

# Mental health services at UiO: PhDs and postdocs as a special target group

## Evidence for growing prevalence of mental health problems among PhDs and postdocs

1. In general: recent research results in Europe ([Levecque et al. 2017](#)) and surveys ([Nature 2019](#)) demonstrate that mental health problems among PhD students are growing and require urgent attention.
2. In Norway: in addition to reports describing the situation at Norwegian universities (either from the survey EBHT mentioned, or some other?) two recently published articles in Norwegian summarise the problem [collectively](#) (with a call for action) and based on [individual experience](#) (with recommendations for change). An anonymised quote from the latter illustrates the main issue: “*My biggest challenge when I became ill was to understand what demands and rights I had. I did not even know what the occupational health service was after three years at university. Nobody talked about it.*”

## Why PhDs and postdocs are vulnerable to mental health problems

1. High work pressure, stress, anxiety (arguably for all career stages).
2. Increasing competition in academia; job insecurity (especially early career).
3. Isolation/being invisible in the workplace (especially PhD students, and even more so now that we work from home!).
4. International mobility (being alone in a foreign country) is a contributing factor, but the aforementioned problems affect **everyone**. However, PhD students and postdocs are the career stages with the highest proportion of international researchers, which is why we should consider this a group with special needs.
5. Less time to figure out how the institution works and identify support services within the institution on a short-term early career contract e.g. some postdocs are only 2 years.

## The consequences of mental problems for the researchers affected and the university

1. Impact on research: Project delays, drop outs, projects not completed within salaried period.
2. Economic costs: both documented sick leave as well as undocumented absence from work, loss of productivity.

## Mental health services at UiO: main issue

Right now, there is no central place with information on how to get help through UiO. We argue that this would not just be useful, but a necessary resource for PhDs and postdocs that would provide a low threshold for accessing correct information and support with increasingly prevalent problems, such as: stress, burn out, work/supervisor conflicts, and feelings of isolation or depression etc. We outline the reasons for this below.

## **PhD students and postdocs often don't know where to go if they have mental health problems.**

Specifically, they may not know about:

1. The existence of EBHT (both temporary employees but also PhD advisors)
2. The possibilities for sick leave
3. The possibilities to get counselling/a referral through the university

## **It is not really clear where to ask for help, and some of the first channels that PhDs and postdocs go to may not link to EBHT**

1. When PhD students and postdocs ask their supervisors or their department head of PhDs, the advice may be improvised since there is no easily accessible summary of services within and beyond the university; their supervisor may refer them to 1) private psychologists, 2) SiO, or 3) the fastlege. Conclusion: supervisors also do not have easily accessible standardised information they can access on what the university provides or how health care/ sick leave works, to pass on when asked for support.
2. When PhD students and postdocs seek help at SiO mental health services, they often have an hour long talk before being told they won't be able to help them further because they are not students. They have previously not been directed to EBHT. Conclusion: it needs to be more clearly communicated that PhD students are in fact employees so they should not seek help at SiO and should know what the alternative options are more easily.
3. The information that PhDs and PostDocs receive on units such as SiO, ISMO, EBHT etc. varies widely across departments and faculties. Placing potential information about health support on one of these organisation's channels would not necessarily be accessible to all departments, since different faculties have varying degrees of involvement and information sharing with different units. Conclusion: faculties might not make short-term employees fully aware of EBHT and partner organisations.

## **When PhDs or PostDocs do find EBHT, it might not be evident that they also help with sick leave advice or for mental health problems.**

1. EBHT does not have a name that is easily associated with mental health as it is with some other things (like ergonomics etc.). The consequence is that mental health does not stand out as an issue they can help with.
2. The services offered might not be easily found within the university website search system. For example, other pages that PhD students and postdocs might visit do not necessarily add links to this information to direct support questions for PhDs and postdocs to the right place, even if people have heard about work of EBHT in other areas.

## **Suggested solutions**

First lines of inquiry (supervisor, department/faculty admin and SiO staff) should be aware of the units within UiO that can deliver mental health services to PhDs and postdocs. For PhDs and postdocs that choose to go through the website, a central resource could help to improve the accessibility of information about these services.