Supplementary Information

Supplementary Table S1: Articles excluded after contacting authors for additional information

Reason for Exclusion	Author, Year
Authors not contacted: could not obtain valid e-mail address	Brett, Brett, Shaw[118] Byerly, Carlson[119] Dao, Lee, Chang[120] Dillbeck[121] Pallos, Yamada, Okawa[122]
Authors contacted: no reply after two contact attempts	Bahrami, Rajaeepour, Ashrafi Rizi, Zahmatkesh, Nematolahi[123] Baoer, Jiubo, Laiquan, Xueling, Xiaoyuan, Wanjun, Jingbo, Jie[124] Barton, Bulmer[125] Chen, Szalacha, Menon[126] Eremsoy, Celimli, Gencoz[127] Faramarzi, Khafri[128] Fernie, Kopar, Fisher, Spada[129] Ghaderi, Venkatesh Kumar, Kumar[130] Ghaderi, Rangaiah[131] Graham, West, Roemer[132] Klein, Ciotoli, Chung[133] Lyoo, Ju, Kim, Kim, Lee[134] Mokhtari, Jamaluddin, Saad[135] Negi, Khanna, Aggarwal[136] Rice, Choi, Zhang, Morero, Anderson[137] Toews, Lockyer, Dobson, Simpson, Brownell, Brenneis, MacPherson, Cohen[138] Torres, Driscoll, Burrow[139] Verdi, Weyandt, Martinez Zavras[140] Yary[141] Yary, Aazami[142]
Authors contacted, reply received: authors clarified they did not collect data on degree level and therefore could not provide disaggregated data	Pendi, Ashraf, Wolitzky-Taylor, El Magd, Gohar, Khalil, Tsai, Liu, Lee, Baron[143] Bernanke, Galfalvy, Mortali, Hoffman, Moutier, Nemeroff, Stanley, Clayton, Harkavy-Friedman, Oquendo[144] Drum, Brownson, Denmark, Smith[145] Isato, Nishimura, Yamada, Mochizuki[146] Joeng, Turner, Kim, Choi, Kim, Lee[147] Mori, Takano, Tanno[148] Nahidi, Blignault, Hayen, Razee[149] Rossi, Mebert[150]
Authors contacted, reply received: authors clarified the sample did not include doctoral degree students	Hoyer, Gloster, Herzberg[151] Islam, Hossin[152] Kausar, Khan, Rasool, Yusuf, Spielberger[153]

	Khushde, Farhangi, Kouteh, Zahrazei, Ziapour[154] Moritz, Schwarzbold, Guarnieri, Diaz, AL, Dafre[155] Pal, Shepherd, Hamid, Hautus[156] Picardi, Caroppo, Toni, Bitetti, Di Maria[157] Picardi, Toni, Caroppo[158] Saint Arnault, Kim[159] Sharma[160] Tement, Pahor, Jausovec[161] Utsey, McCarthy, Eubanks, Adrian[162] Wang, Xiong, Yang[163] Yamasaki, Uchida, Katsuma[164]
Authors contacted, reply received: authors unable to access data	Armstrong Jr., Goldenberg, Stewart[165] Fraenza[166] Helmers, Danoff, Steinert, Leyton, Young[167] Meeten, Dash, Scarlet, Davey[168] Nezu, Nezu[169] Peluso, Carleton, Asmundson[170] Sheaves, Porcheret, Tsanas, Espie, Foster, Freeman, Harrison, Wulff, Goodwin[171] Valle, DeGood[172]
Authors contacted, reply received: authors declined to provide additional information	Evans, Bira, Gastelum, Weiss, Vanderford[173] Stecker[174]

Supplementary Table S2: Risk of Bias assessment

Author, Year	Sample Representativeness	Sample Size	Non-Respondents	Ascertainment of Outcome	Quality of Descriptive Statistics	Total
Bolotnyy, Basilico, Barreira[52]	1	1	0	1	1	4
Baker, Chambers[44]	0	0	0	1	0	1
Barry, Woods, Warnecke, Stirling, Martin[53]	0	0	0	1	1	2
Barry, Woods, Martin, Stirling, Warnecke[51]	0	0	0	1	1	2
Boyle, McKinzie[54]	0	1	1	1	1****	4
Clark, Mercer, Zeigler-Hill, Dufrene[37]	1	1**	0	1	1****	4
Corral-Frías, Velardez-Soto, Frías-Armenta, Corona-Espinosa, Watson[49]	1*	1**	0	1	1****	4
Eisenberg, Gollust, Golberstein, Hefner[38]	0	1	1***	1	1****	4
Farrer, Gulliver, Bennett, Fassnacht, Griffiths[39]	0	1**	1***	1	1****	4
Garcia-Williams, Moffitt, Kaslow[34]	0	1	1	1	1	4
Golberstein, Eisenberg, Gollust[45]	0	1	1***	1	1****	4
Heinrich[55]	0	0	0	1	0	1
Hindman, Glass, Arnkoff, Maron[46]	0	0	0	1	1****	2
Hirai, Frazier, Syed[47]	0	1**	1	1	1****	4
Hish, Nagy, Fang, Kelley, Nicchitta, Dzirasa, Rosenthal[56]	0	0	0	1	1	2

Author, Year	Sample Representativeness	Sample Size	Non-Respondents	Ascertainment of Outcome	Quality of Descriptive Statistics	Total
Nagy, Fang, Hish, Kelly, Nicchitta, Dzirasa, Rosenthal[33]	0	0	0	1	1	2
Jamshidi, Mogehi, Cheraghi, Jafari, Kabi, Rashidi[57]	0	1	1	1	0	3
Lee, Jeong[48]	0	1	0	1	1****	3
Levecque, Anseel, De Beuckelaer, Van der Heyden, Gisle[32]	1	1	1	1	1	5
Lightstone, Swencionis, Cohen[36]	0	0	0	1	1	2
Lilly, Owens, Bailey, Brown, Clawson, Vidal[41]	0	1**	0	0	1****	2
Lipson, Zhou, Wagner III, Beck, Eisenberg[40]	1	1	1***	1	1****	5
Lipson, Kern, Eisenberg, Breland-Noble[43]	1	1	1***	1	1****	5
Lipson, Raifman, Abelson, Reisner[42]	1	1	1***	1	1****	5
Liu, Wang, Qi, Wang, Jia, Shang, Shao, Yu, Zhu, Yan, Chang, Zhao[58]	1	1	0	1	1	4
Meghani, Harvey[50]	1*	0	0	1	1****	3
Richardson, Trusty, George[62]	1	0	0	1	1	3
Rummell[16]	1	0	0	0	1	2
Sheldon[35]	0	0	0	0	0	0
Sverdlik, Hall[59]	1	1	0	1	1	4
The Graduate Assembly[61]	0	1	1***	1	1****	4
University of California	1	1	1***	1	1****	5

Author, Year	Sample Representativeness	Sample Size	Non-Respondents	Ascertainment of Outcome	Quality of Descriptive Statistics	Total
Office of the President[60]						

*Entire sample included students spanning multiple years of study at multiple institutions, but not necessarily among the subset of Ph.D. students
**Entire sample ≥200, but subsample of Ph.D. students <200
***Response rate and/or comparability between respondents and non-respondents reported in publication for entire student sample, but not stratified by degree level
****Descriptive statistics reported for entire student sample, but not stratified by degree level

Supplementary Table S3: Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) checklist

Section/topic	#	Checklist item	Reported on page #
TITLE			
Title	1	Identify the report as a systematic review, meta-analysis, or both.	1
ABSTRACT			
Structured summary	2	Provide a structured summary including, as applicable: background; objectives; data sources; study eligibility criteria, participants, and interventions; study appraisal and synthesis methods; results; limitations; conclusions and implications of key findings; systematic review registration number.	2
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known.	3
Objectives	4	Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).	3
METHODS			
Protocol and registration	5	Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information including registration number.	NA
Eligibility criteria	6	Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale.	16
Information sources	7	Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched.	16-17
Search	8	Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.	Suppl Table S4
Study selection	9	State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis).	16-17
Data collection process	10	Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators.	17
Data items	11	List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made.	17
Risk of bias in individual studies	12	Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis.	17-18

Section/topic	#	Checklist item	Reported on page #
Summary measures	13	Summary measures State the principal summary measures (e.g., risk ratio, difference in means).	18
Synthesis of results	14	Describe the methods of handling data and combining results of studies, if done, including measures of consistency (e.g., I2) for each meta-analysis.	16-18
Risk of bias across studies	15	Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies).	17-18
Additional analyses	16	Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified.	18
RESULTS			
Study selection	17	Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram.	4, Figure 1
Study characteristics	18	For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations.	4-8
Risk of bias within studies	19	Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12).	11, Suppl Table S2
Results of individual studies	20	For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals, ideally with a forest plot.	4-11, Figure 2, Figure 3
Synthesis of results	21	Present results of each meta-analysis done, including confidence intervals and measures of consistency.	9-4-11
Risk of bias across studies	22	Present results of any assessment of risk of bias across studies (see Item 15).	11, Suppl Table S2
Additional analysis	23	Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16]).	10-11
DISCUSSION			
Summary of evidence	24	Summarize the main findings including the strength of evidence for each main outcome; consider their relevance to key groups (e.g., healthcare providers, users, and policy makers).	12-14
Limitations	25	Discuss limitations at study and outcome level (e.g., risk of bias), and at review-level (e.g., incomplete retrieval of identified research, reporting bias).	14-15
Conclusions	26	Provide a general interpretation of the results in the context of other evidence, and implications for future research.	15
FUNDING			

Section/topic	#	Checklist item	Reported on page #
Funding	27	Describe sources of funding for the systematic review and other support (e.g., supply of data); role of funders for the systematic review.	19
From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 6(7): e1000097. doi:10.1371/journal.pmed1000097			

Supplementary Table S4: Search terms

Mental Health Symptom Category	
Common terms	Depressed Depression Depressive MDD Anxiety Anxious GAD Distress Distressed Burnout Suicide* Suicidal* Mental health
MeSH (PubMed/MEDLINE)	Depression [MeSH] Depressive disorder [MeSH] Depressive disorder, major [MeSH] Anxiety [MeSH] Anxiety disorders [MeSH] Burnout, Psychological [MeSH] Burnout, Professional [MeSH] Suicide [MeSH] Mental Health[MeSH]
Emtree Subject Headings (EMBASE)	Depression Major depression Anxiety Anxiety disorder Generalized anxiety disorder Burnout Professional burnout Student burnout Suicide Suicidal behavior Suicidal ideation Suicide attempt Mental Health

AND

Target Population Category	
Common terms	Graduate Postgraduate Post-graduate PhD Ph.D. Doctoral Predoctoral Pre-doctoral Student*

	Candidate*
MeSH (PubMed/MEDLINE)	
Emtree Subject Headings (EMBASE)	graduate student postgraduate student PhD student research student

AND

Measure Category	
Common terms	Aga Khan University Anxiety and Depression Scale AKUADS Patient Health Questionnaire PHQ* General Health Questionnaire GHQ* Beck BDI* Major Depression Inventory MDI Mood and Anxiety Symptoms Questionnaire MASQ* Montgomery MADRS Hamilton HAM-D HAMD HSRD HDRS Center for Epidemiologic Studies CES-D CESD Depression Anxiety Stress Scale* Depression Anxiety and Stress Scale* DASS* Zung SDS ZSDS Quick Inventory of Depressive Symptomatology QIDS Clinically Useful Depression Outcome Scale CUDOS Generalized Anxiety Disorder GAD* BAI HAM-A HAMA SAS ZSAS Primary Care Evaluation of Mental Disorders PRIME-MD

	PRIMEMD Brief Symptom Inventory BSI Derogatis Stress Profile DSP Hospital Anxiety and Depression Scale HADS Suicide Behavio?rs Questionnaire SBQ* State-Trait Anxiety Inventory STAI Columbia Suicide Severity Rating Scale Columbia suicide screen SSRS CSSRS Structured Clinical Interview SCID Prevalence Incidence (standardized OR validated OR structured OR diagnostic OR screening) AND (questionnaire? OR survey? OR interview? OR instrument? OR measure?)
MeSH (PubMed/MEDLINE)	Patient health questionnaire [MeSH] Psychiatric Rating Scales [MeSH] Prevalence [MeSH] Incidence [MeSH]
Emtree Subject Headings (EMBASE)	Beck Depression Inventory Center for Epidemiological Studies Depression Scale Depression Inventory Hamilton Depression Rating Scale Montgomery Asberg Depression Rating Scale Self-rating Depression Scale Zung Self Rating Depression Scale Patient Health Questionnaire General Health Questionnaire Depression Anxiety Stress Scale Hospital Anxiety and Depression Scale Brief Symptom Inventory Structured Clinical Interview for DSM Disorders Beck Anxiety Inventory Hamilton Anxiety Scale Self-rating Anxiety Scale State Trait Anxiety Inventory Prevalence Incidence

Supplementary Information S5: Modified Newcastle-Ottawa Risk of Bias scoring guide

We followed the approach of Rotenstein, Ramos, Torre, Segal, Peluso, Guille, Sen, Mata[30] and Mata, Ramos, Bansal, Khan, Guille, De Angelantonio, Sen[65] in adapting the Newcastle-Ottawa Scale[111] to assess risk of bias in the included studies. Studies received one point for 'sample representativeness' if the sample contained Ph.D. students spanning multiple years of study and students attending multiple schools. For 'sample size', studies received one point if they included ≥200 Ph.D. students. Studies received one point for 'non-respondents' if comparability between respondent and non-respondent characteristics was established with a satisfactory response rate. If studies employed a commonly used measurement tool with a validated cutoff score, they received one point for 'ascertainment of outcome'. Finally, if studies reported descriptive statistics to describe the population of Ph.D. students (e.g., age, sex, race) with some measures of dispersion, studies received one point for 'quality of descriptive statistics reporting'.

The individual components were summed to generate a total modified Newcastle-Ottawa Scale risk of bias score, ranging from 0 to 5, for each study. Again, following the score thresholds in Rotenstein, Ramos, Torre, Segal, Peluso, Guille, Sen, Mata[30] and Mata, Ramos, Bansal, Khan, Guille, De Angelantonio, Sen[65], each study was categorized as having either low risk of bias (≥3 points) or high risk of bias (<3 points).

(1) Representativeness of sample*:

1 point: Sample contained students spanning multiple years of study at multiple institutions
0 points: Sample contained students in either a single year of study or at a single institution

(2) Sample size*:

1 point: Sample included ≥200 students
0 points: Sample included <200 students

(3) Non-respondents*:

1 point: Comparability between respondent and non-respondent characteristics was established, or the response rate was 95% or greater
0 points: The comparability between respondents and non-respondents was unsatisfactory, the response rate was unsatisfactory (<95%), or there was no description of the response rate or the characteristics of the responders and non-responders

(4) Ascertainment of outcome:

1 point: Study employed a well described and/or validated measurement tool
0 points: Study did not employ a well described and/or validated measurement tool

(5) Quality of descriptive statistics reporting*:

1 point: Study reported descriptive statistics to describe the population (e.g., age, sex) with proper measures of dispersion (e.g., mean, standard deviation)
0 points: Descriptive statistics were not reported, were incomplete, or did not include proper measures of dispersion

***** Since a subset of articles pooled data between students in doctoral and non-doctoral degree programs, our risk of bias assessments were conditioned on the study aims. For example, some studies included 200 or more graduate students in their pooled sample, but fewer than 200 Ph.D. students specifically. Other studies presented data on the comparability of respondents and non-respondents only for the pooled sample. These studies received one point on the risk of bias assessment.

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