



## How Universities Can Connect Students to Digital Mental Health Tools

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Graduate students in the United States are experiencing a mental health crisis, and many are facing it without support. Research shows they are **six times more likely** to experience depression and anxiety compared to the general population. **Up to half** of all doctoral and master's students report symptoms of depression, anxiety, or burnout during their training. Poor mental health is one of the leading causes of graduate program attrition, which carries significant costs for both institutions and the students who leave. All graduate students deserve to have access to mental health support while they are pursuing their studies and working to advance their careers.

### Structural Pressures and the Silence Around Seeking Help

Graduate students navigate a distinctive combination of pressures: financial precarity, academic isolation, high-stakes evaluation, strained advisor relationships, and the challenge of producing original work over many years with little certainty about future career paths. A graduate student culture that often interprets struggling as weakness makes it even harder to ask for help.

What makes this crisis especially troubling is how quiet it remains. Many students do not seek support, not because they do not need it, but because they do not know where to turn or because their institutional environment discourages them from seeking help at all. In order to address these challenges, universities can take practical steps that make mental health support easier to find and use. They can keep digital resources visible all year round through persistent outreach, require brief annual check-ins that normalize help seeking, and embed mental health awareness into the everyday structure of graduate training.

### Research Shows that Digital Tools Can Support Graduate Students

Digital mental health interventions such as apps, web-based platforms, AI chatbots, and online therapy programs offer a realistic, scalable, and stigma-reducing way to reach graduate students. However, the quality of these tools varies widely. Evidence-based interventions are those **developed or validated through clinical research** and grounded in established therapeutic approaches **such as cognitive-behavioral therapy**. In contrast, **some commercial or companion-style apps may lack professional oversight**, standardized evaluation, or grounding in evidence-based therapeutic approaches.

Diverse studies show that these tools effectively reduce depression and anxiety among university students. **A 2025 meta-analysis of 20 studies** involving more than 30,000 college students found effect sizes comparable to face-to-face therapy. **More than 80 percent of digital interventions** tested in college settings have been found effective or partially effective.

Evidence-based digital tools offer several advantages for graduate student populations:

- They are available at any hour, which accommodates irregular academic schedules that conflict with standard counseling center hours.
- They provide anonymity and privacy, lowering the stigma threshold that prevents many graduate students from seeking help publicly.
- They are free or low-cost in many cases, reducing financial barriers to access.
- They are scalable, allowing universities to reach large student populations without adding counseling staff.

Despite these strengths, usage remains very low. In 2025, a survey of 428 U.S. university students found that **only 5 percent** had used a chatbot for mental health support, including general conversational AIs such as ChatGPT and chatbots embedded in therapy or wellness apps. Even among those who screened positive for depression or anxiety, that number was only 8%. A survey across 23 colleges also found that **most students were simply unaware** of available digital mental health tools, despite high levels of distress and significant barriers to in-person care.

The core finding is clear: the problem is not the tools. Evidence-based tools exist, and many are already available for free through university systems. The problem is that students do not know about them. Awareness is the missing bridge between crisis and care.

## University Leaders Should Embed Mental Health Awareness into Student Life

The solution is not to create more apps. The solution is to build awareness into the structures that already shape graduate student life. I propose the Embedded Awareness Framework as a three-part institutional strategy that treats mental health awareness as an ongoing responsibility rather than a one-time orientation requirement.

- **Persistent Digital Outreach:** Mental health resource information, including clear descriptions of available digital tools, should appear in the communication channels graduate students already use. These include weekly departmental emails, learning management system notifications, and program newsletters. Universities communicate about academic deadlines with consistency and urgency. Mental health tools deserve the same level of visibility.
- **Required Annual Mental Health Check-ins:** Every graduate student, at every stage of their program, should participate in a brief annual conversation about their mental health and the digital resources available to them. A 20-minute meeting with a graduate coordinator, wellness advisor, or trained peer educator, modeled on the advising check-ins most programs already conduct, would normalize help-seeking and ensure that no student goes an entire year without hearing about available support.
- **Embedded Awareness Across the Training Environment:** Awareness of digital mental health tools should not be limited to counseling center brochures. It should be integrated into thesis orientation sessions, qualifying exam workshops, faculty advisor training, and departmental onboarding for new students. Faculty and advisors, who are often the first to notice a student struggling, should be equipped through existing professional development workshops to mention available tools proactively.

Mental health awareness must become a shared institutional responsibility rather than a task assigned to a single office.

Graduate student mental health is a national issue. At a time when federal priorities include expanding the STEM pipeline, supporting first-generation scholars, and strengthening U.S. research leadership, the mental health of the people conducting that research cannot be treated as secondary.

The Embedded Awareness Framework requires no new technology and minimal new funding. It requires institutions to treat awareness as infrastructure, maintained as deliberately as academic advising or financial aid communication. The tools to support struggling graduate students already exist. The responsibility now is to ensure that every student knows about them— consistently, structurally, and throughout their training.