

Impact Outlook

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Early-career researchers and mental health

Gareth O'Neill, President, and Mathias Schroijen, Policy Officer, explain the steps that European Council of Doctoral Candidates and Junior Researchers (Eurodoc) is taking to protect and promote the mental wellbeing of early-career researchers

Why do you see the mental health of early-career researchers (ECRs) as a key priority for Eurodoc to be addressing?

GO: ECRs conduct focused research over specific timeframes. However, the reality is that they do far more than just conduct research. They are expected to follow training programmes, publish articles, attend conferences, and teach and supervise students. They are often under pressure to be productive and excel, are highly mobile, and face uncertainty with their future career prospects inside and outside academia. It is therefore not surprising that ECRs may suffer from work-related stress. A recent study in Belgium on the mental health of doctoral candidates (DCs) showed worrying figures for the prevalence of common health problems in DCs compared to the highly educated general population: ± 40 per cent felt under constant strain and ± 30 per cent were unhappy and depressed. These figures are supported by similar studies done at the University of California, US and the University of Leiden in the Netherlands where DCs report high levels of anxiety and depression. The problem is that we do not have statistics for the wellbeing of ECRs across Europe. We do not know how prevalent these issues are amongst ECRs in Europe, what the exact causes are, or how to tackle these issues. Our priority is therefore to raise awareness and further investigate these questions.

What are the current challenges associated with addressing ECR mental health in Europe?

GO: One of the main challenges is a lack of knowledge on the scope of mental health issues for ECRs in Europe. Quantitative and qualitative studies from independent researchers are needed at national and European levels to remedy this. Another challenge is that ECRs are trained primarily for and want an academic career, yet the majority must leave due to the low employment chances

in academia. This creates uncertainty and hampers the transition to the labour market. A further challenge is the taboo surrounding work-related stress and mental health issues in academia. ECRs are expected to work independently and be able to deal with the high demands of academic life. ECRs who are stressed or facing mental health issues often do not dare to tell anyone and risk potentially jeopardising their academic career by being deemed unsuitable for academia. Yet another challenge is the support needed for ECRs who admit that they are experiencing difficulties. Many institutions have counsellors for students and staff, but most do not have specific counsellors who are trained for the particular issues that ECRs face during their research.

Eurodoc has recently created a Working Group (WG) to address ECR mental health issues. What are its key priorities?

MS: Our WG on Mental Health was set up to address the mental health issues of ECRs in Europe. Gareth and I are currently leading the WG, which consists of representatives from our member national associations at Eurodoc, interested ECRs from across Europe, and leading specialists on the mental health of researchers. The four key priorities of the WG are: to raise awareness of the prevalence of mental health issues; to encourage wider and systematic data collection on mental health issues; to identify stressors and risk factors related to mental health issues; and to suggest potential strategies and good practices that may prevent or alleviate mental health issues among ECRs in Europe. Within the WG, we will therefore actively discuss the main mental health issues for ECRs, relate our observations to available studies, conduct surveys among ECRs, and try to understand the exact underlying causes. We aim to ultimately propose policy recommendations for higher education and research stakeholders in Europe.

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Why are health support services for ECRs so important for building a solid research future for Europe? Can you offer some best practice examples?

MS: Mental health issues among ECRs not only cause individual suffering combined with organisational and societal costs, but also impact the quality of research itself. Unique to the development of ECRs, and academia in general, is the high autonomy that often characterises the working conditions. This autonomy is a key factor in high-quality research as it allows the opportunity for continuous critical reflection and innovation. However, when stressors or mental health issues occur, this autonomy may not be perceived as liberating but rather as threatening, especially when combined with the perception of bleak career prospects. It is therefore crucial that there are adequate health support structures in place to support ECRs. Furthermore, it is crucial that ECRs find inspirational leadership and guidance along with satisfactory and constructive work relations. ECRs can then optimally develop themselves in both their scientific expertise and for prospects outside of academia. In fact, a supportive network of inspirational mentors and sustainable resources for continuous self-growth are likely important factors in preventing and alleviating mental health issues.

GO: There are some good examples of attempts to tackle mental health issues of ECRs in the Netherlands. Leiden University has recognised the need for support for DCs and is aiming to ensure that all DCs are coupled with a 'Confidential Counsellor' during their doctoral research. These counsellors are senior researchers who are not involved in the actual project of the DC and who confidentially check on the DC and serve as a listening ear for any issues that the DC might have with their project or supervisors. Such counsellors form a low threshold for DCs to seek advice and signal potential mental health issues. Delft University of Technology in the Netherlands goes one better and has a specialised 'PhD Psychologist' who is trained in the specific mental health issues associated with doctoral research and in helping DCs. A combination of a confidential counsellor providing initial support and a PhD psychologist providing support for potentially worrying cases would be an excellent institutional policy.

How important is it to influence organisational stakeholders in government, policy, academia and industry in order to drive improved outcomes for mental health?

GO: We need widespread awareness raising of and research into mental issues among ECRs, as well as organisational support and implementation of policies for mental health. For this to happen, all stakeholders in higher education and research in Europe need to work together. This not only includes organisations representing researchers (such as Eurodoc and the Young Academy of Europe), but also organisations representing institutions (such as the European University Association), organisations representing research funders (such as Science Europe), and European representative bodies (such as national governments, the European Commission, the European Parliament, and the Council of Europe). Eurodoc has just begun to address this important topic. Next to setting up our WG on Mental Health, we have also released a policy statement on Framework Programme 9, where we ask for more attention and research into mental health issues of ECRs. We hope that our main partners will hear our call for action and work with us to improve the quality of life of ECRs.

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