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# Mitigating dilemmas in postgraduate researcher mental health and well-being project implementation: critical reflections from three former implementers.

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**Mitigating Dilemmas in Postgraduate Researcher Mental Health and Wellbeing Project Implementation: Critical Reflections from Three Former Implementers**

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## Structured abstract

### Methods:

Firstly, we recalled, listed and discussed our experiences of dilemmas as female project implementers of PGR-MHW projects and identified broad overarching themes. Secondly, we then each fleshed out one dilemma for the three themes according to the ones that carried meaning for how we personally experienced our role. Thirdly, we analysed what our accounts of dilemmas meant for project implementation and outcomes. We then linked findings to existing literature where similar tensions were identified, including how these could be mitigated.

### Purpose:

This paper presents the critical reflections of three women implementers formerly working in projects that seek to support the mental health and wellbeing of postgraduate researchers, which has become a recent focus for UK researchers and policy makers. The paper offers an experience-based perspective on tensions in PGR-MHW project implementation by providing personal accounts of several social dilemmas the authors encountered. From reflecting on experiences derived recommendations for mitigating such dilemmas when designing and delivering future projects.

### Findings:

Dilemmas we experienced as implementers in PGR-MHW projects fit amongst three interconnected themes: Identity, Values and Motivations, and Relationships. We showed that, although they may be hard to see, the dilemmas presented in this paper impede project's success, outcomes for PGRs, and implementers' wellbeing. Mitigating such dilemmas when designing, funding, implementing, and evaluating future projects is not straight forward and our findings open avenues to tackle this problem.

### Originality:

Focussing on reflections of female implementers, the paper provide an original perspective on PGR-MHW project evaluation. Using reflective writing as a research tool allowed us to identify overlooked dilemmas in project implementation. Honest and critical accounts of implementers' experiences revealed important lessons such as different framings of project success, the intersection between the personal and the professional, and individual responsibilities in project networks.

### Plain text summary:

People who work in projects that seek to support and improve the mental health and wellbeing of students (including doctoral researchers) encounter difficulties which are rarely discussed. In this paper, we have described situations where such difficulties arise, and thought about how to avoid them. We now know that these difficulties involve who the people are (their identity), why they are

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2  
3 doing their job and what matters to them (their values/motivations), and how they interact with  
4 other people (their relationships).  
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1 **Mitigating Dilemmas in Postgraduate Researcher Mental Health and**  
2 **Wellbeing**

3 **Project Implementation:**

4 **Critical Reflections from Three Former Implementers**

5

6

7 **Introduction**

8

9 The mental health and wellbeing (MHW) of Postgraduate Researchers  
10 (PGRs) has been a recent focus within the UK for researchers and policy  
11 makers, responding to recent evidence outlining areas of concern within the  
12 PGR population (Levecque et al., 2017; Vitae, 2018). PGRs report high levels  
13 of mental health difficulties (Evans et al, 2018; Dederfield et al., 2020; Hazel et  
14 al., 2020a; Hazel et al., 2020b). This, and recognition of limited understanding  
15 of the complexity of PGR-MHW calls for more quality research alongside  
16 supportive institutional interventions (Berry et al., 2020a).

17

18 Higher Education sector bodies, regulators and third sector organisations  
19 within the UK (Universities UK; Office for Students (OfS); Vitae) have sought to  
20 provide guidance and funding for projects that can support and improve  
21 PGR mental health and wellbeing (PGR-MHW projects) in this context. A  
22 commissioned report released by the UK Researcher Development  
23 Organisation, Vitae, explored PGR-MHW (Metcalf et al., 2018), finding that  
24 PGRs faced multiple challenges over the course of their studies with potential  
25 to impact negatively on mental health and wellbeing. Recommendations  
26 informed a Catalyst funding call from Research England and the Office for  
27 Students which supported 17 UK projects designed to support PGR-MHW  
28 (2018 - 2020). Project evaluations focussed on the impact of interventions  
29 for PGRs or those who support them on a continual basis (supervisors,  
30 student support services staff).

31

32 However, there is little data from staff who implement such projects on the  
33 ground – here called ‘implementers’ – and implementers’ experiences and

1 learning curves are often overlooked. The term implementer encompasses  
2 project team members who deliver project outputs, as these may have  
3 different official roles and hold different job titles across projects (researchers/  
4 coordinators/ support service staff/ PGR project assistant, etc.). Here we  
5 differentiate implementers from others potentially involved in delivering project  
6 outputs (like academic leads) in that implementers do not have a non-project  
7 related full-time job. Similarly to higher education policy implementers in  
8 Nienhusser (2018, 428) who “*make sense of ambiguities that exist in policies*  
9 *while grappling with their personal beliefs and professional realities*”, PGR-  
10 MHW project implementers are at the frontline of PGR worlds and therefore  
11 more able to see the gaps between initial intervention plans and actual  
12 impact. Down and Down (2018, 169), writing on sustainable development  
13 projects, says that “*much of the literature focuses on ... the implementation*  
14 *process rather than on the actual implementers*”.

15  
16 Here, we adapt and apply these insights to our investigation into  
17 implementers' experiences and dilemmas working on PGR-MHW projects.

18 Once funding ends, an important aspect of evaluation involves reflections  
19 from those at the project core, such as implementers (Williams et al., 2020;  
20 Shek et al., 2017; Washburn et al., 2018). Implementers have a unique  
21 overview of all strands and actors involved in the project, constituting valuable  
22 knowledge and expertise for planning future projects.

23  
24 Such knowledge reveals tensions between project goals or policy-level  
25 based pathways and implementers' abilities, motivations, or behaviour, often  
26 translating as dilemmas for implementers. Drawing on the notion of  
27 ‘dilemma’ for understanding implementation (Bicchi, 2010), we understand  
28 this concept as used in Street-Level Bureaucracy literature (see Lipsky,  
29 [1980] 2010). Lipsky (2010) saw dilemmas as difficult choices civil servant  
30 implementers have to make when dealing with the public's needs which often  
31 translate as discretionary practices contradicting policies decided at higher  
32 levels. Revealing implementation dilemmas allows us to elucidate tensions  
33 between policy and practice (or between projects' needs/ directions and

1 implementers' personal/ professional worlds and identities).

2

3 This paper offers a retrospective analysis of experiences from three  
4 former 'implementers' in PGR-MHW projects (the authors) with the following  
5 question as guiding focus: "*What dilemmas have implementers of PGR-MHW*  
6 *projects faced, and, how could these dilemmas undermine project*  
7 *implementation and outcomes for PGRs?*"

8

## 9 **Framework and Methods**

10

11 This paper draws on critical reflective research in which we examine three  
12 sets of personal experience of women working as implementers for  
13 government-funded PGR-wellbeing projects in contrasting UK universities.  
14 Reflective storytelling processes are drawn on in life history research in  
15 education (Goodson and Sikes 2001) to help make sense of interlinking  
16 personal and professional identities and experiences. Collective modes of  
17 storytelling have been deployed to capture academics' everyday  
18 experiences (Gannon et al. 2018; Author 3 et al., 2020; Res-sisters, 2017).  
19 Such methods offer a way into recognising and understanding lived  
20 complexities and capturing experiences which might not otherwise receive  
21 attention. They can make visible experiences, identities and emotional lives  
22 whose voices might otherwise go unheard due to academic hierarchies and  
23 unequal power relations (Author 3 et al., 2020), generating new insights for  
24 those engaged in PGR-wellbeing projects. It highlights that implementers  
25 often have relevant lived experiences to contribute and recognises the value  
26 of first-hand lived experience of researchers themselves (Grant, 2010).

27

28 Reflection can be understood as '...intellectual and affective activities in  
29 which individuals engage to explore their experiences in order to lead to new  
30 understandings and appreciation' (Boud et al, 1985, p. 3). Reflective practice  
31 and writing has been increasingly established across disciplines and  
32 professional spheres to create valuable learning opportunities and criticality  
33 (Bolton and Delderfield, 2018). Closely aligned to such practices, reflexivity is

1 a valued component of social research which recognises research processes  
2 as embodied and situated (Mauthner and Doucet, 2003).

3  
4 Reflective writing is characterised by 'self-reference and evaluative  
5 commentary' and often used for personal and professional development (Nesi,  
6 2007). It is a recognized research method within professional and life history  
7 research (Fook, 2011; Plummer, 2001), adopted here as an innovative way of  
8 reflecting on past projects as 'people' not only defined by their role, but also by  
9 their social worlds. Reflective writing here works as a tool to capture sometimes  
10 invisible and intangible experiences like dilemmas, to which we then apply an  
11 analytical lens. It is also an ideal way to explore sensitive and personal  
12 dimensions of experience such as mental health which often go unspoken  
13 (Grant, 2010).

14  
15 Adopting a thematic approach, analysis involved three stages: First, having  
16 written on and discussed experiences of dilemmas as project implementers,  
17 we identified broad overarching themes: *Identity, Values and Motivations*, and  
18 *Relationships*. Secondly, we each fleshed out one dilemma for the three  
19 themes identified in the first stage. Although each of us had experienced  
20 each type of dilemma presented here, the ones we selected and elaborated on  
21 carried meaning for how we personally experienced our implementer roles.  
22 Thirdly, we analysed what our accounts meant for our respective projects'  
23 implementation and outcomes. We then linked findings to existing literature  
24 where similar tensions were identified, including how these could be  
25 mitigated.

26  
27 The themes we identified represent, from our experiences, significant  
28 dilemmas relevant to PGR-MHW project implementation. The *Identity* theme  
29 concerns the interaction and polarisation of operating as an academic  
30 implementer within an environment and research culture linked with and  
31 reported to exacerbate poor staff MHW (Guthrie et al., 2017; Wellcome Trust,  
32 2020) while implementing interventions designed to support MHW. The joint  
33 themes of *Values and Motivations* concern tensions existing between projects



1 and institutional imperatives and individual values like social justice that are  
2 often key motivations for implementers to work in the field of MHW. The  
3 *Relationships* theme explores the social structures and nature of interactions  
4 in the teams where implementers operate, and how gaps within networks  
5 may affect efficiency of project delivery and quality of project outcomes. Below  
6 are three separate accounts, each addressing a key theme.

7 **Findings: Dilemmas in PGR-MHW project implementation**

8  
9 Through the lens of reflective writing and drawing on examples of experiences  
10 of PGR-MHW project implementation, we show that there exist dilemmas in  
11 implementers' identities, values/motivations, and relationships. We also  
12 demonstrate how these dilemmas often contradict PGR-MHW projects'  
13 objectives, seriously impede outcomes for supporting better PGR-MHW, and  
14 undermine implementers' own wellbeing.

15

16 *Identity dilemmas (Author 3)*

17 I conducted research on a number of postgraduate- related projects and  
18 initiatives alongside doctoral studies: These included a Higher Education  
19 Academy (HEA) project (2007-2010) (Wisker et al., 2010) which investigated  
20 doctoral learning and identified aspects of experiences which impact on  
21 wellbeing (Author 3 et al, 2011). I simultaneously conducted institutional  
22 research and development on student MHW (Author 3, 2011); a  
23 subsequent HEA funded project specifically investigated links between PGR  
24 learning experiences and wellbeing (Author 3, 2011). This involved  
25 developmental activities and resource development. I was also involved in  
26 leading peer-to-peer initiatives as part of a scholarship programme at my  
27 institution.

28

29 My life at the time involved juggling multiple roles and identities as a doctoral  
30 researcher at one institution, a professional researcher working on multiple  
31 projects in another, and a lone mother of three. Even within individual projects,  
32 at any one time I would be acting as researcher, administrator, wellbeing  
33 event organiser, developer, facilitator and mental health advocate, speaking

1 to a wide range of stakeholders and audiences including academic, internal  
2 and external practitioners, students, and grassroots community workers.  
3 While this was an exciting and formative experience, it was challenging to  
4 manage everything. Identity dilemmas occurred in terms of where I 'fitted in':  
5 chiming with many PGR and early career experiences of non-belonging, I  
6 found myself caught between roles as student and researcher, student  
7 and staff (Author, 2020; Smith, 2020). Exacerbating non-belonging were  
8 experiences of devaluation of wellbeing work in academic culture, often  
9 positioned as not 'serious' academic work and viewed as an add-on rather  
10 than a necessity. There were assumptions that academics should not be  
11 involved in such work - student wellbeing viewed as an area for separate  
12 specialist services rather than a responsibility for all. As a 'wellbeing worker'  
13 (echoing Ahmed's (2012) concept of 'diversity workers'), I became a go-to  
14 person for students and staff to talk to about wellbeing issues. Due to high  
15 levels of commitment, I was happy to continually go above and beyond but  
16 this came at the risk of burnout. Significant emotional labour (Hochschild,  
17 1983) is involved in hearing and responding to mental health issues and  
18 other serious problems and intervening where necessary. This led to  
19 dilemmas in terms of wanting to emotionally and intellectually invest in the  
20 project but also needing to maintain self-care and progress on my own PhD  
21 research.

22

23 These experiences were highly gendered. Emotional labour (Hochschild,  
24 1983) involved in such wellbeing projects and pressures to undertake care-  
25 work in the academy, is often one which falls to individual women (Morley,  
26 1998). It is all-too-often invisibilised and under-valued (Lynch, 2010) and can  
27 affect women's career progress. Experiences as a lone parent while working as  
28 a professional researcher and studying as a PGR reflect complex lived  
29 realities for many PGRs (Burford and Hook, 2020; Jazvac-Martek, 2009).  
30 There were inherent dilemmas involved in wanting to support others without  
31 becoming overloaded; between trying to meet project demands without over-  
32 reaching, at the cost of my own academic goals, family life and health.

33

1 My decision to disclose my history of mental health in the interests of de-  
2 stigmatisation attracted mixed responses, from congratulations on being 'brave'  
3 to discomfort or pity, to assumptions about my abilities.

4  
5 Comments about me being brave were double-edged – while meant well,  
6 they suggested underlying assumptions that really mental health challenges  
7 are something to be embarrassed about and should ideally be kept quiet. At  
8 times I felt myself labelled as the token 'person with mental health difficulties'  
9 on the project and seen as a spokesperson, rather than appraised for my  
10 research abilities; these experiences prompted subsequent dilemmas about  
11 disclosure. Lack of institutional support for my role meant that, as soon as the  
12 projects were completed with no immediate recourse to external funding, I  
13 had to find other work and took a long-term job as a student support worker  
14 on a lower pay grade with no promotion opportunities. This speaks to  
15 widespread precarity and short-termism in the university sector, associated  
16 with detrimental impacts for early career employees (UCU, 2019).

17  
18 Alongside inhibiting academic and career development, job insecurity  
19 meant the potential for publication, dissemination and continued development of  
20 the project work was undermined. Precariousness undoubtedly contributed to  
21 periods of stress-related illness. My experiences suggest that the particular  
22 demands and complexities of wellbeing work need to be fully understood  
23 and valued. Especially, the valuable contributions of PGRs who already face  
24 an increasingly precarious academic climate should be recognised, as they can  
25 ironically end up 'bearing the brunt' of wellbeing initiatives intended to support  
26 them.

27  
28 *Values and Motivations dilemmas (Author 2)*

29  
30 Early in 2018, I had just received a pass for my PhD. Alongside the last  
31 year of my PhD (completed remotely from my host institution) and  
32 encompassing my viva, I had been working full, and later, part-time locally to  
33 support myself financially and for my CV. Of personal significance, at that time

1 I also had first viewed the job advertisement for a Research Assistant attached  
2 to a Catalyst-funded PGR-MHW project (introduced earlier). When viewing  
3 this, I observed an instant and visceral reaction; internally I knew I 'had to  
4 do this', I had to apply for this post and hoped with every fibre of my body  
5 that I would get the opportunity to apply my skills to such a project. Why? I  
6 was motivated by my personal experience and that of my peers as PGRs, in  
7 addition to the value I placed on social justice and therefore, projects which  
8 aimed to benefit a diverse population particularly vulnerable to mental health  
9 concerns (Levecque, 2017). I will now discuss these motivations and values  
10 in greater depth.

11  
12 Personally, the PhD process was one of great professional and personal  
13 challenge, alongside, at times, the enthralling sense of place within the  
14 academic community. Importantly, 'life' outside of the PhD happens at that  
15 same time. In my circumstances, this involved a variety of life events just  
16 before and over the course of my degree, including a number of house  
17 moves, the death of a friend, a family suicide, the start and end of various  
18 relationships, navigating my sexual orientation and identity, to name but a  
19 few. The life events I describe happened whilst I was hundreds of miles away  
20 from my familial support network. My peers also experienced numerous life  
21 events whilst undertaking doctoral study. Needless to say, my personal  
22 circumstances, combined with navigating an uncertain and pressured  
23 academic environment (particularly navigating academic precarity, noted by  
24 Author 3), impacted on my wellbeing and overall mental health. I sought support  
25 where I could – from mentors, friends, and the student counselling service.

26  
27 Consequently, by the time I viewed the job advertisement for PGR Wellbeing,  
28 'I knew' what it could feel like to be in a vulnerable position and in need of  
29 further support; recognising the need to equip individuals with information and  
30 mental health literacy, combined with adjusting the academic environment to  
31 create a more overall supportive institutional structure surrounding PGRs. I  
32 value(d) supporting others and many of my personal values could be  
33 considered 'other-orientated' (Korsgaard et al., 1996; Tassell and Flett, 2011).

1 My PGR experience provided insight and became a motivating factor for  
2 pursuing the post and further projects. Moreover, I realised over the course of  
3 my PhD that I wished to apply my broad skillset (that I felt and feel fortunate  
4 for) into a career which benefitted others. If I was to pursue a research career,  
5 I wished to be involved in and lead projects that were applied and sought to  
6 immediately support vulnerable populations. The fact that I could be paid a  
7 salary in order to do so was a necessary, yet pleasant addition. According to  
8 self-determination theory (Deci and Ryan, 2000), such a desire could be  
9 described as an identified motivation; I wished to be involved in work that I  
10 perceived to have value and importance, with the secondary motivating factor  
11 being external (salary). Similar identified motivations have been reported in  
12 healthcare workers (Tassell and Flett, 2011). My motivation underpinned  
13 the value I placed on my work and involvement in PGR-MHW projects – to  
14 help others and contribute to something that could generate wider, systemic  
15 change, in line with a social justice framework (Tol, 2020; Powers and Faden,  
16 2006). Thankfully, and much to my delight, I was successful in my application.

17  
18 From a project needs and institutional imperative perspective (project  
19 team, senior management and external stakeholders), the project was seen  
20 as successful; we reached our pre-defined milestones and exceeded  
21 expectations, particularly in terms of outputs and dissemination. In contrast,  
22 from a personal point of view, I held and still hold mixed feelings about the  
23 academic indices of project success described previously. I recognise that I  
24 found great joy in working alongside and supporting PGRs to develop  
25 interventions, as well as providing and sharing space for PGRs to air their  
26 thoughts, ideas and concerns to different levels of stakeholders. It was self-  
27 affirming to hear that the PGRs we had been working with had been  
28 passionate to engage in the project and had personally benefitted from it.

29  
30 However, there were elements where project reach and scope were not  
31 as immediately widespread as I would have hoped. In a focus group, PGRs  
32 discussed how they felt that the project had not immediately influenced the  
33 institutional culture surrounding PGR mental health and overall support.

1 Personally, even though I came to understand that culture change takes time,  
2 I had been wondering whether my or the project's involvement had any impact  
3 and whether the project's activities were sustainable without funding. I had  
4 identified wholly with the project and was not only professionally but also  
5 personally invested in its outcome.

6  
7 In addition to sustainability, I asked myself questions surrounding the  
8 blurred lines between tokenism, indicating minimal effort to facilitate the  
9 engagement of people (PGRs) in meaningful ways (Supple et al., 2015), and  
10 co-design and co-production with PGRs. PGRs were engaged in post-project  
11 design and suggested an abundance of ideas which, disappointingly, could not  
12 be incorporated within the project lifecycle. Such ideas included enhanced  
13 induction support for second and third year PGRs and further support for  
14 PGRs returning from field trips to combat isolation. From my perspective, their  
15 ideas were communicated passionately and clearly responded to identified  
16 needs within the PGR community. I sensed that it was empowering for PGRs  
17 to have an accessible forum to discuss their concerns and ideas.

18  
19 But this sudden (temporary) empowerment and enthusiasm about the  
20 forum also reflected the absence of communication between PGRs and  
21 senior university staff before (and thus also likely after) the project. It was  
22 difficult to communicate to PGRs that some ideas could not be developed  
23 during the project, until a communication channel had been established by the  
24 'appropriate' school (post-project), echoing Author 1's account below on  
25 dilemmas around relationships. Through a values/motivations lens though, this  
26 impossibility of adapting project plans to PGRs' needs was due to the 'limits of  
27 what could be achieved within the project lifecycle', an idea developed in the  
28 management sector (Labuschagne and Brent, 2005) and linked to managerial/  
29 business-related values.

30  
31 From my experience, definitions of project success differed between  
32 stakeholders in my project, based on the differences in values and  
33 motivations. Whilst we had engaged with PGRs and the project could be

1 considered a success from a project need and institutional imperative  
2 perspective (focussing on outcomes, dissemination), I held my 'success' to be  
3 linked with the knowledge that my work had supported individual PGRs and  
4 that they found our interventions helpful (personal impact), as opposed to  
5 academic and project markers of esteem and managerial impact. In summary,  
6 reflecting upon my experiences has revealed values and motivation-based  
7 dilemmas existing between stakeholder and institutional perspectives.

8  
9 *Relationships dilemmas (Author 2)*

10  
11 Like Author 2, I worked on one of the Catalyst projects (as coordinator) and  
12 also entered the project with a strong personal interest in student mental  
13 health, having been a mental health advocate with disclosed lived experience  
14 of mental health difficulties as a PGR. Because I had studied science policy  
15 and professional integration around systemic challenges from a cultural  
16 anthropological perspective at this same university for the six years prior to that,  
17 I also saw this project through critical eyes with attention to the challenge of  
18 social interactions and network dynamics when managing complex problems,  
19 like student mental health.

20  
21 The project relied on a wide range of stakeholders within (but also outside  
22 of) the university collaborating both through formal and informal channels, like  
23 the other Catalyst funded projects involving research and interventions on  
24 PGR-MHW. These stakeholders were academics, staff from different  
25 professional services, and PGRs from various schools and departments. Being  
26 the project's coordinator gave me a central and therefore ideal position to  
27 observe and understand the main dynamics in the project's network.  
28 However, the extent to which the project fitted in various staff's regular  
29 activities was not always clearly defined and kept changing over time. This  
30 meant that, through my eyes, the network operated in complex ways.  
31 Though complex networks' outcomes are hard to predict based on what we  
32 know at the start (Cardona-Meza and Olivar-Tost, 2017), there are central  
33 people who occupy key positions and who significantly influence the network's  
34 ability to satisfy its purpose, like gatekeepers (Pauget and Wald, 2013).

1 In social network analysis, gatekeepers are *'nodes that form a connection*  
2 *between disorganized others, or more specifically: actors in a network that*  
3 *hold a position between other actors that are not linked directly'* (Hulshof,  
4 2012). Gatekeepers are a type of 'knowledge broker', whereby without them  
5 information does not circulate between different groups of people (Burt, 1992;  
6 Kirkels, and Duysters, 2010). In this project, gatekeepers were revealed to  
7 be key actors to the network's delivery of outcomes and the creation of a  
8 positive change. But if these individuals did not assume their role it meant that  
9 key resources for the project's implementation could not be accessed and  
10 used. Through the two accounts below, I illustrate how gatekeepers  
11 influenced the network's efficiency for project delivery and therefore created  
12 important relationship-based dilemmas relevant to the project's  
13 implementation.

14

15 I myself acted as a gatekeeper between PGRs and the rest of the  
16 project team because of my closeness to the PhD process. First, I was still  
17 working on my own thesis corrections when I started working on the project,  
18 so officially still belonged to the student body. Second, I maintained friendships  
19 and cordial relationships with all the PGRs in my department alongside  
20 peer-to-peer connections in other departments. Third, when still a student,  
21 I had disclosed personal experience of depression and a general anxiety  
22 disorder during my PhD. Fourth, my positionality as a non-British female who  
23 looked younger than her age made me very approachable, I believe, to PGRs  
24 I met during the project. Thus, I was in a critical position to understand,  
25 reach and communicate to PGRs around some of the project's strands like  
26 the PGR-led initiative scheme and PGR participation in our steering group.

27

28 However, this particular position in the network, which no one else  
29 occupied in my team, involved creating bonds with PGRs based on trust and  
30 accessibility. While PGR-staff relationships were perceived as lacking by  
31 PGRs, 'trust' was underpinned by attending PGR-led events and being  
32 available to answer the phone late at night or during the weekend - many  
33 PGRs do not typically work nine-to-five Monday to Friday (Berry et al., 2020b;



1 Metcalfe et al., 2018). 'Accessibility' meant that it was easy to talk to me  
2 about a recent funding cut (for overseas conference attendance, decided  
3 by university management) and to ask me if I could do anything about it. It  
4 also entailed PGRs asking me why there were no more counselling hours  
5 available and what 'my project' was doing about it. In both examples, for PGRs  
6 I was perceived as on 'the other' (university management) side, since I was  
7 staff. Also, as staff, I feared I might be seen as on 'the other' (PGRs) side as  
8 if I would not understand the motivations behind keeping a low budget for  
9 PGR services/ support. This somehow left me feeling that I was trapped –  
10 bound to fail each side – in a no-man's land. Simultaneously, it placed on me  
11 an underlying mediator-like responsibility for which support was critical.

12  
13 In my years as a PGR and project coordinator, I heard many complaints about  
14 the difficulty of accessing timely help through counselling. Hence, one of our  
15 project's strands that involved '*work[ing] with local statutory NHS services to*  
16 *make it easier for PGRs to access evidence-based psychological therapies*'  
17 revealed important expectations for PGRs. Therefore, collaborating with the  
18 Counselling service team at our university (who was partnering with local NHS  
19 services) was critical for delivering this strand. A key person within the  
20 counselling services became our gatekeeper, linking us to the rest of the team  
21 and local NHS services. About a year into the project however, this person  
22 went on long-term leave and did not return before the end of the project. At this  
23 point, this person had just established working relationships with people in local  
24 NHS services to collaborate with us. It proved impossible for us to build new  
25 direct relationships with these key NHS people afterwards. Indeed,  
26 collaboration between professionals coming from different disciplines or  
27 sectors is a challenge (Holmesland et al., 2010), which would have required  
28 time and resources we no longer had. Consequently, we lost the opportunity  
29 for collaboration and could not deliver this project strand so needed by PGRs.

## 30 31 **Discussion and Conclusion**

32  
33 Our reflective conversations and written reflections which storied our

1 experiences of working on PGR-MHW projects have enabled us to make  
2 sense of complex experiences. As Dewey (1916) observed, an activity alone  
3 does not comprise *experience* but rather the *meaning-making* accorded to it  
4 through reflective processes. In line with our focus on dilemmas, Dewey  
5 (1933) suggests that moments of doubt, such as experiencing a dilemma,  
6 open up spaces from which new learning and professional insights can occur.  
7 In attending to these moments, our reflections offer valuable lessons for  
8 ourselves and also the wider sector in relation to wellbeing projects and  
9 experiences of PGRs.

10  
11 Identity dilemmas, captured through Author 3's experiences, suggest ways  
12 forward for good practice for principal investigators, line managers,  
13 programme leaders, those involved in institutional postgraduate and early  
14 career support mechanisms, ethics committees and funders. While it is  
15 imperative that PGR voices are heard as key stakeholders and that there are  
16 opportunities for PGR involvement in the design, set-up and delivery of  
17 research and development activities, it is important that safeguards are put in  
18 place to ensure the wellbeing of all team members, including implementers.  
19 Support for implementers can be built into project design and placed as an  
20 essential aspect of ethical research.

21  
22 PGRs, and especially those with family responsibilities, may find  
23 themselves struggling to manage multiple roles and identities (Jazvac-Martek,  
24 2009). Equity related dimensions are vital considerations for wellbeing-  
25 focussed projects, attending to gendered, racialized and ableised aspects  
26 of undertaking wellbeing-focused academic and development work.  
27 Professional boundaries could be a vital aspect of training and project  
28 management on wellbeing projects, alongside robust infrastructures of  
29 support in teams and institutions. Attending to and addressing the widespread  
30 effects of increased academic precarity (UCU, 2019), including potentially  
31 detrimental MHW impacts, and ways in which they intersect with  
32 marginalised and disadvantaged PGR positionalities is paramount.

1 Continued mental health awareness and anti-stigmatization training and  
2 activities in institutions could usefully challenge 'deficit' models of those  
3 who have or are experiencing issues and there are particular considerations  
4 for stakeholders in relation to the implications of and support for personal  
5 disclosures within the team. Explicit valuing of PGR voices and fostering  
6 inclusive PGR communities within institutions would go some way towards  
7 addressing feelings of non-belonging (Author 3, 2020). Participatory research  
8 frameworks could support this, ensuring better integration of postgraduate  
9 suggestions and sustainability of projects.

10  
11 Considering the values and motivations dilemmas which Author 2 describes,  
12 definitions of project success can differ between stakeholders, involving  
13 interplay between project-based and more subjective values/motivations such  
14 as social justice. Given the importance social justice places on mental health  
15 and wellbeing (Powers and Faden, 2006), this values-based framework in the  
16 context of PGR-MHW projects should be considered, alongside 'traditional'  
17 indicators of academic esteem. It is important to create a continuous open and  
18 honest dialogue with PGRs during their period of study and to provide fora for  
19 seeking their opinions and ideas.

20  
21 Moreover, PGRs need to be provided with sufficient access to different  
22 levels of stakeholders (including senior management) within their institution.  
23 The ability of PGRs to influence their experience is particularly important for  
24 PGR-MHW projects. Consequently, the creation of PGR-facing panels, similar  
25 to Patient and Public Involvement (PPI) panels (Fereday and Rezel, 2017),  
26 could be an accessible method for academics and takeholders alike to engage  
27 with PGRs in an open manner. Such panels may facilitate rapid engagement  
28 of PGRs in PGR-MHW projects that are being developed for internal/external  
29 funding calls, in order to ensure their relevance. Moreover, they could facilitate  
30 projects adopting a co-production approach to research (Slay and Stephens,  
31 2013), whereby PGRs are involved at every stage from pre-design through  
32 to dissemination. Such considerations would strengthen impacts of PGR-  
33 MHW projects seeking to consider project needs, alongside individual

1 implementers' values and motivations.

2

3 Relationship dilemmas analysed through Author 1's experience suggest  
4 that PGR-MHW projects can involve complex networks of people operating in  
5 compartmentalised teams who collaborate in undefined ways and through  
6 informal channels. In these networks, central people like gatekeepers are key  
7 for collaboration to happen and project strands to be delivered. Therefore,  
8 mapping project networks and identifying gatekeepers from the start  
9 appears to be a good way to ensure collaborative relationships are created  
10 and maintained (Schröpfer et al., 2017; Lee et al., 2018). This could also  
11 include plans to identify and involve potential 'substitute' gatekeepers in order  
12 for them to step in if a primary gatekeeper has to leave within the project  
13 timeframe.

14

15 Equally, it is important to invest resources and paid time for implementers  
16 who are gatekeepers with PGR groups to build key relationships with PGRs,  
17 supporting them through belonging-related ambiguity and pressures. Since  
18 more women disclose mental health problems (Astbury, 2001) (which can  
19 facilitate gatekeeping as seen in Author 1's account earlier), and men find  
20 it easier to promote their interests as gatekeepers in networks (Van den  
21 Brink, 2014), and that caring and emotional labour in the academy often falls  
22 to women (Morley, 1998) we recommend that women implementers in MHW  
23 projects are provided with committed support to safely fulfil their role.

24

25 Although we separated dilemmas across three themes for the benefit of  
26 clarity and analysis, it appeared highlighted in our accounts that Identity,  
27 Values/Motivations, and Relationships dilemmas were interconnected. For  
28 instance, identity and relationship dilemmas reinforce each other around  
29 gatekeeping, trust and emotional labour that may be imposed on  
30 implementers, especially women. Values/motivation-based and identity  
31 dilemmas intersect when considering the personal aspects of being a PGR-  
32 MHW project implementer. Author 3's account of identity dilemmas revealed  
33 many difficulties: juggling various personal and professional sometimes

1 intertwined roles at the same time; feeling gendered burdens of responsibility  
2 for emotional labour; struggling to fully belong in PGR/staff populations  
3 (also highlighted in Author 1's account); wellbeing work being under-valued  
4 and resourced and experiences of precarity, leading to inhibited academic  
5 development. The identity theme encompasses a higher number of dilemmas  
6 than in the other two themes (values/motivations and relationships). This may  
7 indicate that the identity dilemmas are more prominent in PGR-MHW project  
8 implementation. However, different implementers are likely to experience  
9 projects and social dilemmas in significantly different ways and it cannot be  
10 expected that implementers would relate to each story told in this paper.  
11 Further, the number of dilemmas experienced while working on a project does  
12 not necessarily correspond to the intensity with which dilemmas would affect  
13 an implementer's work and wellbeing.

14  
15 Since our identified implementation dilemmas are interconnected and may  
16 impact in different ways for different implementers, we consider that actions  
17 undertaken for mitigating dilemmas will encompass multiple dilemmas. In  
18 Table 1, we synthesise our recommendations to future PGR-MHW project  
19 implementers, managers, senior leaders, funders and evaluators to mitigate  
20 implementation dilemmas altogether.

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*Table 1. Suggestions of actions to mitigate implementation dilemmas in future PGR-MHW projects across different stakeholders.*

Stakeholder	Mitigation
PGR-MHW Project Implementers	<ul style="list-style-type: none"> <li>•Establish and discuss clear boundaries and risks to wellbeing when starting role and discuss with line managers as part of professional development review processes</li> <li>•Join groups that offer support re. precarious work (e.g. trade unions)</li> </ul>
PGRMH Project Managers	<ul style="list-style-type: none"> <li>•Co-create definitions of project goals and success with PGRs from the inception of and throughout the project</li> <li>•Invest resources to support implementers who are gatekeepers working with PGR groups (especially women and early career employees/graduates)</li> <li>•Identify gatekeepers and plan for substitute gatekeepers before project onset and revisit throughout project lifecycle</li> <li>•Establish and discuss clear boundaries and risks to wellbeing when starting role with implementers</li> <li>•Ensure implementers' wellbeing is addressed as part of research ethics approval processes</li> <li>•Monitor wellbeing of the project research team in line with ethical practice and institutional policies, through regular communication and line management meetings, making referrals to occupational health and putting reasonable adjustments in place as appropriate for those experiencing mental health challenges</li> <li>•Ensure any team members who publicly disclose mental health challenges receive guidance and support</li> <li>•Build time for researchers to take up development opportunities in the research design and to work on publications and dissemination before funding ends</li> <li>•Strive for a research culture where mental health and wellbeing can be openly addressed and supported</li> </ul>
Senior leaders (ex: university managers/ executives)	<ul style="list-style-type: none"> <li>•Improve PGR access to senior leaders to talk about MHW (e.g. reverse mentoring)</li> <li>•Address issues of precarity among postgraduate and early career researchers, attending to gender and ensuring equitable and dignified working conditions - institutional initiatives such as Athena Swan could usefully focus more on early career experiences</li> <li>•Ensure ethics panels consider whether staff wellbeing is being considered in ethics approval processes</li> <li>•Creation of PGR-facing panels that sit with Graduate School(s), Faculties (appropriate forum - departmental/school, faculty, senior management meetings) to inform policies and research which impact the population</li> </ul>
Funders	<ul style="list-style-type: none"> <li>•Consider as part of criteria for awarding funding to institutions</li> <li>•Raise awareness of precarity and emotional labour (for women and/or PGR-early career implementers) with line managers/project leaders</li> <li>•Provide clear guidance and support to line managers/project leaders so that they provide appropriate support to implementers before and throughout the project</li> <li>•Include accountability of managers' support to implementers in project evaluation</li> </ul>
Evaluators	<ul style="list-style-type: none"> <li>•Include the mental health and wellbeing of implementers themselves (qual+quant data) in evaluation plan</li> <li>•Include assessment of managers' support and action for precarious staff and emotional labour to ensure their accountability</li> </ul>

1 The field of mental health is one where implementers' are likely to closely  
2 identify with lived experiences of the beneficiaries. Therefore, this paper feeds  
3 into a wider literature relating to policy and practice in similar cases in other  
4 fields and involving non-university organisations. Further research could  
5 deploy longitudinal and/or quantitative methods to measure these dilemmas'  
6 impact on project implementation and implementers and to compare different  
7 types of dilemmas.

8  
9 In conclusion, we advance that future PGR-MHW (possibly wider student  
10 MHW) project implementers risk encountering some of the dilemmas  
11 described. These dilemmas being of a social nature may be more difficult to  
12 foresee than other factors influencing project implementation success like  
13 budget or organisation restructuring or natural disasters. That is why it was  
14 important to explore such dilemmas as potential barriers for project  
15 implementation through our stories. There is a need for more knowledge  
16 on how individual social worlds confront larger project's' directions in  
17 institutions like universities. This represents another reason why carrying out  
18 further research, using both qualitative and quantitative methods, would be  
19 beneficial.

20  
21 Our findings indicate an ongoing need, beyond temporary projects, for broad  
22 culture change around mental health and wellbeing in universities. This is  
23 because, in practice, dilemmas undermine PGR-MHW project delivery as well  
24 as project implementers' wellbeing and health. Where responsibility for  
25 PGR-MHW is left to specific projects or individuals, measures are unlikely to  
26 be a success for everyone, be sustainable, or even happen at all.

27  
28 When the world experiences an unprecedented pandemic due to Covid19,  
29 student MHW becomes even more of a challenge. Attending to potential  
30 implementation dilemmas in project design and delivery is key to shaping  
31 interventions and evaluating their impact. Examining and considering  
32 individual past experiences is necessary if we are to better design, deliver and  
33 evaluate future PGR-MHW projects in the UK and beyond.

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