DISCUSSION PAPER:

Healthy students, healthy institutions

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> *"The new student… is a more troubled person; more likely to face emotional challenges, more frequently experienced with counselling, more likely to have been treated with psychotropic medication, with a greater probability of having more serious and severe psychological problems. Many ... professionals share the belief that emerging generations of students therefore do, and will, require more elaborate, extensive and varied services on campus."* (Keeling, 2000)

The inaugural National Summit on the Mental Health of Tertiary Students will bring together leading academics and researchers, senior administrative decision makers, and those responsible for overseeing student service delivery areas, for a focussed set of discussions on mental health in tertiary education. It is the intention that among the concrete outcomes of this event will be progress toward standards, goals or other benchmarks concerning the mental health of tertiary students that will guide institutional policies, programs and practices in Australia over the next five years. This discussion papers aims to set the scene for this conversation.

The Summit is timely. In the English speaking world, the increased visibility of mental health issues in tertiary education has occurred in association with unfortunate and extreme circumstances. Campus shootings and other acts of violence have grabbed particular attention, whilst the more silent tragedies of student suicides have accumulated a steady and profound impact (Kay, 2010).

In Australia, there has been increasing government and community recognition of the existence, impact and scale of mental health in general as a broad social issue. This is reflected in public policy, budget initiatives, the quality and level of public discussion and debate, and the profile of organisations seeking to demystify and destigmatise mental health as an area of community and public health importance.

As a result of all the above, there is more awareness of mental health as an issue in tertiary education. Does this mean things are getting worse? And what if any are the responsibilities of institutions to respond?

THE SCALE OF THE ISSUE

The expansion of tertiary education over recent decades in Australia has coincided with this increased recognition of the importance of mental health. There have been growing calls from within the tertiary education sector that the actual amount and severity of mental ill-health amongst student populations is growing. Advances in the diagnosis and treatment of mental ill-health in recent years has undoubtedly permitted some students, who previously would probably have not been able participate in tertiary education, to do so. In addition however, increasingly sophisticated epidemiological research on the burden of disease has sharpened the understanding that mental illnesses are predominantly disorders of young people. In Australia, rates of mental disorder peak within the 16-24 years age group, with more than one in four young adults having an anxiety, depressive or substance use disorder (Commonwealth of Australia, 2004). This is the age when young people make the transition to university and most complete their undergraduate degree.

Practicing mental health clinicians in universities have argued that the tertiary education sector is being confronted with many more students who require assistance in achieving and maintaining mental health, or managing the academic impact of mental ill-health. Diagnosis of mental illness among university populations is growing (Collins and Mowbray, 2005; Vivekenanda, Telly and Trethowan, 2011). In addition, studies of student populations report higher levels of disorders, especially anxiety related, than the norm for their age group (for example Connell, Barkham & Mellor-Clark, 2007; Harrison *et al*., 1999, Stallman, 2008; Stallman, 2010; Stallman and Shochet, 2009; Webb et al, 1996). The prevalence of mental illness is unrelated to academic aptitude, although it can impact substantially on learning outcomes (Wajeeh, Ward & Shern, 2002).

WHY TERTIARY STUDENTS?

For many individuals, the transition to higher education signifies a time of emotional, social and academic adjustment (Promnitz & Germain, 1996). Entering university is exciting, but inevitably associated with some degree of pressure and anxiety. The passage from adolescence to adulthood involves general developmental processes characterized by a movement towards independence and the firming of a sense of identity. This is inevitably a somewhat turbulent period, and its fluidity can make people of this age vulnerable to problems (Rana, 2002).

The reasons why students in particular might show higher levels of disorder are numerous, for example:

- the pressure of constantly assessed performance;
- the process of developing an adult identity in the context of pursuing studies and, often, a profession;
- the complicated and often difficult processes of engagement and identification with other students, with academic and professional staff, and with large and often impersonal institutions;
- the need to develop and deploy skills in independent learning;
- adjusting to a move away from home, family, school or work'
- the need to manage practical life matters such as finances and accommodation arrangements;
- uncertainty about future pathways.

In short, coping with pressure, balancing study with a social life, developing interpersonal skills, and planning a career are all part of the passage into and through university. It is clear that these have practical and psychological components (Rickinson, 1998), although this period also affords rich opportunities for growth and the chance to find new solutions (Rana, 2002). Whilst many negotiate the period adequately, a significant number of students do not, with variation in the capacity to make positive use of the developmental affordances of the learning environment of institutions. Accordingly, the proper provision for monitoring, assessment and support for these students needs to be considered by institutions. This is part of the broader and more explicit goals of developing successful learning environments, through viewing students' functioning as a totality.

Tertiary education in Australia is also increasingly subject to diversification and internationalisation with their attendant complexities. As Australia moves to a post-Bradley universal participation environment, where the sector can expect even more students to participate from diverse backgrounds, approaches that enhance institutional capacity to manage mental health support need to be considered.

HEALTHY INSTITUTIONS

At the same time as the prominence of tertiary mental health issues has risen, there has been an international movement promoting the development of "healthy universities". This concept responds to the rich potential for successful health promotion within university settings, from a "whole of institution" perspective. It recognises that;

- Universities are large communities, with tremendous potential not only to influence the health and wellbeing of the university community, but also the broader society as students leave to become of influence in professional, personal and community lives.
- The concept of a health promoting university encourages a broader corporate responsibility and expands responsibility for health and wellbeing beyond individuals and health professionals such as counsellors to the university as a whole in relation to duty of care issues, administrative policies and practices, and public standing.
- Universities offer unique opportunities to develop and test new health promotion strategies, and to promote excellence in health promotion within their communities.
- Health promotion projects in university settings represent opportunities to link research and practice.
- Health promotion strategies can become part of community engagement.

The developmental theory which underpins mental health service delivery in universities is well expressed by Rickinson & Turner (2002, p.175):

"Young adults who are undergoing developmental transitions and straining to master new age-related tasks can be particularly vulnerable to the general stress of academic demands and competition. On the other hand, students can be resourceful and emotionally resilient. While some may react to heavy academic stress by developing prolonged emotional problems, strengthening cognitive, emotional, or behavioural coping skills often helps young adults to reorganise their lives or their identities, in the process of getting through a developmental crisis. In this way, a period of serious emotional upheaval can be transformed into a growth experience, which in turn can lead to a higher level of functioning both personally and academically."

This philosophy ideally informs institutional responses in the broadest sense, in supporting student learning and development and thus maximising students' potential to benefit from their tertiary experience. However, how this translates into institutional practises and policies remains unclear or contested.

One bridge between health promotion and mental health has been the flowering of training in the area of "mental health literacy" (Jorm, 2000). Campuses have dramatically expanded the offerings to staff and students of both accredited programs such as "Mental Health First Aid" (Kitchener & Jorm, 2008) and internal training and consultancy on mental health related issues. The aims here are to promote mental health, and assist in the identification, triage, and management of student mental ill-health.

THE GOALS OF THE NATIONAL SUMMIT

In summary, there is increasing awareness of the intersection of mental health issues with tertiary student experiences, and with institutional practices. There is evidence for increased incidence of mental ill-health, and a variety of initiatives are being considered, trialled and implemented in response.

It is in this context that this summit has set itself to consider the following, as overarching questions in relation to the mental health of tertiary students:

1. What is the exact nature and extent of the problem?
2. How good are our current responses?
3. What possibilities are there for alternative and improved responses?

Stemming from this are a number of more specific questions applicable to particular domains, which are now outlined.

TERTIARY EDUCATIONAL SECTOR

Data collection, evidence and resourcing standards are sector wide and public policy considerations relating to the mental health of tertiary students. Questions that arise include:

How might it be possible to collect sector-wide evidence to monitor levels of mental ill-health in the national student population?

How can evidence be established that improving student mental health improves academic outcomes?

How do we establish standards and expectations regarding the resourcing of services and programs directly assisting students in relation to mental health?

What general policies will best support students with mental ill-health to participate effectively in tertiary education?

INSTITUTIONAL POLICIES

Individual institutions confront a variety of critical issues in determining the level and detail of response to the incidence of student mental ill-health, including specific matters such as the relationship between academic or disciplinary processes and student functioning, the scope and effectiveness of mental health training for staff and students, and campus safety.

How can effective whole-of-institution responses to mental health be developed, and what would they look like?

What approaches to improving "mental health literacy" work in tertiary institution contexts?

What policies regarding exclusion/discipline/misconduct should institutions be considering that take into account the mental ill-health of students?

What are best practices for managing campus risk and safety issues associated with mental ill-health?

CURRICULUM SPECIFIC ISSUES

One important area that has not received great attention in international debates about tertiary mental health is the development of strategies that facilitate learning for students experiencing mental ill-health. One of the diagnostic criteria for a major depressive episode is a *diminished ability to think or concentrate*, and criteria for generalised anxiety disorder include *difficulty concentrating* (American Psychiatric Association, 1994). Graduate Attributes developed by institutions typically include aspirations for students to be academically excellent, implying all students possess high level concentration and conceptual skills. For those with a mental illness, such capacities can be affected. Pedagogical

strategies in the form of inclusive teaching practices which are mindful of the needs of all students, including those struggling with their mental health, are an area ripe for consideration.

How can institutions provide an inclusive academic and social environment for students experiencing mental ill health?

What are best practice standards for providing reasonable adjustments for students with mental health disabilities?

COHORT SPECIFIC ISSUES

Institutions deal with a variety of specific student cohorts with differing demands that have demonstrable impact on their mental and emotional wellbeing. These include international students, culturally and linguistically diverse students, students in rural and remote areas, students from low socio-economic status backgrounds, indigenous students, and those with a heavy daily commuting burden.

What non-traditional approaches may better address the needs of special cohorts?

INNOVATIVE RESPONSES

Many institutions are experimenting with or exploring new mechanisms and programs to respond to the diversity of needs arising from student mental health issues. This includes use of social media, and early intervention activities. There is evidence for the effectiveness of interventions with students at academic or personal risk as early as possible (Rickinson, 1998) – including prior to the commencement of their time at university (Yorke, 2000). This approach is of benefit to all parties; students can establish academic success and esteem; and institutions can avoid the costs associated with heavy service delivery, unsatisfactory progress processes or poor retention.

What upstream intervention responses, including identifying students at academic risk as early as possible, are successful?

What are the potential uses and challenges of social media in relation to student mental health?

What innovative models/partnerships between tertiary institution services and community mental health agencies can be developed to support young people in education.

THE NATIONAL SUMMIT

Through keynote addresses, presentation of research, hearing from students of their experiences, workshops, and general discussion, the National Summit on the Mental Health of Tertiary Students will allow for interrogation of these questions. This will encompass debate, identification of institutional pressure points, review of current practices, and ideas for improvement. It is intended that a practical outcome of the summit will be the advancement of sector and institutional practices concerning the mental health of tertiary students in Australia.

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