Mental Health and Well-Being in Geography: Creating a Healthy Discipline

Report of the AAG Task Force on Mental Health (2015–2018)

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Introduction

The American Association of Geographers (AAG) Task Force on Mental Health was approved by AAG Council in fall 2014 and commenced work in early 2015 with a three-year remit to report back to Council. Its purpose is to put issues of mental health firmly onto the agenda of the AAG as an organization as well as of its members, as practitioners, scholars, and educators. The pressing need for the Task Force came from our awareness, in our professional roles as teachers, researchers, and administrators, of the increase in personal experiences of students and faculty members that fall within the realm of poor mental health, backed by the proliferating number of peer-reviewed studies which indicate that anxiety, depression, and other mental-health conditions have reached crisis proportions in the North American academy and beyond.

Purpose and Mission

Our mission is to promote awareness of mental health and wellness among academic and professional geographers, to institute mental health as a topic with which the AAG actively engages, and to advocate on behalf of the AAG for the creation of mentally healthy departments, institutions, and professional geography settings.

The aims of the Task Force are threefold: (i) to collect information on mental-health issues in academia, primarily through secondary data for the website, but also on the mental-health concerns of AAG members, as well as the activities of other professional organizations in relation to mental health; (ii) to engage in advocacy and awareness-raising through the development of a listserv, website, and publications, as well as conference presentations; and (iii) to provide professional guidance to the AAG Council regarding a set of protocols of professional ethics around mental health and enhancing the mental healthiness of academic geography departments.

Mental Health in the Western Academy

Mental health refers to the quality of one's emotional, psychological, and social well-being. It underpins how a person thinks, feels, and acts. It also shapes how a person handles stress, relates to others, and makes choices. The Task Force employs the terminology of *people with experience of mental and emotional distress* to discuss issues related to mental health broadly defined, in ways that are both

more inclusive and nonjudgmental, and that focus on an individual's experiences rather than on the terms used to categorize them.

A small body of work, primarily based on symptom-based studies, shows that an increasing number of people in the academy indicate that they have experienced mental and emotional distress. Unsurprisingly, much of what we know about states of distress in the academy comes from literature that focuses on the experiences of undergraduate students, who compose the largest population in higher education, with data for graduate students and faculty members being much less comprehensive. A proxy measure of the increase in the number of people experiencing mental and emotional distress is the number of students seeking help from university counseling centers and workplace health experts. All have seen a steady increase in the first decades of the twenty-first century. National surveys in the United States (Hurtado et al. 2012) and elsewhere have reported on the serious problem of academic work stress among faculty members. This stress has several deleterious consequences, including decreased job satisfaction, reduced morale, and poor health—issues that are aggravated by restructuring of the higher education system, increased expectations for teaching and research outputs, the use of short-term contracts, external scrutiny and accountability, and major reductions in funding both for research and for public-sector higher education. Suggesting a relationship between the dominance of market rationality in the academy and increasing numbers of people experiencing mental and emotional distress may generate a degree of skepticism among those who see no connection between these two phenomena. Yet, there are few aspects of university life unaffected by the spending cuts and a re-orientation of university goals that have become part and parcel of higher education in North America, parts of Europe, and elsewhere.

Professional Associations' Activities Regarding Mental Health

Although universities are increasingly rising to the challenge of the mental-health crisis, they do so predominantly through approaches that focus on institutional accommodations for students. Rarely are there initiatives that address the mental health of faculty members and administrative staff or that bring the academy itself under scrutiny. Professional academic organizations addressing issues of mental health are lagging universities in this regard. We asked where the AAG stood in relation to its counterparts in developing protocols on professional ethics relating to mental health, on educating its members about the prevalence of mental-health issues among academics, and on developing practices and policies relating to positive mental health. To answer these questions, we

conducted a review of the websites of academic social-science and humanities-based professional associations to explore the extent to which they engaged with questions of mental health. In total, 68 websites were investigated (36 in the United States and 32 in Canada), revealing a marked absence of resources or policies pertaining to mental-health issues in the academy in two-thirds of them.

The associations in the review form three interrelated types: academic discipline-based professional associations; professional associations associated with the mental-health field, such as social work and psychiatry; and professional associations representing academics. Of the 68 professional associations only 26 had any information pertaining to mental health: 17 in the United States and 9 in Canada. Of these, we categorized each one according to three criteria: whether its members engaged in research on issues of mental health broadly defined; whether it had specific administrative groups (e.g., committees, task forces, or interest groups) dedicated to the mental health of its own members; and whether it engaged in advocacy in relation to the mental health of the general population.

It is in the social science fields of sociology, anthropology, psychology, and somewhat surprisingly in statistics, that most research activity takes place, the most vibrant of which appears to be in the United States. Committees that addressed the mental-health concerns of its own members were very thin on the ground. Apart from the AAG's Task Force on Mental Health only two of the disciplinary associations, both in the United States, had similar committees, the American Sociological Association and the American Statistical Association. Advocacy and public outreach around mental-health issues are not central activities for the majority of academic disciplinary associations.

Mental Health in Geography

We focus primarily in this section on the state of mental health among graduate students and faculty—the largest constituent groups within the membership of the AAG. The prevalence and severity of mental-health challenges are increasing in graduate student populations. One study of geography postgraduates in the United States further illustrates their co-optation into a neoliberal ethos of individuality, competition, and measurements of productivity, which can result in feelings of inadequacy, guilt, and isolation. Graduate students may thus experience deep anxiety that permeates their everyday life, which can take an immense toll on emotional, psychological, and physical well-being. The factors shaping the mental health of graduate students include: career

prospects; workload; social support; academic progress; finances; inappropriate behavior by faculty, e.g., bullying; racial, age, and gender discrimination; abuse; harassment; and claiming graduate students' work as one's own. As well, students who openly express opposition to the current GOP administration in the United States may become especially vulnerable to attack from right-wing members of the community. The body of literature expressly concerned with mental health and well-being of contingent faculty in geography is severely limited, although most data point to contingent faculty's now being the majority of the instructional workforce at colleges and universities. The precarity of their situation, along with financial and work burdens, can lead to stress and anxiety, discouragement, and depression, and a loss of self-esteem from lack of respect and autonomy and constantly feeling marginalized from their full-time, permanently employed colleagues.

In geography only one survey has been conducted in relation to mental health and faculty members, which identified aspects of academic work that negatively affected mental health. These aspects included isolated working practices; intense workloads and time pressures; long hours and the elision of boundaries between work and home; and anxieties around job security and processes of promotion and performance review. The emerging literature examining how geographers (and other academics) navigate mental-health struggles highlights the debilitating effects of neoliberalism, the difficulties posed around disclosure of mental illness, and coping strategies and institutional support.

For retired faculty members anxiety may arise from factors such as confusion as to appropriate late-career choices; concerns about financial matters; and worries about keeping current and relevant, completing unfinished projects, and ensuring one's research legacy.

Advocacy and Awareness Raising

Advocacy and dissemination have focused upon establishing a listserv (currently with over 230 members) and a website for the project (mounted as an AAG Knowledge Communities page) as well as organizing conference sessions, producing publications, and engaging in extensive discussions with UK colleagues about establishing a similar task force in the RGS/IBG.

Task Force Recommendations to the AAG

A. Devise a mental-health code of ethics for the AAG.
B. Establish a permanent Standing Committee on Mental Health in the AAG.
C. Provide "First Aid for Mental Health" courses at the AAG Annual Meeting.
D. Collect data on questions of mental health through a survey of AAG members.
E. Advocate for and support interventions aimed at reducing the harmful conditions and behaviors that cause mental and emotional distress.
F. Develop an AAG mental-health policy for its employees.

1. INTRODUCTION: FORMATION OF THE AAG TASK FORCE ON MENTAL HEALTH

Linda Peake, Beverley Mullings, and Kate Parizeau

In summer 2014 three AAG members, professors Linda Peake (York University), Beverley Mullings (Queen's University), and Kate Parizeau (University of Guelph), approached the AAG Council about establishing an AAG task force on mental health to explore the contours of and improve the status of mental health among scholars in the discipline of geography. The initiative was voted on by the Council at its fall 2014 meeting. Then president Professor Mona Domosh moved to authorize the establishment of the AAG Task Force on Mental Health to explore the topic of mental-health issues in the discipline and to report back to the Council (see also Richardson 2009).[1] It passed unanimously (with one abstention).

The rationale underlying the intent of the Task Force members came from our awareness, in our professional roles as teachers, researchers, and administrators of encountering an increased sharing of stories about personal experiences, especially of our students, that fall within the realm of mental health. These are backed by the proliferating number of peer-reviewed studies which indicate that anxiety, depression, and other mental-health conditions have reached crisis proportions in the North American academy and beyond, requiring systemic interventions from multiple actors in academic settings.[2] Indeed, as several reports indicate, experiences of mental-health issues are pervasive in academia, and they are not restricted to students. Issues pertaining to mental health have become an important and yet often invisible aspect of our diversity as educators, researchers, and learners.

Academic institutions are beginning to engage with these issues, mostly in relation to their student populations. For example, universities are developing voluntary educational programs for all members of the university campus, and some also offer mental-health first aid courses for faculty

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[1] See Appendix A for Mona Domosh's essay on mental health, which appeared in the President's Column in the October 2014 AAG newsletter.

[2] See, for example, the following three overview reports pertaining to mental health and students in higher education the United States, Canada and the United Kingdom: (1) American College Health Association. "National College Health Assessment: Undergraduate Students Reference Group Executive Summary" (2017).http://www.acha-ncha.org/docs/NCHA-II_SPRING_2017_UNDERGRADUATE_REFERENCE_GROUP_EXECUTIVE_SUMMARY.pdf. (2) Canadian Mental Health Association (CMHA) and the Canadian Association of Colleges and University Student Services (CACUSS). "*Post-Secondary Student Mental Health: Guide to a Systemic Approach*" (2013). http://www.cacuss.ca/_Library/documents/PSSMH_Guide_To_Systemic_Approach_-_CACUSS-CMHA_-_2013.pdf. (3) National Union of Students (UK). "*Mental Distress Survey Overview*" (2013).http://www.nus.org.uk/Global/Campaigns/20130517%20Mental%20Distress%20Survey%20%20Overview.pdf.

and staff as part of wellness-at-work initiatives. Providing access to mental-health first aid courses is one way to encourage students and faculty to familiarize themselves with the signs that others are experiencing mental-health challenges, and to encourage them to feel comfortable addressing mental-health crises, for example by referring people to appropriate resources on campus (see DeFehr 2016). However, our professional associations lag behind. A search of the professional ethics of other academic professional associations in North America reveals a marked absence of resources or policies pertaining to mental-health issues in the academy.[3] We believe our professional duties require us to engage directly with the mental-health crises and experiences of students, research respondents, colleagues, and others, whether or not we are trained or formally prepared for such interactions. As well, we answer the call of former AAG president Victoria Lawson to embrace a "care ethics" in our "professional practices" (Lawson 2008, 1). We therefore feel obliged to move our conversations out of the largely informal spaces of conferences and our institutions and into the formal structures of our discipline, both at our own universities and within our professional association. Our aim in initiating the Task Force was to put issues of mental health firmly onto our agenda as scholars and educators within the AAG.[4] We believe that the academic institutions in which we work and the professional organizations to which we belong (and which represent us) have a civic duty to educate their current and future members about mental health and the academy.

In seeking to explore issues of mental health in the academy we aim to recognize the range of conditions from serious psychiatric disorders to subjective feelings of well-being. Furthermore, the Task Force is not meant to stand in as a specialty group; while it operates in solidarity with emerging research that engages with mental-health issues, its aim has not been to support or enhance the research of any one subfield of geography, but rather *to engage with mental health as a professional-development issue that pertains to all geographers.*

Upon approval of the Task Force, the original three members invited other AAG members to join. Attention was paid to ensuring members represented different groupings within the AAG, including established scholars, graduate students, autonomous/contingent scholars, and retirees.

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[3] Likewise, a keyword search for the term "mental health" in the *Routledge Handbook of the Sociology of Higher Education* (Côté and Furlong 2016) yields zero results.

[4] For North American professional associations there is, for example, no equivalent to reports such as the Universities UK report (2015) which provides a good practice guide for senior leaders and managers who aim to promote mental wellbeing for their members experiencing mental and emotional distress.

Members also included those living and working in the United States and Canada and members from the AAG Disability Specialty Group, and some with direct and indirect lived experiences with mental- health issues. Founding members of the AAG Task Force on Mental Health are:

Kim England (Professor, University of Washington, Seattle)
Jessica Finlay (PhD, University of Minnesota, Minneapolis)
Blake Hawkins (PhD Student, University of British Columbia, Vancouver)
Jon Magee (Master's Student, University of Georgia, Athens)
Deborah Metzel (Senior Lecturer, University of Massachusetts Boston)
Alison Mountz (Professor, Wilfred Laurier University, Waterloo)
Beverley Mullings (Professor, Queen's University, Kingston)
Kate Parizeau (Associate Professor, University of Guelph, Guelph)
Linda Peake, Chair (Professor, York University, Toronto)
Lydia Pulsipher (Emeritus Professor, University of Tennessee, Knoxville)
Gina K. Thornburg (PhD, Independent Scholar, Los Angeles)
Vandana Wadhwa (Founder/CEO, Meridian R&C LLC)
Nancy Worth (Assistant Professor, University of Waterloo, Waterloo)

Retired from the Task Force:
Stuart Aitken (Professor, San Diego State University, San Diego)
Lawrence Berg (Professor, Kelowna-UBC University, Kelowna)
Mona Domosh (Professor, Dartmouth College, Hanover)
John Paul Jones III (Professor, Arizona University, Tucson)

Members have met annually at AAG meetings and communicated in between to compile materials, develop the website, and produce this report. Although geographers in the RGS/IBG are now also discussing interventions into mental health in the academic profession of geography, we are unaware of any other similar efforts elsewhere.

2. MISSION STATEMENT, AIMS, AND OBJECTIVES

Linda Peake, Beverley Mullings, and Kate Parizeau

The initial aims and objectives of the Task Force were laid out in the application to the AAG Council and were revised slightly by the fully constituted Task Force. The mission statement was agreed upon by Task Force members shortly after its formation.[5]

2.1 Mission Statement

Our mission is to promote awareness of mental health and wellness among academic and professional geographers, as an issue with which the AAG should actively engage, and to advocate on behalf of the AAG for the creation of mentally healthy departments, institutions, and professional geography settings.

2.2 Aims and Objectives

The aims of the Task Force are threefold. These aims, with their specific objectives, are:

A. Compile data and information on the academy and mental health

1. Collect data on the practices of other professional organizations with respect to mental-health issues to explore best practices;
2. Collect data to inform the AAG about major events, activities, and trends in relation to mental health and the academy;
3. Collect resources for a digital library that support and enhance mental health and well-being in the academy (these resources could comprise, for example, annotated bibliographies, podcasts, and web links) for use on the website; and
4. Supply questions on the status of mental health among AAG members for use in an AAG questionnaire with the view to potentially conducting a more detailed study.

[5] The Task Force decided not to engage with the following objective it had initially conceived, because it felt that it went beyond its members' expertise: Serving as a commission of record for any grievances by members with respect to discrimination, hiring, employment, career development, or other issues pertaining to mental health.

B. Engage in advocacy and awareness-raising

1. Create and maintain a website and knowledge community on the AAG platform to coordinate mental-health resources for members and to raise awareness around mental health in the academy. This website may act as a first port of call for those with an interest in these issues;
2. Promote the participation in and focus on AAG panels, forums, and workshops concerned with addressing mental health, both in terms of personal health and research;
3. Produce academic publications for educational and professional development purposes with respect to mental-health issues; and
4. Promote and initiate projects that lead to the development and dissemination of educational materials on mental health and the academy.

C. Provide professional guidance

1. Devise recommendations to the AAG in relation to mental health in the academy and advise the AAG Council on professional ethical issues regarding mental health;
2. Provide guidance and action to enhance the mental healthiness of academic geography departments, e.g., through proactive practices on accommodation;
3. Provide feedback and/or take specific actions as may be requested by AAG Council and/or the AAG Executive Director related to such themes as mental health and retention rates, absenteeism, and academic assessment, among others.

The Task Force considers itself successful in achieving these objectives, with the following caveats: First, A.4 above was acted upon (see Appendix E) but not achievable, although we remain optimistic that the AAG will choose to obtain such data and ensure that it will be collected, analyzed, and acted upon. Second, C.2 was not undertaken fully, as it was considered too early in the life of the Task Force to provide resources for departments and the AAG, which, as of the 2018 AAG Meeting, had received and adopted many such proactive accommodation practices. Extending such outreach and recommendations to geography departments is an activity that a permanent committee can take into consideration. And third, we were not called upon to conduct C.3.

3. Mental Health in the Western Academy

This section is based on Peake and Mullings 2015.

What do we mean when we talk of mental health? Mental health refers to one's emotional, psychological, and social well-being. It affects how a person thinks, feels, and acts. It also helps determine how one handles stress, relates to others, and makes choices. The Task Force adopts a definition of mental health that avoids the trap of restrictive and culture-bound understandings and that does not merely signal the absence of mental illness but encompasses a variety of emotional states:

> Mental health is a dynamic state of internal equilibrium which enables individuals to use their abilities in harmony with universal values of society. Basic cognitive and social skills; ability to recognize, express and modulate one's own emotions, as well as empathize with others; flexibility and ability to cope with adverse life events and function in social roles; and harmonious relationship between body and mind represent important components of mental health which contribute, to varying degrees, to the state of internal equilibrium. (Galderisi et al. 2015, 231)

There are many names for what we think of as losing control of our internal equilibrium: our emotions, our thoughts, our perceptions of reality, and our sense of self. The English language gives us a lot to choose from, each term coming with its own ideological baggage and negative connotations, although groups such as Mad Pride attempt to reappropriate terms such as *madness* and the Network of Academics with Disabilities and Chronic Conditions refers to 'neurodiversity' (see chronicallyacademic.org).[6] The Mental Health Foundation in the United Kingdom (2013) describes a range of different terms commonly used to describe states of mental health. They view the term *mental illness* as one commonly used by psychological and psychiatric service providers and consequently one that emphasizes the need for medical treatment. The term *mental health problem* stands in contrast to the term *mental illness* in so far as it recognizes that people experience distress to varying degrees and that this may be a problem, but not necessarily an illness (Parr 2008). Geographer Hester Parr (2008) argues that if we are to move beyond medicalized approaches to mental health we must begin to focus more upon the day-to-day experiences of people living with a

[6] Mad Pride is a global social movement that aims to reeducate the public on mental-health issues and to challenge the dominant ways of thinking about mental ill health. One of their strategies has been to challenge, through reclamation, words like *mad* that are commonly used to describe states of mental distress. (Please see www.madprideto2015.wordpress.com.)

variety of states of mental health within nonmedical spaces. We also consciously seek to avoid language that represents experiences of distress solely in terms of a disorder or a problem, employing instead the phrase *people with experience of mental and emotional distress* as a way to discuss issues related to mental wellness broadly defined, in ways that are both more inclusive and nonjudgmental, and that focus on an individual's experiences rather than on the terms used to categorize them.[7]

Paradoxically, emotional and mental distress in the academy are hiding in plain sight. While mental-health issues in academia are becoming increasingly known—to those who have experienced them or to others such as university service providers and administrators who have assisted individuals in distress—to others they can be invisible, lurking under their radar or dismissed in myriad ways.[8] This invisibility requires taking our conversations about mental health out of the back spaces of academia—the corridor conversations, the conference gossip, the socializing off-campus—and to put them firmly onto our professional agenda as academics and educators (see also Peake 2015).

3.1 States of Mental and Emotional Distress in the Academy

There now exists a small body of work, primarily based on symptom-based studies, which show that an increasing number of people in the academy indicate they have experienced mental and emotional distress. Unsurprisingly, much of what we know about states of distress in the academy comes from literature that focuses on the experiences of undergraduate students, who compose the largest group in higher education, with data on graduate students, faculty members, former faculty members and independent scholars much less comprehensive.

3.1.1 Undergraduate and Graduate Students

A proxy measure of the increase in the number of people experiencing mental and emotional distress is the number of students seeking help from university counseling centers; workplace health

[7] To do so is not to deny that there is a range of mental states, which at one extreme are characterized by severe illnesses that require medicalized treatment.

[8] In relation to our own institutions, even though there are activities taking place to increase awareness of mental-health issues in the academy, it is not always clear how many on our campuses are aware of or willing to participate in them. Moreover, forms of discrimination against those experiencing mental-health problems are often covert, similar, though possibly not yet as widespread, as forms of discrimination relating to sexism and racism.

experts have seen a steady increase in the first decades of the twenty-first century. Robert Gallagher's survey of counseling center directors in the United States, conducted every year since 1981, indicates that a growing number of students on college campuses require treatment for severe levels of mental distress (Gallagher 2012). In 1994, nine percent of students seen at counselling centers reported they were taking psychiatric medication. By 2013, this number had risen to 32.7 percent, with an estimated seven percent experiencing levels of mental distress that made it impossible to remain in college without ongoing psychological or psychiatric assistance.[9]

The experiences of North American students paint a dismal picture (American College Health Association [ACHA] 2017). The North American Health and Wellness Survey[10] conducted by the National College Health Assessment (NCHA) indicates that in 2016 approximately 20.9 percent of students reported having been treated by a professional for anxiety, 17.0 percent for depression, and 10.6 percent for panic attacks.[11] Figures were higher, however, when students reported the factors

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[9]Studies in the United Kingdom indicate similar trends (Court and Kinman 2008). The UK's "Royal College of Psychiatrists 2011 College Report" (RCP 2011), for example, indicates that there had been a rise in demand for student mental-health and well-being services in higher education since 2003, with as many as 29 percent of students showing clinical levels of psychological distress. This observation is corroborated in the findings of the 2013 survey of 1,200 higher education students in the UK conducted by the National Union of Students (NUS 2013). The survey showed that as many as one in five students considered themselves to have a mental-health problem. No differences in responses were recorded between students in different years of study, although among students between the ages of 18 and 20, those who stated they had never been diagnosed with a mental-health problem were more likely to be younger, white, male, heterosexual students (Kerr 2013). Although the responses in this study may exaggerate the prevalence of mental and emotional distress among participants, as respondents were self-selecting, the figure of one in five is worrying, given that only one in 10 students surveyed went to university support services for help. This low rate indicates that the number of students seeking help is an underestimate of those experiencing distress. While distress is usually only recognized as serious if an individual experiences a classified psychiatric condition requiring clinical treatment, more than a few students in the NUS survey reported experiencing severe mental distress, with some 14 percent considering self-harm and 13 percent having suicidal thoughts. Experiences of mental distress such as anxiety (55 percent), depression (49 percent), and panic attacks (38 percent) were so widespread that they were often dismissed as requiring special attention. We find it particularly worrisome that in the academy many of the experiences self-reported by students, such as a lack of energy or motivation (70 percent) or feelings of hopelessness/worthlessness (45 percent), are behaviors that in the context of the classroom could easily be interpreted as laziness or disorganization.

[10] Organized by the American College Health Association (ACHA), and with 92 US institutions and over 47,821 students participating, the spring 2017 ACHA-NCHA survey provides the largest known data set on the health of university students in the United States. The survey is designed to assist college health providers, health educators, counselors, and administrators in collecting data on students' habits, behaviors, and perceptions on prevalent health topics. A substantial number of Canadian post-secondary institutions also self-selected to participate in the 2013 North American Health and Wellness Survey, but the figures in the published report are only for the US institutions (ACHA-NCHA 2017).

[11] Although the ACHA-NCHA survey collects data on year of study, undergraduate and postgraduate, age, race, and sexuality, it only reports data disaggregated by sex.

that had affected their individual academic performance in the past 12 months: 33.7 percent indicated stress, 22.2 percent sleep difficulties, 26.2 percent anxiety, and 17.3 percent depression. Approximately 62.0 percent indicated that at least once in the past year they had felt overwhelmed by anxiety and 40.2 percent felt so depressed that it was difficult to function. For almost every condition, more women than men were affected and each percentage here is an increase on the same figures reported in 2014.

Mental distress can also lead to physical injury and sometimes death, as several studies indicate. For example, a 2011 study of eight US universities conducted by Janis Whitlock et.al. (2011), director of the Cornell Research Program on Self-Injurious Behaviors, found that 15 percent of students had engaged in nonsuicidal self-injury (NSSI), having cut, burned, or otherwise intentionally injured themselves. And a 2011 survey of 1,600 University of Alberta students in Canada found that about 51 percent reported feeling hopeless within the prior 12 months, while over 50 percent reported feeling overwhelming anxiety, 7 percent had seriously considered suicide, and about one percent had attempted it. Indeed, a number of articles have documented what seems to be a rising number of student suicides in North America and parts of Asia.[12]

Suicide is undoubtedly at the extreme end of the spectrum of mental and emotional distresses faced by students, which include cognitive impairments, psychological syndromes, and chronic, genetic-based diseases. Existing large-scale surveys make clear the complexity of experiences of mental and emotional distress, and the imprecision of available metrics in gauging and responding to them. Forms of distress can range from a variety of largely self-reported health issues to professionally diagnosed disabilities. What studies do indicate is that mental and emotional distress is real and present for significant numbers of students across a wide range of tertiary institutions and that these experiences range from disruptions that might be overcome with self-help or peer support to those that require clinical treatment.

Studies have also recorded triggers cited by students for this rise in distress, including coursework deadlines, exams, and academic performance (ACHA-NCHA 2017). Work/life balance,

[12] Figures from the UK Office for National Statistics (ONS) in November 2012 also indicated a 50 percent increase in female student suicides and a 36 percent increase for male students in full-time higher education, between 2007, since the beginning of the global financial recession, and 2011 (Groves 2012). In areas outside Europe and North America, articles related to student mental health largely address the issue of student suicide. The suicide of three students and one professor at KAIST in South Korea in 2011 prompted much concern about the level of competitive pressure at universities and the tendency to "view everyone other than the first place winner as losers," as one commentator observed (Kim 2011).

personal, family or relationship problems, and financial difficulties also contribute significantly to mental and emotional distress. The insensitivity of some faculty members, from whom there can be a distinct lack of empathy toward their advisees or students in class, has also been cited (Mason 2012). In some instances, faculty members may view students experiencing emotional or mental distress unfavorably because of how this distress reflects upon them: students' mental or emotional distress may increase faculty's stress levels for fear that their records will be blemished by students who do not complete assignments or dissertations within expected time limits or that research funding will be held up by students' lack of productivity. In many other cases, what may seem to be a lack of empathy may simply reflect the increasing intensity and volume of work in the academy, a situation that renders messages about mental-health awareness month or new mental-health policies as yet one more activity in which there is no time to partake, especially so when the culture of work does not account for these issues. Faculty members, moreover, are simply often unsure or unaware of how to support students appropriately.

3.1.2 Faculty Members

Recent national surveys in the United States (Hurtado et al. 2012), the UK (Kinman and Wray 2013, 2015; Tytherleigh et al. 2005), and Australia (Winefield et al. 2002) have reported on the serious problem of academic work stress among faculty members, with several deleterious consequences, including decreased job satisfaction, reduced morale, and ill health, both mental and physical, the latter including issues such as musculoskeletal pain, gastrointestinal disorders and cardiovascular concerns among others (American Psychological Association 2015; Thoits 2010). These are issues that are aggravated by the restructuring of the higher education system, increased expectations for teaching and research, the use of short-term contracts, external scrutiny and accountability, and major reductions in research funding, as well as funding in general for public-sector higher education. For example, UK-based research by Gail Kinman and Siobhan Wray, on behalf of the University and College Union (UCU),[13] found "considerably higher" levels of psychological distress among academics than in the population as a whole. They point to poor work/life balance as a key factor, with academics putting in increasing hours as they overcommit in attempts to respond to high levels of internal and external scrutiny, a fast pace of change, low

[13] The UCU is the largest trade union and professional association for academics, lecturers, trainers, researchers, and academic-related staff working in further and higher education in the United Kingdom.

security and autonomy and perceived low reward (Mark and Smith 2012) and the notion of students as customers (Kinman and Wray 2013).[14]

For members of the academy who are located at the intersection of marginalizing oppressions, or face additional stressors of caregiving, stigma, discrimination and/or lack of resources, such as women, racial, ethnic and sexual/gender minorities, persons with disabilities, and single/divorced persons, levels of stress were even higher. One of the few studies to examine the experiences of faculty members differentiated by gender, race/ethnicity, and sexual identity, is the US-based national longitudinal Higher Education Research Institute (HERI) Survey of Undergraduate Teaching Faculty, conducted since 1978. The 2010–11 study found that female faculty were more likely than male faculty to report high levels of stress, with many identifying students (66.3 percent of women vs. 56.8 percent of men) and changes in their work responsibilities as the main sources of stress (Hurtado et al. 2012). Levels of reported stress were also higher among indigenous and other faculty of color than among faculty members who identified as white. Among faculty of color, it was notable that 63.6 percent of Black/African American faculty reported "subtle discrimination" (e.g., prejudice, racism, sexism) as a source of stress, a level that was 20 points higher than for any other racialized group.

3.2 States of Mental and Emotional Distress and the Neoliberal University

While a growing literature alerts us to a crisis of mental health on university campuses, these studies have overwhelmingly focused on the impact that individual undergraduate students' experiences of addiction or lack of sleep, debt, fewer job prospects, or economic uncertainty have on mental distress. Few studies have explored the relationship between increasing numbers experiencing emotional and mental distress and the changing structural environments within which knowledge is produced.[15] This is a significant gap in the literature, given the large number of publications (many by geographers) that exist on the debilitating impacts of the neoliberalization of the academy on knowledge production as a whole (Castree et al. 2006; Côté and Furlong 2016; De

[14] Winefield et al. (2002) reported similar findings in their survey of occupational stress in Australian universities, in which they found approximately 50 percent of Australian university faculty members at risk of psychological illness, compared with 19 percent of the Australian population overall.

[15] University administrators, not academics, appear to be on the frontline of speaking out. For example, Dr. Erika Horwitz, associate director of Health Counselling Services at one of Canada's largest undergraduate universities, Simon Fraser University in Vancouver, BC, says the hypercompetitive environment at universities where students are pitted against each other in a perceived zero-sum game for fewer and fewer jobs is pushing a generation of youth to the edge (Fleet 2012, 2–3).

Angelis and Harvie 2009; Gill 2009; Giroux 2014; the SIGJ2 Writing Collective 2012; Smith 2002; Wylie 2013;). In using the phrase "neoliberalization of the academy," we refer to the encroachment of an economic ethos into higher education, which, as Polster and Newson (2015) have observed, has made the university more commercial in orientation, businesslike in its knowledge practices, and corporate in its self-presentation. They argue that the reorientation of the goals and functions of universities toward the generation of revenues and profit has engendered a highly individualized, privatized, competitive, survival-oriented campus culture, which has heightened performance and productivity pressures with few opportunities for relief. The not-so-subtle pressure to shift the focus of university education away from a well-rounded liberal arts mission toward the more pragmatic goal of providing career-oriented skills that enhance employment prospects is but one example of the devaluation of critical thought and civic action that has accompanied the neoliberalization of higher education. Scholars see the importation of corporate models of management into university life, continuous budget cuts, the reformulation of education in instrumental terms toward disciplines that serve corporate interests, and the casualization of work and general degradation of pay and working conditions as evidence of the creeping encroachment of the market and market values into the academy (Gill 2009; Polster and Newson 2015).

Suggesting a relationship between the dominance of market rationality in the academy and increasing numbers of people experiencing mental and emotional distress may generate a degree of skepticism among those who see no connection between these two phenomena. Yet, there are few aspects of university life that have not been affected by the spending cuts and reorientation of university goals that have become part and parcel of higher education in North America, parts of Europe, and elsewhere. Especially since the 2007 global financial crisis, universities in North America have had to contend with declines in funds to support their budgets.[16] Budget cuts have manifested themselves, for example, in increased tuition fees, increasing student debt, higher student-instructor ratios, reductions in the number of tenure-track faculty and their replacement with various forms of short-term contract labor, and dwindling financial resources for research and concomitant lower success rates for external grants (Mitchell and Leachman 2015). Such cuts have been identified as having a significant and negative effect on the morale of students, faculty, and administrative staff alike because of the precarity and instability that they induce. These

[16] In the United States, for example, Mitchell and Leachman (2015) found that the average state was spending $1,805, or 20 percent less, per student than it did in 2007–08.

transformations in the contemporary structural conditions of knowledge production and the assessment systems they have spawned, are producing environments of uncertainty, precarity, and mental distress for students and faculty members alike.[17] In the remainder of this section we explore these stresses on students and faculty members.

3.2.1 Undergraduate and Graduate Students

There is a growing awareness that in the neoliberal university, the pressure to excel and achieve high grades is leading to "destructive perfectionism" (University of Pennsylvania 2015). This is turning universities into places where students feel pressured to master techniques to acquire a coveted A grade rather than pursue knowledge to comprehend one's standing in the world. Students might feel they have little choice but to compete as hard as they can. In the United Kingdom, the trebling of undergraduate tuition fees since 2012 has had a "seismic" effect on the culture within higher education: as one anonymous academic has stated, "Competition is much, much greater and much more life-threatening" (Weale 2014). For many the job market looks grim and students in North America no longer feel secure about the employment prospects that a university education once guaranteed. In an environment of declining availability of quality jobs, they increasingly find themselves caught in the vicious circle of "no job — no experience, and no experience — no job" (see, also Coman [2014] for the United Kingdom). After graduation, often weighed down by student debt,[18] and the pressures of intergenerational inequality, many must string together short-term contracts with unpaid internships, which are often hard to get. The stress and anxiety that come with the knowledge that having an undergraduate degree is no longer an indicator of financial security or an outstanding qualification during a job search contribute to the growing crisis of mental health.

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[17] In North American universities, assessment systems (unlike those in Europe) are not closely evaluated by the state. In the United Kingdom, for example, funding for research is determined by an assessment method—the Research Excellence Framework (REF), developed by an arm of the UK's Department for Business, Innovation and Skills—that has induced heightened levels of stress in academic faculty, especially among those whose work is perceived as having no direct market value (Atkinson 2014; Fernández-Armesto 2009). The UK is not alone in adopting performance-based measures of evaluation for university funding. New Zealand has the Performance-Based Research Fund (PBRF) and Australia the Excellence in Research for Australia (ERA), while audit systems in the Nordic countries include Denmark's Den Bibliometriske Forskningsindikator (BFI) (the Bibliometric Research Indicator), Iceland's Evaluation System for Public Higher Education Institutions, and the Netherlands' Standard Evaluation Protocol (Berg et al. 2016).

[18] In Canada statistics indicate that bachelor's and master's students who graduated with student debt in 2009/2010 owed just over CAD$26,000, while doctorate graduates owed an average of CAD$41,100 at the time of graduation (Ferguson and Wang 2014, 29).

Graduate students face considerable levels of stress as they juggle the short-term, often hourly paid teaching contracts and nonacademic jobs with a need to develop their CVs for future academic or alternative-academic (alt-ac) careers. Among PhD students, implicit in the work culture is an understanding that if you are not suffering, you are not doing it right. Often, the conditions of work, which are solitary and unstructured (in the case of nonscience or non-bench-science PhDs), competitive, uncertain, and financially stressful, with time pressures and no certainty of a job, can generate mental distress. A recent blog article in *The Guardian* newspaper, which went viral, provides some insight into the forms of mental and emotional distress—depression, sleep issues, eating disorders, alcoholism, self-harming, and suicide attempts—that are common among graduate students who are only too aware of the dearth of academic jobs, the short-term contracts typical of postdoctoral posts and the financial and geographical instability of a career in the academy that they will face when they graduate (Anonymous Academics 2014).

3.2.2 Faculty Members

The academy's embrace of the logic of the market is turning universities into what academic and blogger Richard Hall describes as "anxiety machines" (2014; see also Berg et al. 2016). Colleagues, however, rarely discuss with each other their mental and emotional distress, even though its prevalence among students may be recognized (Thomas 2014). Financial cutbacks, an increasingly marketized higher education system, the pressures of declining job security, the constant and often fast pace of change and how this change is managed and communicated, the high number of hours worked, and the inability to strike a sustainable balance between life and work are as likely to be factors of stress and fatigue for faculty as they are for students, and are linked to mental and emotional distress (Kinman and Wray 2103, 2015; Schuurman 2009). And yet, in many academic contexts, to formally admit to stress, anxiety, or depression, especially in the early stages of one's academic career, can lead to discrimination.

In the United Kingdom, there has been much public discussion across a range of venues about mental health in academia. *The Guardian's* 2014 survey of 2,561 (self-selected) academics in the United Kingdom and elsewhere found 83 percent experienced anxiety, 75 percent depression, and 42 percent panic attacks, yet 61 percent of the respondents stated that none of their colleagues were aware of their mental-health problems; the survey found only a slight difference in the figures for men and women. These reported experiences also accorded with the observations of the general secretary of the UCU in the United Kingdom, who stated, "In the UK further and higher education

workers who experience issues relating to mental health face ignorance, discrimination, and stigma from their managers and colleagues" (see Shaw and Ward 2014), indicative of the stigma attached to mental and emotional distress and the assumption that it is an indicator of weakness or inadequacy.

The effects of the current academic environment can be particularly deleterious for junior (nontenured) faculty members, who "are thinking about their work and the consequences of not being as good as they should be; they're having difficulty switching off and feeling guilty if they're not working seven days a week," as Alan Swan, chair of the Higher Education Occupational Physicians Committee at Imperial College London, observes (Shaw and Ward 2014). In the United States, levels of stress are also high among faculty members in temporary and contingent appointments who do not have the security or the benefits that once accompanied these jobs, and who can find themselves burdened with heavy teaching loads, large classes, and ever-distant prospects for moving from the periphery of the academy to its core. For example, findings from the US-based 2010–2011 HERI Survey of Undergraduate Teaching Faculty (Hurtado et al. 2012), which for the first time differentiated between part-time and full-time faculty, found that three-quarters of faculty in nontenured positions aimed to attain a full-time teaching post as their career goal, even though the stark realities of the present academic landscape offered few opportunities for a transition from part-time to full-time status. Like Kinman and Wray's (2015) study, the HERI study found that self-imposed high expectations and lack of personal time were the most pervasive sources of stress for faculty (Hurtado et al. 2012). But they also found that these traditional sources of stress were rivaled by a new stressor, institutional budget cuts. The latter were indicated as the top source of stress for 86.0 percent of full-time faculty at public universities and 83.4 percent of full-time faculty at public four-year colleges in the United States. Years of frozen pay, threats of department closures, the nonreplacement of faculty, departmental pressures to generate revenues, and budget cuts, especially for faculty in the humanities and social sciences, represented for many a real existential threat.

4. THE ACTIVITIES OF NORTH AMERICAN PROFESSIONAL ASSOCIATIONS IN RELATION TO MENTAL HEALTH

This section is based on Peake and England, submitted.

Although universities are increasingly rising to the challenge of the crisis in mental health—through, for example, new protocols on student accommodations, increasing student awareness of available academic support services, mental-health awareness months, new websites and policies on mental health—it is predominantly through approaches that focus on institutional accommodations for students. Rarely are there initiatives that address the mental health of faculty members and administrative staff or that bring the academy itself under scrutiny. Even less are professional academic organizations addressing issues of mental health. Professional associations in North America are lagging behind universities in adopting initiatives, commissioning reports, and looking into best practices for addressing the mental-health concerns of their members.

Thus, we ask: Where does the AAG stand in relation to its counterparts in developing protocols on professional ethics relating to mental health, on educating its members about the prevalence of mental-health issues among academics, and on developing practices and policies relating to positive mental health? To answer these questions, we conducted a review of the websites of academic social-science– and humanities-based professional associations to explore the extent to which they engaged with questions of mental health.

The professional associations were drawn from Global Affairs Canada (which lists associations in Canada's education community) and the Consortium of Social Science Associations (which is a US nonprofit advocacy organization with a membership network that includes disciplinary associations), the AAG website (which lists affiliated geographic associations), and our own knowledge of these organizations.[19] In total the websites of 68 professional associations were

[19] Our survey has been limited to higher education organizations that represent universities and does not include those for polytechnics, colleges, and institutes of technology, all of which focus more on applied undergraduate degrees and tend to have limited coverage of the humanities and social sciences. Nor does it cover organizations that represent high school geography or the associations that represent teachers (i.e., the National Council for Geographic Education in the United States). Nor, in the context of Canada, does it include Quebecois organizations or other organizations that relate to the provincial level. In terms of geography associations, only national-level organizations were taken into consideration, leaving out the provincial associations in Canada and the regional ones in the United States, e.g., Association of Pacific Coast Geographers (APCG), California Geographical Society (CGS), the Geographic Society of Chicago (GSC), and the Geographical Society of Philadelphia. Nor are the US-based Society of Woman Geographers, the

investigated (36 in the United States and 32 in Canada), revealing a marked absence of resources or policies pertaining to mental-health issues in the academy in about two-thirds of them. Appendix B provides a list of those professional associations that had no mention of mental health in any capacity on their websites. This includes 53 percent of the US associations and 71 percent of the Canadian associations. Appendix C lists those professional associations for which there was material relating to mental health.

We chose professional associations in the United States and Canada because most members of the AAG are located in these countries and because the membership of the AAG Task Force on Mental Health is composed of Canadian and American geographers. The associations form three interrelated types: academic discipline–based professional associations; professional associations associated with the mental-health field, such as social work and psychiatry; and professional associations representing academics (see Table 4.1). Of the 68 professional associations only 26 had any information pertaining to mental health: 17 in the United States and nine in Canada (see Tables 4.2a and 4.2b, respectively).

Table 4.1. Types of Organizations in the United States and Canada Included in the Review

Types of Organizations	United States (n = 36)	Canada (n = 32)
Academic disciplines	30	29
Professional associations	2	2
Organizations representing academic disciplines	4	1

Tables 4.2a and 4.2b present these 26 associations, respectively by country, according to the types of organization shown in Table 4.1 and summarize their website content. These summaries are arranged according to three main criteria: whether the associations had groups in which their members engaged in research on issues of mental health broadly defined; whether the associations had specific governance or administrative groups (e.g., committees, task forces, or interest groups) dedicated to the mental health of their own members; and whether they engaged in public advocacy in relation to the mental health of the general population. The tables also present synopses of other

American Geographical Society or the Royal Canadian Geographical Society included; their audiences are the general public, not only academics.

website material relevant to mental-health topics. Each association is then ranked low, medium, or high, according to two criteria: the degree to which it presented evidence of mental health as a research topic and the degree to which the website clearly stated an awareness of mental health as a professional development issue. Sections 4.1 and 4.2 below discuss the tables in depth.

4.1 Professional Associations Whose Members Engage in Research on Topics of Mental Health

Across the majority of disciplines in the humanities and social sciences in Canada there is only a low level of research on mental health, and seemingly only a slightly higher level in the United States. Among professional associations in geography, only a low level of research activity is evident. Although the AAG and CAG, like many of their professional counterparts, have groups with research interests in mental health, namely the Disability Specialty Group in the AAG and the Geography of Health and Healthcare Specialty Group in the CAG, it is not apparent from either of website that in both these organizations feminist geographers are leading the charge: from the Geographic Perspectives on Women Specialty Group of the AAG and the Canadian Women and Geography Group, feminist geographers are the ones who are working to bring issues and topics of mental health to the attention of these professional associations.

It is in the social science fields of sociology, anthropology, psychology, and somewhat surprisingly in statistics, that most research activity takes place, the most vibrant of which appears to be in the United States. The American Sociological Association has an active research section on the Sociology of Mental Health, which includes a Mental Health Awards Committee. Since 1994 this committee has annually awarded the Leonard I. Pearlin Award for Distinguished Contributions to the Sociological Study of Mental Health, the Sociology of Mental Health Dissertation Award, and the Best Publication in the Sociology of Mental Health. The American Anthropological Association, with 40 research sections, has two which actively engage in research on mental health—the Society for Medical Anthropology and the Society for Psychological Anthropology—each of which has its own journal, *Medical Anthropology Quarterly* and *Ethos*, as well as a book series, *Culture, Mind and Society*.

(*continued on page 29*)

Table 4.2a. Website Content on Modes of Engagement with Mental Health (MH) by Professional Associations in the United States

Name of organization	Number, if any, of research-based groups	Governance & administrative nonresearch group	Public advocacy on MH	Other relevant material on website	Evidence of MH as a research topic	Awareness of MH as a professional development issue
Academic disciplinary organizations						
AAG (American Association of Geographers)	Disability Specialty Group; Geographic Perspectives on Women Specialty Group	Task Force on Mental Health (since 2014)	No	Web page to be devoted to MH	Medium	Medium
AAA (American Anthropological Association)	40 sections, including the Society for Medical Anthropology (SMA) and Society for Psychological Anthropology (journals: *Medical Anthropology Quarterly* and *Ethos*, & book series "Culture, Mind and Society"). Within sections are interest groups (SMA Anthropology and Mental Health IG, which offers prizes for research papers)	No	No	*AAA Policies:* Statement on disabilities (adopted in 1993); and calls for papers on mental health for 2018 conference; Course syllabi (e.g., Anthropology 245: Culture, Mental Illness and the Body)	High	Low
ACJS (Academy of Criminal Justice Sciences)	No groups, but frequent theme in the *ACJC Today* newsletter and many conference papers touch on MH	No	No	Award for academic leadership and innovation, criteria include MH services among list of eligible practitioners	Medium	Low

AEA (American Economic Association)	Some research articles in *American Economic Review*	Two "status" committees on minority groups and women, but no committee on MH	No		Low	Low
AHA (American Historical Association)	*Research Division* and *Affiliated Societies*: History of Medicine.	Emerging group "Historians for Mental Health" (2017). Three standing "status" committees (gender equity, LGBTQ status, and minority historians).	No	MH was highlighted at 2017 conference. Monthly news magazine, *Perspectives on History*, Nov. 2017 issue on MH in academe and generated responses.	Medium	Low (just beginning to address)
APA (American Psychological Association)	56 divisions/societies, with 8 on MH: Society of Addiction Psychology; Psychoanalysis; Intellectual and development disabilities/autism- spectrum disorders; Psychopharmacology and substance abuse; Society for Clinical Neuropsychology; Society for Health Psychology (each has its own website)	No	Yes The Psychology Help Center, an online consumer resource, features information on psychological issues affecting well-being. One of its five interest areas is "health and emotional wellness"	There are (1) publications and databases on addictions, anxiety, depression, emotional health, stress, therapy, trauma, & workplace issues (includes MH); and (2) the Disability Issues Office, which serves as the central point for APA activities on disabilities. It "supports the Committee on Disability Issues in Psychology and works with other psychologists and organizations to improve the health and well-being of persons with disabilities."	High	Medium

ASA (American Sociological Association)	52 sections. The section on Sociology of Mental Health includes: Mental Health Awards Committee for three annual awards (since 1994), Distinguished Contributions, Dissertation Award, and Best Publication. Journal: *Society and Mental Health* (since 2011)	Committee on the Status of Persons with Disabilities in Sociology (one of four status committees). This "committee advises and guides the ASA on the status of the discipline and profession of those groups that have experienced a pattern of discrimination in society" (2008).	No	No	High	High
ASA (American Statistical Association)	28 sections and 6 interest groups. The Mental Health Statistics Section (est. 2013) hosts webinars, a student paper award, and social events at conferences.	The Committee on Statistics and Disability advances the study of disability within the field of statistics, promotes the study of statistics among people with disabilities, and suggests accessibility improvements concerning ASA-related meetings, activities, and materials. Of its nine members, three are appointed/reappointed each year by the President Elect for	No	• ASA policy statement on disability issues. • Links to federal agencies with a disability focus • Links to external website with info on surveys, statistics, and research on disabilities. President's invited column (newsletter) 2008 about the Committee on Statistics and Mental Health.	Medium	High

		three-year terms. Three other status committees concern LGBT, minorities, and women in statistics				
AALS (Association of American Law Schools)	82 academic sections, which link to a member-only page, including Disability Law and Law and Mental Disability	No	No	MH initiatives adopted by individual law schools in the United States	Medium	Low
LAS (Law and Society Association)	51 collaborative research networks, including Law and Health, and Disabilities Legal Studies	Standing Committee on Diversity (no explicit mention of MH)	No	Statement on Disability and Nondiscrimination	Medium	Low
NCS (National Communication Society	48 Divisions, including Health Communication. Gives annual awards, not explicitly on MH. Some publications in *Journal of Health Communication*	Six caucuses, including one on disability issues, which does not explicitly mention mental health	No	Action Alerts ask members to write to Congress on NCA-related issues. NCA Presidential Initiative on anti-bullying in schools and workplaces	Low	Low
Professional associations concerned directly with mental health						
ISSTD (International Society for the Study of Trauma and Dissociation)	3 special interest groups, including child and adolescent SIG; Creative Arts Therapy SIG, and Ritual Abuse/Mind Control SIG. Journal: *Journal of Trauma & Dissociation*	No	No Publicly available resources include a searchable	Professional training courses Annotated bibliographies on trauma and dissociation	Medium	Low

			database of therapists.			
NASW (National Association of Social Workers)	11 specialty practice sections, one of which is Mental Health, which is for members only	No	Yes Separate consumer website for the general public addressing Health and Wellness and Mind & Spirit"	Engage in advocacy and social justice concerning MH issues (e.g., writing letters to Congress).	High	Low
Academic representative organizations						
AAUP (American Association of University Professors)	N/A	No	No	Newsletter items only	Low	Low
AAUW (American Association of University Women)	N/A	Articles in publications of the AAUW, *Communities* and *Outlook,* occasionally touch on MH in passing.	No	Some blog entries under "Communities"	Low	Low
ACE (American Council on Education)	N/A	No	Yes Engages in advocacy on equal access to	ACE addresses federal policy debates on higher education; has a web section on higher education topics that includes a section on accessibility.	Low	High

			education for students with disabilities.	Published "A Strategic Primer on College Mental Health" (2014)		
AHEAD (Association on Higher Education and Disability)	18 special interest groups, one of which is Mental Health Disability. Also produces *Journal on Postsecondary Education and Disability*	Standing Committee on Diversity and Inclusion (although this has no explicit mention of MH)	Yes A page provides resources to students and parents.	Has a legal database accessible only by members, a newsletter (The Hub), other publications, and a virtual learning center.	High	High

Table 4.2b. Website Content on Modes of Engagement with Mental Health (MH) by Professional Associations in Canada

Name of organization	Number, if any, of research-based subgroups	Governance & administrative nonresearch group	Public advocacy on MH	Other relevant material on website	Evidence of MH as a research topic	Awareness of MH as a professional development issue
Academic disciplinary organizations						
CAG (Canadian Association of Geographers)	16 study groups, including Geography of Health and Healthcare Study Group; Canadian Women and Geography Study Group	No CAG members launched the AAG Task Force on Mental Health and compose 50% of it	No	Statement under "Student Councilor" about undergraduate and graduate students feeling anxious about their future.	Low	Low
ACS (Association for Canadian Studies)	Research topics: Health (within which is limited MH content)	No	No	No	Low	Low
CASCA (Canadian Anthropology Society)	Groups: Medical Anthropology Network (one subtheme is Abilities)	No	No	Includes US and Canadian conference calls/calls for papers related to MH	Medium	Low
CCJA (Canadian Criminal Justice Association)	Journals*:* Public-facing "Justice Report" and short reports, some on MH.	No	No	On youth criminal-justice system and provision of MH	Medium	Low

	Links to a few articles on MH in associated professional journals			assessments and criminal code (MH treatment)		
CEA (Canadian Economics Association)	29 sections, including Canadian Health Economics (limited MH content)	No	No	No	Low	Low
CPA (Canadian Psychological Association)	32 sections, including Addiction Psychology; Clinic Psychology; Clinical Neuropsychology; Psychopharmacology; Psychologists in Hospitals and Health Centres; and Social and Personality.	No	Yes	Advocacy*:* CPA works closely with the Mental Health Commission of Canada and has helped draft Canada's first MH strategy Changing Directions, Changing Lives: The Mental Health Strategy of Canada (2012). Website also includes material on (1) issues affecting Canadians (includes workplace MH) and (2) "finding a psychologist"	High	Low
Professional associations concerned with MH						
CASWE (Canadian Association for	4 caucuses, including the (dis)Ability Caucus (2013), which promotes disability	No	Yes	No	Medium	Low

Social Work Education)	awareness, accommodation, and access. Produces annual reports. Activities include publishing articles and books, teaching, conference presentations, and research projects.					
CASW (Canadian Association of Social Workers)	Journal: *Canadian Social Work Review*, which publishes some articles on MH.	No	Yes	a. Web document on role of social work in MH. b. Advocacy and Coalitions. CASW is affiliated with the (1) Canadian Alliance on Mental Illness Mental Health; (2) Canadian Coalition for Seniors' Mental Health; (3) Canadian Collaborative Mental Health Initiative; (4) (5) Canadian Harm Reduction Network; (6) Canadian Mental Health Support Network; and (7) Partners for Mental Health.	Medium	Medium
Academic representative organizations						

CAUT (Canadian Association of University Teachers)	N/A	Standing Committee of Council: Equity Committee includes category of Academic Staff with Disabilities.	No	Issues and campaigns: Equity, including for academic staff with disabilities.	Low	Medium

(*continued from page 18*)

The American Psychological Association, with 56 research-based divisions or societies, has six that engage in research on mental health, each with its own website, which indicates a lively level of engagement. Similarly, the Canadian Psychological Association, with over 30 research sections, also has six that relate to issues of mental health. The American Statistical Association has a Mental Health Statistics Section (established in 2013) that produces webinars and has a student paper award; the section also organizes social events at conferences.

Several other academic professional associations have research groups on mental-health topics but exhibit lower levels of research engagement. These associations are as follows: The Association of American Law Schools has academic sections on disability law as well as law and mental disability. The Canadian Anthropology Society has the Medical Anthropology Network, which has an Abilities subtheme. The Association for Canadian Studies has a "health" research field within which there is some limited content on mental health. And the Canadian Economics Association has a section on Canadian Health Economics with very little about mental health. The American Historical Association (AHA) has also not approached mental-health issues, although there is a History of Medicine Research Group. The AHA leadership announced a session at its 2017 annual conference called "Historians for mental health: Starting new conversations." This led to two articles in the association's newsletter, which in turn generated responses. A similar session was organized for their 2018 conference. Other academic professional associations, while not having specific research-based groups, publish research journals in which the topic of mental health is examined. The American Economic Association, for example, has a few research articles in its journal, *American Economic Review,* as does the Canadian Criminal Justice Association in its *Canadian Journal of Criminology*.

The majority of the (four) professional associations that by the nature of their field directly address mental health in an applied manner also exhibited research activity. In the United States the National Association of Social Workers has "specialty practice sections," one of which is on mental health. The International Society for the Study of Trauma and Dissociation (ISSTD) has three special interest groups (SIGs): Child and Adolescent SIG; Creative Arts Therapy SIG; and Ritual Abuse/Mind Control SIG. The ISSTD also publishes the *Journal of Trauma & Dissociation*. The Canadian Association for Social Work Education has four "caucuses," one of which, the (dis)Ability Caucus, established in 2013, promotes disability awareness, accommodation, and access through research projects, teaching, conference presentations, and the publication of articles and books. The

Canadian Association of Social Workers also disseminates research findings though its journal *Canadian Social Work Journal*.

The professional associations that represent academics unsurprisingly had much less engagement with research. Only the US-based Association on Higher Education and Disability, which has 18 special interest groups, had any involvement in research. Its Mental Health Disability special interest group, for example, produces the *Journal on Postsecondary Education and Disability*.

4.2 Professional Associations That Address the Mental Health of Their Members

Committees that addressed the mental-health concerns of its own members were very thin on the ground. Apart from the AAG's Task Force on Mental Health, only two of the disciplinary associations, both in the United States, had similar committees. Since 2008 the American Sociological Association has had the Committee on the Status of Persons with Disabilities in Sociology, one of four status committees that "advise[ ] and guide[ ] the ASA on the status of the discipline and profession of those groups that have experienced a pattern of discrimination in society" (http://www.asanet.org/about-asa/committees-and-task-forces/committee-status-persons-disabilities-sociology). The American Statistical Association's Committee on Statistics and Disability is responsible for: "(1) Advancing the study of disability within the field of statistics, (2) Promoting the study of statistics among people with disabilities, [and] (3) Suggesting improvements for the accessibility of ASA-related meetings, activities, and materials" (https://ww2.amstat.org/committees/commdetails.cfm?txtComm=CCNDVR02). A third, the American Historical Association, seems poised to join this small group. The only other association in this field is one representing faculty members in Canada, the Canadian Association of University Teachers, whose Equity Committee includes the category Academic Staff with Disabilities.

4.3 Professional Associations Engaged in Advocacy and Public Outreach in Relation to the Mental Health of the General Population

Advocacy and public outreach on mental-health issues is obviously not seen as a central activity by the vast majority of academic disciplinary associations. Although the AAG has addressed mental-health issues in its Presidential newsletter columns it has not engaged in advocacy; nor is the Task Force on Mental Health expected to address the general public. The main disciplinary associations engaging in advocacy and public outreach are the psychology associations in both the United States and Canada. The American Psychological Association (APA) not only has a wealth of publications

and databases on addictions, anxiety, depression, emotional health, stress, therapy, trauma, and workplace issues (which includes topics on mental health), but also has the Disability Issues Office, which serves as the central point for APA activities pertaining to disability. The office also supports the work of APA's Committee on Disability Issues in Psychology and works with other psychologists and organizations to improve the health and well-being of persons with disabilities. The APA also hosts the Psychology Help Center, an online consumer resource featuring information related to psychological issues affecting people's daily physical and emotional well-being; one of its five interest areas is Health and Emotional Wellness. The Canadian Psychological Association works closely with the Mental Health Commission of Canada and has helped draft Canada's first mental-health strategy, Changing Directions, Changing Lives: The Mental Health Strategy of Canada (2012). It also has resources for the public that address issues affecting Canadians (including workplace mental health) and help on finding a psychologist. Outside of the field of psychology, only the American Statistical Association engages in advocacy. It provides links on its website to federal agencies with a disability focus as well as to sites with information on surveys, statistics, and research on disabilities. Although not nearly as active as the former, the Anthropological Association drew up its Statement on Disabilities as early as 1993, although it does not engage in advocacy or outreach. As noted earlier, the American Historical Association addressed the role of mental health at its 2017 and 2018 conferences, initiating a conversation tackling the stigma of mental health. It is, however, yet unclear as to whether this will translate into concrete activity. Outreach and advocacy are not in evidence at all in any other disciplinary-based associations.

As it may be expected, issues of advocacy and public outreach are much more common among professional associations concerned directly with mental health. The US-based International Society for the Study of Trauma and Dissociation provides professional training courses and links to finding a therapist and also has a web section on resources for the public. In a more critical vein, the National Association of Social Workers engages in advocacy and social justice around mental-health issues (e.g., writing letters to Congress) and has a separate consumer website open to the general public that addresses "Health and Wellness" and "Mind & Spirit." The Canadian Association of Social Workers has documentation on the role of social work in relation to mental health and is affiliated with several organizations, such as the Canadian Alliance on Mental Illness and Mental Health, the Canadian Coalition for Seniors' Mental Health, the Canadian Collaborative Mental

Health Initiative, the Canadian Harm Reduction Network, the Canadian Mental Health Support Network, and Partners for Mental Health.

In terms of organizations that represent academic faculty members, the American Council on Education is a consistent contributor to federal policy debates in areas critical to higher education. It has a web section that engages in higher education topics that include a section on Accessibility and engages in advocacy on equal access to education for students with disabilities. The Association on Higher Education and Disability has a legal database (only accessible to members), a newsletter (*The Hub*), other publications, and a virtual learning center as well as a web section that provides resources to students and parents. The Canadian Association of University Teachers has campaigns on equity, which include those for academic staff with disabilities; however, it does not engage with the general public.

In general, there is more activity overall in the United States than in Canada. In summary:

1. For most academic disciplinary associations there is little if any evidence that mental health is a significant research issue, but a couple are leading the way.
2. In terms of being aware of the need to address the mental health of their own members, there is even less awareness (only three—sociology, statistics, and perhaps history, in addition to the AAG).
3. Public outreach and advocacy is largely restricted to associations in psychology and those with an applied interest in mental health. One unexpected finding from the analysis is that the professional associations representing academics appear not to directly address the mental health of their members.

5. MENTAL HEALTH IN GEOGRAPHY

In this section we discuss the experiences of mental and emotional distress in relation to the constituent academic groups with membership in the AAG.

5.1 Graduate Students

By Jon Magee, Gina K. Thornburg, PhD, Jessica Finlay, PhD, and Blake Hawkins

"The largest source of anxiety for me is my job outlook. It is tremendously uncertain and thus fear-inducing."
"I live on my own for the first time and it is very lonely. I wish there were more exciting ways to meet other grad students."
"Professors should be required to take courses on mentorship and management."[20]

The prevalence and severity of mental-health challenges are increasing in graduate student populations. In one US-based study, Tammy Wyatt and Sara Oswalt (2013) examined relationships among stress, mental health, and academic classification. Among 27,387 undergraduate and graduate college students, nearly 40 percent of graduate students reported feeling hopeless during the previous year. Over half (54.5 percent) reported feeling stress over the past year ranging from "more than average" to "tremendous," while 78.5 percent said that they had felt overwhelmed, and 27.2 percent reported feeling depressed.

Graduate students are a unique population with particular vulnerabilities and challenges (Hyun et al. 2006). They face academic stress, heavy workloads, and sleep deprivation. Daily concerns include funding for training and research, teaching, publishing papers, managing the relationship with one's advisor and committee members, conducting fieldwork and data collection (Birnie and Grant 2001), and writing a dissertation (see also Pollard 2009). In contrast to undergraduate students, graduate students generally operate in an environment with less guidance and structure, which requires significant self-motivation throughout the process. Many graduate students have partners and children to support on limited and unstable incomes. They enter into a challenging job market and high-risk career path with heavy competition for postdoctoral positions and scarce tenure-track faculty positions (Afonso 2013, 2016). Hawkins et al.'s (2014) study of geography postgraduates in

[20] Quotes from the UC Berkeley *Graduate Student Happiness and Well-Being Report* (Panger et al. 2014).

the United States further illustrates their co-optation into a neoliberal ethos of individuality, competition, and measurements of productivity, which can result in feelings of inadequacy, guilt, and isolation. Graduate students thus face a deep anxiety that permeates everyday life, which can take an immense toll on emotional, psychological, and physical well-being (Guthrie et al. 2017).[21]

In addressing issues of mental health among graduate students, it is important to consider the breadth of experiences and variety of circumstances within geography programs. In each of these categories and beyond, we note that graduate students in geography experience vastly different circumstances with diverse implications for their well-being. Below we consider examples of how the factors shaping mental health identified by a UC Berkeley study (Panger et al. 2014) intersect with the different situations of students:

- *Career prospects.* The AAG promotes data on job opportunities and income prospects for geography graduates (McCleary 2016), but these data suggest that new opportunities and income growth are concentrated in geospatial techniques. Students are aware that stable academic employment is increasingly rare (American Association of University Professors 2017; Afonso 2013, 2016), but departments struggle to provide professional development programming that addresses nonacademic career paths (Academia Obscura 2017). Given the limited availability of tenure-track positions, many students seeking academic work accept postdoctoral positions, yet these opportunities are plagued by short-term contracts, low salaries, frequent relocation requirements, and lack of continuity of care for physical health and mental-health conditions. Career-related anxiety is thus much more likely to affect graduate students whose academic work or employment preferences do not fit with the well-advertised opportunities available in industry. Moreover, nontraditional older students, such as veterans, women who pursue an advanced degree after raising children, or others who pursue careers in between the bachelor's and doctoral degrees, face age discrimination not only in applying to graduate programs but also in seeking employment after graduation (Jaschik 2008). These students pay a price for deviating from a "traditional male model" of professional academic success that assumes a straight path

[21] Indeed, graduate students face similar mental-health challenges to those of faculty members, including depression, emotional problems brought on by high levels of stress, and burnout. Guthrie et al.'s (2017) report provides an overview of studies on the mental health of graduate students. In addition to emotional problems and depression, the authors note that a study of 301 US graduate students found that 7 percent had had thoughts of suicide (see Garcia-Williams et al. 2014).

from bachelor's to doctorate, unfettered by obligations and responsibilities to family (Monroe et al. 2008).

- *Workload.* Student workload expectations vary greatly, depending on their advisor(s), department culture, and timing in the program. For example, some students choose (or are encouraged) to take on more ambitious projects with greater demands on theory or the process of data collection. Likewise, some students are given comprehensive exams over the course of a few hours, while exams for others may drag on over weeks or months. Professors may also show favoritism, using their position to offer lighter teaching assignments and/or comfortable research assistant positions to some students.
- *Social support, feeling included.* Geography departments typically offer limited forms of active support to their students, most often social events aimed at developing collegiality among a cohort. However, geography students inhabit a variety of life situations, and they may not be able to take advantage of social events, whether for reasons of timing, family commitments, religion (as in the case of alcohol-centric events), or other preferences or circumstances. For this reason, graduate students may be more likely to benefit from social-support mechanisms that are built into the everyday life of the department, in advisor relationships, coursework, peer collaborations, and so on. Nontraditional students, such as veterans, older students, LGBTQ students, students with openly declared mental-health conditions, such as depression and bipolar disorder, may not fit into a departmental culture which is unselfconsciously ableist, ageist, heteronormative, and the like. Department members may also bear geographically inflected cultural biases toward students arriving from other parts of the country or abroad.
- *Academic progress.* A student's graduate work may be relatively independent or tied to a larger grant-funded lab with one or more researchers. In the former case, progress to a degree is often beset with the difficulty of working in relative isolation, depending on the amount of support provided by an advisor or by peers. By contrast, workloads in labs can be unevenly distributed, and students may have difficulty navigating relationships with principal investigators and peers or negotiating the red tape associated with grants. Additionally, students with teaching duties must balance their instructional work with their research. Academic progress can also be hampered by major life events such as family emergencies, deaths of loved ones, accidents and injuries, financial crises, and mental-health crises, and an unsympathetic departmental culture can worsen stress, anxiety, or grief, compounding the disruptive effects of such major life events.

Those struggling to make progress on their degree work may not notify their advisors or seek help because they fear to appear weak, incompetent, or risk their graduate position in the department.

- *Financial confidence.* Funding varies significantly within departments, and students are quick to perceive disparities in equipment, workspaces, travel support, and so on. These disparities directly affect students' levels of financial confidence vis-à-vis their peers.
- *Inappropriate behavior by faculty, e.g., bullying.* An additional factor that the UC Berkeley study (Panger et al. 2014) does not cover includes bullying by faculty and gender discrimination, abuse, and harassment. The judiciary (i.e., grievance) processes at universities are often inadequate to address systemic issues that give rise to bullying behaviors on the part of professors toward graduate students. These issues can include ingrained political climates, or close relationships between certain faculty and administrators, which present barriers toward redressing such grievances. Bullying results in potentially severe mental-health consequences, including a sense of learned helplessness (Dombeck 2014).
- *Gender discrimination, abuse, and harassment.* Women in higher education often face "a legacy of male chauvinism," "old boy network," and "insidious institutional or cultural forms of discrimination operating through less visible dimensions of power relations" (Monroe et al. 2008, 219). Studies confirm that women and trans students experience significantly higher rates of mental distress and ill health in graduate school (Evans et al. 2018).
- *Racial discrimination.* Geography is an overwhelmingly white-majority discipline, with serious implications for the mental health of students of color. Students of color expend "enormous psychological and emotional energy … in all white environments" (Pulido 2002, 46-47). Studies also show that they report significantly higher rates of "imposter syndrome" (i.e., self-doubt) than the general student population (Cokley et al. 2017). Scholars have shown the negative effects of persistent discrimination on the physical and mental health of people of color in society at-large (Lewis et al. 2015; Bichell 2017), suggesting that students of color deserve special consideration in terms of affirmative action to address mental health in academia.

Beyond the specific challenges students face in their departmental programs, all graduate students face similar systemic and structural conditions that affect their well-being. They all confront a large and frequently opaque hierarchy of institutional authority—from their advisors to their

departments, to university administrations, professional associations, and government and funding organizations—and they face these structures, with their attendant, deeply sedimented power relations, as isolated and disempowered parties. Professors, who as advisors and department officials are primary contacts for communicating grievances to the department and university, may not have the training, (current) information, or mental space to understand or offer remedies for the worsening conditions of mental health that new entrants to academia face. The regular occurrence of mental distress can cause "compassion fatigue" among some faculty, so that students' distress is dismissed as a rite of passage or even as a mere performance not worthy of intervention or support.[22] Faculty who are sympathetic to students' concerns have limited (emotional and material) resources for supporting students, and their ability to offer accommodations is ultimately shaped by their own position in the university's hierarchy. Furthermore, professors' position of authority over students shapes what conversations are possible, not least because they or their colleagues may be a source of mental distress or harassment, as when professors engage in unethical practices (Polster 2016). Unethical behaviors, which include plagiarizing or appropriating students' work, obviously have deleterious mental-health consequences for the victims of such exploitation.[23]

Graduate students have limited and uneven opportunities for open dialogue with this hierarchy of authority that governs their work lives. Within departments and universities, students are isolated partly by the individualistic nature of their work and partly by the quick turnover in graduate programs. As in academia more generally, graduate programs are structured to be deeply individualistic and discourage the sort of collaborative relationships that might help build group solidarity. Since most graduate students spend at most a few years in a given program, and many are in regular contact with their peers often for only seven to nine months per year, there is limited opportunity to build continuity of group knowledge and leadership, thus undermining students'

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[22] Recent efforts toward unionizing graduate students at private universities in the United States have led a small number of professors to write widely disseminated, condescending letters and emails to their graduate students (see, for example, Perlstein 2013). These letters provide interesting anecdotal data regarding professors' attitudes toward graduate students and perceptions of the challenges those students face. Although these condescending attitudes are not representative of the majority, the consistency of sentiments among the available letters is concerning, suggesting that a certain number of professors in positions of authority are quick to dismiss students' concerns regarding the conditions of their work.

[23] Schmidt (2001) cites professional norms as the source of much malaise, for new and veteran academics alike, although his account lays blame on corporate work culture and its proliferation of bureaucracy over creativity. Whether or not faculty can offer support to students in crisis, professors who are themselves dissatisfied with their work lives may have difficulty inspiring a sense of professional optimism in their students.

capacity to articulate collective grievances and organize for self-advocacy.[24] Graduate student unions offer a promising platform for direct negotiation with university administrations, but protections for students' right to organize vary widely. In the United States, public institutions are governed by state labor laws. These laws are notoriously anti-union in regions like the Southeast and Great Plains and are still a political battleground in traditionally pro-union states such as Wisconsin.

In contrast, organizing at private institutions is subject to federal labor law and to the vacillations of the US National Labor Relations Board. For students without union representation, administrations can unilaterally establish the terms of their labor—which, in a time of ballooning administrative costs and tight departmental budgets, typically translates into austerity programs for students. Administrations have waged fierce resistance to recent unionization efforts at NYU, Harvard, Yale, Columbia, Loyola University of Chicago, and other schools, demonstrating how jealously they guard their unilateral authority. Wherever students attempt to assert the right to improve the conditions of their lives, administrations dodge the issue by focusing on whether students qualify as *workers* and thus whether their rights are legally protected by existing labor law. In these struggles, universities have shown they are disinclined to consider student grievances unless they are legally required to do so. Without any institutional channels to address the power imbalances that structure the graduate school experience, students are basically left to manage distress on their own.

Unfortunately, finding appropriate individual assistance is not straightforward. The resources available to students in the United States are limited and uneven due to the privatized healthcare market. Universities effectively monopolize the health services available to their students, prioritizing their own student health insurance and favoring on-campus mental-health facilities. While the university campus is in many ways a convenient location for mental-health services, the quality and availability of services provided varies widely: care options are frequently determined less by an administration's concern for student well-being and more by their concern for keeping costs low and public image positive, while satisfying mandatory reporting requirements and reducing legal

[24] It is particularly hard to articulate collective claims based in the experience of mental distress because the stigmatization of mental illness deters students (and academics more generally) from openly addressing such topics. When discussing mental health poses a risk that one will be perceived as weak or unqualified, the institutional structures of power that are so often the source of poor mental health go unchallenged (see also Monroe et al. 2008). For an extensive treatment of this problem, see Cvetkovich's (2012) monograph, *Depression: A Public Feeling*.

liability.[25] Counseling services are usually provided by novice counselors with minimal clinical experience and are focused on short-term interventions such as cognitive behavioral therapy and psychiatric medications such as SSRIs, both shown to have limited long-term benefits to mental health when compared with more traditional, humanistic psychotherapy (Fonagy et al. 2015; Gnaulati 2018). Anecdotal evidence suggests that some universities are creating further barriers for students seeking help, by reducing the privacy afforded to students who use on-campus resources or by enacting policies that bar self-reporting suicidal students from campus and its resources (McDonald 2016; both examples from the University of Georgia). The image-conscious, profit-driven culture of the neoliberal university is thus a primary factor impacting the well-being of students, as it shapes institutional services that are at best inadequate and at worst directly harmful in addressing students' health.

Finally, we cannot discuss the mental health of graduate students without addressing the present political climate in the United States. Over 100 years ago, the statement on academic freedom issued by the American Association of University Professors (1915, 297) cited "the special dangers to freedom of teaching in the domain of the social sciences." These dangers have never been so obvious as under the Trump administration, which actively incites a political movement that is anti-academic, anti-intellectual, racist, nativist, and brazenly aggressive toward its perceived opponents. This movement threatens all members of university communities through funding battles and union-busting (e.g., Scott Walker and the University of Wisconsin), through "free speech" rallies designed to incite violence (e.g., at the University of California Berkeley in 2017), through attacks on the rights of student survivors of sexual assault (Joyce 2017), through thinly veiled intimidation campaigns such as "campus carry," and through trolling and overt death threats coordinated by right-wing media personalities (Flaherty 2017). In this political moment, mental and emotional distress is not unique to students.

However, graduate students face this climate in a context of special vulnerability. Graduate students enjoy no formal job security, unlike tenured professors. International students fear for the status of their student visas, while undocumented students are barred from studying at certain institutions altogether (Russell 2011). Funding for controversial research is limited even in the best of times, but students researching topics as diverse as climate change and structural racism face

[25] Some universities' campus resources may be overextended, as at universities where campus facilities face the additional strain of absorbing an influx of emotionally scarred veterans and veterans with traumatic brain injuries.

threats to their funding.[26] Graduate students face the undergraduate student body (and increasingly combative conservative students in particular) as novice instructors, frequently assigned to teach controversial topics such as those relating to gender, race, climate, colonialism, and capitalism. The politically charged atmosphere on college campuses likewise exacerbates political differences among faculty and graduate students within a department. Threatened by an ascendant repressive, anti-intellectual, and xenophobic political movement, graduate students often feel strong motivation toward political action to defend the university, academic freedom, civil and human rights, and scientific knowledge itself, even as they must balance this activity with demands for quick progress toward their degree (Rimke 2017). It is unfair to conclude that these issues are mere distractions from students' academic work, for in our present context the free institutions of knowledge production are deeply politicized and under direct threat. In other words, maintaining academic freedom into the future depends on mounting an effective and timely response to conservative insurgents in the present. These concerns not only add to graduate students' already-full workload but can add a further layer of anxiety for the future and even for their personal safety.

5.2 Faculty Members in Contingent Positions

Nancy Worth and Vandana Wadhwa

The body of literature expressly concerned with mental health and well-being of contingent faculty in geography is severely limited. Contingent faculty can be described as academic workers who work on a nonpermanent contractual basis. They may include adjunct faculty (instructional and research), staff, and graduate students. Most data point to contingent faculty now being the majority of the instructional workforce at colleges and universities, comprising well over half of the Canadian instructional workforce and by some measures, approximately three-quarters of the US instructional workforce. Some of the challenges and problems faced by contingent faculty include high job-insecurity, high workloads and low salaries, lack of benefits and resources, lack of autonomy and voice in governance, marginalization, lack of respect from tenured faculty and administration

[26] The proposed (and failed) Local Zoning Decisions Protection Act of 2017, H.R. 482, 115th Cong., reads in part: "Notwithstanding any other provision of law, no Federal funds may be used to design, build, maintain, utilize, or provide access to a Federal database of geospatial information on community racial disparities or disparities in access to affordable housing."

personnel, and the compounding of such issues across social interstices, particularly gender and race/ethnicity (although other social axes are also likely to compound these issues, these two are the most frequently cited in the literature). The very nature of these issues, particularly the precarity of their employment situation, is shown to impact adversely on their mental well-being. Contingent faculty may develop stress and anxiety from insecurity and financial and work burdens, and may experience discouragement and depression and a loss of self-esteem due to a lack of respect and autonomy in a context of constant marginalization. Strategies and best practices to help address these issues include structural reforms that foster greater support and inclusion by creating informal and formal support networks, organizing and unionization, or formation of steering committees, among others.

Some valuable resources that shed light on the state of the mental health and well-being of this diverse group speak to the stress, anxiety, and loss of self-esteem resulting from systemic marginalization, precarity of job and finances, and work-life imbalances (Domosh 2015; Hawkins, Manzi and Ojeda 2014; Solem and Foote 2004; Wadhwa and Metzel 2016). Bauder (2006) and Foote (2011) do not explore mental-health issues but are valuable for their descriptions of the contingent faculty body in geography and the conditions that can precipitate issues of mental health. Additionally, Wadhwa and Metzel (2016) highlight the often overlooked group of unaffiliated or independent scholars, geographers who are or seek to be part of the academe through research or other contributions but are systemically shut out by the closed structure of the ivory tower. Each of these publications also provides strategies and/or best practices that can be adopted to address the well-being and specific challenges faced by contingent faculty.

5.3 Faculty Members in Secure Employment

Deborah Metzel and Alison Mountz

In the United States, about 20 percent of the adult population experiences some kind of mental illness in a given year. An Australian study found that the rate of mental illness in academic staff was three to four times higher than in the general population, while the percentage among academics in the UK has been estimated to be as high as 53 percent (Wilcox 2014, abstract). [O]ne key finding from this project: the large proportion of respondents who indicated that they suffered from a 'disabling' mental health condition. (Tucker and Horton 2012, abstract).

In the past 20 years academics have increasingly published work on mental health, such as the unintentional or intentional creation and presence of practices and policies within academia that result in mental-health problems or exacerbate ongoing mental-health problems (Bondi 2014; Chouinard 1996, 2011; Kern et al. 2014; Smith et al. 2008). Unsurprisingly, much of this work relates to the Anglo-American world. The AAG Task Force on Mental Health website displays the fledgling nature of the global extent of work on mental health in academia regarding faculty members as well as students (see, for example, Bal et al. 2014; Chen et al. 2014; Jagdish 2013). In geography, moreover, only one survey has been conducted in relation to mental health and geography faculty members (Horton and Tucker 2014), although another important survey examined the related issues of wellness and well-being (Schuurman 2009). Based on an online survey of 75 self-identified academic geographers with disabilities, the 2014 study on mental health identified aspects of academic work that are impacting negatively on mental health:

> [I]solated, individualized working practices; intense workloads and time pressures; long hours and the elision of barriers between work and home: anxieties around job security and contracts (particularly for early career staff); and processes of promotion and performance review that effectively valorize *individual* productivity, and reward and institutionalize each of the above-listed characteristics (Horton and Tucker 2014, 85).

More recently, an emerging literature examines how geographers (and other academics) live, discuss, and navigate mental-health struggles (Peake and Mullings 2016; Parizeau et al. 2016; Tucker and Horton 2018). Below we discuss the factors that have contributed to this situation, highlighting neoliberalism, disclosure of mental illness, coping strategies, and institutional support. (Space constraints prevent discussion in relation to gender, race, or disability discrimination, although this does not imply that they are irrelevant. Importantly, there is a marked similarity to those in the above section on graduate students.)

- *Neoliberalism*. Structural and systemic conditions have been discussed in earlier sections in which neoliberalism has been invoked as a broad framework creating stressors for faculty with the priority of economic production over individual liberties (e.g., Berg, Huijbens, and Larsen 2016; Hawkins, Manzi, and Ojeda 2014; Mountz et al. 2015; Peake and Mullings 2016). While not every stressor can be attributed to neoliberalism, it has produced its own, particularly relating to productivity. Expectations for teaching, mentoring, and research (especially for obtaining outside funding), publication, and college, university, and professional organization service compete for

time with one's own mental and physical health and family life. The problem of work-life balance, sometimes subsumed in the workload problem, still appears to be largely based on the notion of an academic whose home life is managed by a partner, other family members, and/or paid or unpaid workers, though accommodations are evident at some institutions, such as mental-health days and proscriptions on sending emails over the weekend.

- *Disclosure of mental illness*. Given the stigmatization of mental illness, disclosure is inherently problematic, both on a personal and political level (England 2016). England's own political motivation for disclosure was to raise mental health "to parity with physical health" (2016, 227), an action that reiterates other calls for a realistic, inclusive perception of health: "No health without mental health" (e.g., Prince et al. 2007; Williams 2017). England noted that Horton and Tucker (2014) identified the timing of disclosure as a crucial decision, since one must weigh the risks at any one point of time, one such risk being the presence or absence of others' "goodwill" or acceptance of the information (Skogen 2012). Price, a faculty member who has made her reputation researching mental health in the academy, remarks that "since 2011 stigma surrounding mental illness has subsided but institutional supports remain a challenge" (Flaherty 2017).

  A comprehensive report on this topic was published last year in *Disability Studies Quarterly*, "Disclosure of Mental Disability by College and University Faculty: The Negotiation of Accommodations, Supports, and Barriers" (Price et al. 2017). Flaherty (2017), writing about Price's article, stated that it was "desk rejected" by several unidentified journals before being accepted by the *Disabilities Studies Quarterly*. As with other uncomfortable topics, this may indicate that however widespread a problem, more traditional journals are not as inclusive as they could be, even though they may be more widely read and could have a greater impact.

- *Coping Strategies and Institutional Support*. Several faculty have published works identifying and discussing personal coping strategies (e.g., Bishayee 2012; England 2016; Maslach 1984). One of the most common coping strategies is for the stressed faculty member to speak to others, primarily friends and family. Some speak with colleagues or supervisors, but because this may be linked to the problem of disclosure, this seems less likely to occur. It is interesting to note that in a recent cross-institutional study on disclosure, 69.7 percent of 186 respondents were women

(Price et al. 2017), which indicates that there are gendered implications for providing support inside and outside of academia.

As early as 1984 Thoreson and Hosokawa (1984) argued for the need and value of employee assistance programs in higher education. While attention was paid to alcoholism, there was no other mention of mental illnesses. More recently there has been recognition that while universities and colleges have made provisions for physical accommodations they still have problems providing psychiatric accommodation (Flaherty 2017). Knowing one's rights, especially regarding accommodations, has also been addressed by faculty (e.g., Price et al. 2017) and is revealing of the urgent need to provide accommodations for faculty with mental illnesses. Paton (2013) reports that Oxford University has a wide range of resources, including access to a dedicated occupational health team, a precursor to recognizing that mental-health problems are health problems. Supportive measures are emerging elsewhere (see, for example, the resource guide "Promoting Supportive Academic Environments for Faculty with Mental Illnesses" by Price and Kerschbaum, 2017; see also Price, 2011.

5.4 Retired Faculty Members

Lydia Pulsipher

Many retired academic geographers maintain membership in the AAG. They are typically in denial approaching their retirement, preferring not to think about it, whether this is due to insufficient funds to afford a decent lifestyle or because of the fulfillment that comes from work. However, the failure of individuals to face the prospect of retirement (which no longer has a mandatory age in many jurisdictions) is harmful to the professoriate (not least to those who are entering academia and facing a dearth of tenured positions) and to their students, and ultimately to universities. Anxiety can arise from factors such as worries about: appropriate late-career choices; financial matters; keeping current and relevant; unfinished projects; one's research legacy; and the curation of files and photos. Planning the trajectory of academic careers would aid mental health. Such an assessment could include: assessment of the person's financial situation; assessment of family plans and responsibilities; an overview of the academic resources available to retiring or retired faculty; and a general plan for the long-range course of the career based on all of these factors.

6. ADVOCACY AND AWARENESS RAISING

Beverley Mullings and Linda Peake

The Task Force's advocacy and dissemination have focused upon establishing a listserv and a website as well as mounting conference sessions, producing publications, and engaging in extensive discussions with UK colleagues about establishing a similar group in the Royal Geographical Society/Institute of British Geographers (RGS/IBG).

6.1 The MHGEOG-L Listserv

The discussion list—MHGEOG-L—for scholars and practitioners interested in issues related to mental health and the academy, was established in July 2014. Its aim is to encourage conversation and exploration of what a critical commitment to emotional and mental health in the academy might look like. The decision to create a discussion list was motivated by the rising number of students seeking mental-health services across university campuses, and what some describe as a "crisis of mental health" in the North American academy and beyond, and the desire to move beyond the largely informal spaces available for discussion. T he listserv is used to provide information, to explore how the organized practices of the academy are implicated in the current state of mental health among students, faculty, and staff across university campuses, and to consider interventions to create healthier environments. Figure 6.1 shows the message sent out in July 2014 to increase awareness of the existence of the listserv.

Since its creation, the listserv has grown from an initial community of 41 (July 2014) to a community of 125 at the end of 2014, to 193 at the end of 2015; 214 at the end of 2016; 230 at the end of 2017, and 232 as of January 2018. While the rate of increase of new members has declined over time, this reflects the decreasing frequency with which we advertise its existence. Typically, membership has tended to increase after an academic conference, especially if there has been a session devoted to mental-health topics. Going forward, circulating information about the listserv (and the AAG Knowledge Community website) at the start of each academic year will help to boost the number of scholars who are aware of this resource and who ultimately join.

As of April 2018, 70 percent of the listserv members registered using an email affiliation with an academic institution. Of this group 32 percent were affiliated with a Canadian university, 21 percent with a UK university, and 19 percent with a university in the United States. In addition, 4 percent of our members who provided university-affiliated email addresses associated with universities in

Figure 6.1. The Mental Health and the Academy Listserv

MHGEOG-L Mental Health and the Academy

A rising number of students seeking mental-health services across university campuses have prompted faculty, administrators and student service providers to call attention to what some describe as a "crisis of mental health." In the academy, and in Geography, in particular, there have been few collective and professional responses to this crisis. We have set up this listserv to encourage conversation and exploration of what a critical commitment to emotional and mental health in the academy might look like. We invite reflection as educators, administrators, and researchers on these emerging conversations and interventions from a variety of critical perspectives. Scholars have deliberated, for example, over the relationship between mental health and social space; the changing balance between work and life; the value of social reproduction; and the relationship between the neoliberalization of the academy and mental health. Drawing on these debates and others, we seek through this discussion list to explore how the organized practices of the academy are implicated in the current state of mental health among students, faculty, and staff across university campuses and in doing so to consider ways that we might create healthier environments.

Thank you for being part of our discussion list. Please note we do not endorse a particular definition of mental health, rather, we aim to recognize its association with a range of conditions from those with a serious psychiatric dimension to subjective feelings of well-being. We aim moreover for discussions in this space to be guided by the values of equity, inclusion, respect, community, and integrity. As such it is imperative that members respect each other's views and experiences and that you reflect on the words you use when discussing issues of mental health and wellness; stigma continues to be a huge problem for people experiencing mental or emotional distress. Making an effort to respect people from cultures and backgrounds, or with life experiences (including those of mental health), that are different from your own, will help to keep this a supportive and useful space.

Please note that it is possible for other people to see the email addresses and names of all the subscribers to this list by using the REVIEW command. If you do not want your name and e-mail address to be visible, send an e-mail (with a blank subject line) to LISTSERV@LISTS.QUEENSU.CA containing the following text command:
SET MHGEOG-L CONCEAL
Note that even though the option is set to "conceal," the list owners can still view all the names and e-mail addresses.

Australia/New Zealand and an additional 4 percent with universities in Europe. As many as 30 percent of the listserv members gave email addresses that were not affiliated with a university. The preference for using a non-university-affiliated email address may be strategic given the fact that students often lose access to their university-affiliated email addresses after graduation, or the

preference may reflect a desire to maintain a level of anonymity. Either way, we are unable to determine the geographic location of just under one-third of our currently listed members. The absence of scholars affiliated with institutions outside Europe, North America, and the Antipodes suggest that more work will need to be done to build awareness and support in geography departments in other parts of the world, and especially in places where conversations around mental health may still be taboo.[27]

6.2 AAG Mental Health Task Force AAG Knowledge Community Website

We have created a web-based AAG Mental Health Task Force AAG Knowledge Community, open to all AAG members. The purpose of the website is to promote and support mental health and well-being for AAG members. It will allow posting news and activities of the Task Force, as well as feature an interactive discussion forum, along with specific library functions for posting documents, resources, archival materials, bibliographies, and other items.

The website has been in preparation since 2016 and agreement was reached with the AAG that (1) the AAG Mental Health Task Force outreach and interaction site is only for AAG members and not the general public, and (2) the AAG site will not be used in any way for soliciting or providing mental-health advice or treatment to individuals. The link can be found here.

6.3 Conference Sessions and Presentations

Linda Peake, Beverley Mullings, and Kate Parizeau have organized a series of sessions on mental health, primarily at the national and regional conferences of the AAG and CAG. By the 2018 AAG conference other AAG members had begun to organize similar sessions, indicative of a momentum having been gathered in presentations in this field. For example, at the 2018 AAG there were sessions titled, "The Words We Dare Not Speak: Navigating Mental, Emotional Psychological Sites of Trauma in the Academy," "Anxious/Desiring Geographies," and "Researchers with Disabilities, and the Obstacles They Face in Academia." Several Task Force members also participated in these sessions.

[27] The website www.chronicallyacademic.org serves a similar function, constituting a network of academics with disabilities and chronic conditions.

Table 6.3. Conference Sessions and Talks on Mental Health Organized by Task Force Members, 2013–2018

Year	Conference	Session Title; Session Organizers
2013	Feminist Geography Workshop, University of Guelph	Group discussion on mental health; Beverley Mullings, Kate Parizeau, and Linda Peake
2014	CAG, Brock University	Critical Reflections on Mental Health and Wellness in the Canadian Academy (2 sessions); Beverley Mullings, Kate Parizeau, and Linda Peake
2014	AAG, Tampa	Critical Reflections on Mental Health and Wellness in the Academy (3 sessions); Beverley Mullings, Kate Parizeau, and Linda Peake
2015	AAG, Chicago	Questioning Geography's "Healthy Subject" (3 sessions); Beverley Mullings, Kate Parizeau, and Linda Peake with Felicity Callard and Jennifer Laws
2015	CAGONT, York University	Geographers, Mental Health and the Canadian Academy; Kate Parizeau and Linda Peake
2015	RGS/IBG, Exeter University	Informal information session; Linda Peake
2106	CAG, Simon Fraser University	Cultivating an Ethic of Wellness in Canadian Geography; Kate Parizeau and Linda Peake
2016	AAG, San Francisco	Continuing Conversations: Strategies for the Promotion of Positive Mental Health; Deborah Metzel
2016	AAG, San Francisco	The New 'Normal': States of Mental Being, Graduate Students and the Anglo-American Academy; Linda Peake, invited plenary presentation, Graduate Students Affinity Group
2017	CAG, York University	Continuing the Conversation: Mental Health in the Canadian Academy; Kate Parizeau and Linda Peake

2017	CAGONT, Queen's University	Taking Back Time: Organizing to Support Slow Scholarship,[28] Supportive Mentorship and Mental Wellness; Beverley Mullings and Laurence Simard-Gagnon
2017	Geography Department, University of Washington	The New 'Normal': States of Mental Being, Graduate Students and the North American Academy; Linda Peake, invited seminar
2017	AAG, Boston	Continuing the Conversation on Mental Health in the Academy; Deborah S. Metzel
2018	AAG, New Orleans	All-Inclusive—Mainstreaming for AAG Annual Meetings and Beyond; Vandana Wadhwa and Susanne Zimmermann-Janschitz
2018	Canadian Women and Geography Group (CWAG)/IGU Gender and Geography Commission, University of Montreal	We've Started Talking about Mental Health—Now What Next?; Beverley Mullings, Kate Parizeau, and Laurence Simard-Gagnon

6.4 Publications

Members of the Task Force and those affiliated with it have also published articles derived from these conference sessions, which have furthered the Task Force's mission. These include a 2016 special theme issue of *The Canadian Geographer* 60(2), "Cultivating an Ethic of Wellness in Geography," which was disseminated to the chairs of all geography departments in Canada and the United States. Recent correspondence with the CAG journal suggests that the special issue has been a well-received resource for the academic community. Based on their statistics they have informed members of the Task Force that two of the published articles—*Women on the Edge: Workplace Stress at Universities in North America* and *Breaking the Silence: A Feminist Call to Action*—were among the most frequently cited downloads in the 12 months after publication (926 and 577 downloads at the end of 2017, respectively), while the introduction to the special issue was also recognized as one of the top downloads in 2017.

[28] Slow scholarship as a strategy related to mental health has started to receive attention in geography (Mountz et al. 2015) and other disciplines (Hartman and Darab 2012; Mendick 2014).

Journal Articles

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England, Marcia R. "Being Open in Academia: A Personal Narrative of Mental Illness and Disclosure." *The Canadian Geographer* 60, no. 2 (2016): 226–231. doi: 10.1111/cag.12270.

Maclean, Kate. "Sanity, 'Madness,' and the Academy." *The Canadian Geographer* 60, no. 2 (2016): 181–191. doi: 10.1111/cag.12264

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Simard-Gagnon, Laurence. "Everyone Is Fed, Bathed, Asleep, and I Have Made it Through Another Day: Problematizing Accommodation, Resilience, and Care in the Neoliberal Academy." *The Canadian Geographer* 60, no. 2 (2016): 219–225. doi: 10.1111/cag.12274.

Windhorst, Eric, and Allison Williams. "Bleeding at the Roots: Post-Secondary Student Mental Health and Nature Affiliation." *The Canadian Geographer* 60, no. 2 (2016): 232–238). doi: 10.1111/cag.12273.

Forthcoming in 2019

Peake, Linda, and Beverley Mullings. "Mental Health," in *Keywords in Radical Geographical Thought.* Antipode Book Series. London: Wiley.

Submitted

Peake, Linda, and Kim England. "(What Geographers Need to Know About) the State of US and Canadian Academic Professional Associations' Engagement with Mental Health Practices and Policies." Submitted to *The Professional Geographer*.

In Preparation

Mullings, Beverley, Kate Parizeau, and Linda Peake. "Mentoring and Mental Health in Geography." To be submitted to *The Professional Geographer*.

Podcasts

Beverley Mullings, Kate Parizeau, and Linda Peake. Cultivating an Ethic of Wellness in Geography. *The Canadian Geograher*. https://spaces.hightail.com/receive/0rK29/fi-bde5c835-2a69-4289-ad6d-16bfcfbccf10/fv-2b762e0a-9be2-458d-89dc-cf0cc95c4522/04-20-2016-WEB-rev1%20(1).mp4

6.5 Formation of a Group in the RGS/IBG

Discussions between Beverley Mullings and Linda Peake and three British (tenured) geographers—Kate McLean (Birkbeck University), Karen Morrisey (Exeter University), and Tanja Bastia (Manchester University)—about establishing a mental health task force in the United Kingdom began in 2014, including discussions with the RGS/IBG. An informal meeting, chaired by Linda Peake, was also held at the RGS/IBG annual meeting in Exeter in 2016. A further informal meeting was held at the 2017 RGS/IBG meeting, spearheaded by graduate student Maddy Thompson (Newcastle University).

7. TASK FORCE RECOMMENDATIONS TO THE AAG

Our discussions, meetings and exploration of literature have resulted in the following Code of Ethics and recommendations on policies and procedures to the AAG, which we encourage the AAG Council to embed into its strategic planning and operational practices. To this end and to facilitate integration of mental well-being across the AAG, this report should be circulated widely.

In developing these recommendations we have taken into account:

- policy developments both nationally and internationally;
- duty of care and legal considerations;
- demand for and access to AAG services versus external support and guidance services;
- provision of training, development opportunities, and information dissemination by the AAG; and
- liaison between the AAG and internal and external; voluntary; and statutory agencies.

A. Devise A Mental Health Code of Ethics for the AAG

To encourage a positive institutional culture that promotes and supports mental health, we propose the following principles for an AAG Mental Health Code of Ethics. As professionals, we are responsible for upholding, supporting, and advancing these ideas whenever possible. AAG members agree to observe the spirit of this code:

1. The AAG is committed to facilitating educational success for its members, including those experiencing mental and emotional distress.
2. The AAG will strive to achieve and maintain competence and integrity in all areas of assistance to its members experiencing mental and emotional distress.
3. The AAG will strive to provide professional activities and educational opportunities designed to strengthen the educational and vocational quality of life for its members experiencing mental and emotional distress. This includes the ongoing development of strategies, skills, research, and knowledge pertinent to improving the mental health of its members and enabling members to better engage with the mental-health concerns of others whom they encounter in their workplaces.
4. The AAG will strive to actively engage in supporting and clarifying policies and procedures applicable to improving the services it provides by keeping the mental health of its members in mind.

B. Establish a Permanent AAG Standing Committee on Mental Health in Geography

The charge of the AAG Standing Committee on Mental Health will be to serve as a resource and an advocate for AAG members and potential members by working to ensure that the AAG membership is aware of and responsive to the mental-health needs of its members in pursuit of their professional commitments and their full participation in the AAG.

Composition of the Standing Committee

1. Existing Task Force members should become the first members of any future Standing Committee on Mental Health; future members should continue to represent the diverse membership of the AAG in terms of graduate students, faculty in secure positions, as well as contingent and retired faculty, and independent scholars.
2. Term lengths will be for two or three years to ensure adequate time on the committee to engage in activities while also allowing a staggered entry of new members.
3. New members will be added to the committee upon the expiry of initial members' terms. Every few years or when a member rotates off their term, nominations can be solicited in the standard manner that AAG uses for its other standing committees. We will also ensure that new members are always mentored to allow them to catch up rapidly.
4. To foster a strong institutional commitment and ensure its success, the Standing Committee on Mental Health should have a salaried staff person on the AAG staff. We suggest this should be the Disabilities Coordinator, whose current unpaid status should be changed to that of a salaried staff member of the AAG (and thereafter the composition would echo those of the AAG's other standing committees).

Operating Procedures of the Standing Committee

1. The standing committee will promote its own existence and disseminate information by continuing to update the website, operate the listserv, increase awareness of both, and uphold the mission statement of the Task Force. It will make its commitments concerning mental health known to the membership of the AAG, initiating and promoting projects that lead to the development and dissemination of educational materials on mental health and the academy.
2. The committee will work in tandem with the Healthy Departments Committee and Geography Faculty Development Alliance to promote material on mental health in their activities.

3. The committee will work with all constituent groups represented in the AAG membership: graduate students, faculty in secure positions, as well as contingent and retired faculty, and independent scholars.
4. The committee will promote the need for further research on matters that affect mental health in academia. It will investigate establishing a potential research program and will also actively sponsor and encourage others to sponsor sessions concerning mental health at national and regional AAG meetings.
5. The committee will assure that all AAG literature, when appropriate, addresses issues of mental health.
6. The committee will strive to plan for and create an accessible environment for its members and potential members with mental-health conditions at all levels of AAG activity. It will identify resources needed to support the participation of such geographers in all professional activities of the AAG, including at national and regional meetings. The committee will also work to enable their retention in the profession by providing information and direction (made available to the general membership of AAG via the Task Force website). For example, it will identify potential speakers (as advocates and role models) to engage in the making of podcasts to highlight the successful careers of geographers with mental-health conditions. (Funds will be required from the AAG to finance this project).
7. The committee will aim to connect its members to academic resources both at and beyond the AAG:
    - Those employed in academic geography departments: While the AAG has formally agreed to a number of practices (proactive accommodations put forward by the Disabilities Specialty Group) that will alleviate stress and anxiety for all attendees of the AAG annual and regional meetings, a next step is to develop best practices needed for making proactive accommodations for university geography departments;
    - Graduate students: At AAG meetings the graduate-student members of the committee will provide a forum for graduate students to meet informally to discuss their experiences of mental health;
    - Independent scholars: To address issues of isolation, anxiety, depression, and stress, caused by lack of resources and other factors for independent scholars looking to strengthen their networks, the AAG should maintain a "living link" on its website (much like Jobs in

Geography) connecting departments that are willing to offer visiting positions to independent scholars who can find a match and apply. The AAG should also find a way of offering independent scholars remote access to libraries. Without an institutional affiliation, independent scholars struggle to continue their work, as they lack adequate access to grants and to publications and other resources that academic libraries provide, further isolating them;

- All AAG members: Resources will be sought at AAG meetings to encourage mental healthiness, for example, yoga classes, guided meditation sessions, morning group runs / walks, and a designated quiet room onsite.

8. The committee will interact with such agencies as the US Bureau of the Census, the National Science Foundation, and the National Institute of Disability Research and Rehabilitation in their statistical efforts concerning mental health. In so doing, the committee will support and advocate for an expanded research agenda concerning mental health, one that is structurally informed and not narrowly beholden to an individualized, medicalized model.
9. The committee will, as much as possible, build partnerships with professional organizations in other disciplines and in higher education at large, to build institutional support for an integrated research and policy agenda for mental health in academia (one that affirms our capacity for well-being; resists individualization; and resists fiscal austerity and the ruthless pursuit of institutional profit).
10. The committee will provide feedback to the AAG Council with a view to identifying future enhancements and priorities in promoting members' mental health. It may also take specific actions related to mental health as may be requested by AAG Council and/or the AAG Executive Director. This may include, for example, collection of data on mental health and retention rates, mental health and absenteeism, mental health and academic assessment, etc.

C. Provide First Aid for Mental Health Courses at the AAG Annual Meeting

To enhance the mental healthiness of academic geography departments and AAG members we suggest that professional development training on mental-health issues take place at every annual AAG meeting (see DiPlacito-De Rango 2016). While some post-secondary institutions have developed mental-health programming and outreach for their campuses, many academic geographers are not provided with opportunities to educate themselves about mental-health problems in their workplaces, because such training opportunities are often minimal and insufficient.

The Task Force recommends that the AAG provide professional development opportunities for members to learn about mental-health issues at the Annual Meeting.

One possible model is offered by the Mental Health Commission of Canada, which has developed a series of Mental Health First Aid courses "to improve mental health literacy, and provide the skills and knowledge to help people better manage potential or developing mental health problems in themselves, a family member, a friend or a colleague."[29] These courses provide an overview of symptoms of common mental-health problems, teach participants how to effectively assess and intervene in mental-health crises, and encourage familiarity with resources that can support people dealing with mental-health stressors on an ongoing basis. The goal of the courses is to reduce stigma, to increase support for people living with mental-health conditions, and to increase the confidence of participants to effectively engage with mental- health situations that they encounter. Given the prevalence of mental-health stressors in post-secondary environments, this type of professional development training would be of value to geographers in their workplaces. A basic Mental Health First Aid Course includes 12 hours of training.

To Do: The AAG can initiate a relationship with the American Red Cross or the National Alliance on Mental Illness that can arrange Mental Health First Aid Courses or shorter workshop-oriented sessions that can be taken by AAG members. An initiative could be undertaken to ensure that geography departments each fund one member to undertake such training at a daylong workshop during the annual meeting. The cost of these courses should also be subsidized by the AAG to ensure costs are fully covered. One member of each department of geography should be allowed to take the course on a rolling two-year basis. The Standing Committee on Mental Health would be responsible for all arrangements in conjunction with a designated AAG staff member.

D. Collect Data on Questions of Mental Health Through a Survey of AAG Members.

Simple descriptive data would allow for an invaluable overview of the AAG's membership on issues of mental health. While the Task Force attempted to have questions on mental health included in an earlier AAG survey of its members it was unable to persuade the AAG of the necessity of doing so at that time. Any future efforts should be considered alongside the desire of the Disability Speciality Group to gauge the challenges and needs of persons with any disability.

[29] https://www.mentalhealthcommission.ca/English/focus-areas/mental-health-first-aid.

To Do: Questions listed in Appendix E could be added to AAG member surveys with administration handled by members of the Standing Committee on Mental Health. This committee would also be responsible, along with AAG staff members, for analysis and dissemination of the results.

E. Advocate for and Support Interventions Aimed at Reducing the Harms that Cause Mental and Emotional Distress

The AAG should support interventions, such as organizing efforts by faculty members, graduate students, and contingent faculty to negotiate collective bargaining agreements with academic institutions, and efforts to reorient universities away from profit and toward a public-spirited, humanistic mission of advocating for, developing, and supporting scholars.

To Do: Develop partnerships with other academic organizations (such as the American Association of University Professors) to consider opportunities for joint action to protect scholars from retaliation and attacks on their academic freedom.

F. Develop an AAG Mental-Health Policy for Employees

In view of the crucial role that AAG staff would play in creating awareness of the AAG's code of ethics and policy on mental health, training and development sessions on mental health should be given annually.

To Do: The AAG is encouraged to develop its own mental-health policy for its own staff members, including:

- making training on mental-health awareness and the protocols for reporting concerns available to all relevant staff;
- giving priority to incorporating staff mental-health awareness sessions within their annual program of activities;
- cascading such training to staff who have a front-line role, including cleaners, canteen and library staff, whether they are permanent, contract, or agency staff.

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APPENDIX A:

"TOWARD A MORE HEALTHY DISCIPLINE" BY MONA DOMOSH PUBLISHED AS THE PRESIDENT'S COLUMN IN THE AAG NEWSLETTER, OCTOBER 2014

If one googles the word 'stigma' the definition that appears first on your screen ("a mark of disgrace associated with a particular circumstance, quality, or person") is followed, as most definitions are, by a phrase showing how that word is commonly used; in this case the phrase that google uses is "the stigma of mental disorder." I know that I shouldn't be surprised by this, particularly given the recent publicity about Robin Williams and his secret battles with depression, but I was. I had assumed (obviously incorrectly) that in popular parlance a mental disorder was no longer considered a character flaw or mark of disgrace, but rather an illness that afflicts certain people and families and that is treated (like any illness) therapeutically. I have had several bouts of depression that have left me drained and feeling vulnerable, and anxiety is something I've come to live with but only after years of therapy and different forms of treatment. I haven't felt ashamed of this, but then again I don't make a habit of talking about my illness or mental health in general. But prompted by some wonderful colleagues who are proposing a new AAG committee on mental health, that's exactly what I want to do in this column.

For many of us October represents the midpoint of fall term when one can literally feel the anxiety level within our classrooms and hallways begin to rise. According to the American College Health Association's 2013 survey,[i] over 51 percent of undergraduate students felt overwhelming anxiety during the past twelve months, and almost 32 percent felt so depressed that it was difficult to function (with a notable gender difference; in both cases higher numbers for women). Eight percent had seriously considered suicide. In the U.K., a study undertaken by the National Union of Students showed that one in five students reported that they had a mental health illness (http://www.theguardian.com/education/2014/mar/31/mind-taboo-mental-health-university). And in geography we often encounter the additional challenge of requiring fieldwork for many of our courses and research, creating situations that may exacerbate mental health conditions.[ii] It's a stark reality we face, and few of us know how to manage it. Academic leaders in Canada are ahead of the curve. Some Canadian universities are considering ways to reduce anxiety during peak, end-of-term periods by reworking exam schedules while others are training student leaders in mental health awareness in order to reach out to their peers

(http://www.theglobeandmail.com/news/national/as-student-stress-hits-crisis-levels-universities-look-to-ease-pressure/article5902668/). But for most faculty members, awareness of our students' mental health comes in bits and pieces; notes from a disability office/health clinic, overheard anecdotes, or the occasional student who is willing to share their illness. The big picture – the scope of the problem – has certainly eluded me and I suspect many faculty with the effect that discussions about how to handle the situation are muted if at all present.

And it's not just undergraduate students who are experiencing high levels of anxiety and depression (and other mental disorders). I highlighted in my column last month (http://news.aag.org/2014/09/recognizing-the-work-of-graduate-students/) the important work that graduate students do for our discipline and academic institutions, noting that they often conduct this labor in conditions that are not of their own choosing and certainly not well remunerated. Those conditions in addition to the uncertainties graduate students face in the academic job market create highly stressful situations that can often lead to anxiety disorders, depression and in rare instances suicidal behavior. Recent online news media have brought these issues to the fore (http://www.theguardian.com/higher-education-network/blog/2014/mar/01/mental-health-issue-phd-research-university; https://www.insidehighered.com/blogs/gradhacker/mental-health-issues-among-graduate-students), offering suggestions about how graduate programs can offer support for students' mental health issues that range from openly acknowledging the problem to providing training for faculty teaching in these programs about how to recognize and address mental health issues.

In my case, it was only after I left graduate school that my mental health became a concern. Unmoored from the networks of friends and colleagues from graduate school and living through the constant insecurities of one-year positions, my taken-for-granted coping strategies disintegrated and eventually disappeared, leaving me in a very dark world of despair. It literally was a struggle each day to make it through my classes and meetings without breaking down into tears, while at home I found it impossible to sleep (thus further deteriorating my mental health). I of course told no one, exacerbating my feelings of loneliness and estrangement and plunging me deeper into depression. Apparently my story is a fairly common one; a recent study has documented some of the factors that can lead to anxiety disorders and depression among contingent faculty, with the stress of non-permanent positions ranking high (http://journal.frontiersin.org/Journal/10.3389/fpsyg.2014.00701/full). The authors look to institutional change in order to combat some of these

concerns, particularly since their findings suggest that it is the contingent faculty who are the most committed to their institution who suffer the most negative consequences in terms of feelings of anxiety and depression.

I wonder, however, what we as an association and discipline can do to help. I finally recovered from depression by reaching out to some very good friends who encouraged me to find professional treatment. But I know that if I had been able to talk about what was happening with my colleagues without feeling shame that I would have recovered much sooner. I also realize that if I had received training about how to recognize and deal with clinical depression and anxiety disorders I would have (hopefully) recognized those symptoms in myself and been more equipped to handle them. This (among other things) is exactly what the proposed new AAG committee will take on as its mission. Spearheaded by Beverley Mullings, Kate Parizeau, and Linda Peake, a group of geographers organized a series of sessions at last year's AAG meeting on mental health issues, established a listserv (MHGEOG-L@lists.queensu.ca), and are now proposing to establish a standing committee of the AAG. The proposed Committee on the Status of Mental Health in Geography will conduct research into the scope of the problem and assess the policies of other organization[s] and institutions, provide professional guidance to the Council, the AAG, and geography departments in terms of protocols and ethical issues related to mental health, and engage in advocacy and awareness-raising within the AAG and academic institutions. I think this is a very important and long-overdue step that we need to take. The word "stigma" should not be a presumed outcome of "mental disorder." I welcome your thoughts.

(i) See American College Health Association, American College Health Association-National College Health Assessment II: Reference Group Undergraduates Executive Summary Spring 2013, Hanover, MD: American College Health Association, 2013.

(ii) See Jacky Birnie and Annie Grant, Providing Learning Support for Students with Mental Health Difficulties Undertaking Fieldwork and Related Activities, Gloucestershire, U.K.: Geography Discipline Network and Geography and Environmental Research Unit, University of Gloucestershire, 2001.

APPENDIX B:

PROFESSIONAL ASSOCIATIONS IN THE UNITED STATES AND CANADA WHOSE WEBSITES CONTAINED NO MATERIAL RELATING TO MENTAL HEALTH	
United States (*n* = 19)	Canada (*n* = 22)
African Studies Association (ASA)	Canadian Association for the Study of International Development (CASID)
American Association for Public Administration (AAPA)	Canadian Association for Work and Labour Studies (CAWLS)
American Association of Applied Linguistics (AAAL)	Canadian Association of African Studies (CAAS)
American Literature Association (ALA)	Canadian Association of Journalists (CAJ)
American Philosophical Association (APA)	Canadian Communication Association (CCA)
American Planning Association (APA)	Canadian Comparative Literature Association (CCLA)
American Political Science Association (APSA)	Canadian Disability Studies Association (CDSA)
American Society of Criminology (ASC)	Canadian Institute of Planners (CIP)
Geoscience Information Society (GIS)	Canadian Law and Economics Association (CLEA)
International Studies Association (ISA)	Canadian Law and Society Association (CLSA)
Labor and Employment Relations Association (LERA)	Canadian Linguistic Association (CLA)
Linguistics Society of America (LSA)	Canadian Philosophical Association (CPA)
Modern Language Association (MLA)	Canadian Political Science Association (CPSA)
National Geographic Network of Alliances for Geographic Education	Canadian Society for the Study of Higher Education (CSSHE)
National Women's Studies Association (NWSA)	Canadian Society for the Study of Religion (CSSR)
Native American and Indigenous Studies Association (NAISA)	Canadian Society for the Study of Practical Ethics (CSSPE)
North American Regional Science Council	Canadian Sociological Association (CSA)
Population Association of America	Environmental Studies Association of Canada (ESAC)
	Institute of Public Administration of Canada (IPAC)
	Canadian Society for Digital Humanities (SDH)
Sexuality Studies Association (SSA)	Statistical Society of Canada (SSC)
	Women's and Gender Studies et Recherches Féministes (WGSRF)

APPENDIX C:

PROFESSIONAL ASSOCIATIONS IN THE UNITED STATES AND CANADA WHOSE WEBSITES CONTAINED MATERIAL RELATING TO MENTAL HEALTH

Information provided is discipline specific and only related to research	Advocacy and/or resources are provided to professionals/ faculty/students/staff	Resources provided to the public
Canada (*n*=9)		
• Association for Canadian Studies • Canadian Anthropology Society • Canadian Association for Social Work Education • Canadian Association of Geographers • Canadian Criminal Justice Association • Canadian Economics Association • Canadian Psychological Association	• Canadian Association of Social Workers • Canadian Association for Social Work Education • Canadian Association of University Teachers • Canadian Psychological Association	• Canadian Psychological Association
United States (*n* = 14)		
• American Anthropological Association • American Association of Geographers • American Economic Association • American Historical Association • American Psychological Association • American Sociological Association • American Statistical Association • Association of American Law Schools • Association on Higher Education and Disability • International Society for the Study of Trauma and Dissociation • National Association of Social Workers	• American Association of Geographers • American Association of University Professors • American Association of University Women • American Council on Education • American Psychological Association • American Sociological Association • American Statistical Association • Association on Higher Education and Disability • National Association of Social Workers	• American Psychological Association • International Society for the Study of Trauma and Dissociation • National Association of Social Workers

APPENDIX D:

QUESTIONS FOR A WORKSHOP ON MENTAL HEALTH

Mental health in the academy – overview:

1. How do you define mental wellness?
2. What are some of the institutional structures or cultures that promote or inhibit mental wellness at your university?
3. What supports for mental wellness does your institution provide for faculty, students, and staff (e.g., counseling services, training opportunities, provisions for leave, mental wellness website, etc.)? What are your thoughts on the suitability/completeness of these offerings?

Mental health in the academy – teaching:

4. Have issues related to mental wellness and teaching been discussed in your department? If so, are there any policies/procedures in place? Is there agreement/disagreement among colleagues on how to proceed?
5. Does your personal teaching practice or pedagogical approach actively engage with mental wellness issues? If yes, how so?
6. Do you believe that your embodied positionality influences your exposure to mental wellness issues through your teaching (e.g., do students approach you more or less than your colleagues to talk about mental wellness)? If yes, how so?
7. If a student approaches you about mental-health issues, do you know the procedures you are supposed to follow?

Mental health in the academy – research:

8. Is mental wellness a focus of your research work? If so, how do you approach mental wellness in your research?
9. Do you believe that your philosophical or topical approaches to research (as a feminist geographer) influence the ways that you perceive and address mental wellness concerns among members of your research community? If yes, how so?
10. Do you believe that your embodied positionality influences your exposure to mental wellness issues through your research? If yes, how so?

Mental health in the academy – service:

11. Do you encounter mental wellness issues through your service work? If yes, how so?
12. Do you believe that feminist geographic sensibilities can influence university service work in order to promote mental wellness? If yes, how so?

Managing your own mental health in the academy:

13. What strategies and resources do you draw upon to support your own mental wellness in

university settings?

14. What challenges or barriers to mental wellness have you experienced in university settings (either direct challenges/barriers or indirect challenges/barriers, such as work-life balance issues)?

Other thoughts?

15. Where are the silences/invisibilities in university settings with respect to mental wellness issues? (e.g., gender/race/sexuality, family structure, close family members with mental-health issues, lifestyle, medication, diagnoses/types of mental illness, types of university worker/students who are not usually considered as susceptible to mental illness)
16. What are the hesitancies or constraints that prevent you from engaging with mental wellness issues at your university?
17. Do you have other thoughts on your experiences of mental health in the academy that you would like to contribute to this conversation?
18. Are you aware of any resources on mental health in the academy that would contribute to our project? If so, please list below.

APPENDIX E:

QUESTIONS TO BE INCLUDED ON AN AAG SURVEY OF MEMBERS' MENTAL HEALTH

1. Does your workplace/academic institution provide supports for mental health for faculty, students, and staff?

Tick all that apply:

- ☐ Counseling services for students
- ☐ Counseling services for staff
- ☐ Training opportunities
- ☐ Provisions for leave
- ☐ Mental wellness website
- ☐ Other; please specify_____

What are your thoughts on the suitability and/or completeness of these offerings?

(Short answer)_____

_____

2. Has the issue of mental health and teaching been discussed in your department?

Tick the most relevant answer:

- ☐ Yes, with policies and procedures to support students
- ☐ Yes, but with few policies or procedures to support students
- ☐ Somewhat, but discussions are informal
- ☐ Not discussed in my department
- ☐ Other; please specify_____

3. What strategies and resources do you draw upon to support your own mental health in university settings? (Short answer)_____

_____

4. What challenges or barriers to mental health have you experienced in university settings?

Tick all that apply:

- ☐ Direct challenges
- ☐ Lack of accommodation
- ☐ Hostile work environment
- ☐ Issues with promotion

- ☐ Indirect challenges
- ☐ Work-life balance issues
- ☐ Other; please specify_____

5. Do you have other thoughts on mental health in the academy that you would like to contribute to this conversation? (Please write your answer in the space below.)