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Towards the creation of healthier academic environments in the European Research Area: mental health and well-being among early-stage researchers

Brian Cahill, Mathias Schroijen & Stefan T. Mol

Silence around mental health in academia has been broken

The silence around what has come to be known as the 'mental health crisis in academia' (Bal et al., 2019) has been broken through the recent publication of a series of studies highlighting the dire state of mental health in European Academia (e.g., Guthrie et al., 2018; Kafedjiska et al., 2022 Leveceque et al., 2017; Mattijssen et al. 2021). To illustrate but one example, the survey by Levecque et al. (2017), showed that about one third of PhD candidates in Flanders are at risk of developing a psychiatric disorder (such as clinical depression), and that this number is significantly higher than found in comparable samples of equally highly educated students and members of the general population. These findings have instigated much debate about mental health issues among early-career researchers in Europe.

In seeking to address this crisis, instead of the knee-jerk and unjustified 'blaming the victim', that is a common first response to serious issues being identified, to realise real change it is critical that the systemic root causes of mental health issues within the research community are identified and addressed. A very timely intervention from stakeholders within the UK, *the Concordat to Support the Career Development of Researchers*, has for instance incorporated mental health as a major red thread for guiding stakeholder's roles and responsibilities. Such actions provide a roadmap for a collective responsibility for the well-being of Early Career Researchers (ECRs) within the research environment. The aim of this chapter is to place the Third Half training in its broader European context, and to point out how those benefiting from this unique training program, may play a larger role in realising meaningful change, not only intra-individually, but also at the institutional and community levels.

Contextual antecedents of mental health issues

Academics conduct research, publish articles, attend conferences, give workshops, teach and supervise students, apply for funding, and manage research projects and teams. They must also be aware of implicit bias, collaborate with industry, open up their research, and involve the public. Next to this multitude of tasks, roles, and responsibilities, researchers often experience high levels of pressure to excel, are highly mobile, are unsure of their careers, and have an unhealthy work-life balance.

Indeed, the precarity of research careers has recently been identified by the OECD (OECD, 2021) as a particularly vexing issue within all research systems. It is arguably the single strongest (and most difficult/costly to address) antecedent of mental health issues, impacting especially younger academics (e.g. status, contract duration, remuneration). Here we list a few concrete examples:

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- The status of the PhD candidate is intermediate between being a student, who sometimes benefits from a stipend, and being a researcher, sometimes with the benefits and responsibilities of a work contract. Although the daily work of a PhD student and a PhD researcher is often indistinguishable, the status and associated privileges are considerably different.
- Depending on the country, there is often also inadequate financial compensation for the research work and especially the hours that people put in.
- Researchers benefitting from stipends are often excluded from indexation and social protections, such as, parental leave, unemployment benefit, pension contributions, and sick leave.
- For international researchers on stipends, their time during PhD very often doesn't count towards permanent residency or citizenship. The lack of pension contributions for an extended period during their working life may lead to downstream financial consequences during old age.

And it is not just PhD Candidates who are affected. Those who 'survive' the PhD, are oftentimes subjected to continued precarity in terms of serial postdoc positions and tenure tracks, which not seldom last well beyond people's thirtieth birthday. As such, job- and financial insecurity often coincides with some of the most demanding times in people's life courses in terms of having dependent children, a mortgage, and/or parents who may by this time themselves be dependent as opposed to able to step in in times of trouble.

Besides precarity, the increase in the number of PhD and Postdoc positions has considerably outpaced the number of tenured positions that has stayed almost constant (Larson et al.2014), meaning that many who enter academia out of a sense of calling to contribute to a greater societal good, are bound to be severely disappointed (Kismihók et al., 2022). As a result, the prospect of a sustainable academic career has become increasingly elusive and competitive while the value of the PhD qualification is not (yet) universally acknowledged outside of academia (Economist, 2010) PhD and postdoc career stages are increasingly redefined as pathways for further qualification of researchers, who's career prospects lay outside academia. However, even though it is clear that most PhD holders will need to leave academia at some point, the majority of ECRs remain primarily focused on an academic career (O'Neill et al., 2017).

How to change the working environment/academic culture?

Institutions form the overarching structure in which policies are implemented and local working cultures are defined and nurtured. They have an oftentimes legally mandated 'duty of care' there where it comes to reducing workplace stress and nourishing mental health of their staff members. Mental health and wellbeing is significantly impacted by the institutional context, organisational structure, researcher career development support, managerial practices and academic culture in general. Institutional-level interventions can therefore target individual employees, teams, departments or the entire organisation (Nielsen and Miraglia, 2017). Interventions should typically focus on mental health effects of precarious working conditions (incl. job insecurity and unclear career prospects), international mobility requirements, hypercompetition and research evaluation practices.

Institutions are encouraged to focus on particular areas to drive change towards more healthy working environments. Firstly, they can actively monitor staff's wellbeing and what is

impacting them. It is thereby crucial to also take into account minority and individual voices as well as qualitative evidence. Once again, the key to tackling the mental health crisis lies in the collaborative effort of multiple stakeholders and should certainly not be attributed to individuals. Secondly, mental health training efforts should be available to all staff members and in particular encouraged for principal investigators (PIs) and managers. This allows for a combined bottom-up and top-down approach through which both PIs and managers as well as individual researchers foster changes within their working environment. Finally, institutions should facilitate and stimulate interventions that involve bottom-up actions because such dynamics are crucial for bringing sustained cultural change, even when policy changes are still in the making.

Ingredients of programmes that facilitate cultural change, impacting multiple levels.

The impact of academic culture is most strongly felt in the relation between junior researchers and their supervisors as well as in the collegial interactions at the level of the research group. Programmes leading to cultural change should therefore target academic staff in various roles: (a) individual researchers need to be empowered to manage their personal wellbeing and career development, (b) academics in supervisory or leadership roles need tools to foster and promote a wellbeing culture and (c) all members of the academic community need to be encouraged to actively embody the cultural change implemented through the programme. At the community level this translates into an active dialogue between bottom-up activities and institutional decision making levels. Best practices can then be shared across institutions to ultimately lead to long lasting policy changes that further sustain a healthy academic working environment.

Programmes should aim at promoting a well-being culture while creating opportunities for social connection and peer support. Ideally, they include a mix of training, coaching and social activities as a way to strengthen individual competencies and improve the overall psychosocial support to reduce occupational risks related to the different stages of the researcher career. Evidence based programmes such as the Third Half (Muro et al., 2022) propose activities that are grounded within self-determination theory and positive psychology, such as: gamified activities, outdoor activities in green spaces, positive psychology and coaching applied in educational settings, physical activity and peer-mentoring/support.

Conclusion

It is crucial to reduce occupational risks and to maximise the opportunities for professional development in a supportive environment. We need to create healthy academic working environments, and this requires a cultural change, rooted in a mix of bottom-up and top-down actions. Evidence-based programmes and interventions are therefore needed that foster an academic culture that promotes researcher wellbeing and encourages a collective effort in protecting and sustaining individual researchers' mental health.

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