

Mental Health and Well-Being amongst Graduate Students

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The mental health and well-being of graduate students are of increasing concern worldwide, and though it started as an implicit recognition that students suffer poor mental health, it has expanded into an area of publicly argued concern.

Keywords: bibliometrics ; graduate students ; knowledge structure ; mental health

1. Introduction

A broad transnational survey of over 14,000 students in eight countries, including Australia, Belgium, Germany, Mexico, Northern Ireland, South Africa, Spain, and the U.S., showed that 35% of students fulfilled the criteria for one or more identified mental health conditions. It was also identified that students requiring the greatest need in terms of major distress or, in particular, poor mental health are less likely to receive support or assistance ^[1].

In the U.S., it has been earlier reported that there is a catastrophe of mental health amongst students across institutions of higher learning ^[2]. The American Psychiatric Association established a mission panel on "College Mental Health" in 2005 to provide counsel and promote investigation and intervention programs. However, this remains a problem in the U.S., while related issues concerning student mental health were also reported in Canada, Australia ^[3], Turkey ^[4], and several other nations ^[5].

The U.K. Royal College of Psychiatrists ^[6] projected, in 2011, that the degree of mental health complications among students will upsurge based on factors including the government moving many students from a broader part of the community to school at higher institutions, with increasing financial pressures on students associated with declines in public funding to sustain the students while studying. Both academic scholars and the public have shown rising apprehension regarding the well-being of graduate students, stemming from anxiety, family issues, and the extent of expectations ^[7]. Attention to the graduate students' journey is critical.

Graduate students are defined as individuals studying or conducting research at a higher level than a bachelor's degree, focusing on doctorate and postdoctoral students. Doctoral students are those pursuing advanced studies beyond the master's level to pursue an independent career, whereas post-doctoral trainees are beyond the doctoral level receiving training to pursue an independent career. These graduates are known as trainees because they receive extensive training and specialized instructions in preparation for a future in academia.

Graduate students experience a tremendous deal of stress due to high requirements, pressure, and the evaluative and competitive nature of the graduate school, which may contribute to increased stress and vulnerability ^[8]. In addition to their studies, graduate students often juggle other responsibilities, including supervision, teaching, or research assistance. Thus, academic and coursework difficulties, financial pressures, anxiety, and a lack of work-life balance are all stressors caused by the combined effort of these positions, leading to burnout, fatigue, depression, and physical health difficulties ^[9].

Studies support that graduate students face significant stress, and attention to their needs and challenges is paramount ^{[10][11][12][13][14]}. According to a survey, graduate students reported that their mental health had worsened during their education ^[15], while another reported that one out of every three students sought counseling for anxiety or depression over their journey through graduate school ^[16]. Supporting these views, Jones-White et al. ^[17] revealed factors contributing to graduate students' anxiety and depressive disorders as a lack of a sense of belonging and academic, financial, and relationship stressors. One out of every three graduate students is at risk of having a mental health problem, such as depression ^[14]. Graduate students have a self-reported incidence of depression and anxiety six times higher than

the general population and their peers in the same age bracket ^[13]. Therefore, they require more significant support to handle mental health concerns ^{[18][19]}.

Numerous factors detrimental to students' well-being are debatably exclusive to the postgraduate journey. Doctoral degree students struggle with emotions of social seclusion, absence of enthusiasm, difficulties with their advisors or supervisors, and loss of engagement with the educational community ^{[11][20]}. About 56% of doctoral students consider dropping out during the process due to experiences of anxiety, stress, exhaustion, and lack of interest ^[11]. Lately, consideration of such factors in studies has been reduced, as research has concentrated on how those elements influence their completion rate ^[21]. Considering the high degree of well-being hypothetically needed to accomplish a doctoral degree, it is no wonder that low well-being significantly impacts the students' research progress, career advancement, academic efficiency, and private lives ^[21]. These problems have organizational and financial repercussions for higher educational institutions ^{[11][22]}. While existing studies have assessed some phases of mental health, most frequently, the aspects of psychological distress ^{[11][14][15]} and other aspects such as psychological well-being have not been well-researched.

Conventionally, mental well-being and mental distress were regarded to represent opposites of a particular dimension, with increasing mental well-being implying lower mental suffering and vice versa. Increased mental well-being has also been reported to reduce mental distress over a period, while declines in mental well-being reflect increased mental distress ^[23]. A variety of additional models for how mental well-being and mental distress interact to influence an individual's mental health suggested that both mental well-being and mental distress have a role in graduate students' overall mental health.

Therefore, there is a need to undertake continuous research on this topic to ensure that the related concerns are clearly and consistently mapped and intellectualized using appropriate and reliable tools for measurement. Seeing the high level of depression and anxiety among the doctoral student population, it is important to expand on research focused on this critical group given their job prospects and contribution to the broader society ^[24]. Doctoral students and postdoctoral trainees have the prospect of research, development, and education at institutions and beyond, but they are in danger of losing their jobs. The increasingly bleak job environment for scientific researchers adds to the dissatisfaction produced by long hours and low compensation. Though a bit of stress can be tolerated, anxiety and depression can be devastating. In 2021, for example, a study of doctoral students at seven United States (U.S.) universities found that 15.8% of them had considered suicide within two weeks before taking the survey. According to the survey, just one-third of those who fulfilled the diagnosis received therapy, and students with psychological problems were also more alienated, had fewer colleagues to resort to for support, and were much more inclined to consider quitting school ^[25]. Therefore, systematically monitoring and championing research on their mental health is paramount, ultimately contributing to increased completion rates ^{[15][26][27]}. Not recognizing and responding to this problem could result in a considerable loss of resources and human potential.

Furthermore, the COVID-19 pandemic has likely made these difficulties more severe, and graduate students may find it even more challenging to seek support ^[28]. Some students may be hesitant to acknowledge it, let alone manage it, because of enormous competition, exacerbating the situation. According to research by the World Health Organization (WHO) ^[29], the number of persons with mental health disorders is expected to rise, and graduate students are among the most vulnerable groups. Therefore, research on this topic is vital.

2. The Development Trajectory of Studies on Graduate Students' Mental Health and Well-Being

The numerical growth of research publications on a subject represents a vital indicator of the evolutionary trend in that research domain. It mirrors the image of development and the advancement of knowledge on the subject. By analyzing of the number of published literature over the years, the state of research and the trend of imminent development in a particular field can be clearly interpreted and understood. In 2012–2021, research on graduate students' mental health and well-being made up 63 publications on a global scale as indexed in *Scopus*. The number of published documents on the subject gradually increases over time, as shown in **Figure 1**. However, publications were relatively small in this area, numbering 18 from 2013 to 2019, suggesting that there has been limited attention to the predicament of this group of people through scholarly research. The growth trend witnessed publications significantly increase from 2020–2021. Specifically, the last two years have observed a remarkable growth of research in mental health in tertiary education, particularly among graduate students. These publications have heralded new opportunities and awareness in the educational sector leading to a scholarly community of research and publishing directed to reaching a wider audience. The publications also reflect that new researchers are increasingly examining the field instead of a set of researchers

dominating a particular field. These findings suggest that the patterns may have been influenced by the incidence of the COVID-19 pandemic, which birthed plenteous research on mental health and the impact of the associated restrictions on research, teaching, and learning in higher education in general. The relevance of attention to students' mental health was elevated given the sudden shift to remote or online learning, which possibly spiked research on graduate students' well-being.

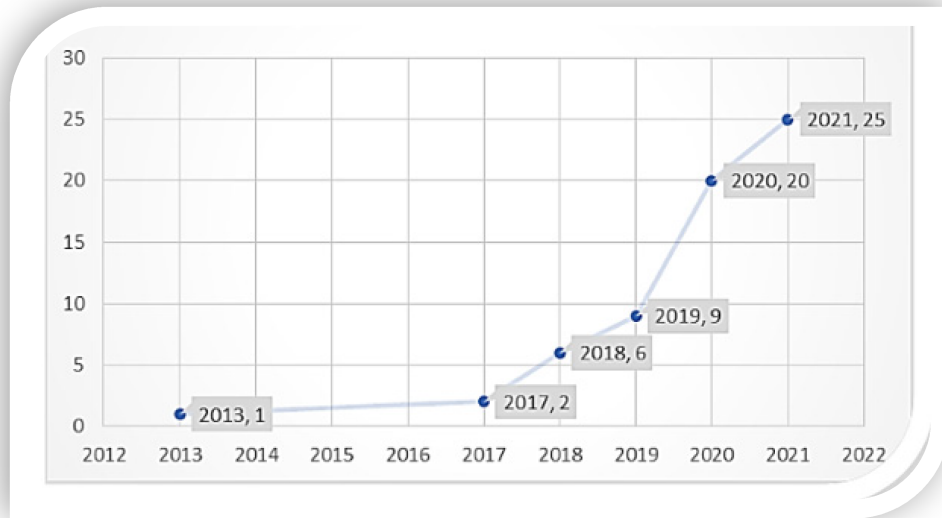


Figure 1. Publication Trajectory (year-wise).

3. Country-Wise Collaboration

Figure 2 shows three clusters of countries that exhibit collaboration with other countries. The red cluster indicates collaboration between the U.S., New Zealand, Australia, and France. The green cluster has the highest collaboration, showing that the U.K. closely collaborates with the USA, Canada, France, and Spain, with a total link strength of 8. The collaboration in the blue cluster is China, Italy, and the Netherlands, with a link strength of 3, 2, and 2, respectively. The collaboration strength amongst the countries is generally weak and low, suggesting that most of the countries have primarily concentrated on independent and autonomous research regarding the mental health of graduate students and show limited cooperation with other researchers. Collaboration in mental healthcare has proven to produce positive outcomes for the affected ^[30]. This presents a strong case for the need for collaboration.

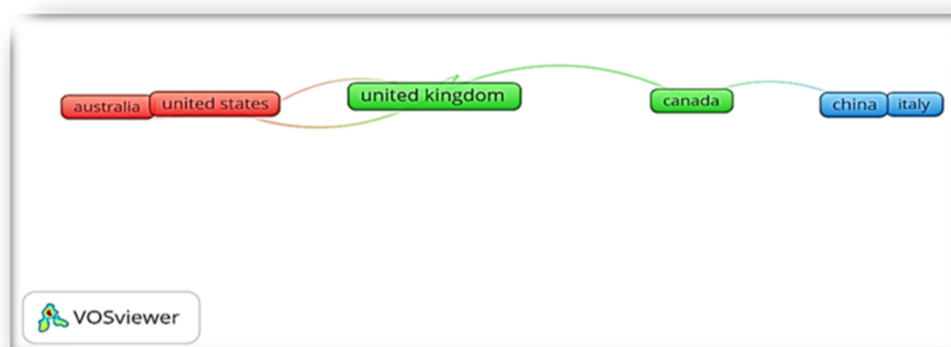


Figure 2. Country-level Collaboration Map of Countries.

Given the international nature of the difficulties in the development of mental health interventions, there is a need for increased global commitment, which can best be achieved through collaboration across countries. Bearing in mind that the mental health subject is sensitive to cultural, social, political individual contexts, and morals ^[31], collaboration increases sensitivity to these differences and builds on the knowledge of diverse communities. The experiences across countries can assist in speeding up innovative techniques in providing mental health intervention in other nations. Further, collaboration eliminates the possibility of “reinventing the wheel” by applying the knowledge forward from the experience of other nations. Lastly, funding from organizations can kick start innovative programs and initiate collaborative programs on mental health across different countries.

The differences in cultures across different countries also have a range of implications for mental health practice, ranging from how people view health and illness to treatment-seeking patterns, the nature of the therapeutic relationship, and issues of racism and discrimination. Mental health is a complex issue that requires collaboration among all stakeholders, including grassroots and community organizations, civil society groups, local and national governments, international organizations, private sector companies, religious groups, and academic institutions. Much of the theory and practice of mental health, including psychiatry and mainstream psychology, have emerged from western cultural traditions and understandings of the human condition. The concepts of the epistemology of body and mind, positivism, and naturalism have all played a role in forming today's current mental healthcare [32][33]. Since such understandings of mental well-being have supplied powerful conceptual frameworks and tools for the relief of mental distress in many contexts, they have also proven to be problematic when adapted to non-Western cultures without considering the intricacies with which having to work across cultures tends to bring [34]. According to Tribe [35], Western cultural models to health are founded on a concept that emphasizes individual intra-personal experience or dysfunction, whereas other cultures may emphasize societal or family dynamics. There are indeed many aspects at the intersection of psychological health and culture that mental health experts must take into account if they want to actively involve the people they work with, from matters of over-representation of particular cultural groups in treatment centers to studies that exclude some cultural groups while including others [35][36].

Regarding how individuals seek care, cultures differ as well. According to research conducted in developed countries, such as Australia, Canada, and the U.S., various cultures request support considerably later than the majority population, and many of them appear in critical cases of mental distress [36]. A major reason for this can be attributed to perceived shame, as explored in some studies. Some cultures attribute the illness to the presence of spirits, the dark eye, black power, or the violation of taboos, putting the problem under the ambit of herbalists. Healing shrines in India and other holy pilgrimage regions around the world are typical examples [37]. Because of social shame, mental illness has become a hidden concern across much of Africa, equating to a silent plague. Many homes with mentally ill members hide them for fear of prejudice and ostracism from their community [38].

It is worth noting that people of different cultures may not draw a similar distinction between bodily and mental difficulties that people in Western therapeutic systems do. Feldmann et al. [39] discovered that study respondents in the Netherlands see no difference between mental and physical health. This is in stark contrast to Western psychiatry, which typically takes a reductionist approach whereby the body and mind are entirely differentiated [40]. As a result, a cross-cultural strategy that considers the needs of individual groups is vital.

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