, experiences and access to social support mechanisms have been found to be inconsistent and unequal (Acker and Haque 2015; McAlpine et al 2012).

From an institutional perspective, student services are provided as a responsibility of care in order to support students to reach their academic goals. Although non-academic support may be available to students within faculties, student services have become an increasingly professionalised service, independent to academic faculties and managed by specialised support staff. With physical and emotional wellbeing now recognised as contributory to academic success, ‘strong student support services that are well integrated are seen as an essential element of a successful modern institution and a student entitlement’ (Macfarlane 2011, p.67). Little is known however, about if and how doctoral students are accessing institutional non-academic support.

One of the functions of support services may be to improve student experience and retention rates by supporting students’ emotional resilience. This kind of support is not a linear process however and instead necessitates interactional and holistic support cultures across the university that work counter to the kinds of bracketed out, independent support available through student services (Jacklin and Riche 2009). With this in mind, any study of student support should not look at support services in isolation, but rather look at the contributory factors around the use and value of such support. This is important because students’ academic pressures influence their personal wellbeing, where one can heighten the burden of the other (Byers, Smith, et al 2014; Pearson 2012).

While it is often recognised that supervisors and academic tutors across postgraduate education should do more than just support academic work (Macfarlane 2011; Gopaul 2015), there is little guidance on how this should be structured (Earwaker 1992). Hesitation from supervisors themselves has also been expressed; concerned as to what level of non-academic support is needed or appropriate (Vehvilainen and Löffström 2016). Furthermore, Löffström and Pyhältö (2015, p.2731) refer to doctoral students who:

Found it difficult to ask for pastoral [non-academic] support, as this may be seen as entering a more personal level of communication not appropriate in the supervision relationship.

As with other types of social support, support from supervisors varies in form, frequency and usefulness. Within the supervisor-student relationship there may be some overlap between academic and non-academic support, making an investigation of the kinds of non-academic support offered by supervisors worthy of consideration.

Another way of approaching doctoral student needs is to consider their status as ‘mature’ students. In the UK, mature students are defined as anyone over the age of twenty-one. Heagney and Benson (2017) recently argued that mature-age students have been overlooked in higher education policy. This means that although Heagney and Benson (2017) are interested largely in undergraduate level students, all doctoral students are ‘mature age’. With this in mind we might consider the ways in which policy for supporting mature-age and doctoral students overlap. The authors found that mature students made limited use of institutional support services because they were not aware of the kinds of support available to them, were limited by time and location, or the kinds of support available were not what they needed. Additionally, Heagney and Benson

(2017) found family, friend and peer support as paramount to the success of mature students, a finding supported by others (Byers et al 2014; Tompkins et al 2016; Robertson 2017). Mature/doctoral students have a diverse range of needs and are more likely than undergraduates to be managing the extra responsibilities of carework, major life milestones and financial commitments (Robertson 2017). There is also the increased pressure of a potential career break and/or knowledge that they could be earning more and progressing their career in a different sector rather than the precarious academic path. This context should be considered when developing dedicated doctoral student non-academic support.

Methodology

Philosophical and institutional context

Asking students what they believe would assist them to succeed is an important first step in the process of moving towards an effective model of support (Heagney and Benson 2017, p.231)

The practice of involving participants through qualitative, user-centred research has become a key methodology for wellbeing research. According to Harvey and Taylor (2013, p.2) wellbeing “must involve people in a meaningful dialogue about their perceptions of need” and seek to explore the intricacies of everyday experience. We utilised a mixed-method approach; valuing both the significance of qualitative methods to offer rich insight into participants’ experiences and the potential of quantitative survey methods to collect data from a larger number of participants. Mixed-methods, now acknowledged as a research approach in its own right (Denzin 2010; Fossey et al 2002), aims to strengthen the validity and reliability of the data by the process of triangulation. In our study, this mixed method approach facilitated in-depth qualitative data on doctoral student experiences, along with a broader service evaluation of student support.

This article draws on focus group and survey data from one research-intensive British university. A founding member of the Russell Group, the university has a postgraduate research population of just over 2,800, accounting for 12 per cent of its total student population. As a research-intensive university, there is a strong determination to be proactive in developing effective structures and mechanisms to meet the needs of existing and future doctoral students. The objective of the study was to explore doctoral student access to non-academic support (in and outside the university) in order to develop recommendations for improving institutional doctoral student support, with an emphasis on mental health support. Primary data collection ran from January to March 2016 and comprised six doctoral student focus groups and a self-administered online survey. In addition, unstructured interviews were held with staff across the university including support staff and graduate school directors. These informal interviews were not analysed for inclusion in this article but we acknowledge that they contributed to the development of our recommendations for practice.

Focus groups

Participants attending the six focus groups were doctoral students currently enrolled at the university. Participants were recruited using the university intranet and social media, postgraduate societies, and targeted leafleting. 50 participants were invited to the focus groups based on volunteers coming forward through these means, leading to a final sample size of 35 after some dropped out due to illness and other commitments. There was no sampling strategy although attempts were made to have a broadly representative sample across year of study, academic faculty and demographics. Refreshments were offered as an incentive and participants were asked to put aside two hours for the session, although some lasted little over an hour. An overview of the participants is highlighted in table 2.

Age range		Year of study		Student status		Mode of study		Gender	
25 or under	11	Yr 1	4	UK	25	Full-time	31	Female	24
26-35	16	Yr 2	8	EU	5	Part-time	4	Male	11
36-45	3	Yr 3	8	Non-EU	5				
46-55	3	Yr 4	13						
56 or over	1	Yr 5	1						
Prefer not to say	1	Prefer not to say	1						

Table 2: Profile of focus group participants

Male and non-UK students were under-represented by the sample but the nationalities of non-UK students who did participate were broad: Malaysian; Brazilian; American; Greek; German; Romanian; Canadian; French and Finnish. Each focus group included a moderator and a note-taker, neither belonging to an academic faculty but were instead part of professional services. The following questions were asked to each group:

1. What does wellbeing mean to you? (warm-up question)
2. What factors influence your wellbeing as a doctoral student?
3. What are your (good and bad) experiences of non-academic support as a doctoral student?
4. What can the University do to improve doctoral experience in relation to wellbeing and non-academic support?

‘Wellbeing’ was specifically chosen as a more general term than ‘mental health’ due to the connotations attached to mental health and the fact that students may be experiencing issues that affect their mental health without being aware of it. We were also aware, from the literature review, that various aspects of the doctoral process can affect mental wellbeing, for example, financial difficulties and family commitments, and wanted to

understand all of these experiences, not just diagnosed mental health conditions. The focus groups were voice-recorded and transcribed by the moderator and then analysed with the assistance of NVivo10 software. For the first round of coding, each transcript was coded into categories based on the four posed questions. A second round of coding was then conducted to categorise the data into more precise themes using an inductive, interpretative approach. This interpretative method allowed us to approach the data with an open mind, generating an account of doctoral student experiences and the meaning they give to those experiences (Fosey et al 2002).

Survey

An online survey was developed to test the prevalence of themes arising from the focus groups and evaluate the non-academic support services used by doctoral students in more detail. Using multiple-choice questions with the option to elaborate in an open comments section, the survey focused on mental health and awareness of, and access to, support services (see appendix for survey sample). Participants were recruited through the university intranet, university-related social media channels (e.g. Doctoral College account), direct/mass email via supporting department administrators and through word of mouth. 559 completed surveys were received; a figure accounting for around 23% of the university's doctoral population. One third withheld their socio-demographic data and student status information, a point we consider interesting in itself as it suggests an anxiety to disclose personal information at the institutional level (despite reassurances that it was anonymous). All 559 responses were analysed but without this complete dataset it is difficult to know how representative the sample is of the doctoral population. Quantitative results were processed and analysed descriptively in SPSS, with the free text responses coded in NVivo with the focus group data.

Limitations

Despite efforts to reach a broad sample of participants, we acknowledge the limitations of non-response bias. We have limited demographic data on the survey sample (as described above), so correlations between mental health, experiences of support, and (socio)demographic data could not be made. As we were not able to send direct emails to all enrolled doctoral students, survey and focus group participants were more likely those well-engaged with campus life. From the focus groups, where we have a more complete understanding of participant demographics, international students and male students were under-represented in the sample. This is unsurprising as both groups have been found to be less likely to ask for mental health support (Addis and Mahalik 2003; Rice et al 2016) and therefore may be less inclined to engage in conversation about it. Finally, we suspect that the sampled participants were more likely to have experienced mental health concerns and/or direct experiences of seeking support and because of these experiences were more inclined to participate. For example, 14 of the 35 focus group participants had previously accessed student services at the university via counselling, learning/disability support and financial support. Based on aggregated data from student services and interviews with staff, this is a higher proportion than for doctoral students overall. Whilst

this may skew the sense of need, we could also argue that they are the most qualified to comment on their experiences of non-academic support.

Findings

Findings focus on the forms of non-academic support utilised by doctoral students in relation to mental health. We look first at the varied forms of support discussed by students, including social support and specific medical treatment, before turning to explore doctoral students knowledge and experiences of institutional non-academic support through the faculty and professional services (for example, student counselling services). All students have been given pseudonyms.

Diverse systems of support

Family, friends and peers

Focus group participants discussed various avenues they drew on for non-academic support so before moving onto institutional support we wish to reinforce and extend the evidence that they receive a great deal of informal support from friends and family. Participants talked about the value of having friendships within the department and how these friendships provided emotional as well as practical support (for example, helping each other out with fieldwork). But while strong social groups can be a great source of support to their members, they can be intimidating to new students coming in. One participant describes, 'I felt very isolated. It felt like there were a lot of really big postgrad cliques'. Access to peer support is thus unequal, with not all students able to benefit:

There doesn't seem to be any of that check [-ing on others], everyone's just like 'it's none of my business, I'll just do my work'. No one seems to look out for each other across the labs and that kind of thing. You do do it with people you're friends with and check up on them but for other people in your lab you just assume that 'oh they're just having a bad day' (Becky).

Becky acknowledges the value of friends in doing the emotional labour of 'checking up on' their peers, reinforcing the work of Devendish et al (2009) and Lofstrom and Pyhalto (2015). Many participants also discussed the valuable support of their friends and family outside the university, although these relationships could also become stretched:

If I didn't know my husband I would have dropped out long ago. I know he's putting pressure on me [to finish] but I would have been much closer to dropping out without that support (Katrina).

Yet, not all students have access to these support networks so it is therefore the following social groups that institutional support services could be tailored to. Part-time and distance learners can miss out on peer support whilst international students discussed the

distance from family and friends at home as an extra hurdle. The following is an exchange between two international students:

I don't know anyone outside [the university] (Claire)

Yeah me neither, so you end up being totally isolated and I think it's easier to some extent for British or when you have your family because even if they don't know anything what you're doing they are still there to support you. It's quite hard at times (Anita)

Even with the support of family, some students felt the need to protect their family from their own emotional distress. They wanted to guard their reputation as a person who could cope with the demands of the doctorate and shield their family from worry.

Accessing support

The first question survey respondents were asked was, 'If you were looking for advice on matters related to wellbeing or mental health, for you or a friend, where would you look? Please select all that apply.' Results, shown in Figure 1, show that more than half of the survey participants (53.8 per cent) said that they would look to the NHS website for information, with a further 27.5 per cent looking at other online sources external to the university, 24.7 per cent mental health charity websites, and 25 per cent using the university's own student services website. Online sources are therefore a key resource used for non-academic support.

The university's student support webpages include information and videos on how to manage mental health (for example, techniques for reducing anxiety) as well as links to further online and in-person support. The fact that the university's website is a lesser priority for doctoral students may be because they are unaware of it (40.6 per cent stated they had never considered contacting the university's student services) or because the university structure to reach this online support is not very user friendly, as one focus group participant explained, 'it's quite hard to find any information. You have to really mine for it.'

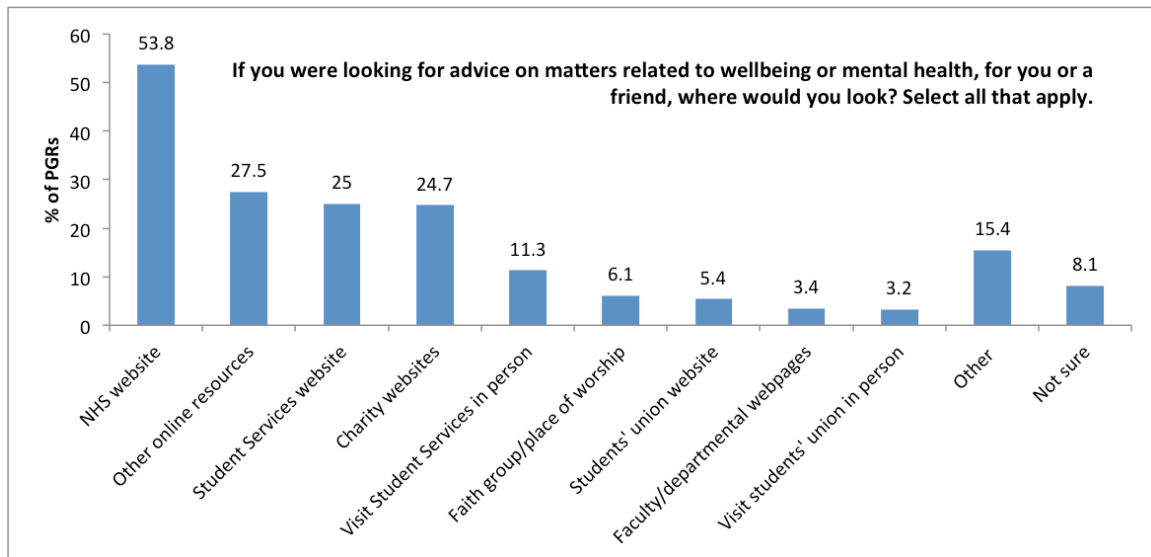


Figure 1: Mental health and wellbeing resources

To investigate actual use of services, survey respondents were then asked, ‘Since being enrolled as a postgraduate research student at [University name], have you used any of the following advice and support services in relation to your feelings of emotional distress? Select all that apply’. This question immediately follows a question about feelings of distress experienced by students (including, stress, anxiety and depression). Only 1.8 per cent of respondents stated they had experienced no feelings of distress, the remainder then went on to answer the question shown in Figure 2 for actual sources of support. Results show that 20.2 per cent of respondents had visited their doctor (GP), as described by one of the focus group participants:

I have a regular review [with the doctor] of how things are going and I'm on anti-anxiety medication so every couple of months I go back but I saw a different one recently and when I said what was going on she almost laughed and she said ‘if you knew how many PhD students like you coming in for this medication! It is such a high amount!’ (Lucy).

Lucy was on anti-anxiety medication prior to starting the research degree, thus the student’s anxiety was not ‘caused’ by the PhD alone. Up to one in five doctoral students have visited their doctor in search of support for mental distress and 11.8 per cent of survey respondents had participated in counselling for mental health outside the university. The survey findings therefore indicate that many doctoral students are accessing mental health support outside the university. 12.5 per cent had used the university’s student support service and 16.9 per cent had sought help from their academic department, to which we now turn.

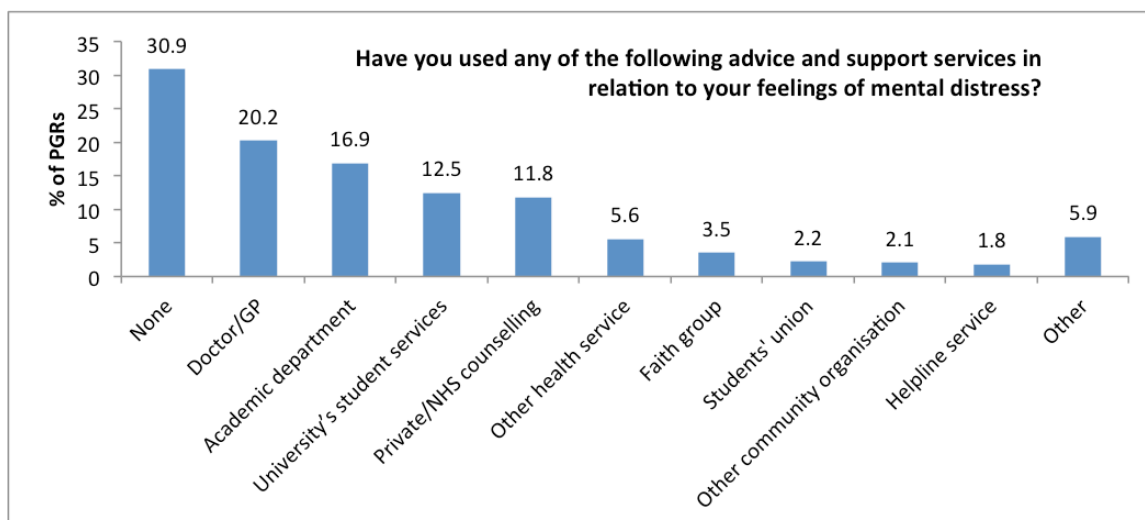


Figure 2: Support services used for mental health and wellbeing support

The role of the faculty in providing non-academic support

If students did want to access institutional support, 23.9 per cent of survey participants said they did not know *who* they should speak to (see Figure 3 below). Focus group participants described confusion over who was responsible for what and where they should go for information:

Are they [the supervisors] supposed to offer you support? Are they meant to send you to someone else? What is their role in managing your stress? (Divya).

Two departments/faculties had addressed this by extending the notion of the undergraduate personal tutor to doctoral students. In the few circumstances that faculties did offer doctoral students a personal/pastoral tutor, this person was either not reaching them or was not seen as someone students felt comfortable speaking to:

I wouldn't really know who to go to. When we first started in our department we were told that we would go to this person but that person happens to be the most awkward person in the world (Rose).

There were also concerns about confidentiality when the pastoral tutor belonged to the same department as the student's supervisory team. Concerns were raised over how to approach academics in the department in light of personal problems, and what would then happen with this information:

*It's hard to tell something like that to someone else (Agnes).
That's the thing I've heard other people say as well, you don't quite know how to say things without repercussions or fear (Jake).*

There were positive accounts from participants however:

The chair of the department has almost a maternal role towards me and is a mentor and I found out that I had a neurological condition and everyone was very helpful with that but that's why I think I was lucky that I had good people (Rob).

Other participants expressed concern for how mental health conditions were managed by supervisors and departments long-term. For example, two focus group participants with chronic mental health conditions stated that although supervisory teams were sympathetic when they first learned of the student’s condition, participants felt that this was soon forgotten or dismissed with the expectation that they must surely be ‘over it’ after a period of time. As one participant explained:

I now feel how they're putting up a wall and that they don't know how to deal with it. The same applies to the faculty director who initially spoke to me about the situation and then never again (Sarah).

This increased student anxiety, as they did not want to appear to be making excuses for themselves when their mental health was affecting their studies.

Awareness and experiences of institutional (university) non-academic support

This section provides some context on why few doctoral students access the non-academic institutional support available to them through student services. First, the focus groups and survey both found that doctoral students experience various psychological barriers in accessing non-academic support. The most prevalent barrier for doctoral students was ‘not understanding the problem myself’ (27.5 per cent) while 22.9 per cent said they felt embarrassed (see Figure 3). The former point is elaborated on by Agnes:

If you are unable to identify that you are depressed then who else [can]? If I had not been diagnosed as depressed at the time, I wouldn't know (Agnes).

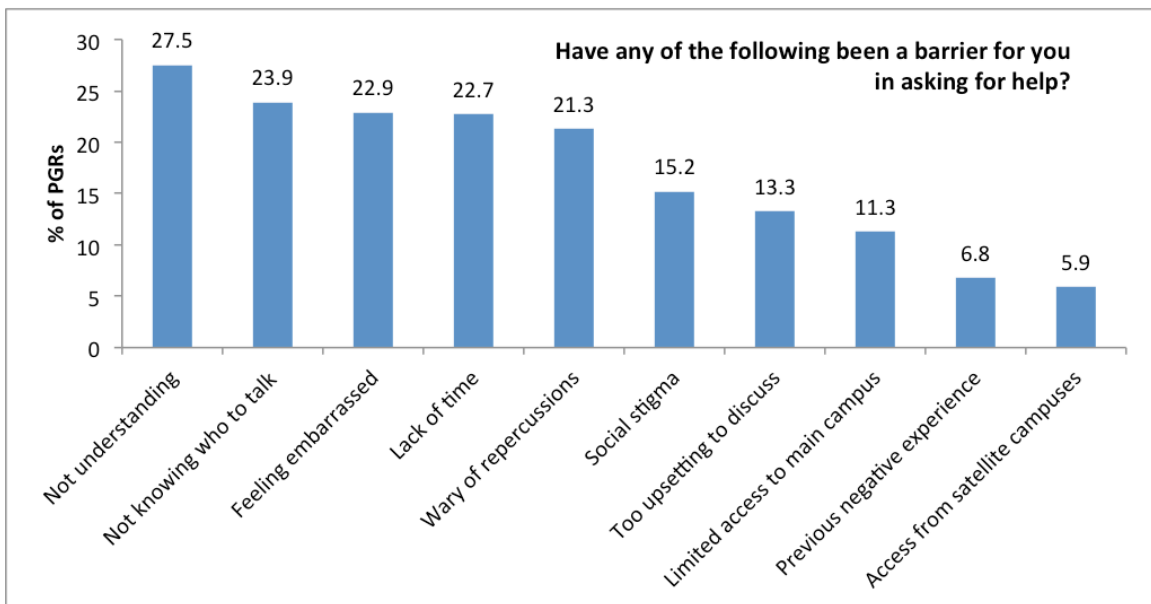


Figure 3: Barriers to accessing non-academic support

When focus group participants described their experiences of student services they included both positive and negative aspects. A number of participants raised a concern that student services could not manage complex problems, or problems unique to doctoral students. Other research has emphasised that doctoral students, as mature students, have a diverse set of needs (El-Ghoroury 2012; Robertson 2017). For example Katrina, below, was experiencing personal problems and problems with a PhD supervisor which were, together, causing a great deal of mental distress:

My experience with student services was they didn't know what they could do, they'd say 'I'll look into it'. Granted I'm in quite a unique situation right now, they are multiple things going on. They said 'I don't know if we can do anything to help you, I can look into it and get back to you' (Katrina).

Whilst a number of participants discussed their positive experiences with student services, 'the counselling was great. She really helped me'; other doctoral students either were not aware of the services available to them, or held a perception that the services available would not be suitable. As one of the focus group participants stated:

At the minute it's a very undergraduate-centric place and everything is done for them, even on the wellbeing side. Handling postgraduate students, with the kind of stress we have, I think it's very different to undergraduates (Dan).

Such comments were framed, for example, by the belief that wellbeing campaigns on campus were purely based around undergraduates:

It's done more by academic year like homesickness and exams but that's not relevant because I'm stressed all the time, I don't have exams (Jake).

In response to the survey question, 'Are you aware of the following services being available to you through student services?' Less than half of doctoral students (40.8 per cent) are aware that they may be able to access counselling through the university. Just 20 per cent, or one in five, are aware of crisis support. In some cases doctoral students may not be aware that they are entitled to support from the university as part of their candidature. For example, a participant completing the questionnaire stated that prices for student services should be made available online, suggesting that they assumed students had to pay to access these services. With an increasingly diverse doctoral population this cultural knowledge should not be assumed. Other practical barriers include geographical difficulties (i.e. travelling from satellite campuses or home) and time pressures accessing campus-based support. This provides further context to why online resources are so popular.

Summary of findings

Like previous studies, our findings emphasise the value doctoral students place on social support. That said, we have also presented evidence that not all students feel able to draw on this social support, with international students and part-time/distance students particularly at risk of social isolation. We have found a lack of consistency in the experiences of students across departments, an inconsistency often related to the non-academic support received by their own supervisors. Even allowing for a skewed sample, a significant proportion of doctoral students have visited their doctor and/or external counselling services due to mental health concerns during their candidature. A far smaller proportion has used the counselling available through student services. Reasons for this include not knowing the service is there, not having easy physical access to campus and not believing student services are equipped to support their needs. Finally, although not discussed in-depth in the focus groups, the survey results indicate that online resources are most commonly drawn on to find advice and support related to mental health. The use of online support is an area worthy of further research.

Institutional recommendations

At the start of this paper we listed a range of issues known to challenge some doctoral students (e.g. isolation, work-life balance, supervisory relationships), before a brief review of the literature on student support. Despite juxtaposing the literature in this way, we are not suggesting that all of these ‘problems’ can be ‘fixed’ by institutional student support, or that this approach is the most appropriately suited to support doctoral researchers. That said, this article has highlighted a range of factors preventing doctoral students from accessing the non-academic support available to them, specifically, services that may support students’ mental health. We have shown that although many students are happy to use online resources, such as the NHS website, and some will need to continue visiting their doctor for medication to manage anxiety and depression, others voiced their frustration about what they see to be a lack of dedicated mental health support for the doctoral community within the university. This need for a specialist approach to doctoral student non-academic support, and potentially dedicated mental health support, is our key finding arising from this research.

Examples of dedicated doctoral support will vary between institutions (and faculties within institutions) and may be simple tweaks of support already offered. Listed below are five recommendation areas arising from our research.

1. Clear signposting.

Clear signposting to services can be achieved by introducing student services during induction procedures, through departmental posters, in a student handbook and online. By tailoring the way existing available-to-all student services are advertised to doctoral students, they can be made to seem more relevant to doctoral needs. If approached in a thoughtful way, such practical initiatives could also work towards changing support cultures, by making support more visible to students and therefore something that is seen to be an accepted part of the doctoral process and not something to be ashamed of, as one participant highlighted, ‘maybe if you knew sooner you’d have a lower barrier to going’.

2. *Online self-help resources*

Based on the evidence that doctoral students prefer to find information online as a first port of call, student services' webpages can be easily adapted to reflect doctoral students' needs. This could be seen to be part of the 'information age' that allows us to easily access a wealth of information online, and also provides a solution to some of the barriers discussed by students (embarrassment, stigma, lack of services at satellite campuses). A website can be used for signposting, as one participant suggested, 'Even if you had a website, "I have this issue, who do I go to talk about it?"', and/or could host more substantial support resources including videos and case studies. A dedicated section for doctoral wellbeing and non-academic support on the student services website was one of our own project recommendations and provides an appropriate gateway for doctoral students to seek the support they need using terms and language they consider meaningful to them.

3. *Proactive workshops*

Participants highlighted the desire for more proactive support measures such as workshops designed to build individual resilience and teach strategies that students could use to sustain their own mental health. Mindfulness training is one such self-supporting technique. One participant had attended a university run course, stating, 'the mindfulness is good, it was very experiential and skills teaching' but was disappointed to be, 'the only postgraduate on the course'. Mindfulness has become a popular technique for individuals to manage their mood and, delivered as an incremental course, has been found to have positive effects on stress management, resilience and subjective wellbeing in a range of groups, including students (Collard, Avny, and Boniwell, 2008).

While mindfulness is an example of a course deliverable, other meetings might simply involve getting doctoral students together to discuss their experiences with, for example, anxiety, depression, or managing a disability. This could be moderated by a university counsellor, or run as a self-sustaining student-led group. We found the focus groups themselves were remedial in this manner:

If you can have meetings with other PGR [postgraduate research] students like this one - I feel really good being here and being able to know that I'm not the only one going through those difficulties (Samuel).

4. *Parity and consistency of support*

We found inequalities in the support doctoral students receive from family, friends and peers. Parity in access to institutional support is thus important with special attention paid to reaching groups more at-risk from weak external support networks, such as international students. Heagney and Benson (2017, p.230) suggest that the university should 'bring support to where students are' and discuss embedding support into the curriculum. For doctoral students this could mean embedding an awareness of non-academic support into regular supervisory meetings where supervisors put aside a small

amount of time to allow students to bring up any other concerns that may be affecting their studies. Furthermore, our survey found that 11.3 per cent of students were deterred from accessing student services because they have limited access to the main university campus. Online resources can mitigate this difficulty to an extent, but as a university with multiple satellite campuses it is important to consider other ways of extending support to these other campus locations.

5. *Supervisor training*

To further maintain parity and consistency in support, we need to open up the discussion on the role academic supervisors play in the non-academic support doctoral students receive. Participants discussed the myriad ways supervisors approached non-academic support, and often felt that supervisors could better manage this aspect:

Your supervisors don't have any training so I think that affects your wellbeing as well because they don't know how to address things like this if you tell them you're stressed (Marie).

At our own institution a supervisor non-academic support handbook was produced as an outcome of this study. This helps ensure supervisors know what institutional support is available for doctoral students so they are able to direct students if needed.

Conclusion

The UK is experiencing increased doctoral student numbers with greater diversity in the range of research degrees offered (for example, part-time and professional doctorates) and the students who enrol (for example, more international and mature-age students). Interest in student support has commonly focused on undergraduates and the support they need to achieve academic success. Yet, existing studies suggest that doctoral students experience many challenges that can affect their progress. High workloads, funding pressures, supervisory relationships and responsibilities at home can all influence the mental health of doctoral students. This article outlines their experiences of accessing non-academic support services that may help them manage some of these challenges.

With previous studies focusing on the value of peer, family and supervisor support, we have found that access to these forms of support is valued but unequal and inconsistent. In addition, we found that many doctoral students access support away from the university, either online (NHS and similar advice websites) or through local counselling and doctor's surgeries. While we do not see doctoral students' use of external support services as an institutional failure, this article has made the case for improving non-academic support provision for doctoral students. In particular we highlight the need for dedicated support services in order to reach doctoral students, including dedicated online support, workshops and improved signposting to support services. We also propose further training for supervisors in order to bridge the gap between academic departments and student support services. Further research is needed to evaluate these kinds of dedicated doctoral support mechanisms along with the use of online and self-help resources used by doctoral students to support their mental health.

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