



Critical Reflections on Mental and Emotional Distress in the Academy

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Abstract

An increasing 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. In exploring what a critical commitment to addressing emotional and mental distress in the academic context of the global north might look like we discuss different understandings of what is meant by mental health and the manifestation of distress in the academy as the 'new normal'. After examining data from Canada, the United States and the United Kingdom for different constituent groups within university communities we turn to understand this crisis beyond instances of individual distress by situating it within the context of the conditions of knowledge production in neoliberalizing universities. We conclude by imagining a different kind of academy, exploring how the practices that produce it can be differently enacted, outlining the opportunities for and obstacles to a collective and professional response. University campuses are enriched when they recognize and make space for the diversity of mental states that constitute the human condition, but devalued when they create stressful work environments that exacerbate or initiate mental distress.



Introduction

A missed appointment; the e-mail explaining that the student had an anxiety attack and as a result, had to leave campus. Another's anxiety caused by a drug addiction. Yet another falling into a debilitating depression triggered by her fiancée's sudden departure from her life. Students withdrawing from class discussions. Increased and unexplained absences from class. Small graduate classes with nearly half the students on some form of medication for mental health. Overheard conversations about the benefits of taking beta-blockers before a presentation. Zanax and Zoloft slipped into conversations. Empty bottles of Cipralex left behind in a room. Spending more time talking to students about their mental health than about their (often non-existent) work.

These, for us, are just some of the emotionally charged issues we are increasingly encountering as geography professors in Canadian universities, at York University in Toronto and at Queen's University in Kingston. Indeed, the impetus behind this article arose from conversations about such issues that over the last several years we have had with each other, and with a number of academic friends and scholars at professional meetings and elsewhere, in Canada, the United States and the United Kingdom. In our roles as administrators of departments and research centers and as teachers of undergraduates and supervisors of graduate students, we were increasingly sharing stories about the experiences of students, but also of faculty, especially women faculty, and non-academic staff, that fall within a realm we recognize as dealing with mental health. We questioned whether, in our years of service, there has been an increase in the numbers of people in the academy experiencing mental and emotional distress, and in particular, anxiety and (mild to moderate) depression, and if this was establishing a new understanding of what it means to be 'normal'?¹ Or is it simply that there have always been people in the academy with these experiences, but there is now a general public willingness to talk about them (indicating that levels of mental distress may be no different from previous periods when statistics were not kept, or when there were no awareness campaigns)?

These questions, the growing number of anecdotal accounts, and the relative institutional silences around mental health in our discipline (and across many others), are all factors that motivated us to write this article. By reviewing data sources and emerging literatures, both academic and non-academic, that engage questions of mental health across academic communities in the global north, we aim to incite conversation, inspire research and gesture towards possible pathways for engendering wellness in academic space. We are aware that the concerns we

¹ In Canada there is consensus among medical health personnel that while figures for those experiencing debilitating forms of clinically diagnosed mental illness, such as psychoses, for example, have stayed steady, at about three percent of the population (CAM-H 2015), those experiencing mild to moderate forms of depression and anxiety have increased.

raise and the examples we draw upon are based on literature from Canada, the United States, the United Kingdom, and to a lesser extent Australia.² Our intention in drawing on these countries is not to engage in cross cultural comparison; the inadequacy of the comparative data sources available to investigate the changing nature of academic knowledge production and its impact on mental health, prevents us from doing so. Our aim is simply to start to mark the contours of what Cindi Katz (2001) calls a ‘counter topography’. Drawing on the concept of knowledge as situated in place, counter topography is a means of recognizing the historical and geographical specificities of particular places while also inferring their analytic connections in relation to specific material social practices. The particular ‘contour line’ we hope to illuminate is the process of academic knowledge production within the (albeit unevenly) neoliberalized environments of higher education in these national contexts and the impact upon the mental health of their members—faculty, students and non-academic staff.³

In our efforts to start mapping the contours of the relationship between contemporary neoliberal academic landscapes and states of mental and emotional distress we go beyond the territorial borders of Canada, the boundaries of our own discipline, and the scholarly medium of the academic article. For the last few years we have been involved in a number of initiatives to bring issues related to the academy and mental and emotional distress into conversation among geographers. These have included academic paper sessions at the annual conferences of the Canadian Association of Geographers (CAG), the Association of American Geographers (AAG), and the Royal Geographic Society/Institute of British Geographers (RGS/IBG) and the development of a listserv on Mental Health and the Academy (MHGEOG-L@LISTS.QUEENSU.CA). We have also engaged directly with our professional associations, which are lagging behind universities in adopting initiatives, commissioning reports and looking into best practices around the mental health of their members. A search of the professional ethics of academic professional associations in North America reveals an uneven presence of policies pertaining to mental health issues. We have thus established a Task Force on the Status of Mental Health in the AAG that was initiated at the 2015 AAG annual

² This is partly due to our familiarity with these national contexts given our backgrounds in academia in the United Kingdom and our current locations in Canada and North America, but also due to the paucity of information about the state of mental health and wellness on university campuses in other regions of the world. With the development of global mental health studies only emerging in the last couple of decades, after the publication of the 1993 *World Development Report* (Patel *et.al.* 2014), this state of affairs is hardly surprising.

³ While we argue that the shift towards greater market discipline within the academy has contributed to the increased numbers experiencing emotional and mental distress, we are not advocating that it is the only contributing factor. Such increases also work in conjunction with, for example, the proliferation of information technologies that are overwhelming in the range of choices they offer and decisions that they demand and the medicalization by pharmaceutical corporations of forms of distress that were once considered unproblematic and without need for intervention.

conference, which has links with the CAG and the RGS/IBG. While our primary concern has been to engage in advocacy in order to raise awareness, we also aim to encourage research; while at first blush it might appear that research in this field lends itself only to work in health and emotional geographies, it has implications across the full range of human geography (see Mullings *et al.* 2016 and the special issue of *The Canadian Geographer* on “Cultivating an Ethic of Wellness in Geography”). This article thus addresses our objective to move issues of emotional and mental distress beyond the realms of psychiatry, social counselling and university administration, where most conversations are currently located, into academic disciplines that address questions regarding the changing nature of the academy and the production of knowledge.

A second objective is to address what we see as a paradox about emotional and mental distress in the academy—that it is 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.⁴ This paradox requires taking our conversations about mental health in the academy out of the back-spaces of academia—the corridor conversations, the conference gossip, the socializing off-campus—to put them firmly onto our professional agenda as academics and educators (see also Peake 2015).

Our focus on the academy moreover is not to claim that higher education is a sector more prone to mental health issues than society at large. Most people who join academic communities find fulfilment in the social networks, the challenge and sense of accomplishment that the pursuit of knowledge confers (see Kern *et al.* 2014). As a number of studies make clear, however, if work environments become constantly or intensely stressful they can exacerbate or even initiate mental distress among some people (Andrews and Wilding 2004).⁵ Determining whether academic environments are more stressful than the work environments of other professions however is not a debate that we view as particularly useful. Rather, our objectives lie primarily in addressing why we have not been talking about mental and emotional distress, why we need to put mental health onto the agenda of all geographers in terms of our workplaces and professional institutions, and to explore the links between our academic environments and how we manage our

⁴ 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 people on our campuses are aware of or willing to participate in them. Moreover, forms of discrimination against those experiencing mental health issues are often covert, similar, though possibly not yet as widespread, to issues relating to sexism and racism.

⁵ This is the first study in the United Kingdom to confirm empirically that financial and other difficulties can increase British students' levels of anxiety and depression and that financial difficulties and depression can affect academic performance.

mental and emotional wellbeing, be it as students, faculty members or non-academic staff.

So what do we mean when we talk of mental health? There are many names for what we think of as losing control of one's emotions, one's thoughts, one's perceptions of reality, and one's sense of oneself: the English language gives us a lot to choose from, each term coming with its own ideological baggage and overwhelmingly negative connotations, although there are groups such as Mad Pride (www.madpridetothetop2015.wordpress.com) that attempt to re-appropriate terms such as 'madness'.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 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 variety of states of mental health within non-medical 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 terminology of *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 non-judgmental, and that focus on an individual's experiences rather than on the terms used to categorize them.⁷

Finally, we want to establish that we do not write as experts on issues of mental health: we are not medical personnel nor trained counsellors. We write as critical scholars who feel strongly that there needs to be a shift in the way that we view and speak about mental health in the academy and its role in knowledge production, and that this is the responsibility of all of us who are part of professional academic communities. The academic institutions in which we work and the professional organizations that represent us also have a civic duty to educate their members about mental health and the university environment.

Recognizing Distress in a World of Diverse Mental States

In the range of current efforts to increase awareness of mental health in the North American and British contexts, data about people experiencing mental

⁶ Mad Pride is a global social movement that aims to re-educate the public on issues concerning mental health, 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 (LeFrançois, Menzies and Reaume, 2013).

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.

distress are no longer hard to find, leading to a reassessment of where along the range of mental states the condition ‘normal’ lies. The now quite well known statistics that one in four people globally will experience some form of mental or emotional distress within their life-time⁸ and that depression is now the leading cause of disability worldwide (WHO 2015) suggest that these are increasingly common characteristics of the human condition. Various data sources for higher education are also indicative of a quantitative increase in the number of students and faculty members experiencing distress. Needless to say, there is little agreement in current debates (Kadison and DiGeronimo 2005; c.f. Morrison-Valfre 2012) as to whether this increase is a reflection of a generalized increase in the number of people experiencing poor mental health; greater awareness and responsiveness to issues related to mental health; changes in academic environments that are compromising the mental health of its members; or all of the above. There is also disagreement over whether these changes constitute a crisis.

What is counted as being of legitimate concern under the umbrella term of mental and emotional distress also varies, not least between clinically diagnosed mental illnesses and other, undiagnosed, states of being. Within most universities forms of mental distress that are clinically diagnosed as major depressive disorders—for example, psychoses, schizophrenia, bipolar disorder, post-traumatic stress disorder, attention deficit hyperactivity disorder, and generalized anxiety disorder—are recognized as mental states for which accommodations can be made in the academic system (extensions for essays and exams, for example). But many symptoms—feeling down in the winter months, insomnia and fatigue, feeling stressed or anxious, problems eating, self-harm, self-hate, suicidal thoughts, alcohol misuse and dependency, drug use and dependency—generate amorphous conditions, shifting in their intensity. These conditions, distressing and debilitating as they might be, are often not diagnosed or treated or taken seriously, often dismissed both by the sufferer and others merely as university ‘angst’.

Evidence of mental and emotional distress has been attributed historically to causes as varied as demonic possession to feeble-mindedness. Since the early twenty-first century, however, psychiatry—the branch of medicine that deals with the diagnosis, treatment, and prevention of mental and emotional disorders—has largely stressed two different ways of thinking about mental states of being (Shorter 1997). One stresses the neurosciences—brain chemistry, brain anatomy and genetics—seeing the origin of psychic distress in the biology of the cerebral cortex” (Geise 2013). This biomedical model unfolds to argue that mental disorders are a quality of the individual, medically diagnosable, the symptoms of which can be compared with diagnostic criteria and treated with medication and/or

⁸ It is also notable that the proportion of people experiencing mental distress is the same as the figures cited as evidence of a global epidemic of domestic violence (World Health Organization in partnership with the London School of Hygiene & Tropical Medicine and the South African Medical Research Council, 2013).

individualized behavioural modification (Cognitive Behavioural Therapy (CBT) being the best known therapeutic approach). The alternative understanding fixes a causal lens on the (bio)psychosocial dimension of peoples' lives, attributing symptoms to external conditions such as social problems or past personal stresses; people, it is argued, 'lose control' as a result of a complex mix of socio-economic and (bio)psychological circumstances and treatment of (severe) symptoms is again through medication with behavioural modification, through individualized or group therapy. Behavioural therapy is also increasingly becoming the preferred mode of treatment for milder forms of 'losing control'.

This alternative understanding, at its extreme, calls for a way of thinking about mental health not as an illness or disorder with primarily biological causes attributable to individuals, but rather as an affective phenomenon generated interpersonally through precarious social relations. It is a call for mental distress to be understood as a structural and relational condition, symptomatic of the stressed and anxiety-ridden environments in which we live and work, best addressed by protesting against and working to change those environments. Some members of the organization Mad Pride, for example, advocate this view, arguing that psychiatry has pathologized the human condition, turning ordinary nervousness, shyness, and grief into disorders. In particular, the most current edition of the American Psychiatry Association's *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*, the first for two decades, has been critiqued by psychiatrists and members of Mad Pride alike for expanding the range of manifestations (such as grief and temper tantrums) that are now being classified as disorders.⁹

These different understandings—of what counts as mental health, whether there is a crisis or not, and of diagnoses and treatments—speak to the challenge of identifying states of distress that require action. As journalist Rachel Geise has noted:

At the crux of these debates, about the nature-or-nurture roots of psychological suffering and the merits of diagnosis versus the tyranny of labels, sits the question of what 'normal' means. Most of us can grasp the difference between major depression and a passing case of the blues. It is tougher to distinguish the point at which the blues tip into actual depression, fear becomes anxiety, and excitement turns into mania (Geise 2013).

⁹ For example, the DSM-5 will classify manifestations of grief, temper tantrums and worrying about physical ill-health as the mental illnesses respectively of major depressive disorder, disruptive mood dysregulation disorder and somatic symptom disorder. The DSM has also fallen foul of the United States National Institute for Mental Health (NIMH), which dislikes the DSM's symptom-based approach. The NIMH argues that laboratory tests for biomarkers are the only rational way to diagnose mental illness. Although the DSM is also hugely influential in Britain, an alternative approach, which utilizes the *International Classification of Diseases* published by the WHO, is used.

Understanding that the ground upon which ‘normal’ is defined has been shifting rapidly beneath our feet is made more difficult as experiences of ‘losing control’ may be contained within the individual, concealed in ways that send out few or no signals that can be read by others, or alternatively they may be highly visible resulting in physical symptoms as well as affecting relations with people in negative ways that can result in isolation and withdrawal, a descending spiral difficult to pull one’s self out from. There is also a very fine line with these complex health issues, more so than most other health issues such as a chronic disease, between knowing one is losing control and taking action.¹⁰ And even as some conditions, such as milder forms of depression and anxiety, have become almost benign in the cultural consciousness, other manifestations, like severe psychosis, remain alien and frightening (Lunau 2013).

States of Mental and Emotional Distress in the Academy

There now exists a small body of (symptom-based) studies, which show the number of people in the academy claiming to have experienced mental and emotional distress is increasing. Unsurprisingly, much of what we know about states of distress in the academy comes from literature that focuses on the experiences of students, who comprise the largest group in higher education. And although data on faculty members are spotty, they are still more comprehensive than those on non-academic staff.

Faculty members

Recent national surveys in the United Kingdom (Kinman and Wray 2013, 2015; Tytherleigh *et al.* 2005), the United States (Hurtado *et al.* 2012), 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; issues that are aggravated by restructuring of the higher education system, the use of short-term contracts, external scrutiny and accountability, and major reductions in funding. For example, United Kingdom-based research by Gail Kinman and Siobham Wray, on behalf of the University and College Union (UCU)¹¹, 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 attempt to respond to high levels of internal and external scrutiny, a fast pace of change, and the notion of students as customers, leading to demands such as a 24-hour limit for responses to student queries (Kinman and Wray 2013). Winefield *et al.* (2002) reported similar findings in their

¹⁰ We thank one of the reviewers for this point.

¹¹ 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.

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.

For members of the academy located at the intersection of marginalizing oppressions, 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 United States-based national longitudinal Higher Education Research Institute (HERI) Survey of Undergraduate Teaching Faculty (conducted since 1978). The 2010-11 study found that women faculty were more likely than men 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.

Non-academic staff

A 2002 survey of occupational stress in Australian universities (Winefield *et al.* 2002) is the only study we are aware of that has specifically examined levels of stress among non-academic university staff. The study indicated that for both general and academic staff¹², levels of psychological strain had risen dramatically five years before the survey to levels that were closest to those reported by correctional officers. While experiences of stress were higher among academic staff, as many as 72 per cent of general staff reported high levels of work pressure as a source of negative feelings.

Students

Although a proxy measure of the increase in the number of people experiencing mental and emotional distress, the number of students seeking help from university counselling centres and workplace health experts has seen a steady increase in the first decades of the twenty-first century. Robert Gallagher's survey of Counselling Centre Directors in the United States, conducted every year since 1981, indicates a growing number of students on college campuses who require treatment for severe levels of mental distress (Gallagher, 2012). In 1994, nine percent of students seen at counselling centers reported that they were taking psychiatric medication. By 2013, this number had risen to 32.7 percent with an

¹² In this study the term 'academic staff' refers to faculty, and 'general staff' refers to non-academic staff.

estimated seven percent experiencing levels of mental distress that made it impossible to remain in college without ongoing psychological or psychiatric assistance. Studies in the United Kingdom suggest similar trends (Court and Kinman 2008). The Royal College of Psychiatrist's 2011 College Report (RCP 2011), for example, attests to a rise in demand for student mental health and wellbeing 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 United Kingdom 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 18-20, 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). While the responses in this study may exaggerate the prevalence of mental and emotional distress among participants as respondents were self-selecting,¹³ the figure of one in five is worrying given that only one in ten of students surveyed went to university authorities for help, indicating the numbers seeking help are 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 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 behaviours that in the context of the classroom could easily be interpreted as laziness or disorganization.

The experiences of North American students tell a similar story (ACHA-NCHA 2013). The North American Health and Wellness Survey¹⁴ conducted by the National College Health Assessment (NCHA) indicates, that in 2013, approximately 12.4 percent of students reported having been treated by a

¹³ The findings are in line with national statistics, which estimate that in any one year, 23 percent of British adults experience a mental disorder (HSCIC 2009).

¹⁴ Organized by the American College Health Association (ACHA), and with 108 institutions and over 38,100 students participating, the 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, counsellors and administrators in collecting data on student's habits, behaviours and perceptions on prevalent health topics. Thirty-four Canadian post-secondary institutions also self-selected to participate in the 2013 North American Health and Wellness Survey (ACHA-NCHA 2013).

professional for anxiety, 10.7 percent for depression, and 6.1 percent for panic attacks.¹⁵ Figures were higher, however, when students reported the factors that had affected their individual academic performance in the past 12 months: 30.7 percent indicated stress, 21.7 percent sleep difficulties, 20.8 percent anxiety, and 13.2 percent depression. Approximately 51.2 percent of students indicated that at least once in the past year, they had felt overwhelmed by anxiety and 31.8 percent felt so depressed that it was difficult to function. For almost every condition, more women than men were affected.

Mental distress can also lead to physical injury and sometimes death, as a number of studies indicate. A 2011 study of eight United States universities conducted by Janis Whitlock *et.al.*, (2011), Director of the Cornell Research Program on Self-Injurious Behaviours, found that 15 percent of students had engaged in Non-Suicidal Self-Injury (NSSI) having cut, burned or otherwise injured themselves. A 2011 survey of 1,600 University of Alberta students in Canada found about 51 percent reported that, within the past 12 months, they had felt things were hopeless, over 50 percent felt overwhelming anxiety, 7 percent admitted that they had seriously considered suicide, and about one percent had attempted it. Student deaths by suicide are the proverbial red flag, the alarm call that signals the potential existence of a serious underlying issue. Indeed, there have been a number of articles that have documented what seems to be a rising number of student suicides in North America and parts of Asia.¹⁶ 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 recession began, and 2011 (Groves 2012).

Suicides, however, are just the tip of the iceberg, indicative of the much larger, and rising, spectrum of challenges faced by students on university campuses in relation to mental and emotional distress. Indeed, what seems clear from existing large-scale surveys is how complex experiences of mental distress are, and how imprecise available metrics are in gauging and responding to them. Forms of distress can range from a variety of largely self-reported health issues to professionally diagnosed disabilities ranging from cognitive impairments to psychological syndromes to chronic genetic-based diseases. Within academic environments where stress is a taken-for-granted part of the process of knowledge acquisition, existing metrics for differentiating, for example, between tiredness and

¹⁵ 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.

¹⁶ We note that articles related to student mental health, in areas outside Europe and North America 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).

problems with concentration are rarely precise in their ability to determine how particular stressors contribute to, or initiate, mental distress. 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 reasons cited by students for these increases in distress. In the 2013 NUS survey conducted among students in the United Kingdom, of those stating that they had experienced mental health problems at university, 65 percent cited coursework deadlines, 54 percent exams, and 52 percent academic performance as triggers. Life/work balance (52 percent), personal, family or relationship problems (49 percent), and financial difficulties (47 percent) also contributed significantly to mental and emotional distress. Although cited less often (16 percent), also mentioned is the insensitivity of faculty members, from whom there can be a distinct lack of empathy towards students in class or under supervision (Mason 2012). While in some instances students experiencing mental or emotional distress might be viewed as increasing the stress levels and blemishing the record of faculty members if they are unable to complete assignments or dissertations within expected time limits or if their lack of productivity holds up the delivery of the next tranche of research funding, in many other cases, what may seem to be a lack of empathy, may simply be a reflection of 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.

University Responses to Increasing Numbers Experiencing States of Mental and Emotional Distress

Notwithstanding negative attitudes toward those experiencing mental distress, in the last few years there has been a distinct shift in the importance accorded to such issues across many universities in North America and the United Kingdom. Reflecting growing calls for greater mental health awareness and better policies for intervention, a number of universities are beginning to review their protocols on student accommodation and to develop new strategies and programs to respond to the mental health needs of students and, to a much lesser extent, employees. For example, Cornell University in the United States, where there were six student suicides in 2010, and closer to home, Queen's University in Canada, where six students died, three as confirmed suicides between 2010 and 2011, are working hard to develop new initiatives for recognizing and responding to student crises. At Queen's, a Commission was set up in 2011 and after extensive consultation a report was produced with 116 recommendations for ways to build a community that is proactive and responsive to student health and well-being.

Recommendations included the development of a university-wide policy and process for providing greater support for young people as they transition from high school to university; accommodating students with established disabilities; increasing student awareness of available academic support services; re-designing courses in ways that avoid overwhelming students with assignments towards the end of the term; and increasing mental health literacy and awareness across campus communities (Principal's Commission on Mental Health 2012).

Other interventions in universities in Canada, have focused on developing protocols for identifying students in mental distress, providing counselling support and creating accommodations for individuals when they request it, and in some instances, instituting initiatives such as mid-term breaks to lower accumulating levels of mental distress.¹⁷ Dalhousie University and the University of Saskatchewan in Canada; Emory University and Macalester College in the United States; and Bristol University and the University of Leicester in the United Kingdom are examples of universities that have introduced dogs and puppies to their campuses during examination periods to help lower levels of student stress. As one recent study indicates, animal assisted interventions like this have been successful in helping to lower levels of student stress and possibly levels of mental distress (Dell *et al.* 2015).

These are all much needed interventions signalling a growing commitment to acknowledging the diversity of mental states that exist among members of university communities, facilitating different learning requirements, getting people to talk about mental distress and reducing the stigmatizing impacts of mental distress. We believe that emerging university initiatives to recognize and make space for diverse mental states ultimately enrich learning environments, but they often focus too narrowly on providing individual support services, ignoring the broader structural environments and systemic processes shaping and challenging how scholars (students and faculty members alike) access and produce knowledge. For example, interventions like student accommodations have become the most popular way of responding to individual needs. But many student accommodation policies are guided by existing disability provisions, and as such tend to be framed within the legal obligations of institutions to create inclusive learning environments. Not all experiences of mental distress that hinder an individual's participation in society (e.g. bereavement, lack of sleep, assault, or drug use), however, can be attributed to a disability. Thus, in cases where the provision of accommodations is left to the discretion of course instructors or faculty members in administrative roles to make judgements, the outcomes are highly uneven. Moreover, accommodations within disability frameworks do little to address forms of mental distress that are the product of precarious lives structured by insecurity

¹⁷ The institution of a Fall semester break in North American universities has been criticized by some as failing to teach students the value of workplace discipline and regular attendance in work (see, for example, Breuning 2012 and Wentz 2014).

and may even act as a perverse incentive for struggling individuals to simply try harder (Simard-Gagnon 2016). And despite the growing number of university-based programs and policies responding to mental health needs, there are very few initiatives that address the mental health of faculty members and administrative staff.

States of Mental Distress and the Neoliberal University

While there is a growing literature alerting us to a crisis of mental health on university campuses, these studies have overwhelmingly focused on the impact that individual students' experiences of addiction, lack of sleep, debt, fewer job prospects, and/or economic uncertainty has on emotional and mental distress. Few studies have explored the relationship between increasing numbers experiencing such distress and the changing structural environments within which knowledge is produced.¹⁸ This is a significant gap in the literature given the large number of publications that exist on the debilitating impacts of the neoliberalization of the academy on knowledge production as a whole (Castree *et al.* 2006; Smith 2002; De Angelis and Harvie 2009; Gill 2009; The SIGJ2 Writing Collective 2012; Wylie; 2013; Giroux 2014). In using the term 'neoliberalization of the academy', we refer to the encroachment of an economic ethos into higher education that as Polster and Newson (2015) have observed, has made the university more commercial in orientation, business-like in its knowledge practices and corporate in its self-presentation. Focusing on Canada, they argue the re-orientation of the goals and functions of universities towards 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. Various scholars have seen the importation of corporate models of management into university life, continuous budget cuts, the reformulation of education in instrumental terms towards 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). Critics such as Henry Giroux (2014) have further argued that the neoliberalization of the space of the university has devalued and eroded the academy as a vital space for developing ways of thinking and acting that ultimately contributes to democratic futures. As he eruditely observes:

What is new about the current threat to higher education and the humanities, in particular, is the increasing pace of the

¹⁸ It is university administrators, as opposed to academics, that appear to be on the front line of speaking out. For example, Dr. Erika Horwitz, Associate Director of Health Counselling Services at one of Canada's largest undergraduate universities, Simon Fraser, 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).

corporatization and militarization of the university, the squelching of academic freedom, the rise of an ever-increasing contingent of part-time faculty, the rise of a bloated managerial class, and the view that students are basically consumers and faculty providers of a saleable commodity such as a credential or a set of workplace skills. More striking still is the slow death of the university as a centre of critique, vital source of civic education, and crucial public good (Giroux 2014, 16).

The not so subtle pressure to shift the focus of university education away from a humanistic mission to extend and deepen human understanding, and towards 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.

Suggesting a relationship between the dominance of the rationality of the market in the academy and increasing numbers of people experiencing mental and emotional distress may generate a degree of scepticism among those who see no connection between these two issues. Yet, there are few aspects of university life that have not been affected by the spending cuts and re-orientation of university goals that have become part and parcel of higher education in North America, parts of Europe and elsewhere. Especially since the 2007 economic crisis, universities in North America and parts of Europe have had to contend with declines in funds to support their budgets.¹⁹ Budget cuts have manifested themselves, for example, in increased tuition fees, increasing student debt, higher student-teacher ratios, reductions in the number of tenure-track faculty and their replacement with various forms of short-term contract labour, and dwindling financial resources for research with concomitant lower success rates for external grants. In addition, cuts have been identified as having a significant and negative effect on the morale of students, faculty and administrative staff alike due to the precarity that they induce. Precarity is not born of the economic project of neoliberalism, but is a signifying characteristic of it, and in the current global context of recession and the hollowing out of the state, inequality is increasing and aspects of daily life are increasingly insecure for large sections of the population (Puar 2012), including for those in higher education.

These transformations in the contemporary structural conditions of knowledge production are producing environments of uncertainty, instability, and mental distress for students and faculty members alike. 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 Department for Business, Innovation and Skills—that has induced heightened levels of stress in

¹⁹ In the United States, for example, Mitchell and Leachman (2015) found that the average state now spends \$1,805, or 20 percent less per student than it did in 2007-08.

academic faculty, especially among those whose work is perceived as having no direct market value (Fernández-Armesto, 2009, Shepherd 2009, Atkinson 2014). The REF, which is run on average every five years, grades the quality of research in more than 100 institutions, and allocates government funding accordingly. Departments and disciplines that win high scores enjoy the guarantee of funds to support their research, while those that are poorly rated may be starved of resources or even closed down (Atkinson 2014). As geographer Peter Atkinson, currently a Dean at the University of Lancaster, notes: “Although it is departments and disciplines that are ultimately graded, their grades are based mainly on the outputs of individuals who work in them” (2014, 145), a process that forces departments to make pragmatic decisions about the quality of each colleague’s research and more nefariously how it might be ranked within the REF. While the REF is quite different from existing assessment systems in North American universities, very few of which are so closely evaluated by the state, the United Kingdom 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). While the audit systems found in parts of Europe and the Antipodes produce different stresses to those reported by academics in the United States and Canada, they represent only one of the institutional shifts that have accompanied the neoliberalization of the university. In the remainder of this section we explore the effects of these shifts on students, faculty members and non-academic staff.

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) turning universities into places where students increasingly feel under pressure to focus on mastering techniques to acquire that coveted ‘A’ grade rather than pursuing knowledge in order to understand where one stands 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 (to £9,000 per year) 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” (quoted in Weale 2014). For many the job market looks grim and students in the United Kingdom (Coman 2014) and 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’. After graduation, often weighed

down by student debt²⁰, and the pressures of intergenerational inequality, many have to string together short-term contracts with unpaid internships, themselves 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 does not make a job candidate stand out like it once did, is part of the growing crisis of mental health.

The post-graduate years can be as mentally and physically taxing as the undergraduate years. Graduate students face considerable levels of stress as they juggle the short-term, often hourly-paid teaching contracts and non-academic jobs needed to pay their bills with their need to develop their CVs in order to pursue a permanent academic post or other career. Among Ph.D. students, there is often a culture of work that says 'if you're not suffering, you're not doing it right'. And often, the conditions of work—solitary and unstructured (in the case of non-science Ph.D.'s), competitive, uncertain, and financially stressful, with time pressures and no certainty of a job—can generate mental distress. A recent blog article in the United Kingdom's *The Guardian* newspaper, which went viral, shared hundreds of thousands of times on the Internet, provides some insight into the forms of mental and emotional distress—depression, sleep issues, eating disorders, alcoholism, and self-harming—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. As the blogger notes:

It is all too common to see Ph.D. students work themselves to the point of physical and mental illness in order to complete their studies. It is less common to see Ph.D. students who feel that they are under such pressure that the only option is suicide. But it does happen. There is a culture of acceptance around mental health issues in academia—and this needs to change... (Anonymous Academics, 2014).

Studies that examine how the corporatization of higher education affects the mental health of students are starting to appear in geography. An early publication by Birnie and Grant (2001) addresses geography students' mental health issues specifically in relation to fieldwork.²¹ Hawkins' *et al.* (2014) study of geography postgraduates in the United States reveals their co-optation into a neoliberal ethos

²⁰ In Canada statistics indicate that bachelor and masters students who graduated with student debt in 2009/2010 owed just over \$26,000, while doctorate graduates owed an average of \$41,100 at the time of graduation (Ferguson and Wang 2014, 29).

²¹ A few auto-ethnographic studies by geographers on aspects of disabilities also exist (Bondi 2014; Chouinard 1996, 2011). There are also geographers who have studied aspects of mental health in relation to institutions other than higher education (Parr 2008; Holt 2012) and aspects of mental wellness within the academy such as joy (Kern *et al.* 2014) and wonder (Smith *et al.* 2008).

of individuality, competition and measurements of productivity, resulting in feelings of inadequacy, guilt, and isolation. Our conversations with graduate students serve to reiterate these observations.

Faculty Members

The recent death of a United Kingdom professor of toxicology at the end of 2014, and an email sent from an account in his name a month after his death titled ‘How Professors are treated at Imperial College’, brings into sharp focus the extent to which the academy’s embrace of the logic of the market is turning universities into what academic and blogger Richard Hall describes as ‘anxiety machines’ (Hall 2014; see also Berg *et al.* 2016). Chronicling the distress he experienced at his university because of the pressure he had come under to attract greater levels of research funds to his department, Grimm’s email states:

Did I regret coming to this place? I enormously enjoyed interacting with my science colleagues here, but like many of them, I fell into the trap of confusing the reputation of science here with the present reality. This is not a university anymore but a business with very few up in the hierarchy... (Colquhoun 2014: 28).

Financial cutbacks, an increasingly marketized higher education system, the pressures of declining job insecurity, 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 stressors of stress and fatigue for faculty as they are for students, factors that are linked to mental and emotional distress (Kinman and Wray 2103, 2015, Schuurman 2009, Schnall *et al.* 2009). Colleagues, however, rarely ever have discussions with each other about mental and emotional distress, even though its prevalence among students may be recognized (Thomas 2014). In a large number of academic contexts, to formally admit to stress, anxiety, or depression, especially in the early stages of one’s academic career, can lead to discrimination. *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, with 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 University and College Union 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, 25). Moreover, the stigma attached to mental and emotional distress encourages the assumption that it is a sign of weakness or of not being cut out to be an academic, an indication of unfitness to be in the academy.

The effects of the current academic environment can be particularly deleterious for junior (non-tenured) faculty members who, as Alan Swan, Chair of the Higher Education Occupational Physicians Committee at Imperial College London observes: ‘... 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’ (Shaw and Ward 2014, 15). Levels of stress are also high among faculty members in temporary 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 United States-based 2010-2011 Higher Education Research Institute (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 non-tenured positions hoped at some point to be able 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.²² Like Kinman and Wray’s 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 these traditional sources of stress were rivalled by a new stressor—institutional budget cuts. The latter were indicated as the top source of stress for 86 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 non-replacement 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.

The only study conducted in relation to mental health and geography faculty members (Tucker and Horton 2012; Horton and Tucker 2014), based on an on-line survey of 75 self-identified academic geographers with disabilities, identified similar aspects of academic work as having impacted negatively on their mental health:

...isolated, 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

²² Desjardin’s (2012: 7) study also asserts that although in Canada “most young doctoral students still pursue a doctorate degree to become university professors”, the overall proportion of tenured or tenure-track positions for doctorate holders working full-time in Canadian universities decreased by 10 percentage points between 1981 and 2007, decreasing from 79.8% in the 1980/1981 academic year to 70.3% in the 2006/2007 academic year. The decline was even more pronounced for professors under the age of 35. In 1980/1981, one-third of professors under age 35 (35%) held a full-time tenured or tenure-track position; 25 years later, this was true for only 12% of professors in that age category, a decrease of 23 percentage points.

review that effectively valorize *individual* productivity, and reward and institutionalize each of the above-listed characteristics (Horton and Tucker 2014: 85).

Non-Academic Staff

If there is a group that is most overlooked and invisible within the academy it is non-academic staff. Rarely commanding the level of attention reserved for students and faculty, non-academic employees are often on the frontlines of the increased work loads that have accompanied nearly every initiative to make universities more responsive to market imperatives. Yet, very few programs to promote mental wellbeing focus specifically on the needs of this group. Whether it is the introduction of new human resource management systems or new initiatives to boost student support, non-academic staff and lower level administrators are rarely adequately compensated in terms of pay or conditions of work for the demands on their time. Often the first people that students in distress approach, there are strong parallels between the work that non-academic staff are increasingly being called on to perform and the work regularly carried out by women within global care circuits. We observe that in much the same way that tasks involving care for others are assumed to be infinitely elastic in their capacity to expand to meet needs, even when the resources to do so have dwindled, so too is the way that students and academic faculty alike increasingly rely on non-academic staff to help them navigate the dizzying array of complex technologies used to monitor, track and account for time spent in the process of knowledge production. While the forms and manifestations of distress for non-academic staff may differ across place, their co-existence within spaces of higher education with students and faculty suggests that any strategy adopted must attend to all sources of mental and emotional distress among its members.

Imagining a Different Type of Academy

If part of the crisis of mental and emotional distress across university campuses is the very culture and composition of the academy itself, what are the prospects for changing it? How might we embed a culture of self-care into the heart of an academic space increasingly preoccupied with competing to produce the most marketable student? Who will dare to slow things down, to make wellbeing—care of the self and others—as important an objective as future financial reward? How do we embrace a critical commitment to extending and deepening human understanding, without creating an academy that can destabilize mental health and wellness? We offer some thoughts about what we think a different kind of academic space could look like and the scope of the challenges they involve.²³

²³ While we lack the space to discuss the parallels between strategies for creating settings that foster mental health and strategies that are enabling for a broader population of disabled faculty and students, we thank Robert Wilton for highlighting this point.

Academics are possibly the worst ‘role models’ for a different sort of academy, as the model that most of us embrace continues to be one of continuous achievement, and a capacity to take on work that is infinitely elastic. Indeed we could be considered ideal neoliberal subjects because (supposedly) we respond well to the discourses of meritocracy and individual responsibility, achievement, advancement, persistence, competition, and the winner-takes-all ethos that currently structures and disciplines all in places of higher learning, supporting Henry Giroux’s (2014) claim that many academics are complicit in the very processes that have shifted the mission of the university towards market-defined ends.²⁴ He states that rather than moral outrage, many academics have responded to demoralization by resorting to cynicism, accommodation, and the pursuit of sterile forms of professionalism, responses that ultimately draw them further away from engagement with a broader public, and with urgent social issues. Yet it may also be the case that withdrawal may simply be the self-preservation strategy of those overwhelmed by the demands of the neoliberal academic landscape.

We argue the most important first step towards promoting a culture of mental wellness lies in creating spaces for discussion that work towards its mainstreaming, engaging with the de-stigmatization of mental and emotional distress, and the puncturing of stereotypes that represent people experiencing such distress as incompetent, lazy, unreliable, disorganized, and unable to work to deadlines. While stereotypes abound, and are regularly reinforced through medical discourses, the media and so on, there are attempts to address and transform them. While mainstreaming is gaining pace across many sites, suggesting that we are becoming more accepting of mental and emotional distress as treatable conditions, the silences in the academy suggest we are still not yet comfortable with talking about mental health and wellness.²⁵ Hence, in conjunction with creating spaces for discussion, we advocate the adoption of a feminist ethics of care within the academy, an ethics grounded in voice and relationships (Gilligan 1982) that speaks to the injustices inherent in the connections between the current drive to make universities function like large for-profit corporations and the mental wellbeing of its members. The creation of spaces of care and sociability is fundamental to

²⁴ Similar claims are made by Karen Bowles (2013) and Richard Hall (2014) in their blogs. Richard Hall adds an important dimension to debates around mental health and the neoliberal academy when he suggests that current levels of faculty overwork and performance anxiety may be a culturally acceptable self-harming activity. But as he states, “My culturally acceptable self-harming activities militate against solidarity and co-operation that is beyond value. The defining, status-driven impulse is to increase my value as an entrepreneur, and to demonstrate that through the traces I leave in publications, or managing a team, or in leading research bids, or in blogging and emailing at all hours. And the toxicity reduces my/our immunity and leaves us addicted to our status as all that we have. And all that we have is a reified, anxiety-infused identity” (Hall 2014, 6).

²⁵ Suspicions of the potential of violence by people exhibiting mental distress, for example, still abound, even though they are more likely to be victims of violence than perpetrators of it.

exploring how we might embed a culture of self-care into academic spaces.²⁶ Strategies to achieve work-life balance form one dimension of this culture. Given that it is often female academics in the front line providing support for those in mental or emotional distress, yet another unrewarded form of hidden labour that is rarely recognized, it is not surprising that feminist geographers have been some of the most ardent advocates of work-life balance (McDowell 2004; Perrons *et al.* 2006; Schurrman 2009). Strategies for taking care of oneself can also be learned from anti-racist strategies. For people of colour who exist in predominantly white environments taking care of oneself, as Sara Ahmed (2013) reminds us is “a form of self-preservation not self-indulgence”; it is, she says, what Audre Lorde (1988: 131) refers to as “an act of political warfare.”

Addressing the production of the academy and its culture of knowledge production are domains that few institutions have dared to address. Attempting to change those practices that are hazardous to wellbeing would constitute a fundamental restructuring of the university and require a significant overhaul of how value is created and evaluated in this space. Though we recognize that such a comprehensive and radical process of restructuring is unlikely, we nevertheless see the merits of identifying ways that the unrelenting pace of enforced productivity, the intensity of competition and the anxieties and uncertainties that they generate, could be abated.

There is a growing school of thought that urges university-based scholars to take careful stock of their lives, to recognize how pedagogical practices can become sites of contest that erode rather than enhance scholarly endeavour, and to develop alternative visions to overcome them (Rea 2010; Hartman and Darab 2012). As Rea (2010, 2) points out, recognizing that “good ideas do need nurturing...they come out of thinking people have the space and time and resources to talk, argue, experiment, write, challenge, teach and learn” is another necessary step towards countering current practices.²⁷

In the same vein of addressing the pace of productivity, critical conversations have begun among geographers who are members of the Great Lakes Feminist Geography Collective in North America on the possibilities of building a slow movement in geography (Mountz *et al.* 2015). Drawing on the ethos of the slow food movement, which is aimed at reinstating a slower pace in cultural practices related to food production and consumption, slow scholarship seeks to recover thoughtful, reflective scholarship that is the product of rumination, on

²⁶ There are already a number of geographers who explore the emotions of stress and distress associated with particular social and physical spaces (Bondi 2014; Davidson 2000; Parr 2008).

²⁷ It is ironic that Peter Higgs, the physicist who gave his name to the Higgs-Boson mechanism by which subatomic material acquires mass, published fewer than 10 papers after his ground-breaking work was published in 1964. As he recently observed, he most likely would not have remained in employment in today's academic system given the value placed on the continuous publication of papers; he would not have been considered 'productive' enough (Aitkenhead 2013).

one's own or as part of a dialogue (World Institute of Slowness 2014). Slow scholarship is not a plea for sluggish scholarship as some have interpreted, but rather a radical plea for greater autonomy regarding the conditions and strictures of the tenure and promotion process that determine the pace and volume of work, in which time to think and the building up of networks are highly regarded. While much of the conversation about slow scholarship has come about because of concerns about the quality of research produced under the frenetic conditions of the academy, we believe that concerns over mental health should be as necessary a reason for slowing things down as the quality of output. Slow scholarship also has the power to recover the culture of sociability that was once considered essential to effective scholarship because of the opportunities for innovation, collaboration, teamwork and mutual support, that taking time to socialize, presented.

Being able to participate in academia on individually negotiated terms is another strategy that is gaining momentum in some places, especially enabling students experiencing mental distress to proceed at their own pace. Voluntary leaves are one such mechanism. Suicides at Yale, Stanford and Columbia in the United States have recently led for calls for reforms to voluntary leaves while MIT has launched a new community initiative called "We All Struggle Together" to emphasize that it is socially acceptable to acknowledge imperfections and to seek assistance (Svokos 2105). Financial support also goes some way in aiding these strategies. In England, under- and post-graduates with mental health issues that affect their ability to work are eligible for a Disabled Students Allowance. This, among other things, helps pay for professional support, one-to-one mentoring, as well as items such as photocopying and books if mental health issues are affecting the ability to leave the house and go to the library.²⁸ Similarly, in Canada students with 'permanent disabilities' may receive \$2,000 per academic year to help cover the costs of accommodation, tuition, and books.²⁹

Benefits to psyche and health also come with being part of a community. This perhaps, has been one of the greatest losses accompanying the institutionalisation of the market in academic life. In the current academic environment, it is easy for students and faculty alike to lose their connection to wider communities of which they are a part, not to mention the dissipation of collegial communities within universities (having lunch or even coffee with colleagues, for example, is a practice that has virtually died out).³⁰ Yet, it is often through community engagement that scholars find fulfillment, purpose, support and an opportunity to deepen knowledge and understanding. For geographers, fieldwork has long been a vital part of such engagement, a tool kit facilitating an

²⁸ <https://www.gov.uk/disabled-students-allowances-dsas/overview>

²⁹ http://www.servicecanada.gc.ca/eng/goc/grant_disabilities.shtml

³⁰ Several universities however still have community service learning programs across all disciplines that work with community partners and allow connections to be made, albeit, in the majority of cases, temporary ones.

understanding of the world derived from direct experience and the acquisition of basic data. But fieldwork also offers the opportunity for learning through involvement and reflection, fostering connections and engagements with others rather than from the solitary fetishistic pursuit of grades. Creating environments that nurture these cultural practices represent just one of the ways that we can begin to link mental wellness to the production of academic space.

Conclusion

A crisis exists when individuals or members of a community believe that they are moving toward a critical time of intense difficulty and instability that requires important decisions to be made. To the extent that there are an increasing number of scholars within student and faculty communities who are beginning to articulate such sentiments suggests that we may indeed be at a juncture where a community-wide conversation is needed.

While the reported forms of distress vary between individuals, between different communities within higher education institutions, and between different countries, they collectively suggest that current practices of knowledge production are increasingly unsustainable. Studies in Canada, the United Kingdom and the United States indicate that while a number of universities are beginning to recognize the diverse mental states of their members, they have been less successful in responding to the organizational structures and knowledge practices that students and academic and non-academic staff identify as key sources of mental and emotional distress. University responses to mental distress, indeed, have been often contradictory, focusing primarily on addressing individual student needs, whilst simultaneously instituting new procedures and structures aimed at subjecting every aspect of academic knowledge production to the disciplinary logic of the market. Students, academic and non-academic staff in North America, Europe and beyond have identified budget cuts, a growing reliance on performance indicators in the allocation of financial resource to universities, departments and individual researchers, life-work balance, debt, and generalized precarity as driving factors in their rising incidences of experiences of emotional and mental distress.

Universities may be sites of privilege, but they are increasingly high-risk ones for many of their inhabitants. In talking to geographers about mental health in the academy over the last few years, it has been unusual but not uncommon to encounter the kind of response that goes ‘people with mental illnesses should not enter academia until their problems are sorted out’. Such responses, the kind that start with ‘people with mental illnesses should/should not’ speak to dominant narratives that circulate about mental health—that people with mental illnesses are a problem, an aberration, out of place in the academy, disrupting rules, regulations, and deadlines. But such prescriptive statements do little to further a progressive understanding of mental health, one that values the variety of mental states that exist among all members of the academy and that embraces modes of knowledge production that encourage innovation and inquiry within environments that aim to

minimize excessive and prolonged levels of stress. In order to effect such critical change we need to take seriously the quest to engage in conversations that subject the space of the academy to scrutiny and explore the changing culture of knowledge production and its role in creating environments of mental and emotional distress, not least, because no one should go through these experiences alone.

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