July 23, 2019

The Honorable David Trone  
United States House of Representatives  
1213 House Longworth Office Building  
Washington, DC 20515

Dear Representative Trone:

On behalf of the Council of Graduate Schools (CGS), I write in support of H.R. 3489, the Higher Education Mental Health Act of 2019. For over five decades, CGS has served as the national organization dedicated to advancing graduate education and research. Our membership includes nearly 500 institutions of higher education in the United States, Canada, and abroad. Collectively, our members grant 87 percent of all U.S. doctorates and the majority of U.S. master’s degrees.

CGS believes that establishing a national commission to study and provide recommendations on how colleges and universities can improve mental health services is a vital first step to addressing the critical issue of student mental health. We are encouraged that H.R. 3489 seeks to address this important matter and acknowledges the fact that many institutions of higher education lack the resources necessary to provide adequate and timely care for students struggling with mental health issues. We urge you to consider how the work of the national commission can be expanded to be more inclusive of the graduate student population and encourage representation of the graduate education community on the commission.

According to CGS data, there were over 1.8 million graduate students enrolled in the 2016-2017 academic year alone.¹ The academic rigor of graduate school, when coupled with the need to balance other responsibilities, can trigger mental health issues. Many graduate students tend to be older, have families who rely on them, and are working full or part-time jobs. These factors can have a significant impact on their mental health status and the type of services and support they require. Several recent studies have drawn attention to the mental health challenges experienced by graduate students,² noting that the prevalence of mental health challenges among PhD students in particular is higher than that of other advanced degree holders, and much higher than in the general population.³ These studies find that doctoral students are at risk for moderate-to-severe depression, psychological distress, and common psychiatric disorders.⁴

Previous research conducted by CGS also found that underrepresented minority doctoral candidates in the STEM fields were more likely than their peers to feel isolated from other students and worried about their mental or physical health.\(^5\) Furthermore, a significant number of graduate students work as research or teaching assistants and are hesitant to seek out campus services where they may cross paths with the undergraduate students they serve. Unfortunately, this often results in either postponing or refusing to seek treatment altogether.

Additionally, the profile of the “traditional” student at a U.S. institution is also changing. The bill notes that a significant portion of students within the 18 to 24-year-old age range report mental health concerns. While a proportion of graduate students fall within that age range, an even greater proportion are older. According to the Department of Education, in Academic Year 2015-2016, nearly 32% of students enrolled in a postbaccalaureate program were between the ages of 25 and 29 years, and nearly 38% were between the ages of 30 and 49 years.\(^6\)

Further, student veterans are another cohort of adult learners within the undergraduate and graduate population whose unique mental/behavioral health needs require attention. According to Student Veterans of America, 90% of veterans utilizing the GI Bill were enlisted and approximately two-thirds are first-generation college students.\(^7\) Veterans can experience difficulty transitioning from a highly-structured military lifestyle where uniformity is fundamental to success, to one that encourages students to engage in healthy debate and challenge prevailing ideas. This transition can prove to be a culture shock that can exacerbate existing mental illness and poor coping mechanisms. For these reasons, we would encourage the commission to consider how it will address prevention, detection, and intervention of students who are more likely to fall outside of the younger age range and are considered “nontraditional” due to their background.

Again, we thank you and your colleagues for your commitment to addressing this critical issue and hope you will consider CGS as a resource. If you have further questions please contact our Vice President of Public Policy and Government Affairs, Lauren Inouye, at Linouye@cgs.nche.edu or (202)-461-3864.

Sincerely,

Suzanne T. Ortega
President

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CC:  The Honorable Brian Fitzpatrick
      The Honorable John Joyce
      The Honorable Donna Shalala
      The Honorable Susan Wild