



Under the radar

The mental health of Australian university students

Of Australia's 1.4 million university students approximately three in five are aged between 15 and 24 years and at least one in four of these young people will experience mental ill-health in any one year.



Students with an experience of mental ill-health have been shown to be more likely to leave consider exiting or exit their course early. 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 and substance use disorders.

While Australia provides world class higher education and has been 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 policy level, impacting on the capacity of the university sector and the mental health sector to respond.

Background

National and international studies suggest that university students are experiencing higher levels of distress than those not at university. However, there remains a need for improved national data collection and further research in this area.

This issue impacts the entire university community, from administration staff and academic staff (who are often early identifiers of psychological distress or people whom mental ill-health is disclosed to first), as well as student and mental health services on and off campus.

It is also possible that the nature of the university experience could increase the likelihood of psychological distress, compared to non-students. A combination of risk factors such as lack of sleep, poor diet, drug and alcohol misuse, financial stress, dis/relocation and performance expectations all culminate and impact on the mental health of a young person at this time of life, in this environment.

Many universities are developing policies and responses but are left to do so without national leadership, guidance or additional resourcing and support. Overseas, nationally coordinated responses have enabled collection and monitoring of data, the sharing of practice across universities and a stronger platform for further advocacy on this issue.

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.

“ 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.

Young person

Name it in policy

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.

Measure it so it counts

Improve data collection on university student mental health by leveraging off a number of existing national survey instruments such as the Student Experience Survey in higher education and extending the Child and Adolescent Health and Wellbeing Survey to including 18-25 year olds.

Leadership and coordination

Sector (both mental health and higher education) drivers are needed. There is a role for Universities Australia and a mental health organisation partner to provide guidance, training and monitoring of university responses to student mental health (including policies, frameworks and peer workforce development). This could be aligned to the new Health Promotion Universities Network Australia.

Joined up approach

Partnerships between mental health and higher education service delivery need to be prioritised:

- Nationally, through ongoing mechanisms for inter-departmental responses, particularly between mental health and higher education portfolios.
- Regionally, by including universities within the service planning and coordination activities of the Primary Health Networks (including as research and evaluation partners).

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.
- Evaluating and monitoring research into university mental health online interventions.
- Universities embedding easy access to evidence-based online mental health services within student facing IT systems.

Responding to heightened risk in students

The Australian Government should further develop equity focused programs in higher education to increase support for students with mental ill-health or those who are at increased risk such as international students, Aboriginal and Torres Strait Islander students and students from low socioeconomic backgrounds or rural areas.

Universities are settings for early intervention and prevention

Youth mental health services and programs should engage and provide support to universities, this includes extending school based mental health programs beyond secondary school and into tertiary education settings and deliver training and support to frequent contact university staff (such as tutors and administration staff) and students.

Harness the capital within

University researchers, educators and the student peer workforce have the skills 'in-house' to develop and trial new and innovative approaches to university student mental health. Dedicated research funding through National Health and Medical Research Council or Australian Research Council would provide an incentive for universities to prioritise this area.

To read the full paper, visit orygen.org.au

