

Policy Document

Student Mental Health and Wellbeing Policy

Background

The Australian Medical Students' Association ("AMSA") is the peak representative body of Australia's medical students. AMSA believes that all communities have the right to the best attainable health. Accordingly, AMSA advocates on issues that may impact health outcomes.

More than one million students are enrolled in Australia's 39 universities [1], with over 60 per cent of domestic students aged less than 25 years [2] and an increasing proportion of students coming from a low socioeconomic background [3]. These numbers are set to rise.

In response to the 2008 Review of Australian Higher Education Report (commonly referred to as the Bradley Review), the Federal Government has set a policy of aiming for 40 per cent of 25-34 year olds to hold a bachelor's degree or higher by the year 2025. In 2009, 40.5 per cent of females had already met that goal, versus only 33.1 per cent of males. [4] Given that not all students who enrol at university will complete their degree, to meet this target will require greater than 40 per cent of young Australians to commence a bachelor's degree.

In 2013, total government funding of universities is estimated to be \$13.6 billion, which includes student contributions paid upfront or through the Higher Education Loan Program (HELP) [5]. As student participation increases, so, too, will the total value of public and private investment in tertiary education. There is an economic incentive for Australia to maximise the return on both its cash spend on higher education and the opportunity cost of deferring entry into the workforce.

Students are less likely to perform well at university when suffering from mental ill-health. Psychiatric illness has been shown to be associated with lower educational achievement, decreased employment, lower incomes and lower standard of living [6], and studies specifically of university students have found a correlation between mental health problems and poorer educational outcomes, as well as increased impairment and more days out of role [7]. The World Economic Forum claims that mental health conditions are the greatest threat to global GDP, ahead of any other type of health condition, noting the dramatic impact mental health conditions have on productivity and quality of life. [8] This is largely due to the timing of onset of these disorders during the critical period of emerging adulthood.

Mental health is one of Australia's eight National Health Priority Areas, and Australian Institute of Health and Welfare (AIHW) data shows more than one quarter (26 per cent) of the 16-24 age group experience a mental health disorder in a 12-month period – the highest incidence of any age group. Anxiety disorders are the most common, followed by substance use disorders and then affective disorders. [9] The epidemiology of mental health problems among university students is

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uncertain, but likely to be at least equivalent to population levels. [7, 10] Further research in this area is required, especially as the demographics of modern universities change [10].

Despite their high burden of disease, youth are less likely to access services for mental health problems compared to other age groups. The AIHW reports that only 23 per cent of those aged 16-24 years who experienced a mental disorder in the preceding 12 months accessed health services, compared with 38 per cent for those aged 25 years and over. This dips to an alarming 13 per cent for young men. There has been limited research finding an "increasing incidence and severity of mental health problems amongst international students", with Asian international students reported to under-access services relative to their Australian peers. [11]

The health professionals young people most frequently consulted in the 12 months before the AIHW survey were general practitioners (63 per cent) and psychologists (43 per cent), with fewer young people consulting psychiatrists (17 per cent). [12] A bachelor's degree takes a minimum of three years to complete, providing many opportunities to access what can otherwise be a difficult-to-reach demographic.

In 2011, a 'National Summit on the Mental Health of Tertiary Students' was held at The University of Melbourne from 4-5 August, but otherwise there has been little work done at a national level in Australia on this important issue. A large number of universities in the United States and United Kingdom have preceded Australia in attempting to develop and implement appropriate interventions, however they are still relatively new and would likely require adaptation for the Australian context.

In 2012, a Federal Parliamentary inquiry by the House Standing Committee on Education and Employment into mental health and workforce participation concluded:

The Committee recommends that the Commonwealth Government work with peak bodies such as Universities Australia and TAFE Directors Australia to coordinate a national approach to ensure that teaching and other relevant staff at universities and vocational education institutions be educated about ways to support students with mental ill health, with access to staff professional development on mental health issues. Disability liaison officers and student services staff should be appropriately skilled to assist students with a mental illness and have access to ongoing professional development in this area. [13]

In summary, while the mental health and wellbeing of youth is a pressing problem for Australia, the increasing proportion of youth commencing bachelor's degrees (in line with government policy) provides an excellent and hitherto neglected opportunity to maximise the health of a large proportion of the community, and set them on a more positive trajectory for the rest of their lives. This group includes some of the best and brightest of Australia's youth, captive in a potentially supportive environment for a small but significant number of years, and with open minds eager for opportunities for growth and personal development.

Position Statement

AMSA believes that:

1. Maximising the wellbeing of all university students through the prevention and treatment of mental health conditions should be a high priority for the Australian, State and Territory Governments;
2. Persons with a mental health condition should be afforded fair opportunity to participate in tertiary education;
3. Universities should explicitly acknowledge that they have a key role in the prevention and intervention of mental health conditions among their students;
4. Universities and health services should work together to provide relevant and appropriate health services for students; and

5. Consumers (university students) and representative bodies such as AMSA should be engaged as key stakeholders during the consultation, planning, implementation and monitoring stages of any student mental health projects.

Policy

AMSA calls upon:

1. Universities Australia, with the support of the Australian Government, to take a sectoral lead and establish a national working party to:
 - a. Quantify the scope of the problem/opportunity and define the high level benefits of action;
 - b. Make specific recommendations to universities as to how they can prevent the development of mental health conditions among their students, including by minimising stigma, and promote student wellbeing;
 - c. Make specific recommendations to universities as to how they can identify students who are at-risk or afflicted by mental health conditions, and define a clinical care pathway to ensure they receive appropriate treatment promptly; and
 - d. Liaise with Federal, State and Territory health agencies to develop appropriate strategies to meet the mental health needs identified for students, recognising that health care provision is primarily the responsibility of health services and not the universities;
2. University chancellors to commit to including student mental health and wellbeing in their university's risk register, and as a topic for regular discussion by their council/senate;
3. University vice-chancellors to commit to developing a mental health and wellbeing strategy for their university, in consultation with students and their representative bodies, and providing funding for a senior, dedicated appointment within the university administration with ultimate responsibility solely for student health and wellbeing;
4. The Federal, State and Territory Governments, as providers of health services, to work with universities and other stakeholders – including but not limited to headspace, the Young and Well Cooperative Research Centre, and beyondblue – on the development of strategies and appropriate services for students with mental health conditions, including funding further research on this topic;
5. Medical Deans Australia and New Zealand, the Royal Australian and New Zealand College of Psychiatrists, the Australian Psychological Society and the Australian Clinical Psychology Association to proactively support further research and the development of initiatives; and
6. The Tertiary Education and Quality Standards Agency to strengthen its Provider Standards in respect of student mental health and wellbeing.

References

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Policy Details

Name: Student Mental Health and Wellbeing Policy

Category: C – Supporting Students

History: Adopted, First Council, 2013
For Review, First Council, 2015