



**AUSTRALIAN UNIVERSITY
MENTAL HEALTH FRAMEWORK**

REPORT

ory
gen

Acknowledgements

Orygen acknowledges the traditional custodians of the lands we are on and pays respect to their Elders past and present. Orygen recognises and respects their cultural heritage, beliefs and relationship to their ancestral lands, which continue to be important to First Nations Peoples living today.

Orygen would like to acknowledge the Australian Government Department of Health for funding this important project to develop an Australian University Mental Health Framework.

Orygen would like to recognise all of the university and mental health sector stakeholders and university students from around Australia whose experiences and perspectives informed the framework, particularly the advisory group and expert working groups, whose members are listed in [Appendix A](#).

Orygen also acknowledges all other individuals and representatives of key groups who contributed to the development of the framework throughout consultation.

© Orygen 2020

This publication is copyright. Apart from use permitted under the Copyright Act 1968 and subsequent amendments, no part may be reproduced, stored or transmitted by any means without prior written permission of Orygen.

ISBN 978-1-920718-57-2

Suggested citation Orygen. Australian University Mental Health Framework report. Melbourne: Orygen 2020.

Disclaimer This information is provided for general education and information purposes only. It is current as at the date of publication and is intended to be relevant for Australia. This information is not medical advice. It is generic and does not take into account your personal circumstances, physical wellbeing, mental status or mental requirements. Do not use this information to treat or diagnose your own or another person's medical condition and never ignore medical advice or delay seeking it because of something in this information. Any medical questions should be referred to a qualified healthcare professional. If in doubt, please always seek medical advice. Orygen will not be liable for any loss or damage arising from your use of or reliance on this information.



CONTENTS

EXECUTIVE SUMMARY	4	AUSTRALIAN UNIVERSITY MENTAL HEALTH FRAMEWORK	21
INTRODUCTION	6	PRINCIPLES AND PRACTICES	21
Vision	6	Principle 1	22
Principles	6	Principle 2	26
The framework	7	Principle 3	32
CONTEXT	8	Principle 4	39
Scope	8	Principle 5	43
Background	8	Principle 6	50
Mental health and wellbeing	9	TAKING ACTION	55
University students' mental health and wellbeing	10	NEXT STEPS	55
Students at risk of poor mental health	11	CONCLUSION	56
Impact	13	Related resources	56
The university setting	13	Appendix A	62
Healthy settings	14	Appendix B	64
Australian university settings	15		
The mental health sector	15		
FRAMEWORK DEVELOPMENT	17		
Consultation	17		
Development of themes	17		
Issues raised	20		



EXECUTIVE SUMMARY

Mental health and wellbeing are valuable assets which can significantly affect health, social, education and employment outcomes on both an individual and community level. For students, mental health can have a substantial impact on the educational, employment and social outcomes they achieve across their entire lifespan. University settings play a key role in shaping and supporting students' mental health and wellbeing.

Following the 2017 release of the Orygen report, **Under the radar: the mental health of Australian university students**, funding to develop an Australian University Mental Health Framework (the framework) was provided through a grant from the Australian Government Department of Health. The framework was developed through extensive consultation with students, and university and mental health sector stakeholders. Interest in the development of the framework was strong, particularly across the university sector.

Structural barriers to enhancing university students' mental health and wellbeing were evident throughout development of **the framework**, including the limited research and evidence specific to students; disparate and dissenting views within and across sectors; the complexities of cross sector collaboration; and stigma and outdated perceptions of mental health and wellbeing. A commitment to action and ongoing improvement was also apparent throughout consultation.

The framework seeks to build on previous initiatives through a settings-based approach which embeds student mental health and wellbeing responses across the whole university. This approach acknowledges the complexities of the university setting and recognises that the mental health sector has a role in supporting university students' mental health and wellbeing. Strong leadership, appropriate partnerships and a long-term commitment are needed to facilitate this unified approach to innovating and evolving responses to student mental health and wellbeing.

The framework provides guidance for mentally healthy university settings that support student mental health and wellbeing in collaboration with the mental health sector. It was designed to:

- support a whole of university approach;
- be pragmatic and realistic;
- be student-centred;
- share responsibility within and across sectors, leading to a collective impact;
- build on existing work, move forward, and provide a foundation for further research and evaluation;
- build capacity; and
- be flexible and able to be tailored.

The framework is structured around six principles that support student mental health and wellbeing and may inspire discussion, promote new thinking and interventions, and facilitate evaluation and learning.

1. The student experience is enhanced through mental health and wellbeing approaches that are informed by students' needs, perspectives and the reality of their experiences.
2. All members of the university community contribute to learning environments that enhance student mental health and wellbeing.
3. Mentally healthy university communities encourage participation; foster a diverse, inclusive environment; promote connectedness; and support academic and personal achievement.
4. The response to mental health and wellbeing is strengthened through collaboration and coordinated actions.
5. Students are able to access appropriate, effective, timely services and supports to meet their mental health and wellbeing needs.
6. Continuous improvement and innovation is informed by evidence and helps build an understanding of what works for student mental health and wellbeing.



This report provides guidance for each principle and illustrates what it might look like in practice. The practices outlined focus on ways both universities and mental health sector organisations can support student mental health and wellbeing. For each practice, supporting information is included, along with evidence and applicable examples where available.

The **framework** is supported by a range of materials including this report, which details suggested activities and the evidence base informing the framework. There are also **answers to questions frequently asked** about the framework and eight detailed **case studies** highlighting examples of the great work universities are doing to support student mental health and wellbeing.

International approaches have highlighted the importance of an iterative approach and this was reinforced through consultation. It is expected that the evidence and the framework will continue to evolve through a continuous improvement approach informed by trialling, reflecting, learning and adapting.

A focus on mental health and wellbeing can support students through the current challenges they face and create better futures for us all. This is an exciting opportunity to strengthen the integration and collaboration between universities, students and the mental health sector, to improve outcomes for students and invest in our future. A unified approach, reflective of Australia's world-class higher education system and international leadership in youth mental health, has the potential to improve mental health outcomes for students and act as a catalyst for broader community reform.



INTRODUCTION

Good mental health is a personal and community asset that needs to be promoted and protected. It is linked to positive study and work outcomes, greater productivity, lower rates of mental disorders, better physical health and increased life expectancy.⁽¹⁾ By contrast, mental ill-health causes distress, can impact on learning and employment, and contributes to psychosocial disability and reduced life expectancy in the absence of appropriate supports.⁽²⁾

University settings play a key role in shaping and supporting students' mental health and wellbeing. In addition, students' experience of mental health and wellbeing while they are studying at university can have a significant role in their educational success.

The **Australian University Mental Health Framework** (the framework) provides guidance for mentally healthy university settings that provide the best opportunities for students to thrive educationally and personally. The framework also includes guidance for the mental health sector to strengthen its engagement with universities to support student mental health and wellbeing.

Universities and the mental health sector are encouraged to review, evolve and strengthen their work in order to meet the growing and changing needs of the student population. The framework is focused on the student experience, with flexibility for universities to tailor mental health and wellbeing approaches to the needs of their student populations. The mental health sector is encouraged to also ensure that their services and programs are accessible to university students, particularly those who are at risk of, or are experiencing, mental ill-health.

This unified approach enables sectors to share expertise and experiences, consolidate and facilitate an aligned and connected approach to taking action. Strong leadership and a long term commitment are needed to continue to push the boundaries, innovate and evolve approaches to student mental health and wellbeing.

VISION

Mentally healthy universities supporting student mental health and wellbeing in collaboration with the mental health sector.

PRINCIPLES

The framework is structured around six principles that support student mental health and wellbeing.



1. The student experience is enhanced through mental health and wellbeing approaches that are informed by students' needs, perspectives and the reality of their experiences.



2. All members of the university community contribute to learning environments that enhance student mental health and wellbeing.



3. Mentally healthy university communities encourage participation; foster a diverse, inclusive environment; promote connectedness; and support academic and personal achievement.



4. The response to mental health and wellbeing is strengthened through collaboration and coordinated actions.



5. Students are able to access appropriate, effective, timely services and supports to meet their mental health and wellbeing needs.



6. Continuous improvement and innovation is informed by evidence and helps build an understanding of what works for student mental health and wellbeing.

“Universities have a role and responsibility to create an environment which enables each and every one of us to flourish and thrive.”

UNIVERSITY EXECUTIVE DEAN

THE FRAMEWORK

The framework provides guidance for each principle to illustrate what it might look like in practice. Practices are focused on supporting student mental health and wellbeing whether delivered by a university or mental health sector organisation.

The **framework** is supported by a range of materials including:

- this report, which provides further information on suggested activities and the evidence base informing the framework;
- detailed **case studies**, which highlight examples of good practice currently underway to support student mental health and wellbeing; and
- **answers to questions frequently asked** about the framework.

For the full suite of supporting materials see section: **Related resources**.

Mental health and wellbeing is influenced by a range of factors. The framework is informed by a socio-ecological model which considers the influence and interaction of individual, interpersonal, institutional, community and structural factors on mental health and wellbeing. (3, 4)

The framework also recognises that the stigma associated with mental health and wellbeing can compound these factors and may be as debilitating as the mental health issue itself. (5) To overcome stigma and move away from negative perceptions of blame and responsibility, students believe that education, awareness, and responses underpinned by compassion and understanding are critical. (6)

The framework identifies opportunities where universities and the mental health sector can promote positive influences – and mitigate negative influences – to support student mental health and wellbeing.

The framework is based on available evidence and advice, with the expectation that it will evolve through a continuous improvement approach informed by trialling, reflecting, learning and adapting. While there is currently a limited amount of data outlining effective strategies to support the mental health and wellbeing of university students, this is a developing field of research.

As the evidence base continues to be strengthened, there is a need to work through some ambiguity and take action to continue moving forward, learning and improving along the way.

“[This framework] can assist universities, local health authorities, and mental health organisations to work together to build collaborative mental health models.”

UNIVERSITY STUDENT



CONTEXT

Funding to develop the framework was provided through a grant from the Australian Government Department of Health. The purpose of the framework is to provide all Australian universities with guidelines through which they can create learning environments that are conducive to: good mental health and wellbeing; preventing mental health issues; and strengthening the integration between universities and community mental health services.

SCOPE

Student mental health and wellbeing is complex, as is the university setting. While the mental health sector is in a period of significant reform, longstanding ways of doing things will not change overnight. As such, the framework encourages reflection, sharing of good practice, and commitment to ongoing improvement.

The focus of the framework project has been to identify and strengthen protective factors and reduce risk factors known to affect the mental health and wellbeing of university students. Working with those in university settings has been a key component of the project, along with a collaborative approach with the mental health sector.

Tertiary settings not identified as universities by the Australian Government Department of Education, Skills and Employment are outside the scope of the project, although it is envisaged that the framework may provide a relevant starting point for other higher education settings. Further work is recommended to consider transferability of the framework.

Implementation of the framework is also outside the scope of the project, though input in this area informed the framework's design.

The framework should adapt over time as practices evolve, as the evidence base about what works for student mental health and wellbeing grows, and as we learn from the experiences of students in a rapidly changing world. Adoption of the framework is not conditional on future investment - the framework provides a guide to encourage and enable a focus on mental health and wellbeing for all university students.

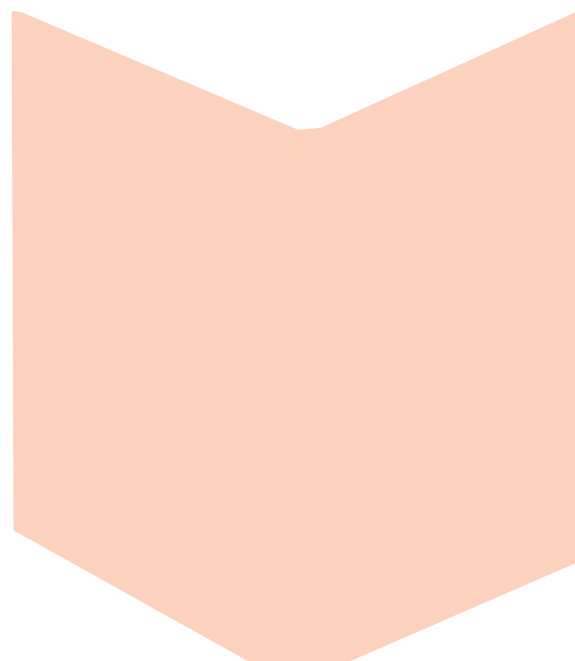
BACKGROUND

In 2017, Orygen released the report [Under the radar: the mental health of Australian university students](#), which suggested that a lack of government policy attention and resources had impacted the capacity of both the university and the mental health sectors to effectively respond to the needs of university students.(7)

The report noted that more than half of tertiary students aged 16–25 years reported high or very high psychological distress while 35.4 per cent had thoughts of self-harm or suicide. It also suggested that student counselling and disability services within universities were struggling to meet the escalating demand for services and the increasing complexity and severity of presentations.(7)

These findings are particularly important given that the age at which most young people are in tertiary education corresponds with the age of peak onset of mental ill-health.(8) Along with a significant personal toll, mental ill-health can also have detrimental effects on students' academic performance and welfare, with many university staff noting the need for guidance on how to best provide support.(9, 10)

With mental ill-health identified as a barrier to educational achievement and employment, investing in improved mental health outcomes for young people has the potential to provide a better return on investment though increased course completions and academic achievement at university. There is also potential for longer term returns for the broader community, with mentally healthy graduates contributing to a more skilled and productive workforce.

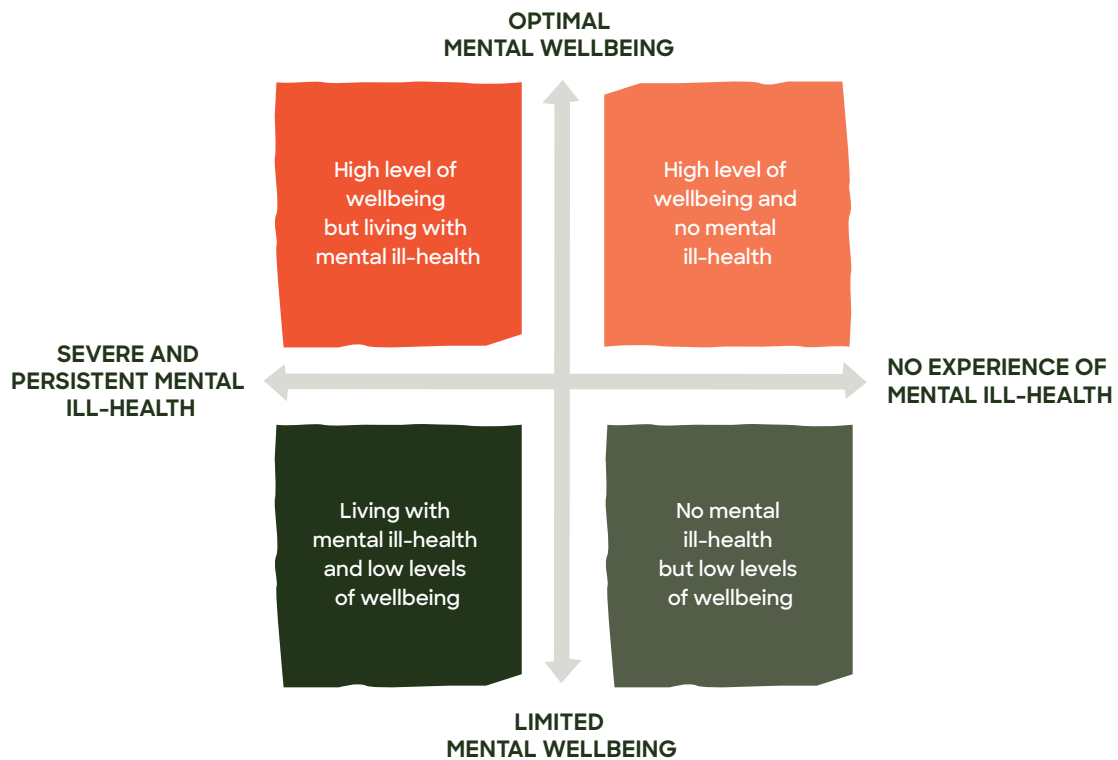


MENTAL HEALTH AND WELLBEING

The phrase ‘mental health and wellbeing’ is used throughout the framework to encompass the continuum of mental health states, and to ensure applicability to a wider audience. Mental health includes both the presence and absence of mental ill-health, though it is more commonly associated with the presence of mental illness.

Mental wellbeing is generally thought of as positive mental health. Due to the interrelated nature of wellbeing, mental health and mental ill-health, as well as the range of factors that influence these states, the framework applies the dual continua model of mental health (adapted in figure 1).

Figure 1: Dual Continua Model of Mental Health (adapted)(11)



The dual continua model reflects the complexities that influence mental health and wellbeing. Students who participated in focus groups to inform the framework typically saw ‘wellbeing’ as positive, and a part of their life in which they had greater control, while ‘mental health’ was seen more negatively and aligned with mental ill-health.(12)

Use of the phrase mental health and wellbeing throughout the framework reflects the interrelatedness of the concepts and activities designed to prevent or improve mental health and wellbeing. It also acknowledges broader cultural and spiritual influences on mental health and wellbeing, emphasising the need for action across multiple areas to meet student needs. In addition, it reinforces the need for connected actions across a range of mental health and wellbeing interventions.

Universities play an important role in promoting positive wellbeing as a valuable resource to reduce the incidence of mental ill-health. They also offer counselling services which play a role in reducing the symptoms of mental ill-health. Both mental health and wellbeing are important and interrelated, with initiatives in one area potentially influencing outcomes in another.

The mental health sector equally has a role in both facilitating positive wellbeing and treating mental ill-health. Collaboration across both areas has the potential to amplify efforts to support students’ mental health and wellbeing.

UNIVERSITY STUDENTS' MENTAL HEALTH AND WELLBEING

A diverse mix of 1.5 million students attend universities in Australia.(13) Aboriginal and Torres Strait Islander students, international students, students with a disability, students from low socio-economic backgrounds, and regional and remote students are all attending universities in greater numbers compared with ten years ago. (13) Students now have greater flexibility in how they study, with part-time and online options making it possible to study around work and family responsibilities.(13) As many as 60 per cent of students are younger than 25 years old, and 58 per cent of students identify as female.

A comprehensive picture of the prevalence and impact of mental health issues among university students is difficult to ascertain given the lack of data and research in this area.(7) Publically available data may be included in a range of related areas that influence mental health and wellbeing including sources looking at health, education and training, work, economic wellbeing, family and community, housing, crime and justice, and culture and leisure.(14) There is no nationally aggregated or monitored data available from universities on the mental health of university students,(7) however, each university usually collects counselling services data to guide internal decision-making typically related to the provision of these services.

“Mental health is critical for all of us to realise our potential.”

UNIVERSITY EXECUTIVE DEAN

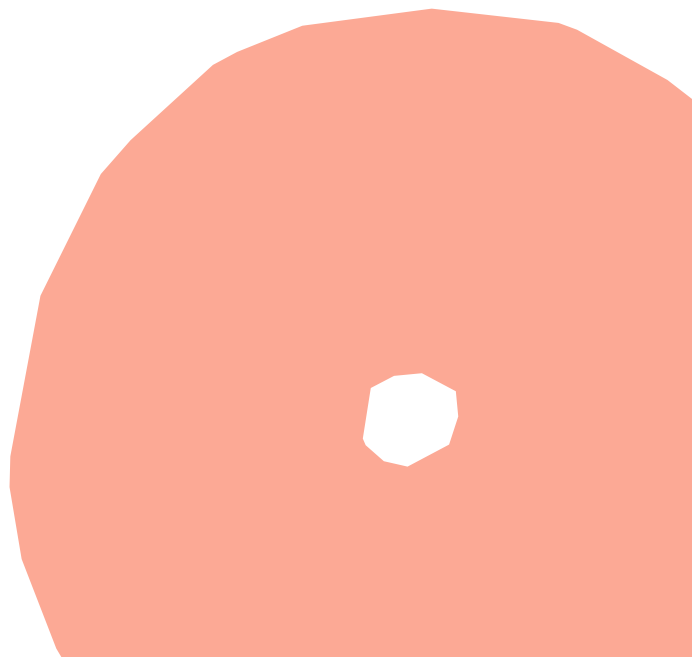
The available evidence suggests that, when compared with the general population, students are at increased risk of experiencing poor mental health and wellbeing, which results in negative impacts on their ability to engage effectively with their education.(7, 8, 15) University students report high to very high levels of distress,(16) experience high rates of depression and anxiety,(15) and are more likely than the general population to be diagnosed with a mental illness.(17) In the general population the annual prevalence rate for mental ill-health is one in five people.(18) Among young people in the general population, 75 per cent of mental illness emerges before the age of 25,(19) a period of life when many young people transition to, or are engaged in, university education.

Some student cohorts have been identified as being at increased risk of mental ill-health, including young people (aged up to 25 years),(20, 21) international students,(22) rural/regional students,(23) law and medicine students,(24–27) students from low socio-economic backgrounds,(28) PhD students,(29) and students with physical disabilities.(18)

Other student groups may also benefit from differentiated strategies to support mental health and wellbeing including students who are the first in their family to attend university,(30) Aboriginal and Torres Strait Islander students,(31) students who identify as LGBTIQ+,(32) and students with existing mental health conditions. (33, 34)

Compounding mental health and wellbeing issues are subsequent challenges – particularly for young people and some equity groups – when it comes to accessing timely, appropriate and quality mental healthcare. Numerous reviews and inquiries into mental health have highlighted the difficulties faced in accessing appropriate supports as needed.(35) In universities, student counselling and disability services staff have indicated that they are struggling to meet the escalating demand for services and the increasing complexity and severity of presentations.(36)

There are a number of additional risk factors university students might experience that may negatively influence mental health and wellbeing, for example financial stress,(28, 37) lack of sleep,(38–40) poor nutrition,(41) balancing work and study responsibilities,(42) increased autonomy and responsibility,(43) and pressure to excel in a competitive job environment.(44) Students also report significant barriers to help-seeking, including stigma,(45, 46) concerns regarding academic and career outcomes,(47) and uncertainty related to confidentiality.(48)



STUDENTS AT RISK OF POOR MENTAL HEALTH

Some university students are recognised as being at increased risk of experiencing poor mental health and wellbeing, resulting in negative impacts on their ability to engage effectively with their education.(7)

Student cohorts identified as being at increased risk of mental ill-health are outlined below.

YOUNG PEOPLE

Mental health is *the* health issue of young people aged up to 25 years (21, 49). **Under the radar: the mental health of Australian university students** found that more than half of tertiary students aged 16–25 years report high or very high psychological distress, while 35 per cent had thoughts of self-harm or suicide.(7) The age at which many young people transition to tertiary education corresponds with the age of peak onset of mental ill-health.(8) Along with a significant personal toll, mental ill-health can also have detrimental effects on students' academic performance and future opportunities.

ABORIGINAL AND TORRES STRAIT ISLANDER STUDENTS

Culture and cultural identity are critical to the social and emotional wellbeing of Aboriginal and Torres Strait Islander people and are important in the delivery of services.(50) Aboriginal and Torres Strait Islander people experience significant inequalities in society which can lead to inequalities in mental health outcomes. Social determinants of health, such as discrimination, access to healthcare and education, and intergenerational legacies can affect the social and emotional wellbeing of Aboriginal and Torres Strait Islander people. Many of these issues can occur at the same time and the effects of longstanding inequalities may accumulate over time.(51) Aboriginal and Torres Strait Islander people aged 18 years and over are nearly three times more likely than others to have experienced high or very high levels of psychological distress.(52)

INTERNATIONAL STUDENTS

Diverse conceptualisations of mental health and wellbeing exist across different cultures and belief systems. Tailoring approaches to specific student cohorts, particularly those at increased risk of mental health issues, may increase the likelihood that an individual will seek treatment.(6)

The mental health of international students is influenced by a variety of factors that are associated with the 'culture shock' of moving to an unfamiliar environment, putting them at greater risk of mental ill-health.(22) These factors include: being unfamiliar with the academic environment; challenges with English, and unfamiliar modes of teacher/student

interaction; living off-campus and the transition to living independently; and barriers to help-seeking due to cultural perceptions, stigma and confidentiality.

STUDENTS WHO IDENTIFY AS LGBTIQ+

Compared with the general population, LGBTIQ+ people are more likely to attempt suicide in their lifetime and are more likely to be diagnosed with a mental health disorder.(53) The key factors linked with increased risk of mental ill-health and suicidality amongst LGBTIQ+ people are discrimination through fear and/or prejudice, isolation and social exclusion.(32) Barriers for LGBTIQ+ people accessing mental health services include fear of discrimination or rejection as well as fear of breaching confidentiality.(32)

STUDENTS WITH PHYSICAL DISABILITIES

Living with a disability may contribute to an increased risk of mental ill-health due to several social factors such as loneliness and social isolation, lack of employment opportunities, financial difficulty and discrimination.(54) University students with a disability have reported not feeling appropriately supported with their studies. Students have highlighted feeling hesitant to disclose their disability to academic staff for fear of being considered lazy, or concerned that other students may perceive adjustments they receive due to their disability as unfair.(55)

STUDENTS FROM LOW SOCIO-ECONOMIC BACKGROUNDS

Income and social status are key determinants of mental health and wellbeing.(56) Students from low-socioeconomic (low-SES) backgrounds are at increased risk of mental ill-health.(28) Exposure to additional risk factors, such as poor quality housing conditions, food insecurity, poor nutrition and discrimination, may compound the challenges faced by students from low-SES backgrounds.

RURAL/REGIONAL STUDENTS

University students from rural or regional areas have very high levels of psychological distress and many experience poor mental wellbeing.(57) Experiences of mental ill-health amongst rural and regional students are often associated with equity issues, including challenges with learning, as well as a lack of protective factors to support resilience, such as parental and peer support. Mental ill-health is more prevalent amongst rural and regional students who are younger, studying an undergraduate degree, have lower levels of previous education, and those who have not had a sibling attend university. They are also more likely to have increased levels of financial stress.(23)



Another risk factor contributing to increased risk of mental ill-health for rural and regional students is the loneliness associated with having to relocate to participate in higher education. (58) This may also result in challenges with mental healthcare coordination due to relocation between semesters.(58)

LAW AND MEDICINE STUDENTS

Medical students are exposed to a number of risk factors for mental ill-health during their studies including academic stressors such as high workload and lengthy training regimes, perceived stigma within the medical profession of doctors with mental health conditions, bullying and harassment, relocating for rural placements, and substance use.(59) Medical students also may possess certain personality strengths and vulnerabilities compared with the general population that contribute to their increased risk of mental ill-health such as low self-transcendence, which describes being more inclined to a practical, conventional and sceptical outlook versus trusting, compassionate and altruistic behaviour.(59)

Similarly, students studying law may have personality attributes that may be linked to increased risk of mental ill-health, such as being motivated by achievement. Additionally, environmental factors in law schools, such as course design, competitive culture, lack of autonomy, financial stress and uncertain job prospects, may put law students at greater risk of mental ill-health.(60)

PHD STUDENTS

More than one-third of respondents to an international survey on PhD students reported seeking help for anxiety or depression caused by their PhD studies. Stressors faced by PhD students included the long working hours which are often expected within research environments; the challenges of work-life balance, with many having carer responsibilities; financial costs and uncertain job prospects; and incidents of harassment, discrimination or bullying, particularly for female students.(29)

STUDENTS WITH EXISTING MENTAL HEALTH CONDITIONS

Students with existing mental health conditions are at increased risk of their mental ill-health worsening or experiencing barriers to recovery due to the fear, prejudice and stigma that can prevent their use of mental health services. (33) Stigma relating to having a mental health condition can also interfere with opportunities for housing, employment and building social networks. Due to stigma, students are less likely to disclose that they have a mental health condition and therefore seek appropriate help.(55)

IMPACT

The impacts of failing to act are considerable, both in terms of the immediate impact on an individual and their ability to participate in education, as well as the longer term impacts for the individual and society. Academic performance and course completion rates are negatively impacted for students who experience mental ill-health and these students are more likely to leave, or consider leaving, their course early.(7) Alternately, successful participation in tertiary education can act as a protective factor for mental health and can support the recovery process from an experience of mental ill-health.(61) Mental ill-health contributes to a reduction in the total years of healthy life and is the largest single contributor to years lived in ill-health.(62) For young people, mental ill-health is the leading cause of disability and poor life outcomes.(63)

A NOTE ON COVID-19

The COVID-19 pandemic has brought significant changes to work, learning and life across the world. Universities are no exception - they continue to experience significant disruptions, with education being delivered in the context of increased levels of stress and anxiety for students and staff. Mental health and wellbeing are more important than ever.

COVID-19 has transformed students' experience of university and many are feeling overwhelmed and frustrated as they adapt to new routines and ways of learning, working and living.(64) Many courses previously taught face-to-face are now only available online, which has a disproportionate effect on student learning in certain areas of study.

Students' productivity and performance have been impacted by changes to routine, balancing of crowded work and living spaces, variable access to information and communications technologies, and the social impacts of increased isolation and loneliness.(64) The virus itself may bring anxiety, stress and fear, as well as worry about an increasingly uncertain future. Students with existing mental health and wellbeing challenges may have difficulties accessing their usual supports.

In these rapidly changing circumstances, it is important to continue working with students to understand and respond to their mental health and wellbeing needs. A focus on mental health and wellbeing can provide a sound base to work from as we develop new ways of working, learning and living to not only see us through the current challenges, but to create better futures for all.

THE UNIVERSITY SETTING

Universities are large complex settings where people work, study, live and socialise. Australia's universities are diverse and this is reflected in their approach to student mental health and wellbeing. A university's context, priorities, geographical location, diversity in student population and student needs, and the structure and governance of the institution will all influence their approach. The framework provides universities with guidance that can be tailored to their context and the specific needs of their students regardless of their starting point.

Recognising the important role that universities play in shaping the health of those within their community, the framework takes a settings-based approach to supporting student mental health and wellbeing. Settings-based approaches grew out of the World Health Organization's (the WHO) 1986 Ottawa Charter for Health Promotion (the Ottawa Charter), which proclaimed that "Health is created and lived by people within the settings of their everyday life; where they learn, work, play, and love."(65)

The value of settings-based approaches has been recognised by cities, workplaces and schools around the world.(66) This approach offers a useful, dynamic method for integrating risk factors and addressing prevention with the aim of improving overall quality of life for the whole community within the target setting.

Settings-based approaches have been validated through internal and external evaluation and experiences.(66) Evidence from other settings-based approaches reinforces that change is likely to be most effective when multiple factors are targeted simultaneously through aligned programs and initiatives rather than single-component programs.(67) This approach acknowledges the complexities of the university environment and community, involving the whole university community in mental health and wellbeing initiatives.



HEALTHY SETTINGS

A healthy settings approach incorporates all aspects of health, including mental health and wellbeing. Years of neglect, stigma and inadequate access to services have created a need for a targeted, evidence-informed focus on mental health and wellbeing,(68) within a broader healthy settings approach. In settings from schools to workplaces, the need to take action to improve the mental health and wellbeing of communities is receiving increasing attention. Higher education institutions around the world are actively taking up this challenge and developing a range of approaches specifically focused on mental health and wellbeing.

In higher education the Okanagan Charter, established in 2015, evolves a healthy settings approach aiming to “infuse health into everyday operations, business practices and academic mandates”.(69) An international network of health-promoting universities and colleges works to advance the Okanagan Charter and inspire universities around the world to take action to embed health and wellbeing promotion on campuses.(70) An Australian Health Promoting Universities Network was established in 2016, with 25 Australian universities committing to share best-practice across the sector and work together to improve the health and wellbeing of students and university staff across the country.(71) The Australian network remains active today however, with no national mandate, variable reporting pathways and no clear accountabilities, the complexities and the scale of the challenge have hampered progress.

In the United Kingdom, Universities UK (UUK) first released the Stepchange framework in 2017 aiming to support university leaders to adopt mental health as a strategic imperative and embed good practice across all university activities.(72) Recognising the importance of a dynamic and adaptive approach, UUK have recently released a refreshed framework *Stepchange: mentally healthy universities* in 2020.(73)

“Whether we like it or not, universities are health settings, with positive and negative effects on all students and staff. Let’s make them healthy settings.”

UNIVERSITIES UK, STEPCHANGE: MENTALLY HEALTHY UNIVERSITIES

The refreshed Stepchange framework was informed by:

- an independent review of mental health in higher education;
- a pilot undertaken by three universities to implement the original Stepchange framework;
- development of aligned frameworks on suicide prevention and the importance of partnerships between universities and the National Health Service;
- development of the Student Minds University Mental Health Charter; and
- focus groups on leadership and staff mental health.

The Stepchange framework takes a whole of university approach, encouraging the university sector to adopt mental health as a strategic priority, and viewing mental health as foundational to all aspects of university life for all students and staff. UUK’s iterative approach offers a roadmap for Australia to consider following the release of the Australian University Mental Health Framework.

In Canada, *Post-secondary student mental health: guide to a systemic approach*, launched in 2013, is a joint initiative by the Canadian Association of College and University Student Services and the Canadian Mental Health Association to strengthen student mental health.(74) The guide takes a systemic approach that focuses on the creation of campus communities that foster mental wellbeing and learning.

Recognising the importance of a consistent, evidence and knowledge informed approach, the Mental Health Commission of Canada has built on the post-secondary student guide, publishing the [National Standard of Canada for mental health and wellbeing for post-secondary students](#) in 2020. The standard is aligned with Canada’s workplace psychological health and safety standard to provide a set of voluntary and aspirational guidelines to support and promote optimal mental health and wellbeing for students.(75)

AUSTRALIAN UNIVERSITY SETTINGS

In Australia, a number of settings-based initiatives to improve the mental health and wellbeing of students have evolved. The *Guidelines for tertiary education institutions to facilitate improved educational outcomes for students with a mental illness*, published by Orygen and the University of Melbourne in 2011, identify actions that tertiary education institutions can take to help improve educational outcomes for students with a mental illness.(76) The guidelines address areas including policy, support services, mental health awareness and promotion, and staff training.

In 2016, the Enhancing Student Wellbeing project (a Queensland University of Technology, La Trobe University and University of Melbourne initiative) built on these guidelines, providing university educators with a range of online resources and training to better support students experiencing mental ill-health.(77) The **Framework for enhancing student mental wellbeing** was produced to help institutions develop a whole of university approach to promote student mental health and wellbeing. (78) That framework includes a range of actions and possible indicators to support institutions to self-monitor. It is not clear to what extent the guidelines or the framework have been implemented within universities.

Since the release of Orygen's report **Under the radar: the mental health of Australian university students**, Australian universities have undertaken a range of initiatives to improve the response to the mental health and wellbeing needs of students. In 2018, the then Minister for Education and Training, the Honourable Senator Simon Birmingham, endorsed a recommendation that universities have a mental health strategy and implementation plan in place.(79) Many universities have developed a strategy or are in the process of doing so, however the visibility and accessibility of universities' mental health strategy and implementation plans is varied.

Wellbeing and safety is regulated within the Australian Government's *Higher Education Standards Framework*, which broadly incorporates requirements for all Australian higher education institutions to ensure they promote overall wellness and a safe environment on campus and online.(80) Each university's approach is influenced by their context and priorities, geographical location, diversity of student population and their needs, and institutional structure and governance.

This framework seeks to build on previous initiatives through a settings-based approach. It does this by looking beyond a simple focus on enhancing student services, toward recognising the importance and contribution of the whole university community to facilitate mentally healthy universities.

THE MENTAL HEALTH SECTOR

Mental health and wellbeing is influenced by a range of factors. Supporting university students' mental health and wellbeing is a shared responsibility both within and external to the university, requiring coordinated action across internal faculties and departments, and with a range of external organisations.

Mental health and wellbeing does not sit neatly within the responsibility of any one organisation or sector. The boundaries for the provision of services are often blurred given that there is no standard definition for 'mental health-related service',(81) and that there is a complex mix of roles and responsibilities across federal, state and territory governments, and private and non-government organisations.(82)

Government, private and non-government organisations provide a range of mental health and wellbeing-related services and supports including (but not limited to): wellbeing programs; hospital and other residential care; community mental healthcare services; consultations with specialist medical practitioners, general practitioners, psychologists and other allied health practitioners; telephone-based crisis lines; and online crisis support services. Important supports and services are also provided outside of the mental health sector, such as social and community services, disability programs, and housing assistance programs.(81)

Universities offer counselling services to students, with each university determining which services it will provide. Universities also offer a range of mental health promotion, prevention and student wellbeing services and supports. (3, 4) These services can equally be positioned as part of the university sector and the mental health sector.

The term 'mental health sector' is used throughout this framework to simplify references to the broad range of public and private organisations and workforces responsible for mental health and wellbeing service delivery. The mental health sector refers to a multidisciplinary mental health workforce, in a range of primary and specialist mental health settings, and a broad range of organisations and networks within the Australian mental health system that work to support the diverse university student population. For the purposes of the framework, the term 'mental health sector' is not applied to those services and supports provided by universities.



The mental health sector includes (but is not limited to):

- local, state and federal government bodies providing mental health services applicable to the university student population;
- Primary Health Networks and Local Health Networks;
- general practitioners and allied health professionals including psychologists, social workers, mental health nurses and occupational therapists;
- other health workers that work in the areas of, for example, sexual health, and alcohol and other drugs;
- health promotion officers;
- education support specialists;
- peer workforces;
- mental health organisations, for example: Beyond Blue, SANE Australia, Mind Australia, Orygen and headspace;
- health promotion and prevention organisations that include a focus on mental health, for example: Everymind, Prevention United, VicHealth; and
- providers of overseas student health cover.

The mental health sector has a role in working together with the university sector to support university students' mental health and wellbeing. A coordinated, joined-up response, delivered through appropriate partnerships is required to provide effective support for students across the spectrum of mental health interventions.

Staff working within universities also have roles that focus on student mental health and wellbeing. For simplification, staff in universities are not included when referencing the mental health sector. In reality, given the complexities of mental health and wellbeing, roles and boundaries are likely to be blurred. Practices described in the framework focus on supporting student mental health and wellbeing whether delivered by a university or mental health sector organisation.

The framework includes guidance for the mental health sector to strengthen its engagement with universities in order to support student mental health and wellbeing. The framework is focused on the student experience, with flexibility for the mental health sector to tailor approaches to meet the needs of the student population. The mental health sector is encouraged to ensure that their services and programs are accessible to university students, particularly those who are at risk of, or are experiencing, mental ill-health.

FRAMEWORK DEVELOPMENT

The framework is based on available evidence and advice, with the expectation that it will evolve through a continuous improvement approach informed by trialling, reflecting, learning and adapting. The iterative approach undertaken in the UK and Canada highlights the importance of reflection and updating to ensure continuous improvement and learning is incorporated over time. The framework supports universities and the mental health sector to review, evolve and strengthen their work in order to meet the growing and changing needs of the student population.

CONSULTATION

The framework was developed through extensive consultation with students, and university and mental health sector stakeholders. Interest in the development of the framework was strong, particularly across the university sector, and many individuals and groups readily committed time and energy to inform the framework's development.

An advisory group comprising senior representatives and individual experts from the mental health sector, the university sector, young people broadly and university students provided high level guidance, advice and sector expertise. Expert working groups comprising individual experts and group representatives drawn from the mental health sector, the university sector, young people broadly and university students contributed to the evidence base for guidance within the framework. A list of stakeholders who participated in these groups is included in [Appendix A](#).

Focus groups with university students were conducted to provide insight into student needs and preferences in relation to mental health and wellbeing. A total of 93 participants attended eight focus groups across five states. Participants reflected the diversity of the university student population, incorporating a broad range of ages, stages and areas of study; students from metropolitan and regional areas; and groups identified in the literature as being at higher risk of developing mental health issues.

International experts undertaking similar initiatives – particularly those in Canada, the United Kingdom and New Zealand – were engaged to provide insights on their experiences, to share contextual perspectives and to identify opportunities for alignment. Orygen invited project leaders from UUK and the Mental Health Commission of Canada to attend a symposium in Melbourne in February 2020 to share their insights on developing similar frameworks in their countries. The symposium brought together many of the key stakeholders engaged in the advisory and expert working groups.

Over 500 stakeholders were engaged via conference presentations and workshops with stakeholder groups to inform development of the draft framework. A draft framework was made available for public consultation in July 2020.

DEVELOPMENT OF THEMES

Four broad areas of focus emerged from existing initiatives and literature, and were used to guide early discussion and development of the framework. The four areas were:

- **Student mental health supports and services** – considering the supports available for students when mental health issues arise.
- **Mentally healthy universities** – a whole university community approach focused on harm minimisation, mental health promotion and preventative actions.
- **Evidence based responses** – data to reflect, learn, adapt – acknowledging the gaps in this area.
- **Collaboration for continuous innovation and reform** – the importance of a shared approach between universities and the mental health sector, breaking down silos, and co-design with students and staff.

“Authentically listening to students’ needs and incorporating the student voice into any university mental health programs can make them more effective.”

UNIVERSITY STUDENT



Early discussion with stakeholders emphasised a number of contextual considerations specific to the university environment that the framework design should consider:

- **Diversity of the student population.** Stakeholders identified this as an important consideration in relation to student cohorts at-risk of developing mental ill-health; population demographics; and mode of study. It was also noted that students typically spend only a brief time attending university, requiring the involvement of community-based action for longer term supports.
- **Diversity of institutions.** Stakeholders felt that a one size fits all approach did not reflect the diversity of institutions and bespoke arrangements were needed. At the same time, a degree of consistency in approach was needed across the whole university to reduce silo effects. Stakeholders also highlighted the importance of recognising and supporting individual decision-making to cater for the different experiences of students at different universities.
- **Importance of language.** There were challenges around how shared language was understood and used by all stakeholders; a preference to avoid technical, medicalised language; a belief that language should avoid assigning responsibility or implying blame; support for a strengths-based approach building on existing initiatives is important; and a preference for language to provide guidance, rather than setting standards or providing instruction.
- **Shared responsibilities between the mental health sector and universities.** Stakeholders emphasised the importance of including guidance for universities and the mental health sector; a focus on the whole university, with all members of the university community playing a role in mental health and wellbeing; and acknowledgment of the breadth of contributors to mental health and wellbeing, including individual responsibility, as well as social determinants (many of which are outside universities' direct control).

Input from stakeholders clustered around six areas:

- **Embed a response across the whole university.** Themes included leadership; governance; a university mental health strategy; alignment with broader university strategy; workplace mental health; upskilling the workforce; and teaching and learning.
- **A university community and culture supportive of good mental health.** Themes included mental health promotion; a culture of prevention; community connectedness; inclusive environments and community; addressing stigma and discrimination; and increasing awareness of mental health.
- **A student-centred approach.** Themes included understanding and responding to student needs; impacting student success; supporting student engagement with learning; upskilling students; improving mental health; increasing help-seeking behaviours; and increasing awareness of mental health.
- **Appropriate, accessible supports and services.** Themes included a continuum of responses via a stepped care approach; catering to the diversity of the student population; inclusive, appropriate services and supports; emphasising early intervention; engaging peer supports; linking students to services and advocating for access; integrated hubs; and digital interventions.
- **A collaborative approach to student mental health within and beyond the university.** Themes included collaboration with students; collaboration with service providers outside the university; collaboration internally to increase consistency; sharing ideas across the university sector; collaboration to build an evidence base; and collaboration for innovation.
- **Data collection, monitoring and reporting.** Themes included nationally consistent data; monitoring and improving responses; identifying and meeting student needs; assessing prevalence and risk factors for students; and identifying and informing evidence-based responses.

“Universities have an important role to play in supporting students’ mental health and wellbeing by ensuring they remain at the forefront of decision-making as co-creators and co-designers in all areas of support and service.”

UNIVERSITY STUDENT EXPERIENCE
AND ENGAGEMENT MANAGER

In addition to the specific content informing the framework, additional themes emerged in relation to the design of the framework:

- **Aspirational** – stakeholders referenced a need for innovation and challenging the status quo, noting alignment with broader societal and workplace responses to mental health. The framework was perceived by many as an opportunity to inform or drive research and innovation in this area.
- **Operational** – stakeholders indicated a preference that the framework should guide, inform and support universities to impact student success at university and beyond through improving student mental health and wellbeing. Many respondents also referenced the need for clarity regarding the scope of universities' role.
- **Functional** – stakeholders clearly indicated the need for a framework to be adaptable and flexible, recognising universities as autonomous institutions and enabling them to meet the particular needs of their student population.
- **Evolving** – stakeholders emphasised the need to recognise and build on existing frameworks and resources as well as identifying good practice and validating what universities are doing well, while providing exemplars for others to consider. Many also noted the value of an iterative approach for this framework, acknowledging many current mental health and wellbeing change initiatives across government and universities.
- **Holistic** – stakeholders emphasised the need for a systemic approach, integrating wellbeing into education to support broader goals of creating an inclusive and supportive environment for all members of the university community. A focus on long term approaches, enabling ongoing improvement and emphasising outcomes rather than meeting standards was considered important.
- **Implementation** – a range of ideas were referenced to support implementation in order to encourage effort and ensure action in this area. Some referenced accountability and the need for external oversight, some pointed to comparable recognition and reward programs, while others noted the importance of monitoring and accreditation processes. These comments informed the design of the document with a view to supporting implementation, however the specifics of implementation were outside the scope of this work.

A key theme that emerged across all student focus group discussions was the idea of connection. Students repeatedly expressed a desire to be shown empathy, to feel validated and, most of all, to feel like somebody cares about them. Broadly, students indicated they would like the framework to enable:

- an increased interpersonal approach to student support and care;
- consistent promotional and preventative activities spread throughout the year, augmenting current activities which peak around exam and assessment periods;
- increased availability of mental health services, and increased accessibility of services;
- an integrated triage system for mental health services within a 'service hub';
- the continuation and expansion of initiatives targeting holistic development outside of traditionally clinical mental health services;
- the creation and maintenance of safe spaces, both physically and within learning environments;
- increased mental health literacy amongst both students and staff; and
- mentoring opportunities, including academic and non-academic supports.

ISSUES RAISED

A number of issues were frequently raised during consultation, which were outside the scope of the current project. These issues informed the final format of the framework, particularly with a view to supporting implementation. Orygen continues to advocate for improved student mental health informed by the issues raised during development of the framework.

- **Implementation** – there were questions and concerns regarding the practicalities of how implementation would occur and what resourcing would be available to support implementation; many suggestions were received regarding incentivising implementation, accountability for action and evaluation of implementation.
- **Funding** – questions and concerns around the allocation of funding were noted for both universities and the mental health sector. Many university stakeholders indicated that over-stretched community mental health services resulted in students ‘bouncing back’ to universities, which then led to increasing demands on university services.
- **Data** – the importance of data to provide a clear picture of the prevalence and impact of mental health issues among university students was evident. Stakeholders referenced the importance of data collection and reporting from the perspective of accountability, informed action and improved understanding. Resolving the diverse, often contradictory, views on effective action was, at times, compounded by the lack of clarity due to significant data gaps.
- **Workforce capacity and resourcing** – this was noted for both universities and the mental health sector, often alongside questions of funding and responsibility for provision of services and supports. Workforce capacity and resourcing was also questioned in relation to the provision of insufficient and/or inappropriately targeted services.
- **Interdependencies** – stakeholders referenced the complexities and interrelationships between universities and the mental health sector which may limit the ability and effectiveness of action in one or the other sector.

Throughout consultation, a number of issues demonstrated diverse, often contradictory, perspectives:

- **Language** – some stakeholders expressed a preference for language that inspired or encouraged action; others felt action-oriented words were prescriptive or implied that action was not currently occurring.
- **Roles and responsibilities** – some felt that individual institutions should make decisions about appropriate services for their students;

others thought there should be a clear demarcation between services provided by universities and the mental health sector.

- **Roles and responsibilities** – some stakeholders held a belief that universities’ primary focus should be on wellbeing, prevention and maintaining mental health; others thought universities had a significant role in providing services and treatments for mental ill-health.
- **Accountability and reporting** – some thought that universities, as autonomous institutions, should determine their own reporting measures and timelines; another group had a preference for reporting into the Australian Government Department of Education, Skills and Employment or the Tertiary Education Quality Standards Agency; others supported a program similar to the [Athena SWAN gender equity and diversity national accreditation framework](#).⁽⁸³⁾
- **Document length** – at each stage of consultation, stakeholders expressed a desire for more information and content to be included in the framework, while also seeking further simplification and a shorter document.

Input received regarding these issues was appreciated and will support Orygen’s ongoing advocacy for improved student mental health and wellbeing. This project was focused on development of a framework to guide action within existing structures and contexts.



AUSTRALIAN UNIVERSITY MENTAL HEALTH FRAMEWORK

The framework was designed to:

- **Support a whole of university approach** through principles that signal opportunities for action for students, teaching staff, the wider university community, student services and counselling staff, research staff, and the mental health sector.
- **Be pragmatic and realistic** in identifying practices that can support student mental health and wellbeing within existing structures and contexts.
- **Be student-centred** by emphasising the value of involving students in all stages of mental health and wellbeing initiatives.
- **Share responsibility within and across sectors, leading to a collective impact** with most principles and practices applicable to both universities and the mental health sector.
- **Build on existing work, move forward, and provide a foundation for further research and evaluation** by incorporating a focus on the whole university (through a settings-based approach) where mental health and wellbeing is influenced by a range of factors. The framework is aligned with best-practice internationally, particularly with the work conducted in Canada and the United Kingdom. The framework also builds on and links to existing work in this area in Australia, such as the *Framework for Enhancing Student Mental Wellbeing*. Current practices are highlighted in case studies which accompany the framework and illustrate the framework principles.
- **Build capacity** through opportunities for growth, while also enabling universities to see their current programs reflected through a range of suggested practices.
- **Be flexible and able to be tailored** by providing a high-level, overarching structure that allows universities to identify the mental health and wellbeing needs of their students and offer appropriate actions.

“This framework can help guide solutions that enable students with mental ill-health to better achieve their potential.”

UNIVERSITY STUDENT

PRINCIPLES AND PRACTICES

Universities are places where people work, study, live and socialise. The messages people hear in these familiar settings are among the most influential in shaping mental health and wellbeing behaviours.⁽⁸⁴⁾ As such, the framework takes a settings-based approach to embed student mental health and wellbeing responses across the whole university. A settings-based approach to improved mental health and wellbeing considers interactions between all parts of the university community.

The framework is structured around six principles that support student mental health and wellbeing. Guidance is provided for each principle to illustrate what it might look like in practice. Practices are focused on supporting student mental health and wellbeing, whether delivered by a university or mental health sector organisation. Supporting information is included for each practice, providing evidence and applicable examples where available. The supporting information provides a brief summary of the research and consultation undertaken to develop the framework, foregrounding the experiences of students.

The framework is based on available evidence and advice, which is limited in some areas. It is expected that the evidence and the framework will continue to evolve through a continuous improvement approach informed by trialling, reflecting, learning and adapting. Action taken now will continue to strengthen the evidence base, provide clarity to areas of current uncertainty, and inform decision-making into the future.

Collaborative and coordinated partnerships between the mental health sector and universities, both across the university sector and within universities, provide a platform for action across society, linking research and education to support student success. This collaboration will help avoid duplication, improve efficiencies, increase the breadth and accessibility of supports for students, and stimulate innovation and growth.



PRINCIPLE 1

THE STUDENT EXPERIENCE IS ENHANCED THROUGH MENTAL HEALTH AND WELLBEING APPROACHES THAT ARE INFORMED BY STUDENTS' NEEDS, PERSPECTIVES AND THE REALITY OF THEIR EXPERIENCES

Meaningfully engaging with students and co-creating approaches to mental health and wellbeing ensures decisions are made with a full understanding of students' contexts and their direct experiences. Engaging students from a diverse cross-section of the university community – including those with a lived experience of mental ill-health – will improve the relevance of mental health and wellbeing strategies and activities, and therefore increase the likelihood of positive outcomes.

Facilitating the participation of students can enable universities and the mental health sector to develop mental health and wellbeing initiatives that reflect the needs of the student population.

In practice Information is actively sought from students about their needs and perspectives of their mental health and wellbeing, and is used to inform actions.



Without fully including the perspective of students and the diversity of their experiences, the reality of student mental health may be neglected.

In mental health, different things work for different people, and recovery and well-supported mental health is often context-dependent. Decisions made with a full understanding of students' context and their direct experience support informed actions.(85)

Data on university student mental health and wellbeing is limited and not always easily accessible. Relevant data may be included in a range of related areas that influence mental health and wellbeing including sources looking at health, education and training, work, economic wellbeing, family and community, housing,

crime and justice, and culture and leisure. More comprehensive, accessible data that enables an understanding of students' needs and perspectives and supports ongoing monitoring is needed. Improved sources could also assist in the development and evaluation of programs and policy.(14)

Within universities, data collected across a range of factors that may influence mental health and wellbeing can provide information on student experiences. For example, this could include linking data sources across different metrics and looking for patterns across different demographic groups, enrolment and retention data, and indicators of wellbeing, which may help to provide insight into student mental health and wellbeing.

In practice Mental health and wellbeing initiatives and services are co-designed with students, including students with a lived experience of mental ill-health.



Co-designing solutions with students is particularly important to ensure that students will engage with interventions that are developed, and that mental health content is presented in an accessible way.(85) Investment in significant service provision is more effective and worthwhile if students are willing to engage with those services.

People with a lived experience of mental ill-health are experts by experience. Research shows that students conceptualise their mental health, and the role of the university, in a variety of different ways.(86) Students' expectations of their university in regard to their mental health is also varied.(86)

Research shows that participation in co-design processes can improve an individual's functioning (autonomy, competence and relatedness) and enhance personal resources, such as resilience, confidence and self-esteem.(87) Co-designed initiatives have been shown to reduce instances of severe and acute mental ill-health and have decreased the use of acute mental health services through the creation of local networks of support that actively try to keep people well.(87)

In addition to the wellbeing benefits, co-design has been shown to increase joint knowledge production, improve critical thinking and create shared investment.(88) Benefits for individual participants in co-design include improved social

networks and social inclusion, improved skills and employability, and improved mental and physical wellbeing.(86) Co-design is a versatile strategy that could be employed across a range of university initiatives and programs.

Co-producing mental health strategies with students: a guide for the higher education sector, produced by Student Minds UK, describes how co-production strategies can lead to improved wellbeing outcomes, overcome barriers to engagement, and provides a range of tools for leading co-production work at universities.(86)

Co-designing with young people: the fundamentals is a guide developed by Orygen and young people. It is aimed at anyone involved in designing, commissioning or delivering mental healthcare for young people. It includes information about co-design, opportunities for co-design, strategies to support active participation and further resources.(89)

'Students as partners' practices have been described as reciprocal, collaborative, and emphasise the need for respect, trust and communication.(90) **Five propositions for genuine students as partners practice** are identified as underpinning the development of meaningful relationships between students and staff, where each contributes different - but valued - expertise.(91)

“With every student you see [with mental ill-health], they will have had a different experience and different issues and that means they’ll require different support and treatment.”

UNIVERSITY STUDENT



In practice Mental health and wellbeing initiatives and services are reviewed and evaluated in partnership with students.



Involving people in evaluation helps them feel more included, provides an increased sense of ownership, and may provide opportunities for them to learn new skills. It can help organisations gain a broader perspective and improve the design and quality of their services.(92) Meaningful student engagement can improve the relevance of university strategy, policy and practice, and therefore increase the success of this work. It can also help to ensure that the university community is working to a shared set of outcomes, in partnership with the mental health sector.

Evaluation may include a focus on some or all aspects of an initiative, including outcomes, delivery, communication, promotion and student perspectives. Partnering with students in evaluation may occur through a range of methods such as feedback, focus groups, specific project roles in an evaluation team,

and inclusion on strategic and operational advisory committees alongside senior leaders. To support student participation, consideration could be given to the timing of the engagement, training and supports commensurate with the requirements of participation, and appropriate recognition and recompense for students' time, travel and commitment.

Partnering with students can take many forms. The [International Association for Public Participation - IAP2 International](#) identifies multiple levels of engagement and participation and may be a useful guide to inform collaboration with students.(93)

Student Voice Australia's [principles for student partnership](#) were developed through national sector-wide collaboration to facilitate and support student partnership in universities.(94)

In practice Students are active in peer support roles to share experiences, facilitate access to supports and increase connections within their university.



Peers are an important source of support for students dealing with mental health and wellbeing challenges.(95) Peer mentoring has been viewed as one of the most successful approaches for the provision of academic, personal and transitional support services at universities.(96)

University students are willing to help peers who may be dealing with a mental health issue and they are less likely to hold attitudes that stigmatise mental ill-health.(6) For students experiencing mental health issues, the way in which someone responds to them may make a difference in determining whether appropriate professional help is received.(97) Peer-based programs facilitate prevention approaches by creating alternatives to acute services. They can enable students to receive support before a crisis point is reached.(87)

Peer workers may be employed within mental health and wellbeing services to provide emotional and social support to others with whom they have a shared experience. Compared with non-peer roles, peer workers have been shown to be more successful in promoting hope and belief in the possibility of recovery. They empower their peers and build self-esteem, promote self-management of difficulties, and increase social inclusion and engagement with social networks.(98)

Other opportunities to involve peers include considering roles for and within student clubs and associations. These clubs and associations can provide information on mental health and wellbeing, help to reduce stigma and support individual help-seeking. Engaging peer leaders and providing them with support and training (including training to understand the parameters of their role) can bolster student networks and help facilitate access to supports.

For further information, Orygen has developed a peer work [fact sheet](#) and an [evidence summary](#) of peer work in youth mental health.(99, 100) An [implementation toolkit](#) offers practical tips to support the integration of peer support in mental healthcare settings.(101)

Giving a voice to personal mental health stories, [batyr@uni](#) offers programs to enable students to engage in positive conversations about mental health and to empower students to reach out for support when needed.(102)

In practice Groups of students at greater risk of mental health and wellbeing issues are engaged in co-designing tailored approaches that address their specific needs in regards to mental health, wellbeing and the impact on ongoing educational engagement.



Tailoring approaches to **groups at greater risk of mental ill-health** acknowledges the differing needs amongst students and recognises the importance of students' past experiences and perceptions. For students at increased risk of mental ill-health, additional stressors may compound existing challenges. Involving students from these at-risk groups to inform strategies that are tailored to their needs is important in ensuring that their context and experiences are understood and valued.

Meaningful involvement of underrepresented student groups in the development of tailored mental health strategies is an important aspect of co-design.⁽⁸⁶⁾ Consultation to inform development of the framework reinforced the importance of enabling representation of diverse student cohorts and ensuring students from diverse backgrounds and those with a lived experience of mental ill-health are included in the development of strategies.

Involving culturally diverse communities in co-producing mental health services can build trust amongst the community to feel more confident to access or use a service. Co-producing mental health services with community leaders from diverse groups can reduce the stigma associated with accessing mental health services and help

to facilitate access to services.⁽¹⁰³⁾ Working with community leaders also empowers the community by supporting them to take part in the provision of services and to help ensure the needs of their community are met.⁽¹⁰³⁾

Edith Cowan University (ECU) works in partnership with the local Aboriginal and Torres Strait Islander community to help create a supportive, inclusive and culturally responsive environment that enhances the social and emotional wellbeing of ECU's First Nations students. The community is engaged and involved in decision-making and provides advice and support across the university on elements of strategy, policy, learning and teaching that affect the wellbeing of the university's First Nations students. To find out more about ECU's approach to partnering with the local Aboriginal and Torres Strait Islander community, see the [ECU case study](#).

Planning for student participation in co-designed activities should include provisions for appropriate training and supports in line with the requirements of participation and remuneration for time, travel and expertise.

Further information on tailoring services and supports for at-risk cohorts of students can be found in [principle 5](#).

“Engagement and involvement from the community is important. The advice and support provided by the First Nations community is crucial - we can't operate in isolation”

UNIVERSITY STUDENT LIFE DIRECTOR





PRINCIPLE 2

ALL MEMBERS OF THE UNIVERSITY COMMUNITY CONTRIBUTE TO LEARNING ENVIRONMENTS THAT ENHANCE STUDENT MENTAL HEALTH AND WELLBEING

Mental health and wellbeing is shaped by the places we work, study, live and socialise. The learning environment, policies, processes and operations can all affect the wellbeing of the university community. Teaching and learning approaches and curriculum design that strengthen student wellbeing can also enhance student learning outcomes.(104)

Trusting and respectful relationships formed within the university can help students to feel safe seeking assistance from staff on mental health and wellbeing issues. Inclusive and compassionate responses to mental health and wellbeing conveyed by leadership, lecturers and tutors, professional staff, and every student can help to reduce issues of stigma and encourage help-seeking.

A learning environment, community and culture supportive of good mental health and wellbeing not only benefits individual students and staff;(105) it also benefits the university organisationally through improved student academic outcomes and increased employee engagement and productivity.(106)

In practice Leaders prioritise mental health and wellbeing, embedding it within the core business of the university.



University leaders set the tone in committing to mentally healthy university settings. Multiple initiatives and studies have emphasised the importance of leadership in committing to improve students' mental health.(73, 107) Workplace mental health initiatives recommend securing high-level commitment and leadership support as the first step toward developing a mentally healthy workplace.(108)

University leaders at all levels share responsibility for influencing the climate and relationships within the learning community. Strong, consistent communication from leaders can help to normalise discussion about mental health and wellbeing, and reduce stigma associated with mental ill-health.(108)

Embedding an approach to mental health and wellbeing across the whole university requires buy-in and direction from senior leadership.(109) While all members of the university community have a role to play in mental health and wellbeing, senior leaders set strategic priorities and drive a cohesive vision and shared sense of purpose. (105) Visible leadership in this area can also

influence community perceptions and the value others place on mental health and wellbeing.

Visible, strong and supportive leadership at all levels can promote awareness of mental health and wellbeing and foster a culture that encourages people to take action to stay mentally healthy. Leaders and champions at different levels, and across faculties and organisational divisions, can positively influence the university culture, organisational practices and the experiences of the university community.

Workplace mental health initiatives, such as **Heads Up**, support leaders to positively influence mental health and wellbeing through workplace culture, management practices and employee experiences.(110) **Superannuation funds** or **health insurers** may provide additional supports to achieve mentally healthy workplaces for their members.(111)

In practice Whole of university mental health strategies are coordinated and integrated across all business areas.



Universities are large, complex settings. A whole of university mental health strategy emphasises the importance of coordinated, integrated actions that address organisational, physical and cultural environments, considers organisational risks and connects to broader initiatives. Research into workplace mental health initiatives supports interventions with multiple components that are integrated and work together.⁽¹¹²⁾ Coordinated strategies across all areas of the university support consistent messaging on mental health and wellbeing.

A whole of university approach acknowledges that the whole community has a role in supporting mental health and wellbeing through identifying opportunities to address prevention and risk factors, to strengthen learning environments and improve the overall quality of life for all within the university community. A whole of university approach draws on successful settings-based approaches, originating from the World Health Organization through the Ottawa Charter.⁽⁶⁵⁾ This approach continues to evolve, with the 2016 global health conference noting the need for action across multiple sectors, highlighting the critical role played by communities.⁽¹¹³⁾

A whole of university approach focuses on building a culture and environment that promotes sustainable mental health and wellbeing, evidenced by a presence in key strategic documents and allocation of appropriate resources. Incorporating mental health and wellbeing within the broader university strategy values mental health and wellbeing as part of the core business of universities and allows for a holistic, long-term approach to promote the mental health of students, staff and the broader university community. Factors that may demonstrate the importance of a mental health and wellbeing strategy within the university include: the quality, depth and breadth of the strategy; how the strategy was developed and by whom; the extent to which the strategy is connected to the university's core business and reflected within key documents; and visible translation of the strategy into day-to-day activities.⁽¹⁰⁵⁾

Many universities have developed a mental health and wellbeing strategy or are in the process of doing so. Aligning the mental health strategy with the broader university strategic plan supports a long-term commitment and visible leadership support. Each university's approach will be influenced by, and should take into account, its context and priorities, geographical location, diversity of student population, and institutional structures and governance.

In practice Good mental health and wellbeing is recognised as part of teaching and learning, with student-centred, course-specific support integrated into teaching and learning activities.



Curriculum design and teaching practices can contribute to student wellbeing, both positively and negatively.(104) Student wellbeing may be impacted by classroom culture, course design, curriculum, assignments, assessment, physical spaces and teachers themselves.(114)

Mental health and wellbeing support in universities is often quite separate from teaching and learning activities, and resources and supports are typically not embedded within curriculum or teaching and learning frameworks.(57) This separation of learning and other supports may leave students feeling unsupported and uncomfortable in teaching and learning environments, particularly students who have experienced mental ill-health and do not want to feel segregated or that they are receiving special treatment.(55) Compartmentalising academic and non-academic supports ignores the links between health and learning.

Framing wellbeing as a component of teaching and learning reflects an understanding of the student experience. The transition to university can be challenging, with academic demands that are likely different to previous experiences, and a need for students to adapt to new environments and ways of learning.(109) Students today face increasing pressure to excel, and the demands of study have been characterised as a key trigger for mental distress.(109) A competitive job market creates further stress for students, with 'finding a job after university' noted as the second highest cause of stress for students in the UK.(109) Learning environments that emphasise wellbeing also enhance the student experience and retention.(115, 116)

Acknowledging health and wellbeing as a teaching and learning issue recognises the impact mental health and wellbeing can have on student learning. Curriculum design and teaching and learning approaches that support effective

learning also enhance student mental health and wellbeing.(104) A holistic approach that supports the 'whole student' with a range of strategies embedded in teaching and learning activities can provide a more seamless experience for students.(10)

Teaching staff are not expected to take on the role of counsellors. A holistic approach can be supported through enhanced connections with student services staff to build shared understanding of academic and non-academic impacts on teaching and learning, and to facilitate timely referrals. The [Enhancing Student Wellbeing](#) website – a Queensland University of Technology, La Trobe University and University of Melbourne initiative – includes resources to help develop curriculum, and teaching and learning environments to better support student mental health.(77)

Universal design for learning emphasises inclusive practices through accessible curriculum and assessment approaches that cater for the diverse needs and abilities of all learners.(117) From the viewpoint of mental health and wellbeing, this includes designing learning experiences to help reduce stressors and offering flexible learning programs that accommodate and challenge all students.

Some universities are developing specific wellbeing courses for particular cohorts of students. At Monash University, a Health Enhancement Program was delivered as a mandatory course for first-year medical students.(118) The course included instruction on mindfulness and lifestyle programs. Medical students who completed this course demonstrated an overall improvement in wellbeing during the pre-exam period, which is typically when their mental health is at its lowest. (118)

In practice Policies, processes and supports are coordinated to reduce undesirable effects on mental health and wellbeing, and support student success.



In education, work and the community, adjustments that enable the active participation of those with physical illnesses are typically made more readily than for those experiencing mental ill-health.(68) People with current or previous experiences of mental ill-health are more likely to experience discrimination than the general population.(119).

Students with an experience or risk of mental ill-health may face additional challenges in navigating their university experience, and their capacity and ability to self-manage or seek help may be impacted. Students with 'invisible disabilities', such as mental ill-health, may find it difficult to convince staff that they need an adjustment or allowance, and many have described feeling disbelieved by those in positions of authority.(55)

This is not to suggest that the university experiences should not challenge or stretch students.(105) However, when the challenge comes from unhelpfully stressful practices or a system that makes life inherently more difficult for some students, it may undermine a student's self-efficacy, confidence, sense of competence and commitment.(105)

Processes and procedures requiring students to obtain a diagnosis or 'proof from an authority' to access reasonable considerations or modifications disregards students' lived experience and fails to acknowledge that obtaining a diagnosis of mental ill-health can be difficult.(55) Negative impacts of complex administrative processes can exacerbate experiences of mental ill-health or act as a barrier to students seeking support. Where access to consideration is only available once a student has reached crisis point, there is little opportunity to take preventative action.(120)

Students with a lived experience of mental ill-health may provide valuable perspectives on the interactions of policies and processes and their likely impact on students' help-seeking. Many students with an experience of mental ill-health feel that the realities of their experiences are denied and that staff are unaware of the challenges they face.(55)

Students consulted during the development of this framework expressed a desire to see a harm minimisation approach to policies, helping students remain engaged in their education and supporting them to succeed.(12) Harm minimisation focuses on reducing the potential negative effects of policies and practices for activities that may present an element of risk.(3)

Policies or processes that may benefit from a harm minimisation approach include (but are not limited to):

- modifications or accommodations for students experiencing mental distress that help them remain engaged with their education (for example, mental health leave, flexible class schedules or reasonable adjustments to learning and assessment);(3)
- the availability of support during a critical event, including deferrals for exams/ assignments or consideration of disadvantage (for example, mental health crisis or bereavement leave);(3)
- leave or withdrawal policies that enable students experiencing mental health issues to take temporary leave from their studies;(120)
- inclusive design approaches for learning and teaching that are aligned with disability discrimination policies and implemented consistently across the university (for example, protocols for accommodating mental health, clear information and clarification of scope of staff discretion, mental health considerations for procedures dealing with student complaints, appeals, and disciplinary actions);(120) and
- disability policies to facilitate participation in education and address the needs of students experiencing or recovering from mental ill-health, which may be quite different to the needs of students with a physical disability. (120)

The Jed Foundation offers a [**Framework for developing institutional protocols for the acutely distressed or suicidal college student.**](#) (121) Healthy Universities UK offers a guidance package: [**Integrating a commitment to health and wellbeing within a university's policy and planning process.**](#)(122)

In practice Strategies to support early help-seeking are incorporated to support ongoing engagement with learning.



Barriers to help-seeking include stigma and embarrassment, poor mental health literacy, and a preference for self-reliance.(123) Some students choose not to disclose mental ill-health to their university due to fears regarding their future opportunities, how they may be perceived, or fears that they may be dismissed as making excuses for poor performance.(48)

Medical students report that they are concerned that having a record of mental health treatment will impact their future ability to gain registration, practice, and progress in their careers, which may hinder their willingness to seek help.(124) As well as being a barrier to help-seeking, this concern also limits the effectiveness of regulatory bodies, as the true nature of mental distress within a profession may be hidden.(125) Further work is needed with professional bodies to enable students, and indeed those already practicing, to seek help for mental health and wellbeing issues, while managing the risks associated with mandatory reporting of mental ill-health in certain sectors.

Factors which may increase help-seeking behaviours include positive past experiences with help-seeking, social supports, and confidentiality and trust in the provider.(123) Inclusive learning practices that cater for students with diverse needs can support participation and may help to reduce the need for self-disclosure by reducing crisis points.(126)

Strategies to facilitate help-seeking could include:

- regularly raising awareness of available services, relevant policies, supportive processes and self-help strategies;
- promotion campaigns via a range of media to reduce stigma (including self-stigma), to increase understanding of mental health and wellbeing, and to share stories of hope and improved outcomes for diverse individuals; and
- incorporating online resources to increase accessibility and reduce stigma.(127)

In practice Staff in student-facing roles are supported to know what to do, within the scope of their role, to assist students with mental health and wellbeing.



Staff and students who are in regular contact build positive relationships that can increase trust and the likelihood of students seeking help for non-academic issues.(10) For students experiencing mental health issues, the way in which someone responds to them can be important in determining whether appropriate professional help is received.(97)

An inclusive, caring sense of community is important to students.(128) Students want to believe that somebody cares about them,(12) and that their individual circumstances and commitments are understood and accommodated within their studies.(128)

Students with 'invisible disabilities', such as mental ill-health, report feeling disbelieved or having the reality of their condition not understood by some staff. Students have specifically said that they wish some staff would better understand that they are not lazy or faking in order to gain special consideration.(55) A focus on education and building understanding between student services staff and those in teaching and learning roles can also help to reduce stigma, promote positive messages and provide accurate information about mental health issues. Facilitating regular, clear lines of communication between student services staff

and teaching staff can enable two-way sharing of knowledge and experience, and help clarify and reinforce clear boundaries for teaching staff (acknowledging that teaching staff are not counsellors).(10)

University staff recognise the increasing mental health issues students are experiencing and have indicated a desire for clear, concise training and practical guidelines that assist staff to refer students to supports within and outside the university.(9)

Staff who are likely to experience a student mental health disclosure require adequate skills to respond, along with clear guidelines to connect students with timely supports.(129) With students regularly approaching staff about mental health problems,(9) appropriate training helps students receive support early and helps staff to assist students within the scope of their role.

Increasing the mental health literacy of staff can improve understanding about mental health, thereby reducing stigma and discrimination. It can also help staff to better recognise signs of distress in themselves or others and encourage help-seeking. Good mental health literacy provides the knowledge, skills and understanding

to recognise, manage, prevent and reduce the impact of mental health issues. Poor mental health literacy, or a lack of knowledge about mental health, can increase stigma and discrimination.(130)

The ability to identify and respond to early signs of mental distress by facilitating access to care is critical for effective early intervention. Increasing the capacity of those within the university community to recognise and address mental health issues can help to facilitate early intervention through increased help-seeking, earlier referrals for support and reducing stigma. (97)

The 2015 [Universities UK good practice guide](#) recommends delivering appropriate training to all staff and students, to those most likely to come

into contact with students who may disclose mental health issues, and to those employed to support and respond to students experiencing mental ill-health.(47) It offers guidance for the different levels of training likely to be appropriate for staff in different roles.

Australian universities would benefit from bespoke staff training, tailored to the unique setting and developed with input from relevant student services and counselling staff. This could include a combination of face-to-face and online training, as well as including printed materials. The materials could include instructional guidelines, including a decision tree or flow chart, to assist decision-making and support staff in responding appropriately.(9)

In practice A mentally healthy workplace is maintained by complementary student and staff wellbeing initiatives.

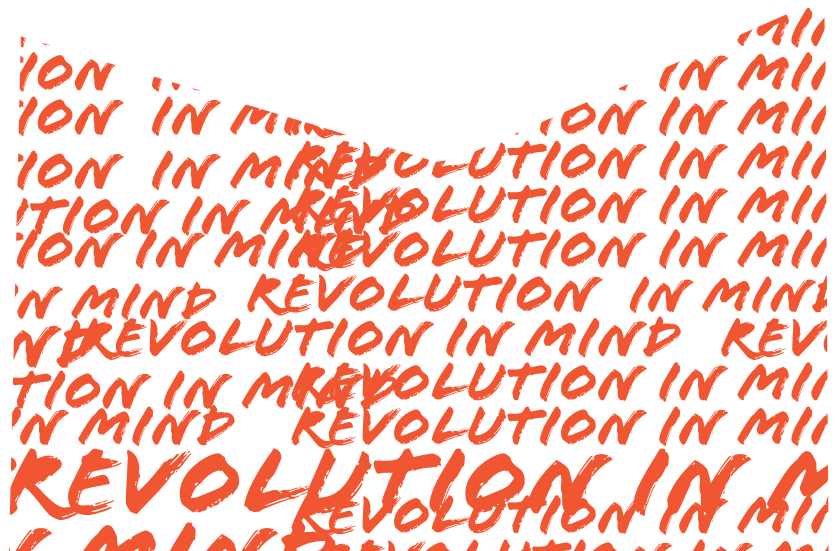


Workplaces can play an important and active role in maintaining the mental health and wellbeing of employees.(108) Mentally healthy workplaces can enhance wellbeing and productivity, attract and keep high-performing employees, and provide better financial outcomes for the organisation.(131) Enhancing staff mental health and wellbeing is also likely to contribute to more effective engagement between staff and students.

Stakeholders consulted to develop the framework consistently emphasised the importance of aligning staff and student mental health strategies, noting the interrelatedness

of staff and student wellbeing. A number of consulted individuals also described a 'grey area' for those who hold both staff and student roles, recommending additional guidelines and clarification be considered to provide clarity for people in these roles.

Workplace mental health initiatives, such as [Heads Up](#), provide support and recommendations for mentally healthy workplaces.(132) [Superannuation funds](#) or [health insurers](#) may provide additional supports to facilitate mentally healthy workplaces for their members.(111)





PRINCIPLE 3

MENTALLY HEALTHY UNIVERSITY COMMUNITIES ENCOURAGE PARTICIPATION; FOSTER A DIVERSE, INCLUSIVE ENVIRONMENT; PROMOTE CONNECTEDNESS; AND SUPPORT ACADEMIC AND PERSONAL ACHIEVEMENT

Institutions that model inclusive mental health and wellbeing practices send a strong message that every member of their community is supported and valued. As educators and leaders in the community, universities play an important role in shaping the health of those within their community.

All members of the university community, including those experiencing mental ill-health, are afforded the right to participate meaningfully in university life without discrimination, stigma or exclusion.

Good mental health and wellbeing enables students to perform at their best – physically, emotionally and mentally. Students feel supported and valued within university cultures that embrace diversity and flexibility and put the student first.(96)

In practice Supportive university communities enhance student connectedness and facilitate participation in university life.



Healthy connections through relationships, places and social activities are known protective factors for mental health.(133) Identifying and amplifying connections for students and others with the university community benefits both mental health and the cultural strength of university communities.

Greater social inclusion has been shown to improve mental and physical health, increase productivity, improve employment outcomes, and reduce costs incurred when people are excluded.(134) A sense of belonging and positive relationships are both consistently identified as strengthening student mental wellbeing and academic achievement.(135)

A sense of belonging to their university is aligned with student satisfaction with their university.(115)

Inclusive communities where students feel valued and respected can contribute to students' sense of belonging. Inclusive, supportive university environments are more likely to foster students who are “active global citizens and who are more likely to value and prioritise health and wellbeing, in the short and long term through to their adult lives”.(136)

Universities are undertaking a wealth of initiatives in this area. The COVID-19 pandemic has impacted students' ability to connect, and the typical mechanisms for building connection with the university community. Universities can continue to enhance the student experience through co-creating new approaches with students that are adapted to the circumstances created by the pandemic.

In practice Diverse student cultures and identities are valued and visible across the university community.



The diversity of the university student population contributes to the vibrancy of ideas, culture, enterprise and engagement. Students feel valued and supported as members of the university community through an inclusive environment that embraces diversity and flexibility, puts the student first, and enables students to fully participate in their learning, free from abuse, harassment or unfair criticism.(137)

Unfortunately, being perceived as different can lead to increased risks of poor mental health and wellbeing through experiences of discrimination and stigma, racism, isolation and exclusion.(133) Visible, positive, relatable stories from peers with a lived experience of mental ill-health have been shown to reduce stigma, increase early help-seeking and early intervention.(6, 138, 139)

Across a range of sectors, the benefits of inclusive, diverse environments are increasingly recognised as contributing to an organisation's success and sustainability.(140) Inclusive environments support wellbeing through positively impacting students; supporting and motivating educational achievement; providing

balance; and through addressing safety, reducing discrimination, prejudice and harassment. Inclusive environments are those in which a “diversity of people feel valued and respected, have access to opportunities and resources, and can contribute their perspectives and talents”. (141)

In mental health, leading and promoting a commitment to active collaboration with those with a lived experience can help to challenge stigmatising attitudes and reduce discrimination. Celebrating and promoting recovery stories is an important way of acknowledging, valuing and learning from those with a lived experience of mental ill-health.

Given historical inequities, enabling diverse student populations to participate effectively may require specific supports such as developing and implementing social inclusion policies, anti-discrimination policies and gender-equity policies.(119) The [Diversity Council of Australia](#) offers resources to enhance inclusive practice. (142)

“We make sure that there is representation and visibility of First Nations people so that students feel like it’s a message for them.”

UNIVERSITY PRO VICE CHANCELLOR



In practice Students are connected to programs that build holistic wellbeing – physical, social, mental and spiritual wellbeing.



Mental health and wellbeing are affected by a range of factors. Promotion of positive mental health and wellbeing is a critical aspect of a whole of university approach.⁽¹⁰⁹⁾ Physical activity, strong social relationships, employment, good nutrition, reduced alcohol intake and access to green spaces can act as protective factors for positive mental health and wellbeing.⁽¹³³⁾ The interrelated nature of physical, social, mental and spiritual health means that activities delivered in one domain may provide benefits in another.

Students have suggested that a variety of experiences within university settings can improve their wellbeing, including co-curricular activities, social life, student services and physical spaces. The range of these suggestions aligns with a healthy settings approach where all aspects of university life are relevant to supporting student mental health and wellbeing.^(105, 143) At the centre of what students want from their university is to feel a sense of connection and to feel like somebody cares about them.⁽¹²⁾

Projects and programs that facilitate wellbeing could feature community and group activities, taking responsibility for others, involvement in community sport and active recreation, or civic engagement. Recreation programs including art, exercise and peer support are effective in reducing common mental health difficulties for university students.⁽¹⁴⁴⁾

A holistic approach to health and wellbeing is particularly important for Aboriginal and Torres Strait Islander students. Maintaining a spiritual, physical and emotional connection to the land is key to the conception of mental, social and emotional wellbeing for Aboriginal and Torres Strait Islander students.⁽⁵¹⁾ Working with Aboriginal and Torres Strait Islander students and their communities can provide insights to

effectively incorporate all aspects of wellbeing to enhance the student experience.

Universities already offer a range of activities for students that address physical, social, mental and spiritual wellbeing. However, in many instances, these initiatives are not integrated or coordinated across the university.⁽⁹⁶⁾ Better integrating different initiatives and highlighting the potential mental health and wellbeing effects may help to remind students of the importance of a balanced approach to wellbeing and provide opportunities to build or reinforce their wellbeing. To support students to ‘thrive’ rather than just ‘survive’, a focus on developing close social relationships with peers, good time management and organisational skills, and effective coping strategies may be advantageous.⁽¹⁴⁵⁾

Mindfulness-based interventions are effective in reducing distress, enhancing wellbeing and reducing common mental health problems in university students.⁽¹⁴⁴⁾ Positive psychology practices, particularly those emphasising a strengths-based approach, have been suggested as a means of increasing student engagement and creating conditions that cultivate wellbeing for students and staff.^(146, 147) Developing positive psychological strengths such as hope, efficacy, resilience and optimism can improve university students’ mental health.⁽¹⁴⁸⁾ A framework for building positive universities has been proposed, incorporating positive psychology practices across learning, social, community and residential spaces within the university.⁽¹⁴⁶⁾

Existing promotion and prevention frameworks and strategies, such as [Everymind’s Prevention first: a prevention and promotion framework for mental health](#),⁽¹¹⁾ and the [Framework for enhancing student mental wellbeing](#),⁽⁷⁸⁾ may offer guidance for universities.

In practice Communication about mental health and wellbeing builds understanding, increases awareness and helps to break down stigma and discrimination.



The messages people hear in familiar settings, such as universities, are among the most influential in shaping mental health and wellbeing behaviours.(84) Research suggests that information related to mental health and wellbeing support is not always reaching students, and the mental health messages they do receive may be unclear.(109) The amount and location of information about mental health and wellbeing on university websites varies substantially between institutions.

Students report that while they receive wellbeing messages at the beginning of the semester and in the lead up to exams, they would prefer more regular, ongoing reminders to keep mental health and wellbeing prominent and to destigmatise help-seeking.(12, 128) Some students feel that their institution does not encourage them to disclose mental health issues, and report being unaware of the supports and adjustments available to them, while others are aware of available supports but thought they did not apply to them.(109)

Stigma and embarrassment, poor mental health literacy and preferring to be self-reliant have been cited as the most significant barriers for students and young adults in accessing mental health and wellbeing support.(123) Fear and isolation associated with stigma can compound issues for students, with some experiences of stigma being as debilitating as the mental health issue itself.(5) Language choices can contribute to stigma and misunderstanding of mental health and wellbeing issues.(149)

Increasing awareness of mental health encourages improved understanding and better-informed conversations about mental health. Evidence suggests that mental health promotion and awareness-raising are effective at changing attitudes and reducing stigma in university settings.(150) Stigma or prejudice from staff, and fear that they will receive unfair treatment, have been cited by some students as reasons for not disclosing mental health issues.(109) Students

believe that key strategies to reduce stigma and increase help-seeking include education and awareness, connecting students to resources, and showing compassion and understanding for those experiencing mental health issues. (6) Communicating the benefits of mental health treatments, such as improved coping and reduced stress, may increase students' comfort in seeking help for mental health issues.(6)

Targeted communication can be supported by working with students to understand how and when they want to receive mental health and wellbeing messages. Regular, repeated messages about the type and purpose of different services (on and off-campus) and access pathways can help to increase awareness and facilitate help-seeking.

Effective communication approaches can help to break down stigma and increase understanding of mental health. Universities can help address stigma and discrimination through modelling respectful, inclusive communication related to mental health and wellbeing. Communication guidelines, such as the **National Communications Charter**.(149) can support staff with evidence-based mental health and wellbeing messaging that assists with clarity and consistency, and can help to break down stigma and increase understanding.

Mindframe offers specific advice for university educators wanting to communicate about mental ill-health.(151) It also offers a guide for **communicating about suicide**.(152)

#chatsafe: a young person's guide for communicating safely online about suicide has been developed by Orygen in partnership with young people. The guidelines provide support to those who might be responding to suicide-related content posted online by others, or for those who might want to chat online about their own feelings and experiences with suicidal thoughts, feelings or behaviours.(153)

In practice Students are supported to develop mental health and wellbeing-related skills and competencies that prepare them for learning, future careers and life.



Skills that support good mental health and wellbeing not only support student learning, but also help students manage the realities and challenges of life. Mental health literacy, resilience and self-management skills help prepare students for dealing with the stressors associated with the world of work.(154)

Along with wellbeing concerns, the resilience of university students has received increasing attention in recent years. Resilience is often understood as the ability to bounce back despite setbacks.(155) However, the lack of a universally accepted definition of resilience has made it difficult to generalise across research efforts. (156) A definition of resilience for the higher education sector has been proposed, focusing on thriving, encouraging a growth mindset and emphasising the ability to adapt to challenges. (156)

Teaching students how to be resilient equips them with the skills they will need to navigate employment and supports a harm minimisation approach.(154) Resilience is often associated with effective coping skills and success at both university and in the workplace.(155, 156)

Students with poor mental health literacy may not know how, when or where to access supports. They may not be able to recognise symptoms of mental distress or to differentiate symptoms from the expected pressures of study. (5) Good mental health literacy increases the knowledge, skills and understanding needed to recognise, manage, prevent and reduce the impact of mental illness. Improving mental health literacy is critical for effective prevention interventions, ensuring that individuals can advocate for themselves and seek appropriate supports.(5)

Programs or activities that support the development of students' emotional intelligence, mindfulness, coping strategies and thinking may be beneficial for mental health and wellbeing, alongside strategies that foster self-

efficacy (choice and control), facilitate social connections, scaffold exposure to challenges, and prepare students for the workplace.(156) Clear communication of reasonable expectations that reflect the realities of the world – such as the importance of meeting obligations, managing stress, and meeting deadlines – can also assist. (156) Mindfulness interventions have also been shown to be effective in increasing students' resilience to stress.(157)

Resilience can be incorporated in curriculum-based approaches, as evidenced in the **Framework for enhancing student mental wellbeing**,(78) or in co-curricular or pastoral care approaches, which are already part of the fabric of many universities through a range of student services offerings.(156). Programs targeting periods of transition, both into the university and into the workplace, are likely to be beneficial for students.(158-160)

There is an opportunity for businesses and professional bodies to work with universities to ensure continuity of expectations, to assist with transitions to the workplace and to support professional placements during study. Financial assistance for participants, improved workplace preparedness and increased institutional and community support can better support students during work-integrated learning experiences. (158)

Introductory mental health literacy courses could include information about mental health, counselling and resilience-building skills, as well as exploring the influences of relationships, culture, community and personal care strategies for positive mental health.(5) Good practice approaches to mental health literacy programs include undertaking preliminary research with students, tailoring messages to students' specific needs and preferences, and developing targeted messaging for student groups at high-risk of mental ill-health.(161) Peer-to-peer programs have also been shown to be effective in increasing mental health literacy.(162)



In the general population, risk factors associated with poor mental health and wellbeing for adults and young adults include social isolation and loneliness, homelessness, being a sexual minority, migration, cyberbullying, caregiving, physical health conditions, insecure employment and unemployment, unsupportive work conditions, economic inequality, and stressful events (including intimate partner violence and drought).(133) Universities can support a public health approach to manage these risk factors by providing information or directing students to community resources.

The university experience itself can expose students to a range of risk factors that may negatively influence mental health and wellbeing. These risk factors include financial stress,(17, 28) lack of sleep,(38-40) poor nutrition,(41) balancing work and study responsibilities,(42) increased autonomy and responsibility,(43) and pressure to excel in a competitive job environment.(163) Students also report significant barriers to help-seeking, including stigma,(45, 46) concerns regarding academic and career outcomes,(47) and uncertainty related to confidentiality.(48) At the same time, high-risk behaviours such as drug and alcohol use are often associated with mental ill-health,(5) and may require interrelated supports.

Additionally, in a university context, stressors may present as academic under-preparedness, financial strain, poor physical health or controlling parental expectations.(104) Students transitioning to university may experience loneliness and isolation, compounded by a loss of existing support structures and increasing social pressures, which can impact on their mental health and wellbeing.(109)

Many of these stressors may not require a specific mental health intervention. Universities already offer a range of supports for students in these areas. Providing information on the potential mental health and wellbeing impacts of academic stressors and the supports available may help to reduce stigma and reinforce the importance of a balanced approach to wellbeing.

Transition to university presents a critical opportunity to intervene and focus prevention efforts.(8) Mindfulness programs have shown benefits in supporting transition, decreasing symptoms of depression and anxiety, and increasing students coping skills and life satisfaction.(164)

Preventive interventions, particularly those that reduce the symptoms of depression and anxiety, are effective over the longer term.(165)

An experience of mental ill-health is one of the most significant risk factors for suicide.(166) There is evidence that suicide prevention campaigns are effective when delivered as part of a larger, integrated approach that incorporates community training and aftercare services.(167) Suicide prevention interventions in educational settings are effective at reducing self-harm and suicidal ideation.(168)

Projects and programs may also address risk factors by focusing on facilitating respectful, supportive and equal relationships; valuing diversity; protecting physical security; and delivering equality of opportunity. Continuing universities' commitment to initiatives such as Universities Australia's **Respect.Now.Always** campaign, and ensuring alignment with mental health and wellbeing strategies, provides another avenue to support student wellbeing.(169)





The campus environment can enhance mental health through safety and equity of access, sensory environments, and access to nature.(170) In the physical environment, providing wellness rooms and collaborative spaces that foster social cohesion may be beneficial.(171)

Access and exposure to green spaces has been shown to be of benefit for health and wellbeing. (172) Practical, evidence-based strategies such as integrating plants at entrances, having small green spaces throughout the campus, and incorporating greenery along walkways can help to increase the time students spend in and around green spaces.(172)

In the digital space, online learning is increasingly becoming a part of students' university experience, with a growing number solely engaging with their university online.(96) Almost one in five students does not believe physical campuses will exist in 20 years' time.(173) As well as planning for effective online learning

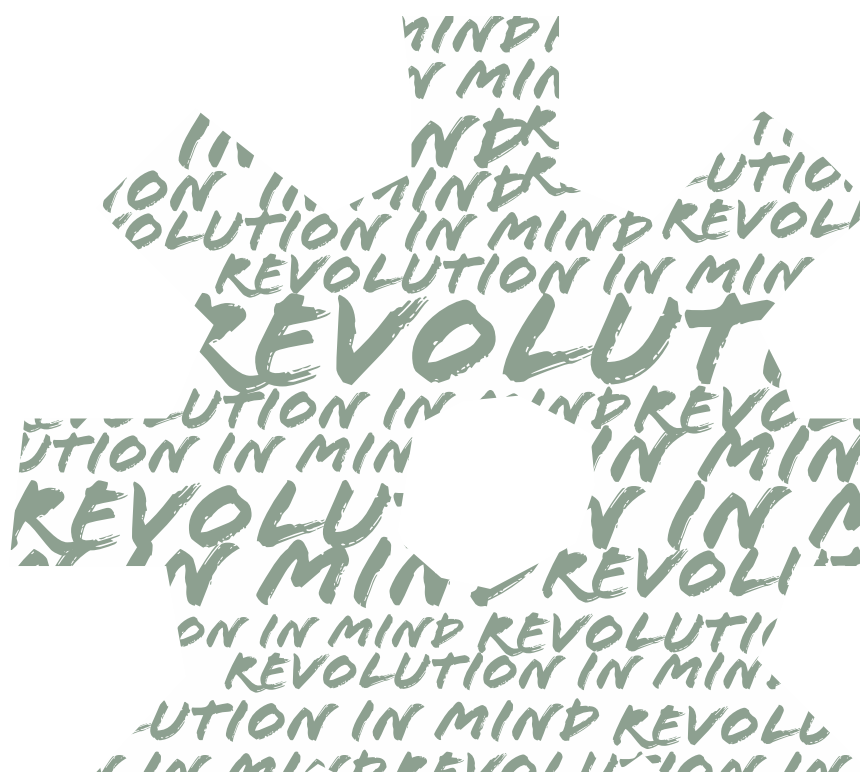
experiences, universities are also considering the impact of digital spaces on students mental health and wellbeing. Developing strategies to build connections with students online, facilitating effective support services and exploring after-hours engagements are all being considered.(96)

To support students online, universities may consider strategies to build a sense of community online; support a balanced approach to managing learning and workloads; connect students with after-hours supports; provide information to help manage stressors; and enhance flexibility to offer a broad university experience online.(173)

The **Toolkit for Universities**, developed by Universities Australia and eSafety, provides resources for universities, academics and students to help university communities be safer online.(174)

“Student wellbeing has to be our number one priority. University can be a lonely place, especially for students with mental health problems.”

UNIVERSITY VICE PRESIDENT
AND EXECUTIVE DEAN





PRINCIPLE 4

THE RESPONSE TO MENTAL HEALTH AND WELLBEING IS STRENGTHENED THROUGH COLLABORATION AND COORDINATED ACTIONS

Universities offer a range of mental health and wellbeing supports, but they are not expected to do this alone. A collaborative, coordinated approach to action within the university, across the sector, with students and with external mental health and wellbeing partners creates opportunities for shared success. Coordinated action allows organisations and individuals to contribute according to their strengths, avoids duplication, improves efficiency and produces better outcomes.(175)

Significant expertise exists within universities – including student services and counselling staff, academics, researchers, teaching faculties, and mental health workforces – that can be drawn upon to help guide a whole of university response.

Mental health and wellbeing expertise and experience shared within the university sector consolidates understanding and practice, enabling universities to raise the bar together.

Collaborating with universities can offer the mental health sector an important community connection as universities play a vital role in connecting people, businesses, organisations, activities and knowledge. The independence of Australia’s universities enables them to work across the communities in which they operate, developing partnerships and agreements with the mental health sector to help meet the needs of their students and enabling the university to give back to the community.

In practice Partnerships between universities and the mental health sector facilitate a joined-up approach to student mental health and wellbeing.



With universities and the mental health sector offering mental health and wellbeing supports and services for students, it is important for mental health sector organisations to work with universities in understanding and incorporating the needs of students into their service planning arrangements. Partnerships between university and mental health sector organisations acknowledge the shared responsibility for mental health and the importance of considering the whole person in providing supports. In terms of student numbers, most universities are similar in size to large towns. In partnership with the mental health sector, universities are well-placed to reach large numbers within the population to provide effective pathways to care.(5)

While more evidence is needed, poor communication, lack of coordination and ineffective pathways between educational institutions and specialist mental health services have been highlighted as challenges for students in accessing appropriate, timely care.(144)

Opportunities for the mental health sector to partner with universities exist across the continuum of mental health and wellbeing interventions, from mental health promotion and prevention approaches to ensuring students can access support for treatment and recovery. Taking steps toward the development and provision of a more seamless pathway for students to access support has the potential to not only improve student mental health

outcomes, but also to ensure the most effective use of resources for both university and mental health sector providers.

Formal partnerships or memorandums of understanding (MoUs) may support the mental health sector and universities to deliver more efficient, effective services and inform decision-making to better support university students' mental health and wellbeing. MoUs may operate at a local, state or national level depending on need.

At Western Sydney University (WSU), a strategic partnership was formed in 2012 with three NSW Population Health services, to deliver a coordinated and strengthened response that meets the mental health and wellbeing needs of a diverse student community. To find out more about how WSU has collaborated with external partners to deliver a strengthened response that meets the needs of WSU's diverse student community, see the [WSU case study](#).

In school-based health interventions, research shows that collaboration across sectors is most effective when there is a strong foundation of communication and professional interpersonal relationships. Finding a common purpose and enabling partners' to achieve their core business needs is important for program success.(176)

A focus on referral protocols and practices, and ensuring good communication between universities and community-based partners in following up outcomes from referrals, supports the notion of shared responsibility and providing improved care for students in need. This will also better position universities to provide reasonable academic considerations or modifications, and better support students. While individual universities determine which mental health and wellbeing services they provide, there may be value in a joint approach across all levels of government to coordinate pathways to service between universities and mental health sector providers.

Re-organising and strengthening services to align with a stepped care approach, tailored to the university context and student population, would support students seeking help to access

appropriate campus-based or community-based services while reducing the risk of delay in accessing supports for students with moderate to severe mental ill-health.(8)

A stepped care approach varies the intensity of the treatment interventions to the needs of the student. A hierarchy of interventions supports individuals as their needs change. It is critical that services in the community understand the limits of the service offerings available within the university and that students with mental health conditions beyond the remit of the counselling/psychological supports offered on campus are successfully referred into community-based mental healthcare.

To support both functional and clinical recovery, partnerships between mental health services and universities can support individuals to engage or re-engage with higher education where this is a specific goal of the individual. Dedicated and individualised supports for engagement or re-engagement in education could be embedded as a core component of clinical services, in partnership with universities.

Other areas of focus for collaboration include an emphasis on integrated multidisciplinary services, building community capacity, uniting traditionally fragmented services and improving access to early intervention.(177)

Beyond service provision, there is an opportunity for innovative partnerships between universities and external research organisations, such as the South Australian Health and Medical Research Institute or Black Dog Institute. Universities are not alone in recognising the need for action on mental health. Given the significant impact of mental ill-health on quality of life, educational achievement and productivity, the importance of improving mental health was specifically noted in the United Nations Sustainable Development Goals (SDGs) and *Global action plan for healthy lives and well-being for all*.(178) The SDGs recognise the interconnectedness of sustainability initiatives, noting that progress in one area supports and underpins progress in other areas.



In practice Expertise within the university is used to guide university responses and facilitate a consistent experience for students.



There is a wealth of expertise within universities – including student services staff, clinicians, academics, researchers and professional staff – to help guide university responses to student mental health and wellbeing. A whole of university approach requires internal collaboration to break down silos and commit to creating learning and teaching environments conducive to good mental health across the whole institution. The size of universities and the scale of their work often means faculties and business units operate somewhat independently of one another. Student and staff engagement can improve the relevance of university strategy, policy and practice, and therefore increase the success of this work.

Building a strong, holistic institution-wide strategy necessitates collaboration across departments. A shared goal creates greater buy-in, and an opportunity to deploy more effective resourcing across the university when the ultimate aim is shared, cohesive relationships across campus. Collaboration requires leaders to frequently, visibly reiterate their support for the collaborative venture and emphasise the opportunities for shared value and outcomes.

There may be a sense of vulnerability for faculty as part of a change process, underlining the importance of regular information and clear, consistent communication.(179)

Opportunities for collaboration within universities could include:

- leveraging internal expertise among students and staff, drawing on a range of disciplines to identify evidence-informed strategies;
- establishing working groups or networks of staff (from all business areas), students and external stakeholders to build relationships, share learning, identify opportunities and needs, and increase understanding of the impact of mental health across the university;
- identifying processes and resources (including digital resources) that could be deployed across the institution to improve consistency and create a shared language for users across the university; and
- leveraging the knowledge base within universities to identify opportunities for internal research and improvement activities.

In practice Collaboration across the university sector to share resources, expertise and good practice, and to speed potential advances.



Sharing expertise and experience across the university sector supports consolidation of knowledge and practice to raise the bar together. Collaboration on actions may help to create a shared learning culture, avoid duplication, stimulate innovation and growth, and improve efficiency.

The Higher Education Standards Panel report on improving retention, completion and success in higher education notes that there is a wide variety of approaches to sharing best-practice, though these are not always scalable or evaluated.(96) The Australian Government Department of Education and Training committed to consult with peak bodies to develop streamlined processes for sharing best-practice.(79)

The Australian Government Department of Education, Skills and Employment funds the [National Centre for Student Equity in Higher Education](#) (NCSEHE), a research and policy centre that “provides national leadership in student equity in higher education, connecting research, policy and practice to improve

higher education participation and success for marginalised and disadvantaged people”.(180) NCSEHE operates a research grant program to fund research on higher education student equity issues, with several studies considering student mental health and wellbeing.

The [Australian Disability Clearinghouse on Education and Training](#) is also funded by the Australian Government Department of Education, Skills and Employment in order to support “disability practitioners, teachers and learning support staff in their work with people with disability or medical conditions in post-secondary education, training and employment”.(181) Resources are available for students and staff.

Research to support higher education outcomes for people from low socioeconomic status (SES) backgrounds is also funded through the [Higher Education Participation and Partnerships Program \(HEPPP\) National Priorities Pool](#).(182) Several studies focus on students from particular equity group cohorts and mental health and wellbeing.

In practice The mental health sector actively collaborating with universities, utilising their expertise in research and translation, and insights about their communities to help inform mental health and wellbeing sector planning and service provision.



Strategic partnerships with universities may help mental health sector organisations better understand the needs of student populations and consider potential research or evaluation opportunities. Shared planning with universities may contribute to efficiencies in the use and application of unique resources that universities can provide, particularly in research and evaluation capabilities.

Despite substantial research into the treatment and prevention of mental ill-health and the promotion of mental health, translation has been “painfully slow”.(183) There are significant gaps in the research relating to effective interventions for university student mental health. Actively engaging with universities provides an opportunity for the mental health sector to address the gaps in evidence and leverage innovative initiatives to improve student mental health and wellbeing.

Engaging with universities enables the mental health sector to better understand the unique, university-specific factors that impact on students’ mental health and wellbeing. Genuine collaboration with consumers and carers in all aspects of system planning, design, monitoring and evaluation is an expectation within

government mental health frameworks.(68) Working with university communities to inform the development of appropriate systems within the local context provides the opportunity to engage with a large and diverse population.

Actively collaborating with universities also provides an avenue to engage students in co-designing approaches to mental health and wellbeing that meet students’ needs. Input from students supports the tailoring of a stepped care approach that is specific to the student population and university environment, in turn enabling more students to access specialty treatment without delay while providing relevant services on campus for those with less complex needs.(8)

Evidence suggests that investment in strong connections at multiple levels leads to better quality services, saves time, and allocates resources more effectively through an integrated and collectively planned approach. Co-creation and collaborative management allows organisations to design and deliver programs according to their strengths, the needs of the population they are serving and produce better outcomes for mental health consumers with lasting system improvements.(175)

In practice Universities are supported to consider the impact of the social determinants of mental health that are relevant to student learning.



Mental health and wellbeing is influenced by a range of factors. The social determinants of mental health advise that the ways in which we work, study, live and socialise influence mental health and wellbeing. For universities, supporting student mental health and wellbeing may require consideration of an individual’s context and background outside the university environment. This may mean considering the effect of childhood experiences, discrimination, age and gender, social and community supports, income and social status, and employment and working conditions. Overcoming these structural inequalities requires multilevel interventions, both within and beyond the university.

In recent years, the Department of Education has increased the supports available for students

from diverse backgrounds to study at university. From 2021, Aboriginal and Torres Strait Islander students, students from low SES backgrounds, and regional and remote students will be able to benefit from the [Higher Education Participation and Partnerships Program](#).(182)

Conditions that impact on individuals’ mental health and wellbeing can be improved by continuing universities’ commitment to initiatives that focus on equity, psychological and physical safety, and addressing stigma and discrimination.

Engaging with relevant organisations based on the needs of students can support increased understanding and facilitate connections for students with relevant services and organisations in the community.



PRINCIPLE 5

STUDENTS ARE ABLE TO ACCESS APPROPRIATE, EFFECTIVE, TIMELY SERVICES AND SUPPORTS TO MEET THEIR MENTAL HEALTH AND WELLBEING NEEDS

Appropriate, effective and timely services and supports meet students at their point of need, when the support is needed. Students requiring mental health support often experience a number of interrelated issues, both personal and education-related, that can impact on their presentation and response to treatment.

Integrated approaches, with clear, straightforward pathways between a range of services, can increase engagement and retention in support programs. They help individuals to make improvements across multiple domains and to better understand the links between their issues.(184)

Improving access to care and intervening early – at the onset and development of mental health and wellbeing issues – can help to reduce the incidence and severity of mental health issues.(177)

In practice Students are supported to navigate mental health services.



There is no standard definition for ‘mental health-related service’,(81) and services are delivered through a complex mix of public and private services and/or federal, state and territory arrangements.(82) As such, it can be difficult for students to navigate or understand what supports are available.

In addition to a need for clear pathways to mental health and wellbeing services, there is also a need for more effective, accessible information about the range of services and supports available.(68) As anchor institutions in the community, universities can help students to navigate the complexities of the mental health system by connecting students with organisations and providing supports and knowledge.

University student services provide an important entry point for students seeking support. They are well-placed to triage students with mental ill-health, providing short-term counselling where appropriate and facilitating warm referrals for students with more complex and severe needs to appropriate services in the mental health system. (68)

There are opportunities for the development of online navigation platforms, beyond the mental health sector, to provide information and help navigate mental health and wellbeing service pathways.(68) Further information on online platforms or programs to support mental health and wellbeing is included under the principle 5 practice: **Digital approaches are incorporated as part of actions to support student mental health and wellbeing.**

Within universities, co-located or facilitated pathways between university student services, academic supports, and other related services can help students to find the right support when they need it. Working with students to understand how and when they want to access services and mapping the pathways between such services may help facilitate access for students when they are in need.

Providing information for students about how and where to access supports, in places students will regularly see it, may help demystify mental health and wellbeing services. Including information about holistic wellbeing initiatives can help to link students to activities that contribute to positive mental health and wellbeing.

In practice Services and supports are appropriate and accessible for the student population.



Appropriate responses meet students at their point of need, providing the right services at the right time. Accessible services are visible, safe, available when students need them, and are tailored to meet the needs of the diverse student population.

Determinations about the appropriateness and accessibility of supports and services must be made in partnership with students. In mental health, different things work for different people. Involving patients and the public in development, delivery and improvement of mental health services is increasingly recognised as an essential and valuable component of quality care. (185, 186)

A range of strategies to facilitate timely, accessible and affordable services for students could include: low or no-cost services; student-friendly, low stigma settings; no referral required for care; facilitating simple contact means, for example online bookings; developmentally appropriate transitions into and out of care; providing evidence-informed, individually tailored interventions; shared decision-making; and use of technology.

Service environments can communicate an inclusive environment through a range of strategies, such as the visibility of Aboriginal and Torres Strait Islander flags, a diverse staff profile, and the availability of peer support. Safe service environments ensure students feel respected and valued, without being judged.(187)

The impact trauma can have on the development of mental ill-health is now widely recognised. The Orygen clinical practice point [What is trauma-informed care and how is it implemented in youth healthcare settings?](#) provides an overview of trauma-informed care and how it can be operationalised in practice.(188) Further information, a review of the evidence, and recommendations to improve responses to the effects of trauma among young people are included in [Trauma and young people: moving toward trauma-informed services and systems](#), which was co-authored by Orygen and Phoenix Australia.(189)

Further information on tailoring services and supports for the diversity of the university community can be found under the principle 5 practice: [Services and supports respond to complexities among specific cohorts of students at increased risk of mental ill-health.](#)

In practice Integrated services help students access the right kind of supports when needed.



Students requiring mental health support often experience a number of interrelated issues, both personal and education-related, that can impact on their presentation and response to treatment. Integrated services bring together a range of supports and provide clear and straightforward pathways, supporting a holistic approach to mental health and wellbeing.

An integrated approach is considered best-practice by Australian governments and health departments. Integrated treatments are associated with higher levels of engagement and

retention with services, they help clients to make improvements across multiple domains, and support an increased understanding of the links between their conditions.(184)

Integrated services typically incorporate broad services categories, including mental health, drug and alcohol services, primary care, vocational or other social services, and peer support.(177) Integrated services can help students to feel safe, allowing them to meet with multiple practitioners for a range of needs, in a familiar environment.(187)

“We want to make sure that if students are having an issue at 2am, we can help them.”

UNIVERSITY STUDENT EXPERIENCE
AND ENGAGEMENT MANAGER

In practice A range of targeted strategies and outreach programs support early detection and intervention for students experiencing mental health issues.



Early detection and intervention can help students maintain their mental health, reduce their need to access services, and reduce the length of time that students experience mental ill-health without support. Almost half (46 per cent) of students who consider leaving their course cite health and stress reasons.(7, 190) For those who disengage from education, the potential losses are wide-ranging, including social and emotional, future lost productivity and income, and the loss of their unique contribution to their broader community.(35)

For people experiencing early signs and symptoms of mental ill-health, early intervention aims to reduce the incidence, severity and impact of the experience.(191) Increased investment in actions to prevent mental ill-health or intervene early in the onset of symptoms could reduce the prevalence and severity of mental ill-health in the population.(68) For students, early intervention to reduce the severity and impact of mental ill-health may help them to remain engaged in their education while reducing any additional distress.

The ability to identify signs of mental distress and facilitate early access to care is critical for effective early intervention. Early intervention can also be supported by overcoming barriers to seeking help, such as poor mental health literacy and stigma,(123) and increasing the capacity of those within the university community to recognise and address mental health issues.(97)

Incorporating a focus on mental health and wellbeing within a student-centred retention strategy can support early intervention. Strategies identified to support student retention, such as student entry interviews, provision of support programs, exit interviews, and processes for the re-engagement of students who have withdrawn may also address factors shown to support mental health and wellbeing.(96)

To support early intervention, university counselling services can play an important role in initial assessment and screening.(7) Less than a third of counselling services report using screening tools to assess the severity of

a student's psychological distress prior to them being placed on a waiting list.(36) Screening tools can help to build a clear picture of the needs of students seeking counselling, assist in follow up for students who are unable to access a service immediately, ensure students are referred to appropriate services, and enhance the effectiveness of counselling.

At the University of the Sunshine Coast, the introduction of a 'same day call-back' triage process has resulted in a decreased need for face-to-face consultations as many student issues can be addressed during the call-back via information or referral to another relevant service. For students still requiring a face-to-face consultation, the triage process offers intermediate support through de-escalation strategies and coping skills.(192)

The university stress scale: measuring domains and extent of stress in university students is a brief screening measure that counselling services can use with university students to measure the type and intensity of stress that students experience.(193)

Online screening tools can support outreach and the provision of timely and targeted support for identified students. One questionnaire screening tool has identified students as being at increased risk and in need of targeted support in a simple, non-stigmatising approach.(194) Another tool offers a pro-active way to identify distressed students, reach out to those at-risk to clarify their needs and concerns, and connect students to further supports if needed.(195)

Online tools can also assist in providing information and pathways for students to seek help. The Uni Virtual Clinic, developed and trialled by the Centre for Mental Health Research at the Australian National University (ANU), includes "brief, validated screening measures for all mental disorders and some related issues".(196) Based on their scores, students can access feedback about their symptoms, see how their symptoms compare to other students and receive recommendations for help.

In practice Digital approaches are incorporated as part of actions to support student mental health and wellbeing.



There is a range of digital approaches that can be incorporated as part of actions to support student mental health and wellbeing, including information repositories, navigation supports, screening tools and self-help programs. Online self-screening and referral systems have been shown to identify people at risk of mental ill-health and they may also be effective in easing the pressure on university counselling services by directing students to relevant supports.(7)

Online navigation platforms have been proposed as a strategy to assist those outside the mental health sector, such as universities, to locate suitable services and supports through a centralised online and phone platform.(68) Such a platform could offer accessible online information and resources, as well as allowing relevant university personnel to book students into services directly. Digital approaches could also facilitate improved data collection on the mental health of students and the effectiveness of different interventions.(68)

Online mental health services are an important part of a stepped care approach. Online

interventions might appeal to university students as they offer accessibility, privacy, are typically more cost-effective and timely to access, and can be empowering for users.(123, 197) University students are open to using online mental health services,(198) with many online interventions found to be effective for university students.(197)

Online interventions can make it easier for some people to access support earlier in the onset of mental ill-health. Specific groups who might not typically seek help, or who might delay seeking help in person, have been shown to access interventions such as eheadspace.(199) Where online services are used, outreach and promotion of these services should be appropriately targeted to students, and tailored to reach those students at increased risk of mental ill-health.

ANU's Uni Virtual Clinic, was designed with students to provide information and tools, and to facilitate access to services and supports.(197) With potential for adaptability and scalability, the virtual clinic may be a useful tool to screen and triage students seeking support.

In practice A continuum of supports and services are available to meet students' needs.



There is a range of different ways that someone who is experiencing mental ill-health can get help. Appropriate treatments differ depending on the individual, the diagnosed mental health condition, the severity of the condition, and past history.

Supports and services should be tailored to meet the needs of the university community. Effective services for university students reflect an understanding of student life and the relationship between academic learning and wellbeing, facilitate student involvement, and are responsive to changes in need.(105)

A stepped care approach varies the intensity of the treatment interventions to the needs of the student. A hierarchy of interventions supports individuals as their needs change. Stepped care is different to step up/step down care. The latter provides short-term support to bridge in-patient and community care, providing supports pre-admission and following discharge. Stepped care consists of a spectrum of integrated interventions that do not operate in silos and may be bi-directional.(200)

Adopting a stepped care approach in responding to the mental health needs of university students is more efficient than traditional counselling services, reducing waitlists and improving outcomes and access for students. A

stepped care approach empowers students to actively participate in their care, maximises the effectiveness of services and provides a system for rationally distributing limited resources.(201)

Re-organising and strengthening services that are aligned to a stepped care approach, and tailored to the university context and student population, can support students seeking help to access campus-based services while reducing the risk of delay for students with moderate-to-severe mental ill-health in accessing supports within the community.(8) To be most effective, a collaborative approach with health providers and mental health organisations is critical. A stepped care approach that provides joined-up support between mental health services, educators and families is effective in school-based initiatives.(107)

Input from students can support the tailoring of a stepped care approach specifically to the student population and the university environment, in turn enabling more students to access specialty treatment without delay, while providing relevant services on campus for those with less complex needs.(8) Interventions offered within a stepped care approach may include online interventions, peer-delivered interventions, coaching/educational sessions, individual therapy, group therapy, case management and referral to specialist providers.



A range of cultural and contextual issues may impact student wellbeing and help-seeking behaviours. For some students, a lack of informed cultural understanding from support staff is a barrier to accessing support or following up after a first meeting.(105) Tailoring services and supports to meet the needs of those students at increased risk of mental ill-health (see section: [Students at risk of poor mental health](#)) recognises the challenges these students face and may help to reduce delays in students seeking and receiving help.

Working with students cohorts that are at an increased risk of mental ill-health can help to provide insight into their needs, as well as support the design of services that students will engage with. Students in at-risk cohorts may face a range of structural inequalities. Services and supports can proactively overcome these challenges through culturally welcoming environments that promote belonging, and specific interventions that recognise and respond to these inequalities.(105)

Best-practice in service provision for young people includes an integrated model of care in an accessible, community-based, non-judgmental and non-stigmatising setting.(202) Settings should help unite traditionally fragmented services, improve access to early intervention and facilitate improved transitions between services.(177, 202)

The Australian Government's [National strategic framework for Aboriginal and Torres Strait Islander Peoples' mental health and social and emotional wellbeing 2017-23](#) is an important resource to guide and support mental health policy and practice.(50) For Aboriginal and Torres Strait Islander people experiencing social and emotional wellbeing issues, care is most effective when it includes multidimensional solutions that build on existing community, family, individual strengths and capacity. Services and supports may include counselling and social support, culturally informed practice and, where necessary, support during family reunification.

[Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice](#), also produced by the Australian government, offers information on models and programs that reflect the experiences of Aboriginal and Torres Strait Islander people and identifies effective ways of working to promote culturally-appropriate solutions to improve mental health and wellbeing.(203)

Recommendations to support international students' mental health include providing students with accurate health-care information at the pre-departure stage, which includes making them aware that medical expenses may not be fully covered by overseas healthcare insurance. Greater, more consolidated and culturally-aware international student health services are also recommended to provide effective early intervention for mental health problems.(22)

International students may benefit from support networks and programs that increase their social connections. Programs such as culturally-relevant community events, peer-mentoring and volunteer opportunities in the local community may help students to reduce loneliness and isolation, promote wellbeing through a sense of belonging and help students better cope with stressors.(204)

English Australia's [Guide to Best Practice in International Student Mental Health](#) provides information on the experiences of international students and best-practice approaches to supporting international students.(205) The Embrace Project [Framework for mental health in multicultural Australia](#) may also be helpful for services to evaluate and enhance their cultural responsiveness.(206)

At James Cook University (JCU), a peer mentor program and other tailored initiatives are delivered by the university to meet the mental health and wellbeing needs of its diverse international student population. To find out more about how JCU tailored their approach for international students, see the [JCU case study](#).

“Some international students find it hard to settle into life in Australia. Homesickness is prevalent and can impact their mental health.”

UNIVERSITY INTERNATIONAL STUDENT
SUPPORT MANAGER

Best-practice to support the mental health of LGBTIQ+ people prioritises initiatives that are proactively inclusive of LGBTIQ+ students and their diverse issues; targeted to be LGBTIQ+-specific and complement inclusive generic initiatives; and have a focus on promotion and prevention.(32) In addition, partnerships with LGBTIQ+ organisations allows the sharing of specific expertise and builds capacity to increase inclusion and collaborate on targeted initiatives. (32)

The **Rainbow Tick accreditation** program may help organisations to understand and implement LGBTIQ+-inclusive services and provide reassurance that services are aware of, responsive to and understanding of their needs. (207)

The HEPPP works to overcome disadvantage by providing opportunities for students from low-SES backgrounds to study at university. Strategies to support students from low-SES backgrounds to thrive at university could include inclusive curriculum and assessment design, with provision of support teachers where needed; promoting social interaction to create a sense of belonging; encouraging help-seeking; integrating financial and mental health services; and minimising financial challenges for students through equity services and supports.(208) Targeting programs and integration strategies to increase the social contact that low-SES students have at university may also help to support mental health.(209)

Within a whole of university approach, it is important to understand and respond to the heightened mental health and wellbeing needs of rural and regional students.(57, 210) This could include support for financial security and sustainability; provision of reliable technology; services and supports that ensure students are prepared for the realities of university study; building connectedness within the university; and taking an inclusive, engaged approach to learning and teaching.(210)

Initiatives to support the mental health and wellbeing of medical or law students should focus on the known risk factors for psychological distress for both student cohorts.(26, 27) Specifically, this could include promoting the importance of maintaining good mental health and wellbeing; addressing the stressful and demanding nature of the work environment; increasing staff awareness of mental health challenges facing students; learning and teaching practices and curriculum designs that support students; and addressing negative

attitudes and stigma towards those with mental health conditions.(26, 27) Peer driven initiatives may also be beneficial for students to break down barriers of stigma and shift the competitive culture to more inclusive and supportive environments.(59)

At the University of Tasmania (UTAS), the School of Medicine made systemic changes to better support the mental health and wellbeing of its medical students, informed by the students' experiences and perceptions. To find out more about how UTAS changed their practices to better support students' mental health and wellbeing, see the **UTAS case study**.

Training for PhD supervisors to increase their mental health literacy may be beneficial in encouraging help-seeking and disclosure of mental health concerns in PhD students, while also ensuring that students are able to access appropriate supports and services for their mental health needs.(211) Continuing to review and enhance learning and working environments for PhD students, for example through implementing Universities Australia's **Principles for respectful supervisory relationships**, can help contribute to inclusive, safe and supportive spaces for PhD students.(212)

A universal design approach to learning, teaching and curriculum design can facilitate an equitable environment and appropriate supports by building in accessibility for all students regardless of their ability or background.(55) A universal design approach within learning environments removes the need to provide specialist adjustments as these practices are accessible by default.

Some evidence suggests that effectively supporting students with existing mental ill-health through their educational journey can help improve their recovery.(33, 34) Supported education provides students with mental ill-health with individualised, practical support and instruction to assist them in achieving their educational goals.(33, 34) This requires a systems approach with collaboration amongst relevant stakeholders internal and external to the university and in partnership with students.

Employing practices to overcome public and self-stigma is also important in empowering students to disclose their existing mental health condition and support early help-seeking. (139, 213) Educational, awareness-raising and storytelling campaigns with people sharing their lived experience of mental ill-health may help to overcome stigma.

In practice Clear plans and processes are in place to support a coordinated response in the event of a crisis.



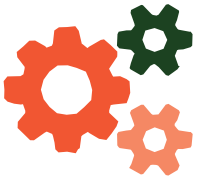
As part of the wellbeing and safety component of the **Higher Education Standards Framework**, universities address how they will respond to critical incidents.(80) To support the mental health and wellbeing of the whole university community, it is important to clearly outline the processes and responsibilities when it comes to responding to students with severe mental ill-health, distress or suicide-related behaviour.

Mental ill-health and suicide-related behaviours not only impact the individual, but may have far-

reaching effects on others. In the event of a crisis, additional supports and interventions for staff and students impacted by the incident should be planned for.(105)

Care should be taken when communicating about suicide to manage risks and encourage help-seeking behaviour.(152) Training for communication staff and those in student-facing roles could be incorporated to better prepare staff to communicate with students and the public about suicide.(105)





PRINCIPLE 6

CONTINUOUS IMPROVEMENT AND INNOVATION IS INFORMED BY EVIDENCE AND HELPS BUILD AN UNDERSTANDING OF WHAT WORKS FOR STUDENT MENTAL HEALTH AND WELLBEING

A clear picture of university students' needs and experiences will support informed decisions, development of appropriate targets and actions, and improve coordination to avoid duplication and minimise gaps in service delivery and care.

A range of initiatives to support student mental health and wellbeing are already happening in universities and the wider community. Increasing the visibility of initiatives, sharing strengths and valuing stories of hope supports universities and the wider community to learn from success and identify opportunities for improvement. Innovation and improvement helps to push the boundaries of knowledge, supports ongoing learning and contributes to producing graduates with strong mental health and wellbeing who are able to lead into the future.

In practice Strategies to support student mental health and wellbeing are planned, implemented, evaluated and outcomes are shared.



Universities are required to have a mental health strategy and implementation plan in place.⁽⁷⁹⁾ Many universities have developed a strategy or are in the process of doing so. However, information on strategies to support student mental health and wellbeing is difficult to find. A common issue raised in consultation during the development of the framework is the lack of awareness of what works for university students' mental health and wellbeing. While all universities are different, there is benefit in sharing and learning about what worked in one context to consider how it might be applied in another context.

For individuals, stigma and discrimination associated with mental health and wellbeing may mean that they hide their condition and under-report issues.⁽²¹⁴⁾ A lack of information sharing at the organisation and community level reinforces stigma and the perception that mental health and wellbeing is something that is not discussed or acted upon in society. Increasing the visibility and accessibility of university strategies provides an opportunity for universities to raise their profile and demonstrate their commitment to student mental health and wellbeing as forward-thinking institutions.

Planning, implementing and evaluating strategies in partnership with students supports institutions to tailor their approach to student needs. Sharing progress also provides an opportunity to acknowledge the great work being done to support student mental health and wellbeing, and encourages the whole community to play an active role.

The 2019 draft report of the Australian Government's Productivity Commission's inquiry into mental health recommended that the Tertiary Education Quality and Standards Agency use their registration process to monitor, collect evidence and disseminate information about interventions undertaken by universities to improve the mental health and wellbeing of university students and staff.⁽⁶⁸⁾ With limited collective knowledge on what works for university students' mental health and wellbeing, evaluating programs and sharing outcomes will continue to advance the knowledge base. Improved knowledge will also inform the iteration and evolution of programs, and ensure progress is informed by learning.

This framework supports a coordinated approach across the university and mental health sectors to trial, implement, share and scale up practices; improve research and data collection;

and provide ongoing monitoring and advocacy of student mental health and wellbeing. An effective approach will necessarily include multiple initiatives and activities. Evaluation should consider the component initiatives and activities, as well as the coordinated, whole of university response. An evaluation plan could consider incorporating both process and outcome indicators, and include a strategy for disseminating results with key stakeholders. Evaluating system approaches is complex. However, there is considerable benefit in integrating outcomes and indicators that relate to universities' core business as well as students' mental health. As universities will adapt the framework to meet the needs of their own

students, planned evaluation approaches and priorities will also differ.

Given the significant gaps in Australian research and data on the prevalence and nature of mental ill-health among university students and on effective student mental health and wellbeing interventions, the process of improvement will inherently be one of learning and discovery. Integrated in planning and delivery of initiatives should be processes for seeking early feedback, continually iterating, regularly measuring what does and does not work, and understanding why. This framework should also be viewed as an iterative document, with the expectation that universities' experiences will inform future adaptations.

In practice Approaches to student mental health and wellbeing are informed by a range of accessible data sources including (but not limited to) information related to mental health, wellbeing, mental ill-health, students' lived experiences, stories of hope and recovery, student perceptions, impact of initiatives and services, challenge or stress points for individuals and systems, and implementation of this framework.



Continual improvement and evolution to meet the needs of students requires an ongoing process of reflecting, learning and adapting, which relies on data to make informed decisions. With mental health and wellbeing influenced by a range of factors, data to inform mental health and wellbeing approaches should be drawn from multiple sources that may provide direct or indirect indicators of mental health and wellbeing.

In workplace mental health and wellbeing programs, it has been suggested that evaluating the impact of workplace interventions along with changes in key performance indicators over time helps to build a picture of the overall return on investment for workplace initiatives and supports momentum-building for ongoing action.⁽²¹⁵⁾ Alignment of universities' key performance indicators with measures of student mental health and wellbeing may provide information on broader impacts of mental health and wellbeing strategies.

Evaluating the mental health and wellbeing outcomes of a range of activities will contribute to the evidence base about what works for students. Both positive mental wellbeing and measures of mental ill-health should be incorporated to build a complete picture, reflective of the dual-continua model.⁽²¹⁶⁾ A desire for more visible stories of students' mental health and wellbeing experiences, and examples of practices within universities, were regularly raised in consultations to inform development of this framework. Visible, positive, relatable stories from those with a lived experience of mental

ill-health have been shown to reduce stigma and increase early help-seeking.⁽⁶⁾

As of 2020, the collection of disability data from higher education providers includes the collection of mental health data. Where a student discloses a mental health condition to an approved higher education provider, the provider is required to report this in the collection of disability data. A future focus may be to explore how this data is used to inform actions that support students with a diagnosed mental health condition, and the effect on students' preparedness to disclose a mental health condition.

Emerging from consultation to inform development of the framework, some suggested areas of focus for data collection are included below (suggestions may be relevant for universities, the mental health sector, or both):

- Evaluate mental health promotion and education activities carried out within the university.
- Monitor the use of resources designed to support self-care.
- Monitor change over time to identify the prevalence of mental ill-health in university students, as well as cultural attitudes.
- Measure the prevalence of mental illness and psychological distress and perceptions of the university's culture.
- Collect data to identify key issues or specific triggers as they relate to students' experiences of university.

- Assess the role of mental health among students who are struggling academically and/or dropping out.
- Establish a shared model for the collation of health services data along with data from university services that manage requests for consideration of the impact of mental ill-health, such as special consideration, modified exams, extra time for assignments and more.
- Collaborate with the Australia and New Zealand Student Services Association (ANZSSA) and ISANA: International Education Association to roll out a national survey.
- Evaluate the use and effectiveness of counselling services, including the use of pathways to mental health sector services and supports.
- Collect and analyse data on the type and frequency of use of support services by international students across all universities.
- Utilise data from providers of overseas student health insurance to inform actions both within the university and the mental health sector.
- Collect data from student access to, or bounce-back from, mental health sector services in order to build a clearer picture of the availability of local supports for students.
- Explore opportunities to regularly monitor the mental health and wellbeing of students through enrolment processes.
- Identify opportunities to better integrate systems to link data from different sources to provide a more comprehensive picture.
- Explore links between the Quality Indicators of Teaching and Learning data sets and the prevalence of (for example) access to counselling services on campus to identify patterns.
- Collaborate with state admissions centres to collect predictive data related to mental health in prospective student populations.
- Aggregate and analyse critical incident data related to mental ill-health and suicide to inform interventions and reduce suicides among international students.
- Systematic data collection and the establishment of national baseline data set coordinated by one agency.
- Establish a multidisciplinary group within the university, including students and external mental health representatives, to establish ongoing mechanisms to monitor the implementation of this framework.
- Establish a working group comprised of representatives from universities, government agencies, non-government mental health organisations and service providers, and university students to identify and agree national baseline data measures on university student mental health, and the methods (existing or new) through which this data should be collected, analysed and disseminated.
- Influence large scale government data collection programs (for example, the new intergenerational mental health survey, the annual national health survey, and the Multi-Agency Data Integration Project) to get them to collect and report on university students as a demographic.



In practice Evidence related to student mental health and wellbeing is readily shared and easily discoverable.



There are significant gaps in the research and evidence base informing effective interventions to improve university student mental health. (7) Translation of available research into the treatment and prevention of mental ill-health and the promotion of mental health has been slow. (183) A shared awareness and understanding of the current state of student mental health and wellbeing is a critical starting point for successful and sustained improvement. Ensuring research and translation activities are visible and accessible to university students also demonstrates that universities and the mental health sector are listening to students and taking their concerns seriously.

The lack of available information on student mental health and wellbeing is a barrier to action. Insufficient and inadequate data on the mental health of the student population hinders universities' ability to make strategic, informed decisions about how they invest in student mental health and wellbeing. This is also true in the mental health sector and may limit the ability of mental health providers to engage in effective

partnerships with universities to more effectively meet student needs.

Universities are at various stages in their work to support student mental health and wellbeing. Regardless of the stage, all stakeholders consulted to inform development of this framework indicated that they would like to see more examples of best-practice shared across the sector. While there are platforms for sharing of best-practice, such as the [National Centre for Student Equity in Higher Education](#),⁽¹⁸⁰⁾ and the [Australian Disability Clearinghouse on Education and Training](#),⁽¹⁸¹⁾ it is unclear whether stakeholders turn to these particular platforms to access mental health resources.

Existing platforms such as [What works wellbeing: Higher education: student and staff wellbeing and mental health](#) may provide an appropriate template for a dedicated website focused on mental health and wellbeing.⁽²¹⁷⁾ The [Australian Health Promoting Universities network](#) also offers a ready-made platform for sharing best-practice initiatives.⁽⁷⁰⁾

In practice Universities and the mental health sector work together to share insights, increase understanding and minimise gaps for students based on evidence.



There is limited national data and research on the nature and prevalence of mental ill-health among Australian university students.(7) There is a need for improved data collection and monitoring to better understand the current state of university students' mental health; to support informed decisions and actions to improve outcomes; and to coordinate and share data more effectively to minimise gaps in service delivery and care.

While some evidence suggests students experience higher rates of mild-to-moderate psychological distress, and that this is rising, it is difficult to draw firm conclusions given the lack of available data.(7) Apart from counselling service surveys conducted by ANZSSA, there is no nationally aggregated or monitored data available from universities on the mental health of university students in Australia.(7) Internationally, this puts Australia well behind nations such as Canada, the US and the UK when it comes to the use of regular, nationally consistent metrics for monitoring and reporting on university students' mental health.

Counselling services consulted by Orygen have identified that aggregating service data is difficult without consistent intake, screening and data collection processes across university services.(7) Use of a standardised instrument and method of collecting data may be considered to support efficient data collection and analysis. Achieving consistency within

and across universities and enabling effective implementation of processes will require consideration of context and universities' existing business processes.

The mental health of university students is a shared responsibility, increasing the need to coordinate efforts across both the university and mental health sectors to improve research and data collection; implement, share and scale-up evidence-based practice; and provide ongoing monitoring and advocacy.(7)

There are opportunities to explore changes to existing national survey instruments, such as the Student Experience Survey in Higher Education, in order to better understand those factors that contribute to the health and stress reasons cited by students considering early course exit.(7) Extending the Child and Adolescent Health and Wellbeing Survey to include 18–25 year olds, and including collection of information to identify university students within the Intergenerational Health and Mental Health Study (announced in 2019 as part of **Australia's Long Term National Health Plan** (218)) could provide a wealth of data to inform planning and support for university students. Expansion and leveraging of existing initiatives, such as the **WHO World Mental Health International College Student (WMH-ICS) Initiative**.(219) may be another avenue for consideration.

In practice Student mental health and wellbeing research is supported to create and disseminate the next generation of ideas and innovations.



With significant gaps in the evidence base related to student mental health and wellbeing, there is a need for further research and investment in this area. To support universities in developing high-quality graduates that are prepared for the future, it is essential that decision-making about student mental health and wellbeing is made with a clear picture of student needs and what interventions are most effective.

Mental health and wellbeing permeates all aspects of life. The importance of mental health and wellbeing in achieving a better and more sustainable future has been recognised in the United Nations SDGs. (220) The interconnectedness of the SDGs is

recognised in the WHO's Global Action Plan, which acknowledges that to achieve the "health-related SDGs will require much more work on emerging health priorities, such as mental health".(178)

Research and innovation is critical to capitalise on the potential for broad and sustained improvement in people's quality of life, and deliver flow on societal, economic and productivity benefits from improved mental health and wellbeing. While the research base regarding return on investment from mental health and wellbeing initiatives is limited, the continuing costs associated with mental ill-health are clear.(35)

TAKING ACTION

With an overarching focus on coordinated action and continuous improvement and innovation, the framework is dynamic and adaptive, rather than static. There are multiple entry points and the framework is adaptable to individual contexts, enabling institutions to meet the unique needs of their student population while supporting ongoing cross-sector collaboration, improvement and innovation through a coordinated national approach.

Australian universities are asked to commit to:

- the guiding principles underpinning the framework;
- developing a settings-based strategy, co-designed with students, to improve the mental health and wellbeing of the whole university community;
- keeping university communities informed on actions taken and progress made to improve the mental health and wellbeing of students.

The mental health sector is asked to commit to:

- planning and local governance arrangements that include provisions for meeting the needs of the university student population;
- strengthening connections with the university sector and valuing the role of educational participation to support students' mental health and wellbeing;
- collaborating with university students to inform appropriate provision of supports and to improve student engagement with services and supports.

NEXT STEPS

This framework provides a guide to support action in six key areas (the principles) oriented around: a student-centred approach; teaching and learning environments; the role of the whole university community; coordination and collaboration; student services and supports; and continuous improvement and innovation. These principles may inspire discussion, promote new thinking and interventions, and facilitate evaluation and learning. The available evidence suggests that progress on each of these principles will support mentally healthy settings.

Getting started with the framework will require a combination of weaving actions into existing practices and a top-down commitment to enhancing university student mental health and wellbeing. Combining these two approaches is likely to be more effective in the university context than a purely top-down, technocratic approach that mandates uniform action. Mentally healthy workplace initiatives recommend an approach that encompasses establishing commitment and leadership support;

conducting a situational analysis; identifying and implementing appropriate intervention strategies; reviewing outcomes; and adjusting intervention strategies.⁽¹⁰⁸⁾ This approach supports consistency and recognises the multifaceted, complex and inter-related nature of mental health and wellbeing.

The sample planning matrices provided in [Appendix B](#) offer a starting point to take stock of current actions designed to improve student mental health and wellbeing and identify areas for further action. It is recommended that universities and the mental health sector plan to address each of the principles and practices within the framework. Other settings-based approaches including workplace mental health initiatives reinforce the importance of comprehensive, multicomponent initiatives to achieve greater impact.^(67, 112)

Self-assessment tools developed overseas may also be adaptable for the Australian context. Universities UK's recently refreshed framework – *Stepchange: mentally healthy universities* – includes a [self-assessment tool](#) to support planning and implementation of the framework.⁽²²¹⁾ The UK Healthy Universities Network also provides information and resources on evaluating healthy universities,⁽²²²⁾ and a [self-review tool](#) to reflect on progress toward embedding a whole setting approach to health and wellbeing.⁽²²³⁾ While both these tools are designed to be used with different frameworks, they offer an adaptable structure which may be considered for use in the Australian context. The development of a self-assessment tool aligned with this framework would support planning and implementation of a whole of university response.

It is important to note that the framework is intended to be an iterative document that should be reviewed and refined as the evidence base evolves and in response to changing needs and opportunities. This was reinforced through the consultation process to inform development of the framework. Regular review and refinement of the framework will allow for new research to be incorporated and provide a focus for further innovation and ongoing attention to university student mental health and wellbeing.

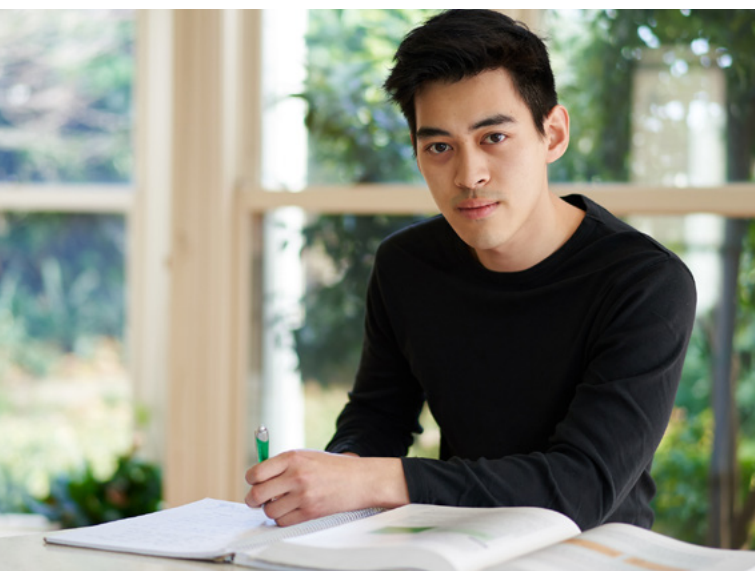
CONCLUSION

University students' mental health and wellbeing are complex and influenced by a range of overlapping factors, both within and outside the university setting. Structural barriers to enhancing university students' mental health and wellbeing have emerged throughout development of the framework, including the limited research specific to students; disparate and dissenting views within and across sectors; the complexities of cross sector collaboration; and stigma and outdated perceptions of mental health and wellbeing.

While there are many challenges in the current context, failing to act now, or waiting for improved conditions, will not deliver improved outcomes. Maintaining the status quo will continue to see students fall through the cracks. Mental health and wellbeing will always be complex and influenced by multiple factors, but this provides multiple opportunities to begin making changes to enhance students' experiences. Other settings such as schools and workplaces, as well as some universities, have shown the importance and the benefits of taking action to enhance mental health and wellbeing.

It is time now for action. Beginning to weave components of the framework into existing practices may provide a manageable starting point. Over time, all principles in the framework will require action.

Consultation to inform development of this framework showed there is a commitment to action and a desire for change among many within universities and the mental health sector. Orygen will continue to engage these change-makers and advocate for action to support the mental health and wellbeing of university students.



RELATED RESOURCES

University Mental Health Framework. orygen.org.au/Policy/University-Mental-Health-Framework/Framework/University-Mental-Health-Framework.aspx

University Mental Health Framework summary. orygen.org.au/Policy/University-Mental-Health-Framework/Framework/University-Mental-Health-Framework-summary.aspx

University Mental Health Framework frequently asked questions. orygen.org.au/Policy/University-Mental-Health-Framework/Frequently-asked-questions

University Mental Health Framework case study: Edith Cowan University. orygen.org.au/Policy/University-Mental-Health-Framework/Case-studies/University-Mental-Health-Framework-case-study-Edit.aspx

University Mental Health Framework case study: RMIT University. orygen.org.au/Policy/University-Mental-Health-Framework/Case-studies/University-Mental-Health-Framework-case-study-RMIT.aspx

University Mental Health Framework case study: Flinders University. orygen.org.au/Policy/University-Mental-Health-Framework/Case-studies/University-Mental-Health-Framework-case-study-Flin.aspx

University Mental Health Framework case study: Western Sydney University. orygen.org.au/Policy/University-Mental-Health-Framework/Case-studies/University-Mental-Health-Framework-case-study-West.aspx

University Mental Health Framework case study: James Cook University. orygen.org.au/Policy/University-Mental-Health-Framework/Case-studies/University-Mental-Health-Framework-case-study-Jame.aspx

University Mental Health Framework case study: University of Tasmania. orygen.org.au/Policy/University-Mental-Health-Framework/Case-studies/University-Mental-Health-Framework-case-study-Univ.aspx

University Mental Health Framework case study: The University of Queensland. orygen.org.au/Policy/University-Mental-Health-Framework/Case-studies/University-Mental-Health-Framework-case-study-The.aspx

University Mental Health Framework case study: Deakin Residential Services. orygen.org.au/Policy/University-Mental-Health-Framework/Case-studies/University-Mental-Health-Framework-case-study-Deak.aspx

REFERENCES

1. World Health Organization. Promoting mental health: concepts, emerging evidence, practice: a report of the World Health Organization, Department of Mental Health and Substance Abuse in collaboration with the Victorian Health Promotion Foundation and the University of Melbourne. Geneva: World Health Organization; 2005.
2. Firth J, Siddiqi N, Koyanagi A, Siskind D, Rosenbaum S, Galletly C, et al. The Lancet Psychiatry Commission: a blueprint for protecting physical health in people with mental illness. *Lancet Psychiatry*. 2019;6(8):675-712.
3. Canadian Standards Association Group, Mental Health Commission of Canada. National Standard of Canada: CSA Z2003:20 Mental health and wellbeing for post-secondary students. Ottawa (ON): CSA Group, Mental Health Commission of Canada; 2020.
4. Golden SD, Earp JAL. Social ecological approaches to individuals and their contexts: twenty years of health education & behavior health promotion interventions. *Health Educ Behav*. 2012;39(3):364-72.
5. Carter MA, Pagliano P, Francis A, Thorne M. Australian university students and mental health: viewpoints from the literature. *Int J Innov Creat Change*. 2017;3(3):1-25.
6. Vidourek RA, Burbage M. Positive mental health and mental health stigma: a qualitative study assessing student attitudes. *Ment Health Prev*. 2019;13:1-6.
7. Orygen. Under the radar: the mental health of Australian university students. Melbourne: Orygen; 2017.
8. Duffy A, Saunders KEA, Malhi GS, Patten S, Cipriani A, McNeven SH, et al. Mental health care for university students: a way forward? *Lancet Psychiatry*. 2019;6(11):885-7.
9. Gulliver A, Farrer L, Bennett K, Ali K, Helsing A, Katruss N, et al. University staff experiences of students with mental health problems and their perceptions of staff training needs. *J Ment Health*. 2018;27(3):247-56.
10. Crawford NL, Johns S. An academic's role? Supporting student wellbeing in pre-university enabling programs. *J University Teaching Learn Prac*. 2018;15(3).
11. Everymind. Prevention First: a prevention and promotion framework for mental health. Version 2. Newcastle: Everymind; 2017.
12. batyr. Focus group report for Orygen to inform development of the Australian university mental health framework (unpublished). Sydney: batyr; 2019.
13. Universities Australia. Data snapshot 2019. Canberra: Universities Australia; 2019.
14. Partridge S. Adequacy of data sources for investigation of tertiary education student's wellbeing in Australia: A scoping review. *Healthcare (Basel)*. 2018;6(4):136.
15. Usher W, Curran C. Predicting Australia's university students' mental health status. *Health Promot Int*. 2019;34(2):312-22.
16. Browne V, Cass J, Munro J. The mental health of Australian university students. *JANZSSA*. 2017;25(2):51-62.
17. Stallman HM. Psychological distress in university students: a comparison with general population data. *Aust Psychol*. 2010;45(4):249-57.
18. Australian Bureau of Statistics. National survey of mental health and wellbeing: summary of results, 2007 (cat. no. 4326.0) [Internet]. Canberra: ABS; 2008 [cited 2020 Feb 24]. Available from: <https://www.abs.gov.au/ausstats/abs@nsf/mf/4326.0>.
19. McGorry P. Building the momentum and blueprint for reform in youth mental health. *Lancet Psychiatry*. 2019;6(6):459-61.
20. Mokdad AH, Forouzanfar MH, Daoud F, Mokdad AA, El Bcheraoui C, Moradi-Lakeh M, et al. Global burden of diseases, injuries, and risk factors for young people's health during 1990-2013: a systematic analysis for the Global Burden of Disease Study 2013. *Lancet*. 2016;387(10036):2383-401.
21. Patton GC, Sawyer SM, Santelli JS, Ross DA, Afifi R, Allen NB, et al. Our future: a Lancet commission on adolescent health and wellbeing. *Lancet*. 2016;387(10036):2423-78.
22. Forbes-Mewett H, Sawyer A-M. Mental health issues amongst international students in Australia: perspectives from professionals at the coal-face. The Australian Sociological Association Conference Local Lives/Global Networks; Nov 29 - Dec 2; University of Newcastle 2011. p. 19.
23. Mulder AM, Cashin A. Health and wellbeing in students with very high psychological distress from a regional Australian university. *Adv Ment Health*. 2015;13(1):72-83.
24. Leahy CM, Peterson RF, Wilson IG, Newbury JW, Tonkin AL, Turnbull D. Distress levels and self-reported treatment rates for medicine, law, psychology and mechanical engineering tertiary students: cross-sectional study. *Aust N Z J Psychiatry*. 2010;44(7):608-15.
25. Australian Medical Students' Association Student Mental Health and Wellbeing Committee. Australian university student mental health: a snapshot. Barton: Australian Medical Students' Association; 2013.
26. Beyond Blue. National mental health survey of doctors and medical students. Melbourne: Beyond Blue; 2013.
27. Kelk N, Luscombe G, Medlow S, Hickie I. Courting the blues: attitudes towards depression in Australian law students and lawyers. In *BMRI Monograph 2009-1*. Sydney: Brain & Mind Research Institute; 2009.
28. Eisenberg D, Hunt J, Speer N. Mental health in American colleges and universities: variation across student subgroups and across campuses. *J Nerv Ment Dis*. 2013;201(1):60-7.
29. Woolston C. PhDs: the tortuous truth. *Nature*. 2019;575(7782):403-6.
30. Scevak J, Southgate E, Rubin M, Macqueen S, Douglas H, Williams P. Equity groups and predictors of academic success in higher education. A 2014 student equity in higher education research grants project. Report submitted to the National Centre for Student Equity in Higher Education. Perth: Curtin University; 2015.
31. Toombs M, Gorman D. Mental health and Indigenous university students. *Aborig Isl Health Work J*. 2011;35(4):22.
32. Rosenstreich G. LGBTI people mental health and suicide, briefing paper (revised 2nd edition). Sydney: National LGBTI Health Alliance; 2013.
33. Soydan AS. Supported education: a portrait of a psychiatric rehabilitation intervention. *Am J Psychiatr Rehabil*. 2004;7(3):227-48.
34. Mowbray CT, Collins ME, Bellamy CD, Megivern DA, Bybee D, Szilvagyil S. Supported education for adults with psychiatric disabilities: an innovation for social work and psychosocial rehabilitation practice. *Soc Work*. 2005;50(1):7-20.
35. Productivity Commission. Issues paper: the social and economic benefits of improving mental health. Canberra: Australian Government: Productivity Commission; 2019.
36. Andrews A. ANZSSA heads of counselling services benchmarking survey: 2018 summary report. *JANZSSA*. 2019;27(1).
37. Stallman HM. Psychological distress in university students: a comparison with general population data. *Australian Psychologist*. 2010;45(4):249-57.
38. Thomée S, Härenstam A, Hagberg M. Computer use and stress, sleep disturbances, and symptoms of depression among young adults—a prospective cohort study. *BMC Psychiatry*. 2012;12(1):176.
39. Hershner SD, Chervin RD. Causes and consequences of sleepiness among college students. *Nat Sci Sleep*. 2014;6:73.
40. Knowlden AP, Sharma M. Health belief structural equation model predicting sleep behavior of employed college students. *Fam Community Health*. 2014;37(4):271-8.
41. Kruisselbrink Flatt A. A suffering generation: six factors contributing to the mental health crisis in North American higher education. *Coll Quart*. 2013;16(1):n1.
42. Rickwood D, Telford N, O'Sullivan S, Crisp D, Magyar R. National tertiary student wellbeing survey 2016. Place unknown: headspace; 2017.
43. Cleary M, Walter G, Jackson D. "Not always smooth sailing": mental health issues associated with the transition from high school to college. *Issues Ment Health Nurs*. 2011;32(4):250-4.
44. VicHealth & CSIRO. Bright Futures: Megatrends impacting the mental wellbeing of young Victorians over the coming 20 years. Melbourne: Victorian Health Promotion Foundation; 2015.
45. Wynaden D, Wichmann H, Murray S. A synopsis of the mental health concerns of university students: results of a text-based online survey from one Australian university. *High Educ Res Dev*. 2013;32(5):846-60.
46. Martin JM. Stigma and student mental health in higher education. *High Educ Res Dev*. 2010;29(3):259-74.

47. Universities UK. Student mental wellbeing in higher education: good practice guide. London: 2015.
48. Stanley N, Ridley J, Harris J, Manthorpe J, Hurst A. Disclosing disability: disabled students and practitioners in social work, nursing and teaching. Lancashire: University of Central Lancashire; 2007.
49. Washington A. 2018 Australian youth representative consultation report. Canberra: UN Youth Australia; 2018.
50. Commonwealth of Australia. National strategic framework for Aboriginal and Torres Strait Islander Peoples' mental health and social and emotional wellbeing. Canberra: Australian Government Department of the Prime Minister and Cabinet; 2017.
51. Zubrick SR, Shepherd CC, Dudgeon P, Gee G, Paradies Y, Scrine C, et al. Chapter 6: social determinants of social and emotional wellbeing. Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice. 2 ed. Canberra: Australian Government Department of the Prime Minister and Cabinet; 2014. p. 93-112.
52. Australian Bureau of Statistics. Australian Aboriginal and Torres Strait Islander health survey: first results, Australia, 2012-13, general health (cat. no. 4727.0.55.001) [Internet]. Canberra: ABS; 2013 [cited 2020 Sep 08]. Available from: <https://www.abs.gov.au/ausstats/abs@nsf/Lookup/4727.0.55.001Chapter1002012-13>.
53. National LGBTI Health Alliance. Snapshot of mental health and suicide prevention statistics for LGBTI people. Pyrmont: National LGBTI Health Alliance; 2020.
54. Beyond Blue. Looking after your mental health while living with a disability [Internet]. Melbourne: Beyond Blue; c2019 [cited 2020 Sep 08]. Available from: <https://www.beyondblue.org.au/personal-best/pillar/in-focus/looking-after-your-mental-health-while-living-with-a-disability>.
55. Osborne T. Not lazy, not faking: teaching and learning experiences of university students with disabilities. *Disabil Soc*. 2019;34(2):228-52.
56. VicHealth. Promoting healthier, happier lives for more Victorians: VicHealth's submission to the Royal Commission into Victoria's mental health system. Carlton: Victorian Health Promotion Foundation; 2019.
57. Scobie H, Picard M. Embedding mental wellbeing in Australian regional universities: equity interventions. *Int Stud Widening Partic*. 2018;5(1):65-79.
58. King S, Garrett R, Wrench A, Lewis N, editors. The loneliness of relocating: does the transition to university pose a significant health risk for rural and isolated students. Proceedings of the 14th Pacific Rim First Year in Higher Education Conference; 2011.
59. Australian Medical Students' Association. Policy document: mental health and wellbeing. Barton: Australian Medical Students' Association; 2018.
60. Larcombe W, Fethers K. Schooling the blues: An investigation of factors associated with psychological distress among law students. *UNSWLJ*. 2013;36:390.
61. Orygen Youth Research Centre. Tell them they're dreaming: work, education and young people with mental illness in Australia. Melbourne: Orygen Youth Research Centre; 2014.
62. Australian Institute of Health and Welfare. Australia's health 2016. Australia's health series no. 15. Cat. no. AUS 199. Canberra: Australian Institute of Health and Welfare; 2016.
63. Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Arch Gen Psychiatry*. 2005;62(6):593-602.
64. Zentari M, Ridzwan A, Chung H, Gregg-Rowan C, Zahroh RI, Tapa J. Being a student during COVID-19 [Internet]. Melbourne: The University of Melbourne; 2020 [cited 2020 Sep 01]. Available from: <https://pursuit.unimelb.edu.au/articles/being-a-student-during-covid-19>.
65. World Health Organization. Health promotion: the Ottawa Charter for health promotion [Internet]. Geneva: World Health Organization; 1986 [cited 2019 Apr 18]. Available from: <https://www.who.int/healthpromotion/conferences/previous/ottawa/en/>.
66. World Health Organization. Healthy settings [Internet]. Geneva: World Health Organization; c2020 [cited 2020 Apr 14]. Available from: https://www.who.int/healthy_settings/about/en/.
67. Universities UK. Whole university approach London: Universities UK; Date unknown [cited 2020 Jan 20]. Available from: https://www.universitiesuk.ac.uk/policy-and-analysis/stepchange/Pages/whole-university-approach.aspx#ref_1.
68. Productivity Commission. Mental health, draft report. Canberra: Australian Government: Productivity Commission; 2019.
69. Okanagan Charter: an international charter for health promoting universities and colleges. Kelowna (BC); 2015.
70. International Health Promoting Universities and Colleges. Network [Internet]. Place unknown: International Health Promoting Universities and Colleges; Date unknown [cited 2019 Jul 02]. Available from: <https://www.healthpromotingcampuses.org/networks>.
71. The University of Sydney. Australian universities make health and wellbeing a priority [Internet]. Sydney: The University of Sydney; 2016 [cited 2019 Jul 02]. Available from: <https://sydney.edu.au/news-opinion/news/2016/03/15/australian-universities-make-health-and-wellbeing-a-priority.html>.
72. Universities UK. #stepchange - mental health higher education [Internet]. London: Universities UK; Date unknown [cited 2019 Jun 26]. Available from: <https://www.universitiesuk.ac.uk/policy-and-analysis/stepchange/Pages/default.aspx>.
73. Universities UK. Stepchange: mentally healthy universities. London: Universities UK; 2020.
74. Canadian Association of College and University Student Services, Canadian Mental Health Association. Post-secondary student mental health: guide to a systemic approach. Vancouver (BC): Canadian Association of College and University Student Services and Canadian Mental Health Association; 2013.
75. Mental Health Commission of Canada. Starter kit: for the National Standard of Canada for mental health and wellbeing for post-secondary students. Ottawa (ON): Mental Health Commission of Canada; 2020.
76. The University of Melbourne, Orygen Youth Health Research Centre. Guidelines for tertiary education institutions to facilitate improved educational outcomes for students with a mental illness. Melbourne: The University of Melbourne and Orygen Youth Health Research Centre; 2011.
77. Enhancing Student Wellbeing. Enhancing student wellbeing [Internet]. Melbourne: The University of Melbourne; c2016 [cited 2020 Jul 22]. Available from: <http://unistudentwellbeing.edu.au/>.
78. Enhancing Student Wellbeing. A framework for promoting student mental wellbeing in universities. Melbourne: The University of Melbourne; 2016.
79. Australian Government: Department of Education and Training. Response to recommendations: HESP final report - improving retention, completion and success in higher education. Canberra: Australian Government: Department of Education and Training; 2018.
80. Australian Government: Tertiary Education and Quality Standards Agency. Guidance note: wellbeing and safety. Version 1.2 [Internet]. Canberra: Australian Government: Tertiary Education and Quality Standards Agency; 2018 [cited 2019 Jul 04]. Available from: <https://www.teqsa.gov.au/latest-news/publications/guidance-note-wellbeing-and-safety>.
81. Australian Institute of Health and Welfare. Mental health services in Australia [Internet]. Canberra: Australian Institute of Health and Welfare; 2020 [cited 2020 Aug 25]. Available from: <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia>.
82. Cook L. Mental health in Australia: a quick guide. Canberra: Department of Parliamentary Services; 2019.
83. Science in Australia Gender Equity (SAGE). Athena SWAN Accreditation [Internet]. Canberra: SAGE; c2020 [cited 2020 Oct 07]. Available from: <https://www.sciencegenderequity.org.au/sage-is-accepting-new-subscribers-apply-now/>.
84. Institute of Medicine. Health promotion and disease prevention in community settings. In: Stoto M, Behrens R, Rosemont C, editors. *Healthy People 2000: Citizens Chart the Course*. Washington (DC): National Academies Press; 1990.
85. Querstret D. Collaborating with students to support student mental health and well-being. *Engaging Student Voices in Higher Education*: Springer; 2019. p. 191-207.
86. Piper R, Emmanuel T. Co-producing mental health strategies with students: a guide for the higher education sector. Leeds: Student Minds; 2019.
87. Slay J, Stephens L. Co-production in mental health: a literature review. London: new economics foundation; 2013.
88. Rock J, McGuire M, Rogers A. Multidisciplinary perspectives on co-creation. *Sci Commun*. 2018;40(4):541-52.
89. Orygen. Co-designing with young people: the fundamentals. Melbourne: Orygen; 2019.

90. Matthews KE, Dwyer A, Hine L, Turner J. Conceptions of students as partners. *High Educ*. 2018;76(6):957-71.
91. Matthews KE. Five propositions for genuine students as partners practice. *Int J Stud Partners*. 2017;1(2).
92. Evaluation Support Scotland. Why bother involving people in evaluation? – beyond feedback. Edinburgh: Evaluation Support Scotland; 2019.
93. IAP2 International Association for Public Participation. Public participation spectrum [Internet]. Toowong: IAP2 International Association for Public Participation; c2019 [cited 2020 Sep 15]. Available from: <https://www.iap2.org.au/resources/spectrum/>.
94. Varnham S. Creating a national framework for student partnership in university decision-making and governance. Place unknown: Student Voice Australia and Australian Government Department of Education and Training; 2017.
95. Mission Australia and Black Dog Institute. Youth mental health report: youth survey 2012-16. Sydney: Mission Australia and Black Dog Institute; 2017.
96. Australian Government: Department of Education and Training. Final report – improving retention, completion and success in higher education. Canberra: Australian Government: Department of Education and Training; 2017.
97. Reavley N, Jorm AF. Prevention and early intervention to improve mental health in higher education students: a review. *Early Interv Psychiatry*. 2010;4(2):132-42.
98. Repper J, Carter T. A review of the literature on peer support in mental health services. *J Ment Health*. 2011;20(4):392-411.
99. Anderson R. Fact sheet: youth peer support and youth mental health. Melbourne: Orygen; 2020.
100. Orygen. Evidence summary: what is the evidence for peer support in youth mental health? Melbourne: Orygen; 2020.
101. Orygen. Implementation toolkit and checklist: youth peer support [Internet]. Melbourne: Orygen; 2020 [cited 2020 Sep 22]. Available from: <https://www.orygen.org.au/Training/Resources/Peer-work/Implementation-toolkit/Implementation-toolkit-and-checklist-youth-peer-su>.
102. batyr. batyr@uni [Internet]. Sydney: batyr; Date unknown [cited 2020 Sep 30]. Available from: <https://www.batyr.com.au/batyr-uni/>.
103. Hatzidimitriadou E, Mantovani N, Keating F. Evaluation of co-production processes in a community-based mental health project in Wandsworth. Kingston upon Thames: Kingston University and St George's, University of London; 2012.
104. Baik C, Larcombe W, Brooker A, Wyn J, Allen L, Brett M, et al. Enhancing student mental wellbeing: a handbook for academic educators. Melbourne: The University of Melbourne; 2017.
105. Hughes G, Spanner L. The university mental health charter. Leeds: Student Minds; 2019.
106. Wellness Designs. Workplace wellness within Australian universities. Underwood: Wellness Designs; 2018.
107. Beyond Blue. Be You evidence summary. Melbourne: Beyond Blue; 2018.
108. Harvey S, Joyce S, Tan L, Johnson A, Nguyen H, Modini M, et al. Developing a mentally healthy workplace: a review of the literature. Sydney: National Mental Health Commission; 2014.
109. Thorley C. Not by degrees: improving student mental health in the UK's universities. London: Institute for Public Policy Research; 2017.
110. Heads Up. Developing a workplace mental health strategy: a how-to guide for organisations. Melbourne: Beyond Blue; Date unknown.
111. SuperFriend. Programs and services [Internet]. Melbourne: SuperFriend; Date unknown [cited 2020 Sep 15]. Available from: <https://www.superfriend.com.au/our-programs/>.
112. Martin A, Shann C, LaMontagne A. What works to promote workplace wellbeing? A rapid review of recent policy developments and intervention research. Melbourne: Victorian Workplace Mental Wellbeing Collaboration; 2017.
113. World Health Organization. Promoting health in the SDGs. Report on the 9th global conference for health promotion: all for health, health for all, 21-24 November 2016. Geneva: World Health Organization; 2017 2017.
114. Stanton A, Zandvliet D, Dhaliwal R, Black T. Understanding students' experiences of well-being in learning environments. *High Educ Studies*. 2016;6(3):90-9.
115. Hoffman M, Richmond J, Morrow J, Salomone K. Investigating "sense of belonging" in first-year college students. *J Coll Stud Ret*. 2002;4(3):227-56.
116. DeBerard MS, Spielmans GI, Julka DL. Predictors of academic achievement and retention among college freshmen: a longitudinal study. *Coll Stud J*. 2004;38(1):66-81.
117. Bracken S, Novak K. Transforming higher education through universal design for learning : an international perspective: Routledge; 2019.
118. Hassed C, de Lisle S, Sullivan G, Pier C. Enhancing the health of medical students: outcomes of an integrated mindfulness and lifestyle program. *Adv Health Sci Educ Theory Pract*. 2009;14(3):387-98.
119. World Health Organization. Risks to mental health: an overview of vulnerabilities and risk factors. Background paper by WHO Secretariat for the development of a comprehensive mental health action plan. Geneva: World Health Organization; 2012.
120. Olding M, Yip A. Policy approaches to post-secondary student mental health. A scan of current practice. Toronto (ON): OCAD University and Ryerson University 2014.
121. The Jed Foundation. Framework for developing institutional protocols for the acutely distressed or suicidal college student. New York: The Jed Foundation; 2006.
122. UK Healthy Universities Network. Integrating a commitment to health & wellbeing within a university's policy & planning process [Internet]. Preston: UK Healthy Universities Network; c2020 [cited 2020 Jul 22]. Available from: https://healthyuniversities.ac.uk/guidance_packages/integrating-a-commitment-to-health-and-wellbeing-within-a-universitys-policy-and-planning-process/#overview.
123. Mitchell C, McMillan B, Hagan T. Mental health help-seeking behaviours in young adults. *Br J Gen Pract*. 2017;67(654):8-9.
124. Edwards JL, Crisp DA. Seeking help for psychological distress: barriers for mental health professionals. *Aust J Psychol*. 2017;69(3):218-25.
125. Stanley N, Ridley J, Harris J, Manthorpe J. Disclosing disability in the context of professional regulation: a qualitative UK study. *Disabil Soc*. 2011;26(1):19-32.
126. Clark C, Wilkinson M, Kusevskis-Hayes R. How can universities encourage self-disclosure by equity students? *JANZSSA*. 2019;27(1):10-28.
127. Li W, Denson LA, Dorstyn DS. Understanding Australian university students' mental health help-seeking: an empirical and theoretical investigation. *Aust J Psychol*. 2018;70(1):30-40.
128. Baik C, Larcombe W, Brooker A. How universities can enhance student mental wellbeing: the student perspective. *High Educ Res Dev*. 2019;38(4):674-87.
129. Gulliver A, Farrer L, Bennett K, Griffiths KM. University staff mental health literacy, stigma and their experience of students with mental health problems. *J Furth High Educ*. 2017;43(3):434-42.
130. Mental Health Foundation. Mental health literacy [Internet]. London: Mental Health Foundation; 2019 [cited 2019 Jul 22]. Available from: <https://www.mentalhealth.org.uk/a-to-z/m/mental-health-literacy>.
131. NSW Mental Health Commission. Living well: a strategic plan for mental health in NSW. Sydney: NSW Mental Health Commission; 2014.
132. Heads Up. Strategies for healthy workplaces [Internet]. Melbourne: Beyond Blue; Date unknown [cited 2020 Sep 15]. Available from: <https://www.headsup.org.au/healthy-workplaces/strategies-for-healthy-workplaces>.
133. Sax Institute for VicHealth. Evidence check: mental wellbeing risk & protective factors. Sydney: Sax Institute; 2019.
134. Deloitte Access Economics. The economic benefits of improving social inclusion: a report commissioned by SBS. Deloitte Access Economics; 2019.
135. Baik C, Larcombe W. Enhancing student wellbeing - 1.3 wellbeing essentials [Internet]. Melbourne: The University of Melbourne; c2016 [cited 2019 Nov 20]. Available from: <http://unistudentwellbeing.edu.au/student-wellbeing/wellbeing-essentials/>.
136. Holt M, Monk R, Powell S, Dooris M. Student perceptions of a healthy university. *Public Health*. 2015;129(6):674-83.

137. University of the Sunshine Coast. Culturally inclusive environment [Internet]. Place unknown: University of the Sunshine Coast; Date unknown [cited 2019 Nov 20]. Available from: <https://www.usc.edu.au/connect/work-at-usc/staff/cultural-diversity/cultural-diversity-and-inclusive-practice-toolkit/culturally-inclusive-environment>.
138. Corrigan PW, Rüsçh N, Scior K. Adapting disclosure programs to reduce the stigma of mental illness. *Psychiat Serv*. 2018;69(7):826-8.
139. Corrigan PW, Morris SB, Michaels PJ, Rafacz JD, Rüsçh N. Challenging the public stigma of mental illness: a meta-analysis of outcome studies. *Psychiat Serv*. 2012;63(10):963-73.
140. Hunt V, Prince S, Dixon-Fyle S, Dolan K. Diversity wins: how inclusion matters. McKinsey & Company; 2020.
141. Diversity Council Australia. Inclusion [Internet]. Sydney: Diversity Council Australia; c2020 [cited 2020 Jul 22]. Available from: <https://www.dca.org.au/topics/inclusion>.
142. Diversity Council Australia. Learning [Internet]. Sydney: Diversity Council Australia; c2020 [cited 2020 Jul 22]. Available from: <https://www.dca.org.au/learning>.
143. Dooris M, Cawood J, Doherty S, Powell S. Healthy universities: concept, model and framework for applying the healthy settings approach within higher education in England - final project report. London: University of Central Lancashire; 2010.
144. Worsley J, Pennington A, Corcoran R. What interventions improve college and university students' mental health and wellbeing? A review of review-level evidence. Liverpool: What Works Centre for Wellbeing and University of Liverpool; 2020.
145. Richardson A, King S, Garrett R, Wrench A. Thriving or just surviving? Exploring student strategies for a smoother transition to university. A practice report. *Student Success*. 2012;3(2):87.
146. Oades L. Towards a positive university. *J Posit Psychol*. 2011;6(6):432.
147. Williams N, Horrell L, Edmiston D, Brady M. The impact of positive psychology on higher education. *Wm & Mary Educ Rev*. 2018;5(1):12.
148. Selvaraj PR. Using positive psychological capital to predict mental health in college students: implications for counseling and higher education: Ohio University; 2015.
149. Everymind. National communications charter: a unified approach to mental health and suicide prevention. Newcastle: Everymind; 2018.
150. Yamaguchi S, Wu SI, Biswas M, Yate M, Aoki Y, Barley EA, et al. Effects of short-term interventions to reduce mental health-related stigma in university or college students: a systematic review. *J Nerv Ment Dis*. 2013;201(6):490-503.
151. Mindframe. Communicating about mental ill-health [Internet]. Everymind; c2020 [cited 2020 Sep 15]. Available from: <https://mindframe.org.au/mental-health/communicating-about-mental-ill-health>.
152. Mindframe. Communicating about suicide [Internet]. c2020 [cited 2020 Sep 15]. Available from: <https://mindframe.org.au/suicide/communicating-about-suicide>.
153. Robinson J, Hill N, Thorn P, Teh Z, Battersby R, Reavley N. #chatsafe: a young person's guide for communicating safely online about suicide. Melbourne: Orygen; 2018.
154. Field R. Teaching resilience and self-management skills: fostering student psychological wellbeing for future employability. Education for Employability. Volume 2. Leiden: Brill; 2019. p. 237-46.
155. Frydenberg E. Coping and the challenge of resilience. 1 ed. London: Palgrave Macmillan UK; 2017. 255 p.
156. Brewer ML, van Kessel G, Sanderson B, Naumann F, Lane M, Reubenson A, et al. Resilience in higher education students: a scoping review. *High Educ Res Dev*. 2019;38(6):1105-20.
157. Galante J, Dufour G, Vainre M, Wagner AP, Stochl J, Benton A, et al. A mindfulness-based intervention to increase resilience to stress in university students (the Mindful Student Study): a pragmatic randomised controlled trial. *Lancet Public Health*. 2018;3(2):e72-e81.
158. Grant-Smith D, Gillet-Swan J, Chapman R. Wil Wellbeing: Exploring the impacts of unpaid practicum on student wellbeing. Report submitted to the National Centre for Student Equity in Higher Education (NCSEHE). Perth: Curtin University; 2017.
159. Postareff L, Mattsson M, Lindblom-Ylänne S, Haalikari T. The complex relationship between emotions, approaches to learning, study success and study progress during the transition to university. *High Educ*. 2017;73(3):441-57.
160. Kift S. A decade of transition pedagogy: a quantum leap in conceptualising the first year experience. *HERDSA Rev High Educ*. 2015;2:51-86.
161. Kelly CM, Jorm AF, Wright A. Improving mental health literacy as a strategy to facilitate early intervention for mental disorders. *Med J Aust*. 2007;187(S7).
162. Saheb R, Mortimer T, Rutherford E, Sperandei S, Reis A. Creating Healthy Universities: the role of campus-based health promotion events in supporting student wellbeing. *Health Promot J Austr*. 2019.
163. VicHealth, CSIRO. Bright Futures: megatrends impacting the mental wellbeing of young Victorians over the coming 20 years. Melbourne: Victorian Health Promotion Foundation; 2015.
164. Ross SJ, Owens K, Roberts A, Jennings E, Mylrea M. Mindfulness training: success in reducing first year health professional students' study and exam related stress. *Health Prof Educ*. 2020;6(2):162-9.
165. Winzer R, Linberg L, Guldbbrandsson K, Sidorchuk A. Effects of mental health interventions for students in higher education are sustainable over time: a systematic review and meta-analysis of randomized controlled trials. *PeerJ*. 2018;6:e4598.
166. Orygen, headspace. Submission to the Productivity Commission's Inquiry into mental health. Melbourne: Orygen and headspace; 2019.
167. Tye M, Shand F, Christensen H. Suicide prevention: the role of community campaigns. *InSight Plus*, Issue 35 [Internet]. 2018 [cited 2020 Sep 10]. Available from: <https://insightplus.mja.com.au/2018/35/suicide-prevention-the-role-of-community-campaigns/>.
168. Robinson J, Bailey E, Witt K, Stefanac N, Milner A, Currier D, et al. What works in youth suicide prevention? A systematic review and meta-analysis. *EClinicalMedicine*. 2018;4:52-91.
169. Universities Australia. Respect. Now. Always. [Internet]. Deakin: Universities Australia; c2020 [cited 2020 Sep 30]. Available from: <https://www.universitiesaustralia.edu.au/project/respect-now-always/>.
170. Householder T. Architecture concepts can boost mental health. *Des Moines Register* [Internet]. 2016 [cited 2020 Jul 22]. Available from: <https://www.desmoinesregister.com/story/opinion/abetter-iowa/2016/04/22/architecture-concepts-can-boost-mental-health/83341812/>.
171. Winer R. Why universal design is critical to creating truly healthy spaces. The International WELL Building Institute [Internet]. 2019 [cited 2020 Sep 10]. Available from: <https://resources.wellcertified.com/articles/why-universal-design-is-critical-to-creating-truly-healthy-spaces/>.
172. Barron S, Nitoslawski S, Wolf KL, Woo A, Desautels E, Sheppard SRJ. Greening blocks: a conceptual typology of practical design interventions to integrate health and climate resilience co-benefits. *Int J Environ Res Public Health*. 2019;16(21).
173. Studiosity. 2018 National student survey. St Leonards: Studiosity; 2018.
174. eSafety, Universities Australia. Toolkit for universities [Internet]. eSafety; Date unknown [cited 2020 Sep 23]. Available from: <https://www.esafety.gov.au/educators/toolkit-universities>.
175. Cheverton J, Janamian T. The partners in recovery program: mental health commissioning using value co-creation. *Med J Aust*. 2016;204(7 Suppl):S38-40.
176. Tooher R, Collins J, Braunack-Mayer A, Burgess T, Skinner SR, O'Keefe M, et al. Intersectoral collaboration to implement school-based health programmes: Australian perspectives. *Health Promot Int*. 2017;32(2):312-21.
177. Settapani CA, Hawke LD, Cleverley K, Chaim G, Cheung A, Mehra K, et al. Key attributes of integrated community-based youth service hubs for mental health: a scoping review. *Int J Ment Health Syst*. 2019;13(1):52.
178. World Health Organization. Towards a global action plan for healthy lives and well-being for all: uniting to accelerate progress towards the health-related SDGs. Geneva: World Health Organization; 2018.
179. Cunliff E, King J. Institutionalizing transformative learning: the trees, then the forest, then the realization. *Metrop Univ*. 2018;29(3):8-24.
180. National Centre for Student Equity in Higher Education. About the NCSEHE [Internet]. Perth: Curtin University; c2020 [cited 2020 Sep 23]. Available from: <https://www.ncsehe.edu.au/about/>.

181. Australian Disability Clearinghouse on Education and Training. Home [Internet]. Date unknown [cited 2020 Sep 23]. Available from: <https://www.adcet.edu.au/>.
182. Australian Government Department of Education Skills and Employment. Higher education participation and partnerships program (HEPPP) [Internet]. Canberra: Australian Government Department of Education, Skills and Employment; 2020 [cited 2020 Sep 23].
183. Patel V. The Lancet Commission on global mental health and sustainable development. *Lancet*. 2018;392(10157):1553.
184. Orygen. Submission to the Royal Commission into Victoria's mental health system. Melbourne: Orygen; 2019.
185. Hall AE, Bryant J, Sanson-Fisher RW, Fradgley EA, Proietto AM, Roos I. Consumer input into health care: time for a new active and comprehensive model of consumer involvement. *Health Expect*. 2018;21(4):707-13.
186. Farmer J, Bigby C, Davis H, Carlisle K, Kenny A, Huysmans R. The state of health services partnering with consumers: evidence from an online survey of Australian health services. *BMC Health Serv Res*. 2018;18(1):628.
187. Hawke LD, Mehra K, Settapani C, Relihan J, Darnay K, Chaim G, et al. What makes mental health and substance use services youth friendly? A scoping review of literature. *BMC Health Serv Res*. 2019;19(1):257.
188. Orygen. Clinical practice in youth mental health. What is trauma-informed care and how is it implemented in youth healthcare settings? Melbourne: Orygen; 2018.
189. Bendall S, Phelps A, Browne V, Metcalf O, Cooper J, Rose B, et al. Trauma and young people. Moving toward trauma-informed services and systems. Melbourne: Orygen; 2018.
190. Quality Indicators for Learning and Teaching. 2019 Student experience survey. Melbourne: Quality Indicators for Learning and Teaching; 2020.
191. NSW Department of Health. NSW community mental health strategy 2007-2012: from prevention and early intervention to recovery. Sydney: NSW Department of Health; 2008.
192. Bratby K, Hull-Styles M. The role of triage in a regional university counselling services. *ANZSSA Newsletter*. 2017:30-2.
193. Stallman HM, Hurst CP. The university stress scale: measuring domains and extent of stress in university students. *Aust Psychol*. 2016;51(2):128-34.
194. Biro E, Adany R, Kosa K. A simple method for assessing the mental health status of students in higher education. *Int J Environ Res Public Health*. 2019;16(23).
195. Moffitt LB, Garcia-Williams A, Berg JP, Calderon ME, Haas AP, Kaslow NJ. Reaching graduate students at risk for suicidal behavior through the interactive screening program. *J College Stud Psychother*. 2014;28(1):23-34.
196. Gulliver A, Farrer L, Bennett K, Bennett A, Griffiths K. The uni virtual clinic. Changing the way mental health care is provided to young people at university. Abbotsford: Young and Well Cooperative Research Centre; 2016.
197. Farrer LM, Gulliver A, Katruss N, Bennett K, Bennett A, Ali K, et al. Development of the Uni Virtual Clinic: an online programme for improving the mental health of university students. *Br J Guid Counc*. 2020;48(3):333-46.
198. Dunbar M. Unmet mental health treatment need and attitudes toward online mental health services among community college students. *Psychiatr Serv*. 2018;69(5):597.
199. Rickwood D, Webb M, Kennedy V, Telford N. Who are the young people choosing web-based mental health support? Findings from the implementation of Australia's national web-based youth mental health service, eheadspace. *JMIR Ment Health*. 2016;3(3):e40.
200. Australian Government Department of Health. PHN mental health flexible funding pool programme guidance: stepped care. Canberra: Australian Government Department of Health; 2019.
201. Cornish PA. Meeting the mental health needs of today's college student: reinventing services through Stepped Care 2.0. *Psychol Serv*. 2017;14(4):428.
202. McGorry P. Cultures for mental health care of young people: an Australian blueprint for reform. *Lancet Psychiatry*. 2014;1(7):559.
203. Australian Department of the Prime Minister and Cabinet, Telethon Institute for Child Health Research, Kulunga Research Network, University of Western Australia. Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice. 2 ed. Dudgeon P, Milroy H, Walker R, editors. Barton: Australian Government Department of the Prime Minister and Cabinet; 2014.
204. Tomy A. 2019 Mental wellbeing survey of prospective international and overseas students. Bupa; 2019.
205. English Australia. Guide to best practice in international student mental health 2018. Surry Hills: English Australia; 2018.
206. Embrace Multicultural Mental Health. Framework for mental health in multicultural Australia: towards culturally inclusive service delivery [Internet]. Deakin West: Mental Health Australia; Date unknown [cited 2020 Sep 24]. Available from: <https://embracementalhealth.org.au/service-providers/framework-landing>.
207. Quality Innovation Performance. Rainbow Tick standards [Internet]. Place unknown; 2020 [cited 2020 Sep 24]. Available from: <https://www.qip.com.au/standards/rainbow-tick-standards/>.
208. Devlin M, Kift S, Nelson K, Smith L, McKay J. Effective teaching and support of students from low socioeconomic status backgrounds: practical advice for institutional policy makers and leaders. Sydney: Australian Government Office for Learning and Teaching; 2012.
209. Rubin M, Evans O, Wilkinson RB. A longitudinal study of the relations among university students' subjective social status, social contact with university friends, and mental health and well-being. *J Soc Clin Psychol*. 2016;35(9):722-37.
210. Devlin M, McKay J. Facilitating success for students from low socioeconomic status backgrounds at regional universities. Place unknown: Federation University Australia; 2017.
211. Nature. The mental health of PhD researchers demands urgent attention. *Nature*. 2019;575:257-8.
212. Universities Australia. Principles for respectful supervisory relationships. Deakin: Universities Australia; 2018.
213. Corrigan PW, Kosyluk KA, Rusc N. Reducing self-stigma by coming out proud. *Am J Public Health*. 2013;103(5):794-800.
214. Corrigan PW, Druss BG, Perlick DA. The impact of mental illness stigma on seeking and participating in mental health care. *Psychol Sci Public Interest*. 2014;15(2):37-70.
215. Deloitte. At tipping point? Workplace mental health and wellbeing. London: Deloitte; 2017.
216. Matthew I, Joep van A, Eimear Muir C. Mental health and/or mental illness: a scoping review of the evidence and implications of the dual-continua model of mental health. *Evidence Base*. 2020;2020(1).
217. What Works Centre for Wellbeing. Higher education: student and staff wellbeing and mental health [Internet]. London: What Works Centre for Wellbeing; Date unknown [cited 2020 Sep 24]. Available from: <https://whatworkswellbeing.org/category/health-mental-health/>.
218. Australian Government Department of Health. Australia's long term national health plan to build the world's best health system. Canberra: Australian Government Department of Health; 2019.
219. The World Mental Health Survey Initiative. The WHO world mental health international college student (WMH-ICS) initiative [Internet]. Place unknown: Harvard Medical School; c2005 [cited 2020 Sep 24]. Available from: https://www.hcp.med.harvard.edu/wmh/college_student_survey.php.
220. United Nations. Sustainable development goals. Goal 3: ensure healthy lives and promote well-being for all at all ages [Internet]. United Nations; Date unknown [cited 2020 May 26]. Available from: <https://www.un.org/sustainabledevelopment/health/>.
221. Universities UK. Self assessment tool. Stepchange: mentally healthy universities. London: Universities UK; 2020.
222. UK Healthy Universities Network. Evaluating healthy universities [Internet]. Preston: UK Healthy Universities Network; c2020 [cited 2020 Oct 01]. Available from: <https://healthyuniversities.ac.uk/research-development-evaluation/evaluating-healthy-universities/>.
223. UK Healthy Universities Network. Self-review tool [Internet]. Preston: UK Healthy Universities Network; c2020 [cited 2020 Oct 01]. Available from: <https://healthyuniversities.ac.uk/toolkit-and-resources/self-review-tool/>.

APPENDIX A

Orygen would like to thank the project advisory group and expert working group members who were integral to the development of the framework.

Advisory group members:

Nadine Bartholomeusz-Raymond, General Manager Education and Families, Beyond Blue;

Dr Michelle Blanchard, Deputy Chief Executive Officer, SANE Australia;

Vivienne Browne, Associate Director, Government Relations and Policy, Orygen;*

Jason Davies-Kildea, Head of Policy and Advocacy, Beyond Blue;*

Will Edwards, National Disabilities Officer (2019), National Union of Students;

Louisa Ellum, Head of Be You Major Projects, Beyond Blue;*

Dr Renee Hamilton, Policy Director, Safety and Wellbeing, Universities Australia;*

Professor Ian Hickie, Co-Director, Health and Policy, Brain and Mind Centre, The University of Sydney;

Catriona Jackson, Chief Executive Officer, Universities Australia;

Professor Eóin Killackey, Associate Director, Research, Orygen;*

Professor Denise Kirkpatrick, Senior Deputy Vice-Chancellor, Western Sydney University;

Somayra Mamsa, student representative;

Neha Manandhar, student representative;

Professor Patrick McGorry, Executive Director, Orygen;

Manfred Mletsin, International Student Advocate (2017–2020), Council of International Students Australia;

Kerryn Pennell, Director, Strategic Relations and Policy, Orygen;

Geri Sumpter, Head of Be You Delivery, Beyond Blue;* and

Dr Christie White, President, Australian and New Zealand Student Services Association.

** denotes participants who attended meetings as a delegate for their organisation*

Expert working group members:

Annie Andrews, Psychologist and Consultant to Higher Education, Annie Andrews Consulting;

Shawana Andrews, Associate Director, Melbourne Poche Centre for Indigenous Health;

James Atkinson, Principal, Flinders Living, Flinders University;

Associate Professor Chi Baik, Associate Professor in Higher Education, Melbourne Centre for the Study of Higher Education

Romana-Rea Begicevic, National President (2020), Council of Australian Postgraduate Associations;

Courtney Bilske, Partnerships Lead, batyr;

Ellen Brackenreg, Executive Director, Student Services, Western Sydney University;

Associate Professor Alison Calear, Associate Professor, The Australian National University;

Dr Stephen Carbone, Executive Director, Prevention United;

Diana Chegwidan, Director, Human Resources, Australian Catholic University;

Dr Shane Cross, Adjunct Senior Lecturer, The University of Sydney;

John Devereaux, Executive Director, Student Life, Deakin University;

Rachel D'Souza, Senior Clinician, Community Development, Orygen;

Leah du Plooy, Deputy Director Student Health and Wellbeing, La Trobe University;

Jessica Durand, student representative;

Fiona Ellis, Director Student Wellbeing and Inclusion, RMIT University;

Dr Lou Farrer, Senior Research Fellow, The Australian National University;

Gabe Gooding, National Assistant Secretary, National Tertiary Education Union;

Kate Grlec, Assistant Director, Australian Government Department of Health;

Professor Braden Hill, Pro Vice-Chancellor, Equity and Indigenous, Edith Cowan University;

Kim Holmes, SA State Manager, Neami National;

Clare Hourigan, Director, Planning and Business Intelligence, The University of Queensland;

Kelly Johnstone, Strategic Projects & Mental Health Partnerships Liaison, Bupa;

Professor Christopher Kee, Dean (Education), College of Business, Government and Law, Flinders University;

Brian Kelly, Head of School and Dean of Medicine - The Joint Medical Program, School of Medicine and Public Health, The University of Newcastle;

Caleb Koppé, Manager, Customer Service Unit/VTAC Careers Hub, Victorian Tertiary Admissions Centre;

Professor Mike Kyrios, Vice President and Executive Dean, College of Education, Psychology and Social Work, Órama Institute of Mental Health and Wellbeing, Flinders University;

Michelle Lamblin, Project Manager, Suicide Prevention Research, Orygen;

Katie Larsen, General Manager Diversity, Inclusion and Participation, Mind Australia;

Emma Last, Partnerships and Engagement Coordinator, Study Melbourne, Victorian Government Department of Jobs, Precincts and Regions;

Colleen Lewig, Director, Student Life, The University of Adelaide;

Harry Lovelock, Director, Policy and Research, Mental Health Australia;

Dr Luke Martin, Director, Prevention United;

Richard Mason, student representative;

Katherine Monson, Coordinator, Community Development, Orygen;

Dr Jonathan Munro, Head of Counselling & Wellbeing, Griffith University;

Dr Gerry Naughtin, Strategic Adviser, Mental Health, The National Disability Insurance Agency;

Michael O’Hanlon, Workplace Engagement Manager, Beyond Blue;

Professor Arshad Omari, Senior Deputy Vice-Chancellor, Edith Cowan University;

Professor Lisa Phillips, Professor, Melbourne School of Psychological Sciences, The University of Melbourne;

Associate Professor Simon Rice, Principal Research Fellow, Orygen;

Adan Richards, student representative;

Professor Debra Rickwood, Chief Scientific Advisor, headspace and Professor of Psychology, Faculty of Health, University of Canberra;

Michelle Rogers, Director of Student Life, Edith Cowan University;

Anna Ross, PhD Candidate, Sessional Academic Tutor, Research Assistant, The University of Melbourne;

Suzanna Russell, student representative;

Rowena Saheb, Towards Zero Suicide Mental Health Project Officer, Western Sydney Local Health District and the Australian Health Promoting Universities Network;

Dr Magenta Simmons, Senior Research Fellow, Orygen and The University of Melbourne;

Tanisha Singh, student representative;

Kelly Smith, Pro Vice Chancellor International, Murdoch University;

Alicia Southwell, Commissioning Coordinator, Youth Mental Health, Hunter New England and Central Coast Primary Health Network;

Stephanie Taylor, Executive Director, Student Experience, University of Tasmania;

Emma Taylor, Mental Health Coordinator, Western Sydney University;

Stephanie Vasiliou, Head of Programs, batyr;

Irene Verins, Manager, Mental Wellbeing, VicHealth;

Jian Wang, Assistant Director, Australian Government Department of Health;

Associate Professor Lydia Woodyatt, Associate Professor, College of Education, Psychology and Social Work, Flinders University;

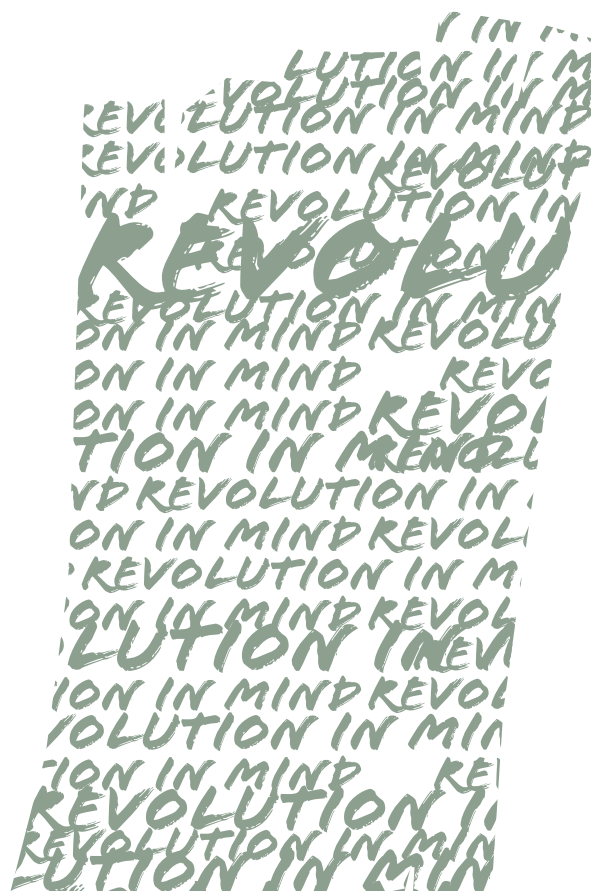
Michelle Xin, student representative;

Jessica Yang, President (2019), Australian Medical Students’ Association (AMSA);

Jodie Zada, Director, Student Services, Flinders University; and

Representatives from the Australian Government Department of Education, Skills and Employment.*

**denotes multiple representatives contributed to the framework’s development on behalf of the organisation*



APPENDIX B



SAMPLE PLANNING MATRIX FOR PRINCIPLE 1

Principle 1: The student experience is enhanced through mental health and wellbeing approaches that are informed by students' needs, perspectives and the reality of their experiences

IDENTIFIED PRACTICES	CURRENT INITIATIVES THAT ALIGN WITH IDENTIFIED PRACTICES	OPPORTUNITIES TO STRENGTHEN	TIMELINE FOR REVIEW
Information is actively sought from students about their needs and perspectives of their mental health and wellbeing, and is used to inform actions.			
Mental health and wellbeing initiatives and services are co-designed with students, including those students with a lived experience of mental ill-health.			
Mental health and wellbeing initiatives and services are reviewed and evaluated in partnership with students.			
Students are active in peer support roles to share experiences, facilitate access to supports and increase connections within their university.			
Groups of students at greater risk of mental health and wellbeing issues are engaged in co-designing tailored approaches that address their specific needs in regards to mental health, wellbeing and the impact on ongoing educational engagement.			
Additional practices that align with Principle 1 (i.e. that support a student-centred approach).			



SAMPLE PLANNING MATRIX FOR PRINCIPLE 2

Principle 2: All members of the university community contribute to learning environments that enhance student mental health and wellbeing

IDENTIFIED PRACTICES	CURRENT INITIATIVES THAT ALIGN WITH IDENTIFIED PRACTICES	OPPORTUNITIES TO STRENGTHEN	TIMELINE FOR REVIEW
Leaders prioritise mental health and wellbeing, embedding it within the core business of the university.			
Whole of university mental health strategies are coordinated and integrated across all business areas.			
Good mental health and wellbeing is recognised as part of teaching and learning, with student-centred, course-specific support integrated into teaching and learning activities.			
Policies, processes and supports are coordinated to reduce undesirable effects on mental health and wellbeing, and support student success.			
Strategies to support early help-seeking are incorporated to support ongoing engagement with learning.			
Staff in student-facing roles are supported to know what to do, within the scope of their role, to assist students with mental health and wellbeing.			
A mentally healthy workplace is maintained by complementary student and staff wellbeing initiatives.			
Additional practices that align with Principle 2 (i.e. teaching and learning environments).			



SAMPLE PLANNING MATRIX FOR PRINCIPLE 3

Principle 3: Mentally healthy university communities encourage participation; foster a diverse, inclusive environment; promote connectedness; and support academic and personal achievement

IDENTIFIED PRACTICES	CURRENT INITIATIVES THAT ALIGN WITH IDENTIFIED PRACTICES	OPPORTUNITIES TO STRENGTHEN	TIMELINE FOR REVIEW
Supportive university communities enhance student connectedness and facilitate participation in university life.			
Diverse student cultures and identities are valued and visible across the university community.			
Students are connected to programs that build holistic wellbeing – physical, social, mental and spiritual wellbeing.			
Communication about mental health and wellbeing builds understanding, increases awareness and helps to break down stigma and discrimination.			
Students are supported to develop mental health and wellbeing-related skills and competencies that prepare them for learning, future careers and life.			
University-specific risk factors that contribute to poor mental health and wellbeing, and physical and psychological safety are recognised and addressed.			
Physical and digital spaces in the university environment enhance mental health and wellbeing.			
Additional practices that align with Principle 3 (i.e. the role of the whole university community).			



SAMPLE PLANNING MATRIX FOR PRINCIPLE 4

Principle 4: The response to mental health and wellbeing is strengthened through collaboration and coordinated actions

IDENTIFIED PRACTICES	CURRENT INITIATIVES THAT ALIGN WITH IDENTIFIED PRACTICES	OPPORTUNITIES TO STRENGTHEN	TIMELINE FOR REVIEW
Partnerships between universities and the mental health sector facilitate a joined-up approach to student mental health and wellbeing.			
Expertise within the university is used to guide university responses and facilitate a consistent experience for students.			
Collaboration across the university sector to share resources, expertise and good practice, and to speed potential advances.			
The mental health sector actively collaborating with universities, utilising their expertise in research and translation, and insights about their communities to help inform mental health and wellbeing sector planning and service provision.			
Universities are supported to consider the impact of the social determinants of mental health that are relevant to student learning.			
Additional practices that align with Principle 4 (i.e. coordination and collaboration).			



SAMPLE PLANNING MATRIX FOR PRINCIPLE 5

Principle 5: Students are able to access appropriate, effective, timely services and supports to meet their mental health and wellbeing needs

IDENTIFIED PRACTICES	CURRENT INITIATIVES THAT ALIGN WITH IDENTIFIED PRACTICES	OPPORTUNITIES TO STRENGTHEN	TIMELINE FOR REVIEW
Students are supported to navigate mental health services.			
Services and supports are appropriate and accessible for the student population.			
Integrated services help students access the right kind of supports when needed.			
A range of targeted strategies and outreach programs support early detection and intervention for students experiencing mental health issues.			
Digital approaches are incorporated as part of actions to support student mental health and wellbeing.			
A continuum of supports and services are available to meet students' needs.			
Services and supports respond to complexities among specific cohorts of students at increased risk of mental ill-health.			
Clear plans and processes are in place to support a coordinated response in the event of a crisis.			
Additional practices that align with Principle 5 (i.e. student services and supports).			



SAMPLE PLANNING MATRIX FOR PRINCIPLE 6

Principle 6: Continuous improvement and innovation is informed by evidence and helps build an understanding of what works for student mental health and wellbeing

IDENTIFIED PRACTICES	CURRENT INITIATIVES THAT ALIGN WITH IDENTIFIED PRACTICES	OPPORTUNITIES TO STRENGTHEN	TIMELINE FOR REVIEW
Strategies to support student mental health and wellbeing are planned, implemented, evaluated and outcomes are shared.			
Approaches to student mental health and wellbeing are informed by a range of accessible data sources including (but not limited to) information related to mental health, wellbeing, mental ill-health, students lived experiences, stories of hope and recovery, student perceptions, impact of initiatives and services, challenge or stress points for individuals and systems, and implementation of this framework.			
Evidence related to student mental health and wellbeing is readily shared and easily discoverable.			
Universities and the mental health sector work together to share insights, increase understanding and minimise gaps for students based on evidence.			
Student mental health and wellbeing research is supported to create and disseminate the next generation of ideas and innovations.			
Additional practices that align with Principle 6 (i.e. continuous improvement and innovation).			



**REVOLUTION
IN MIND** *ory
gen*

GET IN TOUCH

IF YOU'D LIKE MORE
INFORMATION ABOUT
ORYGEN, PLEASE CALL
+61 3 9966 9100 OR
SEND AN EMAIL TO
INFO@ORYGEN.ORG.AU

ORYGEN.ORG.AU

35 POPLAR ROAD
PARKVILLE VIC 3052
AUSTRALIA

FOLLOW US ON

