

# STUDENT MENTAL HEALTH PLAN 2022–2024



# ACKNOWLEDGEMENT OF COUNTRY

Victoria University acknowledges, recognises and respects the Ancestors, Elders and families of the Boonwurrung, Wadawurrung and Wurundjeri of the Kulin, who are the Traditional Owners of university land in Victoria, and the Gadigal and Guring-gai of the Eora Nation who are the Traditional Owners of university land in Sydney.

## **Warning to Indigenous Australians**

Aboriginal and Torres Strait Islander readers are warned that this document may contain images or names of deceased persons.



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# INTRODUCTION FROM THE DIRECTOR, STUDENT SERVICES

Victoria University (VU) is a place of learning that is open and inclusive and seeks to empower and support students from all backgrounds.

The **Student Mental Health Plan 2022-2024 (SMHP)** has been proudly developed in consultation with students, staff and the wider VU Community. It sets out a strategic direction on ways VU will proactively commit to enhancing the mental health and wellbeing of VU students.

Our SMHP is student-centred, seeks to create a collective impact by sharing responsibility for the promotion of student mental health across the whole of VU (students, academic and professional staff, and vocational and higher sectors), encourages participation and collaboration, honours and welcomes diversity and promotes inclusivity, invests in resources to provide timely, appropriate and effective support services to students, and seeks to innovate and continuously improve.

Leon Kerr

Director, Student Services





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# EXECUTIVE SUMMARY

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Mental Health and Wellbeing is influenced by an interaction of individual, interpersonal, institutional, community and structural factors (Orygen, 2020, p.7). Tertiary settings, such as Victoria University and Victoria University Polytechnic (jointly referred to as VU), are well placed to enhance the mental health of their students (Mitchell Institute, 2021, p.1).

Using an ecological model, our Student Mental Health Plan 2022-2024 (SMHP), aims to strengthen protective factors and minimise risk factors that impact on the mental health of students at VU. The SMHP is evidence based, drawing on the findings of the [Productivity Commission, Mental Health, Inquiry Report](#) (2020), the [Royal Commission into Victoria's Mental Health System](#) (2021) and the [Australian University Mental Health Framework](#) (The Framework) (Orygen, 2020, p. 4). The SMHP accepts all six principles endorsed by The Framework, and following consultation with students and staff, tailors these principles to the VU setting.

## Our SMHP is structured around the following **Six Principles**:



VU Students are experts on their own experience and mental health needs.



The VU learning environment supports students' mental health.



VU promotes diversity and inclusivity to enhance mental wellbeing and study success.



The VU Community has a collaborative approach to support mental health and wellbeing.



VU provides the right help, at the right time for students' mental health needs.



VU has an evidence based, innovative, and evaluative approach to mental health support.

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# **WHY DO WE NEED A STUDENT MENTAL HEALTH PLAN?**

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# Start well, finish brilliantly

The SMHP is aligned with the principles of Victoria University Strategic Plan 2022-2028:

- ◆ We are a partnering institution – we cannot do it alone. The Plan obliges VU to work with students not as partners but as colleagues in co-designing initiatives to enhance, promote, and protect their mental health and wellbeing. It obliges the whole of VU to create settings that keep student mental health and wellbeing in mind, and seeks partners within and outside of VU to support students and innovate.
- ◆ We are the university of inclusion, opportunity and success – enriching both lives and careers. The Plan recognizes that inclusivity, accessibility and opportunity go hand in hand with mental health and wellbeing, and are necessary for personal, academic and professional success.
- ◆ We commit ourselves to working for the health and sustainability of our planet. The Plan sets out goals for VU that are sustainable and promotes the ‘holistic’ wellbeing for students – physical, social, mental and spiritual wellbeing.
- ◆ We are proudly progressive. We care – and we act. The Plan obliges the whole of the VU community to have a ‘broad front door’ that always greets students with the question, ‘How can we help?’, and followed by committed action.



# Prevalence of poor mental health and psychological distress in tertiary students

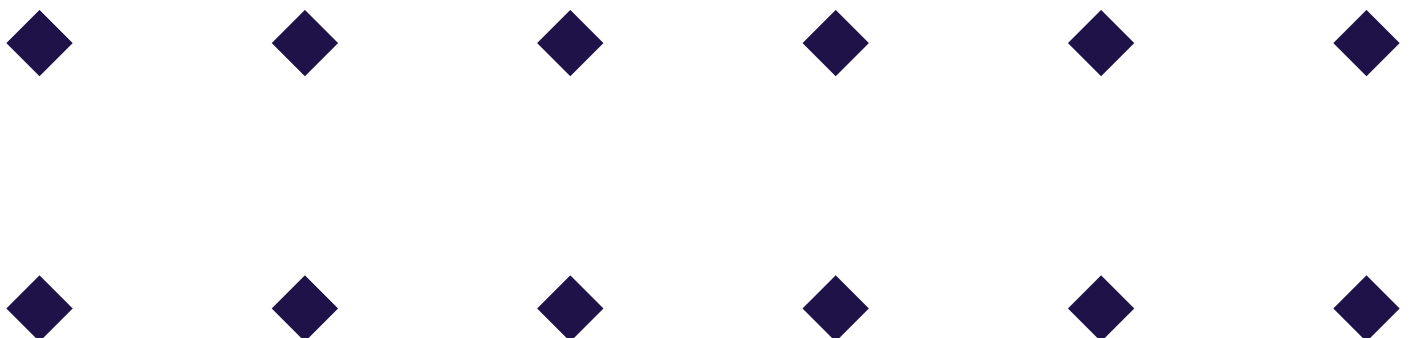
Almost half of Australians experience a mental illness during their lifetime and approximately one in five Australians experience mental illness each year. Over four in ten people living with a profound or severe disability have experienced mental ill-health symptoms in the past twelve months. Young people aged 15-25 years are at higher risk of mental ill-health than the general population. Approximately one quarter of all 16-24 year olds experienced symptoms of a mental disorder in the past twelve months, and three quarters of first episodes of mental ill-health first took place by 24 years of age. Suicide is the leading cause of death for young people aged 15–24 years. More than four in ten Australian young adults experience psychological distress, and mental ill-health is the leading cause of disability for young people aged 10 to 24 years ([Australian Institute of Health and Welfare](#), Productivity Commission, 2020, p. 225).

People experiencing mental ill-health are at higher risk of disengaging from education (Productivity Commission, 2020, p. 258). The onset of mental ill health for most people coincides with a stage of life when people are making the transition from secondary study to tertiary education and/or employment.

The Productivity Commission reported that “there is some evidence that tertiary students in Australia experience poorer mental health than the general population” (2020, p. 262). For example, a survey of over 3,300 students across 40 universities and 30 TAFES undertaken by the National Union of Students in 2016 found that:

- ◆ 67% of 16–25 year olds rated their mental health as poor or fair
- ◆ 65% 16–25 year olds reported experiencing high psychological distress
- ◆ 59% of students aged over 25 years rated their mental health as poor or fair
- ◆ 53% of students aged over 25 years reported experiencing psychological distress.

Similar experiences have also been reported in international studies. Moreover, the Productivity Commission reported that “VET students appear to experience higher levels of psychological distress than university students” (2020, p. 262). Furthermore, Orygen Youth Mental Health Australia reported that more than one third of tertiary students aged 16-25 years had thoughts of self-harm or suicide (2020, p. 8).





# The relationship between mental health and wellbeing and tertiary study

Tertiary students are at higher risk of finding themselves in circumstances associated with poor mental health outcomes, for example, financial stress, poor sleep and nutrition, and increased isolation (Orygen, 2020, p. 10). Psychological distress and mental ill-health can negatively impact tertiary students' academic performance and engagement in the following ways:

- ◆ Lower grade point averages.
- ◆ Increased attrition. For example, the Social Research Centre found that 45% of higher education students in 2018 who were considering exiting their course early did so for stress or health reasons.
- ◆ Difficulties with studying, concentration, fluctuating mood and motivation, disruption to participation and non-attendance in classes.
- ◆ Impacts of actual or perceived stigma and discrimination in relation to mental ill-health, and fear of failure.
- ◆ Issues associated with mental ill-health such as physical ill-health, negative side effects of medication, and cost of treatment.

(Productivity Commission, 2020: 267, 288).

Historically, surveys of Australian tertiary students in vocational and higher education have found that only approximately one-third of students experiencing psychological distress consulted a health professional. However, tertiary students do see counsellors more frequently than the general Australian population and this is likely due to the availability of free counselling services on-campus. Nonetheless, barriers to help-seeking may include students not knowing who to disclose to, uncertainty as to what will happen to the information they disclose, not knowing where to find assistance, uncertainty as to whether their problems warrant help-seeking, a perception that help-seeking will be too time consuming and/or unhelpful, and stigma and embarrassment associated with mental ill-health, concerns regarding enrolment and career outcomes (Productivity Commission, 2020, pp. 267-268, Orygen, 2020, p. 10).





## Vulnerable students

Mental ill-health can impact any cohort of tertiary students, however, some cohorts may be more vulnerable than others. These cohorts include:

### ◆ Students commencing or transitioning to tertiary studies

Transition to tertiary study places additional developmental demands on students such as forming new connections, increased autonomy, re-locating from family of origin, balancing work and study and being financially responsible. For international students and students from remote and regional areas, commencing tertiary studies may also involve moving long distances from family and pre-existing support networks. For some students, the commencement of tertiary studies can lead to loneliness, increased work-loads, self-doubt, anxiety and feelings of pressure (Orygen, 2017, p. 14; Productivity Commission, 2020, pp. 258, 264). Mental ill-health is more prevalent among younger undergraduate students from rural and regional backgrounds given they are more likely to be experiencing financial stress, and increased isolation from peer and parental support (Orygen, 2020, p. 11).

### ◆ International students

In addition to the above stressors, international students experience the additional cultural and psychosocial stressors of adapting to a new country, language, culture, and way of life (Productivity Commission, 2020, pp 264-265). Moreover, different cultures conceptualise mental health and wellbeing in different ways and hold different belief systems about help-seeking (Orygen, 2020, p. 11).

Hence, international students (and their friends and family members) may be unfamiliar with referral pathways, and how to engage support services when they are concerned about deterioration in a student's mental health (Coroners Court of Victoria, 2019, p 17).

In 2017, the Coroners Court of Victoria investigated 27 deaths by suicide of international students in Victoria from 2009-2015. Nearly three-quarters of the deaths were students at university, more than eight in ten were males, and nearly nine in ten students were citizens of an Asian country. The students who died by suicide were less likely to be diagnosed with a mental illness, and just over one in five (22%) attended a health service in relation to a mental health issues six weeks prior to their death. However "a substantial" number of the deceased international students' family and friends indicated that the mental state of the deceased had deteriorated prior to death (The Coroners Court of Victoria, 2017, p. 5). The Coroners Court of Victoria found that financial stressors (such as inability to pay fees, and gambling losses) and educational stressors (such as failing or close to failing a course, the fear parents will discover academic failure, the impact of academic failure on students' visa, pressure to remain in a disliked area of study) featured more prominently among the cohort of international students who died by suicide.

### ◆ **Students from low socio-economic backgrounds**

Social status and income are key determinants of mental health and wellbeing (Orygen, 2020, p. 11). There can be great disparity in tertiary students' economic status, for example, some students are supported by their family whereas others are wholly responsible for their own living costs and finances. Students experiencing financial distress are twice as likely to report mental ill-health. Universities Australia report that a "significant number of students are now living below the poverty line" and most domestic undergraduate students are worried about their financial circumstances (Productivity Commission, 2020, p. 266). In addition to financial strain, uncertainty associated with casualised employment, unemployment, concerns about graduate employability, and pressures of balancing work and study bring additional stressors to tertiary students (Productivity Commission, 2020, p. 266). Mental illness can be exacerbated by housing instability and likewise mental ill-health can lead to circumstances where students are at greater risk of housing instability. The Victorian Royal Commission found that many people living with mental illness also live in substandard accommodation (2021, p. 13). Moreover, food insecurity and poor nutrition compound the challenges facing students from low-SES backgrounds (Orygen, 2020, p. 11).

### ◆ **Apprentices and Trainees**

Apprentices and trainees are subject to contractual obligations to attend on-the-job training (usually four days per week) and VET-level training (usually one day a week) and face unique pressures that may affect their mental health. Apprentices and trainees are often young and new to the workforce. In some workplaces, apprentices and trainees are 'soft targets' given they are recent arrivals to the workplace, their junior status and inexperience can create an imbalance of power and status making them more vulnerable to bullying or unsafe work practices. Their contractual obligation and dependency on their employer make it harder for apprentices and trainees to leave unhealthy work environments, assert their needs, and take leave from on-the-job training to attend health appointments (Productivity Commission, 2020, p. 284, 286). The Mitchell Institute suggested that "there is evidence that the VET Sector attracts students from lower socioeconomic backgrounds, who also experience poorer mental health outcomes and greater barriers to accessing mental health services" however "there are substantial gaps in our understanding of the prevalence of mental ill health among Australian VET students" (2021, 9).

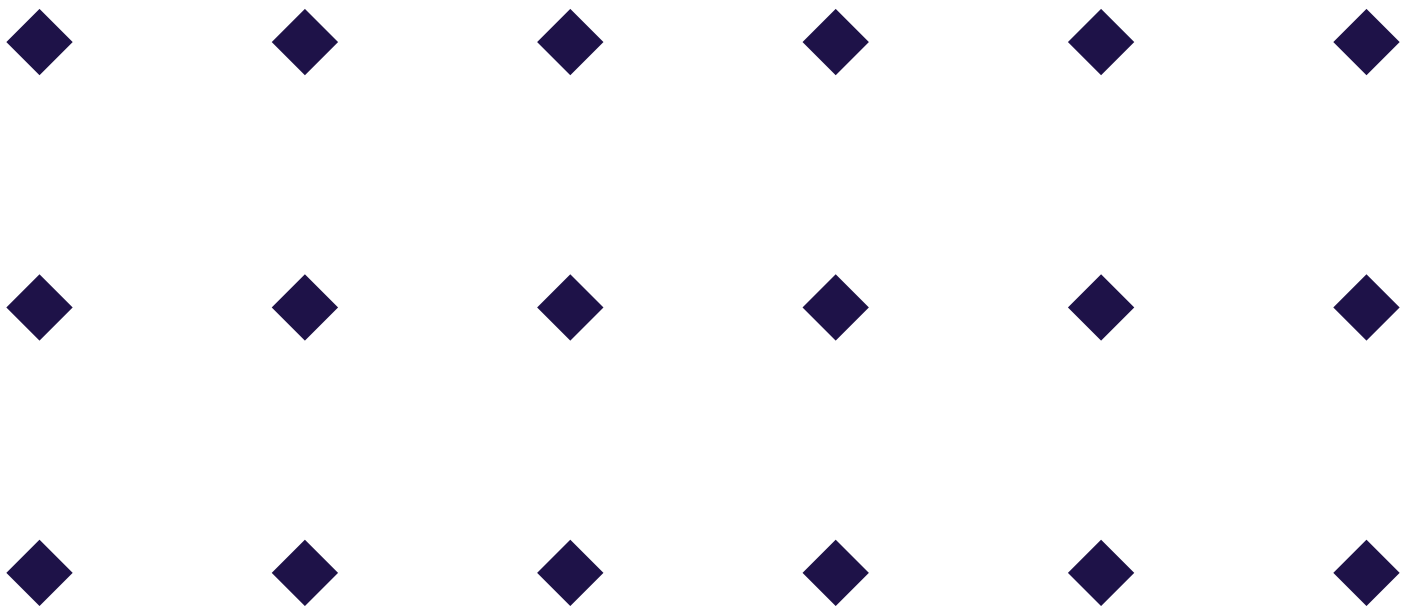


◆ **LGBTIQA+ students**

Many LGBTIQA+ people enjoy positive mental wellbeing, however, a disproportionate number experience poor mental health and at higher risk of suicidal behaviours than the general population. Discrimination, social exclusion, isolation and abuse are key factors contributing to this increased risk and also serve as barriers for LGBTIQA+ people accessing mental health services (Orygen, 2020, p. 11). LGBTIQA+ Health Australia reported that in Australia, LGBTIQA+ young people 16-27 years of age are five times more likely to attempt suicide than the general population, and transgender people aged 14-25 years are fifteen times more likely to attempt suicide. Moreover, nearly two-thirds (63.8%) of LGBTIQA+ young people aged 14 to 21 have been diagnosed with a mental health condition. LGBTIQA+ Australians are six times more likely to be diagnosed with depression and three times more likely to be diagnosed with anxiety compared to the general population. Likewise, transgender and gender diverse young people aged 14 to 25 years are seven times more likely to be diagnosed with depression than the general population and five-and-a-half times more likely to be diagnosed with anxiety ([lgbtiqhealth.org.au/statistics](http://lgbtiqhealth.org.au/statistics)).

◆ **First Nations students**

In addition to experiencing racism and significant inequalities in society, Aboriginal and Torres Strait Islander people continue to live with the traumas related to colonisation including loss of lands, separation from identity and culture, and post-invasion policies such as the Stolen Generation (Victorian Royal Commission Mental Health, 2020, p. 13). Culturally safe services are not always available to Aboriginal people and these “significant inequalities in society can lead to inequalities in mental health outcomes” (Orygen, 2020, p. 11). The federal government estimates that mental ill-health is responsible for 10% of the health gap between non-Aboriginal Australians and Aboriginal Australians ([health.gov.au/initiatives-and-programs/aboriginal-and-torres-strait-islander-mental-health-program](http://health.gov.au/initiatives-and-programs/aboriginal-and-torres-strait-islander-mental-health-program)). Aboriginal and Torres Strait Islander adults are nearly three times more likely than other Australians to experience high or very high psychological distress (Orygen, 2020, p. 11).



### ◆ **Students with existing mental health conditions**

Stigma associated with mental ill-health is likely to act as a barrier to disclosure of mental ill-health. Therefore, students with existing mental conditions are less likely to disclose their condition and seeking appropriate assistance thereby increasing the risk of their mental ill-health deteriorating (Orygen, 2020, p. 12).

### ◆ **Students with a disability**

Social factors such as stigma, isolation, loneliness, discrimination, financial difficulty, fewer employment opportunities may increase the risk of mental ill-health for people living with a disability (Orygen, 2020, p. 11). Many tertiary students are reluctant to disclose their disability because of stigma, and fear of exclusion from professional registration bodies.

### ◆ **Students impacted by the COVID-19 pandemic**

The impact of the COVID-19 pandemic on students in 2020 and 2021 varied according to individual students' experience of the public health emergency, their own pre-existing health, their personal history and their available supports. These impacts included:

- ◆ uncertainty, insecurity, anxiety, fear, depression symptoms, worry, fatigue
- ◆ loss of employment and loss of income
- ◆ isolation due to social distancing and lockdown
- ◆ eating and sleep disturbances; substance misuse
- ◆ family violence and relationship difficulties
- ◆ health anxiety
- ◆ poor study environments at home including distractions and interruptions, and fatigue from looking at screens for a long period of time.

In addition, international students were anxious about the health and financial security of family and friends in their country of origin, and students working or on placement in health settings experienced anxiety and fear of becoming infected or infecting others.





# Requirement to provide mental health supports

According to the [Disability Discrimination Act 1992](#) (Cth), “it is unlawful to discriminate on the basis of disability (including mental illness) in areas such as education, employment, the provision of goods and services, and access to public buildings” (Productivity Commission, 2020, p. 269). Furthermore, the [Disability Standards for Education 2005](#) obliges all education providers to make reasonable adjustments to ensure students with a disability (including mental illness) “are able to access and participate in education and training on the same bases as other students” (Productivity Commission, 2020, p. 269). Other standards that place requirements on education providers include the: Higher Education Standards Framework 2015 – Section 2.3; National Access to Service Benchmarks established under Higher Education Support Act 2003 (Cth), National Code of Practice for Providers of Education and Training to Overseas Students – Standard 6, Commonwealth Standards for Registered Training Organisations 2015- Standard 1.7, and Australian Skills Quality Authority (ASQA 2019) (Productivity Commission, 2020).

## New opportunities

The ‘Student Mental Health Plan 2022-2024 (SMHP)’ supersedes the ‘Refreshed Student Mental Health Strategy 2018-2021’ and will build on the latter’s achievements in:

- ◆ Promoting greater awareness of mental health and wellbeing and thereby reducing the stigma associated with mental ill-health.
- ◆ Creating and fostering a culture of inclusiveness for all students. Increasing students’ sense of belonging and connection and reducing their risk of developing mental ill-health.
- ◆ Supporting students who are experiencing mental ill-health or mental health difficulties.
- ◆ Utilising digital modes of delivery to support students through the COVID-19 pandemic.
- ◆ Developing a community of staff and students working together to improve the mental health and wellbeing of vulnerable student cohorts.

The Australian University Mental Health Framework was developed by Orygen (2020) and commissioned by the Australian Government Department for Health.

**VU’s Student Mental Health Plan 2022-2024 (SMHP) is based on The Australian University Mental Health Framework and sets out the direction and initiatives VU will undertake over a three year period to bring to life the Six Principles:**

1. VU Students are experts on their own experience and mental health needs.
2. The VU learning environment supports students’ mental health.
3. VU promotes diversity and inclusivity to enhance mental wellbeing and study success.
4. The VU Community has a collaborative approach to support mental health and wellbeing.
5. VU provides the right help, at the right time for students’ mental health needs.
6. VU has an evidence based, innovative, and evaluative approach to mental health support.

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# **PRINCIPLES AND NEXT STEPS**

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# PRINCIPLE ONE

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## **VU Students are experts on their own experience and mental health needs**

The SMHP envisages students, in particular, individuals with lived experience of mental ill-health, as central to the planning of mental health promotion and support services (Victorian Royal Commission Mental Health, 2021; Orygen, 2020). VU will ensure that mental health and wellbeing initiatives are accessible and relevant to students, and therefore increase the likelihood of positive outcomes.



## How will we do this?

- ◆ Student Services will co-create initiatives with students and draw on student expertise about the student context and experience, including the lived experience of mental ill-health. Student expertise will complement the expertise of professional staff, academic and teaching staff and researchers.
- ◆ Student Services will develop and support the leadership capability of students, and partner with students from diverse cohorts (including students with lived experience of mental ill-health) and with students enrolled in all VU Colleges.
- ◆ Partnerships may take place through methods such as student evaluation and feedback, surveys, working groups, focus groups, specific projects, student advisory committees, testing and evaluating, and the direct delivery of mental health and wellbeing initiatives.
- ◆ Initiatives may include programs and activities to address stigma, develop awareness and understanding of student mental health and wellbeing, peer-based programs, facilitating students' access to support services.
- ◆ Student Services will provide students with training and support on ways they can facilitate students' access to support services and strengthen student networks (including training about the parameters of their role).
- ◆ Mental health and wellbeing initiatives will acknowledge the differing needs and cultures of different cohorts of students. Initiatives aimed at students cohorts at greater risk of mental ill-health will be tailored to their diverse needs.
- ◆ Students from under-represented groups will play meaningful roles in co-designing tailored initiatives so trust can be built amongst a wide range of student cohorts and so students can feel more confident in engaging services and participating in initiatives.

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# PRINCIPLE TWO

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## The VU learning environment supports students' mental health

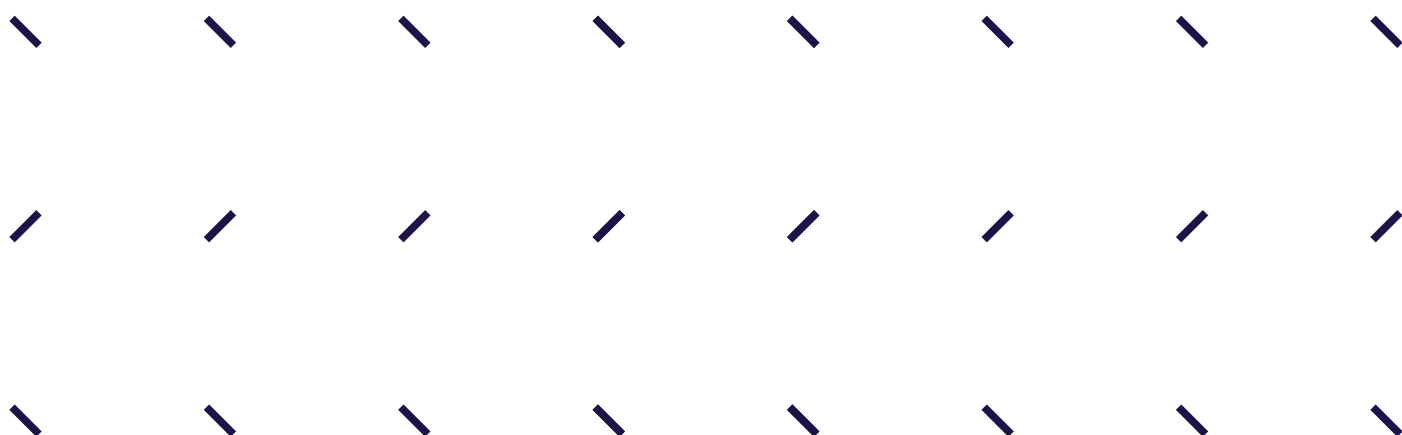
Students living with a mental illness are reluctant to disclose their diagnosis and seek help. This means they miss out on support they are entitled to under the Disability Discrimination Action 1992 and the Disability Standards for Education (Productivity Commission, 2020, p. 274). Trusting and respectful relationships can assist students to disclose mental ill-health or psychological distress to staff and other students. How staff and peers respond to such disclosures can affect students' mental health and their willingness to seek assistance.

Curriculum design, classroom culture, the teaching and learning environment, VU processes, policies, procedures and operations all potentially affect the mental health and wellbeing of VU students. "Inclusive practices and procedures ... accessible online materials [are necessary] so that students who choose not to disclose are less likely to reach a 'crisis' point" (Productivity Commission, 2020, p. 274). VU will equip all members of the VU community to play a role in creating a learning environment that enhances student mental health and wellbeing. (Orygen, 2020, p. 26).



# How will we do this?

- ◆ Wellbeing Services will work with Student Communications to develop a Communication Plan to promote student and staff awareness of the range of support services offered to students by Wellbeing Services.
- ◆ Wellbeing Services will develop training and guidance for student facing staff on how to respond, within the parameters of their role, to students with indicators of psychological distress and/or students who disclose mental ill-health.
- ◆ Wellbeing Services will develop training for student facing staff on what supports are available to students who are experiencing mental ill-health.
- ◆ Connections between Wellbeing Services and teaching staff will be enhanced to help build shared understanding of the academic and non-academic impacts on learning and teaching, and to facilitate timely referrals.
- ◆ Wellbeing Services will deliver Mental Health First Aid Training, ASIST Suicide Intervention Skills Training, SafeTALK training to student facing staff and students.
- ◆ Wellbeing Services and College leaders will collaborate to develop bespoke student mental health and wellbeing initiatives tailored for each College that are student-centred, course-specific and integrated into teaching and learning activities.
- ◆ Promote universal design for learning and inclusive teaching practices through accessible teaching materials, curriculum and assessments.
- ◆ Explore and promote reasonable adjustments that facilitate active participation of students with mental ill-health.
- ◆ Processes that require students to obtain a mental health diagnosis or ‘proof from an authority’ to access special consideration or reasonable adjustments will acknowledge barriers students may face in obtaining a diagnosis of mental ill-health.
- ◆ Develop a Wellbeing Auditing Tool that staff can use to assess the impact of teaching and curriculum design on student wellbeing and provides guidance on how to promote student wellbeing and help-seeking.
- ◆ VU staff adopt a ‘harm minimisation approach’ that is alert to risks to students’ mental health and/or students’ engagement in learning when carrying out processes and procedures. For example, undertake a review of how VU engages with students, particularly international students, who are failing or otherwise disengaged from their courses; review leave policies so that students experiencing mental ill-health can take temporary leave; review special consideration processes and requests for temporary reasonable adjustments (Orygen, 2020, p. 29).
- ◆ VU leaders continue to communicate with the VU community in ways that reduces the stigma associated with mental health and wellbeing.
- ◆ Stories of hope, recovery and improved outcomes for students with mental ill-health are shared.



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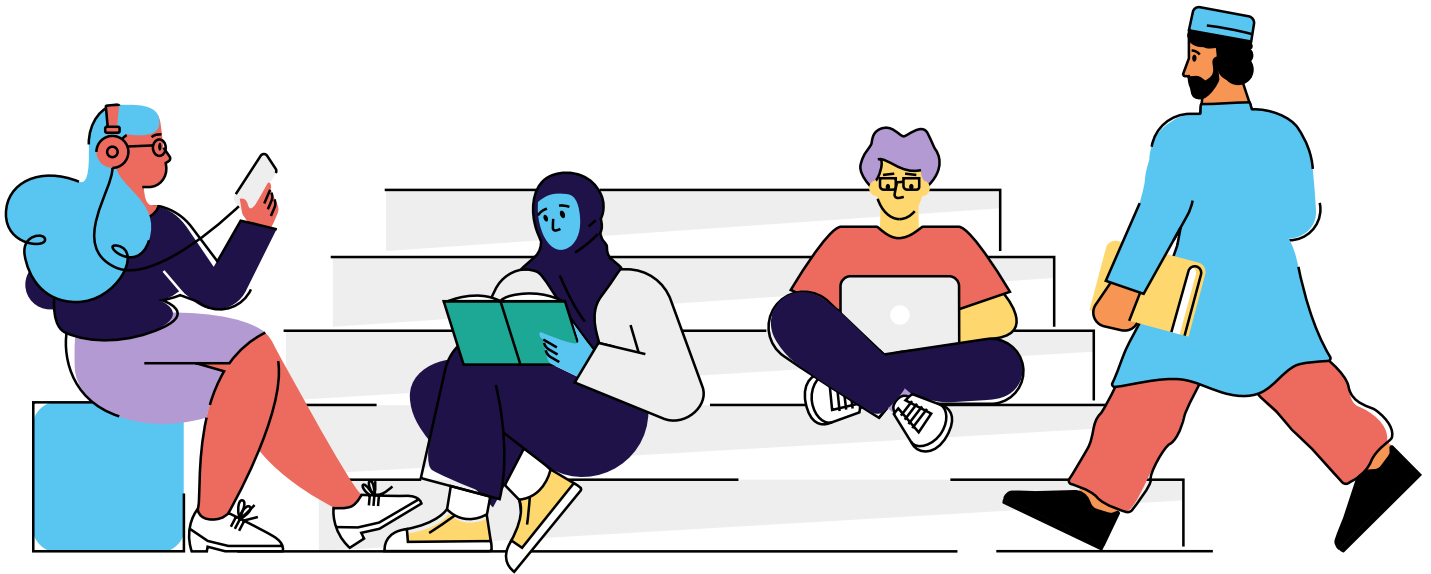
# PRINCIPLE THREE

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## **VU promotes diversity and inclusivity to enhance mental wellbeing and study success**

Being perceived as different, experiences of stigma, racism, discrimination, sexism, gender based violence, homophobia and transphobia, ableism, isolation and exclusion exponentially multiply the risk of mental ill-health. On the other hand, diversity, inclusivity and equity enhance mental health and wellbeing. For some students, the stigma associated with mental ill-health can be more debilitating than the mental health issue itself and creates additional barriers to accessing supports and recovery. VU aspires to be an inclusive community where all members feel valued, respected and supported, and the “inherent dignity” of people living with mental ill-health or psychological distress is respected.



## How will we do this?

- ◆ Provide students with opportunities to connect with each other and participate in student life.
- ◆ Implement VU student equity and social inclusion policies, procedures and plans that combat racism, discrimination, sexism, gender based violence, homophobia and transphobia, ableism, isolation and exclusion.
- ◆ Implement the [Student Accessibility Action Plan 2021–2023](#).
- ◆ Create a calendar of significant cultural events that celebrates diverse cultures, spiritualities and identities.
- ◆ Expand ‘Belonging’ and ‘Welcome’ projects where staff and students share experiences and provide messages of inclusiveness, e.g., ‘See You at VU’ Welcome Project.
- ◆ Recognise that diverse student cohorts conceptualise mental health and wellbeing differently and will benefit from initiatives and approaches tailored to their specific needs.
- ◆ Connect students to programs that promote holistic wellbeing – physical, social, mental and spiritual wellbeing.
- ◆ Create digital and physical spaces that are welcoming and enhance connection and wellbeing.
- ◆ Provide regular and ongoing mental health and wellbeing messages to students via a range of channels to encourage students to normalize conversations about mental health, combat the stigma and discrimination associated with mental ill health, and promote utilisation of mental health support services.
- ◆ Deliver mental health promotion and awareness-raising activities.

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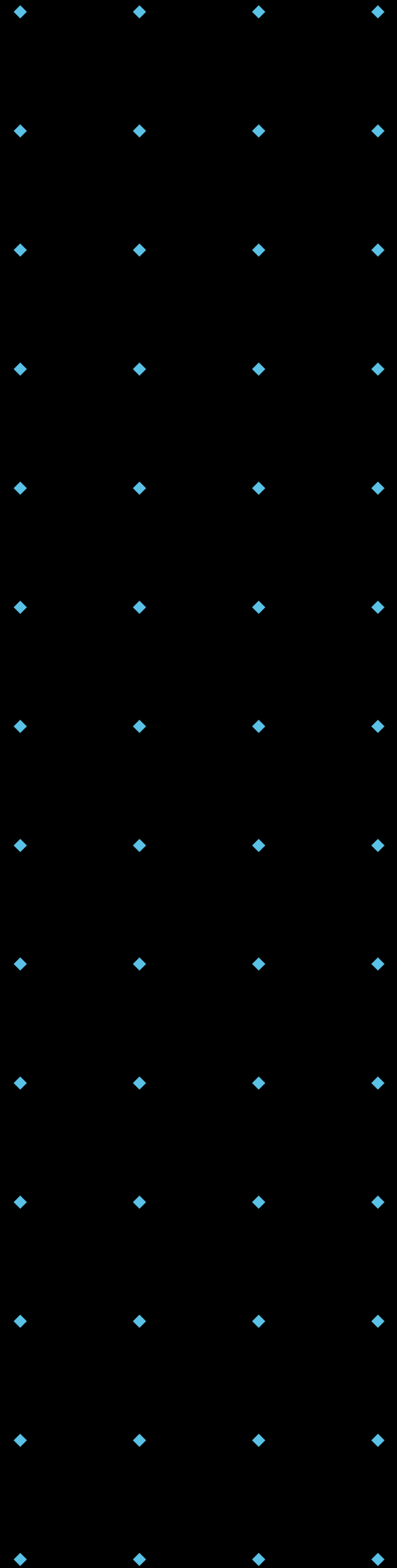
# PRINCIPLE FOUR

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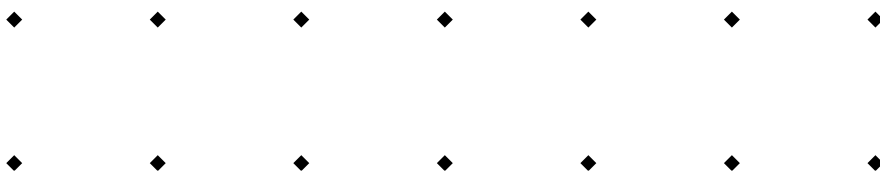
## **The VU Community has a collaborative approach to support mental health and wellbeing**

VU acknowledges that mental health and wellbeing is everybody's business' and VU's response to student mental health and wellbeing is enhanced by coordinating actions and initiatives and collaborating with partners. The SMHP will draw on the significant expertise and experience within the VU community – including students, professional staff, counselling services, academics, researchers, and teaching staff across a range of disciplines. VU will also collaborate with external partners including communities of practice, external networks, the tertiary education sector, and external providers of mental health and wellbeing services.



## How will we do this?

- ◆ Develop referral pathways, protocols and practices within VU to improve the delivery of services to students experiencing mental ill-health or psychological distress.
- ◆ Develop referral pathways and protocols with community-based providers of mental health and wellbeing services to ensure good communication and improve the care of students in need.
- ◆ Explore innovative partnerships between VU and external organisations to take action on improving the mental health of students.
- ◆ Drawing on internal expertise amongst students and staff to identify evidence-informed strategies.
- ◆ Establish staff and student networks and working groups to build relationships, share expertise and experiences, identify needs and opportunities, and increase VU's understanding of the impact of mental health and support services.
- ◆ Identify resources and processes that could be deployed across VU to improve understanding of mental health and wellbeing.
- ◆ Identify opportunities for VU staff and student to undertake internal research about student mental health and wellbeing and VU initiatives.





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# PRINCIPLE FIVE

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## VU provides the right help, at the right time for students' mental health needs

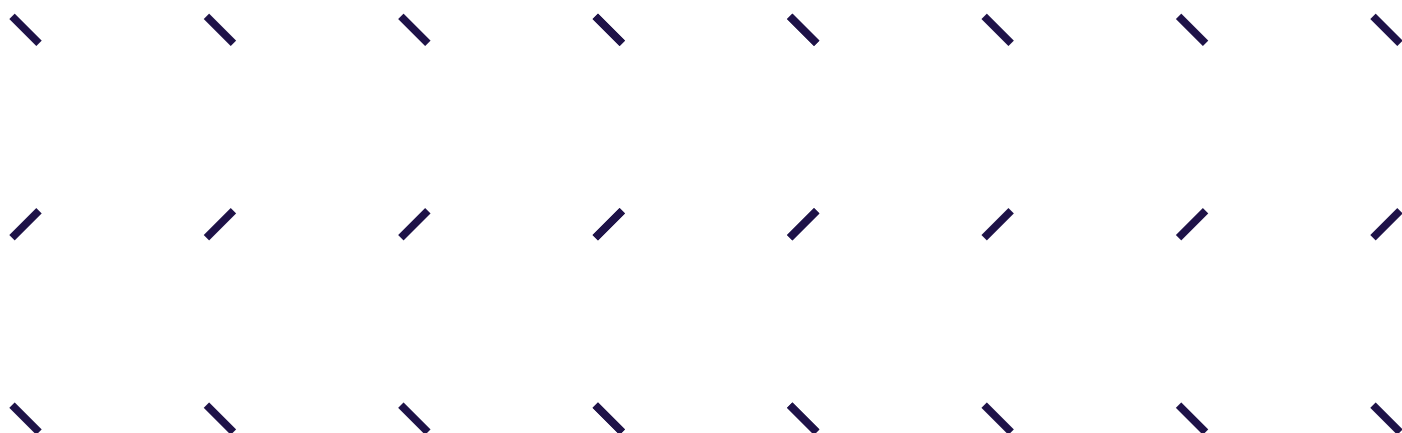
'Mental health' is an umbrella term which encompasses a range of mental health states across the mental health spectrum – flourishing, mental wellness, languishing, and mental disorder ([unistudentwellbeing.edu.au](http://unistudentwellbeing.edu.au)).

Our mental health fluctuates over a period of time in response to multiple bio-psycho-social factors. VU will adopt a stepped care approach to whereby there will be a hierarchy of interventions support students as their mental health and wellbeing needs change.

Initiatives offered within a stepped-care approach may include online early interventions, peer-delivered initiatives, psycho-education sessions, group therapy, individual therapy, case management and referral to specialist external providers. VU will ensure initiatives have a “broad front door” so that more students access supports and are “delivered based on a philosophy of ‘how can we help?’ to enable people to be supported from their first to last contact” (Victorian Royal Commission, 2021, pp. 21, 43).

## How will we do this?

- ◆ Provide students with access to initiatives and co-curricular activities that promote holistic wellbeing e.g., physical activity, strong social relationships, good nutrition, reduced alcohol intake, employment, access to nature.
- ◆ Support students to ‘thrive’ rather than just survive e.g., mindfulness-based interventions, positive psychology practices, the development of positive psychological strengths such as resilience, optimism, efficacy and hope.
- ◆ Deliver early intervention initiatives that assist students to cope with challenges (e.g., meeting obligations, managing stress, procrastination, meeting deadlines, financial stress, lack of sleep, poor nutrition, balancing work and study responsibilities, excessive pressure to excel and succeed, parental expectations, loneliness and isolation), and promote good mental health (e.g., mental health literacy, mindfulness, self-care).
- ◆ Develop digital platforms that are easily accessible to students (e.g., website, VU App, VU Collaborate, Learning Hub) to assist students to: navigate up-to-date information about their mental health needs; access online screening tools (e.g. University Stress Scale) and self-help resources; and identify and locate supports across relevant service providers.
- ◆ Offer students access to low-intensity supports that are 24/7 (combination of in-person and digital supports).
- ◆ Address the reasons why students do not disclose or seek help.
- ◆ Tailor mental health and wellbeing initiatives accessible and relevant to different cohorts of students.
- ◆ Deliver support services across a range of modes (in-person, site-based, telehealth, digital technologies).
- ◆ Ensure students requesting counselling are appropriately and effectively triaged.
- ◆ Continue to deliver an internal counselling service to students with counselors directly employed by VU who offer free, confidential and time-limited counselling while acknowledging that students are presenting with more complex and diverse needs.
- ◆ Ensure the counselling to staff student ratio meets the national benchmark for Australian and New Zealand University Counselling Services.
- ◆ Develop pathways to appropriate and specialist mental health care within and outside of VU.
- ◆ ‘Warm’ referrals are made to community-based agencies for students with more complex and severe needs whilst acknowledging ‘log jams’ and wait times in community-based agencies and mental health services.
- ◆ Continuously review and improve VU’s protocols for acutely distressed or suicidal students.



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# PRINCIPLE SIX

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## **VU has an evidence based, innovative, and evaluative approach to mental health support**

The SMHP articulates VU's plan to enhance student mental health and wellbeing. The SMHP is committed to continuous improvement and innovation. VU requires a clear picture of students' needs and experiences, and an understanding of what works (and doesn't work so well) to enhance student mental health.



## How will we do this?

- ◆ Readily share the SMHP to position VU as a leader in the sector.
- ◆ Establish a Student Mental Health Plan Operations Group and a Student Mental Health Plan Reference Group that includes staff and students who actively monitor progress in the implementation of the SMHP.
- ◆ Work in partnership with students when planning, implementing and evaluating initiatives.
- ◆ Develop an evaluation plan that incorporates both processes and outcome indicators.
- ◆ Readily share de-identified results and evidence about student mental health and wellbeing within VU and the wider community. Acknowledge great work and opportunities for improvement.
- ◆ Monitor the use of student mental health resources that are self-directed.
- ◆ Evaluate mental health promotion and education activities undertaken by VU.
- ◆ Collect de-identified counselling services data to guide decision-making typically related to the provision of counselling services.
- ◆ Collect and analyse data on the type and frequency of support Wellbeing Services delivers to students, and evaluate the effectiveness of VU's counselling services.
- ◆ Collect data to identify specific triggers, key issues or trends that potential place student mental health and wellbeing at risk.
- ◆ Explore opportunities to monitor the mental health and wellbeing at key stages of the student life cycle.
- ◆ Assess the prevalence and role of mental ill-health or psychological distress among students who are struggling academically or disengage from their course.

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# IMPLEMENTATION & EVALUATION

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The implementation and evaluation of the Plan will be the responsibility of the Student Mental Health Working Group. This group consists of key stakeholders including staff and students to discuss the progress achieved in meeting the goals of the Plan. The responsibility for the direction of the Plan will be that of the Student Mental Health Reference Group. This group consists of key leaders at VU and includes both staff and students. The Working Group and the Reference Group will meet quarterly to ensure the strategic direction continues to be aligned to the broader VU Strategy and that the goals are being achieved. The progress of the Plan will be reported on quarterly. An evaluation and review of the Plan will occur in September 2024, to inform the next Student Mental Health Plan.

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Students as Partners Network Members 2021

Student Mental Health Reference Group and Student Mental Health Working Group Members

- ◆ **Dianne Semmens**, Deputy Vice-Chancellor (Vocational Education and Pathways) or delegate
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- ◆ **VUSU Welfare Officer**

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