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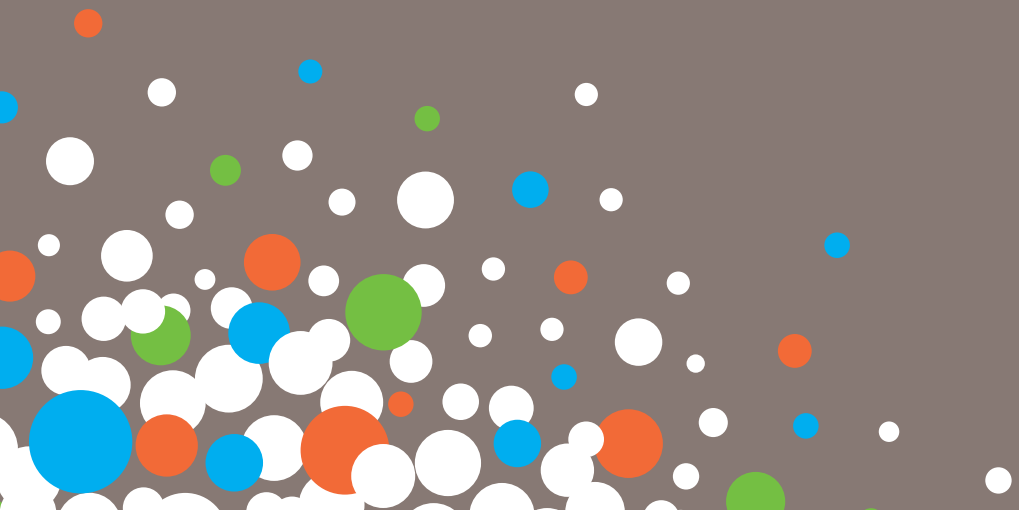
The National Centre of Excellence
in Youth Mental Health

Under the radar

The mental health of Australian university students



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Under the radar

The mental health of Australian university students

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Executive summary

According to the most recent higher education statistics, there were approximately 1.4 million students studying in Australian universities in 2015. Census data indicates that approximately three in five students are aged between 15 and 24 years and we know at least one in four of these young people will experience mental ill-health in any one year.

It is also possible that the very nature of the university experience could increase the risk of psychological distress among this population. For some students this experience includes: financial stress, lack of sleep, poor diet, balancing work and study responsibilities, living away from family and pressure to excel in the context of an increasingly competitive job market. It's a combination of risk factors which can result in, or exacerbate, mental ill-health among university students.

There are significant gaps in Australian research and data on the prevalence and nature of mental ill-health among university students. What research exists suggests that university students are more likely to experience mild-moderate psychological distress than their non-student peers while some studies have suggested much higher levels of distress among this group. Students from Aboriginal and Torres Strait Islander backgrounds, low socio-economic backgrounds, rural areas and international students (groups whose participation in higher education has increased in the past two decades) appear to experience even greater risk.

There is evidence to suggest many students do not disclose or seek support for their mental health within university settings. This is often due to perceived (and actual) stigma about mental ill-health and a lack of understanding among some academic or administration staff about the seriousness of these conditions and effective ways to respond. Many students are concerned that disclosing mental ill-health will jeopardise their reputation, their results and their job prospects.

Students who do seek help from university support services can often find themselves on waiting lists and/or with only a very limited number of sessions available to them as these services struggle to respond within their existing resources. University counselling services have reported increased demand and an increase in severity and complexity of presentations. The majority believe they are unable to meet expected/core service delivery with their current staffing profile.

While Australia provides world class higher education and is an international leader in the response to youth mental health, the mental health of university students (and tertiary students more broadly) has largely been absent at a government policy level, impacting on the capacity and capability of the university sector and the mental health sector to effectively respond. In countries such as the United Kingdom, United States and Canada, understanding and improving university/college student mental health and reducing tragic and preventable suicides among this population has had a stronger focus from government, university peak bodies and philanthropy. Given almost a quarter of a million young Australian university students are likely to experience mental ill-health during any one year at university, it is imperative that this gap is addressed.

Maintaining the silence on this issue costs us now and into the future

Students with an experience of mental ill-health have been shown to be more likely to consider exiting, or exit, their course early. This can have a detrimental impact on both their future mental health as well as their education and employment pathways. Failing to provide effective interventions for mental ill-health among university students is also likely to cost government/s through a) lost investment through course non-completion and b) downstream costs to mental health systems from not intervening early with mental health and substance use disorders.

University student mental health is everyone's responsibility

Historically, there has been a perception that by the age of university admission young people should be in a position to independently support their physical and mental health without the involvement of the educational institution (as may be required in secondary school). This view is changing and many universities are now responding, developing mental health policies and programs. However, there is still a need to coordinate efforts across both the university and mental health sectors so as to: improve research and data collection; implement, share and scale-up evidence-based practice; and provide ongoing monitoring and advocacy on this issue. In short, there is a need to ensure that the mental health and wellbeing of university students is included within the core business of higher education delivery in Australia.

> "I feel as though many [universities] believe that their role is purely in education. [Showing] how universities can cause mental ill-health, how mental health problems cause unequal playing fields in university settings, and how universities have an ethical responsibility may highlight why we need to make a change.'
>
> **Student**

This report recommends a number of areas for future action:

Name it: To create the scaffolding for universities to respond, student mental health must be included in the higher education policy agenda while the delivery of mental health education programs and policies should be extended beyond secondary schools and into universities. All Australian universities also need to make a concerted effort to develop an institution-wide mental health strategy and implementation plan.

Measure it so it counts: Starting with establishing a baseline data set, there is a need to improve data collection on university student mental health. One way to do this is to augment a number of existing national survey instruments such as the Student Experience Survey in Higher Education and extend the Child and Adolescent Health and Wellbeing Survey to include 18-25 year olds.

Provide leadership and coordination: Both mental health and higher education sector drivers are needed to lead and coordinate a response to this issue in Australia. Overseas there are some excellent examples of nationally coordinated responses led by university peak bodies, mental health peak bodies or a combination of both. There is a role for Universities Australia and a mental health organisation partner to provide and promote guidance, training and monitoring of responses to university student mental health. This could also be aligned to the new Health Promotion Universities Network Australia.

Joined up approach between mental health and higher education service delivery: There is a need to create and support partnerships:

- nationally, though ongoing interdepartmental mechanisms particularly between mental health and higher education portfolios; and
- regionally, by involving universities in the service planning and coordination activities of the Primary Health Networks (including as research and evaluation partners). Universities should also prioritise partnerships with regional primary health and mental health care providers to ensure these services are accessible and identifiable for students. Future consideration could also be given to developing guidelines for universities and mental health services to co-commission student mental health supports.

Tap into technology: Appropriate and accessible online support for university student mental health and wellbeing should be provided through considering the needs of this group in the development of future government online mental health platforms. Current research into university mental health online interventions should be monitored and funding provided to trial expansion into other universities where results are promising. Universities should also embed easy access to evidence-based online mental health services within student facing IT systems and student support services.

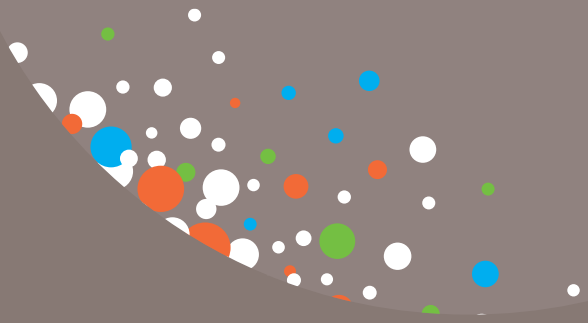
Respond to heightened risk in students: There is a need to further develop the Australian Government's equity programs in higher education (such as the Disability Support Programme and Higher Education Participation Programme) to increase recognition and support for students with mental ill-health or those who may be at increased risk including Aboriginal and Torres Strait Islander students and those from low socio-economic backgrounds or rural areas. Counselling services within universities also need to be funded at levels which reflect the increasing demand and complexity of student presentations.

Recognise universities as settings for early intervention and prevention: Youth mental health policies, services and programs should engage and provide support to universities. This includes extending government funded school-based mental health programs beyond secondary school into tertiary education settings. There is also a need to fund and deliver mental health training and support to frequent contact university staff (such as tutors and administration staff) as well as students.

Harness the capital within: This issue is right on the doorstep of university researchers, educators, as well as a student health and peer workforce who have the skills and capacity to develop and trial new and innovative approaches to university student mental health. Dedicated research funding through the National Health and Medical Research Council and Australian Research Council is needed to respond to the gaps in research, including the prevalence and nature of mental ill-health in this population. This, in turn, would provide a further incentive for university research teams and institutes to prioritise this area.

This is a surprisingly neglected area of research which urgently warrants further empirical investigation.

AMSA, 2014b, p4.



Section 1

The mental health of Australian university students

Tertiary level education in Australia is divided into two, sometimes overlapping, sectors driven largely by different policies, funding and regulatory arrangements. These are:

Higher education: typically universities offering graduate and postgraduate qualifications and, on the whole, the responsibility of the Australian Government; and

Vocational Education and Training (VET): often providing certificate level qualifications and diploma qualifications as pathways into higher education or directly into the workforce and a complex arrangement of joint federal and state/territory government responsibilities.

While a number of universities in Australia deliver both higher education and VET qualifications, this report will focus specifically on the mental health and mental health support services for higher education students.

1.1 Profile of university students

In 2015 there were over 1.4 million university students of which:

- 26 per cent were international students;
- 1.1 per cent self-identified as Aboriginal and Torres Strait Islander (a 7.1 per cent increase on the 2014 participation rate);
- 19.2 per cent were students in regional areas; and
- 16.5 per cent were people from low socio-economic backgrounds.

(Department of Education, 2016a).

ABS census data from 2011 indicated that most higher education students began their studies directly, or soon after, secondary school, with around three in five aged between 15 and 24 years (Australian Bureau of Statistics, 2013). Within the current university student population this would equate to at least 840,000 students in this age group.

Student outcomes are generally positive, with graduation rates higher in Australia than the OECD average (Universities Australia, 2013a). However, a concerning recent trend is the weakening prospects for graduates to find full-time employment within the first four months of course completion (Department of Employment, 2015).

1.2 Prevalence of mental ill-health

In Australia national data is not regularly collected or monitored on experiences of mental ill-health (either diagnosed or not) among university students and there is a paucity of Australian-based research.

National mental health prevalence data indicate that one in four young people experience mental ill-health each year (Australian Bureau of Statistics, 2008). As such, it could be conservatively estimated that upwards of 210,000 Australian university students aged 18-25 years will experience mental ill-health this year.

Research

Australian research

There is limited research overall investigating the nature and prevalence of mental ill-health among Australian university students. Cvetkovski et al. (2012) utilised national survey data from three sources including: the 2007 National Health and National Mental Health and Wellbeing surveys, and the Household Income and Labour Dynamics in Australia survey. The authors reported evidence for a higher prevalence of moderate psychological distress among Australian tertiary education

students (including both higher education and VET students) than among non-students. However, the study also found that students were not more likely to have a diagnosable mental disorder than non-students (Cvetkovski, 2012).

Other studies in Australia have found significantly higher levels of psychological distress among university students (Stallman, 2010, Stallman, 2008, Larcombe, 2014), including among law, psychology and mechanical faculty students (Leahy, 2010) and rural and regional student populations (Mulder and Cashin, 2015). Further, Vivekenanda et al. (2011) found psychological distress within a Australian university counselling service population had increased in both complexity and severity over a period of five years.

> “(T)his is a surprisingly neglected area of research which urgently warrants further empirical investigation. Consequently, we may start to see more effective and targeted interventions for students, and better outcomes overall for their mental health and wellbeing’
>
> **AMSA, 2014b, p4.**

Drawing strong conclusions based on the Australian research is difficult due to the small number of studies, their use of different survey instruments and outcome measures, as well as a reliance on self-report data and low response rates. While their findings do support a growing perception that Australian university students are experiencing higher (and rising) levels of stress and mental ill-health (Walter, 2015) further research is urgently needed.

International research

International research in central Europe has shown prevalence rates of mental illness among university/college students of up to 20-25 per cent with depression and anxiety the most prevalent diagnoses (Kreß et al., 2015, Holm-Hadulla and Koutsoukou-Argyraki, 2015).

Similar results have been found in the United Kingdom (UK). In an internet-based survey of mental distress in four UK higher education institutions 29 per cent of respondents described clinical levels of psychological distress with 8 percent moderate to severe or severe (Bewick, 2008). Research based on students attending university counselling services in the UK identified increasing presentations of eating disorders, mental illness and self-harm (Connell et al., 2007). In Ireland, Houghton F et al. (2010) found third level (university) students had significantly lower mental health status compared to the general population, and that symptoms were worse for students in their final year. Across the UK, both researchers and the Royal College of Psychiatrists have recommended continuing research in this area, particularly due to the significant changes in university student populations and characteristics (Royal College of Psychiatrists, 2011).

In the United States, Eisenberg et al. (2013) estimated the prevalence of any depressive or anxiety disorder was 15.6 per cent for undergraduates and 13 per cent for graduate students. At the severe end of psychological distress the study found 2 per cent of students reported having suicidal thoughts in the past four weeks. Prince (2015) also described a trend of increasing numbers of students presenting to college counselling services and increasing levels of complexity and severity of mental ill-health.

National data collection

Apart from counselling service surveys conducted by the Australian and New Zealand Student Services Association (ANZSSA) (see Spotlight 1) nationally aggregated or monitored data available from universities on the mental health of university students do not appear to be available in Australia. A survey of tertiary education student wellbeing was conducted in 2016 by the National Union of Students (NUS), in partnership with headspace. 3300 students from 70 institutions voluntarily participated in the survey. Of the 2636 respondents who were aged between 17-25 years, 65 per cent reported high or very high psychological distress on the Kessler 10 scale (NUS and headspace, unpublished). While it is important that national wellbeing surveys such as this are conducted with university students, it should be noted that this particularly high rate may be as a result of self-selection bias resulting from the respondents deciding to participate in the survey.

Spotlight 1 – Counselling service data

There has been an effort to benchmark data across Australian university counselling services through the Heads of Counselling Services Benchmarking Survey 2013. This survey was the second undertaken by the University Counselling Service Managers in collaboration with ANZSSA (the first was in 2010). It found that all services believed there had been a steady increase in the complexity and severity of student mental health presentations along with an increase in the proportion of students affected. The majority of services also felt staff capacity was unable to meet expected/core service delivery (Andrews, 2016).

Counselling services consulted for this report identified that aggregating service data was difficult without consistent intake, screening and data collection process across university services. Should a standardised instrument and method of collecting data be developed it would also need to link to the business processes of the university to work effectively.

In the United States, The Center for Collegiate Mental Health coordinates an annual report of all students receiving mental health services at college. The 2015 report presented de-identified data, contributed by 139 college and university counselling centres, describing 100,736 unique college students seeking mental health treatment (Penn State, 2015). This is made possible through the use of standardised data sets and survey tools. The Association for University and College Counseling Center Directors also conducts an international annual survey of college and university counselling services. In 2015, 518 services responded, the majority from the US (Reetz et al., 2015).

In national data collection on university students' mental health and wellbeing, Australia is eclipsed by efforts overseas, particularly in Northern America. The American College Health Association provides a nationally recognised research survey tool to American and Canadian colleges. This supports the collection and monitoring of data each semester on student health and health behaviours, including mental health and drug and alcohol use. For those colleges who participate, it provides institution level data to use for their own service design and delivery purposes. High level reports of the consolidated data are then made available through the Association's website and individual districts, states and countries (i.e. Canada) can produce their own reports.

In the UK the Equality Challenge Unit also provides annual statistical reports on the numbers and proportions of students and staff who have declared a mental health condition (Equity Challenge Unit, 2016). While in Ireland, the National Study of Youth Mental Health, My World Survey, extends data collection into third level (university) students.

In comparison, opportunities for establishing a baseline data set and ongoing national data collection and monitoring in Australia are being missed. For example:

- While the Australian Government requires all government and non-government schools participate in the annual Nationally Consistent Collection of Data on School Student with Disability (including psychiatric), tertiary education providers are not included.
- The Quality Indicators for Learning and Teaching are a set of surveys for higher education that cover the student life cycle from commencement to employment (Department of Education, 2016b). The Student Experience Survey (as it is now known) provides an excellent opportunity to begin to measure student's self-reported experiences of psychological distress and/or mental ill-health and its impact on educational outcomes (i.e. early course exiting and academic performance). However, the survey instrument currently does not include questions to collect this information or information on students' experiences accessing support at university.
- The National Child and Adolescent Mental Health and Wellbeing Survey only collects data from young people under the age of 18 years.
- While 56.5 per cent of respondents to the ANZSSA Heads of Counselling survey indicated their institution had conducted research on student mental health and wellbeing, there appears to be no aggregation of this research to date.

Consideration is required on how national mental health data collection instruments, surveys and datasets could be leveraged to build a better understanding of the mental health of university students. There are a number of existing mechanisms through which this could occur. For example:

- A coordinated and annual/biennial approach to collecting and analysing university counselling service data (through committed Australian Government resources provided to the ANZSSA).
- Extending the current Child and Adolescent Mental Health and Wellbeing Survey to a Child and Young People Mental Health and Wellbeing Survey (collecting self-report data from university students online, as is the approach in Irelands' My World Survey).
- Including demographic identifiers for 'university' and 'level of study' (as well as all post-secondary study types) in the next National Survey of Mental Health and Wellbeing.
- Incorporating questions about experiences of mental health and wellbeing in the Student Experience Survey currently run through the Department of Education.
- Developing a research clearinghouse for studies on universities students' mental health and wellbeing (and interventions) to promote sharing of findings, evidence-based practice and opportunities to aggregate results.

1.3 Risk factors for mental ill-health among higher education students

A systematic review of students with mental health problems worldwide (Storrie et al., 2010) cited research indicating almost half of the students experiencing mental ill-health reported onset after they had commenced their studies, the other half commenced college/university with an pre-existing illness (Megivern et al., 2003). Key risk factors have been found to contribute to elevated psychological distress and the onset or exacerbation of experiences of mental ill-health among university students (described in Table 1 below).

TABLE 1 – RISK FACTORS FOR MENTAL ILL-HEALTH AMONG UNIVERSITY STUDENTS

Risk factor	Research
Academic pressures (evident in disciplines with high entry grades and expectations or among students with a history of lower academic performance).	(Kruisselbrink Flatt, 2013; Deasy et al., 2014)
Financial pressures (particularly for independent living students and those from low socio-economic backgrounds).	(Eisenberg et al 2013; Stallman 2010)
Relocation to participate in higher education which includes: • Rural and regional students. These students also encounter mental health care coordination challenges between usual place of residence in and out of semesters. • International students. These students can experience language barriers as well as displacement and disconnection from family, religion and culture.	(King et al., 2011)
Transitional stress between levels of education.	(Cleary, et al., 2011)
Drug and alcohol use.	(Hallett et al., 2012, Hussain et al., 2013)
Poor diet (often linked to lack of finances and independent living skills).	(Kruisselbrink Flatt, 2013)
Lack of sleep (as a result of late night cramming, caffeine use, drug and alcohol use, computer use, increased socialisation and juggling work and study commitments).	(Thomee et al., 2012, Hershner and Chervin, 2014, Knowlden and Sharma, 2014)

> “Most of my friends have needed to work late-midnight at restaurants/pubs as they are studying throughout the day. Conversely, there have been periods of my education where I have needed to work throughout the day and therefore needed to study at night.’
>
> **Student**

The 2016 NUS and headspace national student wellbeing survey also found that academic demands, financial difficulties, challenges with balancing commitments (particularly engaging in paid work) and feelings of loneliness were key stressors for Australian tertiary students (NUS and headspace, unpublished).

High-risk groups

There are a number of groups of students which the literature has identified may be at increased risk, often they will be exposed to a combination of the risk factors highlighted above. Many of these groups have also been the focus of efforts by the Australian Government to increase their participation rates in higher education (through both equity and economic policy drivers, discussed in Section 2). They include:

- International students (Forbes-Mewett,2011) described at Spotlight 2.
- Rural/regional university students (Mulder and Cashin, 2015).
- Law and medicine students (Leahy et al., 2010, AMSA, 2013a, Said et al., 2013, beyondblue, 2013, Kelk et al., 2009).
- Students from low socio-economic backgrounds (Eisenberg et al, 2013). Many of these students may be the first in family to attend university and while an Australian research study on this particular group found they were not significantly more likely to have mental health concerns than other students, they were more likely to worry about finances (Scevak et al., 2014).
- Aboriginal and Torres Strait Islander students (beyondblue, 2013, Toombs and Gorman, 2011).
- Students with physical disabilities who may also be at greater risk of mental health problems. In the 2007 National Mental Health and Wellbeing Survey, 29 per cent of people with physical disabilities reported experiencing an anxiety disorder, and 17 per cent reported an affective disorder in the past 12 months (Australian Bureau of Statistics, 2008).

Transitions and mental health

The link between major life transitions and psychological distress has also been widely documented. For young people, completing secondary education and commencing tertiary education is a significant transition potentially accompanied with experiences of loneliness, self-doubt, anxiety and feelings of pressure, including academic and from family (ReachOut, 2015, Palmer and Puri, 2006). It is also a time where many students will have responsbility for the first time for self-management of their mental and physical health and are attempting to balance paid employment/family commitments with study. The stress associated with this transition towards increased autonomy and financial managment can put university students at risk of mental ill-health (Cleary et al., 2011). Evidence for this could potentially be seen among first year university students, for whom there is significant increase in stress, depression and burnout (Hillis et al., 2010).

In particular, students whose transition to higher education has also involved relocation from home often reported a decline in mental health relating to their feelings of loneliness, alienation, support, anxiety or depression (King et al., 2011). A proportion of these students will be living in university residential services and colleges.

Spotlight 2 – International students

It is very likely that due their experiences of adjusting to unfamiliar environments, culture, language and academic practices, international students are at increased risk of mental ill-health (Forbes-Mewett and Sawyer, 2011). This is compounded by loneliness, due to the loss of contact with family and social networks, and their low rates of accessing university counselling services for support (Sawir et al., 2008).

A study of mental health issues among International students in Australia, as perceived by professionals working with them at the coal-face found students struggled with different cultural constructions of mental ill-health and negotiating the Australian mental health system. As a result 'international students commonly delayed seeking help for mental health problems until it was too late to receive adequate care that would enable them to successfully complete their studies' (Forbes-Mewett and Sawyer, 2011) (p8).

International students are also not eligible for publicly funded mental health care and are required to have private health cover while studying in Australia. However, where these policies lapse after enrolment, many students find themselves at risk of being unable to pay for mental health care should they need it.

Forbes-Mewett and Sawyer (2011) also identified concerns that increasingly international students were arriving with 'pre-existing' psychiatric disorders.

1.4 Help-seeking and disclosure

Australian research has found 39 per cent of university students experiencing high levels of psychological distress sought professional help (Stallman and Shochet, 2009) while another study found 46.8 per cent of respondents to a mental health survey had consulted a mental health professional (Wynaden et al., 2013).

On one hand, there has been a reported increase in students who come into contact with health and counselling services for mental health concerns (in some instances for serious mental health problems) (Andrews, 2016). On the other, students consulted in the development of this report still describe significant and uniquely contextual barriers to seeking help or disclosing their mental ill-health at university.

> "I don't know where to go, and I'm ashamed to be struggling with uni'
>
> **Student**

One of the biggest issues for student disclosure is the perceived stigma associated with mental ill-health. In one Australian study, 25.3 per cent of participants who had mental health difficulties said they had not sought help because they were afraid, anxious, embarrassed or ashamed to do so (Wynaden et al., 2013). These findings are supported by research overseas (Quinn et al., 2009, Downs and Eisenberg, 2012). Another Australian study found many students went to considerable lengths to conceal their mental ill-health and in the process found it difficult to meet their academic requirements (Martin, 2010).

Golberstein et al. (2008) found perceived stigma was higher among males, international students, students with lower socio-economic status backgrounds and students with current mental health problems. Other papers have found further correlates between low help-seeking, cultural background and gender (again with males less likely to seek help) (Ang et al., 2004, Nam et al., 2010).

It is possible that university students believe disclosure of mental ill-health might jeopardise their future academic and career outcomes, fearing they will be perceived as less capable than other students, or that their disclosure will be dismissed as an excuse for poor performance. Their concerns may be based on negative

experiences of help-seeking or stigma relating to their mental health at school or in the workplace, and that this may have occurred before they commenced university (Universities UK, 2015).

A study of nursing, social work and teaching students and professionals in the UK found that for those experiencing mental ill-health there was uncertainty about what would happen if they did disclose, and concerns around confidentiality. Many students also remained fearful that disclosure of mental ill-health would jeopardise their career prospects (Stanley et al., 2007).

Finally, as with other populations of young people, low self-identification of mental ill-health, a lack of perceived need (i.e. they felt they could respond to it on their own), as well as a lack of knowledge on where and how to access services, have also been found to be barriers to help-seeking (Eisenberg et al., 2012, Eisenberg et al., 2007, Wynaden et al., 2013).

Experiences of help-seeking and disclosure

There are limited studies available in Australia on experiences of help-seeking among university students (McAuliffe et al., 2012) which suggests this is another area requiring further research.

Students disclosing mental ill-health to academic staff report being met with varying levels of understanding and empathy. Anecdotally, students consulted for this report describe experiences which ranged from being personally supported by teaching staff to being advised to exit the course. There is also research to suggest that academics are seeking advice and guidance on how to best support students experiencing mental ill-health to succeed academically without damaging the academic integrity of their course and curriculum (Collins and Mowbray, 2005, Storrie et al., 2010).

> “When I did reach out to staff at uni, I really had no idea what I would get in return. Some staff were fantastic and were as accommodating as they could be, but you were just as likely to get a response that they didn’t take you seriously, or had no idea what to do with you, which is really not what you want to hear when you’re struggling.’
>
> **Student**

Staff with their own lived experience of mental ill-health have been found to be more supportive of students who disclose a mental illness (Brockelman et al., 2006). However, research has also found many academic staff have felt unsupported by the absence of university policy or procedural documentation (GlenMaye and Bolin, 2007). Others were sceptical and reluctant to grant special consideration to students who disclosed a mental illness (Shaddock, 2004). Much of this research is over ten years old and community awareness of mental health and wellbeing has improved since. As such issues of Australian university staff perceptions of, and responses to, students’ mental health should be reinvestigated.

> “Actually talk about it! Lecturers and tutors act as though the issues don’t exist for uni students. My undergrad was in psych and even then the tutors acted as though mental ill-health was for ‘other people’’
>
> **Student**

To support university educators, the Enhancing Student Wellbeing project, www.unistudentwellbeing.edu.au has been developed. It was launched in late 2016 and provides university educators with a range of online resources and training to assist them to develop academic curriculum, teaching practices and learning environments that better support student’s experiencing mental ill-health. This includes a comprehensive range of modules from curriculum design, teaching strategies and managing difficult conversations with students about their mental health and wellbeing. The project was developed through a partnership between Melbourne University, La Trobe University and Queensland University of Technology.

1.5 Impact of mental ill-health and psychological distress in higher education

Educational impact

Studies have shown mental ill-health impacts negatively on academic performance and course completion rates (Kessler et al., 1995, Hysenbegasi et al., 2005, Andrews and Wilding, 2004, Collins and Mowbray, 2005).

A recent survey report by the National Alliance on Mental Illness in the United States found that 64 per cent of students who experience mental ill-health in college end up withdrawing from their studies (NAMI, 2012). Comparative Australian data is unavailable. However, experiences of psychological distress and mental health problems have been shown to put Australian university students at risk of both short and long term consequences, including disrupted studies, early course exiting and difficulty entering into the workforce (Stallman, 2011, Stallman, 2008). Another Australian study found that greater 'days out of role' among university students was associated with psychological distress and economic hardship, along with non-English speaking language students and among those who binge drink (Renner et al., 2015).

> “Students experiencing very high levels of (psychological) distress were on average unable to work or student for eight days within the previous four weeks and had on average another nine days of reduced capacity for work resulting in some impairments for around 60% of time.'

Stallman, 2008 p 676

The 2015 University Experience Survey National Report included responses from 100,000 students from 40 Australian universities, and found:

- Of all the students considering an early departure from their course in 2013 and 2014, 31 per cent cited health and stress reasons.
- Students who reported having a disability (includes mental illness) were more likely to have considered leaving their university than students who did not report having a disability (UES Consortium, 2015).

Unfortunately, as described earlier, this survey does not ask questions regarding: a) type of disability. b) mental illness/psychological distress within the 'health and stress' domain or c) the experience of seeking help for reasons of health and stress at university.

An analysis of this survey did highlight that students from low SES backgrounds, Aboriginal and Torres Strait Islander students and non-metro students most often cited financial difficulties, family responsibilities and health and stress as the reasons for considering early departure. Metro, high SES backgrounds and non-Aboriginal and Torres Strait Islander students cited boredom, change of direction and career prospects as their reasons (Edwards and McMillan, 2015).

> “My grades have been lowered by mental health and wellbeing, directly and indirectly. For me, my lowered grades impact my future employment and exclude me from other opportunities (e.g. things like scholarships, PhDs, etc). This therefore changes my trajectory. For some people, this trajectory will continue to cause mental ill-health.'

Student

On the other hand, successful (both in completion and experience of being well supported) participation in tertiary education has been shown to be a protective factor for mental health and a key element of the psychosocial recovery process (Orygen Youth Research Centre, 2014) as described in Spotlight 3.

Spotlight 3 – Mental illness and participation in education

Commencing study at a University may bring heightened stress to a young person with pre-existing psychiatric vulnerabilities. However, there is evidence from programs where students have been appropriately supported to participate (Soydan, 2004, Mowbray et al., 2005) that it can play a strong part in psychiatric rehabilitation.

Education has been shown to be a significant predictor of vocational outcomes for people with schizophrenia in an international meta-analysis (Tsang et al., 2010) and positive connections between high school qualifications (or higher) and employment status have been demonstrated in Australian young people experiencing psychotic disorders (Waghorn et al., 2012).

Economic impact

Investment in higher education from the Australian Government was expected to reach $21.5 billion in 2016-17 (Australian Government National Commission of Audit, 2014) and consecutive governments have faced ongoing pressure to meet the rising cost of higher education (Commonwealth of Australia, 2016). In this environment making the case for additional investment into new areas of service within higher education, such as student mental health and wellbeing, may prove challenging.

However, the cost to governments of not responding to students experiencing mental ill-health during their studies could include:

- Lost investment through increased rates of course non-completion and potentially lower lifetime earnings.
- Future downstream costs to mental health systems from not intervening early. The recently released *Australian Burden of Disease Study-impact and causes of illness and death in Australia 2011,* identified that among young people, mental health and substance use disorders is the leading burden of disease (Australian Institute of Health and Welfare, 2016).

In 2015 the RAND Corporation in the United States published a paper on the economic benefits of investing in college student mental health. The report examined the possible cost impacts of the California Mental Health Services Authority prevention and early intervention programs and activities that were delivered in higher education settings.

The calculations were based on changes in student use of treatment services to changes in the number of students graduating, and then estimated the changes in lifetime earnings for the additional students graduating as a result of treatment. The report relied on the findings of one study (Eisenberg et al., 2011) estimating the impact of treatment for mental health problems on academic performance and relied on several other assumptions which are outlined. The report found the societal benefit of increasing treatment and reducing rates of course incompletion through investment in prevention and early intervention programs was $56 million per annum. This translated to a $6.49 benefit for every $1 spent (Ashwood et al., 2015).

We need to be careful translating this into the Australian context, where there is a stronger community and public mental health system surrounding the universities. Nevertheless, on the strength of the RAND study findings, it would be advisable for the Australian Government to consider commissioning an economic benefits study in this country.

> “Supporting students with experiences of mental ill-health would provide for a healthier, empowered alumni with greater employment prospects, a supportive university culture and community and a more equitable Australia.’
>
> **Student**

SUMMARY

Section 1

While there is some evidence for higher rates of mild to moderate psychological distress (and rising rates) among Australian higher education students, there remains limited national data and research on the prevalence and nature of mental ill-health among this population.

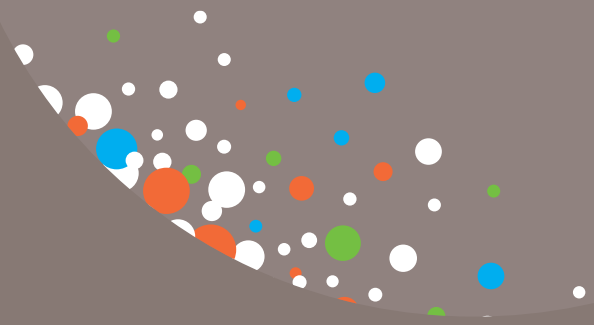
Rural students, students from lower socio-economic backgrounds and those experiencing transitional and financial stress are at heightened risk. This can contribute to, or be compounded by, other risk factors for mental ill-health among students which include poor diet, lack of sleep and drug and alcohol use.

University students describe a range of reasons why they do not seek help for mental ill-health including experiences of stigma, poor responses from academic and service staff and a lack of understanding of where to seek support.

Students experiencing mental ill-health are more likely to consider leaving, or leave, their course early. This could potentially cost the Australian economy through course incompletion, future lost productivity and income and future downstream mental health service system costs.

My grades have been lowered by mental health … This therefore changes my trajectory. For some people, this trajectory will continue to cause mental ill-health.

Student



Section 2

Policy Context

2.1 Higher education policy

Directions in higher education policy over the past decade have been driven by key targets recommended by the Bradley Review of Higher Education Policy (Bradley, 2008). They include:

- 40 per cent of 25-34 year olds will have a bachelor degree or above by 2020.
- 20 per cent of undergraduate enrolments will be from low socio-economic backgrounds by 2020.

In order to achieve these targets within the higher education system, the Australian Government announced a policy which eased controls on student numbers to achieve demand-based higher education provision by 2012. The objectives of the new system were to support greater participation rates and increase levels of qualification attainment in the population.

This policy change triggered rapid enrolment increases (Grattan Institute, 2014) and current data suggest that Australia is well on the way to achieving, or most likely has achieved, the 40 per cent target. In 2016 the proportion of people aged 24-35 years who had a bachelor degree as their highest qualification was 36.5 per cent. A further 10.6 per cent had attained a postgraduate qualification (Australian Bureau of Statistics, 2016a) and in 2015 16.5 per cent of university students were from low socio-economic backgrounds (Department of Education, 2016a).

How is it funded, how much and by whom?

Australian Government investment in higher education has grown 40 per cent in real terms over the past decade (Noonan et al., 2014) and due to an increase in student numbers, was expected to reach $21.5 billion by 2016-17 (Australian Government National Commission of Audit, 2014).

Some of this investment is provided through the Higher Education Contribution Scheme (HECS)-HELP loan. This ensures eligible students who don't want to (or are unable to) pay for their contribution towards studies are able to access a loan from the Government and pay back this debt (with indexation) through the taxation system once their earnings reach a certain threshold. Therefore this expenditure is re-couped by the Government. The 2016-17 Education and Training Portfolio budget statement estimated that the average HELP debt was $19,100 which will take approximately 8.8 years to pay off (Department of Education and Training, 2016).

The economic rationale behind investment in higher education remains strong for both the student (in higher lifetime earnings) and for government and the broader community through development of a highly skilled and productive workforce. The 2015 Australian Jobs report highlighted that workers with a bachelor degree or higher have the lowest unemployment rate and the highest labour force participation rate (Department of Employment, 2015).

What have been the possible impacts of this policy environment?

Young people are now more likely to engage in post-compulsory education, and for longer periods, impacting on their ability to engage in paid work, increasing their levels of debt and extending their dependence on family to provide housing and financial support. The impact of this on university students' mental health has not yet been explored. However, the mental health implications resulting from a period of 'extended adolescence' have been raised in research (Arnett et al., 2014). Table 2 describes some of the other potential flow-on effects from higher education policy directions which could, in turn, impact student's mental health and wellbeing.

TABLE 2 FLOW-ON EFFECTS OF HIGHER EDUCATION POLICY SHIFTS

Policy flow-on effect	Impact on student mental health and wellbeing
The rising bar: The Bright Futures Megatrends report (VicHealth & CSRISO, 2015) described the 'rising bar' for young people where 'entry into the labour market will involve clearing a higher educational and skills hurdle' (p11).	For those in higher education there is an increasing awareness that an undergraduate degree may not be competitive as an increasing number of students now go on to complete a postgraduate/masters level qualification. There is also an awareness among students of the 'oversupply' of graduates in some fields which could potentially create additional pressure and stress for current and future university students.
Greater equity of access: By ensuring that a broader group of young people now have equal access to higher education it is likely that the proportion of students who are at increased risk of, or experiencing, mental ill-health will increase significantly (Said et al., 2013).	Participation in post-secondary education has been shown to result in improved social and economic outcomes for young people with mental ill-health (Orygen Youth Research Centre, 2014). It contributes to good psychosocial rehabilitation outcomes when people are fully supported (Mowbray et al., 2005) and can assist people with mental illness be more competitive in the labour market (McAuliffe et al., 2012). Uncapping bachelor degree places has also led to a decrease in university entrance standards (Australian Government National Commission of Audit, 2014). The lowering of university entrance thresholds has been linked by some commentators to decreases in course completion (Faruqi, 2016). In 2013 the university attrition rate in Australia was 14.8 per cent, up from 12.5 per cent in 2009 (Department of Education and Training, 2014). We know that that health and stress can also be a significant reason for course incompletion (Edwards and McMillan, 2015).
Increased financial stress: Most university students today are living under the poverty line and have 30 per cent more debt in 2012 than 2006 (Universities Australia, 2013b). Many students are now struggling to balance work and university commitments.	The Universities Australia (2013b) report found two-thirds of undergraduates were worried about their financial situation, and the level of distress was even greater among Aboriginal and Torres Strait Islander students and people from low socio-economic backgrounds. Financial stress is one of the most significant risk factors for mental ill-health in university students with one study finding that students with reported financial stress are twice as likely to report mental illness compared to students with no financial stress (Stallman, 2010).
Increased demand on university support services: Counselling services within universities are reporting increased demand for their services and that service presentations are also increasing in severity of mental ill-health (Andrews, 2016).	In the ANZSSA survey of counselling services, the majority of services felt staff capacity was unable to meet expected/core service delivery (Andrews, 2016). In some cases this has meant students experience longer wait times for counselling and support services and a reduced amount of service time once they are a client of the service. This may also mean that some students who are experiencing higher levels of psychological distress or mental ill-health are competing for service time with students who are stressed, but otherwise well. These students may fall through the service gaps if they don't seek alternate external pathways to mental health care.
Increased pressure on academic staff: Academics and teaching staff are experiencing significant pressure to ensure student outcomes are achieved.	Consumer driven higher education and funding cuts are placing increased pressure on academics in institutions to respond to the: growth in student numbers; standards for quality teaching; pressure to publish research; and increasing competition within the university sector. Many academics will have also recently experienced large scale institution restructure as universities continue to redefine and realign themselves within this new policy and economic model of higher education provision. In the UK, where higher education has undergone similar transformations, these pressures have had an impact on the mental health and wellbeing of academic staff (Kinman and Wray, 2013), which may in turn impact their ability to respond appropriately and effectively to students who are also distressed.

2.2 Mental health within higher education policy

The primary policy drivers of universities include: increased participation (including equity of access); provision of quality education; improved career and workforce outcomes; innovation; and maintaining/increasing the marketability of Australia's higher education system overseas, which earned over $12 billion in 2014-15 (Commonwealth of Australia, 2016).

References to student mental health are limited in national higher education policy frameworks and discourse. One exception was the 2012 House of Representatives Standing Committee on Education and Employment's inquiry into mental health and workforce participation (Spotlight 4).

References to student mental health and wellbeing were again absent from the Australian Government's recent discussion paper on Higher Education Policy Reform, beyond a high level objective to ensure 'disadvantaged learners' achieve their goals (Commonwealth of Australia, 2016). This contrasts to primary and secondary education where schools are required by many state/territory governments to embed a response to student wellbeing within the learning experience.

Currently the Disability Standards of Education Act, the Disability Support Programme and the Student Services and Amenities Act, discussed below, are the Australian Government's legislative and program channels through which funding is made available to support students experiencing mental ill-health within university settings. In the case of the Student Services Act, this funding is to be provided by the students themselves.

Spotlight 4 - The House of Representatives Standing Committee (2012)

The House of Representatives Standing Committee on Education and Employment's inquiry into mental health and workforce participation recommended the Commonwealth Government work with peak and sector representative bodies, such as Universities Australia, to build the knowledge and capacity of university staff to respond to the mental health needs of the student body.

It also recommended access to staff professional development on mental health issues and that the Government encourage more peer support programs on Australian university campuses that specifically support students with a mental illness. (House of Representatives Standing Committee on Education and Employment, 2012).

However, the authors of this report were unable to find any further documentation to indicate that these recommendations had been progressed apart from within individual institutions.

Disability Support Programme

Universities are obligated through the Disability Discrimination Act 1992 and the Disability Standards of Education Act 2005 to ensure that students with disabilities are able to access and participate in education and training. Obligations under these Acts generally impact on the university's responses to students who identify and disclose a disability (including mental illness).

There are approximately 38 higher education providers eligible to access Disability Support Programme funding totalling approximately $7 million per annum (KPMG, 2015). Through this program universities can allocate funding to deliver support to students with a diagnosed mental illness (on receipt of supporting medication documentation). However, the program is applied across all disability groups and often is expended early on infrastructure and equipment to support students with physical disabilities. An evaluation of this program (KPMG, 2015) found:

- More students were presenting to university disability services with mental ill-health.
- Staff were unsure how to support these students and the bulk of funding continues to support the needs of students with physical disabilities.
- A lack of awareness of the implications of mental health conditions and learning disorders within universities also meant that disability support workers reported spending more time working with academic staff raising awareness and developing learning plans.

Student Services and Amenities Act

Universities are required through the Higher Education Legislation Amendment (Student Services and Amenities) Act 2011 to collect a maximum $290 (in 2016) student services and amenities fee from all persons enrolled or seeking to enrol after 1 January 2011. This supports the provision of non-academic amenities and services across 19 categories of student services, including promoting the health and welfare of students (Commonwealth of Australia, 2011a).

The associated legislative instrument, the Student Services, Amenities, Representation and Advocacy Guidelines, includes National Access to Services Benchmarks. These state universities must ensure students are provided with information on, and access to, available health services, including mental health services (Commonwealth of Australia, 2011b). Generally this has translated into the provision of university counselling services or student support services which (among other things) provide information and referrals for students with mental ill-health. There is, however, no legislative instrument describing the minimum requirement of service type, size or standards for mental health support in universities.

> “ There should be a requirement that students know that they have access to the services they are paying for. I see that as a huge barrier.'
>
> **Student**

Higher education participation programme

The Higher Education Participation and Partnerships Program (HEPPP) aims to support students from low socio-economic backgrounds to participate in universities and delivers on the Australian Government's equity policy goals. The program has been split into three components:

1. Funding to universities per number of students from low socio-economic backgrounds to increase participation and retention;
2. Partnership projects for universities to work with other levels of education, VET, state and territory governments and community groups to raise aspirations of low socio-economic groups to study at university;
3. The National Priorities Pool projects which support the more effective implementation of HEPPP nationally and at the institution level.

HEPPP has been the focus of an evaluation in 2016 and $152 million in funding was redirected away from the program in the 2016-17 budget. Refocusing the HEPPP program, its funded activities and outcome measures towards retention could potentially result in more appropriate support being provided to higher education students who are experiencing, or at risk of, mental ill-health.

2.3 Mental health policy

Australia has been a leader in youth mental health policy and investment over the past decade. The headspace and the early psychosis service models have become not only the Australian Government's preferred evidence-based platform for early intervention but also templates for international efforts to address youth mental health issues.

It is worth noting here that headspace in the ACT is located on the University of Canberra campus. It remains a community mental health service (not a university service) and provides youth mental health services, sexual health services, alcohol and drug services and a range of other youth related programs. The centre is for all young people in Canberra aged between 12-25 years not specifically for the university student population, but its location does provide this group with a visible and easy access point.

We know around one in four young people experience mental ill-health (Australian Institute of Health and Welfare, 2010) and the recent National Health Survey (2014-15) results indicated that 33.7 per cent of people aged 18-25 years were experiencing moderate to high levels of distress. Among young women, 20 per cent reported high to very high distress. This was up from 13 per cent in 2007 (Australian Bureau of Statistics, 2016b).

> “University often co-occurs with the emergence of mental ill-health in young people anyway. I think that in and of itself is a good enough reason to invest in uni mental health.'
>
> **Student**

While improving the mental health outcomes for this age group has been included as a priority in successive national, state and territory mental health and suicide prevention action plans, references to activities delivered in tertiary education, including university settings, are largely absent. This is despite:

- that around three in five (59 per cent) university students are aged between 18-25 years (Australian Bureau of Statistics, 2013) and are therefore in the target demographic for youth mental health policy and program delivery;
- the optimal position of universities to identify students at risk of mental ill-health and provide them with information, resources and pathways into mental health early interventions; and
- universities being well placed to develop and deliver policies, programs and supports 'in-house' and support students who are experiencing elevated levels of stress.

Instead, Australian Government mental health investment in educational settings has been targeted to developing the mental health literacy of teachers and students in the primary and secondary education systems through programs such as KidsMatter and MindMatters. Similarly state and territory governments have primarily focused on and/or funded mental health and wellbeing programs within these levels of education.

These programs, where they are effective, may mean students enter university with greater awareness and reduced stigma surrounding mental ill-health. What they might not be aware of is where to find appropriate sources of help within this setting. This is likely to be a factor behind the increased demand for counselling services and student-led calls for developing better mental health programs at universities.

The Australian Government's response to the National Mental Health Commission (2014) review of programmes and services included the development a 'single integrated end-to-end school-based mental health programme' currently limited to primary and secondary school settings (Commonwealth of Australia, 2015). Tertiary education settings were not identified in the response or as part of the scope of the subsequent tender for this programme released in late 2016.

Internationally, government funding has been provided specifically to support mental health programs in post-secondary education settings. A recent example is in the Alberta province in Canada where the government has committed $3.9 million in funding to continue to support hiring counsellors and social workers in universities as well as a range of other awareness raising, peer support, training and web-resources. This will be overseen by an advisory panel who will investigate the issues of supporting mental health in post-secondary education and make recommendations to government in the following year.

SUMMARY

Section 2

Directions in higher education policy over the past decade have resulted in increasing numbers of higher education students from increasingly diverse backgrounds. Many of these students may be at an increased risk of mental ill-health due to financial pressures, academic pressures and balancing work, family and study commitments.

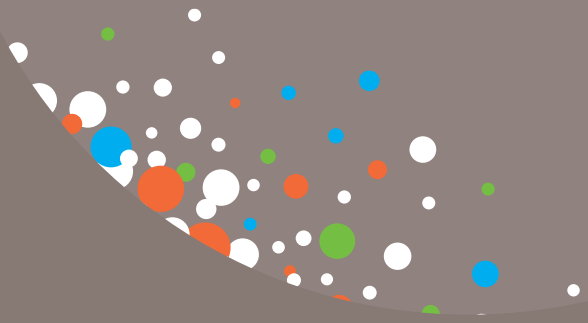
There has been limited reference to student mental health outcomes or objectives in higher education policy in Australia.

The emerging focus on youth mental health over the past decade has resulted in increased access to appropriate and accessible youth mental health care. The delivery of mental health promotion and prevention programs in primary and secondary education settings has also increased.

However, while around three in five university students are in the target age group for youth mental health policy and service delivery, references to higher education as settings to deliver promotion, prevention or early intervention activities are largely absent in all governments' mental health policies and plans.

I don’t know where to go, and I’m ashamed to be struggling with uni.

Student



Section 3

Approaches to supporting student mental health within universities

Universities offer a valuable opportunity to deliver intensive and multifaceted mental health prevention and early intervention (Reavley and Jorm, 2010). Potentially, it is also the final opportunity to deliver evidence-based interventions to such a large number of individuals engaged in a single setting.

Most Australian universities provide student mental health service or supports. How well they are resourced, delivered, embedded and protected within the university structure and core business does appear to vary considerably.

The following section provides a summary of approaches to support student mental health and wellbeing in university settings. Drawing from systematic reviews or other evidence summaries (where available) an overview of existing evidence is provided. For further summaries of research evidence, the University of Sydney (2016) through their health promotion initiative, Healthy Sydney University, have produced a policy brief and evidence summary for promoting mental health in universities. Universities UK through the Mental Wellbeing in Higher Education Working Group (MWBHE) has also published a comprehensive bibliography on mental wellbeing in higher education which is available to download from their website.

3.1 University policies and strategies

> “There is no good reason why every Australian university should not have a mental health policy and strategy and yet few do’.
>
> **Veness 2016, p20**

Historically, there has been a separation between internal policies for university student services, such as those that support the mental health and wellbeing of students, from policies which support the academic and teaching functions of the university (Bostwick, 2014).

It is not surprising then that academics have expressed a need for clearer procedures and policies when responding to mental health issues among students. (McAuliffe et al., 2012). Without them, teaching staff may remain unclear about how to support students whose academic outcomes are compromised by their ill-health. Students are then at risk of exacerbated mental ill-health due to a lack of: a) identification and referral to timely support and b) appropriate academic considerations. As a result, counselling and disability services may see more students who have reached very high levels of psychological distress (and academic failure) before they have sought help. Other students may simply leave their course early and slip through the gaps in both higher education pathways and access to mental health services.

A recent review of 19 studies on setting-based interventions to promote mental health in universities found that there was, as yet, inconclusive evidence related to the effectiveness of policies to promote mental health in universities. What it did find, however,

was evidence for creating supportive physical, social and academic environments to promote student and staff mental wellbeing and that the most promising interventions included those that changed the way students were taught and assessed (Fernandez et al., 2016). This suggests a need to embed a response to student mental health within the broader policy frameworks and core business of the institution, as proposed by Veness (2016), rather than merely develop a mental health strategy in isolation.

In Australia it is difficult to determine how many universities have a comprehensive mental health strategy that has been endorsed by the institutions leadership. Only a handful are available to access publicly (see Spotlight 5 for examples), although others may have internal policy documents or shorter policy statements.

Spotlight 5: Australian National University (ANU) Mental Health Strategy

An example of a University which has developed a comprehensive mental health strategy is ANU. It's Mental Health Strategy (Australian National University, 2015) includes seven components:

- Institutional Structure
- Supporting Inclusive Campus Climate and Environment
- Mental Health Awareness and Literacy
- Community Capacity to Respond to Early Indicators of Concern
- Self-management Competencies and Coping Skills
- Accessible Mental Health Services
- Crisis Management across three population groups, all, at risk or with identified concerns and individuals in need of immediate attention for mental health concerns.

Each area includes an implementation plan and the university has committed to an evaluation and review every three years with a working group meeting quarterly to discuss progress. Other examples of university strategies include the University of Melbourne Mental Health Strategy and the University of Canberra Mental Health Strategy.

Australian guidelines

Developed through expert consensus (Reavley et al., 2013) and presented first in 2011 at a National Summit on the Mental Health of Tertiary Students, the Guidelines for Tertiary Education Institutions to Facilitate Improved Educational Outcomes for Students with a Mental Illness provide universities with a high level list of actions to guide activities and programs to better support student mental health. The guidelines identify important or essential institutional responses to improve policy, program and practices, although how they are implemented is to be determined by the nature, character and needs of each institution (University of Melbourne and Orygen Youth Health Research Centre, 2011).

It is difficult to determine to what extent universities have adopted the guidelines and what the barriers to implementing them in their current form has been. However, in 2016 through the Enhancing Student Wellbeing project (discussed in Section 1.4), the outcomes of the 2011 summit have been built upon through the development of A Framework for Promoting Student Mental Wellbeing in Universities (Enhanced Student Wellbeing Project, 2016). This framework aims to assist institutions to develop a whole-of-university approach to promoting student mental health and wellbeing. While this framework is much needed and prompts universities to self-assess where they may need to improve, more detailed guidance on how to implement the changes is still required in the Australian context.

International guidelines

Overseas there are examples of comprehensive national guidance documents to support universities embed a student mental health response within the business of higher education delivery and in the context of the surrounding community mental health service system. These resources have generally been developed by: a universities' peak organisation; a counselling services association; a national mental health organisation; or a partnership between them.

Universities UK supports the MWBHE working group which in 2015 developed the Student Mental Wellbeing in Higher Education Good Practice Guide (Universities UK, 2015). This provides guidance regarding duty of care, internal versus external service responsibilities and the

development of frameworks for determining fitness to study, practice and sit examinations. The guidance has been developed:

> “to ensure that universities offer effective and accessible support and advice for students at the same time as making it clear to students, staff and external agencies that institutions are academic, not therapeutic, communities’

From forward by Nicola Dandridge
Chief Executive, Universities UK.

The Canadian Association of College and University Student Services (CACUSS) and the Canadian Mental Health Association (CMHA), developed the guide Post-secondary Student Mental Health: Guide to a Systemic Approach (CACUSS and CMHA, 2013). Guidance is provided across seven key areas:

1. **Institutional Structure: Organisation, Planning and Policy**
2. **Supportive, Inclusive Campus Climate and Environment**
3. **Mental Health Awareness**
4. **Community Capacity to Respond to Early Indications of Student Concern**
5. **Self-Management Competencies and Coping Skills**
6. **Accessible Mental Health Services**
7. **Crisis Management.**

Another international resource is the Jed Foundation’s Guide to Campus Mental Health Action Planning which describes the key steps to develop a campus-wide approach to preventing suicide and promoting student mental health. This includes advice on strategies to: identify students at risk; increase help-seeking; increase service access; and respond to crises (The Jed Foundation and Education Development Center Inc., 2011).

There is currently a gap in a peak level response from the higher education sector (when compared to overseas examples). As yet, Universities Australia have not articulated a position or placed a focus on university student mental health as it has recently in other areas such as student safety, both in the development of good practice guidelines (Universities Australia, 2011) and the 2016 *Respect. Now. Always.* campaign[1]. As such, there is an opportunity for Universities Australia to replicate the leadership and activity on this issue by Universities UK and work in partnership with youth mental health experts.

Any of the international guidelines described above could be modified and adopted into an Australian context. The ANU strategy appears to have drawn heavily from the CACUSS and CMHA guidelines in Canada while the Australian Framework for Promoting Student Mental Wellbeing in Universities provides a platform on which to further build nationally consistent support, advice and resources for universities to develop and implement their own policy/strategy.

Developing a national framework for outcome reporting and data collection, including standardised questions and methods, could also build an aggregated picture of Australian university student mental health that could be monitored over future years. While the Framework for Promoting Student Mental Wellbeing in Universities does provide suggested indicators of progress for institutional self-monitoring (Enhanced Student Wellbeing Project, 2016), there is no policy or funding imperative for universities to monitor progress or resources available for aggregating this data at a national level.

Also gaining momentum overseas are ‘Healthy Universities’ networks, signed onto by university leaders, which provide guidance for universities on holistic approaches to supporting student health (including mental health). In 2016 the Health Promotion Universities Network in Australia was launched. This network could, under the auspice of Universities Australia, provide an Australian platform through which policy guidance could be developed and disseminated.

1. https://www.universitiesaustralia.edu.au/uni-participation-quality/students/Student-safety/Respect--Now--Always-#.WFhuXFN95hE

SUMMARY

Section 3.1

A number of universities in Australia have developed, or are beginning to develop, mental health policies although they are doing so without a policy imperative in higher education and only where interest, time and resources permit.

Nationally consistent guidance is needed in Australia to support universities develop and implement policies, plans and strategies to respond to the mental health of students (and staff). This could include further development of the recently launched Framework for Enhancing Student Mental Wellbeing with additional support and resources provided from Universities Australia in partnership with youth mental health experts and the Health Promotion Universities Network in Australia.

National guidance (and standardisation) is also needed to support universities collect and monitor student mental health data. This would enable the establishment of a national baseline data set which could be monitored in future years to determine the impact of student mental health policies, programs and interventions.

3.2 University mental health promotion and prevention

Awareness raising and tackling stigma

Many universities deliver their own mental health promotion activities and campaigns, some facilitated by student counselling and mental health services, others led by student groups. For example, the University of Western Australia and University of Adelaide have hosted events aimed at increasing the understanding about mental ill-health during Mental Health Week in October. Universities also utilise their websites and social networking groups to disseminate information to students about mental health and wellbeing to address stigma and other barriers to accessing services.

In 2016, the third annual Australian and New Zealand National University Mental Health and Wellbeing Day – Bouncing Back – was held in April with participation from approximately 30 universities. Student Minds, the UK's student mental health charity, also supports and coordinates a national approach to raising awareness of the pressures for university students and the impacts on their mental health. Their 'University Mental Health Day' is an annual event originally developed by the University Mental Health Adviser Network. The theme in 2016 was #HeadsTogether to transform the state of student mental health. Around 50 universities across the UK ran events.

> "(I)nstitutions should ensure that there is a commitment to providing appropriate support services in a discrete and student-friendly manner...The availability of such support should be communicated widely across the student and staff body and to parents, carers, and schools and colleges.'

Universities UK, 2015, p28.

There is some evidence that mental health promotion and awareness raising are effective at changing attitudes and reducing stigma in university settings (Table 3). One systematic review on the effects of short-term interventions to reduce mental health-related stigma in university students found some evidence for social contact or video-based contact (where individuals with mental ill-health spoke to others about their experiences). It also highlighted a well-conducted study showing a positive impact on attitudes from providing a lecture on mental health service information to students. However this review also noted that no study had evaluated actual behaviour changes and service use following the intervention (Yamaguchi et al., 2013).

TABLE 3 – REVIEWS OF EVIDENCE FOR MENTAL HEALTH PROMOTION/PREVENTION PROGRAMS IN UNIVERSITIES

Intervention	Evidence summary	Research paper
Awareness raising	A multifaceted intervention (including emails, posters, events and training) did improve willingness to seek help among students and staff.	(Reavley et al., 2014)
Poster campaigns	Some evidence that simple media, such as posters and postcards, might raise awareness about depression among university students.	Merritt et al. (2007)
Lecture	Positive shift in attitudes from delivery of a lecture providing detailed information about available mental health services.	Sharp et al. (2006) as discussed in Yamaguchi et al. (2013)
Social or video-based contact	Some evidence for improved mental health outcomes from speaking to others about experiences.	Yamaguchi et al. (2013)

As described by Eisenberg et al. (2012) it is also important to take into account the evolving attitudes, knowledge and familiarity with mental health issues of university students. In Australia widespread implementation of mental health prevention programs in secondary schools (such as MindMatters) have engaged young people in conversations about mental health as teenagers. As such, many students may now commence university with reasonable levels of mental health literacy. What they may not be aware of is how to:

- apply that knowledge within a university and independent adult learning context;
- manage the particular stressors associated with studying in this environment (including an understanding of the academic considerations available to them); and
- identify the appropriate help-seeking pathways for psychological distress that are available to them on and off campus (and be aware that for many services there is no cost involved).

> “Had I know(n) this services existed, I would have accessed it a lot earlier then what I did- this would have made my first year at university a lot easier than what it was.’
>
> **Student**

Some counselling services in universities also believe students heightened awareness of mental health issues has contributed, in part, to an increased demand for their services (which some are struggling to meet). While based on anecdotal feedback, at the very least it is important that future mental health awareness raising activities organised by universities take this into account, and consider increased resourcing for campus counselling and support services along with stronger external, technological and community-based partnerships to deliver appropriate and accessible responses.

Mental health training

> ‘It is no longer appropriate to maintain a code of silence around this issue and staff have a crucial role to play in the promotion and prevention of mental health difficulties.’
>
> **Cleary et al., 2011, p252.**

Many universities provide support and mental health training to the university community including students, teaching and administration staff. Costs of participation vary. In some universities students and staff are offered the training at no cost, in others the cost may be subsidised. A number of universities also deliver mindfulness education to staff and students through their mental health programs.

As described in Section 2, many disability and counselling services report spending an increasing amount of time working directly with and/or training teaching staff on mental health issues, supporting them to develop an appropriate response to a student experiencing ill-health.

There is evidence that training such as Mental Health First Aid (MFHA) or Question Persuade and Refer (QPR) does result in attitudinal changes and preparedness to respond in university settings. What is not known is the impact on student help-seeking or mental health outcomes (Table 4).

Again there appears to be a need for national guidance on who should receive training within universities and to what level. Universities UK (2015) in their Good Practice Guide recommend delivering training appropriate to three different levels of audience:

- Whole-of-university (all staff and all students).
- Those most likely to come into contact with students who will disclose issues with their mental health or identify students who may be struggling. For example teaching staff (particularly tutors of smaller size learning groups and supervisors), peer mentors, student union representatives, student service officers and student accommodation providers.
- Those employed to support and respond to students experiencing mental ill-health.

As noted in Section 1 of this report, the Enhancing Student Wellbeing project has recently launched a range of modules which include resources and online training for university educators to better support students experiencing mental ill-health.

TABLE 4 –EVIDENCE FOR MENTAL HEALTH TRAINING IN UNIVERSITIES

Intervention	Evidence summary	Research paper
Mental health training in university (e.g. MHFA/ QPR) both staff and students	Found to increase self-perceived knowledge and ability to identify and respond but no effects were found for utilisation of mental health care by students.	Lipson et al. (2014); Mitchell et al. (2013)
Mindfulness	Some evidence that cognitive, behavioural, and mindfulness interventions can be effective at reducing stress in university students.	Regehr et al. (2013)
Mental health prevention	Supervised skills training programs to respond to negative outcomes such as stress and anxiety were found to be effective.	Conley et al. (2015)

There is also an opportunity to extend curriculum-based mental health modules, such as those delivered to pre-service teachers in the Hunter Institutes’ Response Ability program, across a range of faculties and courses. Evaluation of this program has ‘shown some evidence of success in enhancing the inclusion of mental health in teacher education’ (Kay-Lambkin et al., 2007) p51. This approach, when applied across other disciplines (such as, but not limited to, medicine, nursing, youth/social work and justice) could serve the dual purpose of:

a. building the mental health literacy and capabilities of the future workforce; and
b. increasing the capacity within universities to respond effectively to students experiencing mental ill-health.

Building resilience

Resilience has become a useful term used to provide a bridge between education and mental health promotion (Stafford et al., 2007). It has been adopted particularly in primary and secondary education systems over the past decade. An emerging approach (described in Spotlight 6) involves embedding 'resiliency' units into first year university degrees, focusing on developing skills and healthy behaviours to respond to the new learning environment and life-stage (Goozee, 2016, Stallman, 2011).

A focus on resiliency may look different in university contexts than in other levels of education. Lizzio (2006) described five senses students need for success at university: purpose, capability, connectedness, resourcefulness and a sense of academic culture. Lizzio believes it is important that opportunities exist for students and staff to be assessed (or self-assess) their capabilities against these areas and receive support where they feel they might be struggling. This may improve their ability to bounce back from stress, disappointing results and critical feedback.

Spotlight 6 – Resiliency curriculum in Universities.

Stallman (2011) described what she, and others (Bradley-Geist and Olson-Buchanan, 2014), believe to be a link between heightened psychological distress, high levels of stress and low levels of resilience among university students.

Reasons for lower resilience among this cohort could include the emergence of parenting styles which focus on protecting young people from problems, inadvertantly restricting opportunities for them to develop coping skills and resilience in the face of adversity or negative events/experiences (Bradley-Geist and Olson-Buchanan, 2014). Some have noted that this overprotection may be contributing to a risk in anxiety disorders among some young adolescents (Hayes et al., 2011).

As such there could be benefits in building resilience skills among students (and the staff that support them) early on in their studies. This could: a) support students to better respond to changing and new environments, b) enable students to avoid the negative impacts of stress and c) potentially prevent the onset of mental health problems in students.

Stallman (2011) found embedding a strength-focused resilience-building seminar within the university curriculum was reported to be useful by students. This then translated into self-reported behaviour change for many students. Delivering modules which refresh and apply resilience skills within a university context in all disciplines during first year may therefore be worth exploring further.

SUMMARY

Section 3.2

It is important to link mental health awareness raising activities to the university context. Information on mental health should include promotion of the appropriate and available services and supports on and off campus, taking care not to add additional burden to demand-stretched counselling services.

Training and skills based programs (including mindfulness) have been found to increase knowledge and self-perceived abilities as well as reduce stress and anxiety. Embedding mental health promotion responses within teaching and academic functions have also been shown to be effective, although there is limited evidence as to whether these activities translate to behaviour change and accessing support.

Resilience education is an emerging approach which has shown some acceptability among university students and may be worth further exploration.

3.3 Psychological and support services on campus

Counselling services

Most Australian universities provide student counselling services for free, although session numbers are often limited and wait times vary. Counselling services provide an important and effective function in supporting students with issues (including psychological) that are impacting on their academic performance.

Counselling services often engage with students due to other significant life stressors such as unstable housing, financial difficulties and study pressures, all of which are known to have a negative impact on mental health. Many counselling services also provide support to university staff.

The ANZSSA developed best practice guidelines for the provision of counselling services in the post-secondary education sectors of Australia and New Zealand (ANZSSA, 2011). These were most recently updated in September 2010 and describe:

- the typical range of services provided;
- the minimum qualification requirement - graduate level with a preference (not mandated) for psychology, social work or counselling; and
- recommended student staffing ratios - one counsellor per 1000 student population (the International Association of Counselling Services' recommended staffing ratio is one counsellor per 1,000 to 1,500 students).

In reality the staffing profile, including ratio of staff to students and the qualification level of staff, vary greatly across institutions. However, almost all university counselling services would identify that they do not have the capacity to meet demand for their services (Andrews, 2016), generally resulting in service rationing per client (Veness, 2016).

A study of eight university counselling services in Australia and New Zealand (Stallman, 2012) found they are hampered by limited resources compared with their international counterparts. The ratio of students to counsellors is high with 4,340 students per counsellor compared to 1,527 students per counsellor in the United States (Stallman, 2012). As Veness (2016) identifies '(f)or a large Australian university with 50,000 students, meeting the ANZSSA and international recommendations translates to 33 to 50 full-time equivalent counsellors, which none of them have.' p26

A consultation conducted by Orygen with the Heads of Counselling Services in Australia and New Zealand in April 2016 reaffirmed many of the issues identified both in Stallman (2012) and in a recent ANZSSA Heads of Counselling Benchmarking Survey (Andrews, 2016). Experiences included:

- Increased demand and an inability to meet this demand, or come close to international and national recommended ratios.
- Increasing severity and complexity of presentations.
- Emerging high-risk groups including those from low socio-economic backgrounds and international students.
- A mismatch of expectations of what the service can/should provide (i.e. university funders them see their role to support student educational outcomes while community-based mental health service sometimes view them as their equivalent as psychological service providers).

Within the context of a demand driven system of higher education in Australia, failure to increase the profile and capacity of counselling services to match the increase in student numbers will inevitably result in inadequate student support. This in turn could have a negative impact on students, universities and the government through course incompletion and escalating and untreated mental ill-health (Stallman, 2012).

Disability liaison/access and inclusion units

Many universities have a Disability Liaison Unit which supports students with a range of physical, psychiatric, neurological and learning disabilities to participate in higher education. Students entering university with a pre-existing mental illness (and those for whom mental ill-health onsets in university) are able to access these services should they choose to disclose their diagnosed condition.

These services are able to negotiate flexible allowances with academic faculties (including extensions and special considerations). They can also provide support to students, assisted by funding from both the Australian Government's Disability Support Program (described in Section 2) and student services and amenities fees. However, as described in Section 2.2, these services currently report not having the adequate resources to respond to an increasing demand from students with mental ill-health (KPMG, 2015).

Brief interventions and screening

Counselling services often provide brief interventions for students experiencing psychological distress. This role is an important one and research has shown that brief counselling (three-four sessions) is effective for most university students who access it and even more effective if they complete the course of therapy (Connell et al, 2008). Improvements to educational outcomes are particularly evident (Table 5).

The Association for University and College Counselling Center Directors Survey in 2015 (completed by 518 counselling centre directors predominantly from the US, although centre directors from Canada, Europe, Asia and Australia also responded) included reporting on the impact of counselling services on academic performance through self-report data collected from students. 71 per cent responded positively (Reetz et al., 2015).

TABLE 5 – EVIDENCE FOR PSYCHOSOCIAL INTERVENTIONS WITH UNIVERSITY STUDENTS

Intervention	Evidence summary	Research paper
Brief counselling	Brief counselling was found to be effective for most university students who access it, even more so if they complete the course of therapy. College counselling was found to be effective in addressing academic performance issues.	Connell et al. (2008) Devi M.R et al. (2013) McKenzie et al. (2015)
CBT and other psychological therapies	Some evidence for psychological therapies delivered to university/college students experiencing depression or anxiety including Cognitive Behavioural Therapy.	Reavley and Jorm (2010)

Initial assessment and screening is also an important function of university counselling services. Given the early intervention role of counselling services and the limitations on the number of sessions services can provide, significant importance is placed on the efficacy of screening tools to determine the level of stress, the nature of stress, the contributing factors and the clinical need.

One recent tool, the University Stress Scale, has been developed to measure the severity of stress experienced by university students. It is described as a tool which is sensitive to a broad range of student experiences and backgrounds (such as international students) and can work with counselling services to assist them quickly identify the cause/s of stress (Stallman and Hurst, 2016). The authors of a study into the effectiveness of this tool found it was psychometrically sound and could provide additional information not uncovered in a brief face-to-face consultation (Stallman and Hurst, 2016).

Another example of screening tools developed and delivered to university students is The American Foundation for Suicide Prevention's Interactive Screening Project which developed an online Stress and Depression Questionnaire for university students. Through this test 40 per cent of undergraduate students were screened as emotionally distressed and referred to an online counsellor while 20 per cent also attended face-to-face appointment (Moffitt et al., 2014).

Online self-screening and referral systems could relieve pressure on counselling services and provide initial triage to appropriate supports. These systems have been found to identify significant proportions of people at risk. For example a self-screening system at the University of Washington found that 82.7 per cent of users had at least one symptom or risk factor that determined professional help was needed, 75 per cent of users accessed this help (Kim et al., 2011). This high rate of identification could be due to a number of factors including:

- the initial likelihood that those individuals self-selecting to use the system were already at risk of mental ill-health; and
- the possibility that online screening tools have high levels of sensitivity built in to limit the likelihood of a false-negative result.

Other on campus psychological treatment services

A number of universities, such as University of Tasmania, RMIT, Victoria University, Griffith University, University of Newcastle (to name only a few) provide psychological treatment services through Psychology Clinics. These clinics are set up to provide postgraduate students in psychology and psychiatry with opportunities for practical field application. Supervised by experienced clinical psychologists, they provide services often at a very low cost, to both the broader community as well as being available for student populations.

SUMMARY

Section 3.3

Most university counselling and disability services would identify that they do not have the capacity to meet demand and are responding to increasingly severe and complex presentations of mental ill-health.

University counselling services also perceive conflicting expectations of what they can/should provide (i.e. university funders see their role to support student educational outcomes; some others within the community mental health system view them as equivalent psychological service providers). National guidance and clarification is therefore needed.

Counselling services play an important and effective role in screening and delivering brief interventions but there is a need to build their service profile and capacity to provide effective short-term interventions and meet demand. This includes:

- further research and dissemination/translation of research findings regarding mental health screening and brief interventions to counselling service staff; and
- the development of pathways to appropriate and specialised mental health care within (such as psychology clinics) and outside of universities.

3.4 University and community mental health partnerships

> ‘The higher education sector faces the challenge of ensuring that student facing services that aim to enable students to complete their academic studies are not confused with the treatment, therapy or ongoing support that are the responsibility of the NHS and local government.’

Universities UK, 2015, p19.

Increasingly, universities acknowledge (through policies or the provision of student services and mental health programs) that they have some role to play in supporting the mental health and wellbeing of students within their institution.

Further, students appear to expect, and seek out, mental health support within the university setting even where a publicly funded community (and youth) mental health system operates in the community around the institution.

With increasing resource constraints in both higher education and mental health, the distinction and delineation between the responsibilities and functions of on campus student counselling/disability or welfare services and those of the community-based and acute systems of mental health care is becoming increasingly important. Supporting effective referral pathways between these two structures is a shared responsibility for both universities and community mental health providers.

At present, university mental health services often develop their own protocols for referrals and service pathways with, what can be, a complex mental health service system. Some counselling

services consulted for this report described difficulties with these arrangements. As a result they often found themselves supporting a student through a serious exacerbation of mental ill-health or suicidal ideation. This required staff to divert from their day's appointments, creating more service backlogs and delays.

Complexities in service provision and coordination also arise where students live significant distances away from the university campus (and therefore the university's mental health service catchment area). In addition, when students move between university living arrangements and their family home (often in regional, rural, interstate or overseas) for the substantial breaks between semesters, mental health service provision can be disrupted or discontinued.

Identifying ways to provide students with seamless care between their home, university campus and family home is a challenging but required task. Again, national guidelines/ guidance could articulate the roles, responsibilities and systems through which universities and community mental health systems can work together. Leading this approach should be an interdepartmental mechanism within the Australian Government supporting a joint policy and program focus of the higher education and mental health portfolios.

Through the Australian Government's mental health reform agenda (Commonwealth of Australia, 2015), there is now an increased emphasis on regional planning and service provision, led and commissioned by the Primary Health Networks (PHNs) which is responsive to the needs and infrastructure within communities. This provides a number of opportunities to respond to university students' mental health such as:

- Incorporating university settings within the PHN service mapping and planning.
- Establishing partnerships between universities, community mental health services, and other systems that respond to the needs of high-risk groups (i.e. CALD organisations to further support coordinated and culturally appropriate responses for international students).
- Developing partnerships between universities and online mental health systems for all students but particularly those students attending through distance or online education, or who between semesters live in rural/regional areas with limited face-to-face service access.
- PHNs developing business partnerships with universities, incorporating this regional expertise more broadly into their service planning and commissioning activities. For example, in program and service evaluations and engaging the clinical research expertise within many universities to research trials of new stepped and integrated care models.

Education and community partnerships require dedicated resources, as shown from a number of government and not-for-profit efforts in secondary education for students at risk (National Curriculum Services Pty. Ltd., 2013, Smith Family, 2014). University settings are no different, and dedicated partnership managers could be located in universities or primary mental health care services with a focus on leveraging off existing regional programs, activities and services. This would assist to reduce duplication, respond to service gaps and clarify roles. Essentially, making university student mental health everyone's responsibility.

SUMMARY

Section 3.4

Clearer guidance is required on the roles, responsibilities and referral protocols of both university mental health services and community mental health services.

There is a need to build stronger partnerships between mental health and higher education providers, beginning with establishing interdepartmental mechanisms within the Australian Government.

There are a number of opportunities which exist from Primary Health Networks engaging universities in their service planning, commissioning and evaluations. This could not only improve mental health outcomes for university students but the mental health outcomes of the broader population.

3.5 Use of technology

> ‘One of the most important implications of this study is that an online program may reach students who would be unlikely to seek other forms of help.’

Ryan, 2010, p80.

Increasingly young people, are seeking help online for experiences of mental ill-health (Mission Australia, 2014, Ryan et al., 2010, Rickwood et al., 2016, Rickwood et al., 2007) and university students have been found to be more likely to express an intention to use online supports when they are experiencing high levels of distress (Ryan et al., 2010). University counselling services often refer students to what they judge to be reputable apps, websites and online counselling options available. These platforms can provide an important triage function early in contact with the service (to manage service demand), or as a step-down option for ongoing support once the student has exhausted their counselling session allocation.

As described in Section 2, the Australian Government is also committed to utilising technology to enhance the provision of mental health services including through investing in a digital gateway to mental health care for the broader population and Project Synergy (an e-mental health ecosystem of care for Australia’s young people) (The Liberal and National Parties of Australia, 2016).

In Australia a number of youth friendly mental health websites already provide specific information and support for university students. Reachout.com for example has an entire section dedicated to school, study and university which includes advice on a number of the risk factors described in Section 1.3. These include: exam and study stress, balancing work and study, sleep issues and moving away from home. It also provides moderated forums for young people to seek advice and support from others on issues.

There is some evidence that online mental health interventions are acceptable and effective for university students (Table 6). In the United States online treatment models are being adopted by college counselling services to address the growing numbers of students seeking help. This includes the University of Florida’s Counselling and Wellness Centre’s Therapist Assisted Online program for students with anxiety disorders (Thomas et al., 2015). Therapist-supported online therapy has also shown promising results in a research trial with Irish university students (Sharry J et al., 2013).

However, many university students also remain ambivalent around e-mental health and place greater value on face-to-face contact (Goozee, 2016). As with the broader population, this points to the importance for online interventions to:

- be only one of multiple avenues through with mental health care can be accessed; and
- not present an additional barrier to accessing face-to-face care.

TABLE 6 – EVIDENCE FOR ONLINE INTERVENTIONS WITH UNIVERSITY STUDENTS

Intervention	Evidence summary	Research paper
Online support group interventions	Accessing online mental health information improves subjective wellbeing, however no additional benefit was found by including an online support group.	Discussed in Reavley and Jorm (2010)
Targeted interventions	Technological interventions targeting certain mental health problems (depression, anxiety, stress) in university students have been effective. No evidence of cost-effectiveness is available.	Farrer et al. (2013) Davies et al. (2014)
Therapist Assisted Online CBT	Online therapy shows promise for acceptability, usability and treatment engagement for university students, particularly when it is integrated into the delivery of other online interventions.	Sharry et al. (2013)

Many universities already provide information for students on mental health through their websites (some with more detail than others). The range of information can include: fact sheets on mental health conditions; contact details for on and off campus services; and links to self-help resources including apps or web programs). One example is RMIT University's Wellbeing Central – an online hub of resources 'to help you live and study well'. Ensuring these supports are contextualised or connected to the unique experiences and pressures for university students is important. Providing university students with a tailored online portal of evidence-based information, e-counselling, resources and self-help for stress and distress has also been the focus of recent research projects and resource development in Australia overseas. Projects include:

Australia

The Desk – Developed by the University of Queensland and beyondblue, The Desk provides Australian tertiary students with an online secure portal through which they can access information and develop skills to manage their mental and physical wellbeing. There is a social media component where students can share their ideas and experiences with other students as well as online modules, tools, quizzes and advice. At present no evaluation or user analytic data are publically available for The Desk.

The Uni Virtual Clinic – The Australian National University (with the Young and Well Cooperative Research Centre) has been developing a UniVirtual Clinic. Based on user centred research, the clinic will provide a range of mental health interventions across the spectrum from awareness and prevention to treatment and relapse prevention (Farrer et al., 2015, Farrer et al., 2016). This includes information on student specific issues (including exam anxiety, housing, financial issues, relationship problems as well as mental health conditions), links to support services within the university, online treatment programs embedded within the clinic as well as external links to other sources of help outside of the university. It is also planned for the Clinic will also include a complex problem solving tool to assist students identify issues they are struggling with and follow a path of tailored information generated from their responses.

International

The Transition Year – In the US, the Jed Foundation developed this website which provides young people (and their families) moving from school to college with a range of information and resources tailored to their particular experience. This includes what to expect, how to look after yourself, mental health information and help-seeking information. It also contains an entire section on information to support young people with a diagnosed mental illness in their transition through to college.

Young Minds vs University Stress – This online campaign run in the UK by the youth mental health organisation Young Minds aims to reduce the stigma and raise the profile of university stress. It provides student with a range of resources to use and share so as to better support their mental health within a university context.

MePlusMe (UK) – A study is underway in the UK on the acceptability of an online intervention system for students facing psychological or study skill difficulties to see if it can support their mood, wellbeing, study skills and everyday functioning. The system is designed to be delivered as a stand-alone support or integrated into student support services (Papadatou-Pastou et al., 2015).

SUMMARY

Section 3.5

Online interventions have been shown to be effective for and acceptable to university students, particularly for depression, anxiety and stress. It is important that universities and counselling services are provided with guidance on what apps and programs are evidence-based and appropriate for university students.

Trials are underway, in Australia and internationally for online mental health supports specifically for university students. The outcomes of these trials should be monitored. An evaluation of The Desk would provide learnings for future online platform development.

It is important that universities respond to help-seeking preferences and provide students with access to existing evidence-based online support for mental health through university and student IT systems. In promoting the Digital Gateway and Project Synergy (once developed), the Government should also consider recommending universities promote access to these platforms through their own websites.

3.6 Peer interventions and student leadership

The 2014 Mission Australia report on young people's mental health found young people are much more likely to seek help from their friends (81.8 per cent young women; 79.4 per cent young men) than community agencies (11.8 per cent young women; 14.5 per cent young men) (Mission Australia, 2014). Other youth mental health research supports these findings (Rickwood et al., 2007), while anecdotally, peer support for mental health in universities appears to be acceptable to students.

A number of higher education institutions have developed innovative peer mentor programs, particularly to support first year students in their adjustment to a new learning setting. Some are now focused on building a student workforce that can support better mental health outcomes among their peers and play a leadership role in influencing the culture of institutions.

Universities, such as Sydney University's 'Side-Kick program' links a student mental health training program to a student support network. This builds the community of people on campus who can respond effectively and helpfully to other students experiencing mental ill-health.

MATES at The University of Western Sydney is another peer mentor program delivered in partnership with the counselling service. It aims to support new student's transitions to university, with a focus on equipping students with information about student support services available and encouraging help-seeking.

At Monash University, the Mental Health Champions program brings together 20 student leaders from across the university to promote mental health on campus. It is a year-long program during which students organise a range of activities with a focus on mental health awareness and/or suicide prevention. This group also provides feedback to the counselling service, to ensure programs and support services are relevant to the needs of all students.

Peer-led programs in Australia are a promising, if currently disconnected, institution-by-institution approach. Often the programs develop due to the interest, leadership and direction of the student body. Anecdotally, students consulted in the development of this report suggested peer-based interventions are an effective way to support students experiencing psychological stress to seek help and access services. However, much is still unknown about supporting a mental health peer workforce in Australian university settings. Findings of a UK research project on a number of possible issues are described in Spotlight 7. Further, in Australian universities, terms such as peer support, peer mentor and peer-counselling are often used interchangeably, where they should be considered discrete roles with unique responsivities and functions. National guidance is again required to advice universities on how best to develop and support a university student peer workforce.

Overseas, a number of peer-led and peer-focused mental health interventions in universities have been nationally developed, ensuring consistency and quality in program delivery. For example:

Student Minds (UK): First established in 2009, Student Minds initially supported students experiencing eating disorders. It has since broadened to focus on supporting student mental health generally through peer-led interventions. It has recently produced guidance for universities on how peer support programs can be implemented effectively and safely and includes case studies of best practice (Student Minds, undated).

Jack Project (Canada): The Jack Project was initially set up through the donations received by Kids Help Phone, at the request of two parents following the suicide of their son, a first year university student who was struggling with mental ill-health. It is now a network of young leaders across Canada who work to educate and change the way mental health is responded to. This network supports peer-to-peer talks, student summits and student chapters which drive their own mental health programs and awareness raising activities in high schools and universities.

The Jed Foundation and Active Minds: Based in the United States, these programs support student-led action to raise awareness and advocate for student's mental health. In his paper Veness (2016) describes the significant and rapid expansion of Active Minds across the United States with the program now active in 450 campuses. The success of this program, and the two above, has been a result of adequate resourcing (often through philanthropic organisations) and recognition by university leadership of their value, rather than just relying on the passion and generosity of young volunteers alone to drive change.

Spotlight 7: Supporting peer supporters

Student Minds recently published evaluation results from the 'Looking after a mate' study, which surveyed 79 students who were supporting a friend with an experience of mental ill-health. The results included that:

Many of the supporters reported current mental ill-health (potentially suggesting that young people who seek out opportunities to help others have their own lived experience).

Only half felt they were making the most out of their own university experience as a result of supporting another person with mental ill-health.

Supporters required more information and on how to manage their role as a supporter as well as look after themselves (Student Minds, 2016).

The evaluation highlighted that peer programs need to consider the experiences, motivations and potential impacts of students providing mental health support to each other. Developing guidelines, resources and tools to ensure that peer-led and focused programs support all those involved are therefore required.

BATYR@Uni is an Australian organisation following these approaches. It is possible this organisation could be involved to provide the national remit and focus needed to support the development of the university student mental health peer workforce in Australia. batyr focuses on preventative youth mental health education and recruit, train and support a peer workforce of young people who have had/have a lived experience of mental ill-health to talk about their experiences in the community, including in schools and universities.

They are currently implementing 'chapters' in universities across Australia, supported by a paid team of staff including university managers at Australian National University and the University of South Australia, and a program at University of Technology Sydney, to assist with the further development of batyrs university programs and team nationally.

SUMMARY

Section 3.6

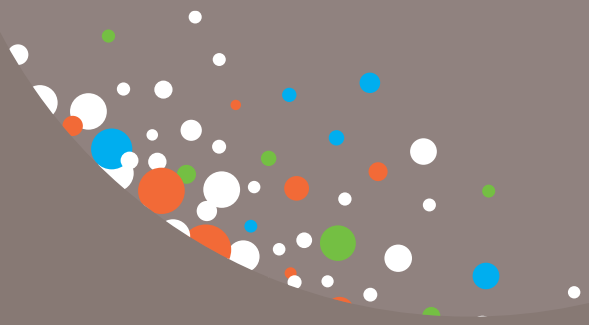
Peer led approaches appear to both respond to young people's help-seeking preferences (to talk to friends or family) and they are anecdotally acceptable to young people.

There is, however, limited research evidence available at present to determine their efficacy. Given many universities in Australia are developing and implementing peer-led programs to support student mental health, this is an area requiring further research. This could be facilitated through partnerships between researchers and peer program providers in universities.

There is a need to auspice and provide national support and leadership for peer/student-led approaches and support programs across Australian universities. Guidance is required to ensure these programs provide adequate support to the peer workforce involved.

University often co-occurs with the emergence of mental ill-health in young people … that in and of itself is a good enough reason to invest in uni mental health.'

Student



Section 4

Implications

4.1 Higher education policy and programs

Policy

There is now a need to reflect in higher education policy a response to the numbers of university students who are experiencing higher levels of psychological distress and mental ill-health, and acknowledge the possible economic, as well as personal, impact. Priorities for healthy students and healthy university environments should be included in policy alongside learning and teaching aims (as is the case in secondary and primary education).

Articulation by the Australian Government on what is a reasonable expectation of universities to support student's wellbeing could also address current ambiguity and misunderstanding around the function and scope of university counselling and mental health services. Further, current programs which support participation for young people with additional barriers to study (such as the Disability Support Programme or the HEPP) could be reviewed and re-designed to better support and respond to students experiencing mental ill-health.

Data

More needs to be known about the experiences, type and severity of mental ill-health and/or psychological distress among Australian university students so as to provide appropriate and effective interventions. Existing higher education survey instruments, such as the Student Experience Survey, could be measuring students' experience of mental health and wellbeing within the university context, along with their learning experience.

There is also currently a missed opportunity to nationally aggregate and monitor annually or biennially counselling service data from Australian universities. While counselling services are not funded directly by the Australian Government for core service delivery they are, in part, a product of legislation requiring universities collect service and amenities fees from students to support their non-academic needs. The data collected by these services could contribute towards a much needed picture on the mental health issues being experienced by students and the impact on learning outcomes.

Coordination and leadership

Consideration should also be given to the resources required and existing national levers/platforms (such as the Framework for Enhancing Student Mental Wellbeing, Universities Australia and the Health Promotion Universities Network Australia) which could assist universities develop student mental health policies, implementation plans, programs and activities.

There is currently a gap in the higher education sector peak body response to student mental health (particularly when compared to examples overseas). Responding at this level could involve Universities Australia partnering with a mental health peak body and university mental health network to develop:

- platforms to coordinate resource development;
- national student surveys and data collection and monitoring tools;
- guidelines for universities to implement responses (e.g. the Universities UK Good Practice Guide) and associated training; and
- guidelines for mental health peer-workforce development in universities.

4.2 Mental health policy and programs

Policy

Universities need to be better utilised as settings through which the Australian (and state and territory governments) mental health policy and programs can be delivered to a significant population of young people at risk of, or experiencing, mental ill-health. Again it is important to consider the downstream costs to the mental health system from not delivering early interventions to university students. Particularly as three in five of these students are at an age when mental ill-health often onsets and is the leading burden of disease.

Education programs

Australian Government mental health education programs such as the end-to-end education program currently scoped for delivery from early childhood to end of secondary school, should be adapted and extended to a university context. The purpose would be to: 1) provide materials which can address mental health and wellbeing issues triggered through life and university transitions; 2) better equip university staff and students to respond and potentially reduce the resource burden on counselling and disability services to deliver mental health training; and 3) support help-seeking within a university context. Online delivery could be appropriate and, in some cases, more appropriate and accessible for this population and setting.

Improved partnerships

Stronger partnerships between community mental health service systems and university mental health and student support services are required. This responsibility should not just fall on individual universities or university counselling services to initiate and facilitate but should be included in the regional mental health service planning and local governance arrangements currently being led by the PHNs.

There is also an opportunity to develop guidelines for PHNs and universities on co-commissioning mental health services for university students. These guidelines could be funded by the Australian Government and developed through a consortium of partners from both the higher education and mental health sectors.

The Australian Government could also build stronger interdepartmental mechanisms between its mental health and higher education portfolios. Through this they could then identify opportunities within both their portfolios through which resources and support could be better directed to this issue. This could include supporting the higher education and mental health national peak bodies to prioritise, collaborate and develop responses and resources in partnership.

Online interventions

The Australian Government's new digital gateway to mental health services and Project Synergy have the potential to provide university students with an effective, accessible and acceptable entry point into online mental health care, particularly if these platforms are promoted widely through universities and links embedded within the existing IT infrastructure used by students.

Embedding within these platforms online interventions and apps which are not only appropriate for young people, but provide clear and easy access to those supports which specifically respond to the risk factors for psychological distress among university students (e.g. performance pressures, financial pressures) will be particularly important.

4.3 Universities

Leadership

> “Philosophically, institutions need to adopt the attitude that student mental health is an important and legitimate concern and responsibility of everyone in higher education.’
>
> **(Kitzrow, 2003)**

Many university leaders are already considering the role the university should play in developing a mentally healthy student community and are responding through the provision of student counselling services and other mental health information and awareness raising initiatives.

The challenge still remains to embed and commit resources towards an ‘institution-wide’ response. University student numbers are expected to increase, including students identified in research literature to be at a higher risk of experiencing psychological distress at university, such as those from overseas, regional and rural areas and low socio-economic backgrounds. If they haven’t already, university leaders need to articulate within the institution's policies how student (and staff) mental health and wellbeing will be supported across all aspects of the institutions business. Further, universities need to leverage off the infrastructure and resources they have at their fingertips (such as course curriculum and research programs) to build staff and student knowledge on mental health and develop effective interventions.

Resourcing

Currently student support and counselling services are experiencing levels of demand and case complexity which they do not have the resources and personnel to respond to. Disability services also report increasing numbers of students with mental ill-health seeking support for which they do not have the skills or resources to provide.

Universities will need to respond to the level of demand for these services through:

- allocating sufficient budget to resource them appropriately; and
- augmenting these services through increased promotion of existing online and community-based mental health services and providing easy access points to these services within university student administration portals/websites.

Training

In line with universities developing policies that make mental health everyone’s business, training is required for staff including faculty administrators, researchers, teachers, bursary units, librarians and others. Universities should prioritise free access to training for those staff/services identified as most likely to identify mental ill-health in students or have mental ill-health disclosed to them. Staff induction and recruitment should also include information on how to support students experiencing mental ill-health. National guidance is again required to support universities identify and provide evidence-based mental health and/or suicide prevention training. Orygen would support the further promotion and evaluation of the resources and online training provided through the recently launched Enhancing Student Wellbeing project.

Partnerships

Through building partnerships with the community-based mental health sector and youth mental health research institutes and centres of excellence, universities will be in a better position to describe, within the context of the community and service system surrounding them, their role and function in supporting students with mental ill-health. The development of university student mental health good practice guidelines as well as co-commissioning guidelines could support this process to occur nationally.

Partnerships would also improve the application and efficacy of referral protocols and practices and ensure good communication between university services and external mental health services in following up outcomes from referrals. As a result universities will be in a better position to provide academic considerations and support to students who are struggling or unwell.

4.4 Research

There is an urgent need to build a more robust evidence base in Australia and better understand the prevalence, risk factors and stages of mental ill-health among university students, as well as effective interventions, so as to inform the design of effective policy, programs and interventions relevant to this group. At present the research is much richer in other countries such as the United States and the UK.

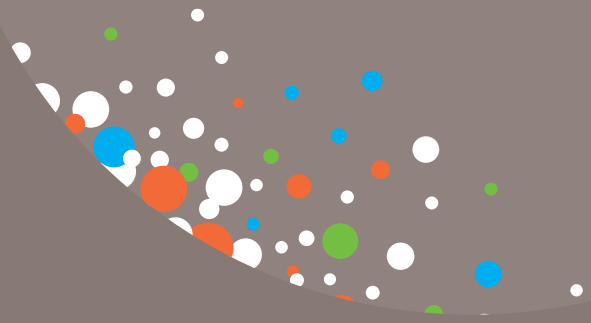
For example, further Australian research is required on:

- Prevalence and nature of mental ill-health in university student populations and risk factors.
- Help-seeking behaviours and experiences of university students.
- Economic costs of mental ill-health among university students.
- Online interventions which are effective at responding to the particular mental health experiences of university students.
- Peer-based interventions, including their impact on student mental health outcomes and impact on the wellbeing of peer-based workers.
- Impact on student outcomes of existing approaches within universities, such as mental health training and brief interventions.
- International and Aboriginal and Torres Strait Islander university student's mental health.

Universities themselves can play an important and much needed role in responding to current gaps in research. Relevant research areas within the institutions could be encouraged to consider developing and testing of new interventions within their student population. Through capitalising on the in-house research expertise, knowledge transference through teaching and an accessible group of research participants, universities are in a perfect position to increase our understanding on the nature of mental ill-health in university students and build the evidence base for effective interventions. It is therefore also important that Australian Government recognise this as an area requiring considerably more research and provide funding through the National Health and Medical Research Council and the Australian Research Council.

Philosophically, institutions need to adopt the attitude that student mental health is an important and legitimate concern and responsibility of everyone in higher education.

(Kitzrow, 2003, p175)



Section 5

Future Directions

Described below in Table 7 are a range of opportunities through which the Australian Government, university peak bodies, mental health leaders, universities and mental health services could respond to the range of issues and gaps identified in this report.

TABLE 7 – OPPORTUNITIES AND RECOMMENDATIONS

Opportunity	Levers for change/action	Who
Name it: Inclusion of university student mental health in key policy documents.	A revised Australian Government Higher Education Policy to include a response to university student mental health.	Department of Education – Australian Government
	Tertiary education settings to be identified in the further development and roll-out of the Australian Government's mental health reforms and future mental health policy documents including the Fifth National Mental Health Plan.	Department of Health – Australian Government
	State and territory mental health plans and strategies to include universities as settings for providing mental health education activities.	State and territory governments
	Every university in Australia to have a public facing whole-of-institution mental health and wellbeing policy and measureable implementation plan.	Universities
Measure it so it counts: Improved data collection, including the establishment of national baseline data, on university student mental health.	Student Experience Survey to include mental health and wellbeing outcome measures.	Department of Education – Australian Government
	The next National Survey of Mental Health and Wellbeing to include demographic identifiers for university attendance and level.	ABS – Australian Government
	Ongoing support provided for ANZSSA to collect and monitor counselling service data and develop standardised tools to enable the aggregation of counselling service data.	Department of Education – Australian Government
	The next Child and Adolescent Health and Wellbeing Survey to be extended to all young people under 25 years.	Department of Health – Australian Government
	Universities to conduct biennial student mental health and wellbeing surveys in the implementation of their mental health and wellbeing policy. Standardised measures should be developed to enable the establishment of baseline data and the continued aggregation and monitoring of this data nationally.	Universities, supported by Universities Australia and/or Departments of Education and Health

Opportunity	Levers for change/action	Who
Leadership and coordination: Sector (mental health and higher education) drivers needed.	Government through policy and investment to support a role for Universities Australia and a mental health organisation partner to provide guidance, training and monitoring of Australian university responses to student mental health.	Universities Australia and Orygen, The National Centre of Excellence in Youth Mental Health
	Leadership to provide nationally consistent support, resources and guidance for peer/student-led approaches in Australian universities (supported by research to grow the evidence base).	Orygen, Universities Australia and batyr
Joined up approach: Partnerships to be prioritised, nationally and regionally between mental health and higher education.	Develop ongoing mechanisms for interdepartmental responses, particularly between mental health and higher education portfolios.	Department of Education and Department of Health – Australian Government
	Universities to be included within the service planning and coordination activities of the PHNs identifying: a) pathways into mental health care for university students in the catchment and b) the potential role of universities as research/evaluation partners.	PHNs and Universities
	Consideration given to developing guidelines for co-commissioning mental health services for university student populations, in partnership with PHNs, and representatives from both sectors.	Australian Government/ PHNs
	Universities to establish connections with local mental health service providers and systems to define realistic roles and responsibilities for both service settings and referral and follow up protocols.	Universities
Tap into technology: Appropriate and accessible online support for university student's mental health and wellbeing.	Consider inclusion of tertiary/university specific online interventions which respond to heightened stress within higher education settings within future government online mental health platforms. These platforms once developed, should be heavily promoted within these settings, including through online student services.	Department of Health – Australian Government
	Monitor evidence emerging from the UniVirtual clinic (ANU and Young and Well Cooperative Research Centre) and other research or evaluation data from online interventions for university student mental health.	Department of Education Department of Health – Australian Government
	Universities to promote and provide easy access to evidence-based online mental health services and programs which are acceptable to young people and provide specific advice that responds to the stressors for university students (e.g. academic pressure, financial pressure).	Universities

Opportunity	Levers for change/action	Who
Respond to heightened risk and support students with diagnosed mental ill-health to participate in university.	In considering what changes may be required to increase higher education participation and success by people from disadvantaged backgrounds, the HEPP could be extended to include supporting pathways into higher education for young people with existing mental ill-health.	Department of Education – Australian Government
	Increase capacity for Disability Support Programme to provide assistance to students with mental ill-health. This may require additional and targeted funding to this group and the identification (in partnership with a mental health organisation, such as Orygen) of evidence-based supports and training to deliver these.	Department of Education – Australian Government
	Universities to ensure that student counselling services are funded at a level required to respond to demand and augment these services where appropriate with online and community-based mental health services.	Universities
Universities are settings for early intervention and prevention.	Government funded school-based mental health programs to extend beyond secondary school into tertiary education settings. Training delivered to frequent contact university staff (such as tutors and administration staff) as well as students.	All Government Education Departments and Mental Health branches
	Universities to ensure all staff (academic and non-academic) are trained to an appropriate level in mental health literacy and awareness.	Universities
Harness the capital within: Universities are operating in a higher education policy environment which values innovation and research translation.	Harness the research capacity, the mental health and peer workforce and the teaching faculties (mental health-related disciplines) to form partnerships to develop and trial new and innovative approaches to understanding and supporting university student mental health. Dedicated research funding through National Health and Medical Research Council or Australian Research Council would provide an incentive.	Government, Universities, Research Institutes and funders.

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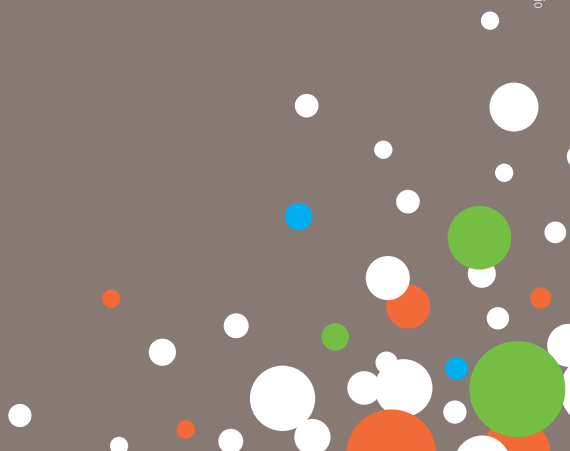
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