A call for improving researchers' mental health and well-being

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While much attention has been given to protecting the mental health of employees in the workplace, such support has been historically lacking within the research community. Researchers—especially those working

in intense areas such as domestic violence, rape, suicide, and substance use—can experience feelings of burnout, distress, outrage, and hopelessness. The problem is particularly acute in low- and middle-income countries where research staff may have limited access to mental health services.

In a new paper titled "Pyschosocial training and support guidelines for research staff," YSPH Assistant Professor Ashley Hagaman (senior author), and Ph.D. student Raquel Burgess (lead author), investigate existing mental health support for researchers and provide specific recommendations to better protect the emotional and mental well-being of research teams including faculty, research assistants, students, and staff. In association with September 4–10 as National Suicide Prevention Week, Hagaman, a professor in the Department of Social and Behavioral Sciences, discussed the editorial, which has been published in the *Bulletin of the World Health Organization*.

What motivated you to investigate existing mental health training and support for researchers?

Ashley Hagaman (A.H.): I work with collaborative international research teams on deeply sensitive and emotional topics, like suicide and intimate partner violence. I began to meet more colleagues that also did work in these spaces, especially in settings where our research staff have so much less access to health care (like Nepal, Pakistan, and South Africa)—especially mental health care—and really exploitative employment structures where they hop from research project to research project and have no consistent benefits or human resource protection.

We kept talking about all the strategies we had to try to provide our teams with better support, career advancement, and, frankly, ways to deal with all the heart-wrenching stories they listened to, and witnessed,

day in and day out—at all phases of research: during data collection, analysis, and paper writing. We decided that more was needed beyond us putting our heads together to piecemeal strategies. We wrote this paper to start that conversation globally.

Why is mental health training and support important for researchers?

A.H.: In public health, we value the development of evidence-based data on complex social issues, such as HIV and domestic violence. Thus, public health researchers, especially those that conduct qualitative research, are often exposed to distressing and traumatic information. This is particularly acute for research staff, who are often conducting the work of interviewing participants, transcribing, and engaging deeply with the data for the purposes of analysis.

Despite high levels of exposure to traumatic and distressing information, research staff do not have adequate support to manage the associated mental health risks. Research staff are often employed in transient roles, have poor access to health coverage and mental health counseling, and may have inadequate power to advocate for their needs. Similar to the ways that we attend to the mental health risks of those participating in research, we need to better consider how to manage the mental health risks of those conducting research.

What did you find in your investigation?

A.H.: We found that there aren't any easily accessible resources available to assist investigators in protecting the mental health of their staff, especially in complex international settings. Though there is some valuable literature documenting the mental health risks faced by research staff, the topic is not widely discussed overall.

We also found that there was some systematic evidence that conducting research on distressing topics leads to feelings of distress, shame, guilt, burnout, outrage, and hopelessness, and may be dealt with using negative coping strategies such as emotional numbing and substance abuse. Researching these things in a context with precarious and time-bound employment (like rural Nepal), and typically not being paid for writing manuscripts that accompany the research (as is often practiced in academia), makes these negative impacts even more profound.

Importantly, research staff in low- and middle-income countries (LMICs) face even greater challenges. In addition to the risks discussed above, LMIC research staff face mental health risks associated with working in their own communities, a lack of mental health infrastructure to address mental health concerns, transient employment, demanding job requirements, few opportunities for advancement, and stunted career progression.

Ultimately, our publication makes concrete recommendations for principal investigators (and other research leaders) AND grant funding agencies, AND the institutions that support and are responsible for the research, to take more responsibility for the workers that are directly engaged in conducting the work. We hope these recommendations will become more refined and our paper provides an accompanying toolkit. Eventually, this should become a regular activity that is built into research operations, but we're still far away from that at the moment.

How did you conduct your investigation?

A.H.: We reviewed the literature on this topic and surveyed the resources provided by relevant professional associations (e.g., the American Public Health Association (APHA) and World Health Organization (WHO)) to determine what resources were already available to assist investigators in implementing mental health support

for their research staff. We worked closely and conducted some qualitative inquiries with colleagues who conduct mental health research in LMICs to understand what supports they currently use to protect the mental health of their staff.

Most importantly, we integrated the perspectives and recommendations of our co-authors—professional researchers that live and work in LMICs—to better understand what issues exist and which strategies could be employed to better protect the mental health of research staff in LMICs.

What recommendations did you provide for protecting and improving research staff mental health?

A.H.: In our published WHO Bulletin article, we provided several specific recommendations for each phase of the research process and indicated who was responsible (investigators, institutions, institutional review boards, funding agencies) for each respective recommendation.

For example, during the pre-preparation phase of the research project, we recommend that institutions provide training to investigators on what accessible mental health and support resources are available to their staff and, if none, how they can create these resources. We recommend that research leaders receive cultural and contextual training on how to effectively identify the mental health demands of their proposed research, how to engage in de-briefing with staff, and how to recognize and respond to distress.

In the preparation phase, we recommend that investigators work to communicate clearly to their prospective staff about the mental health risks of the research, obtain their informed consent, and identify any

specific mental health needs or triggers. At the end of the research project, we recommend that investigators hold debriefing sessions with their staff to give them an opportunity to process their experiences and provide them with opportunities (authorship, conference presentations) to be recognized for their hard work. Additional recommendations can be found in our article.

How can these recommendations be implemented moving forward?

A.H.: We are grateful that we were able to develop a list of specific recommendations and we encourage investigators to begin implementing these recommendations in their ongoing projects. However, our list of recommendations is only the beginning of the conversation. We need renowned professional associations (like the APHA or the WHO) to fund the development of a comprehensive set of guidelines that can assist investigators in better protecting the mental health of their research staff.

Moreover, we call on ethical review bodies and funding agencies to consider the mental health risks faced by research staff and include these considerations as part of their project review, approval processes, and management strategies. There are much more complex issues that need to be tackled as well, like the exploitative research structures that a lot of our global health research perpetuates. We hope this is one small step, and we look forward to continuing to advocate for these changes alongside our colleagues.

More information: Raquel Burgess et al, Psychosocial training and support guidelines for research staff, *Bulletin of the World Health Organization* (2022). DOI: 10.2471/BLT.21.287159

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