Catalyst Fund
Supporting mental health and wellbeing for postgraduate research students

October 2020

Programme Evaluation

Vitae in partnership with
Universities UK

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Office for Students — OfS

UKRI — Research England

Catalyst Fund
Supporting the mental health and wellbeing of postgraduate research students

Programme evaluation

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About Vitae
Vitae is the global leader in supporting the professional development of researchers, experienced in working with institutions as they strive for research excellence, innovation and impact.

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Contents

Supporting appendices are available as a separate document
https://re.ukri.org/research/postgraduate-researchers/

Appendix 1. Activities by lead institution

Appendix 2. Resources available to the sector

Appendix 3. Project case studies

Appendix 4. Evaluation indicators

Appendix 5. Data on Engagement and Impact

Executive summary

Over the last few years, there has been increased concern for the mental health and wellbeing of postgraduate research students (PGRs). Vitae's 2018 report, commissioned by (then) Higher Education Funding Council for England (HEFCE) into the wellbeing, mental health and associate support services for PGRs highlighted the need for: institutional strategies to specifically support PGRs; the need for monitoring the extent of mental health issues within the PGR population; and the need for supervisors and other staff who support this population to understand and be able to respond to their specific needs.

The interim outcomes from this project informed the subsequent Catalyst Fund call by Research England (RE) and the Office for Students (OfS) that aimed to enhance the provision of support services and activities targeted at PGRs' mental health and wellbeing. Vitae, in partnership with Universities UK (UUK), were commissioned to evaluate the impact of the overall programme and to identify good practice to share more widely with the sector.

The Catalyst Fund programme and its evaluation were completed before the Covid-19 pandemic. The associated restrictions create new challenges in terms of potentially intensified mental health issues and in implementing some of the recommendations in the report, for example activities such as building networks and in-person events. These need to be conducted in a way that adheres to government and institutional guidelines for social distancing.

Programme reach
The 17 successful projects covered a wide range of activities targeted at PGRs and supervisors, including workshops, mentoring programmes, peer networks and training embedded into induction events. Co-production was a positive theme, with 171 PGRs directly involved across 11 projects. Three UK-wide surveys were run for PGRs, technicians and professional staff, respectively. A variety of resources have been developed for use by the sector available on the OfS website: these range from training materials to wellbeing apps, blogs, online hubs and videos. Two projects have produced literature reviews, while seven projects have submitted papers to peer-reviewed journals. Fifteen projects have provided case studies that outline their activities, impact and challenges. Many have actively shared their experiences with the sector at conferences and events during the course of the two-year programme.

Programme impact
Projects reported on the impact of their activities against a programme evaluation framework. More than two-thirds of projects reported evidence that their PGRs had improved their mental health and wellbeing literacy, were more aware of how to support and improve their own mental health, and had improved knowledge of where to get help and support. As all the projects used different evaluation processes, it was not possible to obtain sufficient data to make comparative judgements on the relative effectiveness of activities.

Common themes emerged from projects' experiences that have been structured around UUK's revised Stepchange framework: Mentally Healthy Universities[1] to provide guidance to institutions when implementing the framework with respect to their PGRs. The framework is organised into four domains – Learn, Support, Live and Work – and five enablers – Leadership, Co-production, Inclusivity, Information and Research and innovation.

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[1] www.universitiesuk.ac.uk/Stepchange

Stepchange: Mentally Healthy Universities – Domains

Learn

This domain recognises the transformative role of universities through learning and the impact this can have on an individual's mental health. The lack of PGRs' integration in the academic community was a common theme, with PGRs reporting that they often fell between undergraduate students and staff, not feeling that they fitted into either community, which potentially impacts on their mental health and wellbeing. They should be encouraged by supervisors and others to maintain healthy working practice from the start of their studies.

Support

This domain focusses on staff and services that support those who may be experiencing mental illness. Projects recognised the need for professional services staff who support PGRs to understand the PGR journey and potential stressors, particularly the potential intersection between the intellectual challenge of doctoral research and unhealthy stress. They emphasised the importance of recognising PGRs as a distinct population with tailored signposting to mental health and wellbeing support and training resources adapted to their specific needs. One project explored the role of technicians in supporting PGRs in their mental health and wellbeing, revealing that this role is rarely recognised, and highlighted the need for appropriate training and support for technicians, as well as other professional support staff and academics with responsibilities for PGRs.

Live

This domain focusses on making universities healthy settings. A consistent message from projects was the importance of tackling isolation and loneliness through creating strong peer support communities. Two-thirds of the projects had community-building activities, particularly through peer-led networks and use of peer ambassadors. A third of the projects developed specific wellbeing activities associated with encouraging healthy behaviours, such as managing expectations around working hours, taking holidays, and 'self-permission' to engage with wellbeing activities. There were mixed views on whether wellbeing activities should be delivered as separate activities or integrated into a wider programme of interventions. While projects reported the immediate value of these activities, one project found no evidence that this led to longer-term improvements in psychological wellbeing scores. Some projects noted push-back from PGRs on engaging in wellbeing activities and cautioned against overemphasising the importance of resilience, rather than improving the structures and processes for doctoral education that contribute to stress.

Work

This domain focusses on the importance of promoting mentally healthy workplaces and equipping staff to support students. Projects emphasised the pivotal role of supervisors in supporting the mental health and wellbeing of PGRs. They noted the importance of paying attention to supervisor mental health and wellbeing and ensuring that supervisors have good mental health literacy, understand their boundaries and can signpost PGRs to appropriate support so that they can perform this role well. Projects that targeted supervisors reported supervisors were more knowledgeable about appropriate support for PGRs, more confident and more likely to have conversations about mental health and wellbeing.

Stepchange: Mentally Healthy Universities – Enablers

Leadership

This enabler addresses strong and visible strategic leadership. All projects recognised the importance of senior leadership support for their projects and mental health and wellbeing of PGRs generally, for both encouraging engagement and facilitating longer-term sustainability. Several projects provided the PGR perspective for the development of their institutional mental health strategy, where they

should be recognised as a distinct group. One of the projects designed a mental health impact assessment that is now a required step in the development of all institutional policies at their institution, which could be adopted by institutions more widely.

Co-production

This enabler identifies co-production with students as being at the core of a whole university approach. Where it was used it was instrumental in shaping the focus of activities and beneficial for the PGRs involved and generally seen to improve their wider engagement. A few projects also involved PGRs in the development and delivery of activities for supervisors.

Inclusivity

This enabler recognises that individuals have different needs depending on their circumstances and experiences. While only one project had a specific diversity focus to their activities, projects generally reported less engagement from male researchers, those studying part-time and international researchers, the latter two being populations that are seen as more at risk of experiencing isolation and loneliness. Engagement in wellbeing was identified generally as a challenge, with some noting scepticism from PGRs about wellbeing activities and attendance being perceived as a weakness within their local cultures.

Information

This enabler identifies the importance of a coordinated approach to information gathering and sharing. They noted the value of regularly collecting and reviewing institutional level data on PGRs' engagement with support services and interruptions in their doctoral journey due to mental health issues. Several projects reviewed or developed apps that allow PGRs to track and manage their own mental health.

Research and innovation

This enabler focusses on gaps in knowledge around mental health and wellbeing. All the projects noted the difficulty of obtaining data on the mental health and wellbeing of PGRs, with nine projects undertaking surveys to collect underlying data. Projects stressed the importance of having UK benchmarking data on the mental health and wellbeing of PGRs to enable comparability between institutions and across different demographics and circumstances. They also highlighted the value of sharing practice in data collection, evaluation and provision, including the intelligence gathered through this Catalyst Fund programme.

Wider issues and sustainability

Projects highlighted the need to consider wider systemic issues that impact on PGR mental health and wellbeing. These included the funding, duration and structure of doctoral education, funders' terms and conditions, career opportunities and how PGRs' mental health and wellbeing fits into recent sector level work on mental health and the research culture.

Further research is needed into why certain groups may be more vulnerable to poor mental health or experience loneliness and feelings of isolation, particularly within different academic disciplines and modes of study. Little is known of how doctoral study impacts on the mental health and wellbeing of PGRs with protected characteristics. More research is needed into the preparedness and mental health of supervisors, other academic staff with PGR responsibilities and professional staff to support PGRs' mental health and wellbeing.

Sustainability was an expectation of the funding. Several projects achieved this through integrating PGR mental health and wellbeing into institutional strategies and embedding specific activities into existing processes, such as induction, researcher development programmes and supervisor training.

Recommendations

The following recommendations have been developed in line with the findings from across the programme and with input from the projects through network discussions. Recommendations targeted to senior institutional leaders, supervisors and professional services staff have also been incorporated into stakeholder briefings that can be accessed on the Research England website[2]. While acknowledging that there are structural and cultural issues that need tackling, we also include recommendations for PGRs on how they can take care of their own mental health and wellbeing. Finally, we include recommendations that require wider sector engagement, including from funders that emerged from network discussions.

Senior institutional leaders, including heads of schools/departments, should:

- make mental health and wellbeing of PGRs a key priority and acknowledge PGRs as a distinct population in their institutional mental health strategies

- drive an institutional culture, reflected at departmental levels, that supports PGRs' wellbeing, outlining clear institutional expectations of their status and contribution to academic communities

- provide sufficient resources to embed appropriate support and provision for PGRs' mental health and wellbeing within their institution

- regularly collect robust data on PGRs' mental health and wellbeing in a structured whole institution approach to enable benchmarking, identification of areas of concern, highlight good practice and monitor progress

- ensure that supervisors, other academics with postgraduate responsibilities and professional staff are given the time, training and appropriate recognition for supporting PGRs' mental health and wellbeing and that it is reflected in workloads and appraisal processes.

Supervisors, and other academics with postgraduate responsibilities, should:

- recognise the link between good mental health and academic success for both the PGR and their supervisor, and understand the supportive role supervisors have in ensuring PGRs' mental health and wellbeing

- ensure they are well informed about PGRs' mental health issues and potential triggers, understand the boundaries of their responsibilities and capabilities, and know how to confidently signpost PGRs to appropriate support

- take care of their own mental health and wellbeing and act as mental health and wellbeing role models by displaying healthy working and lifestyle practices, thereby contributing to a healthy institutional and academic culture.

Professional services staff with responsibilities for PGRs should:

- ensure they recognise and understand the distinctiveness of PGRs' experiences and challenges and are able to distinguish between the intellectual challenge of doctoral study and unacceptable stresses that have a negative impact on wellbeing and mental health

- consider how they can develop and sustain PGRs' peer support networks

- explore how they can support PGRs within their role, that they understand the boundaries of their responsibilities and capabilities and know how to signpost PGRs to appropriate support

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[2] https://re.ukri.org/research/postgraduate-researchers/

- take care of their own mental health and wellbeing and act as mental health and wellbeing role models by displaying healthy working and lifestyle practices to contribute to a healthy institutional and academic culture

- wherever possible embed the importance for PGRs to pay attention to their mental health and wellbeing within existing doctoral degree processes and researcher development programmes

- be flexible in the timing, duration and types of training and other interventions to provide an inclusive programme that attracts the widest engagement from PGRs.

Postgraduate researchers should:

- pay attention to their wellbeing and mental health during their doctoral studies, actively seeking ways to engage with wellbeing activities within and beyond their institution

- develop good peer support networks to reduce the risk of isolation

- find out how and where to get appropriate help and support within their institution, including declaring any mental health conditions to their institution

- assist in developing institutional and sector understanding of PGR mental health by responding to requests for feedback about their mental health and wellbeing from their institution.

Wider sector recommendations

- UUK, doctoral education funders and other key stakeholders should agree common UK measures for institutions to collect data on PGR mental health and wellbeing to drive enhancement and enable benchmarking and comparability across the UK

- Doctoral education funders should review their funding and duration of doctoral training programmes, including expectations within their terms and conditions of funding and evaluation processes on how the mental health and wellbeing of their funded PGRs should be supported

- UUK and other key stakeholders should undertake a review of how the structure and processes within doctoral education impact on the mental health and wellbeing of PGRs and what measures can be taken to address this, recognising different disciplinary contexts

- UUK, doctoral education funders and other key stakeholders should recognise and promote PGRs as a distinct community within sector work on mental health and wellbeing, and into the research environment and culture

- UUK and other stakeholders should consider how existing networks can be utilised to support future work relating to PGR mental health and wellbeing and the sharing of effective practice

- UK Research and Innovation (UKRI) and OfS should commission more research into the intersection of protected characteristics with mental health, experiences of isolation and loneliness, and the impact on mental health of developing greater resilience and self-efficacy

- UKRI, OfS and other funders should consider integrating evaluation more specifically within funding calls and selection criteria, and how to support projects to develop evaluation frameworks to support successful delivery and improved evidence on and understanding of what is effective practice.

1 Introduction

1.1 Overview

£1.5M was awarded to 17 projects in March 2018 to support the wellbeing and mental health of PGRs through the Catalyst Fund. Research England (RE), UK Research and Innovation (UKRI) and the Office for Students (OfS) commissioned Vitae, together with Universities UK (UUK), to evaluate the impact of this funding at programme level against its aims and identify learning and useful practice from across the programme.

The PGR Catalyst Fund call was open to English higher education institutions (HEIs) to bid for up to £150,000 to propose new, or scale up existing, activities to support the mental health and wellbeing of PGRs to deliver strategic and sustainable change. The expectation was that there would be senior level commitment to projects and co-production with PGRs.

Proposals were asked to demonstrate:
- meaningful engagement with PGR students in design, delivery and evaluation
- a rationale for the proposed approach, including any supporting evidence
- commitment from senior leaders across the institution or collaborating institutions involved
- one-to-one matched funding relative to the funding request to HEFCE
- a credible methodology to develop, implement and scale the new proposed approaches
- a rigorous approach to the design of the project and the evaluation of its success
- potential barriers and solutions anticipated in the approach
- a commitment to be involved in HEFCE's coordination of a network of projects
- evaluation and dissemination of results to the wider sector.

The successful projects received funding ranging from £12,000 to the maximum funding of £150,000, and all projects were required to provide matched funding. Five projects involved collaboration between institutions or with other organisations. The funding ran from April 2018 to January 2020, with two projects receiving extensions to March 2020. The list of participating institutions is given in Appendix 1.

The aim of the PGR Catalyst Fund was to develop and implement sustainable approaches to supporting the mental health and wellbeing of PGRs. The guidance for bidders stated that this could include:
- prevention and early intervention approaches reaching a broad range of PGRs
- developing and implementing new practice for pastoral support
- enhanced staff training, for example for supervisors
- collection and use of data on the needs of PGRs
- evaluation and deployment of best practice
- working in partnership with statutory health services and third-party organisations to deliver improved support
- consideration of the whole PGR experience and cultural change.

Within this report we provide an overview of the range of activities undertaken by the projects, their reach and impact. We identify the learning and key themes that have emerged across the programme and present recommendations for the sector, senior institutional managers, supervisors, professional services staff and PGRs. In the appendices we include case studies of the individual projects. The appendices are collated in a separate document to this report and also include information on project activities, data on engagement and impact and evaluation indicators. Throughout the report we refer to postgraduate research students (PGRs) as individuals registered for a doctoral degree.

1.2   Wellbeing and mental health landscape for PGRs

There has been significantly increased interest in mental health and wellbeing in higher education, particularly in relation to undergraduate students. In 2018/19, 82,000 first-year undergraduate students disclosed a mental health condition; that is 4.3% of all UK-domiciled students – two-and-a-half times as high as in 2014/15[3] – in part driven by decreased stigma around disclosure, the drive to widen participation and increased 'stressors', such as student loans[4]. Amongst PGRs, reporting appears to be particularly low, with 1.8% declaring a mental health condition to their university in 2018/19, although this is up from 0.9% in 2013/14[5]. This lower reporting level compared to undergraduates is unlikely to be due to lower levels of mental conditions within the PGR population. In 2017 almost two-thirds of universities reported that demand for counselling services had increased by more than 25% over the past five years, with some universities reporting as many as one in four students using, or waiting to use, counselling services[6]. Potentially, mental health difficulties seem to be under-reported within higher education, as government analysis suggests that one in four adults will experience mental illness at some point in their lifetime and one in six experience symptoms at any one time[7].

Over the last few years, there has been increased concern for the mental health and wellbeing of PGRs, catalysed by a number of studies. A 2014 survey by the University of Berkeley revealed that 47% of their PGRs were on the threshold for depression. A 2017 study on the mental health of PGRs in Flanders[8] highlighted that ill health and stress during the PhD were found to be higher than the general population. It identified that 32% of their postgraduate research population 'are at risk of having or developing a common psychiatric disorder, especially depression'. A similar study in Leiden University (2017) identified that two in five PGRs are at risk of having or developing a psychiatric disorder[9]. This compares to 19% of 25–34-year-old UK residents showing evidence indicating depression or anxiety[10]. A 2017 literature review commissioned by the Royal Society into the understanding of mental health in the research environment[11] found limited evidence about the prevalence of specific mental health conditions among PGRs generally and only a very small number of studies (including the Flanders and Leiden reports) that focussed on PGRs.

More recently *Nature*'s 2019 worldwide survey[12] of over 6000 PGRs found that 36% had sought help for anxiety or depression caused by their PhD studies. PGR respondents to the 2019 Postgraduate Research Experience Survey (PRES 2019) reported higher levels of anxiety when compared to undergraduates[13] and considerably higher (27% more) than the national average[14].

PRES 2017[15] included new questions about wellbeing and retention. Although more than 60% of PGRs were satisfied with their work–life balance, and 85% felt their degree programme was worthwhile, 26% of respondents had considered leaving or suspending their degree programme. Respondents with a disability, and particularly a mental health condition, were more likely to have

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[3] https://commonslibrary.parliament.uk/research-briefings/cbp-8593/
[4] www.theguardian.com/education/2016/sep/23/university-mental-health-services-face-strain-as-demand-rises-50
[5] HESA Student Record www.hesa.ac.uk
[6] Not by degrees: improving student mental health in the UK's universities, IPPR, 2017 This data does not distinguish between undergraduates and PGRs www.ippr.org/files/2017-09/1504645674_not-by-degrees-170905.pdf
[7] Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, NHS, 2014
[8] Levecque et al, Work organization and mental health problems in PhD students, Research Policy, 46, 2017
[9] http://nos.nl/op3/artikel/2180638-ook-leidse-promovendus-heeft-grotere-kans-op-depressie.html
[10] Measuring National Well-being: Domains and Measures, ONS, 2017
[11] https://royalsociety.org/topics-policy/diversity-in-science/understanding-mental-health-in-the-research-environment/
[12] https://www.nature.com/articles/d41586-019-03459-7
[13] Student Academic Experience Survey, HEA & HEPI, 2017 www.hepi.ac.uk/2019/06/13/student-academic-experience-survey-2019/
[14] www.advance-he.ac.uk/reports-publications-and-resources/postgraduate-research-experience-survey-pres#reports
[15] www.advance-he.ac.uk/reports-publications-and-resources/postgraduate-research-experience-survey-pres#reports

considered leaving or suspending their doctoral studies (48% and 60%, respectively). The Flanders PGR study identified work–family balance, job demands, job control, supervisor's leadership style and team decision-making culture as linked to mental health problems in PGRs.

HEIs provide a wide range of student support services relating to mental health and wellbeing[16]. Formal institutional provision is likely to include welfare support, mental health advisors, academic support and tutoring, counselling services, disability services, peer support and mentoring. This is reinforced by HEIs working with external agencies and networks, such as the NHS, GPs and specialist mental-health-related charities, and a wide range of institutional staff, for example from students' unions, academics, pastoral staff, chaplaincy and wardens in institutional accommodation.

Although PGRs are included within the remit of student support services, until recently there has been very little explicit focus on the mental health of PGRs. Increasingly, however, UK HEIs are providing specific wellbeing provision for PGRs, predominately provided by graduate schools or through researcher development departments. In 2017 the (then) HEFCE commissioned Vitae to explore the wellbeing, mental health and associate support services for PGRs[17]. This study provides useful background to the Catalyst Fund programme. It highlighted the need for institutional strategies to specifically support PGRs, the need for monitoring the extent of poor mental health within the PGR population and the need for supervisors and other staff who support this population to understand and be able to respond to their specific needs.

The Vitae study found that the doctoral degree experience is very different from the undergraduate or taught masters' experiences. Even within cohort-based doctoral training programmes, PGRs will be working on individual projects and reporting to a specific supervisor/supervisory team and the quality of this relationship is crucial to the wellbeing of the PGR. Staff and PGRs highlighted difficulties in the supervisory relationship as a common cause of wellbeing issues for PGRs. The high expectations and workloads associated with doctoral degrees can create an environment in which PGRs experiencing self-doubt can develop imposter syndrome, and this can also discourage PGRs from seeking help if their stress becomes unhealthy.

In the Vitae study, PGRs consistently described doctoral education as a stressful experience at least at some stage, and some expressed uncertainty in the expectations for their research with little positive feedback on their progress. Some also expressed reluctance to talk to their supervisors about their wellbeing, even where there was a positive relationship. They were concerned that talking about their anxiety might reflect badly on their ability to achieve their doctorate and the possible impact on their career prospects. Some groups of PGRs have been identified as more at risk of poor wellbeing than others, particularly international researchers, part-time researchers and PGRs with disabilities[18]. Isolated researchers, those with financial concerns or work–life balance challenges emerged as more at risk of developing poor mental health.

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[16] Understanding provision for students with mental health problems and intensive support needs, HEFCE, 2015
https://webarchive.nationalarchives.gov.uk/20180319114953/http://www.hefce.ac.uk/pubs/rereports/year/2015/mh/
[17] Exploring wellbeing and mental health and associated support services for PGRs, Vitae, 2018
https://re.ukri.org/documents/2018/mental-health-report/
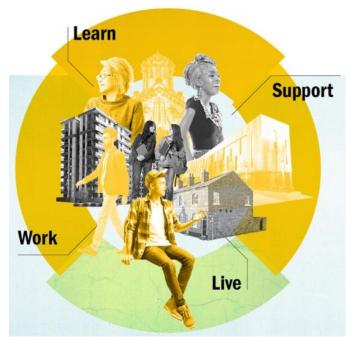[18] Long-term conditions and mental health, Kings Fund, 2012

1.3 Stepchange: Mentally Healthy Universities

The Stepchange framework was launched by UUK in 2017 in response to a growing narrative of crisis of student wellbeing and mental health in higher education. Students reporting mental health conditions have been rising, and demand for student support services has increased sharply[19]. Universities have a duty of care to safeguard their students, and the student contract requires a clear indication of support provided, while within the Equalities Act 2010 a mental impairment falls within the projected characteristic of disability if the impairment has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities. Furthermore, good mental health has a positive impact on student retention and engagement, leading to enhanced academic performance and increased satisfaction. The Stepchange framework provides a structure for universities to reflect on their strategies, services and practices relating to mental health and encourages university leaders to adopt a whole institution approach to improving mental health. The original framework was based around eight spokes, consisting of: leadership, data, staff, prevention, early intervention, support, transitions and partnership. This structure was used within the evaluation for the initial mapping of project activities and in progress update calls with project leads. Much of the activity within the Catalyst projects was focussed around prevention and early interventions.

In 2020, UUK refreshed the Stepchange framework and relaunched it as 'Stepchange: Mentally Healthy Universities' (Figure 1), which calls on institutions to see mental health as foundational to all aspects of university life for all students and staff.

The Mentally Healthy Universities framework sets out a whole-university approach based on four domains – Learn, Support, Live and Work – and five enablers – Leadership, Co-production, Inclusivity, Information, and Research and Innovation. This framework aligns with the Student Minds' University Mental Health Charter published in 2019[20], which provides a set of principles to support UK universities in making mental health a university-wide priority and will form the basis of an award scheme to recognise and reward universities that promote good mental health and demonstrate good practice. Within this report, the key themes emerging from the evaluation (Section 4) have been structured around the new Mentally Healthy Universities framework so as to be most helpful for HEIs in considering how to implement the framework for PGRs.

Figure 1 Stepchange: Mentally Healthy Universities

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[19] www.theguardian.com/education/2016/sep/23/university-mental-health-services-face-strain-as-demand-rises-50
[20] www.studentminds.org.uk/charter.html

1.4   Aims of the evaluation

The evaluation aimed to examine the PGR Catalyst Fund at the programme level (across all of the projects), demonstrate emerging outcomes and disseminate good practice to the wider sector based on the programme evaluation. The appendices accompanying this report include case studies of individual projects and a list of the resources that are available for use by the sector. Alongside this report we have also produced stakeholder briefings for senior leaders, academic staff and professional services staff, highlighting how these groups can contribute to PGRs' wellbeing and mental health.

Our evaluation has been informed by a number of information sources:

OfS reporting requirements
- Project proposals to the Catalyst Fund call
- Short project overviews provided by each of the projects
- Interim project reports submitted to OfS in January 2019
- Final project reports submitted to OfS in January 2020

Evaluation team data collection
- **Telephone calls –** three structured telephone calls held with individual projects at intervals throughout the project
- **Case studies –** each project was given the opportunity to submit a case study in May 2019 as part of the evaluation team interim emerging practice report and again at the end of the project
- **Quantitative survey** – each project completed a quantitative survey at the end of the project to collect engagement numbers for different stakeholder groups
- **Qualitative survey –** each project completed a qualitative survey at the end of the project in which they were asked to consider the impact of their project and provide data and evidence to support this.

Supporting activities
- **Network meeting 1** in July 2018, which focussed on understanding project activity and involved interactive exercise to consider project outcomes for different stakeholders and their measures of success
- **Network meeting 2** in March 2019 when projects completed Theory of Change frameworks, indicator mapping using the IEF and shared emerging good practice
- **Network meeting 3** in November 2019, which included a poster walk for projects to share their project learning and outcomes, an update on communication and dissemination activities, and providing evaluation reporting guidance to projects.

Advisory Group input
- The PGR Mental Health and Wellbeing Advisory Group met in October 2018 and May 2019 and provided valuable input on the evaluation methodology, development of programme evaluation indicators, interim emerging effective practice report and final report.

1.5   Evaluation Approach

The programme-level evaluation ran alongside the delivery of the projects and included a formative element. In particular, the network meetings provided the projects collectively with support in developing their individual evaluation processes and the projects reported that they had found this useful. Although it was a condition of the funding that the projects would contribute to the evaluation of the overall programme, all of the projects were free to use their own evaluation methods to gather

evidence of the impact of their activities. This created some challenges for the evaluation that we cover in Section 5.

The programme-level evaluation focussed on identifying the outcomes from the overall programme and did not attempt to evaluate the individual projects. However, the programme-level evaluation was dependent to a large extent on the evaluation activities undertaken within the projects and therefore drew on information and data gathered by the projects. This dependency required the evaluation team members to build strong constructive relationships with nominated key contacts in the 17 projects through regular structured telephone interviews, three network meetings and ad hoc communications. These personal relationships were instrumental in engaging projects with the evaluation activity, and the project leads were generous with their time and their information.

The evaluation took a phased approach built around the three network meetings that were scheduled by the OfS and RE. The activities within these three network meetings were jointly developed between the evaluation team and the OfS and RE and were used to: engage the projects with the programme evaluation; define common evaluation indicators; collect evidence to assess the success of the programme; and identify emerging good practice. Progress calls with individual projects were timed to coincide with forthcoming network meetings or as follow-up calls after meetings to ensure continuity.

At the start of the evaluation, the project proposals were used to map individual project activities against the different elements of the Universities UK 2017 Stepchange[21] Framework for Mental Health so as to understand the scope of their projects, their approach and expected outcomes. Although the Framework has since been superseded by the 2020 Mentally Healthy Universities Framework, it provided a useful means to categorise the type of approaches and activities being developed through the institutional projects and collectively across the overall programme. This mapping was used as a working document for calls with individual projects and updated throughout the evaluation process.
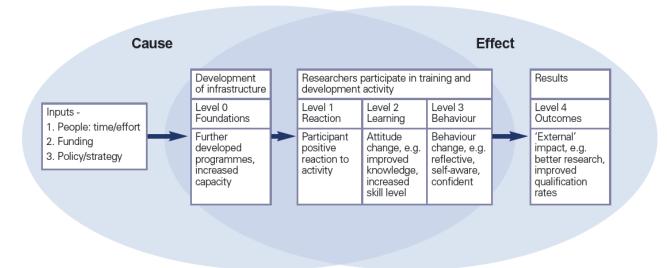
1.6   Impact and Evaluation Framework

At the first network meeting in July 2018 a 'world café' approach was used to encourage projects to identify the expected outcomes from their projects and how they will evaluate their progress and achievements. They were asked to consider the potential outcomes from their projects for PGRs, institutions and the wider HE sector. These discussions were used to inform the development of draft qualitative and quantitative indicators to evaluate the impact of the overall programme in collaboration with RE and OfS, with feedback from the Advisory Group.

The development of the indicators was based on the Vitae Impact and Evaluation Framework (IEF)[22], which takes a systematic approach to evaluation through considering inputs, throughputs, outputs and subsequent levels of outcomes/impact (Figure 2). The IEF was developed with the sector to encourage more systematic evaluation of researcher development programmes and activities and is also an effective approach for any people-based interventions or 'services'. Although there are other evaluation frameworks and approaches, the IEF provided sufficient structure and flexibility to accommodate projects' own evaluation approaches. The IEF levels are explained in Appendix 4.

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[21] www.universitiesuk.ac.uk/Stepchange
[22] https://www.vitae.ac.uk/impact-and-evaluation/evaluation-tools-and-resources/quick-guide-to-the-impact-framework

Figure 2 Impact and Evaluation Framework impact levels

1.7   Theory of Change model

In the second network meeting in March 2019 the projects were introduced to the Theory of Change model[23]. This is a framework that maps out the connections between project activities or interventions and how these lead to the desired goals or impacts. Ordinarily, the process works backwards from the desired goals and focusses on the conditions or 'outcomes' that need to be in place to achieve these goals. This then provides the basis for identifying the activities or interventions that will lead to these outcomes. This process provides direct causal connections between activities and achievement of long-term goals. Figure 3 provides an example of a Theory of Change framework for mental health and wellbeing.

For the projects (who had already identified their activities in their proposals) it provided an opportunity to reflect on how their proposed interventions would contribute to their anticipated goals and what outcomes they would need to measure in order to demonstrate the causality of their activities. When used in this way it can lead to better evaluation if mechanisms are then set in place that go beyond the identification of programme outputs to measure critical outcomes that demonstrate progress towards the achievement of the ultimate goals.
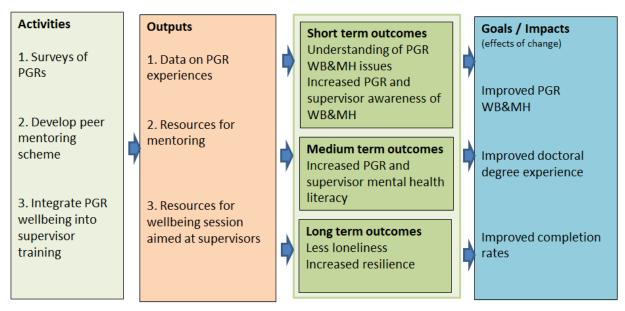
The reflection required within the Theory of Change model can lead to better planning as it provides a clear understanding of how specific interventions will lead to desired change. The exercise using the Theory of Change framework was well received by all the projects, with several projects noting that it would have been a useful exercise to do when initially developing their proposals. At least one project subsequently changed the balance of their project activities as a result of completing the Theory of Change, focussing on those activities that would make a greater contribution to achieving their project goals.

An additional interactive activity at the second network meeting involved mapping the evaluation indicators developed from the IEF to the projects' Theory of Change frameworks. This process enabled projects to identify the most relevant evaluation indicators for their projects. The outcomes from these two activities were consolidated to refine the set of key evaluation indicators to inform the programme evaluation. The final evaluation indicators are given in Appendix 4.

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[23] www.theoryofchange.org/what-is-theory-of-change/

Rationale, assumptions and context
Understand the causes of mental health issues for postgraduate researchers (PGR)
Deliver interventions that will provide support for PGRs and reduce mental health issues
Supervisors need more awareness of and support for PGR wellbeing and mental health (WB&MH)

Activities

1. Surveys of PGRs

2. Develop peer mentoring scheme

3. Integrate PGR wellbeing into supervisor training

Outputs

1. Data on PGR experiences

2. Resources for mentoring

3. Resources for wellbeing session aimed at supervisors

Short term outcomes
Understanding of PGR WB&MH issues
Increased PGR and supervisor awareness of WB&MH

Medium term outcomes
Increased PGR and supervisor mental health literacy

Long term outcomes
Less loneliness
Increased resilience

Goals / Impacts
(effects of change)

Improved PGR WB&MH

Improved doctoral degree experience

Improved completion rates

Figure 3 Example of a Theory of Change framework for mental health and wellbeing

1.8   Final evaluation reporting

At the third network meeting in November 2019, Vitae provided projects with a final evaluation reporting template. The projects were asked to provide information on the numbers and types of individuals who participated in the project, e.g. number of PGRs, supervisors, professional staff and institutional senior managers. They also reported the types of activity that these different groups had participated in, for example: co-production activities or as members of the project team; focus groups, training and mentoring activities; or surveys, communication and dissemination activities.

Projects were also asked to provide evidence and data on the impact of their activities on PGRs, supervisors and other staff against the key evaluation indicators at Levels 1–3. Given the relatively short timescale for the programme, we anticipated that there would be little data on the longer-term evaluation indicators at Level 4, i.e. relating to changes in behaviours that had led to, say, reductions in mental health and wellbeing issues or a reduction in suspensions.

As part of their final reporting, projects were invited to provide 'case studies' of good practice from their projects using a standard template, which included their institutional context, their activities, any challenges they faced, and key impacts and outcomes. These case studies can be seen in Appendix 3.

2 Programme activity

The activities within the projects were wide-ranging and diverse. The varying scale and scope of the 17 projects to some extent reflect the levels of funding they received; from small-scale individual interventions, e.g. Bournemouth University, to projects with national reach, e.g. the Universities of Derby, Liverpool and Sussex. Table 2.1 provides an overview of the activities undertaken by the projects.

All the projects focussed to some extent on prevention and early intervention activities, reflecting the HEFCE guidance given in the funding call, rather than direct mental health support. However, counselling services staff were actively involved in 11 of the projects. Across the projects they aimed to: identify levels of wellbeing and mental health within the postgraduate community; improve mental health literacy among staff and PGRs; develop effective interventions; and, in three cases, contribute to institutions' mental health and wellbeing strategies. Three universities' projects assessed whether their existing institutional provision was appropriate or could be adapted for PGRs. The University of Manchester, for example, tested five existing institutional mindfulness apps for their suitability for PGRs and the University of West of England adapted the existing SAM App for Anxiety[24] for use by PGRs.

Five projects focussed on improving signposting to existing support and wellbeing services, and to promote their new initiatives. Nine projects undertook research activities focussed on PGRs, supervisors and other university staff supporting PGRs. For example, the University of Sussex and University of Liverpool ran UK surveys about the mental health of PGRs and the pastoral support provided by technicians to PGRs, respectively[25]. Several projects collected data using established mental health survey instruments. For example, the University of Westminster and the University of Bradford both used the Warwick-Edinburgh Mental Well-being Scales (WEMWBS)[26], and two projects undertook literature reviews to understand the existing evidence base and inform their interventions.

Training activities were undertaken by 14 of the projects; nine of these focussed on raising supervisors' awareness of PGR mental health and mental health literacy more generally. These ranged from one-off events aiming to raise awareness in this area, to the creation of specific supervisor resources, formalised online modules and face to face courses. Ten of the projects ran training courses for PGRs or other staff members (non-supervisors), which included providing or adapting established programmes and practices such as Mental Health First Aid[27], Look After Your Mate[28] and training provided by The Charlie Waller Memorial Trust[29]. Durham University has created an online open-educational resource on the supervisory relationship for use by both PGRs and supervisors[30].

Postgraduate researcher peer-led activities formed the basis of more than half the projects. At both the University of Oxford and University of Plymouth[31] PGRs were recruited and trained to be peer ambassadors and supporters, with the aim of encouraging open discussions about wellbeing and the stressors of PGR study. Students' unions and graduate schools were also included in the organisation

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[24] Android: https://play.google.com/store/apps/details?id=uk.co.mindgardentech.sam
Apple https://apps.apple.com/us/app/sam-self-help-app-for-the-mind/id1502571257
Mindgarden (institutional subscriptions) https://www.mindgarden-tech.co.uk/#what-we-do
[25] www.technicians.org.uk/technician-commitment/resources/technicians-student-well-being
[26] https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/
[27] https://mhfaengland.org/
[28] www.studentminds.org.uk/lookafteryourmate.html
[29] www.cwmt.org.uk/college-university-training
[30] www.dur.ac.uk/counselling.service/catalystproject/
[31] www.plymouth.ac.uk/student-life/your-studies/research-degrees/toolkit

of less formal social and community activities, responding to concerns about isolation and loneliness among PGR populations.

Table 2.1 Summary of activities

Output type	Project
Training courses	Manchester, UCL, UEA, Liverpool, Oxford, Plymouth, Durham, QMUL, Newcastle, Sussex
Surveys	Bradford, Sussex, Liverpool, Manchester, Portsmouth, Westminster, Bournemouth, Warwick, Derby
Communities/peer networks	Manchester, UCL, UEA, Bradford, Liverpool, Oxford, Newcastle, Plymouth, Portsmouth
Other (e.g. support group, personal wellbeing audit, gap analysis, coaching)	UEA, Sussex, Newcastle, Westminster, Bournemouth, QMUL, Portsmouth, UCL, Manchester
Supervisors' training	Portsmouth, UEA, Sussex, Newcastle, Westminster, Durham, QMUL, Bradford, Bournemouth
Mental health literacy	Liverpool, Newcastle, Bournemouth, Portsmouth, QMUL, Sussex
Transitions/inductions	Bradford, Liverpool, Bournemouth, Durham, Sussex, Portsmouth
Wellbeing activities	UEA, Sussex, Liverpool, Warwick, QMUL, Westminster
Research report/literature review	Newcastle, Oxford, Sussex, Liverpool, Derby, Manchester
Focus groups/interviews	Bournemouth, Durham, Plymouth, Newcastle, Oxford
Signposting	Manchester, Liverpool, Oxford, Westminster, Bradford
Focus groups/interviews	Bournemouth, Durham, Plymouth, Newcastle
Online resources/apps	Manchester, Derby, UWE
PGR mental health strategy	UEA, Liverpool, Portsmouth

Four of the projects were formally involved in developing their university-wide mental health strategy. For example, the University of Portsmouth's project oversaw the creation of a PGR-specific Wellbeing Strategy and Implementation plan. Other projects chose to focus on specific aspects of the PGR journey, such as the University of Westminster's academic writing retreats 'Wellbeing While Writing'[32]. Six projects enhanced or introduced new induction events and resources specifically emphasising the importance of mental health and wellbeing for incoming PGRs. The University of Manchester's project was the only project that worked with the NHS to strengthening referral and care pathways for PGRs between the University and the NHS by building awareness of the PGR experience within the Greater Manchester Student Mental Health Hub[33].

Appendix 2 provides a list of the resources that have been developed for sector use.

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[32] www.westminster.ac.uk/research/graduate-school/wellbeing-when-writing-resources
[33] www.gmmh.nhs.uk/news/greater-manchester-universities-student-mental-health-service-3107/

3   Programme reach and impact

The 17 projects within the Catalyst Fund programme varied in terms of their scale and scope, which led to differing levels of engagement within an institution and more widely across the UK for each project. As part of the evaluation process, we explored the numbers of PGRs, supervisors and other staff who were involved across the programme overall, what types of activity they engaged with and what evidence the projects had gathered on the impact of these interactions mapped to the programme evaluation indicators.

3.1   Project reach

All projects provided data on the numbers of PGRs and different staff groups who participated in various activities within their specific projects (Table 3.1). The types of engagement of PGRs ranged from a relatively light touch as recipients of communication campaigns (5554) or responding to the various surveys run by nine of the projects (4085), through to being actively involved in co-production within 11 projects (171). Other activities included participation in workshops (757), in focus groups (343) and as part of induction processes (394). It is not possible to calculate the overall reach of the programme, as individual projects recorded numbers of participants in particular activities but not whether these were unique individuals. It is likely that there was multiple counting as individuals may have participated in more than one activity. Apart from gender breakdown, projects did not systematically collect data on other protected characteristics.

Table 3.1 Engagement* of PGR, supervisors and senior leaders in project activities

Activity	Postgraduate researchers	Supervisors	Senior leaders
Co-production, including PGR project team membership	171		
Project team		36	17
Advisory groups	33	50	89
Networks	113		
Focus groups	343	91	1
One-to-one interviews	113		
Workshops	757	129	2
Induction	394		
Supervisor training		414	
Mentoring activities	52		
Video interviews	16		
Survey responses	4085		
Other activity (e.g. communication campaigns)	5554	4964	79

* Numbers are not additive.

The nine projects that included activities targeted at supervisors reported that 414 had participated in supervisor training, with 129 participating in workshops and 91 through focus groups. It is less likely that there is double-counting within these numbers as most projects had only one activity directly with supervisors. Eighty-six supervisors were (also) actively involved in the implementation of 12 projects or as members of advisory groups. A wide range of professional staff were involved in the projects from student support and counselling services, student union staff and graduate school staff, the majority involved in delivering the project activities. All project teams declared good senior

management support (VC, PVC, faculty heads) for their projects, with all projects reporting active engagement in advisory groups, project teams and/or promoting the project within their institutions. Seven hundred and thirty-five technicians from 49 institutions and 200 other professional staff responded to the University of Liverpool's two UK-wide surveys. The full breakdown of engagement of different groups by activity is given in Appendix 5.

3.2 Programme impact

In their proposals to the (then) HEFCE, projects were asked to identify the key inputs, outputs and short- and medium-term outcomes for their projects. In reviewing the expected outputs and outcomes we found wide variation in what was identified as a proposed project outcome. All of the projects identified relatively clear outputs from the programme, such as training resources, mentoring programmes, wellbeing apps and academic papers (although many of these were stated as project outcomes). However, only around a third of proposals included (potential) outcomes from their projects, such as improved mental health literacy, increased awareness of mental health triggers, knowledge of support services, increased resilience or improved research degree experience and completion rates.

This confusion between outputs and outcomes is common and can have consequences for how effectively evaluation is embedded within a project. It is challenging to set up effective evaluation mechanisms to measure outcomes, particularly at higher 'impact' levels, and demonstrate causality; whereas it is more straightforward to evaluate immediate reactions to activities and outputs. The evaluation exercises in the network meetings using the Theory of Change framework and the subsequent collaborative development of overarching evaluation indicators using the IEF (Appendix 4) proved to be useful activities in developing projects' understanding of different outcome levels. All the projects were encouraged to use the overarching evaluation indicators most appropriate for their projects.

In their final evaluation reporting, projects were asked to report against a selection of the overarching evaluation indicators the extent to which they had evidence of the impact of their project activities. These indicators were those most commonly identified by projects in the progress calls as most relevant to their individual projects and covered three of the four IEF levels (Levels 1–3; usefulness, learning and behaviour changes). A summary of projects' responses is reported in Appendix 5. However, due to the different evaluation approaches across projects and different activities it was not possible to consolidate this evaluation data across the programme or to make comparative judgements between project activities. Instead we were reliant on individual projects' reports of the effectiveness of their activities and any associated evidence they supplied.

The robustness of projects' evaluation approaches varied to some extent on the scope of the project, but also reflected how much consideration had gone into the evaluation process when developing their proposals and project plans. For example, the University of East Anglia integrated an evaluation methodology into each work strand of their COURAGE project from the outset as one of their programme objectives was the comparative analysis of different activities so they would be able to recommend which activities the institution should pursue in the future. Some of the projects acknowledged at the first network meeting that they had not considered evaluation to any great extent in developing their proposals and therefore had not allocated much resource to do this. Following their introduction to the Theory of Change at the network meeting, the University of Manchester subsequently used the process to restate their project aims, identify how each of their seven work strands would contribute to achieving these and how they would evaluate this.

All projects undertook some type of evaluation of participants' immediate reactions to activities through post-activity processes, such as feedback forms or surveys. A few projects included pre- and post-evaluation of specific activities. This level of evaluation captures participants' immediate

reactions to activities and is invaluable for formative evaluation; however, it does not provide evidence of sustainable outcomes in the medium to long term, which requires longer-term evaluation.

Most projects expressed confidence in the usefulness of their various activities in raising participants' awareness of mental health and wellbeing, increasing their awareness of institutional support and their likelihood to seek help for any issues (Appendix 5), with some projects providing statistics or qualitative data gathered through interviews or focus groups to support this assertion. Around two-thirds of projects provided some supporting evidence that PGRs were more aware of how to improve their mental health and wellbeing, and where to go to get support, with four projects saying it was too early to say. There was much less evidence of PGRs being more likely to seek help and support for their mental health and wellbeing. Two-fifths of projects reported that they believed their PGRs were more likely to seek help and support, with similar proportions reporting it was too early to say. Similar numbers of projects reported that PGRs felt their institution was more supportive of their mental health and wellbeing as a result of their project interventions.

Of the nine projects that implemented specific interventions for supervisors, eight reported that supervisors were more knowledgeable about how to signpost PGRs to appropriate support services, with the majority of projects reporting their supervisors were now more confident and more likely to discuss mental health and wellbeing with their PGRs.

Face to face training workshops and signposting of information were most commonly identified as being useful. Without being able to directly compare results from different projects, it was not possible to identify which activities were more effective at doing this than others. Views were more mixed about the value of separate wellbeing activities and the use of wellbeing apps. While the majority of projects found that the immediate feedback from participants reported these activities as useful, the University of Warwick's research showed limited medium-term impact of wellbeing activities when measured over an academic term against a baseline measure. While these activities are generally reported as enjoyable, more evidence is needed on whether they tackle underlying causes of poor wellbeing. Some of the ambivalence about separate wellbeing activities recognised that participants self-select for these activities and they may not attract those individuals most in need of improving their wellbeing. It was noted at the network meetings that there can be stigma attached to attending wellbeing activities, as the general academic perception is that wellbeing activities are a distraction from research-related endeavour. There was general agreement that embedding wellbeing activities within existing researcher development provision was the most effective route to reach a wide range of PGRs and counter any academic scepticism.

Generally, it is considered good practice to identify a baseline measure against which the effectiveness of an activity can be measured. Those projects that had included some type of baseline measurement were able to express more confidence in the evidence of the impact of their activities, being able to measure 'distance travelled'. Seven projects incorporated longitudinal evaluation into their project plans, with three (the Universities of Liverpool, Oxford and Westminster) conducting wellbeing surveys at the start and end of their projects and the Universities of Manchester and Sussex running baseline surveys. The University of Warwick ran online surveys at the beginning and end of each academic term to assess the longer-term effect of wellbeing activities, while UCL surveyed participants six months after each intervention. Some of these projects are in the process of having these results published in peer-reviewed papers.

Project evaluation reports were submitted in January 2020 at the end of the funding period. At this stage projects were still finalising their outputs and there is no planned collection of longer-term impacts of interventions in improving wellbeing. For projects that delivered activities that ran over a period of time, such as peer networks and coaching programmes, or embedded in existing doctoral degree processes, such as induction processes, around half reported that they had been useful interventions, while the balance reported that it was too early to say whether these were useful or not.

Those projects that developed wellbeing apps have yet to evaluate their effectiveness. For example, the University of Derby's The Wellbeing Thesis launched right at the end of their project, while the SAM app developed by University of the West of England was still in testing. Seven projects reported that they hope to set up mechanisms within their institutions to measure the more long-term impact of their activities in improving the mental health and wellbeing of their PGRs.

3.3 Ongoing measurement of PGR wellbeing and mental health

In the final evaluation reporting, projects were asked to describe any ongoing systems that will be put in place for the ongoing measurement of PGR mental health and wellbeing within their institution. Nine projects provided information on how they were going to achieve this in various ways. All of these processes provide useful ways in which institutions can get better data on and insight into the mental and wellbeing of their PGRs.

Seven projects reported that they will include or continue to monitor the optional Office of National Statistics (ONS) wellbeing questions in PRES, with the University of Manchester hoping to develop and include a bespoke module within PRES exploring the factors that impact on wellbeing. Five projects will continue to survey PGRs using standard wellbeing and mental health measures, such as the WEMWBS, the Mental Health Self-Care Agency Scale [34] and Inventory of Attitudes Toward Seeking Mental Health Services[35].

In terms of building on existing procedures, four projects have integrated processes to monitor wellbeing into their annual progress reporting or annual (re-)registration, with the University of Bradford now including WEMWBS in these procedures for their PGRs. Four projects mentioned ongoing monitoring of PGR engagement with counselling services and other wellbeing and mental health services, while four projects will measure reductions in interruptions in study or mitigating circumstances claims due to mental health issues.

Following on from their project, the University of Sussex had anticipated using a PGR version of the 'Enlitened' app[36], a continuous improvement app provided by The Student Room for student engagement and wellbeing that was already being used by their undergraduate students. The intent was to use the app to anonymously monitor the PGR population on a continuous basis in terms of their mental health and wellbeing. However, The Student Room have recently withdrawn the app.

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[34] https://pubmed.ncbi.nlm.nih.gov/9193117/
[35] https://pubmed.ncbi.nlm.nih.gov/29355346/
[36] https://www.enlitened.org/

4 Key themes

Within this section we explore the key themes that have emerged from the programme overall and highlight areas of practice that appear to work well and that institutions may wish to consider implementing within their own context. We have mapped these themes against the four domains of Stepchange: Mentally Healthy Universities (Learn, Support, Live and Work) and the five enablers (Leadership, Co-production, Inclusivity, Information, and Research and innovation). As the 17 projects predominantly focussed on prevention and early intervention activities, not all aspects of the framework are covered to the same extent. We have also made judgements as to where specific themes best fit. We hope this provides institutions with useful insights into aspects that need to be considered in supporting the mental health and wellbeing of PGRs, particularly when implementing the Mentally Healthy Universities framework.

Stepchange Mentally Healthy Universities – Domains

DOMAIN LEARN — The Learn domain focusses on the design, structure and provision of learning and creating safe and supportive learning environments. The role of supervisors and other academic staff in supporting PGRs is included in the Work domain.

Key themes
- *Postgraduate researchers need to feel integrated in their academic communities, have access to peer support networks and feel positively encouraged by supervisors and institutions to consider their wellbeing practices as part of the academic culture*
- *Postgraduate researchers will benefit from being encouraged to maintain healthy working practices and look after their wellbeing from the start of their research degree.*

4.1 Integration into the academic culture

In terms of supporting the mental health and wellbeing of PGRs, several projects identified the local academic culture at department or group level as key to creating a positive working environment. They reported that PGRs can feel stranded between students and staff, feeling that they do not fit into either community. Not feeling embedded within the academic community, a sense of isolation and loneliness were all identified as impacting on PGRs' mental health and wellbeing.

In the University of Derby's survey, PGRs reported that, whilst they felt broadly supported by supervisors, they did not receive the same support from their department and faculty. The University of Warwick study suggested that PGRs tend to consider themselves more as staff than students; a view not necessarily reflected by their institution, which added to their feelings of isolation and loneliness.

The University of Sussex identified that a key outcome from their project was a greater understanding of institutional dynamics and more interaction between staff from different parts of the university with different backgrounds (such as between professional services and academics) and the importance of this in developing a positive institution culture. This led to greater awareness of alternative perspectives. They reported that this interaction has had numerous intangible benefits but also direct impact, for example their UKRI Industrial Strategy Challenge Fund project emerged directly from the strong interactions and working relationships between academics and professional services forged by the Catalyst project. Improving interactions between often disparate parts of universities has enormous benefits in terms of understanding and productivity.

The University of Oxford looked to explore whether their existing peer support programme could be utilised and adapted for PGRs. They reported a greater interest around PGR welfare and wellbeing than a willingness to participate and become involved in the project. This caused issues with recruitment that may be due to a disparity between individuals' perspectives and activities that they feel they have 'permission' to engage with. They also noted that establishing the project within departments proved challenging for their institution as welfare support appeared less well defined within departmental roles. They bypassed this issue by recruiting through colleges, although acknowledge that this did not fix the issue of welfare and wellbeing in departments. They also noted that clarity over time commitments appeared to have helped with sign-up and permissions to engage from supervisors. To help PGRs access training they reported that the time of day, duration and timing within the term/academic year are important issues to consider. The training in the summer proved particularly popular, with positive feedback and high attendance. They are considering whether to reduce the amount of training and provide more choice with time slots and within both term time and vacation.

Queen Mary University of London reported inconsistent attendance at a series of events on their peer support programme. They attempted to address this by clarifying expectations regarding attendance and decreasing the group size to enable a feeling of mutual dependence. The University of Warwick noted that PGRs were less likely to engage in wellbeing activities if they also included undergraduate and taught postgraduates. The University of Sussex reported that some of the reasons cited for non-attendance at their PGR workshop were researchers stating they were 'too stressed to attend'.

'We still haven't found the solution to low engagement. It becomes a vicious cycle, which is hard to break: low engagement leads to poor mental health which makes people feel unable to participate which can worsen feelings of isolation and so on.'

Project team member, Queen Mary University London

The University of Westminster developed a series of workshops looking to address the stress around writing and encourage wellbeing. Although they were created as a result of focus groups, attendance was disappointing, with only 32 of 71 registered PGRs attending. Those who did tended to find the process beneficial but found it difficult to see the link between wellbeing and writing. Focus was then shifted to writing retreats, which achieved much higher attendance levels but from the post-event feedback were less effective in addressing mental health and wellbeing.

Recommendation: Senior academic leaders, including heads of schools/departments, should drive an institutional culture, reflected at departmental levels, that supports PGRs' wellbeing, outlining clear institutional expectations of their status and contribution to academic communities.

4.2 Establishing a healthy working culture

The importance of setting the right tone and establishing healthy working practices and culture from the start of the doctoral degree emerged as a strong theme. In the network meetings, projects discussed the challenge of talking to PGRs about their wellbeing, particularly at induction, without reinforcing negative language about the doctoral degree being a stressful journey.

Projects have taken different approaches to introducing wellbeing into the induction processes. The University of Bournemouth have identified that setting correct expectations about the academic challenge of doctoral study prior to beginning the doctorate is important. This ensures that the PGR has a clear understanding of what to expect and that the process should not negatively impact an individual's mental health. The University of Bradford used a one-day immersive wellbeing event to

launch their peer network model. This focussed on wellbeing activities and introduced the peer support process from the outset, allowing individuals to share experience and build group dynamics.

The University of Derby have created The Wellbeing Thesis: a website of wellbeing guidance framed around the doctoral process and designed to be a resource that can be drawn on throughout the duration of their doctorate. The website has been reviewed and approved by student panels, the Student Minds Clinical Advisory Group and the Student Minds Student Advisory Committee. Feedback included:

"I think this is a potential resource that will be invaluable to PGRs and staff who work with PGRs. Not only this, but the PGR experience is one that is not fully understood, and I think this has the potential to broaden and centralise that understanding."

The University of Manchester have developed a PGR transition resource an online series of training modules aimed at new PGRs which guides them through things to think about before they start their journey including their wellbeing and mental health. It includes modules on the PGR community, managing expectations, healthy relationship and coping and resilience.

A number of projects offered resilience training as part of their PGR offering. However, there was discussion at the network meetings that resilience training, whilst useful, also could reinforce the view that achieving a doctorate should be stressful and therefore the obligation is on the PGR to develop resilience in order to survive. University College London included resilience training as part of their ADAPT to Grow programme and reported that survey results on completion demonstrated an improvement in resilience, but this was not maintained when they were surveyed six months on. They also measured self-efficacy, which was maintained over the six-month period.

University College London developed ADAPT to Grow, an online coaching course based on cognitive behavioural therapy, coaching and mentoring techniques. Following an application and selection process, individuals took part in four one-hour, one-to-one Skype sessions with a cognitive behavioural coach. Individuals were able to use their sessions however they wished over a six-month period. A skilled coach helped PGRs to address common concerns about navigating working relationships, recovering from setbacks and planning a career path. All participants in ADAPT to Grow were surveyed using standard, validated measures for self-efficacy, resilience and career satisfaction before, immediately after and six months after the intervention. Interviews are also ongoing to collect qualitative data. The research will be published in a peer-reviewed journal later in 2020.

The University of Portsmouth have developed a mental health and wellbeing lens on the Vitae Researcher Development Framework based on the Action Learning Sets that they undertook. Postgraduate researchers selected the descriptors from the framework that they felt were of most relevance to their mental health and wellbeing and therefore that they wanted to discuss and why. These were discussed and amended with an expert panel, which included representatives of Catalyst projects. They were subjected to wider sector consultation and scrutiny and have been developed into a resource to help PGRs better address their mental health and those that support them to be in an informed position to do so.

DOMAIN SUPPORT

This domain covers the range of support services provided by institutions for mental health, their accessibility and effectiveness, and links into external NHS and care services.

Key themes
- *Support services staff need to understand the specific experiences and needs of PGRs so they can provide appropriate and relevant support*
- *Provision of well-proven training can be successfully adapted for PGRs*
- *Signposting of services and support needs to be specifically tailored for the PGR community.*

4.3 Support services staff

The PGR population tends to be considerably smaller and have a very different learning experience compared with the undergraduate and taught masters population. The few projects that looked at PGRs' relationships with support services noted the need to ensure that support services staff understood and could respond to the issues specific to researchers. These were outlined in Vitae's 2018 report for HEFCE[37] and include: the pressures of doctoral research and workload management, the supervisory relationship, and feelings of isolation. Postgraduate researchers are also less likely to relate to mental health and wellbeing messages and activities targeted at the general student body. Several projects identified the risk of reinforcing messages that the doctoral experience is inherently stressful and the importance of distinguishing between 'healthy stress' due to the intellectual challenge of the doctorate and other stresses that impact on wellbeing and mental health. They emphasised the need for understanding that the experience should allow an individual to flourish and thrive rather than be an endeavour to survive.

> The University of Sussex developed workshops to introduce relevant professional services staff to the topic of PGR mental health and wellbeing. The development of these was informed by the research strand of their project. These sessions were piloted with professional services staff at the Student Life Centre and included video content directly from PGRs.

> The University of Manchester has introduced a mental health hub that supplants the need for a referral process to the NHS via the traditional general practice route as part of a partnership between Greater Manchester Universities. Postgraduate researchers are able to access NHS specialist services via the hub after direct referral from the institution counselling service. A resource was co-created with PGRs for counselling service staff to explain the uniqueness of the postgraduate experience and highlight specific areas of concern.

Recommendation: Professional services staff who support PGRs should ensure they recognise and understand the distinctiveness of PGRs' experiences and challenges, and that the intellectual challenge of doctoral study is not confused with unacceptable stresses that have a negative impact on wellbeing and mental health.

4.4 Other staff

Several projects noted the importance of engaging a range of staff across their institution who may be instrumental in supporting the mental health and wellbeing of PGRs. These may be, for example, academic staff with responsibilities for PGRs, graduate school staff, departmental administrators and technicians. It is important that these staff members have good understanding of how to respond, are

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[37] https://www.vitae.ac.uk/doing-research/wellbeing-and-mental-health/HEFCE-Report_Exploring-PGR-Mental-health-support/view

comfortable with their own boundaries and know where they can access support. It therefore seems important that institutions consider all staff when training in and raising awareness of PGR mental health.

> The University of Liverpool ran a sector-wide survey exploring the pastoral support that technicians provide to PGRs and how well equipped they felt to do so, which received 735 responses. This survey highlighted the role that technicians play with regard to mental health in universities for both undergraduate students and PGRs in some disciplines, with 60% stating that they had supported either a student or a researcher with a mental health issue. When they were asked what personal problems a postgraduate was most likely to discuss, the highest response was the relationship with the supervisor. The University have since repeated this survey targeting professional services staff and will report on the findings.

Recommendations:

Professional services staff with responsibilities for PGRs should explore how they can support PGRs within their role, that they understand the boundaries of their responsibilities and capabilities and know how to signpost PGRs to appropriate support.

Professional services staff should take care of their own mental health and wellbeing and act as mental health and wellbeing role models by displaying healthy working and lifestyle practices to contribute to a healthy institutional and academic culture.

4.5   Using external expertise

Institutions' relationships with external organisations for mental health provision was not a focus generally across the programme, the only project being the University of Manchester's work with the Greater Manchester Student Mental Health Hub. A number of projects used existing external support schemes or training providers to offer or enhance their training provision, such as Mental Health First Aid England, Student Minds 'Look After Your Mate' and The Charlie Waller Memorial Trust. Although these programmes were not targeted at PGRs, the projects tested the transferability of this training, adapting them for PGRs (or supervisors) to provide a straightforward and relatively easy-to-implement solution.

> At least three projects utilised 'Mental Health First Aid' training offered by Mental Health First Aid England for specific cohorts. The University of Bradford commented that it was particularly valuable to their peer support facilitators and enabled them to be better equipped to facilitate referrals to appropriate agencies. The University of East Anglia reported that the personal confidence levels of the PGRs who took part in this training, in how best to support others with a mental health issue increased by 43%.

4.6   Signposting support

The importance of good signposting of support for mental health and wellbeing to PGRs was a common theme across all the projects. They generally agreed that as PGRs do not recognise themselves fully as part of the student body, nor as staff, they are unlikely to respond to campaigns targeted at these communities. Some projects reported challenges with PGRs not knowing what they can and cannot access in terms of mental health support, either because this is not currently outlined to them at the start of their doctorate or because they feel their role falls between those of students and staff. Additionally, they may feel uncomfortable accessing a service where they may also encounter undergraduate students.

Several projects carried out university-wide campaigns, often in line with other institution activity highlighting wellbeing activities and signposting support. A small number of projects mapped the support services across their institution to identify the ways PGRs, or staff, can access support for their mental health and wellbeing. In contrast to this, Newcastle University reported that their PGRs demonstrated high levels of knowledge of existing institutional provision, suggesting that they are already signposting existing services sufficiently, for example by identifying key contacts for support on individual library cards. Conversely, they did report challenges with PGRs accessing support outside the institution, e.g. NHS services, when their needs exceeded institutional provision.

Bournemouth University carried out a survey and focus groups which highlighted that an issue for PGRs was a lack of understanding of the support available and how to access it. They added additional sessions into the induction for new PGRs, created a new re-orientation session for PGRs at different stages in their research degrees and added additional training about student support into supervisor development sessions. They reported that this activity has led to a broader acknowledgement that PGRs require pastoral support, which has now been incorporated into 'business as usual' activities. As a result they have ensured that there are appropriate support structures and signposting for PGRs should they experience a negative impact on their mental health and wellbeing.

The University of Liverpool created a Campus Wellbeing Map for all PGRs that clearly identified which support services they could access. The map was launched as part of an annual university wellbeing week and was well received by both staff and researchers, with a high volume of requests to incorporate the map into the university intranet system. They are currently developing this into an app.

Recommendation: PGRs need to know how and where to get appropriate help and support within their institution, including declaring any existing mental health conditions to their institution.

DOMAIN LIVE This domain focusses on creating healthy settings for people to learn, live, work and play. It includes culture, community and built environment. The focus is on the key themes relating to broader wellbeing activities, including prevention and early intervention.

Key themes
- *Isolation and loneliness is a common theme and structured peer support programmes are useful interventions in creating mutual understanding and purpose*
- *Wellbeing activities should be encouraged as part of healthy practice; however evidence is needed on their long-term impact on mental health.*

4.7 Community building

Many of the projects sought to create a feeling of community for their PGRs in order to address loneliness and isolation and used a variety of approaches to do so. Ongoing peer support groups appeared to be largely successful, as the structure, training and resource allowed individuals the time to engage with each other properly.

The University of Bradford created the PGR 'Connect' programme to help PGRs maintain a community that facilitated mental wellness during their PhD experience. They linked with other parts of the institution, for example the Student Union, for social events or with faculty leads to create networks and increase the number of social activities for PGRs on campus in order to achieve more regular engagement. Although still at an early stage, they believe this community building is working well based on qualitative feedback from the PRES, which indicated that PGRs appreciated the university valuing their mental health.

The University of Portsmouth reported positive results from the semi-structured approach they took with their Action Learning Sets, each covering different topics selected by the groups. Postgraduate researchers found the process of engaging with Action Learning Sets to be beneficial, particularly identifying the Vitae Researcher Development Framework[38] descriptors that had the most positive impact on their mental health and wellbeing, for example work-life balance or self-confidence. As a group they then discussed each one in turn in a positive fashion, considering what actions they could take to make improvements in a specific topic area. The exercise provided an opportunity to discuss mental health and wellbeing with other researchers, to consider the factors affecting wellbeing and ensure that discussions were relevant and personalised to their needs.

Other projects looked to create trained wellbeing ambassadors to support the overall postgraduate community. Activities led by the wellbeing ambassadors included responding to direct approaches, drop-in sessions, wellbeing workshops and 'walk and talk' sessions. Several projects operating these schemes commented on the difficulties of recruiting peers into these positions, particularly if there were additional demands on their time. Oxford University, for example, received a lot of interest from PGRs wanting to support their project, but few were willing to complete the required training.

Newcastle University looked to create inclusive communities and ensured there was a range of activities attractive to part-time PGRs or parents. They identified that the Student Union largely catered for the undergraduate population and therefore developed a separate society for PGRs 'PGRcommUNITY'. They utilised social media to create the community and held a range of events, including barbecues, art workshop, welcome parties and a games night.

They noted that the benefits seem particularly pronounced for international and EU PGRs, one of whom commented "…*events provide you with a great opportunity to make new friends and have some fun with people who are likely to understand the way you are feeling (e.g. stressed, overworked)*".

A small number of projects developed online communities and reported that these provided a beneficial alternative in combatting isolation for those that cannot be physically present. The University of Sussex developed 'Peer Guidance on Setting-up Online Support Groups'. It appears clear from the projects that PGRs appreciated and benefitted from being part of a community and that it is important to consider inclusive approaches to this.

'Thanks for the simple presentation and clear info on benefits. I'm rarely on campus and struggle to meet other researchers. When I do, I feel so much better about my work – this would be perfect for me as a busy working mum.'

University of Sussex participant

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[38] Vitae Researcher Development Framework
https://www.vitae.ac.uk/researchers-professional-development/about-the-vitae-researcher-development-framework

Recommendations:

Professional services staff with responsibilities for PGRs should consider how they can develop and sustain PGRs' peer support networks.

PGRs should develop good peer support networks to reduce the risk of isolation.

4.8   Tackling loneliness

A consistent theme from the projects for improving PGR mental health and wellbeing was addressing loneliness. Research by the University of Warwick revealed that approximately 80% of the PGRs they sampled were lonely. They collected data on personality (Big Five Personality Traits[39] and loss of control), psychological wellbeing (life satisfaction, flourishing, General Health Questionnaire-12 item scale), and how psychological wellbeing (loneliness, perceived stress) correlates for their PGRs and trialled interventions to address these. Their results showed that high perceived stress and poor work–life balance are common issues in the postgraduate research experience. They also identified loneliness as a barrier to wellbeing, suggesting that there is a need to facilitate the creation of a postgraduate community within academic departments.

Queen Mary University of London ran an eight-week support group for PGRs, facilitated by a counsellor and researcher, with the main aim of combatting isolation. Sessions included a 'check-in' with the opportunity for everyone to speak, and participants were encouraged to focus on the things they could change themselves, rather than systemic issues. Using the WEMBWS mean score they were able to demonstrate that reducing isolation and improving wellbeing were well met through the weekly support groups, even over a short eight-week period. Other outcomes were greater awareness of support services and increased confidence in completing their doctorate.

A PGR who attended the University of Portsmouth online support group, which was established through Facebook to organise face to face events and create a community, commented '*It has made me less isolated, so, more happy completing my PhD and less likely to feel depressed'.*

There was some anecdotal evidence around different academic disciplines and modes of study and the impact on mental health, but no clear conclusions could be drawn. The relationships between loneliness, personal and structural circumstances and mental health issues could be considered as something to investigate further.

4.9   Impact of wellbeing activities

Six of the projects delivered wellbeing activities, ranging from the University of East Anglia providing gardening space – 'PhDiggers' – to games nights for PGRs at the University of Sussex. There was general agreement across the projects that wellbeing activities were well received and enjoyable and that they had immediate benefits in making PGRs feel happier, particularly when they were encouraged to participate as part of a healthy research culture, rather than feeling that this was something that took them away from their research. However, evidence is needed on whether wellbeing activities improve mental health and wellbeing in the longer term. The University of Warwick studied the impact of wellbeing interventions through regular surveys and concluded that, while PGRs found the activities useful, they did not observe a statistical improvement in psychological wellbeing scores in their surveys across the population, taking into account both different types of activity and different personality types.

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[39] The Big Five personality traits cover five basic dimensions of personality: openness to experience, conscientiousness, extraversion, agreeableness and neuroticism https://positivepsychology.com/big-five-personality-theory/

There were mixed views from the projects on whether wellbeing activities should be stand-alone sessions or embedded within other training and development activities. There was recognition that stand-alone sessions are attractive and beneficial to some and have a role to play in reinforcing messages to researchers about the importance of considering their wellbeing. Conversely, embedding wellbeing activities into other training activities provides the opportunity to reach researchers who otherwise may not engage or see this as something that is an additional burden on their workload. The projects agreed that taking time for wellbeing activities should be accepted practice in a healthy research culture and part of what makes a successful researcher. The projects also acknowledged, however, the challenge of integrating wellbeing into existing packed programmes and pressurised time for training.

Some projects observed scepticism about wellbeing from the PGR population, particularly if it was perceived as pushing responsibility back onto the individual rather than the institution. The University of East Anglia noted some scepticism about wellbeing activities and the wellbeing agenda being seen as a 'sticking plaster' with the responsibility put on the PGR rather than on the institution.

The University of Bradford PGR Connect project highlighted that there appears to be a fine balance between PGRs taking ownership for their own wellbeing and therefore buying into interventions and initiatives, and the need for the institution to provide the space and time to do this culturally, academically and environmentally.

Queen Mary University of London had a PGR wellbeing campaign that launched with an event 'Is it just me? Discussing mental health and the PhD experience', followed by a month of workshops and activities from yoga to calligraphy. These wellbeing week activities have now been incorporated into the Queen Mary Graduate Festival. Activities were measured individually and were viewed positively by those that attended them. For example, of those that attended the mindfulness workshop, 100% of survey respondents found the workshop useful for helping them manage their mental health and wellbeing.

Recommendation: Wherever possible graduate school staff and researcher developers should embed the importance for PGRs to pay attention to their mental health and wellbeing within existing doctoral degree processes and researcher development programmes.

DOMAIN WORK This domain is about creating mentally healthy workplaces, the cultural and structural determinants of staff mental health, as well as the need to ensure that staff can support the mental health and wellbeing of students.

Key themes
- *Supervisors have a crucial role in supporting the mental health and wellbeing of PGRs and need to feel able to undertake this role, know their boundaries and how to access support; they are also important role models in demonstrating healthy behaviours*
- *The broad range of staff who support PGRs need to understand and know how to respond to PGRs raising mental health- and wellbeing-related issues.*

4.10 Role of the supervisor

Across the nine projects that developed supervisor training, there was recognition of the real need to properly equip supervisors to support the mental health and wellbeing of their PGRs. Supervisors are integral to PGR mental health and wellbeing, providing pastoral care alongside their

academic input. Given the potentially isolating nature of the PGR experience, supervisors remain key to early identification and response to emerging mental health and wellbeing issues.

Queen Mary University of London have adapted their training for new supervisors to incorporate a 30-minute session on PGR mental health and wellbeing. They also offered a three-hour workshop for existing academic staff: Supporting mental health and wellbeing in PGRs – guidance for supervisors. Feedback from supervisors was positive, with 24% of participants initially rating their knowledge as good or very good, whereas following the workshop this increased to 79%.

The University of Portsmouth piloted two-hour supervisor training sessions on mental health and wellbeing and the role of the supervisor, which they also repeated at Leeds Beckett University. They reported that analysis of feedback indicated an impact at individual supervisor level, with positive responses to the sessions and on the opportunity for supervisors to reflect on their own practice and wellbeing. Positive impacts included an improvement in mental health literacy (e.g. knowledge of support services for PGRs, confidence in raising mental health and wellbeing issues). Supervisors indicated a desire for further practical advice and supervisor support (e.g. case studies and written guidance) to support PGRs. It was felt that in order to reach all supervisors the best approach would be to use some of this content in a short session as part of mandatory supervisor training for all.

Supervisors are in a prime position to model healthy and productive working practices to their researchers to promote good mental health and wellbeing. A few projects noted that an unexpected consequence of increasing supervisors' awareness of PGRs' mental health was that it may raise awareness of their own levels of mental health and wellbeing. The University of Portsmouth reported this as an emerging theme from their supervisor training and ensured that there was effective signposting of support for staff within their workshops. Similarly, in response to feedback, Queen Mary University of London developed a one-hour lunchtime workshop on 'Looking after your own wellbeing specifically for PhD Supervisors'.

Supervisors need to feel comfortable with the nurturing aspect of their role towards PGRs, understand their boundaries, know where to find additional support and how to signpost support to their researchers. The University of East Anglia found that there was a need to reassure supervisors that they are not being expected to take on responsibilities that put pressure on their own mental health. As a result of participating in a training course, several supervisors reported they were now better equipped to have the appropriate level of conversations with PGRs and had more understanding of the boundaries. Appropriate training and knowledge of where within their institution to get support are essential in preparing supervisors for their role. In the network discussions projects also stressed the importance of having the supervisor's role (and other staff) in supporting the wellbeing and mental health of their PGRs reflected in workload models, performance reviews and promotion processes.

The University of Manchester developed decision trees for both PGRs and supervisors. This provided a map for supervisors to support their PGRs with clear questions, suggested appropriate action and signposting relevant to the institution.

Recommendations:

Supervisors, and other academics with postgraduate responsibilities, should recognise the link between good mental health and academic success for both the PGR and their supervisor, and understand the supportive role supervisors have in ensuring PGRs' mental health and wellbeing.

Supervisors should ensure they are well informed about PGRs' mental health issues and potential triggers, understand the boundaries of their responsibilities and capabilities, and how to confidently signpost PGRs to appropriate support.

Supervisors should take care of their own mental health and wellbeing and act as mental health and wellbeing role models by displaying healthy working and lifestyle practices, thereby contributing to a healthy institutional and academic culture.

Senior academic leaders, including heads of schools/departments, should ensure that supervisors, and other academics and professional staff with postgraduate responsibilities, are given the time, training and appropriate recognition for supporting PGRs' mental health and wellbeing and that it is reflected in workloads and appraisal processes.

Stepchange Mentally Healthy Universities – Enablers

Stepchange: Mentally Healthy Universities Enablers are five cross-cutting themes to embed a whole university approach: Leadership, Co-production, Inclusivity, Information, and Research and innovation.

Mentally Healthy Universities recognises strong and visible strategic leadership as a key enabler in improving mental health and wellbeing, leading open conversations and cultural change, providing the conditions for organisational improvement.

Key themes
- *Senior leadership support is essential to drive a positive culture of researcher mental health and wellbeing*
- *Postgraduate researchers need to be identified as a distinct group in institutional mental health strategies.*

4.11 Senior leadership support

Senior leadership support was a requirement of the Catalyst funding and across the programme projects recognised the value of this in delivering their outputs and subsequently their sustainability. The value of this was more pronounced for the larger projects that required a more strategic approach to their activities and the engagement of staff and departments across the institution. The reciprocal value was also recognised by leadership teams. At the University of East Anglia an executive team lead commented "*This project has really made a difference to the way the university thinks about PGRs, but also beyond it. Just one example is how the Courage work has informed and given momentum for the new staff mental health strategy*". The project team identified this as a key element in enabling them to be more effective and achieve results, which they felt would help sustainability and continue to make a long-term impact. Communicating institutional commitment to PGRs and staff was seen as important in gaining their engagement with projects.

> The University of East Anglia had senior support well embedded within their project, with academic directors directly involved in delivering outputs and formal frameworks built into the project for reporting into senior management committees. The launch by their Vice-Chancellor of their 'silent space', a garden created by a group of PGRs in which all staff and students at the university can take some time out to escape the 'hustle and bustle' was attended by many senior members of staff, creating a visual symbol of the importance across the institution of the both the Courage project and mental health and wellbeing. They reported that their activities were received positively by senior leaders, with explicit recognition of the importance of the work involved. This provided PGRs with the encouragement to engage with the programme overall and resulted in good engagement levels.

4.12 Integration with institutional mental health and wellbeing strategy

Universities as providers of higher education have a legal duty of care to deliver educational and pastoral services for their students, including PGRs. All the projects recognised that supporting the mental health and wellbeing of PGRs should not be done in isolation from wider activities within their institutions. Although there are specific experiences that are unique to PGRs, to provide real sustainable support for PGRs it is critical to embed this support within the wider institution strategy.

Several projects reported that their projects will inform their university's wider mental health and wellbeing strategy. Durham University noted that, as a result of their project, PGR mental health will be more of a focus in the institution's Health and Wellbeing strategy than would otherwise have been the case.

> The University of Bradford reported that as a result of their project there have been improvements in measurement of mental health and wellbeing for the whole PGR community. For example, the WEMWBS is used during the doctoral enrolment process to create a clear cohort-based dataset to measure and benchmark the overall reported wellbeing of the PGR community. This will be monitored and will provide long-term data.

> The University of East Anglia developed a Mental Health Impact Assessment, which has been implemented as a required step in implementing new institutional policies. It provides a process for checking that policies do not create an increased mental health and wellbeing risk. Each paper presented to the PGR executive has a cover sheet to assess mental health and wellbeing impact, with proposers considering how the proposal impacted the six management standards set out by the UK Health and Safety Executive, including demands, control and support for staff and PGRs. They will continue to use and be influenced by this assessment system and further work is continuing with specific faculties (e.g. Arts and Humanities) to use the system for specific large projects such as module reviews.
>
> They recommended that the impact assessment:
> - should apply to the full life cycle of the initiatives, i.e. including how policies are working in practice
> - can be useful for change management, structuring discussions with staff on issues they face
> - can make decision-making more efficient, with wellbeing as important for good operation of an institution as well as for its own sake
> - can be used in multiple environments, for example Doctoral Training Partnership management boards.

The University of Warwick's Head of Wellbeing issued a statement on the impact of their project "Recognising that PGR students face particular wellbeing challenges – balancing the demands of complex research (largely undertaken as a solitary endeavour) with rising to the many challenges of beginning an academic career, coping with financial stresses and managing family life – we are drawing on the research findings of the Potential Advantage project to inform and shape Warwick's emergent Wellbeing Strategy."

Newcastle University's #PGRWellbeing4All project is now embedded across the institution. The outcomes of their project will inform and shape their Equality, Diversity and Inclusion (EDI) work, including: Athena Swan and broader gender equality work; submission to the race equality charter; a changing culture working group addressing sexual misconduct; an initiative that seeks to improve provisions for PGRs with refugee and/or asylum-seeking status; and Contested Spaces of Diversity, a large-scale project that sought to understand student and staff experiences of higher education against to one or more protected characteristics. The ongoing impact of #PGRWellbeing4All in these strategic contexts will be facilitated by the recent appointment of the former project manager to the new role of University Head of EDI.

Recommendation: Senior academic leaders, including heads of schools/departments, should make mental health and wellbeing of PGRs a key priority and acknowledge PGRs as a distinct population in their institutional mental health strategies.

ENABLER
CO-PRODUCTION

Co-production is seen as a core enabler to improving mental health and wellbeing. It should be integrated into strategy development, design of services, implementation of strategy, evaluation and communication.

Key themes

- *Co-production is an effective way to create appropriate resources and activities to improve PGR mental health and wellbeing.*

4.13 Co-production

Involving PGRS in projects through co-production was a condition of funding and the 11 projects that actively engaged in co-production were overwhelming positive about its value and benefit to their activities. Co-production activities ranged from: PGRs being full members of the project team as PGR placements (University of East Anglia); visioning exercises to shape the project or specific activities (University of Portsmouth); being part of co-production panels to develop resources (University of Derby) or to inform the development of supervisor training (Newcastle University).

Several projects remarked that the ideas generated in co-production had led to changes in the focus of project activities and provided the opportunity for PGRs to drive the agenda and direction of where resource should best be focussed. For example, the University of Manchester noted that an outcome of their consultative forum was the development of a podcast as the best method for engaging PGRs. Those projects that actively engaged in co-production noted that it needs effective and careful management. To work effectively it needs good structure, clear briefing and potentially training for participating PGRs so they understand what is expected and possible within the project.

A few projects actively involved PGRs in the creation of their projects to support supervisors, with PGRs driving the agenda on where they felt their supervisors needed additional training and support.

The University of Portsmouth used this approach and felt this gave a real voice to PGRs about the actual issues they face and how they would like to be supported to resolve them. They also supported the delivery through either face to face interactions with supervisors or through video recordings. Projects noted that their PGRs were pleased that supervisors were receiving training in mental health and wellbeing as it demonstrated their institutions' commitment to the topic.

Durham University involved supervisors and PGRs in the development of their online open education resource, which was intended to be used by both parties. They noted that both groups held consistent and shared views of the specific role of supervisors and found it very helpful and affirming that this is clearly stated and supported in the resultant training modules for supervisors and researchers. They observed that involvement of both parties helped each group raise awareness of the position of the other and enabled them to recognise how the relational responses of both parties are impacted by student mental health issues. The aim in providing the same training to both groups has improved the awareness of the position of the other, which allowed them to recognise how both parties are impacted by the mental health of researchers. The feedback on the pilot modules indicated that this has been successful.

The University of Plymouth developed a series of five workshops for new PGRs covering the research process, embedded within which were skills to improve wellbeing, e.g. self-reflection and self-care. Postgraduate researchers contributed to the development of training materials and led the feedback, evaluation and revision cycle. In supporting the delivery of the workshops, they played and continue to play an active role in the support of other PGRs. This strong co-production model ensured that the workshops realistically reflected the doctoral experience and enhanced the sense of community. Eighty-four per cent of those attending would recommend the workshop to their peers. Participants reported that the workshops would not have been as impactful had they been delivered by staff. Badging workshops as the 'Researcher Toolkit' removed any stigma around attending and the workshops were better attended (they averaged 30 per workshop) than previous sessions on 'Coping with stress' or 'Managing anxiety during study' (which averaged two to three per workshop). The project is now self-sustaining: the original workshop leaders have trained a new cohort of leaders. Supporting material was also designed for pitching these sessions to PGRs in order to encourage attendance.

Appendix 2 provides an overview of the resources that will be available to the sector with links to those that are currently available. All resources will be accessible through the OfS website[40].

ENABLER INCLUSIVITY   This enabler recognises that people have different needs and may be subject to different risks depending on different characteristics, backgrounds and experiences and that this requires targeted interventions.

Key themes

- *Attention needs to be paid to the mental health and wellbeing of different PGRs, particularly vulnerable groups and those with protected characteristics.*

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[40] https://www.officeforstudents.org.uk/advice-and-guidance/student-wellbeing-and-protection/mental-health/resources-for-higher-education-providers/

4.14 Inclusive approach to mental health and wellbeing provision

Across the projects there were many differences in approaches to mental health and wellbeing interventions. However, only the Newcastle University project (below) had a specific inclusion objective. It became apparent in the implementation of the projects and reinforced in the network discussions that institutions need to actively consider inclusion and intersectionality as part of their wellbeing of strategy to ensure all that PGRs are engaged and well supported.

Apart from gender, projects did not systematically collect diversity data for PGRs engaging with their project activities. Projects generally reported higher engagement by female researchers than male, particularly with stand-alone wellbeing activities. The University of Oxford noted that targeting men, particularly in STEM subjects, remains an imperative since they are a potentially vulnerable group, as they are less likely to seek help for mental health issues and have higher suicide rates than women[41].

The University of East Anglia carried out significant analysis around engagement and noted that PGRs who were more likely to engage with wellbeing activities were:
- female aged under 30
- have a disability, which could include a mental health condition
- studying full time
- in their first year of study.

Discussions at the network meetings confirmed similar engagement experiences at other institutions. The University of Warwick identified social science, arts and humanities as difficult communities to engage in generic wellbeing activities, but found that PGRs from these disciplines were more likely to attend workshops on topics such as resilience and 'dealing with failure'. Several projects also mentioned the challenge of engaging international PGRs, as there may be different expectations relating to cultural norms and wellbeing. Newcastle University's 'PGRcommUNITY' activities successfully engaged international PGRs by working with a diverse steering group to ensure that the community was student-led and offering a range of activities that appealed to a wide range of postgraduate researchers. The University of West of England sought to make their app interface more appropriate for international researchers.

Newcastle University's '#PGRWellbeing4All' project focussed on diversity and inclusion. Research through semi-structured interviews highlighted three key concerns:
1) The supervisory relationship as a source of stress and anxiety
2) The negative impacts of social isolation as an aspect of the PhD, especially among postgraduate researchers with protected characteristics
3) The need for a consistent, evidence-based tool that PGRs could use individually to support their wellbeing.

As a result of this research, work was focussed on supervisor training and a programme of activity and support. A new supervisory training programme was designed and embedded in the university staff development offer. The training was designed to help supervisors offer positive mental health and wellbeing support to all PGRs and ensure equality of support for those with protected characteristics. It challenged participants to consider whether they had knowledge to help a PGR from a diverse group, e.g. black and minority ethnic students or LGBTQ+ students: their post-course evaluation showed improved confidence levels in this area.

Almost all of the projects acknowledged difficulties relating to participant engagement, either overall or in engaging particular groups of PGRs. Projects used different approaches to the timing and duration

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[41] www.mentalhealth.org.uk/a-to-z/m/men-and-mental-health

of interventions with varying success. They reported more success when taking a flexible approach and offering a range of interventions, at different times, in consultation with both PGRs and academic staff.

Recommendation: Professional services staff providing training and other activities for PGRs should be flexible in the timing, duration and types of interventions to provide an inclusive programme that attracts the widest engagement from PGRs.

ENABLER INFORMATION   Access to information and effective sharing across an institution and with external partners, including health services, is key to a coordinated approach to mental health and wellbeing.

Key themes
- *Institutions need ongoing data on PGRs' engagement with support services and reasons for interruptions of study*
- *Mechanisms are being developed that allow PGRs to track and monitor their own mental health.*

4.15 Institutional data on PGRs' mental health

Data on the impact of poor mental health on the researcher journey was lacking across all institutions and commented on by a number of projects. Perceived low levels of PGRs disclosing mental health issues raises challenges in ensuring these individuals are well supported. At the final network meeting, projects identified the importance of having data, for example, on interruptions and failure to complete as a result of mental health issues: they noted that generic reasons may be recorded that, when explored further, had an underlying mental health issue as the real cause. Most projects could not identify the extent that poor mental health was interrupting doctoral study. A few institutions did collect this data. For example, at Queen Mary University of London, 26% of interruptions in the academic year 2018–19 were due to poor mental health. Similarly, few of the projects had readily accessible data on PGRs use of student support services.

Alongside a general agreement across the projects on the need for more data to improve understanding of the mental health of PGRs, there was no consensus on how best to record, utilise, manage and share this data across the institution. There was a consensus that institutions would benefit from guidance on how to approach this.

Recommendations:

Senior academic leaders should ensure that robust data is collected regularly on PGRs' mental health and wellbeing in a structured whole institution approach to enable benchmarking, identification of areas of concern, highlighting of good practice and monitoring progress.

PGRS should assist in developing institutional and sector understanding of PGR mental health by responding to requests for feedback about their mental health and wellbeing from their institution.

4.16 Tracking own mental health

Several projects reported that their PGRs had expressed an interest in being able to track their own wellbeing and mental health. In the University of Warwick project, respondents who had taken more than one of their surveys were offered a wellbeing summary report and almost all opted for this option. They recommend that all institutions offer wellbeing education and tracking to their PGRs, as

this could help them recognise when they are struggling and seek early support. The SAM app for anxiety, adapted for PGRs by the University of West of England, has embedded this function. It will be available for use by other institutions. The University of Manchester tested five existing mindfulness apps for their specific suitability for PGRs. After testing with PGRs, the three preferred apps are being promoted via the institution's internal communication systems. One example is 'Catch It', a joint project between the Universities of Liverpool and Manchester, which helps users better understand their moods through use of an ongoing diary.

> The University of West of England developed an app with a series of functionalities aimed specifically at PGRs. They include an institution-specific registration process to access self-help modules, an institution-specific social cloud discussion space, internationalisation of the app's interface to better support international researchers, embedded monitoring of periodic survey instruments based on clinical best practice and an opt-in analytics portal for support services to help the identification of those at risk.

Recommendation: PGRs should pay attention to their wellbeing and mental health during their doctoral studies, actively seeking ways to engage with wellbeing activities within and beyond their institution.

ENABLER RESEARCH AND INNOVATION

This enabler is about filling gaps in knowledge of mental health and wellbeing in higher education, in terms of demand and need, sharing good practice, effective interventions and innovative approaches and use of technology. It is also about embedding evaluation in interventions to create a 'learning system'.

Key themes
- *Comparative UK benchmarking data is needed on the mental health and wellbeing of PGRs to identify potential triggers, areas of concerns and at-risk groups*
- *There is experience of using a number of established ways of measuring mental health and wellbeing with PGRs that could be shared more widely*
- *There is appetite for and benefits in sharing practice more widely.*

4.17 UK benchmarking data

While some data is available that has demonstrated poor PGR mental health, the extent of mental health and wellbeing issues within the UK PGR population is unknown. There is no systematic collection of data, and levels of declaration in the Higher Education Statistics Authority (HESA) statistics are perceived to be low. The most robust data on the mental health of PGRs comes from the Levecque 2017 study, which identified that around a third of their PGR population across Flanders 'are at risk of having or developing a common psychiatric disorder, especially depression'.

Eight projects undertook several different surveys into the mental health and wellbeing of their PGRs, with the University of Sussex undertaking a UK level survey. These projects utilised a range of measures, methodologies and frameworks to build their survey tools. These included the WEMWBS[42], the Big Five personality traits for predicting life satisfaction, and the General Health Questionnaire 12-item scale on loneliness and perceived stress (GHQ-12)[43]. An emerging theme across the projects was agreement that they all had identified poor levels of PGR mental health. However, the different approaches and variety of methodological tools used to create these surveys

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[42] https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/
[43] www.gl-assessment.co.uk/products/general-health-questionnaire-ghq/

highlighted the lack of UK benchmarking data and the need for better understanding of how best to measure mental health in PGRs. The national survey from the University of Sussex will provide insight into the UK picture, to some extent, when published, but there is a need for sector-wide agreement on what measures and data should be collected and the best approach to this.

> The University of Sussex instigated a UK-wide survey aimed at PGRs and a comparator population of working professionals. The year-long survey achieved responses from over 4600 UK participants, with approximately 50% being researchers and 50% from the comparator group. The data is still in the process of being analysed and is expected to be published in 2020.

Some projects plan to monitor their PGRs more proactively in the future. The University of East Anglia, for example, have added a question to their annual registration survey 'Have you ever had difficulties with your emotional wellbeing or mental health that would have benefitted from professional support?' Other projects plan to use the ONS personal wellbeing questions[44] within PRES. There was general agreement across the projects on the value of having robust measures and that it would be useful to establish sector-wide protocols to enable benchmarking and national comparability.

4.18 Effective evaluation of interventions

Several projects highlighted challenges relating to evaluating interventions and noted that data to understand the impact of their interventions was limited and often qualitative or anecdotal. The University of East Anglia reported that asking PGRs to complete (fairly detailed) surveys before and after workshops, in retrospect, was probably an unrealistic aim and they were unable to collect the data they wanted to. They suggested that, rather than repeated evaluations following specific interventions, a wider university structured approach to regular data collection would provide more robust consistent data and enable comparisons between different interventions across the institution, potentially provide control groups and monitor the progress of PGRs' mental health and wellbeing generally.

Projects used a wide range of measures and scales to establish baseline data and to measure the impact of interventions on mental health and wellbeing. The most frequently used were the General Health Questionnaire wellbeing questionnaire and the WEMWBS. All the projects reported that they felt their measures had been helpful to some extent in establishing a baseline. Several projects noted the value of surveying their PGRs at more than one point in their project, including the University of Liverpool and Queen Mary University of London.

> The University of Warwick used a series of surveys to measure the impact of wellbeing activities before, during and after interventions over the course of academic terms. The pre-activity survey drew on the following scales:
> - life satisfaction – Satisfaction with Life Scale (Diener, Emmons, Larsen, & Griffin, 1985)
> - psychological wellbeing – Flourishing Scale (Diener & Biswas-Diener, 2009)
> - mental health: General Health Questionnaire 12-item
> - personality – 50-item IPIP based on NEO-PI-R Domains (Goldberg, 1999)
> - perceived stress – Perceived Stress Scale (Cohen, 1994)
> - loneliness/isolation – De Jong Gierveld Loneliness Scale (De Jong-Gierveld & Van Tilburg, 1999) and Control for socialization (Watson, 1988).
> They aim to publish the results of this research.

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[44] www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/methodologies/personalwellbeingsurveyuserguide

There is now knowledge across the projects on a range of survey instruments and their application that would be useful to capture through practice sharing and contribute to discussions on appropriate common measures.

4.19 Sharing practice and dissemination

A common challenge with projects tasked with improving provision within an institution or group of institutions is how to share the learning more widely with the sector. The structure of the Catalyst Fund programme with network meetings organised by the OfS and RE across the period of funding was a very effective mechanism for sharing learning and practice between projects. They valued the opportunity to build connections with other projects that were planning similar activities, which resulted in projects being able to support each other's activities. For example, the University of Sussex co-production event[45] had inputs from several other projects, including the University of East Anglia and Queen Mary University London. Individual projects also found it reassuring to discover that other projects were experiencing similar challenges and that common findings were emerging.

Part of the criteria for funding was to disseminate findings, outcomes and resources to the wider sector, as appropriate. All of the projects were conscious of the value of sharing their experiences widely and most actively participated in wider dissemination activities. Fifteen projects participated in UK-level events over the two years of the programme to showcase their projects. This included delivering workshops and posters at the Vitae International Researcher Development Conference (September 2018 & 2019)[46], the Association of University Administrators Conference (November 2019) and the Society for Research in Higher Education Annual Conference (December 2019). The University of Warwick presented at the 17th Annual Conference for the International Studies for Quality of Life in Spain.

Where projects had planned to run UK events as part of their projects, they worked cooperatively to achieve efficiencies. For example, the Universities of Portsmouth and Sussex co-organised the First International Conference on Mental Health and Wellbeing of Researchers[47] in partnership with the UK Council for Graduate Education (UKCGE) and Nature Research. The two projects also co-organised the 'Student Voice and the Co-creation of Interventions for Improving Post-Graduate Mental Health' (December, 2019)[48] with Vitae. The University of Derby held a UK launch event for The Wellbeing Thesis[49] in January 2020. Projects also participated in a range of institutional, regional and targeted meetings, online events and communication activities through social media, articles and news updates to disseminate information about their projects. There is continued enthusiasm across the projects to continue to disseminate the findings from their work and to share their experiences.

As part of their final reporting, 15 projects submitted case studies, which can be found in Appendix 3 and on the RE website[50]. Resources that are freely available for use by the sector are given in Appendix 2 and on the OfS website[51]. Seven projects have submitted papers to academic journals, including submissions to the *Journal of Educational Psychology* and *Studies in Higher Education*. Six papers have been submitted to a special issue of *Studies in Graduate and Postdoctoral Education* to

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[45] https://documentcloud.adobe.com/link/track/?uri=urn%3Aaaid%3Ascds%3AUS%3A22097b29-f446-4c14-a205-76ec971d401c&pageNum=1
[46] https://www.vitae.ac.uk/events/past-events/vitae-researcher-development-international-conference-2019
[47] http://www.ukcge.ac.uk/events/mhconference19-134.aspx
[48] http://www.sussex.ac.uk/internal/doctoralschool/wellbeing/mentalhealth
[49] www.thewellbeingthesis.org.uk
[50] https://re.ukri.org/research/postgraduate-researchers/

[51] https://www.officeforstudents.org.uk/advice-and-guidance/student-wellbeing-and-protection/mental-health/resources-for-higher-education-providers/

be published in Spring 2021, which is being guest edited by the project lead at the University of Portsmouth.

Recommendation: UUK and other stakeholders should consider how existing networks can be built upon and utilised to support future work relating to PGR mental health and wellbeing and the sharing of effective practice.

5 Conclusions and recommendations

5.1 Evidence of impact

The diverse nature of the 17 projects and their associated evaluation processes meant that it was challenging to collect comparable data across the programme. While there was commonality in the type of evaluation activities across many of the projects, e.g. post-activity feedback, surveys and focus groups, all the projects used different evaluation instruments to gather qualitative and quantitative data. Furthermore, although initial project proposals identified the expected outcomes from each project, few projects had developed detailed evaluation plans on how they were going to evaluate and evidence these outcomes.

The interactive activities in the network meetings to identify the relationship between their activities and proposed outcomes using the Theory of Change and the IEF (Appendix 3) were designed to increase the possibility of identifying comparable data across the programme. Coincidentally, the projects found the process helpful in reflecting on the ambitions of their projects. The exercise identified a set of key evaluation indicators that may prove useful for institutions to consider when evaluating the impact of future wellbeing interventions.

Not unexpectedly, many projects did not finalise their project outputs until towards the end the project lifetime, leaving little, if any, time to evaluate whether their interventions affected PGRs' behaviours or subsequently resulted in improvements in their mental health or wellbeing. Some of the projects had or were aiming to set up processes to do this to differing extents. However, several projects commented that they would have liked to have set up longer-term evaluation processes, but that the funding conditions did not allow them to do so and there was no institutional resource available. Embedding expectation of longer-term evaluation processes in future funding calls would provide more evidence of impact.

As a consequence, projects were able to provide only limited data for some of the indicators and it was not possible to create consolidated data across the programme. Nevertheless, more than two-thirds of projects reported they had evidence that their PGRs had changed their awareness of their mental health and wellbeing, were more aware of how to improve this and knew where to get help and support. Almost half of projects reported that PGRs were more likely to seek help for their mental health and wellbeing. For those projects that undertook activities targeted at supervisors, they reported they were more knowledgeable about signposting, more confident and more likely to have conversations with their PGRs about mental health and wellbeing.

There was strong support from projects for collecting more robust UK and institutional data on the mental health and wellbeing of PGRs that is reviewed annually against benchmarks by academics and professional staff with responsibility for doctoral training. They cautioned against the use of indirect indicators such as continuation and completions as proxies for good mental health and wellbeing, given the other complex factors involved in these metrics.

The University of Plymouth identified ways that institutional data could be collected and monitored more effectively within their PGR Wellbeing Strategy:

- Ensure that systems are in place for maintaining accurate and accessible records of current supervisors, including information about participation in supervisor training and any complaints or issues arising from previous supervisions
- Review how the data recorded by the Student Wellbeing Service relating to PGRs can be more easily analysed for reporting and monitoring purposes
- Review data collected on withdrawals and suspensions from doctoral study and determine whether further information is required to monitor the mental health and wellbeing of these PGRs.

5.2 Sustainability

Institutions were asked in their final reports to OfS and RE to report on what aspects of their project were sustainable beyond the end of the funding. In many projects, Catalyst funding involved staff secondments or recruitment of (mostly project management) staff whose roles ceased at the end of the project, or in some cases before the end of projects as they were offered other positions. Inevitably the lack of resources led to a reduction in level of activity beyond the project. In some projects staff commitment was such that they continued to work on the projects, despite it no longer being a part of their part of their recognised responsibilities.

Predominately, projects reported that sustainability will be achieved through the process of integrating PGR mental health and wellbeing into institutional strategic missions and embedding the learning from the activities, or the activities themselves, within usual processes and practices. Specifically, this may be integrating mental health- and wellbeing-related activities or increasing mental health literacy into specific milestones within the researcher journey, e.g. induction, annual review and professional development interventions.

Within institutions, an intrinsic impact of the projects will be through having raised awareness of PGRs as a distinct community and increasing acceptance across the institution of the importance of supporting their mental health and wellbeing. Some projects also reported that they had brought researcher developers and graduate school staff closer together with student support services staff, broadening their respective knowledge and capabilities to effectively support the wellbeing and mental health of the postgraduate community and measure the impact of their interventions.

A number of projects reported that PGRs will be formally recognised within wider institutional mental health and wellbeing strategies or inform specific PGR wellbeing strategies as a result of their project. For example, the University of Bradford's project informed the University's new Student Mental Health and Wellbeing Strategy, while Durham University noted that PGR mental health will be more of a focus within their Health and Wellbeing Strategy than otherwise would have been without the work of their project. The University of Manchester reported that the distinctiveness of the PGR experience and the need for that to be incorporated into the University's wellbeing strategy had been recognised. The 'Mental Health Impact Assessment' developed by the University of East Anglia is an example of a sustainable impact of their project in that it is embedded within all institutional policy development processes and has wider sector applicability. Through their project, the University of Portsmouth has developed a targeted strategy for supporting the mental health and wellbeing of PGRs, which has highlighted the importance of enhanced PGR mental health and wellbeing to achieve institutional targets for retention, submission and completion.

In network meeting discussions, the projects raised the challenge of having sufficient resources in terms of both time and budgets in the future to sustain the progress that has been made through the Catalyst funding. Some also acknowledged that they had underestimated the resource needed to deliver their projects. The projects were appreciative of the funding, and they all believed that they had driven operational change and to some extent strategic change, but stressed that to improve

wellbeing and mental health cultural change is also needed, and this takes time to achieve and evidence. They also raised the importance of formally and fully recognising the role of supervisors and other staff in supporting the mental health of PGRs, for example, within workload allocation models, appraisals and promotion criteria.

Recommendation: Senior academic leaders should provide sufficient resources to embed appropriate support and provision for PGRs' mental health and wellbeing within their institution.

5.3   Sector impact

Projects' final reports demonstrated their impact within their institutions. The challenge is to also cascade this learning across the sector and ensure that resources are accessible. To some extent this is already in progress through the dissemination activities of individual projects and UK sector bodies and the submission of academic papers to journals (Section 4.18). The most significant impact from the programme will likely come from the resources developed by the projects that are available for use by the sector. These have the potential to be used and adapted by institutions to suit their individual contexts and provide a legacy for the programme. Appendix 2 provides an overview of the resources that will be available to the sector with links to those that are currently available. All resources and project information is also accessible through the OfS website[52].

In the network meeting discussions, projects identified that some of the challenges relating to the mental health and wellbeing of PGRs are systemic and require cross-sector engagement by multiple stakeholders. The Vitae 2018 report identified the stressors within doctoral education, including workload expectations, supervisory relationships, lack of community engagement, imposter syndrome and career prospects, that can all have negative impacts on the wellbeing and mental health of PGRs. It posited that some of these stressors could be alleviated through changes in the structure of doctoral education: making it 'less of a rite of passage' and more of an educational process. The projects agreed that there is value in instigating a UK discussion on the shape, structure and processes within doctoral education such that they evolve to better support PGRs' mental health and wellbeing.

The research culture was identified by projects as a key factor in creating a healthy working environment that requires the engagement of all stakeholders. There has been considerably more focus on the research culture recently through the work of the Royal Society 'Changing Expectations'[53] and Wellcome's 'Reimagine Research'[54] projects, and mental health and wellbeing is emerging as a central theme in this work. This work needs to intersect with UUK's work through 'Stepchange: Mentally Healthy Universities' in raising the profile of mental health and wellbeing for staff and students across the sector. Postgraduate researchers need to be visible communities within both these agendas.

5.4   Wider issues

Discussions at the network meetings identified wider systemic issues as possible stressors for PGR mental health and wellbeing, which were generally outside the power of individual institutions to change.

They highlighted the availability and level of funding, together with the length of doctoral degrees as creating anxiety for PGRs. They proposed that PGR stipends should be at least above the living wage and the funding period extended to cover a minimum of 3.5 years for full-time study. Suspension of

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[52] https://www.officeforstudents.org.uk/advice-and-guidance/student-wellbeing-and-protection/mental-health/resources-for-higher-education-providers/
[53] https://royalsociety.org/topics-policy/projects/research-culture/
[54] https://wellcome.ac.uk/what-we-do/our-work/research-culture

funding during interruptions in study was also reported as adding to some PGRs' anxieties. They suggested that collectively funders could drive institutional change by being more explicit and consistent on the expected entitlements for PGRs in terms of annual leave, maternity and parental leave, flexible working and sick leave. Funders should also embed expectations on how institutions support the mental health and wellbeing of PGRs within their terms and conditions for, and evaluation of, doctoral training programmes.

The projects highlighted that many PGRs had expressed concerns about their career potential. Research shows that career uncertainty is one of the predictors of poor mental health in PGRs[55]. Currently, there is a disconnect between PGRs' career intentions and potential opportunities, particularly within academia career structures. More needs to be done to provide good information on career opportunities for doctoral graduates and targeted career guidance so they have realistic expectations and make positive career choices.

Recommendations:

Doctoral education funders should review their funding and duration of doctoral training programmes, including expectations within their terms and conditions of funding and evaluation processes on how the mental health and wellbeing of their funded PGRs should be supported.

UUK and other key stakeholders should undertake a review of how the structure and processes within doctoral education impact on the mental health and wellbeing of PGRs and what measures can be taken to address this, recognising different disciplinary contexts.

5.5   Further research

Although the difficulty of measuring mental health and wellbeing for any community is well recognised, it is important to have robust common UK measures of the mental health and wellbeing of PGRs to provide baseline data, comparability across and within institutions and to drive enhancement. Across the programme several projects gathered a variety of data on the mental health and wellbeing of PGRs. They used a range of instruments and measured different aspects of wellbeing and of mental health such that it was not possible to combine or compare data. All the projects identified the difficulty of collecting and interpreting data on PGR mental health and wellbeing.

A focussed research project is needed to build on the knowledge gained through these initial investigations to review in more depth the suitability of existing mechanisms to measure mental health and wellbeing and to contribute to sector discussions on appropriate key measures that could have applicability across the UK to provide benchmark data on the mental health and wellbeing of the PGR population.

Individuals' risk levels and experiences of mental health and wellbeing differ as a result of their personal and cultural circumstances, and structural context. Only one project explored aspects of diversity and more research is needed into why certain groups are more vulnerable to poor mental health, including intersectional approaches, and effective interventions, particularly exploring differences between academic disciplines or modes of study. Similarly, more detailed investigation is warranted into key factors influencing mental health and wellbeing, such as experiences of loneliness and isolation, and the impact of developing greater resilience and self-efficacy.

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[55] Work organization and mental health problems in PhD students; K. Levecque, F. Anseel, A. De Beuckelaer, J. Van der Heyden, L. Gisle: www.sciencedirect.com/science/article/pii/S0048733317300422

Projects that included activities targeted at supervisors predominately focussed on increasing their mental health literacy. Further research is needed into the mental health and wellbeing of supervisors, their current levels of mental health literacy and their preparedness to support the mental health and wellbeing of PGRs. This should also include other academic staff who have a direct role in supporting PGRs, such as departmental postgraduate tutors and mentors. Furthermore, the mental health and wellbeing of different staff categories across institutions should be identified. This is particularly important for research staff, who face many of the same challenges as PGRs, along with precarity of employment. So far, little attention has been paid to this community, and it is likely that they are also at risk of poor mental health and wellbeing.

Recommendations:

UUK, doctoral education funders and other key stakeholders should agree common UK measures for institutions to collect data on PGR mental health and wellbeing to drive enhancement and enable benchmarking and comparability across the UK.

UKRI and OfS should commission more research into the intersection of protected characteristics with mental health, experiences of isolation and loneliness, and the impact on mental health of developing greater resilience and self-efficacy.

5.6 Future funding calls

Funding calls of this nature attract a wide variety of proposals within the scope of their funding criteria, resulting in projects that vary in scope, size, number of partners, proposed outputs and expected impacts. In undertaking the evaluation this complexity presented challenges in drawing together the diversity of projects to evaluate the overall impact of the programme. Some of these challenges may be mitigated in evaluating future programmes of this complexity by the following actions.

The networking meetings were very useful in informing the evaluation processes for both the overall programme and individual projects. They also served as an invaluable mechanism to build a community of practice across the projects and facilitate wider dissemination to the sector by the projects. There is value in continuing to provide network meetings within any future funding programmes, being clear about the purpose of these and how the projects are expected to engage with them.

In designing the funding call, clear articulation of measureable success criteria for the overall programme, potentially using the Theory of Change framework, would help identify funding criteria that directly support the ability to demonstrate the impact of the programme. These could include:

- identification of expected programme outcomes / impact indicators in the funding call documentation, while giving projects flexibility to identify which indicators apply to their proposed projects
- required inclusion of an outline Theory of Change framework showing the connection between proposed activities and expected impact in the proposals submitted
- submission of a more extensive evaluation plan, including baseline measurement and cycle of evaluation throughout the project
- recognition from the funder and the projects submitting that good evaluation takes time and resources and that this should be reflected in project plans and budgets
- running a 'supplier workshop' as part of the funding process, where potential bidders could experience using the Theory of Change process
- opportunity for follow-on evaluation activities to assess the longer-term impact of projects
- extending the evaluation of the overall programme, say, for six months after the 'delivery' of the projects to allow more evidence of longer-term impact to emerge.

These changes would result in more focussed attention by projects on evaluation, such that there is likely be stronger evidence of causality between project activities and how they collectively contribute to achieving the aims of the project and the overall programme aims. With common measures of impact, it should also be possible to assess the relative effectiveness of activities from different projects to provide useful guidance to the sector on effective practice.

Recommendation: UKRI, OfS and other funders should consider integrating evaluation more specifically within funding calls and selection criteria, and how to support projects to develop evaluation frameworks to support successful delivery and improved evidence on and understanding of what is effective practice.

5.7   Recommendations

In the network meetings and their final evaluation reporting, projects were asked to record the key messages that emerged from their endeavours and identify recommendations for different stakeholder groups. The recommendations reflect these discussions and incorporate the learning that emerged across the programme. Those targeted at senior institutional leaders, supervisors and professional services staff have been incorporated into three stakeholder briefings, which can be accessed on the Research England website.[56]. While acknowledging that there are structural and cultural issues that need tackling, we also include recommendations on how PGRs can take care of their mental health and wellbeing. Finally we include recommendations that require wider sector engagement, including funders, which emerged from the network discussions.

The Catalyst Fund programme and its evaluation were completed before the Covid-19 pandemic. The associated restrictions create new challenges in terms of potentially intensified mental health issues and in implementing some of the recommendations in the report, for example activities such as building networks and in-person events. These need to be conducted in a way that adheres to government and institutional guidelines for social distancing.

Senior institutional leaders, including heads of schools/departments, should:

- make mental health and wellbeing of PGRs a key priority and acknowledge PGRs as a distinct population in their institutional mental health strategies

- drive an institutional culture, reflected at departmental levels, that supports PGRs' wellbeing outlining clear institutional expectations of their status and contribution to academic communities

- provide sufficient resources to embed appropriate support and provision for PGRs' mental health and wellbeing within their institution

- regularly collect robust data on PGRs' mental health and wellbeing in a structured whole institution approach to enable benchmarking, identification of areas of concern, highlighting of good practice and monitoring progress

- ensure that supervisors, other academics with postgraduate responsibilities and professional staff are given the time, training and appropriate recognition for supporting PGRs' mental health and wellbeing and that it is reflected in workloads and appraisal processes.

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[56] https://re.ukri.org/research/postgraduate-researchers/

Supervisors, and other academics with postgraduate responsibilities, should:

- recognise the link between good mental health and academic success for both the PGR and their supervisor, and understand the supportive role supervisors have in ensuring PGRs' mental health and wellbeing

- ensure they are well informed about PGRs' mental health issues and potential triggers, understand the boundaries of their responsibilities and capabilities, and know how to confidently signpost PGRs to appropriate support

- take care of their own mental health and wellbeing and act as mental health and wellbeing role models by displaying healthy working and lifestyle practices, thereby contributing to a healthy institutional and academic culture.

Professional services staff with responsibilities for PGRs should:

- ensure they recognise and understand the distinctiveness of PGRs' experiences and challenges and are able to distinguish between the intellectual challenge of doctoral study and unacceptable stresses that have a negative impact on wellbeing and mental health

- consider how they can develop and sustain PGRs' peer support networks

- explore how they can support PGRs within their role, that they understand the boundaries of their responsibilities and capabilities and know how to signpost PGRs to appropriate support

- take care of their own mental health and wellbeing and act as mental health and wellbeing role models by displaying healthy working and lifestyle practices to contribute to a healthy institutional and academic culture

- wherever possible embed the importance for PGRs to pay attention to their mental health and wellbeing within existing doctoral degree processes and researcher development programmes

- be flexible in the timing, duration and types of training and other interventions to provide an inclusive programme that attracts the widest engagement from PGRs.

Postgraduate researchers should:

- pay attention to their wellbeing and mental health during their doctoral studies, actively seeking ways to engage with wellbeing activities within and beyond their institution

- develop good peer support networks to reduce the risk of isolation

- find out how and where to get appropriate help and support within their institution, including declaring any mental health conditions to their institution

- assist in developing institutional and sector understanding of PGR mental health by responding to requests for feedback about their mental health and wellbeing from their institution.

Wider sector recommendations

- UUK, doctoral education funders and other key stakeholders should agree common UK measures for institutions to collect data on PGR mental health and wellbeing to drive enhancement and enable benchmarking and comparability across the UK

- Doctoral education funders should review their funding and duration of doctoral training programmes, including expectations within their terms and conditions of funding and evaluation processes on how the mental health and wellbeing of their funded PGRs should be supported

- UUK and other key stakeholders should undertake a review of how the structure and processes within doctoral education impact on the mental health and wellbeing of PGRs and what measures can be taken to address this, recognising different disciplinary contexts

- UUK, doctoral education funders and other key stakeholders should recognise and promote PGRs as a distinct community within sector work on mental health and wellbeing, and into the research environment and culture

- UUK and other stakeholders should consider how existing networks can be utilised to support future work relating to PGR mental health and wellbeing and the sharing of effective practice

- UKRI and OfS should commission more research into the intersection of protected characteristics with mental health, experiences of isolation and loneliness, and the impact on mental health of developing greater resilience and self-efficacy

- UKRI, OfS and other funders should consider integrating evaluation more specifically within funding calls and selection criteria, and how to support projects to develop evaluation frameworks to support successful delivery and improved evidence on and understanding of what is effective practice.

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