Mental Wellbeing in Anthropology and at Universities:
A Call for System Transformation

The Anthropology of Mental Health Interest Group affirms that the state of mental health in the field of Anthropology needs serious attention and transformation. We respond to structural inequities in academia that exacerbate mental distress among graduate students and other anthropologists who experience oppression, by putting forward a policy statement with recommendations to create more equitable learning and working environments.

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Executive Summary

This policy statement calls for systematic transformation to improve mental health among graduate student anthropologists and other anthropologists who are deeply affected by institutional power and policies. This document aims to:
1) Provide an anthropologically-informed definition of "mental health"
2) Describe the state of mental health in anthropology and indicate factors that contribute to poor mental health and disproportionately impact graduate students and other marginalized anthropologists in anthropology departments and on campus, such as labor issues, traumatic experiences during fieldwork, cultures of silence and stigma, and structural elitism within the profession
3) Outline our vision for collective mental wellbeing in graduate education, anthropology departments, and higher education; and
4) Challenge anthropologists in positions of power to make substantive changes to promote mental wellbeing.

Relevance

Its intended audience is members of anthropology departments, who seek to use this document as a reference point when advocating for changes to departmental policies, as well as changes in upper administration's recruitment and retention of anthropologists to their respective universities. This document may also be of use among general academic audiences invested in improving university administration and the health and wellbeing of their community members.

Key Findings
- The mental wellbeing of graduate students and other structurally-vulnerable anthropologists is a collective issue that is deeply affected by political and economic concerns and worsened by the neoliberalization of universities.
- The implementation of Universal Design policies can enable Disabled/Mad Anthropologists and anthropologists with mental illness to excel as workers and community members in universities.

Key Recommendations
- Universities must address structural inequities in the financial compensation of their leadership and create plans to address significant income gaps between teaching faculty — graduate instructors, adjuncts, non-tenure track professors, etc. — and upper-level administrators, senior faculty, senior staff, and athletics departments.
- Upper-level administrators and department chairs must advocate for Universal Design in worker recruitment and outreach, labor practices, leave policies, and course development.
- Anthropology departments must create cultures of wellness that respond quickly to issues of discrimination and harassment and create programming that will prepare graduate students for the possible mental health and safety consequences of field research.
- SMA members must promote Universal Design principles in our daily praxis — including our research, pedagogy, service responsibilities, mentorship, advising, and activism.

About Us
The Anthropology and Mental Health Interest Group (AMHIG) is a Society of Medical Anthropology Special Interest Group (SIG) founded to provide a forum for anthropologists, scholars from other disciplines, and practitioners whose work focuses on the socio-cultural dimensions of mental health. In particular, AMHIG offers an organizational structure for scholars and practitioners engaged in this topic area to network, share resources, and develop new ideas. AMHIG's mission is to facilitate and promote anthropological teaching and scholarship pertaining to mental health and establish linkages with other professional associations concerned with the socio-cultural dimensions of mental health, in order to facilitate multi-disciplinary dialogue and collaboration, provide opportunities for discussion and collaboration between researchers and mental health practitioners, and to promote discussion of ethical considerations particular to working with those experiencing mental health problems.

Policy Statement Origins
In recent years, AMHIG has also taken an interest in considering the mental health effects of ethnographic fieldwork on anthropologists and, relatedly, the ways in which academic culture appears to be conducive to poor mental health (See Barriers to Access to Care and Wellness section below). These concerns most recently inspired a curated blog post series in the anthropology blog *Anthrodendum* and led to conversations and engagement at the American Anthropological Association Annual Meetings that inspired this document. This Policy Statement is the product of collaboration, driven specifically by concerns from our membership over serious structural constraints in the field of anthropology and academia in general that negatively impact the mental health of all anthropologists, and graduate student anthropologists in particular. The ad-hoc committee that volunteered to create this document is composed in its majority of current graduate students. Given that graduate students are deeply impacted by university and departmental policies and work cultures, we believe the mental health needs of graduate student anthropologists are indicative of what needs to be resisted and transformed in academic life.

The Anthropology of Mental Health Interest Group is uniquely poised to contribute this document for consideration by the Society for Medical Anthropology. In what follows, we first describe the contours of poor mental health among graduate students and other university-affiliated anthropologists in relation to neoliberal forces affecting professional life in academia. We indicate the need for anthropologists to address this crisis and demand significant changes within our departments and institutions, then describe this policy brief's intended audience and its aims.

Introduction
Anthropologists' mental health is deeply connected to the political economies of higher education, and the neoliberalization of US academic institutions appears to be inherently incompatible with wellness. Graduate students often face a scarcity of funding opportunities and increasingly face additional teaching and research assistant responsibilities. Likewise, their faculty mentors also have less time to advise and mentor graduate students, due to similar economic pressures and labor demands. Not only is job security increasingly scarce, but in recent years tenure requirements have become increasingly onerous. Many universities' funding models exert constant pressure on faculty to secure external funding, at times appearing to only value faculty based on their ability to obtain large grants. Running the university as an "academic enterprise" has resulted in a steady decrease in available permanent academic employment for anthropology Ph.D. graduates at the same time that more anthropology Ph.D. programs are being created. Although some anthropology programs have implemented initiatives to guide their students towards non-academic career tracks, the vast majority continue to prepare their students for academic jobs that may not exist. This uncertainty, compounded with flat wages for graduate assistantships and fellowships and rising student debt, also creates significant stressors that negatively impact graduate student mental health and create poor working environments within departments, more broadly.

Creating structural supports for mental wellbeing in higher education is a matter of equity and inclusion; and given recent mixed responses among U.S. universities to the COVID-19 pandemic, police brutality, and the Movement for Black Lives, the need to address the social and material drivers of poor mental health is increasingly apparent. Unfortunately, a common practice in many departments has been to view mental health separately from academic endeavors, failing to directly address the fact that the embodied experience of professional life in anthropology departments and in fieldwork carries implications for mental health, including the potential for trauma. Now is the time for anthropologists to come together to address the poor state of mental health in their departments and in universities.

Objectives
This policy statement is intended for members of anthropology departments, who seek to use this document to learn more about the state of poor mental health among their colleagues, particularly among graduate student anthropologists. Anthropologists may also use it as a reference point when advocating for changes to departmental policies, as well as changes in upper administration's recruitment and retention of anthropologists to their respective universities. This document may also be of use among general academic audiences invested in improving university administration and the health and wellbeing of their community members.

It aims to

1. Provide an anthropologically-informed definition of "mental health"
2. Address the mental health needs of structurally vulnerable anthropologists by describing structural barriers to mental health care and mental wellbeing
3. Outline our vision for collective mental wellbeing in graduate education, anthropology departments, and higher education; and
4. Challenge anthropologists to make substantive changes to promote mental wellbeing.

Defining Mental Health
AMHIG defines mental health as a state of flourishing within supportive communities and ecologies. We affirm that mental health is a collective process, inseparable from physical, spiritual, and emotional wellbeing and supported by socioeconomic stability; local knowledge(s) and language(s); political representation; and ecological access, health, and sustainability. It involves the ability to rest, play, love, worship, and engage in other meaningful activities without fear. In turn, we recognize that mental distress and suffering are exacerbated by lineages of colonialism, imperialism, militarism, and neoliberalism, which perpetuate embodied and intergenerational trauma, dislocation, war, and political subjugation. We also acknowledge that oppression occurs at the intersections of class, citizenship status, religion, race, ethnicity, gender, sexuality, appearance, age, psychiatric diagnosis, and ability — and that this oppression, in turn, provokes mental distress. We affirm that all people should have access to medicines and culturally-relevant healing practices.

AMHIG draws our definition of mental health from scholarship in Indigenous Studies (Charlton 2020), Postcolonial Studies (Fanon 1967; Eromosele 2020; Robcis 2020), Medical Anthropology (Gammeltoft and Oosterhoff 2018), Psychological Anthropology (LeVine 2010), Psychiatric Anthropology (Good 1992; Reyes-Foster 2019), Critical Disabilities Studies (Ben-Moshe 2020), Critical Race Studies (Meerai et al. 2016), Mad Studies (Price 2011; LeFrancois et al. 2013), Queer Studies (Cvetkovich 2012), the Medical and Health Humanities (Nash 2018), Psychopolitics (Sedgwick 1982), the History of Medicine (Scull 1981; Grob 1994; Keller 2007), Feminist Histories and Theory (Showalter 1987), Gender Studies (Pinto 2014), Affect Theory (Gorman 2017; Fletcher and Barroso 2020), Critical Psychology (Hook 2011; Hunter 2018), Critical Psychiatry (Mills 2014; Middleton and Moncrieff 2019), Critical Suicidology (White et al. 2016), Ecopsychology (Bateson 1972, Kahn and Hasbach 2012), Cultural Studies (Hollan 2012), User/Survivor Research (Faulkner 2017), and other related fields. We also recognize the contributions of Indigenous Movements, Black and Third World Liberation Movements, Disability & Healing Justice Movements, Psychiatric User/Survivor Movements, Neurodiversity Movements, and other social justice and health social movements which have shaped political and scholarly discourse on mental health over the last several decades.

State of Mental Health in Anthropology
AMHIG affirms that the state of mental health in the field of Anthropology needs serious attention and transformation: Mental wellbeing is a collective issue, and we must first acknowledge the structural barriers to mental wellbeing and institutional demands that affect all members of anthropology departments, before we begin to address the needs of our most structurally-vulnerable anthropologists.

Barriers to Access to Care and Wellness
Given past and present ways that our discipline has favored certain forms of rationality and being over others, we recognize that graduate student anthropologists and other contingent faculty who come from oppressed and repressed communities — those often studied by anthropologists— face unique challenges navigating institutions that were not created for them. While most research to date has focused attention on graduate students, it is important to reiterate our stance that graduate student mental health is a bellwether for the mental health of others in academic

anthropology — including postdocs, adjuncts, non-tenured and tenure earning faculty. In the section that follows, we outline factors that contribute to poor mental health in anthropology departments, including labor issues, traumatic experiences during fieldwork, cultures of silence and stigma, and structural elitism within the profession.

Early studies suggest a crisis in graduate student mental health (Flaherty 2018a; Pain 2018). Graduate students are six times more likely than the general population to suffer from anxiety and depression (Flaherty 2018b). Pre-existing mental health issues are exacerbated or elicited by the stressful conditions of graduate school, which often fail to account for the needs of students outside the classroom, including cost of living, caregiving responsibilities, and the fact that many students leave their familial or social support systems to attend school. However, research has also found that graduate student mental health depends greatly on environmental conditions created by their departments and advisors, and in recent years a number of anthropology students have spoken out about the ways in which academic culture in anthropology departments has negatively impacted their mental health (González 2019; England 2016; Vieth 2018; Woolston 2017). In the last five years, more research on mental health in academia has begun to emerge, particularly in Europe and in bench research science departments. This research has uncovered serious mental health problems among Ph.D. students (Levecque et. al. 2017; Woolston 2018) and in academia in general (Loissel et. al. 2019).

These conditions also extend to others (Shaw & Ward 2014), such as adjunct faculty members (Harris 2019), lecturers, and other anthropologists navigating a precarious job market and a neoliberal model of university management (Price 2011); and a 2013 study of 14,000 academic employees in the UK revealed growing stress levels (Kinman and Wray 2013). For example, contingent faculty — including graduate students, adjunct professors, and lecturers — may experience burnout from overwork, unsustainably large undergraduate classes, a lack of time to provide their teaching assistants meaningful mentorship, and a lack of representation in faculty meetings and in Senate Faculty decision-making processes across campus. They may also fear that speaking out about their exploitative working conditions may result in their failure to receive additional contract work in the academic gig economy. In addition, many contingent faculty are uninsured and unable to seek mental health support, due to a lack of coverage and an inability to afford out-of-pocket mental health services. It is also important to acknowledge how mental suffering is differentially experienced among members of anthropology departments. For instance, emotional labor is often taken up by junior-level faculty (Carroll 2012; Sheyne 2017), women (Carroll 2012), especially women of color (Navarro et al. 2013), and graduate students, which also contributes to the pervasive invisibility and stigma still attached to needing help or feeling comfortable reaching out for emotional support and seeming "unprofessional" (Hovland 2012).

Cultural anthropology and archaeology are both characterized by an expectation of extended time in the field. Biological and linguistic anthropology sometimes require weeks or even months of off-campus work as well. Cultural anthropologists are expected to spend at least a full year conducting ethnographic fieldwork. At the same time that students are encouraged to pursue research projects "with stakes," engaging with difficult social problems, departmental structures do not adequately prepare them for the ways in which extended exposure to human suffering may impact their mental health (Cearns 2018; Levy 2015; Reyes-Foster and Lester 2019). This is

especially true for those who take on projects studying the aftermath of traumatic events, working with survivors of violence or disaster, and otherwise engaging in emotionally challenging research (Dickson-Smith et al. 2009).

In addition to potentially bearing witness to violence against others either directly or indirectly, fieldworkers may become victims of violence while in the field. Anthropologists returning from the field have reported experiencing physical and sexual violence from the populations they are attempting to work with (Johnson 2016; Kloß 2016; Williams 2017). Importantly, archaeologists and other team-based field anthropologists have also reported worrying rates of sexual harassment and assault from supervisors and colleagues (Clancy et al. 2014; Hanson & Richards 2019). These traumatic events have long-term impacts on mental health. These pressures are disproportionately experienced by populations made vulnerable by contemporary systems of oppression (Mehmood 2019), particularly members of communities most negatively impacted by early anthropological research such as Black and Indigenous people of color (BIPOC) (Todd 2018). The experiences of conducting fieldwork while Black (or Indigenous, or otherwise non-white) carry their own sets of challenges and risks (Berry et al. 2018; Carter 2019; Nyika 2018).

Nor should we forget the ways that our departments and disciplinary culture might contribute to stigma and silence around mental health issues. For example, graduate students may feel uncomfortable speaking openly with their advisors about their feelings of isolation, loneliness, stress and anxiety, or find the faculty members dismiss their concerns, normalizing trauma under the excuse that these are "a rite of passage," undermining the emotional veracity, and necessity, of their experience (Pollard 2009). Conversely, faculty may overreach by denying students opportunities to research mental health or other emotionally difficult topics after they have disclosed a mental health condition in a paternalistic attempt to "protect" them. Some students may fear being perceived as "weak" for reporting emotional difficulty as part of their fieldwork or research process (Pollard 2009; Smith 2009). Students may also fear that such disclosures could alter perceptions of their productivity and jeopardize the department's perception of their education as a worthwhile financial investment. Students might also be asked to channel their negative emotions into a dissertation or publication, without considering the lingering impacts of trauma or the privilege of self-care. These are experiences of ableism and sanism—discrimination on the basis of mental status or ability — that affect all members of anthropology departments (Brown and Leigh 2018; LeBlanc and Kinsella 2016).

Lastly, the field of anthropology continues to struggle with elitism and exclusivity, and anthropologists reify such institutional elitism in their hiring practices. As Kawa and colleagues demonstrated, in US academic anthropology, a small group of graduate programs produce the majority of tenure and tenure-earning faculty in Ph.D.-granting programs (Kawa et.a. 2019). Students who are unable to attend these top programs are thus much less likely to secure employment as tenure-earning faculty in PhD-granting programs. This not only results in intellectual stymying, as the vast majority of graduates who become full-time scholars and researchers come from the same 2-3 programs; this academic nepotism actively contributes to a glut of Ph.D.-holders, denies job security to large numbers of graduating anthropologists, and contributes to racial and socioeconomic inequality in the discipline. At the same time, it reproduces and maintains the neoliberal academic model that allows a small number of tenure and tenure-earning faculty to thrive at the expense of graduate student instructors of record, TAs,

adjuncts, and other contingent faculty, who teach 75% of college classes today (New Faculty Majority). Thus, the current academic climate reinforces the hierarchy of research as a primary metric for tenure, diminishing the importance of teaching as a primary mission of the university.

Visions for Cultures of Wellness
Historically, our discipline has been complicit in colonial, imperial, and military projects and the exploitation of communities made vulnerable by them, which has perpetuated forms of epistemic and ontological violence that AMHIG seeks to address (Asad 1973; Pels and Salemink 1999). Presently, our discipline also benefits from elite institutional resources and the respectability politics of privileged academics, and it maintains and replicates such structural elitism in its pedagogy, scholarship, hiring practices, and in other professional tasks (Schmit 2001; Giroux 2007; Ginsberg 2011; Clauset et al. 2015; Kawa et al. 2019; Jobson 2020). Here, we aim to put forth a vision for a culture of wellness in anthropology, which acknowledges this toxic culture and centers efforts to decolonize the discipline and intellectual centers that sustain it (Harrison 1991; Price and Kerschbaum 2017). We seek to imagine how our discipline could be otherwise, via structural changes within and outside of academic institutions and purposeful moves towards more equitable and careful ways of producing knowledge, centering the strengths and needs of oppressed, poor communities, fostering convivial relationships in the nonhuman world, and practicing activist anthropology in collaboration with our interlocutors, communities, colleagues, and professional associations (Maskovsky and Piven 2020; Jobson 2020).

Given current inequities in academia, we particularly call on anthropologists who are also department chairs, deans, and university administrators to build the economic, political, and cultural infrastructure necessary to promote mental wellbeing. We also call on our colleagues in such positions of power to prevent stigma and harassment and to craft spaces in which Neurodiverse, Disabled, and Mad academic communities can flourish. We put forward this charge with the understanding that community members in anthropology departments have both shared needs for accessible, inclusive policies, as well as distinctive needs, concerns, and abilities to facilitate structural change.

Addressing the mental health needs of graduate student anthropologists and other precariously-employed anthropologists cannot be addressed without consideration and attention to the mental health needs and labor conditions of all workers on campus. We must strive to cultivate healthy work spaces for all university members and affiliates. This call can be accomplished by building access within institutional practice. To this end, we advocate for the implementation of Universal Design, which involves the creation of welcoming spaces for those engaged in scholarly endeavors, including faculty and students with mental health needs (Price and Kerschbaum 2017). Universal Design involves promoting inclusion, supporting accommodations, maintaining collegial relationships, and developing ethical approaches undergirded by the knowledge that productivity is not the only metric for academic success; it is based on the principles of equity, flexibility, simplicity, tolerance, perceptible information, low physical effort, and accessible spaces (Burgstahler 2015).

This approach acknowledges that mental health needs may change rapidly and over time and that by creating accessible spaces for those with known mental health needs, we can be proactive — rather than reactive — as we aim to foster mental wellbeing among all who choose not to

disclose their mental health status and for those who have emergent mental health needs (Burgstahler 2013; Tobin and Behling 2018). For example, the implementation of Universal Design may involve attention to issues such as inclusive design architecture and furniture, cultural sensitivity/appropriateness, social integration, and safe workplaces for people of all sizes and for people with sensory sensitivities. It also involves a deep consideration of policies related to hiring, performance review, and promotion of faculty with mental health needs and the admission, retention, mentorship, and support of undergraduate and graduate students, among other labor practices (VanPuymbrouck 2020; Dalton et al. 2018). By designing and implementing thoughtful accommodation infrastructures, universities can acknowledge the mental health needs of its constituents as sources of diversity, insight, and knowledge and to create accountability processes to foster cultures of access (Price and Kerschbaum 2017).

AMHIG Calls on Universities:

- To review salary inequities across campus and reduce the wage gap between graduate students, teaching faculty and upper-level administrators, senior faculty, senior staff, and athletics departments at universities.
    - This may involve systemic strategic planning that centers the needs of the most exploited university employees.
- To work across campus governance to develop universal design environments and to create policies for accommodations beyond coursework settings.
    - Examples of this may include:
        - Expanding mental health resources, such as remote support options, employing additional staff to reduce wait time, and setting affordable prices or free services for all healing modalities available on campus.
        - Clarifying and improving leave policies for all university employees.
        - Enabling accessible employment and hiring practices, by not penalizing "gaps" in CVs or resumes.
- To create cultures of wellness by promptly addressing all instances of abuse of campus members.
    - Examples of this may include:
        - Developing clear processes for conflict/abuse prevention and resolution and the education of all campus members about these policies.
        - Responding immediately and decisively to racism and other discrimination against all members of the campus community.
        - Clarifying Title IX and Title XI interpretations, developing transformative justice programs alongside these policies, and providing robust support for those who have experienced trauma.
- To pay graduate students and other contingent faculty a living wage.
    - This inherently involves a reduced reliance on contingent labor via the creation of permanent teaching positions.
- To address other dimensions of poverty faced by graduate students and other structurally-vulnerable anthropologists.
    - Examples of this may include
        - Food subsidies or on-campus food pantry programs
        - Housing subsidies on-campus and in surrounding areas

- ■ Free or affordable childcare and eldercare for graduate students and all contingent faculty who act as primary caregivers.
  - To provide financial assistance and make graduate school affordable.
    - Examples of this may include:
      - ■ Making in-absentia tuition/fee costs accessible for students who are ABD.
      - ■ Including payment of fees in tuition waivers/remission.
      - ■ Providing major support for graduate students to attend conferences.
      - ■ Offering adequate staff and resources to support graduate students' pursuit of outside funding opportunities.
      - ■ Inviting graduate student participation in collaborative labs and grants.

AMHIG Calls on Departments of Anthropology:

- To restructure departmental policies based on Universal Design, in order to address all departmental members' mental health needs in supportive ways.
  - Examples of this may include:
    - ■ Training graduate coordinators/program directors to recognize signs of mental distress, to have conversations with students about on-campus resources and departmental support available to them, and to respect students' autonomy to make decisions about their health for themselves.
    - ■ Developing internal support networks, like peer advocacy groups and other forms of peer support, within departments.
- To create programming and curricula that will prepare students for the possible mental health and safety consequences of field research.
  - Examples of this may include:
    - ■ Developing modules in methods courses, including community engagement strategies, such as community-based participatory research; project management; and conflict resolution.
    - ■ Integrating psycho-social support into the design of courses and labs.
    - ■ Hosting reflective discussions with faculty members or students who have recently returned from the field.

AMHIG Calls on SMA members:

- To recognize that our collective flourishing (faculty, graduate student, and undergraduate students) is contingent on each other's mental health and wellbeing.
- To model acceptance and inclusion in all areas of scholarly practice and intervene rapidly when our peers fail to do so.
- To promote Universal Design principles in our daily academic praxis — including our research, pedagogy, service responsibilities, mentorship, advising, and activism.
- To design community-engaged research projects that compensate oppressed stakeholders and informants, when appropriate.
- To address gaps in knowledge about the structural causes of mental distress in higher education.

○   For example, a high priority area for research includes basic research on mental health indicators specific to anthropology departments, comparing across programs (Barreira et al. 2020).

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