

# **MEETING THE NEEDS OF STUDENTS WITH MENTAL HEALTH ISSUES**

**A RESEARCH PROJECT UNDERTAKEN BY  
LA TROBE UNIVERSITY COUNSELLING SERVICES**

**FUNDED BY A GRANT FROM THE  
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NOVEMBER 2007

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## EXECUTIVE SUMMARY

Statistics compiled by the Equity and Access Unit indicated that La Trobe University was above the state average and national benchmarks for numbers of students with a disability. It was posited that a significant proportion of these, though undeclared, were likely to be related to mental health issues. Results from general epidemiological studies and surveys of university students indicated that at least one in five university students experience a significant and diagnosable mental health problem at some point in their university studies.

In 2005 the Equity, Access and Personal Welfare Committee identified the provision of support for students with mental health issues as a key concern for University services. In 2006 the University Counselling Service initiated the project *“Meeting the Needs of Students with Mental Health Issues”* to seek improvements in the areas of participation, success and retention for students with mental health issues. This project was funded through a Higher Education Equity Program grant.

The following integrated activities were conducted as part of the project:

- An initial literature review to inform and guide the project.
- Consultations with students, student leaders and staff.
- The development of recommendations and strategies.

A total of 31 students, 24 staff members and 19 student leaders participated across the Bundoora, Bendigo and Albury-Wodonga campuses. Consultation took the form of focus groups and semi-structured interviews with students and focus groups with staff and student leaders. The project received approval from the La Trobe University Human Ethics Committee in June 2006.

Findings highlight the complex interaction between mental health and the pressures of study. Common experiences included the negative impact of mental health issues on motivation, concentration and confidence in performing academic tasks. Some students experienced medication side effects that

appeared to have a negative impact on studies. A number of students noted that the stress and pressure arising from academic requirements and the concomitant financial pressures of being a student can worsen the negative impact of the mental illness. Many had experienced significant disruption to their studies including prolonged absences, deferral or withdrawal from studies.

Further barriers to participation identified by students included:

- a lack of awareness of student support services;
- uncertainty about how to access services;
- confusion about university systems and procedures;
- intra-personal barriers to accessing supports such as acknowledging their mental health issues and the need for support.

A number of students reported feeling isolated, having difficulty meeting people, and finding little or no sense of connection to the University. Some noted the lack of flexible non-commercial space suitable for informal student gathering and support groups.

Results also indicated that students' experience of university life is strongly impacted upon by interactions with staff. In particular, requests for special consideration or special accommodations are often pivotal points at which students confront a number of personal, interpersonal and systemic barriers. While a number of students reported positive and helpful interactions with staff, some reported mixed or negative responses.

Many staff members expressed uncertainty about the rights and responsibilities of both students and staff in relation to Special Consideration and academic accommodations. Other barriers to supporting students with mental health issues identified by staff included concern that this was not seen as a legitimate role for academic or administrative staff, time limits, conflicting demands and the lack of private spaces in which to conduct confidential conversations with students.

Supports identified by students as important included academic and general staff members, Counselling Services, the Equity and Access Unit, the Careers and Employment Service, Accommodation Services, and the Financial Aid Office.

Key recommendations take the form of a series of project modules that together comprise a comprehensive program. It is proposed that the modules be implemented within a co-ordinated settings approach consistent with the broader aim of making La Trobe University a health promoting organisation.

- Module One: Increase awareness of services and supports among students through targeted campaigns that aim to address external and internal (personal) barriers to accessing services.
- Module Two: Develop, pilot and review a comprehensive faculty or school based 'best / good practice' system to enable staff to appropriately assist students with mental health issues.
- Module Three: Develop a peer mentor system for students with mental health issues to assist with transition, retention (and where applicable resumption) of study through the reduction of social isolation and increased support to access services and navigate university systems and processes.

Further recommendations include:

- Building on existing Counselling Service programs to the residential colleges to develop a model of 'good practice' of support within the residential communities at Bundoora and Bendigo.
- Further investigation into the needs of international students.
- Support for the Equity and Access Unit in establishing clear and accountable systems for Special Consideration and special accommodations within faculties.
- Expanding the coverage of mental health issues in the induction of new staff.
- Strengthening connections and facilitating referrals between Student Support Service areas, especially on the larger Bundoora campus.
- Consideration of recommendations from the 2006 University of Melbourne and the University of Tasmania studies, including return to study strategies following prolonged absence and on campus case management support for students with serious mental illness.

- A review of current policies regarding building and grounds in line with the University's commitment to a healthy setting, the expressed needs of students and staff, and contemporary research into the impact of the built environment on many aspects of human wellbeing.
- Campaigns to reduce stigma and discrimination and promote social engagement e.g. 'social norms' marketing campaigns.

\* \* \* \* \*

# 1 INTRODUCTION

## 1.1 Background and aims

Statistics compiled by the Equity and Access Unit indicated that La Trobe University was above both the state average and national benchmarks for numbers of students with a disability. As will be discussed later, a significant proportion of these, though undeclared, were likely to be related to mental health issues (see section 1.5 below and the literature review, Appendix 2). In 2005 the La Trobe University Equity, Access and Personal Welfare Committee identified the provision of support for students with mental health issues as a key concern for the University's student support services. In 2006, the La Trobe University Counselling Services undertook the project '*Meeting the Needs of Students with Mental Health Issues.*' The project was funded through a Higher Education Equity Program grant. The overall aim was to improve opportunities for participation, success and retention for students with mental health issues by developing a greater understanding of the experiences and needs of these students and generating a practical action plan for improving support mechanisms. This aim was consistent with La Trobe University's commitment to becoming a health promoting organization.

## 1.2 Philosophical and conceptual issues

### Mental health issues

The project privileged the terms *mental health needs*, *mental health issues* and *mental health problems* to encompass a range of situations in which students' academic and social functioning was compromised by mental health considerations. Although the project paid particular attention to the needs of students with severe mental illness, the findings and recommendations are also of relevance to those who might not fall under the psychiatric criteria of the DSM IV.

The project team was particularly cautious about the potentially negative effects of labelling students with a psychiatric diagnosis. There was also an awareness of the increasing ease with which terms such as 'depression' and 'social phobia' are used to describe quite complex patterns of issues. Furthermore, there was

concern about how the overuse of psychiatric diagnoses can tend to locate the source of students' difficulties as individual deficits rather than being descriptors which reflect the very stressful and sometimes traumatic situations (both acute and ongoing) many students face.

### The health promoting university

A major focus of the project was to identify barriers that students with mental health issues face in achieving full and sustainable participation and success in the academic, social and personal development facets of university life. While individual factors (knowledge and skills, for example) have some influence over level of participation, the project focused on the situational, socio-cultural and structural barriers that limit such participation. Furthermore, while the project considered ways in which individual students with mental health issues can be 'empowered' and supported to achieve positive academic, social and personal outcomes, consideration was also given to how the wider university can provide environments and circumstances that facilitate these outcomes.

Although not designed specifically to address the needs of students with mental health issues, the Health Promoting Universities initiative (see, for further information, [www.healthyuconference.ualberta.ca](http://www.healthyuconference.ualberta.ca)) offers an important framework within which to develop initiatives that address the needs of students with mental health issues, especially by linking these initiatives with mental health promoting strategies that focus on the mental health of students generally and the mental health promoting capacities of the university as a whole. Building *collective resilience* and providing supportive environments within a mental health promoting 'settings approach' is a key philosophy underlying this project. Further discussion of the settings approach can be found in the literature review (Appendix 2; p.20).

### **1.3 Project activities**

The following integrated activities were conducted as part of the project:

- A literature review of relevant areas to inform the later phases of the project.

- Consultations with students and staff to assess the needs of students with mental health issues, barriers that inhibit their academic and social participation, and the factors that positively facilitate this participation.
- The development of recommendations for strategies to support students with mental health issues, both in terms of new initiatives and strategies that are linked to existing policies, procedures, plans and systems of accountability within the university.

#### **1.4 Project management**

The project was managed by the Director of Counselling Services. Two Senior Counsellors and the Director formed a working group with primary responsibility for the project development and implementation. A third Senior Counsellor was included for report writing and production. Research interviews and focus groups were conducted by the working group and other counselling staff at the Bundoora, Bendigo and Albury Wodonga campuses. The project was overseen by an Advisory Group consisting of representatives from a range of academic and student support areas from four of the university's campuses (see Appendix 1). This group met in December 2005 and on three further occasions in 2006. The La Trobe University Human Ethics Committee approved the project in June 2006.

#### **1.5 Summary of the literature review**

This section summarises information from the literature review which was conducted as the first phase of the project (Appendix 2).

The literature indicated that a significant proportion of university students were likely to be experiencing major mental health difficulties at any point of time. The National Survey of Mental Health and Wellbeing of Adults found that 27% of people aged 18-24 experienced a mental disorder in the twelve months prior to the survey (Australian Bureau of Statistics, 1997). While results from other general epidemiological studies and surveys of university students provided varying results – in part due to the wide variety of assessment tools used – taken as a whole they indicated that it is likely that at least one in five university

students experience a significant and diagnosable mental health problem at some point in their university studies.

A significant amount of research highlighted the considerable disruption that mental health problems cause both academically and socially. These effects were particularly significant among students with severe mental illness. It appeared that many who faced such challenging circumstances did not disclose to university support services and consequently may not have received available assistance. This was partly due to concern that there would be significant negative consequences to disclosing.

This hesitancy to disclose posed a great challenge to university support services given the significant barriers that students with psychiatric disabilities faced in achieving and maintaining academic and social participation. These barriers included the stigma and discrimination faced by students with psychiatric disabilities, the complex nature and the various effects of the conditions themselves, the difficulties of meeting regular class and academic commitments, and various organisational and institutional barriers.

The research indicated that a significant proportion of staff encountered students who displayed overt signs of having a mental health problem. While some studies suggested that staff would like to do more to help these students, it appeared that negative attitudes and stereotypes remain an important problem. There was evidence that some staff were hesitant to make accommodations for students with mental health issues and did not take their problems seriously. A significant minority of staff appeared to feel uncomfortable having students with a discernible mental illness in their class.

Furthermore, staff who did wish to assist students with mental health needs often did not know what to do or how to address the situation. Many found it difficult to detect the existence of mental health problems and felt ill equipped and hesitant to approach students who they suspected were experiencing difficulties. The task of assisting students with mental health needs appeared

particularly difficult in the case of international students due to the existence of cultural differences and other barriers. Some staff also expressed frustration that students with mental health issues did not declare their problems to staff. Faced with overtly difficult or disruptive behaviour, staff expressed uncertainty as to how to respond effectively and limit the disruption. They also admitted to fear for themselves and other students. Finally, the constraints imposed by other commitments were also a limiting factor.

The literature review uncovered a range of interventions aimed at supporting students with mental health issues. These included training for staff in how to support students, peer support structures, mentoring, self-advocacy training and support, the provision of written materials, enhanced awareness of existing services, and particular measures to address the mental health needs of international students. The diversity of these interventions was less than expected. This might, in part, reflect limitations in the scope of the search strategy used for the review or alternatively that interventions were not reported in ways that would be picked up by database and web-based searching. Very few interventions reported in the literature appear to have been evaluated.

## **1.6 Recent research**

Two Australian universities conducted projects in 2006 which provided valuable complementary information about the needs of tertiary students with mental health issues. These are summarised below.

### *Support strategies for students with complex mental health needs*

(University of Tasmania, May 2006)

The Student Services department at the University of Tasmania (UTAS) initiated a project in 2005 'to consider the support strategies people with complex mental health conditions require to achieve academic participation and success whilst at UTAS'.

The first phase of the project focused on implementing a case management model for students with complex mental health needs. Ten students participated

in the pilot and achieved successful academic outcomes in approximately three quarters of their subjects. The case management pilot demonstrated that when resources are individually allocated and modified to meet individual student needs the outcomes for students are positive and are a significant 'return on investment' for the university.

The second phase of the project focused on interviewing staff about the issues they experience when dealing with students with mental health needs. The interviews focused on the nature and extent of support available to staff and aimed to generate other initiatives which could have a positive impact on the capacity of staff to respond to students. Interviews with 25 staff concluded that students with mental health needs require a high level of contact from a range of university services to meet academic goals.

Staff reported frustration with the difficulty of making effective connection with external mental health services. Staff also believed that early disclosure by the student was very important to academic progress. They suggested that a staff mentor could be helpful in supporting other academic staff in the process of meeting the needs of students with mental health issues. Overall staff believed that the level of support required is higher than that currently available.

Recommendations from the project included development of a code of conduct in addressing mental health wellbeing, provision of resources for case management of students with complex mental health needs, development of a model for providing support to academic staff, review of the university staff induction program, access to training for staff on mental health wellbeing, and establishing effective relationships between UTAS and mental health services.

### *Managing mental illness at university*

(University of Melbourne, July 2006)

The University of Melbourne project aimed to define the university's needs in dealing with and managing students with mental illness, to 'research and elicit

examples of good practice' in supporting students and to 'initiate positive changes in practice in supporting students with mental illness'.

A review of university processes was conducted and benchmarking occurred using 'good practice guidelines for responding to student mental health issues' published by AMOSSHE (UK). Thirty-four student consultations were conducted via an online survey and seven face to face student interviews. Of the students interviewed six had disclosed about their illness and five found this helpful. Some students were frustrated at having to disclose to a number of staff when requesting accommodations for studies. All students suggested raising awareness in the University about mental illness and its impact.

Sixteen staff online surveys were received. Staff reported meeting with students whose behaviour ranged from being distressed to being aggressive, from experiencing depression to self-harming. There was frustration expressed at the limits staff have in their roles and some staff expressed helplessness at the situations they encountered. They wanted more resources for the Counselling Service and more staff training.

Recommendations included guidelines for staff, a working party to establish strategies to manage ongoing student behaviour that is difficult or inappropriate, expansion of staff training programs, raising awareness of services available for students with mental illness, and the appointment of a specialised mental health worker to develop staff training and enhance support for students with mental health needs.

### **1.7 Methodological issues raised by the literature review**

While some findings from the literature could be taken as being broadly comparable to the experience of La Trobe University students with mental health issues, others warranted re-examination via consultation with La Trobe University students and staff. The review also highlighted the potential for the project to focus on areas that most previous studies had not researched and the

value of directing considerable energy towards developing and refining intervention plans.

More specifically, the following methodological issues were considered in developing the research design for the project:

- A number of the reviewed studies used surveys or focus groups with staff to investigate attitudes, confidence in assisting students with mental health issues and awareness of available supports and services. Research with La Trobe University staff on these issues was considered most important. The project was designed to complement the two recent studies into staff attitudes and experience of students with mental health issues at the University of Tasmania and the University of Melbourne. In particular, it was decided that a major focus of the research with staff would be to develop and refine plans for initiatives that would support them in helping to meet the needs of students with mental health issues.
- A number of studies used quantitative or qualitative research to assess the experiences of students with mental health issues. These were generally 'one-off' snap-shots. A need was identified to follow the experiences of students – including the barriers they confront and the supports they draw upon – at more than one point in time during the academic year to investigate change over time.
- The literature search disclosed little investigation into the attitudes, knowledge and experiences of student leaders (e.g. Residential Assistants at university colleges who provide pastoral care) and their contacts with students having mental health issues.

## **2 METHOD**

2.1 Literature review

2.2 Overview of participants

2.3 Students with mental health issues

2.4 Preparation Interview

2.5 Demographic information

2.6 One-to-one interviews

2.7 Student focus group

2.8 Staff focus groups

2.9 Students in leadership roles: focus groups and interviews

2.10 Ethical considerations and confidentiality

2.11 Payments to participants

## **2.1 Literature review**

The literature search focussed on material produced between 1990 and 2006 in English speaking countries. Databases searched included Proquest 5000, Psychinfo, AMED, EMBASE, EMBASE 2, ERIC, AEI, sociological abstracts, Social Services abstracts, and Libraries Australia. A web-based search for material from or about universities was limited to English speaking universities. Material gathered by Counselling Service staff from other Australian and international universities via contacts and websites was also reviewed. The substantial final report is included as Appendix 2.

## **2.2 Overview of participants**

The project placed emphasis on understanding the complexity of La Trobe University students' experiences and aimed to explore both past and current student experiences. Students registered with Equity and Access and clients of the Counselling Service were considered a valuable source of current experience.

It was decided to conduct two interviews during the semester. This allowed students to reflect on their experiences both in the present and over time.

The aim of both interviews and focus groups was to allow for the generation of opinions and ideas about the barriers and supports for students with mental health needs whilst also generating possible strategies for future support. The focus group environment was used to encourage 'brainstorming' and the sharing of ideas.

The review highlighted the range of studies investigating staff attitudes, including confidence in assisting students with mental health needs and awareness of available supports and services. The project wanted to explore these areas from a La Trobe University perspective across rural, regional and city campuses. A further focus of the project was on consultation with staff to develop and refine ideas for initiatives.

As previously noted, existing research appeared to omit students who provide pastoral care for other students in roles such as Residential Assistants in Colleges or Halls of Residence and Welfare Officers employed by student organisations. This group has knowledge and training in how to support students as well as a student perspective on barriers and supports for students with mental health issues. The use of focus groups to discuss attitudes, experiences and consult about possible strategies was considered an effective approach to capture this group's experiences.

A summary of methods of recruiting participants and the research methodologies and rationales for these can be found in Appendix 3 (Summary of participants and research methods).

### **2.3 Students with mental health issues**

Thirty one students participated in preparation interviews (eight at Bendigo campus and twenty three at Bundoora campus). Fourteen students were registered with the Equity & Access Unit and seventeen were not.

Two categories of LTU students were invited to participate:

1. Students with a mental illness who were currently registered with Equity and Access or who were clients of the University Counselling Service (or both). The method of recruitment involved letters sent to students registered with Equity and Access (Appendix 4) and posters displayed in the Counselling Service (Appendix 5). The aim was to recruit students who were currently experiencing mental health issues.
2. Students at the Bundoora campus who self-identified as having previously experienced functional impairment or significant disruption to studies and social participation in university life due to mental health issues and who managed to maintain or resume their studies. The method of recruitment involved placing posters in key areas such as student support services as well as on notice boards around the

campus. The posters were phrased in the past tense to emphasise that the experience of illness was in the past.

All students who responded to posters or letters by contacting the Counselling Service were provided with an information sheet about the project (Appendix 7). Students were encouraged to read the information prior to making any further decision. If they chose to proceed, a preparation interview with a Senior Counsellor at the Counselling Service was arranged. Interviews were conducted at the Bundoora and Bendigo campuses.

#### **2.4 Preparation interview**

The role of the preparation interview was to assist the student in making an informed choice about their participation in the study. The confidential nature of the interview material was discussed and questions answered about the study. For students at the Bundoora campus, if the student agreed to participate then a second decision regarding the method of participation was discussed. The choice was either a focus group or an individual interview; most chose an interview. Four students decided to participate in the focus group. Further information about the preparation interviews can be found in Appendix 10.

The second stage of the preparation interview was to collect a range of information from the participants. Data collected covered demographic information, reasons for being at university and transition experiences around attending university. A second group of questions concerned participants' history of illness and the interaction between illness and studies. This covered such areas as first signs of illness, diagnosis, history of treatment, current supports, medication and side effects, past experiences of interactions between studies and illness, disruptions to studies and returning to study experiences.

#### **2.5 Demographic information**

Demographic information of the participant group from each campus was compared and was found to be similar. The data from both campuses was therefore combined and can be found in Appendix 15 (Demographic Information).

## **2.6 One-to-one interviews**

As the literature review indicated that very few studies followed up students over time, the aim of the interview process was to discuss with students their actual experiences at two points in the semester. It was hoped to identify any changes over a semester. As discussed earlier most students were eager to provide personal reflections about both current and past experiences. For some students one interview was regarded as sufficient as they were completing their studies or did not think it was relevant to their circumstances to return for another interview. Twenty three initial interviews were completed.

Thirteen students participated in the second interview. The emphasis was on what had changed for the student between the interviews across the same topic areas. In the second interview a sheet of possible strategies generated from the UTAS study, the University of Melbourne study and this project's staff focus groups was provided to students for comment.

One interview was conducted in the early stages of the semester and the second at the end. Each interview was of between 1 and 1.5 hours duration. The questions in both interviews included the following topics:

- Extra curricular activities;
- Interaction of illness with studies;
- Personal circumstances and finances;
- Social supports;
- Relationship with staff;
- Relationship with student support services and help seeking behaviours;
- Self disclosure/ experiences of discrimination (staff and students);
- Opinions about how to improve/change services.

## **2.7 Student focus group**

One student focus group was conducted at the Bundoora campus. Four students participated, two of whom were registered with Equity & Access. The group was an opportunity for participants to provide a 'snap shot' of their experiences and to make suggestions.

The students provided comments on the following areas:

- Barriers to success;
- Supports for success;
- Relationships with staff;
- Relationships with student services;
- Relationships with peers and social participation;
- Self disclosure to staff;
- Opinions on strategies.

Further information is contained in Appendix 12 (Student Focus Group Guidelines).

## **2.8 Staff focus groups**

Staff participants were recruited by placing advertisements in the University News (a weekly publication for staff) and posters displayed on staff noticeboards (Appendix 8).

Groups were conducted at the Bundoora, Bendigo and Albury-Wodonga campuses to gather a wide range of staff experiences. The groups were asked to reflect on their own experiences and attitudes as well as those of their colleagues.

Staff were consulted about the following areas:

- Pathways towards responding to students who show signs of mental illness
- Barriers for staff in supporting students
- Supports for staff in supporting students
- Issues of academic accommodations
- Staff experiences of student self disclosure
- Strategies and opinions about how to improve services and supports for students

Further information is contained in Appendix 13 (Staff Focus Group – Questions and Guidelines).

Two staff focus groups occurred at the Bundoora campus and one each at the Bendigo and Albury-Wodonga campuses. The total number of staff involved was twenty-four. Seven staff members held administrative roles, nine were lecturers, five were in lecturer/coordinator roles and three were heads of departments. For eight staff, providing student support was a designated part of their role. The Health Sciences faculty was represented by ten participants, five came from the Science, Technology and Engineering faculty, two each from Humanities and Social Sciences and Law and Management faculties and one from Education. The remaining four staff members were not from a faculty.

Recruitment of staff to focus groups proved difficult, as reflected in the relatively small number of participants. While a number of staff members expressed interest in contributing, unsuitable times prevented some from attending. Others spoke about wanting to participate but not being able to allocate time due to work loads. In an attempt to address this challenge, staff members who did attend were encouraged to provide not only their own opinions but – where relevant and known – those of their colleagues. In a sense they were encouraged to act as a representative of their peers.

## **2.9 Students in leadership roles: focus groups and interviews**

One group was conducted at the Albury-Wodonga campus and one at Bendigo. Three interviews were conducted at the Bundoora campus following attempts to organise a focus group failed. A total of nineteen student leaders participated. All but one student was in a Residential Assistant role and the other was from the SRC. The information sheet distributed to potential participants is included as Appendix 9.

The questions used for the groups and interviews were the same (see Appendix 14). The student leaders were consulted about the following areas:

- Pathways towards responding to students who show signs of mental illness
- Opinions about university wide linkages
- Barriers for student leaders in supporting students
- Student leaders experience of self disclosure issues
- Strategies/opinions about how to support students

## **2.10 Ethical considerations and confidentiality**

The project received approval from the La Trobe Human Ethics Committee in June 2006. Strategies were put in place to ensure support for students and staff in the interviews and focus groups. When students expressed interest in the project the Counselling Service Administration Officer provided information sheets and arranged appointments for preparation interviews. Care was taken to arrange appointments with Counsellors not known to the student. If, for instance, an interested student was a current or past counselling client of the Counselling Service, this person was not interviewed by any counsellor who had provided a service to them. This booking procedure was conducted by the administrative staff and explained to the student at the time, as were the reasons for this process. The confidential nature of the material collected and the storage of the material was explained to the student.

The primary aim of the preparation interview was to discuss the project, thereby ensuring informed consent. If the Counsellor was concerned about the student's mental state or their capacity to make an informed decision, this was discussed with the student and relevant supports were arranged.

During the interview, if the Counsellor became concerned about the effects of the interview on the student, the agreed procedure was to stop the interview and arrange appropriate debriefing or support. Students in the focus group were made aware of debriefing options following the session and all interviews and focus groups were conducted by experienced Counsellors. In the summarising of material, counsellors who conducted the interviews and focus groups completed a summary with attention given to removing any identifying information. The results were then collated. Student leaders and staff were provided with information about debriefing opportunities at the time of their participation in the project.

Although processes were in place to support any participant who experienced distress, no interviews were curtailed due for this reason. Neither did any staff

or student seek debriefing. Indeed, students were eager for the project to have positive outcomes for student well-being and valued having their voices heard.

Four students who had attended preparation interviews did not attend the substantive interview. One cancelled saying that she was too busy to continue, one arranged several appointments and said that she was eager to participate yet did not attend, one said at the end of the preparation interview how helpful it had been to talk about the issues (with no indications of distress), and the fourth student decided to not continue due to issues with another section of the university, unconnected to the research.

Thirteen students completed the second interview while seven agreed with the researcher at the time of the first interview not to proceed as they had completed their course or did not think they could contribute further. Three people failed to attend arranged second interviews.

### **2.11 Payments to participants**

The posters and letters inviting participation all referred to monetary reimbursements offered to recompense participants for travel and other costs. At the completion of each interview or focus group, the interviewer completed a form detailing the payment. Participants then presented these to administrative staff who organised cheques for posting or collection. Participants received \$20 for the preliminary interview and \$35 for each of the two individual interviews. Focus group participants also received \$35.

Further information and background regarding payments can be found in the research submission to the La Trobe University Human Ethics Committee (Application No. 06-51). Interested readers should contact the Director of the Counselling Service (Bundoora).

### **3 RESULTS AND DISCUSSION**

#### 3.1 Introduction

#### 3.2 Students

- 3.2.1 Interactions between mental health issues and studies
- 3.2.2 Effects of mental health problems on social participation, sense of belonging at university, and social networks
- 3.2.3 Barriers for students experiencing mental health problems
- 3.2.4 Supports for students experiencing mental health problems
- 3.2.5 Disclosing mental illness
- 3.2.6 Experiences of interacting with staff
- 3.2.7 Experiences of student support services, and suggestions for how they could be improved
- 3.2.8 Improving supports for students with mental health issues

#### 3.3 Staff

- 3.3.1 Staff experiences of interacting with students with mental health issues
- 3.3.2 Barriers for staff in supporting students with mental health issues
- 3.3.3 Suggestions for improving staff support
- 3.3.4 Other strategies suggested by staff

#### 3.4 Student Leaders

### **3.1 Introduction**

As described in the preceding section, the study aimed to look for differences in experiences and perceptions across both time and space. That is, changes across time for individual students and differences between rural/regional and city campuses of the university. The first of these was investigated via the 'second interview' with individual students. No significant changes or insights related to the passage of time were noted. Nor were any differences noted in the data from different campuses. For this reason, the Results and Discussion section of this report combines all the information into one data set.

### **3.2 Students**

The research produced a rich array of data covering a wide range of areas. It is important to note that the summaries below are quite brief (and broad) in order to contain the length of the report. Where relevant, participants' paraphrased comments are included to illustrate trends. Further comments are included in Appendix 16 (Additional Quotes From Participants).

As only one student focus group was conducted, the bulk of the material comes from the individual interviews. Findings from the focus group are identified as such.

#### **3.2.1 Interactions between mental health issues and studies**

The majority of students interviewed had been experiencing major mental health difficulties and were given a diagnosis for a mental health condition before coming to university. Most reported a history of significant disruptions to their studies due to mental health difficulties. Impacts included:

- needing to go part-time;
- failing units and therefore taking a considerable time to progress through a degree;
- deferring or dropping out and then deciding at some later point to try again (sometimes with a different course or at a different university).

It was clear that the road towards completing a university degree can be particularly long for some.

For students facing significant mental health problems, completing a degree may become an extended process. Not least of the challenges is rebounding after interruptions to studies caused by health issues. The need to keep rebounding appears on two levels. First, a student facing significant mental health problems may lose days, weeks and even months during the academic year, generating a need – or sometimes intense pressure – to catch up once they return. Second, after deferring or dropping out because of mental health issues, many also face the task of rebuilding confidence to make a second (or third or fourth) attempt at finishing a degree.

For some students, the journey of struggle with mental health issues at university had become easier. Despite ongoing effects, they had developed systems of coping with their health problems that enabled them to minimise the impact, proactive strategies to try to maintain their health and reduce stress, and ways of organising their study that worked for them. For some students finding a helpful attitude or perspective concerning their health and their studies also appeared to be important, such as having realistic expectations and taking things one stage at a time, or a calm determination to ‘keep on going’. They had obtained support from within or outside the university, and were more confident about their studies.

However, many students reported that their mental health issues were currently having a major negative impact on their studies, placing quite daunting barriers in the way of completing a degree. Some of the most commonly reported impacts included:

- Impaired concentration, having a fundamental impact on the ability to perform a range of study-based tasks
- Decreased motivation and drive to study (including attending classes and meeting academic requirements), and major battles with lethargy, tiredness and inertia
- High levels of anxiety related to performing academic tasks, making the completion of academic requirements much more difficult

- A desire (at times very strong) to avoid social contact, due to high levels of social anxiety or the preference for isolation that often comes with experiences of depression
- Low self-confidence in performing academic tasks

As a result of these effects, many students reported struggling with their studies. It appeared that for some students, coping with their mental health problems sometimes took so much energy that they had little left over to focus on studies. During periods when going to class was difficult and when assignments were not submitted on time, just being able to 'hang in there' and maintain some positive momentum was considered a big achievement.

A major consequence of the above impacts is that the time needed to perform academic tasks increases significantly. The combination of decreased motivation and concentration, anxiety, loss of interest around social contact and low self-confidence appears to result in some students feeling overwhelmed. Hence, not only do reduced concentration and motivation directly slow down academic performance, it appears that during particularly difficult periods many students will tend to avoid academic tasks due to feelings of anxiety and being overwhelmed by those tasks.

Furthermore, as significant periods of study can be lost when mental health problems become acute, pressure builds on students to catch up on missed classes and late assignments. As one student emphasised, university study requires consistent and methodical performance throughout the semester, yet the periodic troughs which can accompany mental illness make this very difficult.

Approximately one-half of the students reported taking medication at the time of the research. Some reported that their medication caused tiredness or slowed them down. Other negative side effects were also reported. It was clear that, for some students, medication side effects had a negative impact on their studies.

A number of students reported that the stress and pressure arising from academic requirements such as assignments or exams can worsen the negative impact of their mental health problems. For some this resulted in increased anxiety, lowered self-confidence or other negative effects. It appears as though students with significant mental health problems are particularly vulnerable to the effects of study stress.

### **3.2.2 Effects of mental health problems on social participation, sense of belonging at university, and social networks**

Some of the students interviewed reported that their mental health problems – issues such as depression, anxiety, low self confidence and feeling overwhelmed – reduced their level of social participation at university. It was clear that this was contributing to some students' isolation. Fortunately most students reported having some social supports outside of university, such as family or close friends. A significant minority, however, reported having no close social supports outside of university.

Approximately one-half of the students interviewed reported having made no significant friendships at university, leaving them feeling very isolated. It appeared that some of these students knew people in their course who they could talk to at university but that these were contextual acquaintances rather than friends with whom they might mix socially.

Promisingly, some students reported that social support and friendship systems had improved since starting university; there were examples of students making new friends during the course of this study. Other students reported no change, while a number described how the nature and pattern of their friendships had changed for the worse, examples being the loss of high school friendships and feeling more isolated from family. Indeed, a number of students reported feeling alone, isolated and having difficulties meeting people: 'The sense of alienation in a new town was huge.'

There was considerable range in terms of how connected students felt to the University. A number reported a low level of connectedness, citing the size of the institution and the difficulty linking socially with other students.

Students also reported quite varying experiences in terms of interacting with other students in academic settings (e.g. tutorials). An example of a comment follows:

'I hate tutorials, I'm so awkward. Usually I'm opinionated about everything but I trip over my words and can't say a thing. I hate it.'

### **3.2.3 Barriers for students experiencing mental health problems**

Results from the student interviews revealed some particular barriers challenging to many students with mental health problems.

#### **(i) Finances**

Financial burdens included the cost of books, photocopying, accommodation, food, and participation in clubs and societies. These became barriers, as illustrated by the following comment:

'Flat broke, skint. I can't go anywhere, even if I wanted to. This directly affects my studies. Fuel costs are a real worry with placement coming up. And I have to find accommodation and just living costs while I'm away. I don't know how I'll do it.'

#### **(ii) Lack of information about services**

Some students reported not knowing about services and being puzzled by university processes. An illustrative comment follows:

'On reflection I needed a note taker but didn't know it was available. I felt so isolated and didn't know how anything worked.'

Two students also mentioned how the layout and spread of buildings and services made it difficult to find what they needed.

**(iii) Study-related stress and time pressures**

Some students referred to the pressure that came from heavy workloads and high contact hours, the perception of having 'too little time'. Stress related to competition and academic expectations was also mentioned, as were the particular time pressures associated with the deadlines of assessment periods.

**(iv) Staff-related issues**

Observations were made on the difficulties obtaining sufficient support from staff. Issues raised included the lack of available staff, insufficient staff contact with students, the need to negotiate academic bureaucracy, and the need for staff to be more understanding. One student commented that it was a 'fluke' finding out about special consideration.

There were also indications that departments differed in the degree of support provided to students. A paraphrase of one student's comments on this issue appears below:

'Very different experiences in different departments. In current department: no barriers. In past department: not knowing of the DLO [Disability Liaison Officer], not being informed of support services (even when disability was disclosed) [...] Academics not being supportive and not understanding mental health issues.'

**(v) Stigma associated with mental illness**

A few students mentioned the stigma associated with mental illness as a barrier. An illustrative comment follows:

'A lot of students don't understand about mental illness. I hear a lot of stuff students say that is ignorant and makes me angry.'

**(vi) Further barriers**

The student focus group generated further relevant observations on barriers faced by students.

- The time it can take for students to admit that they need help. Some of the focus group students said that when they first came to university they wanted to be seen as an ordinary student, and that as difficulties arose through time they engaged in a big internal struggle to come to terms with the fact that they needed help. The length of this internal struggle is therefore potentially a barrier to accessing services.
- Feeling too unworthy to make use of support services or concern about using existing resources and thereby excluding others.
- The lack of promotion of student services, such as not being aware of Equity and Access and the University Counselling Service when they commenced university.

#### **3.2.4 Supports for students experiencing mental health problems**

There was relatively less information concerning what has supported students in continuing their studies at university compared to the barriers that made this participation difficult. Several students, however, commented on the support they obtained from staff. Comments about staff included:

‘I’ve had nothing but support from my lecturers. I’ve always been met with understanding.’

‘Lecturers all very helpful and accommodating.’

Some students also referred to the study-related support that they received. One student, for example, referred to a scheme for study support that includes a website and pamphlets. Obtaining extensions for academic work was also mentioned by a couple of students.

Some students mentioned the University Counselling Service or Equity and Access as supports. A few students also referred to friends, other students or campus-based support networks.

#### **3.2.5 Disclosing mental illness**

Reflecting the findings of previous research, a student’s decision to disclose to staff about mental health problems is a major one. Even after electing to

disclose, further decisions as to when and to which staff member must still be made. Some students disclosed by providing a diluted version of what they were experiencing (e.g. by referring to 'stress' or 'anxiety') rather than the full extent of their health problems.

A few students reported not disclosing about their mental health problems. Two students gave as a reason their expectation of not getting a positive response. The majority of students, however, appeared to have disclosed to at least one staff member that they were experiencing problems – even if the extent or severity of those problems was down-played.

Some students reported that they disclosed because they wanted to prepare staff for the possibility that assistance or accommodations might be needed at a later point. These students did not leave disclosing until they were in a crisis. The need for assistance (e.g. for academic accommodations) was another common reason for disclosing. Some students also wanted staff to have some understanding of their situation – one student, for example, didn't want staff to incorrectly think that they were 'slack'.

It is positive to report that some students experienced helpful responses from staff when they decided to disclose mental health problems (or a diluted version of them). These students found that staff were accepting and encouraging and they experienced few problems in gaining appropriate accommodations or extensions. Some students, however, reported a more mixed or negative response, such as staff being annoyed at being asked to provide accommodations or extensions for assignments. One student, for example, reported finding most staff 'quick, dismissive, cold and insensitive', leaving the student feeling 'less welcome and more isolated'.

Of concern were reports of strong negative experiences of discrimination, resulting in feelings of humiliation (when the discrimination occurred in front of other students) and a sense of disconnection from academic staff. These negative experiences of discrimination often had marked effects on the students

who experienced them. On some occasions, experiences of discrimination resulted in students feeling too uncomfortable to continue attending the class involving the particular lecturer/tutor. In at least one instance this resulted in a student dropping out of their course entirely.

In summary, while a number of the students reported no experiences of discrimination by staff, it is clear that the experience of discrimination can have a devastating effect when it does occur.

A number of the participants were cautious about disclosing their mental health problems to other students. Some expressed fears of not being understood or being judged, while others felt that fellow students did not need to know. A number reported telling a small number of students, such as one or two friends. Others were less hesitant and may have told a particular group of students, sometimes because it was difficult to conceal the problem. Responses to these disclosures varied, with some being positive and others negative.

### **3.2.6 Experiences of interacting with staff**

This was an area of enquiry where participants in the study had much to say. Encouragingly, the majority of students interviewed reported at least some positive interactions with staff when approaching them for assistance. A comment follows:

‘Overall, very positive. Academic and support staff accessible, encouraging, knowledgeable and helpful.’

As a further example, one student described a proactive contact by a tutor after she had missed classes, reporting that this helped her to feel needed and an important contributor to the class.

Some students, however, reported unhelpful interactions with staff in general. Examples were given of staff being condescending and dismissive, unsympathetic, or not being very available to offer support. There were also some disturbing examples of staff not taking measures to respect the

confidentiality of students, such as a lecturer reading a letter about the student from Equity and Access while standing in a doorway so that it was visible to anyone passing. Another student reported a staff member telling another staff member about the student's illness without being granted permission to do so. One student reported that after a lecturer humiliated her in front of the class after she had tried to negotiate extra time for an exam, she became ill but did not feel comfortable applying for special consideration because of the lecturer's attitude. Indeed, many students reported quite varied responses from staff, indicating that there is considerable variation among staff in their attitudes towards and skills in assisting students with mental health issues.

Other negative experiences of interactions with staff included:

- A student being told that she hadn't studied the content of the material that she was asking help about, as otherwise she would understand it.
- A student being told in front of the class that she had a delayed due date compared to the rest of the class.
- Being made to 'feel stupid' for asking a question.
- Having to struggle through bureaucratic processes and being passed on from one staff member to the next.
- Staff being 'too busy' or not available.
- A staff member being dubious about a letter provided by the University Counselling Service supporting the student as there was no disclosure of the student's illness in the letter.

The following more detailed paraphrased descriptions illustrate the mixed response that many students receive from staff:

'Another [staff member] was quite sensitive and showed some personal interest, asked to talk to me after class, said 'You look a bit down, can I help, do you want to talk about it?' This broke the feeling of isolation in second year. [However] I've generally had negative experiences ... Many have been short or cold... like they don't want to know about it.'

'I had to get three lots of special consideration. First time was fine. The second time I was really upset that I had to ask for another and go through my story again. The third time I used Equity and Access because it was about university policy around completion of work and the staff member was going away. Not about the staff member's reaction but the stress of continually asking and then having to use policies to argue for extensions.'

A number of students reported being very hesitant and nervous about asking for accommodations such as extensions for their assignments. Illustrative comments about asking for accommodations included:

'I feel terrible asking. Don't want to be seen as using my illness as a crutch.'

'I was in tears constantly and didn't want to cry in front of others or disclose my diagnosis of depression and anxiety.'

It appears that asking for accommodations is a major step for students with mental health issues. To do so necessitates the student admitting to themselves that mental health problems are impacting on their studies then risking the possibility of the stigma of being labelled as someone with a mental illness.

### **3.2.7 Experiences of student support services, and suggestions for how they could be improved**

Considerably more than half the students interviewed reported using the Equity and Access Unit for support. This high proportion is not surprising given that students registered with Equity and Access due to psychiatric disability constituted a major recruitment target for the research. The majority of those using the service reported the assistance they received to be helpful, commenting on the way in which Equity and Access provided practical assistance such as helping to arrange accommodations. A paraphrased example of one positive comment follows:

'They acknowledged the seriousness of my problems and identified what they could do for me. Having someone else think clearly for me was fantastic. It was good to have... a strong advocate.'

A roughly similar number of students reported using the University Counselling Service. Again, this was not surprising given that many research participants were recruited through the service. The students appeared to use the service in different ways, with some having one-off sessions focusing on particular issues such as discussing future academic plans or obtaining a supporting letter, while others had more ongoing contact. As with Equity and Access, feedback about the service was largely positive.

A smaller number of students commented on using other student support services, such as the Careers and Employment Service, Accommodation Services or the Financial Aid Office. The majority of comments about these services were positive. Four students commented on library staff, reporting the assistance they provided as very helpful. Some students also reported using study skills advisors, though feedback on their helpfulness was more mixed.

Rather than focussing on improvements to existing services, most comments concerned suggestions for new strategies or initiatives. One notable exception was the frequent mentioning of the need for information about current services to be more freely available.

Two of the students in the focus group expressed a desire for ongoing regular contact with the Disability Liaison Officer so that they could discuss issues as they arise. Such issues might include problems interacting with staff, applying for extensions, and so on. They reported that the preferred level of contact with the DLO would be between two and four times each semester. One of the students interviewed individually expressed a similar desire for more assistance from Equity and Access during the semester.

Comments concerning the University Counselling Service focused on the need for more resources, such as:

- Additional administration support to prevent the need for some calls to go to the answering machine.
- Additional counselling staff to facilitate further service.
- The addition of a social worker to the service, providing practical advice on negotiating the university system and specific knowledge of who to see for a particular issue.

Two students also stressed the need to maintain the Wholefoods food co-operative. (This service was closed as a result of change necessitated by VSU legislation.)

As mentioned previously, the most frequent comment about how to improve student support services related to the need to market them more effectively. It is clear that some (and possibly many) LTU students who face significant mental health issues are not aware of key services such as the Equity and Access Unit and the University Counselling Service when they commence their studies. Furthermore, three students in the student focus group reported that they initially thought that Equity and Access only focused on physical health problems.

The need for better promotion of student support services is highlighted by comments from some students about how confused and overwhelmed they felt when trying to find out about support services. These feelings also pertained to navigating university administrative processes. It appears that at least some students have quite a fragmented experience when trying to obtain information and access services to help address their multiple needs.

A number of suggestions were made about how to better market student support services. Some students thought that the provision of information about student services in the enrolment pack would be a good idea. Participants in the student focus group engaged in considerable discussion about the enrolment

form, which asks if a person has a psychiatric disability. They commented that there appears to be no follow-up of people who indicate on the form that they have a psychiatric disability. There was a suggestion that such disclosures could be followed up with a specific information pack about services available. It should also be noted that two students expressed hesitancy about ticking this box (one student, for example, was concerned that doing so could disadvantage her in some way), and the group overall felt that general information about services, not specifically targeted at people with psychiatric disabilities, would be the most useful approach.

There was considerable enthusiasm in the student focus group for a section on the student enrolment form that asks whether the student would like information sent to them, with tick boxes that enable them to specify what information they'd like to receive. The focus group participants argued that tick boxes should give options across the range of student support services (rather than just focusing on Equity and Access and the University Counselling Service), so that students don't feel too self-conscious about ticking any particular box. Options might include information on finances, careers, housing and other services. The students suggested that this section in the enrolment form could be worded positively:

'University is a great opportunity for us to increase our understanding of our lives, but it can also increase the stress that we face. A number of student support services are available to help you navigate this stress and make the most of your time at La Trobe University ...'

The information distributed could be marked confidential. If this strategy were to be considered, further research would be necessary to determine whether information should be e-mailed or posted, or whether a choice could be offered.

Focus group participants also discussed the merits of producing a video or a brochure that has case studies or vignettes showing how student support services have helped students. These vignettes could include ordinary life

problems – relationship break-downs, grief, and so on – rather than just focusing on major mental illness issues. This normalises the stressful circumstances that can interfere with students' studies. Such a resource could be included as part of the enrolment package.

Other suggestions or comments concerning the marketing of student support services were gleaned from the individual interviews:

- The need to promote student services more consistently throughout the semester, rather than relying on orientation or the student diary. There is too much information at orientation, causing overload.
- Better use of the web for disseminating information about services, such as having specific web addresses for student support services on signs and on the enrolment form.
- The development of a compact and clear package of information on student services, available at the Union centre, Contact centre, etc.
- Increasing staff knowledge of student services.
- Greater use of the Ratsheet (daily news and events sheet), general advertisements, pamphlets on the desk at the Union centre, etc.
- Providing overhead screens or other presentations about student services in lectures. Promoting student support services in lectures would help to normalise their use.

### **3.2.8 Improving supports for students with mental health issues**

Suggestions for initiatives and strategies to support students with mental health issues covered ten areas. These are not presented in any specific order.

#### **(i) Improve staff knowledge and understanding of how to support students with mental health needs**

A number of students made comments that were grounded in their personal experience. Requests were expressed for staff to:

- be more understanding, and to have more knowledge about mental health issues;

- have more time available for students;
- know about Special Consideration, policies that allow for “withheld” results and other procedures; be able to communicate this to students rather than students needing to find out about policies from other sources and inform staff;
- provide proactive support if a student misses a class or is returning after some time away (one mature aged student said that she would feel patronised if a tutor/lecturer phoned if she missed a class, but that this would be a good thing to do for young students coming into university straight from high school);
- be better educated in how to respond to students with mental health needs and how to refer them to services;
- be aware of how the content areas of particular subjects can elicit strong reactions in some students (e.g. those who have suffered trauma), and to know how to refer students to support services in these situations;
- be more sensitive to difference: religion, culture, sexuality, mental illness, the challenges of disclosing mental illness;
- have compulsory training in communication and methods of teaching and learning, and in the diversity of the student population and their multilayered needs;
- sign a declaration of responsibility for supporting students with mental illness, whereby they read a summary sheet about mental illness and then sign to say that they are a willing participant in the process of being available for students with mental illness.

There was a suggestion from the student focus group regarding the potential usefulness of lecturers and tutors making contact with students who miss classes to enquire whether everything is OK. It was expressed that this could especially be suitable for smaller classes. It was thought that by asking ‘Are you OK?’, staff could give students a sensitive wake-up call which might help clarify whether there is a problem that needs addressing. Staff could also remind students about available services.

**(ii) Streamline the University approach to supporting students with mental health issues**

Some of the students interviewed said that they would have valued a designated staff member in their faculty or school to support students with mental health issues – not to provide counselling, but to provide general support in accessing LTU services and in liaising with lecturers, tutors and the university administration. This would enable students facing mental health issues to disclose to one staff member rather than having to repeatedly tell their story to different lecturers and tutors. Such a staff member would be aware of all of the options in terms of accommodations that the school or department could make and of relevant support services. It would be expected that a person in this role would have a good working relationship with the Equity and Access Unit.

Finally, one student commented on the importance of developing support strategies for students returning to studies following an absence due to mental illness. Given the number of students interviewed who had indeed returned to study after quite a period of absence, there would appear to be considerable merit in this suggestion.

There was a general sense throughout the interviews that students facing significant mental health issues find it difficult to liaise and negotiate with the ‘university system’ to address their various needs.

**(iii) Increase availability of staff**

As noted previously, some students would like to feel that staff were more available. Two students, for example, commented that the high workload of staff makes it difficult to approach them. Two students observed that it would be easier if staff proactively mentioned that they were available and were happy to help as much as they could.

**(iv) Diversify learning modes and opportunities**

Some comments were made on the desirability of an expanded range of teaching methods and the value of creative ways to encourage student learning.

Two students emphasised that such diversity would help them to overcome the academic barriers posed by mental illness such as its effects on concentration and memory. For example, one student commented:

‘With mental illness, while one might be able to take lecture notes, one may not have enough time to learn them [due to the effects of mental illness in reducing the amount of time one can commit to study]. Lecturers can do more than simply give information – they can do things like give out notes that have gaps in them that students need to fill in during the lectures. Creative ways like this can encourage students to think and to learn during the lectures. It’s also important to provide multiple channels of learning for students (audio, visual, etc) to optimise the student’s attention, etc. With mental illness, one doesn’t remember so much what one writes or hears, but remembers more what one does and sees. Need to reinforce course material across a number of modalities.’

Other students referred to structural or procedural issues that could improve the academic environment for them. Suggestions included:

- More clarity in communicating the aims, objectives and learning outcomes for units at the beginning of the subject.
- Greater awareness of overall workload requirements for students.
- Lecture notes being available on the web prior to lectures.

#### **(v) Greater academic flexibility**

A few students focused on the need for academic systems to be more flexible in responding to the irregular study rhythms of some students with mental illness. One student expressed how her ability to study comes in waves, with periods where she feels in a trough and can do little study and other times where her work capacity is OK. This student described needing particular support during the troughs to ensure that she still obtains the flow of information (lecture notes, etc) that will prevent her falling too far behind.

A few students suggested possible accommodations that the university could make to provide flexibility for students with mental illness. These included having a flexible approach to the length of the semester so that students would be able to work at their own pace: a 'rolling semester' where students have flexibility concerning when they start new subjects. Another suggestion was to have breaks of at least 2 days between each exam.

**(vi) Peer mentor system**

Two students in the student focus group expressed support for the idea of a peer mentor system. The mentor would be a more experienced student who has faced similar mental health issues and would help to talk about real experiences of accessing student support services. It was felt that hearing how a mentor had used student support services would facilitate using these services. It was also discussed that it would also be good if the mentor was doing similar subject areas to the person being mentored, as this could have academic benefits. There were a few comments from students individually interviewed who also supported the concept of a peer mentoring system.

**(vii) Informal support groups**

There was considerable discussion in the student focus group about the idea of a peer support group to reduce isolation. Such a 'coffee' group, for example, would not be a club nor a formal group but rather a meeting point. Participants in the focus group were uncertain about the nature of this group, however, especially in terms of whether there should be different groups for different mental health issues or for different subject areas, or whether it should just be a single group. Another variant of this idea was to have a group facilitated by the University Counselling Service that focuses on positive ways to address specific issues and problems that students with mental health issues face at university, and for a social component to flow on from the group.

Some of the students interviewed individually liked the idea of a support group. One student, for example, discussed the usefulness of having a space to meet and talk about the difficulties being faced. Another student presented the vision

of a support group of 3 or 4 students with mental health issues meeting regularly with a team leader, with the focus not being on counselling but on such activities as listening to a relaxation tape, discussing practical issues, providing general support, etc.

There were also comments around helping students to feel less isolated within classes. One student suggested using ice breakers at the start of tutorials (presumably to create a more friendly and interactive environment among students). Another suggested an introductory tutorial that enables students to get to know a little about each other and about what students were wanting from the course. Another suggestion concerned study groups where students with similar interests can get together, and be informed of available supports.

**(viii) Create spaces for students to ‘hang out’ and build support networks**

There were a number of comments made by students about the desirability of having more spaces on campus where they can hang out and interact with other students. As one student reported (paraphrased), ‘You need strategies to help you feel that you belong. With depression it’s easy to feel alienated.’

Suggestions made by students included:

- Having sporting activities on campus during the day, for example an informal soccer game at lunchtime, to help students with mental health problems to get out and exercise to reduce stress.
- Having more social activities in first year, such as camps, bowls and other non-threatening ways of bringing people together.
- Art therapy classes conducted by volunteer art therapy students.
- Affordable Tai Chi and yoga at SARA that could be paid for on a casual basis.
- Having facilities such as an urn, microwave, water fountains, tables etc for students (not just at PEMSO), where students can eat, have a tea or coffee and study at the same time if they wished.

In addition to the above ideas there was also some support for the availability of a quiet space on campus.

**(ix) Reduce stigma and change campus attitudes concerning mental illness**

There were a number of comments related to the need to reduce the stigma associated with mental illness. Some students provided suggestions on possible activities to achieve this, including:

- Involving a core group of students for activities during mental health week.
- Educating lecturers so that they become more understanding, can better recognise mental illness, and have skills to deal with students with mental illness.
- Having films at the Agora Cinema with a theme of mental illness, particularly locally produced videos rather than Hollywood dramas.
- Producing theatre about mental illness, or a movie about students at La Trobe University who have a mental illness.
- Emphasising the positive things that people with a mental illness bring to a community.
- Having someone with a mental illness to talk to other students about their experiences of being at La Trobe and the issues related to being a student in general and having an illness in particular.
- Having a well known person come and speak about mental illness.
- Having a student with mental illness speak at the mature age orientation groups about their experiences and where to access services.

**(x) Meeting students' holistic needs**

While this is not discussed in the sense of being a theme, one student emphasised the need for an overall holistic model of support for students facing mental health issues. She emphasised that an overall model would need to have two components: an ongoing system of minimum support and the capacity to provide additional support during times when the student's illness is making it very difficult for the student to study. Support would need to be provided across the following areas:

- Academic
- Emotional (counselling)
- Social (networks, assistance in reducing social anxiety)
- Financial (stability and security)
- Assistance to improve health and physical wellbeing (nutrition, relaxation, physical exercise)

### **3.3 Staff**

The findings from the three focus groups are outlined in the following subsections:

- Staff experiences of interacting with students with mental health issues.
- Barriers for staff in supporting students with mental health issues.
- Suggestions for improving staff support.

#### **3.3.1 Staff experiences of interacting with students with mental health issues**

There was a very strong sense of staff feeling hopeless when trying to deal with mental health issues in their student groups. Indeed, there were indications that staff would appreciate assistance in managing the stress they experience in dealing with students with mental health issues.

One staff suggestion that paralleled that of the student participants was the need for a system where students can go to a single staff member rather than needing to retell stories repeatedly. The suggestion here was for schools and departments to provide a “one stop shop” where students can be treated in confidence and appropriate referrals to student support services can be made.

Some staff expressed considerable frustration over the process of granting academic accommodations to students. There was a sense of lack of guidance concerning how much accommodation should be made for particular students while other staff questioned the whole process of making accommodations. It seemed that the issue of accommodating the academic needs of students with

mental health issues could benefit from discussion and input from relevant areas of the university, such as the Equity and Access unit.

It was also commented that staff are often not aware of the diagnosed conditions of students and that lack of knowledge regarding difficulties reduces the possibility of appropriate accommodations being made.

### **3.3.2 Barriers for staff in supporting students with mental health issues**

Staff mentioned a number of factors that limited awareness of mental health issues among students, including:

- High staff workloads and the limited time and energy available for interactions with students.
- Major changes over time that have resulted in less interaction with students and more regulations such as legislative issues and privacy laws; a fear of legal actions from students.
- Staff not being aware of students facing mental health problems as students do not ask for help until a problem occurs (e.g. with their academic progress in the semester), or until a crisis has occurred. Some staff observed that disclosure by students makes it much easier to support them.
- Staff not being able to pick up the signs that a student is struggling with mental health issues.
- Lack of clear guidelines in the university about interacting with and supporting students, which has resulted in uncertainty and reduced contact with students.
- Confusion over the situations in which it is reasonable to talk with students about personal issues; how to draw the line so that the teaching role is maintained and does not stray into counselling.
- Staff feeling the need to know the details of a student's mental illness or personal struggles in order to support them.
- Lack of skills in how to start supportive conversations with students facing mental health issues, and in how to encourage them to obtain help.
- Lack of skills in referring students to relevant student support services.

- Uncertainty concerning student confidentiality and privacy, what this means when supporting students, and what they should and shouldn't say to other staff.
- Not wanting to be perceived by the student and their family as interfering.
- The difficulty in detecting students with mental health issues who tend to be relatively quiet and who stop coming to lectures (as students 'disappear' like this for a range of reasons, not just because of mental illness).
- Different perspectives among staff concerning whether supporting students to access student support services is within their role.
- Observations by participants that some staff colleagues can appear ignorant, insensitive and resistant to knowing about the mental health issues facing some of their students.
- Fear of the personal, cumulative impact of dealing with students with mental health issues.
- Role confusion amongst those academic staff having clinical skills that could be used to support students.

Some staff also commented on the barriers that students face in disclosing their mental health problems and in seeking appropriate help. As can be seen, these often mirrored students' own concerns:

- Students do not feel they can talk about mental health issues because of the stigma, and they worry that their progress might be affected if people knew.
- Students like to be independent and try to manage themselves, and do not want to be labelled or identified.
- A lack of confidential spaces where students can talk with staff, as some staff offices lack privacy.
- Students might be hesitant to disclose that they are struggling with mental health issues when asking for special consideration because they are not sure what response they will get.

### **3.3.3 Suggestions for improving staff support**

A number of strategies aimed at enhancing the ability of staff to support students with mental health issues were suggested or endorsed by staff participants in the study.

#### **(i) Academic mentoring systems**

It appears that faculties and schools differ in how they structure support for students. The Student Academic Mentor in the Division of Nursing and Midwifery, for example, has a designated role to support students who are experiencing academic and personal difficulties and to refer them to appropriate services. Other schools have a non-academic staff member who can support students in similar ways though this role is usually a less explicit part of their job description. In other schools, the systems to support students appear much less defined.

Some staff discussed the benefits of having a designated staff member (an academic mentor) within a particular school whose role is to be the contact person for students experiencing difficulties. Rather than having to approach a number of staff to ask for accommodations, this academic mentor could liaise with the student's year coordinator and other staff on the student's behalf. The academic mentor could provide support to students and refer them to relevant services and would obviously have close working relationships with the University Counselling Service and the Equity and Access Unit. It was thought that this could reduce student fears of having to tell their story over and over again to different staff members.

An additional beneficial role of academic mentors could be to support staff who have questions or who need advice around supporting a particular student who they are concerned about. In this way, academic mentors would have the potential to build the capacity of other staff members within the school to respond to students with mental health issues.

Academic mentors would need to be provided with training and ongoing support and would need a good skill base. It was considered important that workload be adjusted to reflect this additional role and that it should be integrated into a person's job description. Staff were clear that the support of senior management would be essential for the initiative to work.

**(ii) Developing a coordinated approach towards supporting students with mental health needs**

Some staff talked about the need for schools to have more of a team approach and better coordination between staff in the school. This could include tracking student progress over time (so as to make it easier to identify when they are experiencing problems) and more role clarity among staff.

An example of a coordinated approach was presented by staff at the School of Education at the Albury/Wodonga campus. A staged response model has been developed to assist students who display signs of mental health issues.

Components of the approach include:

- A 'ResponseAbility kit' to assist student teachers' understanding of mental health issues.
- Encouragement of students to develop support networks and social supports.
- Verbal discussions with students needing or requesting support regarding relevant issues, followed up with a letter to reinforce the information provided (as students experiencing stress might not remember all the information they are provided with).
- In complex situations or situations involving academic staff safety, two staff members are present when consulting with the student. This is to ensure personal safety and for a scribe to be present to document the discussion.
- Informal debriefing sessions occur with other staff members after dealing with complex situations.

### **(iii) Provision of information**

Some staff suggested that the provision of written information and guidelines (or “suggestions” if the term “guidelines” felt too prescriptive) could help them feel clearer about how to support students. These guidelines would help to clarify how staff can maintain a sense of boundaries around their support so that they do not step into an inappropriate role, while being able to take effective action to support students and to refer them to relevant services. Such information would also help to clarify legal issues regarding what is reasonable action, privacy issues and duty of care.

These guidelines or suggestions could be posted on the La Trobe University website in downloadable form. It was proposed that this information could be presented with varying levels of detail ranging from succinct (for those who wish to take only a quick look) through to more detailed for those having a greater interest in the issues.

### **(iv) Training**

Some staff emphasised the importance of staff training in supporting students with mental health issues. The goals identified included becoming more knowledgeable about mental health issues, knowing the signs to look for to identify students who may be in need, and developing skills to support students. There was some awareness of the programs offered in this area by the University Counselling Service.

It was acknowledged that there are barriers to staff participation in such training. These include busy workloads, the confronting nature of mental health issues and a hesitancy to admit that one does not have sufficient skills to support students in this area. This generated the suggestion of using existing staff forums and the existing structures of a School to deliver training. In other words, bringing training to staff via existing staff meetings or other forums rather than expecting staff to go to training outside their normal work environment. There was also a suggestion to have training available in an interactive online form.

Staff training was considered vital for administrative staff who have daily contact with students and who are often the first to know or suspect when a student is facing difficulties. It was also commented that it should be mandatory for OH&S officers within each faculty to receive training and that it should be made a part of the induction training for all new staff.

#### **3.3.4 Other strategies suggested by staff**

Some staff expressed support for peer support / mentoring systems, such as having a third year student mentor a first year student. There was some discussion that this should be offered to all students, as to focus only on students with mental illness could result in them feeling marginalised. Email and chat rooms were seen as ways in which the student and mentor could communicate with each other.

The processes of transition and orientation to the University were also areas where staff could see value in looking at ways to support students with mental health needs.

Other strategies suggested by staff included:

- Staff pre-empting stress points that are likely to occur for many students over the course of a semester and highlighting these to students at the beginning of the semester to encourage coping strategies.
- More engagement when a student is returning to studies after an illness episode. If the student wished, a meeting could occur involving a member of the University Counselling Service and relevant academic or non-academic staff.
- Emailing students who miss classes for two weeks.
- Paying particular attention to providing clear explanations of the processes of Special Consideration so students are aware who will be seeing their personal information.

### **3.4 Student leaders**

Individual interviews and focus groups with student leaders covered quite a range of issues, with participants being direct and forthcoming in their views. This report will focus on three areas:

- Barriers to student leaders supporting students
- Issues concerning self-disclosure
- Strategies for supporting students

Student leaders reported the following barriers in supporting students with mental health issues:

- Isolation of the student.
- The student not wanting assistance.
- Gap between the initial recognition that a problem exists and getting the student the help they need.
- The stigma associated with making an appointment for counselling and going into the reception area of counselling (where others might see the student).
- The student having previous negative experiences of counselling.
- Inexperience of some Residential Assistants (RAs).
- The multiple roles of RAs and the stress they face from competing tasks.
- Reluctance of RAs to be intrusive, and fear that contact could attract attention to the student as someone with a mental illness.
- Residence staff not engaging with problems nor seeking underlying reasons for a request such as a change of room. Staff rarely communicating with RAs when they have referred a student to the RA or even informing the RA that the student is moving.
- The ease with which students can obtain substances at college; high alcohol intake and other substance usage being seen as normal.
- Fear of information spreading around college and of loss of privacy.
- Gossip in residential settings, which results in students feeling discouraged from getting help.

- Lack of privacy (e.g. students being reluctant to access internet sites on mental illness for fear they would be observed by others).

Although noted in only one focus group, student leaders reported some negative experiences of breaches in confidentiality by university staff. Concern was expressed about lecturers in one School identifying students in class who had sought extensions or applied for Special Consideration. The public disclosure of this information in class, along with negative comments by a lecturer, was seen to embarrass students and make them reticent to seek the help they need. It was also felt that students who applied for Special Consideration were sometimes disadvantaged by this. Concern was also raised in other courses where there has been indirect disclosure of private matters, such as a lecturer saying to the class that essays could not be returned because a particular student (who was named) had not submitted their essay due to an extension.

Student leaders also noted that the college environment creates significant barriers to disclosing mental health problems and subsequently obtaining help. As residential colleges often lack privacy, students can be hesitant in disclosing to others and so tend to keep their problems private. In this sense, college has the potential to add an extra layer of stigma if one's personal problems become public knowledge. Sometimes problems were only identified when they were associated with behavioural changes that could no longer be kept private within the college environment. Furthermore, because students generally stay at college for one or two years, they are hesitant to tell Residential Assistants if their mental health issues are long term in nature. Often, the student leaders opined, college can be a place where students try to 'keep it normal'.

The student leaders emphasised the importance of liaison with the University Counselling Service in terms of training, referrals and consultation. Of some concern was the report that student leaders in one focus group appeared to have little knowledge about the role of the Equity and Access Unit.

The student leaders also commented on strategies to support students facing significant mental health issues more broadly across the university campus:

- Training tutors (e.g. through an induction program) to use more interactive methods in tutorials such as small group work. This aims to break down isolation among students and to assist them to integrate whilst increasing tutor awareness of mental health issues.
- Better sign-posting of student support services.
- Better promotion of student support services, at multiple points in the academic calendar rather than just at the start of the year.
- Demystifying student support services and providing greater clarity of the types and range of issues dealt with by these services.
- Training and supporting mentors to help make university less of a 'faceless place'. Mentors could have varying levels of contact (from personal contact to email), and could support students who are missing classes or whose grades are dropping.
- A quiet space that is large and which has a focus (e.g. with computers), so that there isn't pressure for it to be a meeting place and so that students are not judged for being there alone.
- A 'walking group' at another university was mentioned as an opportunity for people to talk to others and exercise at the same time.
- Campus-based education programs on mental illness.
- Student leaders who did not have specific training in the area of supporting residents experiencing mental illness or other distress reported a high demand for more training and support. Student leaders who received training from University Counselling Service staff valued this training and regarded it as vital for students in residential assistant roles.

Indeed, student leaders at the Albury-Wodonga campus were disappointed at the level of support they received from the management of the residences. They felt that they were dealing with mental health issues above and beyond their capacities and that only good fortune had averted tragedy in some cases. They made a clear call for more direct and regular supervisory support for themselves and for better communication to all students about the availability of support services.

The only area of difference between the campuses was on the subject of training.

## **4 REFLECTIONS AND RECOMMENDATIONS**

### 4.1 Reflections on the research process

4.1.1 Under-represented groups

4.1.2 Staff

4.1.3 Student Leaders

### 4.2 Conclusions

4.2.1 Lack of awareness of student support services

4.2.2 Internal barriers to accessing services and supports

4.2.3 Isolation

4.2.4 Interactions between students and staff members

4.2.5 Stigma and discrimination

4.2.6 Physical space

4.2.7 Residential Services

4.2.8 Supports

4.2.9 Comparison with Other Studies

### 4.3 Recommendations

4.3.1 Overview

4.3.2 Major recommendations

4.3.3 Further recommendations

#### **4.1 Reflections on the research process**

There was a very strong response to the invitation for students with mental health issues to participate in the research. A desire to include all interested students resulted in more interviews being conducted than were originally planned. Of the fifty students registered with the Equity and Access Unit as having a mental health related disability, 15 participated in this project. Clearly these students were keen to have a voice in the University community. Since originally registering with Equity and Access several students had deferred or withdrawn from their studies yet expressed a strong interest in being able to talk about their difficult experiences and 'unfinished business' with the university. In some ways the interview met their need for an 'exit' interview as well as providing valuable information and suggestions for improving support to students.

There was also a good response to the general advertisement inviting participation by students who had previously experienced disruption to their studies due to mental health issues. This allowed the inclusion of students with a broad range of experiences including those who had experienced a single episode of illness and were able to reflect on the difficulties and the supports that enabled them to maintain or resume their studies.

Students seemed to appreciate the payment for participation in the project. Perhaps this is not surprising, given the prevalence of financial difficulties amongst students generally and in this group of students in particular.

Finally, as discussed in the introduction to the Results and Discussion section, no differences between the campuses were noted. Similarly, individual students reported no significant changes over the time between the first and second interviews.

##### **4.1.1 Under-represented groups**

It was of note that the majority of participants were mature age students. It is possible that the disruptive impact of the mental health issues prolongs the time

required to complete an academic course. Given, however, the vulnerability of younger students to the onset of mental health issues and the very high number of young students at the university, these students were clearly under-represented in the study. It is likely that younger students at an early point in understanding and managing their mental health issues face a number of barriers to social and academic participation and may have been less confident or willing to participate in a research project. Many of the mature age participants did reflect back on their experiences and needs as younger people and offered suggestions for supports they considered to be of relevance to younger students with mental health issues.

Also under-represented were international students, with only one participant in the project identifying as such. This was despite invitations being sent to students through the extensive international student support network. Further investigation into the needs of international students is clearly indicated, including ways to address cultural and linguistic barriers to participation and service access.

#### **4.1.2 Staff**

Although sessions were offered at various times, relatively few staff responded. Many who did were people who had had previous contact with the Counselling Service through their formal or informal support roles with students. Others expressed initial hesitation and uncertainty as to whether they would have enough knowledge or experience to contribute to the project. Once the focus group was formed, staff noted many barriers to supporting students with mental health issues. These included lack of time, competing demands and uncertainty expressed by colleagues regarding the legitimacy of the role of supporting students with mental health issues. Taken together, it is likely that the low response rate was linked to beliefs that others were better able to respond, more available to respond, or had a role that more legitimately encompassed student support and participation in the project.

Staff members on the Albury-Wodonga campus were keen to discuss concerns about the lack of support for students living in residences not managed by La Trobe University. Staff members reported feeling they were unsupported in managing difficult situations that arose in this setting. Many also commented on the general lack of external referral options and supports available in regional areas.

#### **4.1.3 Student leaders**

Few student leaders responded to the call to participate in the project on the Bundoora campus. Those who did participate were offered individual interviews to overcome difficulties in finding a common time to attend a focus group. There was a higher rate of participation by student leaders on regional campuses, inviting speculation about differences between the smaller regional and larger metropolitan campuses.

## **4.2 Conclusions**

The findings of the present study highlight the complex interaction between mental health and the pressures of study. It was noted that while University courses require a student to perform consistently and methodically, the direct effects of mental illness can make this very difficult. Common experiences included the negative impact of mental health issues on motivation, concentration and self confidence in performing academic tasks; heightened anxiety; and a strong desire to avoid social contact. As a result, students experienced difficulty attending classes and performing a range of study based tasks. Some students experienced medication side effects that appeared to have a negative impact on their studies. A number of students noted that the stress from study and concomitant financial pressures – such as not being able to manage both paid employment and study or being unable to meet Centrelink enrolment requirements – can augment the negative impact of the mental illness. Many students had experienced significant disruption to their studies including prolonged absences, deferral or withdrawal from studies.

Against this backdrop the project focussed on the situational, socio-cultural and structural barriers that students with mental health issues face in attaining full and sustainable academic and social participation at university. While the data produced was rich and varied, the results may be clustered around a series of themes.

#### **4.2.1 Lack of awareness of student support services**

Some students spoke of a lack of awareness of support services available on campus or expressed uncertainty about how to access them. Some perceived an absence of promotion of support services while others described the amount of information that they received at orientation as 'information overload'. Of those participants who had accessed support services, several described being referred from one student service area to another. This concern was echoed by student leaders.

#### **4.2.2 Internal barriers to accessing services and supports**

Many participants identified internal barriers which impeded accessing services and support. These included the need to acknowledge mental health issues and support requirements, not wanting to be treated differently, or feeling 'unworthy' to use services.

#### **4.2.3 Isolation**

Students reported that mental health issues reduced their level of social participation at university. A number reported feeling alone, isolated and having difficulty meeting people. Some reported no significant friendships at university and a low level of connectedness to the university community. Students and student leaders noted that isolation can worsen the impact of barriers such as uncertainty about university systems and procedures.

#### **4.2.4 Interactions between students and staff members**

The research indicated that interactions with staff strongly impacted upon students' experiences of university life. Requests for special consideration and academic accommodations are often pivotal points at which students confront a

number of personal, interpersonal and systemic barriers. For example, a student must make a decision about the level of disclosure and to whom. This may elicit fear of discrimination and stigma or uncertainty about responses to their request. Some students reported positive and helpful responses, felt accepted and encouraged and experienced few problems being granted accommodations or extensions. Others reported mixed or negative responses resulting in feelings of humiliation and a sense of disconnection from academic staff.

Many staff expressed uncertainty around responding to requests for special consideration or special accommodations. Questions arose for them about what information they could reasonably request from students, and the rights and responsibilities of both students and staff in these situations. Staff indicated that it was in the area of responding to students who were perceived to have mental health issues that many faced significant challenges and uncertainty. There was concern that some colleagues did not manage these interactions well or did not see this as a legitimate role for academic and administrative staff. Other barriers to responding effectively to student with mental health issues included time limits, conflicting demands, and differing levels of willingness or confidence among staff in interacting with students.

#### **4.2.5 Stigma and discrimination**

Supporting the findings of previous research, it was clear that the decision to disclose about mental health issues was a major one for students. Students, student leaders and staff all identified fear of stigma and discrimination as factors impacting on disclosure. Students noted some negative responses from other students.

Staff identified concerns about how some colleagues perceived mental illness and their role in responding to associated needs. While a number of students reported positive and helpful interactions with staff some reported mixed or negative responses. On some occasions the experience of discrimination was such that students reported feeling too uncomfortable to attend classes. One

instance resulted in the student withdrawing from studies. It is clear that the experience of discrimination can have a profound effect.

#### **4.2.6 Physical space**

The results indicate a number of ways in which limited or unsuitable physical space within the University impacts on the student experience of university life. Staff members working in open plan offices, for example, complained about the lack of private space in which to conduct confidential conversations with students. Students highlighted the lack of flexible spaces suitable for informal student gatherings and support groups. A need was expressed for an unaffiliated and non-commercial space for quiet reflection and rest. Another request was for communal kitchen facilities so that students could meet and prepare food apart from the commercial venues on campus.

#### **4.2.7 Residential services**

The research with students in leadership roles highlighted the unique and important role played by Residential Assistants in colleges (called RAs or Seniors) in providing pastoral care and support to residents. Training and ongoing support provided to RAs was greatly valued. In contrast, a high level of discontent was noted in a regional residential setting currently offering no support to staff or students in leadership roles. It was noted that this accommodation was not a La Trobe University facility. Student leaders also pointed to a general lack of privacy in residential settings that may inhibit students from making disclosures or seeking help.

#### **4.2.8 Supports**

There was relatively less information obtained from students about the supports that had enabled them to continue their studies. As previously noted, several students commented on support they had obtained from academic and general staff. Some students referred to Counselling, Equity and Access and other student services such as Financial Aid, Housing and Careers as supports. Others referred to friends, campus based support networks and informal contact

with other students through the Part-time, Evening & Mature-age Student Organisation (PEMSO) and the Food Co-op.

#### **4.2.9 Comparison with other studies**

There is a great deal of consistency between the findings of the current study and much of what has been reported in the literature. Common findings include staff uncertainty about responding to the needs of students with mental health issues – or perceived mental health issues – and the many issues that students face regarding the disclosure of mental health issues.

Complementing previous research, the current La Trobe University study focussed on the situational, socio-cultural and structural barriers that limit participation for students with mental health issues. While consideration was given to ways in which individual students with mental health issues can be ‘empowered’ and supported to achieve academic, social and personal outcomes, the project recommendations emphasise ways in which the University can provide environments and circumstances that facilitate these outcomes within an overall mental health promoting ‘settings’ approach.

### **4.3 Recommendations**

#### **4.3.1 Overview**

There is no doubt that a significant proportion of students experience mental health issues and require support to attain and retain academic and social participation at university. As a university community we have an obligation to support successful outcomes for students with mental health issues. This support must be encouraged and legitimised for academic and general staff and students in leadership roles. It must also be formalised through university policies and procedures reflecting best practice standards and contributions to international benchmarking. Supports and programs must be tailored to the identified needs of our metropolitan and regional campus communities, must be adequately resourced and should be subject to ongoing evaluative review and continual quality improvement.

### **4.3.2 Major recommendations**

The following recommendations incorporate many of the suggestions made by participants in this study. In seeking to address the barriers to social and academic participation, key recommendations take the form of a series of project modules that together comprise a comprehensive program. It is proposed that the modules be implemented within a coordinated 'settings' approach which is consistent with the broader aim of making La Trobe University a health promoting organisation.

#### *1. Project Module One*

Aim: To increase awareness of services and supports among students through targeted campaigns that address external and internal (personal) barriers to accessing services.

Strategies could include developing a marketing plan for student support services which uses multiple formats to target identified critical transition points for students (e.g. 6 weeks into semester) with repetition throughout the academic year to maintain and even increase awareness of services.

To complement this module it is recommended that strategies be developed to increase academic and general staff awareness of services (e.g. through orientation programs for new staff and 'Head of School' briefings) and enlist staff support to increase student awareness e.g. by displaying information in lectures and tutorials.

It is also recommended that plans for improved signage to student support services on the Bundoora campus be implemented as soon as possible to underscore the concept of a student services precinct, along with the distribution of information about services from a centrally located hub or contact centre.

## 2. *Project Module Two*

Aim: To develop, pilot and review a comprehensive faculty or school based 'good practice' system which enables staff to appropriately assist students with mental health issues.

Strategies would include:

- liaison with schools to identify current strategies and structures for supporting students;
- development of online guidelines for responding to students;
- staff training;
- provision of secondary consultations to staff.

The module would also include support and training for staff in student support roles (including academic mentors) and support and supervision for existing staff mentor positions across the faculties. The module would provide a framework within which to trial a number of minor recommendations such as the use of appropriate 'icebreakers' in new tutorial classes or encouraging staff to telephone a student who misses more than one or two classes. It would also provide an opportunity to explore whether components from the School of Education support program at Albury-Wodonga could be adapted for use on larger campuses or in different schools of the University.

Module Two draws together a number of larger and smaller recommendations from La Trobe University staff, students and student leaders. It also builds on well established La Trobe University Counselling Service programs including staff training in 'Responding to Distressed Students and Challenging Behaviours', secondary consultation, and contact with staff in support roles. The module addresses the need identified by the University of Tasmania study for the development of an overall model for providing support to staff responding to students with mental health issues and incorporates many of the larger and smaller recommendations from the University of Tasmania and

University of Melbourne studies pertaining to staff guidelines, training, mentoring, consultation and support. This module also seeks to address issues related to stigma and discrimination at the individual level.

3. *Project Module Three*

Aim: To develop a peer mentor system for students with mental health issues.

This will assist with transition, retention and, where applicable, resumption of study by reducing social isolation and enhancing access to services and confidence in negotiating university processes.

Components of this module will include:

- development of a system to recruit and select mentors;
- a comprehensive mentor training program;
- ongoing support and supervision for mentors;
- a campaign to alert students who may wish to have a mentor.

These components will be embedded in a comprehensive set of guidelines detailing the rights and responsibilities of all parties as well as procedures for the implementation and management of the program. The module will further develop collaborative support across the university community including the Counselling Service, the Equity and Access Unit and relevant student networks.

The peer mentor system was suggested or supported by a number of students, student leaders and staff in the La Trobe University study. While a number of universities have well developed and internationally recognised peer mentor programs (eg: Trinity College, Dublin) the literature review revealed no university mentor program specifically designed to meet the needs of students with mental health issues. During the writing process, the project team became aware of one such program which is currently being trialled at the University of Ulster.

### 4.3.3 Further recommendations

#### 4. *Develop a comprehensive model of 'good practice' to support students within La Trobe University residential communities*

This would build on existing Counselling Service programs in residential colleges and would include the following core components:

- participation in selection, training and ongoing support and supervision of students in leadership and pastoral care roles;
- training for and consultation to staff in support roles, including front of house staff and incoming college wardens;
- on-site counselling services to facilitate access and early intervention for residents experiencing difficulties, especially where barriers exist and residents may be less likely to seek support, for example international students and students from equity groups.

Initially the model would be developed and implemented at the Bundoora campus. Programs would then be offered at the Bendigo campus, with the potential for future application to new residential settings planned for other regional campuses and the new city campus.

This model would be situated within a 'healthy settings' approach aimed at strengthening the capacity for residential communities to create a positive environment which fosters the growth and well-being of residents. Specific campaigns could be developed for and within each context. An example would be using social norms marketing to reduce the stigma associated with mental illness.

#### 5. *Undertake further investigation into the needs of international students*

This group was underrepresented in the current study. Findings from the literature review support anecdotal evidence that international students face a unique array of stressors. These include language barriers, wide cultural gaps, unrealistically high expectations, unfamiliarity with host country's education system, misinterpretation of social cues that limit the formation of friendships with students from the host country, and financial

difficulties. Support from family and friends back home may not be optimal due to not understanding the difficulties the student faces. In addition, personal crises at home can be very difficult to manage from a distance. Mori (2000) argues that despite having additional needs, international students tend to under-utilise counselling and other health services due to a range of barriers. These include differences in basic beliefs about mental health problems and the sense of self, heightened stigma about being identified as having mental health issues, unfamiliarity with counselling and misconceptions about the consequences of asking for help.

Using focus group research, Bradley (2000) found that local and international students both thought that a system of mentoring would be helpful for students with mental health needs. International students recommended pairing international students with a mentor from the host country. A mentor program tailored to the needs of international students warrants further investigation and could potentially be developed and piloted as a specialised stream within the Module 3 'peer mentor' system at some future point.

6. *Support for the current project of the Equity and Access Unit to establish clear and accountable systems for Special Consideration and academic accommodations within faculties*

This aims to ensure that:

- policies and procedures are known to staff and students;
- policies are applied in a transparent way;
- decision making is accountable;
- students are not required to tell their story more than once and are advised in a timely manner of the outcomes of their request;
- staff are encouraged to consult with the Equity and Access Unit when uncertain about reasonable accommodations in an individual situation.

This recommendation would ultimately see the integration of these processes into the Disability Action Plan.

7. *An expanded focus on mental health issues in induction programs for new staff including the Equity Staff Development Program and orientation training for Heads of Schools*

8. *Strengthening connections and facilitating referrals between Student Support Service areas*

This is especially important on the larger Bundoora campus and can be enhanced by exploiting the new structure which brings all student support services under the umbrella of the Office of PVC Equity and Student Services.

9. *Consideration of a number of recommendations from the University of Melbourne and University of Tasmania studies*

These would include:

- return to study strategies following prolonged absence;
- improved exit strategies;
- fee relief for students who have prolonged absences;
- follow-up for students at risk academically e.g. lapsing candidature.

10. *Consideration should be given to findings from the above studies beyond the scope of the current La Trobe project*

Examples would include:

- Considering evidence for the effectiveness of regular campus-based counselling or case management support to students with serious mental illness;
- Addressing the need for additional staffing – possibly including dedicated roles – to provide an increased level of support;
- Consultation with external agencies to develop protocols which facilitate referral to community based mental health facilities such as community crisis assessment and primary mental health teams.

11. *Further investigation of the 'Health Promoting Universities' approach* This approach offers a useful framework within which to develop initiatives that address the needs of students with mental health issues, especially by linking these initiatives with mental health promoting strategies that focus on the mental health of students generally and the mental health promoting capacities of the university as a whole.

Recommendations arising from this approach include:

- Teaching and Learning – greater academic flexibility, availability of material in multi-formats, and inclusive practices.
- Review of current policies regarding building and grounds to incorporate and address the University's commitment to a healthy setting, the expressed needs of students and staff, and contemporary research into the impact of the built environment on many aspects of human wellbeing.
- Campaigns to reduce stigma and discrimination and promote social engagement. Such activities might include a social norms marketing campaign drawing on sector-wide collaboration and perhaps Commonwealth funding sources.

Although not designed to specifically meet the needs of students with mental health issues, the 'Health Promoting Universities' approach offers an important framework within which to address these needs. Rather than just consider the health of individual students, this approach finds ways to build collective resilience by enhancing the health promoting capacities of the university environment and culture.

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## **1 ADVISORY GROUP MEMBERSHIP**

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Dr Caroline Chanock	Academic Skills Unit, Faculty of Humanities and Social Sciences
Mrs Stephanie Chard	Acting Manager, Equity and Access Unit
Ms Jenny Corbin	Librarian, Library
Ms Lynda Evans	Student Counsellor, Bendigo Campus
Mr John Farhall	Senior Lecturer, Psychological Sciences, Faculty of Science, Technology and Engineering
Ms Amanda Fong	Manager, International Student Support Services, IPO
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Ms Robyn Thomas	Language and Academic Skills co-ordinator, LASU, Faculty of Law and Management

**UNIVERSITY STUDENTS WITH  
MENTAL HEALTH ISSUES**

**A BRIEF LITERATURE REVIEW OF THEIR NEEDS  
AND INTERVENTIONS TO PROVIDE SUPPORT**

**Phase one report for the research project:**

*Meeting the Needs of Students with Mental Health Issues*

**University Counselling Service  
La Trobe University**

**March 2006**

# LITERATURE REVIEW

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## LITERATURE REVIEW

### **Background and introduction**

The Equity, Access and Personal Welfare Committee at La Trobe University identified the provision of support for students with mental health issues as a key concern for university services. Last year it initiated the project *Meeting the Needs of Students with Mental Health Issues* with the core goal of improving opportunities for participation, success and retention for these students. This goal was incorporated within the broader aim of making LTU a health promoting organisation.

The project aims to meet its core goal by researching the experiences and needs of the target students and by improving support mechanisms. It will also investigate the attitudes and experiences of academic and general service staff towards students with mental health issues as these have a great bearing on the support that students receive. Student peer leaders (for example, seniors and residential advisors at residential colleges) will also be consulted.

A number of integrated activities will be conducted as part of the project, including:

- A brief literature review covering a range of relevant areas to inform the later phases of the project (the current document).
- Consultations with students and staff to assess the needs of students with mental health issues, the barriers that inhibit their academic and social participation, and the factors that positively facilitate this participation.
- The development of recommendations for strategies to support students with mental health issues, both in terms of new initiatives and strategies that are linked to existing policies, procedures, plans and systems of accountability within the university.

The project is overseen by an Advisory Group consisting of representatives from a range of academic and student support areas of the university, and from four of the university's campuses.

The purpose of this document is to review relevant background research to help inform the subsequent activities of the project. It will summarise:

- Some of the relevant epidemiological research providing insight into the mental health problems faced by university students, drawing upon general epidemiological studies of young people and university-based surveys.
- Research into the specific needs of students with mental health issues.
- Attitudes towards and experiences of students with mental health issues, from both staff and students.
- Interventions conducted to support students with mental health needs.
- Implications of previous research for the research methodologies and foci of the current project.

### *Scope of this review*

This document is not intended as a comprehensive literature review into the above areas. While tremendous help was obtained from staff at the LTU library in searching for and sourcing relevant studies and articles<sup>1</sup>, the project budget was sufficient to fund only a limited review. Consequently, while every effort was made in the time available to source relevant studies, it is likely that readers may be aware of relevant research that is not mentioned in this review.

Furthermore, because the intention of this review was to develop an accessible and succinct issues paper for the project's Advisory Group rather than a full length literature review, the research is summarised very briefly. A number of the articles are described quite superficially and contain considerably deeper and more varied insights than those represented in this review. Readers are encouraged to go to the original source of the various studies reviewed for further information.

The methodology for conducting this literature review consisted of using keyword searches in Google, Google Scholar and a range of library databases. In order to limit the scope of the search and to ensure current relevance, studies published prior to 1995 were generally not considered. Information was also occasionally sourced directly from universities which conducted specific research into the needs of students with mental health issues or particular which undertook initiatives to address these.

### *Philosophical and conceptual issues*

This review privileges the terms *mental health needs*, *mental health issues* and *mental health problems* to encompass a range of situations in which students' academic and social functioning is compromised by mental health considerations. Although the project will pay particular attention to the needs of students with severe mental illness, its findings and recommendations will be relevant to others who may not meet the criteria of a psychosis-based DSM IV disorder.

The project team is particularly cautious about the potentially negative effects of labelling students with a psychiatric diagnosis and of the increasing ease with which terms such as depression and social phobia are being used to describe quite complex patterns of issues. Furthermore, the team is concerned about how the overuse of psychiatric diagnoses can tend to locate the source of difficulties as individual deficits rather than being reflective of the very stressful, dehumanising and sometimes traumatic situations (both acute and ongoing) that many students face. The term *mental health needs* was chosen to reflect the importance of context and to avoid reinforcing perceptions that addressing these needs can be done by healing a relatively small number of 'sick individuals'.<sup>2</sup>

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<sup>1</sup> We particularly wish to thank the tremendous contribution made by Jenny Corbin.

<sup>2</sup> Other terms such as "psychiatric disorders", "mental disorders", "psychotic disorders", "mental illness", etc are still used in this report, however, to reflect their general usage among mental health professionals and the community at large.

A major focus of this project is to identify the barriers that students with mental health issues face towards full and sustainable participation and success in the academic, social and personal journeying facets of university life. While individual-level factors (knowledge, skills, etc.) have some influence over their level of participation, the project will focus on the situational, socio-cultural and structural barriers that limit such participation.

Furthermore, while the project will consider ways in which individual students with mental health issues can be “empowered” and supported to achieve academic, social and personal outcomes despite their difficult circumstances, special consideration will be given to how the university can provide environments and circumstances that facilitate these outcomes. Building collective resilience and providing supportive environments within an overall mental health promoting “settings approach” is a key philosophy underpinning this project. This philosophy is based in part on a commitment to avoid supporting dangerous expectations that students with mental health needs can “rise up” and overcome their individual circumstances if only we could find the key to making them more “resilient”.

### **Prevalence of mental health issues amongst university students**

Although there have been no recent epidemiological studies investigating the prevalence of mental health issues among LTU students, there is sufficient data from other sources to obtain reasonable estimates. This section will review some of this existing research by first focusing on epidemiological studies among general populations of young people and then specific surveys of university students. Some brief comments will also be made about data kept by disability support services.

#### ***Epidemiological studies among general populations of young people***

The focus of this sub-section on studies of general populations of young people recognises that the majority of university students fall within the 18-24 year age bracket. While university students are a particular sector whose mental health needs may not be fully characteristic of young people as a whole, it is likely that epidemiological studies of general populations of young people will still provide a reasonable estimate of the prevalence of major mental health problems faced by university students. Furthermore, these large scale epidemiological studies have usually been conducted with greater rigour and more thorough assessment processes than those focused solely on university students.<sup>3</sup>

The most comprehensive Australian epidemiological study of mental disorders among adults was the ABS *National Survey of Mental Health and Wellbeing of Adults*, conducted in 1997 with a sample of 10,600 people aged 18 and over. The survey used the Composite International Diagnostic Interview (CIDI) to measure the prevalence of

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<sup>3</sup> We fully recognise, however, that a large minority of university students are aged 25 or over, and that the prevalence rates reported in this sub-section will not accurately represent them. Consequently, the rates reported here are not definitive of the entire university population.

three broad clusters of disorders – anxiety disorders, affective disorders and substance abuse disorders – in the twelve months prior to the survey.

The survey found that 27% of people aged 18-24 were classified with a mental disorder, compared to 18% across the whole sample. Among this age group, some 22% of males compared to 11% of females experienced a substance use disorder, whereas the respective rates for affective disorders were 3% and 11% and for anxiety disorders 9% and 14% respectively.

In a large U.S. study also using a version of the CIDI, Kessler, Berglund et al (2005) found that 30% of 18-29 yr-olds had experienced an anxiety disorder at some time of their life, 21% a mood disorder and 15% a substance use disorder. Some 46% in this age bracket had experienced at least one DSM-IV disorder at some point in their life. They also found that one-half of all cases of a DSM-IV disorder commenced by age 14, and three quarters by age 24. Three quarters of all anxiety disorders had commenced by the age of 21, whereas for mood disorders the corresponding age was 43, indicating a later average age of onset. It is important to note, however, that 50% of all mood disorders had commenced by the age of 30, and 25% by the age of 18.

### **Psychotic disorders**

Most psychotic disorders begin before the age of 25, though there is often a delay of some years before young people suffering from such a disorder present for treatment (Hickie et al, 2005). Schizophrenia comprises approximately 60% of psychotic disorders (Copolov, 1998). The incidence of schizophrenia has generally been estimated as 1% across the whole population, though recent research suggests that this may be an overestimate. The most common age of onset among males is 18-25 and among females from 25 to their mid-thirties (Mental Illness Fellowship, 2005).

In an analysis of the ABS *National Survey of Mental Health and Wellbeing of Adults*, Mitchell et al (2004) found that 0.7% of 18-24 yr males and 1% of same aged females had a twelve month prevalence of bipolar disorder. They also found that compared to major depression, bipolar disorder was related to higher levels of disability and suicide attempts. Kessler, Chiu et al (2005) found a much higher 12-month prevalence rate of 2.6% in their large U.S. study across the entire sample of a general population of adults.

### ***Surveys among university students***

The American College Health Association (2005) administered a generic health status assessment survey to 19,497 students across 33 campuses in 2003. Almost one in eight students reported that they had been diagnosed with depression at some point in their lives, with 39% of these having been diagnosed in the past school year. Depression and anxiety were the fourth and sixth most frequently reported health problems experienced in the past school year. Just over 1% of all students surveyed reported attempting suicide on one to four occasions in the past school year, with just over 8% having seriously considered it one to four times during this period.

The Educational and Development Support Centre (2002a) at the University of Leicester surveyed 2700 undergraduate students in 1998 and 2001. The study found that in 2001 approximately 20% of students were crucially or very concerned about “managing vague anxieties, phobias or panic attacks”, 35% about “coping with sadness, depression and/or mood changes”, and 11% about “becoming less confused or pre-occupied with suicidal thoughts”. A 2001 study of postgraduate students reported these percentages to be 25%, 33% and 8% respectively (Educational and Development Support Centre, 2002b). Furthermore, item responses to the Brief Symptom Inventory showed that in 2001, 13% of undergraduates were at least moderately distressed due to depression, 12% due to social discomfort and at least 14% due to anxiety. Seven percent of undergraduate students in the 2001 survey (and 6% in 1998) reported missing at least one lecture/class/appointment because of psychological problems.

The University of Leicester study also found that more international undergraduate students compared to UK undergraduates reported being concerned with the vast majority of stressors covered by the survey (ranging across study issues, careers issues, adjustment to student life, general and psychosocial health, personal development, relationships and religious concerns). Furthermore, their mean Brief Symptom Inventory scores were significantly higher on the dimensions assessed. Also of note, the research found that for undergraduates generally, over one-half identified their personal tutor as someone they had sought help or advice from, and over one-third other academic staff. For postgraduates these percentages were 85% and 52% respectively.

Stewart-Brown et al (2000) in their study of three British higher educational institutions found that the health of their students was poor relative to their peers in the local population, with emotional health being particularly affected. However there are contradictory findings suggesting that the mental health of tertiary students is not necessarily worse than their age-similar peers. Silverman et al (1997) studied suicide statistics in 12 mid-western campuses in the U.S. from 1980 – 1990, and found that completed suicide rates were half the general national average of a sample matched for age, race and gender. Importantly, graduate students were found to be at greater risk than their younger peers.<sup>4</sup> The Royal College of Psychiatrists (2003) in the UK concluded that there is little evidence that students suffer psychiatric disorders at higher rates than age-matched non-student populations.

### ***Disability statistics***

As Shaddock (2004) reports, disability statistics are an unreliable source of data to ascertain the proportion of university students who have a psychiatric disability, as the majority do not disclose their illness. Furthermore, statistics kept by disability offices are generally not able to discern the relative frequencies of different types of disability.

Collins and Mowbray (2005) surveyed 275 U.S. colleges through their disability services. They found that 18% of all students who received services from these disability services had a psychiatric disability<sup>5</sup>. The most commonly reported disorders were anxiety (34%), affective disorders (25%), mixed (15%), and psychotic (15%).

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<sup>4</sup> It is important to note that this study may have limited relevance to the current context.

<sup>5</sup> Note that 57% of disability services reported these figures to be estimates only.

Despite the complex nature of considerations involved in deciding whether to disclose about one's mental illness, the increased willingness of young people to seek help for serious mental health problems may partially be responsible for the increasing number of such students seeking help from disability and counselling services (Royal College of Psychiatrists, 2003). Furthermore, although stigma still appears to be a major issue, young people and older adults with mental illnesses are more likely now to be developing a sense of their rights to tertiary education compared to previous eras.

### **Research into the specific needs of students with mental health issues**

There is considerable research showing that mental illness causes significant disruption to students' success at university, having major negative consequences for their future work prospects. In a large-scale American epidemiological survey, Kessler et al (1995) found that only about one in seven students with a psychiatric disorder did not withdraw from college prior to the completion of the degree.

A wide range of factors are involved in causing this disruption, including the direct effects of the illness, internalised stigma, lack of support, and the inability of the university environment to support students to make use of the available services (Becker et al, 2002).

Many psychiatric conditions are associated with impaired cognitive functioning such as reduced memory, concentration, planning and self-organisation. Some disorders such as schizophrenia can affect problem-solving skills and critical thinking, which can be worsened by anti-psychotic medication. Furthermore, students with psychiatric disorders are at increased risk of bullying, stigma and isolation, and face more barriers than other students in adjusting to the university environment and in making friends (McLean and Andrews, 1999; Collins and Mowbray, 2005).

McLean and Andrews (1999) surveyed 115 students who acknowledged a psychiatric disability from the TAFE and university sector, mostly from Victoria and NSW. In addition, 257 staff were interviewed, as were 25 prospective students. Focus groups were conducted prior to the survey to help develop themes for the quantitative elements of the study. The authors found that major depression, bipolar disorder, panic disorder and schizophrenia were the most common illnesses among the students. Both staff and current students identified that major problems for the students were concentration (both when studying and at class), confidence, motivation, memory, keeping with deadlines, attending class regularly, sitting exams, relating to people, and explaining their needs.

Conversations around the decision to disclose were a major feature of the focus groups. A number of students who had disclosed to disability liaison officers about their psychiatric condition regretted doing so and stated that they would not advise other students to disclose. The main reasons for regretting disclosure included stigma (based on experiences of being stigmatised, treated differently and feeling labelled), insufficient benefits of disclosing, and a lack of understanding (e.g. by teachers). Some students stated that they would advise others to disclose only under certain conditions, such as if their studying is affected or if they know that who they are disclosing to is caring and supportive.

Some students in this study gave positive reasons for disclosing, including to raise people's awareness about mental illness, to receive available support, to obtain the benefits from being open rather than isolated in what one is facing, and to promote safety if things went wrong. Generally students seemed to weigh up the advantages of disclosing (particularly the need to disclose in order to receive assistance) with the disadvantages. The authors argued that while the stigma associated with mental illness remains, these disadvantages are likely to continue. Both staff and students stressed the need for disclosure to be an individual decision.

Collins and Mowbray (2005) found that fear of disclosure and stigma were major barriers to students with psychiatric disabilities disclosing to their disability office. Similar themes on disclosure were found by Bathurst and Grove (2000) in their study of seventeen students who decided to disclose their mental health status at the University of New South Wales. The authors found considerable disadvantages to disclosure, including stigma, stereotypes, ignorance and discrimination, and reactions of hostility, insensitivity, minimisation of the illness and breaches of confidentiality by staff. Furthermore, even staff who were supportive of the students often responded in inappropriate ways. The students, however, also reported considerable advantages of disclosure through the helpful academic and personal support they obtained. Student decisions regarding when to disclose appeared complex and related to their own perceptions of their mental illness, how they feel about themselves, how ill they feel they are, and how their illness impacts on their academic progress.

In one of the largest studies of its kind, Blacklock et al (2003) conducted 39 focus groups at 13 colleges and universities in the U.S., gathering data from students with psychiatric disabilities, staff, disability service providers and campus and community mental health services. The focus groups were used to develop a campus assessment tool to assist institutions to assess how they respond to students with psychiatric disabilities.

The focus groups identified five main barriers to the full participation of students with psychiatric disabilities:

- Stereotypes and stigma, both from others and from themselves, which were identified as the most substantial barrier faced.
- The complex nature of the psychiatric conditions themselves, with students needing to simultaneously manage both the conditions and their studies.
- The stress caused by limited financial resources and the need to do considerable amounts of paid work to make ends meet.
- Limited access to the information and services that would help students to manage their disabilities.
- Organisational and institutional barriers, such as a lack of communication and coordination between service providers, academic teaching styles that did not make classroom environments seem welcome, and a campus identity or climate that did not support accommodation to the needs of students with psychiatric disabilities.

Collins and Mowbray (2005), in their large-scale study of U.S. disability offices, found that the issues most commonly raised by students with psychiatric disabilities were accommodations and support, coping with school and attending classes.

Megivern (2002) studied 57 U.S. college students who reported psychiatric symptoms that interfered with their academic performance. She found that students who identified themselves as having a psychiatric disability were more likely to utilise support services. Furthermore, few of the students surveyed were aware of the presence of a disability office on campus that could support them, with indications that this was due to the insufficient publicity of these services.

Meilman et al (1992) examined 77 students who took medical withdrawals for mental health reasons at a UK university over 3 years. They found that depression was a major factor in about half of the withdrawals. While in general students returning to their studies significantly increased their grade point averages from prior to their withdrawal, depressed students did not do as well as non-depressed students when returning to their studies.

Referring to a number of U.S. studies demonstrating an increase in the number of students on campuses with serious psychological problems, Silverman (2004) argues that the transition to university can introduce a range of stressors that can strengthen psychological difficulties or create new ones. He refers to the “sequence of mounting pressures” that students can face in terms of academic requirements, financial stressors, relationship responsibilities to partners and family, access to alcohol and other drugs, etc. He stresses that these pressures differ for younger students than for graduate and more senior students who may need to juggle a greater number of non-academic commitments in their lives, and where the pressure to find work to pay off student debts is more imminent.

### *International students*

Mori (2000) reviewed a range of evidence suggesting that international students face an array of stressors not shared (or not to the same extent) by most other students. These include language barriers, unfamiliarity with the host country’s educational system, unrealistically high expectations, wide cultural gaps, misinterpretations of social cues that limit the formation of friendships with students from the host country, and financial difficulties<sup>6</sup>. Support from their families and friends back home may not be optimal as they may not understand the difficulties that the student faces, and personal crises at home can be very difficult to manage when students cannot easily return home. Mori argues that despite having additional needs, international students tend to underutilise counselling and other health services due to a range of barriers. These include cultural differences in basic beliefs about mental health problems and the sense of self, heightened stigma about being identified as having mental health issues, unfamiliarity of counselling, and misconceptions about the consequences to them of asking for help.

In a focus group of international students in a UK university, Bradley (2000) found that the difficulty of forming friendships with UK students was commonly expressed. Many felt quite alone and isolated from UK students, and that it was very difficult to form relationships with them that went beyond the superficial level. Other difficulties

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<sup>6</sup> A similar set of difficulties was identified by Oropeza et al (1991) in an earlier review of the literature.

expressed included experiencing racism from UK students, and the isolation from not fitting in with student sub-cultures centred on alcohol.

### **Attitudes towards and experiences of students with mental health issues**

This section will review studies focusing on experiences of students with mental health issues by staff and by other students. A number of these studies have arisen from the recognition that academic and general staff potentially have key roles in assisting students with mental health needs, yet have attitudinal, knowledge, skill and other barriers towards providing effective assistance.

#### ***Staff perceptions and attitudes***

In one of the largest studies of staff perceptions and attitudes, Becker et al (2002) surveyed faculty members at the University of South Florida (n=315). Among the findings include:

- Only 44% stated that they were at least sometimes able to determine if a student has a mental illness.
- Positively, the vast majority believed that students with mental illnesses can achieve academic success.
- 65% stated that they were able to discuss their concerns with students experiencing mental illness, and 63% that they are able to convince or at least try to convince them to seek help from the university counselling centre. Significantly more females than males reported these abilities. Staff who were very familiar with the mental health services on campus were *markedly* more likely to feel able to talk to students with mental illness in these ways, compared to those who were only somewhat or not familiar.
- Almost three quarters of students were unfamiliar with the mental health services on campus.
- 13% felt that the presence of a student with a mental illness would make them feel unsafe, and 8% felt that they were dangerous. Just over half felt uncomfortable dealing with students with a mental illness. Only 4% of staff had ever provided classroom accommodations for students who they believed had a mental illness (generally through extending deadlines) or made any referrals for them to seek services. The most important factor in the study that was positively associated with making accommodations and referrals was staff feeling able to identify students with mental illnesses and to help them. Furthermore, fear was negatively associated with making accommodations and referrals.

In a survey of staff in a north England university, Bradley (2000) found that many felt they had a lack of knowledge, skills and expertise to be able to detect mental illness, particularly among international students. Bradley suggested that particular difficulties can arise in detecting mental illness among international students due to the ease with which cross-cultural misinterpretations and misunderstandings can occur. Bradley also suggested that international students from some cultural backgrounds may face particular barriers in being comfortable with discussing mental health issues with staff.

This reluctance to discuss personal issues may make the task for staff to raise their concerns even more difficult.

Backels and Wheeler (2001) surveyed staff at a college in eastern USA by presenting them with 15 problems indicative of mental health issues (anxiety, depression, eating disorder, etc) or life stressors (death of a parent, rape or sexual assault, family problem, etc). They found that the majority of staff perceived these issues as having an impact on academic functioning. However, except for the presenting problems of “death of a parent”, “learning disability”, and “rape or sexual assault”, considerably smaller proportions of staff expressed a willingness to extend flexibility to students with these presenting problems to help them meet their academic requirements. For example, while 79% of faculty felt that anxiety had an impact on academic functioning, only 42% were willing to extend flexibility. Corresponding figures for other presenting problems included: relationship problems – 65% and 22%; substance abuse – 95% and 42%; eating disorder – 60% and 39%; and depression 85% and 64%. Also of note, female staff were more likely than males to refer students in their class for counselling for four of the 15 presenting problems.

A 1998 study of staff at the University of Leicester found that 52% reported coming across at least one student with psychological or mental health problems (Educational Development and Support Centre, 2002c). Some 55% stated that they wished they had more knowledge about how to help students experiencing difficulties, and 46% expressed interest in a short training session to assist them in this. Among those who reported this interest, the issues most commonly requested to be covered in the session were: effective strategies for appropriate help, learning more about available support, general overview of mental illness, effective communication (including how to initially approach students), recognising when students need help, and making referrals.

Stanley and Manthorpe (2001) surveyed staff at a UK university and found that 35% had experience of supervising students with mental health problems in the previous five years. Of the problems they came across, 28% were considered to be severe or life-threatening. The unwillingness of students to receive help or their inaccessibility to help was the most common difficulty reported in attempting to support students with mental health problems, followed closely by lack of skills and experience in dealing with students with these issues. These were identified by just over one quarter of the tutors surveyed.

In their study of 17 students who had disclosed a mental illness at the University of New South Wales, Bathurst and Grove (2000) found that some had experiences of their illness not being taken seriously by staff, who seemed to claim that this was an excuse for being lazy and not committed. The authors argue that mental illness is associated with a range of negative stereotypical character connotations (being disengaged, emotionally labile, compulsive, tired, etc) and that staff can tend to treat students with a mental illness through these stereotypes. They also found a number of incidents where staff dismissed or minimised student’s reports of mental illness even when official documentation was presented to support their claim for special conditions, believing that the students were abusing the system. Breaches of confidentiality were also found, and even well meaning and supportive staff often didn’t know how to respond appropriately.

Donnellan and Pascott (2000) surveyed students (who were identified as having a clinical disorder) at the University of Western Australia. Both staff and students reported absences as a major consequence of mental health problems. Staff reported that workload and time pressures prevented them from expressing interest in being trained to increase their understanding and management of student mental health concerns. Some also indicated that they are hesitant to approach students who they believe may have mental health problems until their academic performance has begun to deteriorate.

### **Dealing with difficult behaviours**

Two studies are particularly noteworthy in terms of staff experiences and attitudes towards dealing with difficult behaviours of students with mental health issues.

Shaddock (2004) conducted an email survey (n=40, with over half from the University of Canberra and the rest mostly from other Australian universities) assessing staff responses to disruption caused by students with a mental illness. The results identified four themes:

- The fear and distress that staff can feel in these incidents, who may feel unprotected by the university. Shaddock argued that while students with a mental illness are no more violent than the general population and are more likely to be victims of violence themselves, tertiary institutions need to develop policies and procedures to deal with student misconduct to protect the safety of staff and students.
- A low level of awareness by staff of policies and procedures related to student misconduct. Staff appeared to have higher levels of awareness of counselling services, disability services and other avenues to support students, but not who to approach in situations of student misconduct.
- A lack of awareness by some staff of their legal responsibilities under the Disability Discrimination Act.
- A desire that students with mental health issues disclose their situation to staff. Shaddock argues that this is very difficult for students due to the disadvantages that can arise from disclosure, in particular the stigma and discrimination often associated with mental illness. She also argues that many psychiatric conditions remain undiagnosed at the early stages, and that therefore the students themselves may not be able to articulate their condition.

A feature of the focus group research with staff conducted by McLean et al (1999) was identification of feelings of powerlessness to intervene in situations where students were exhibiting disturbing behaviour. Staff were concerned not only with the risk to safety caused by student violence, but also by the potential disruption to the learning of other students. They felt that students with difficult behaviours absorbed a considerable amount of staff time that needed to be spent in other areas. Staff realised that in-depth training in crisis management was unrealistic and probably not helpful, but that training on how to access available services in difficult circumstances would be useful. It is noteworthy that a number of the staff stated that efforts to improve the support given to students with mental health issues through providing flexibility and individual understanding would benefit all students.

### *Student attitudes*

A 1999 survey of 1901 University of South Florida students (Becker et al, 2002) found that while the majority had reported positive attitudes towards students with a mental illness – that they felt comfortable talking with them, believe that they can succeed at college, etc – more than one half expressed stereotypical beliefs, such as that they have limited social skills and that they would try to avoid them for fear of being misunderstood. Only 40% reported feeling able to discuss their concerns with students who show signs of a mental illness, and just over one-third stated that they are able to at least sometimes determine if a student has a mental illness.

Hill (2005) conducted a telephone survey of 91 undergraduate students in mid-western USA, and found that students who perceived mental illness as being caused by biological (genetic or inherited) or social/structural factors were more willing to socialise with people with mental disorders. This was notable in the context of previous research that showed that attributing a biological or genetic cause to mental illness was associated with increased stigma (Mann & Himelein, 2004). Notably, far fewer students were willing to work closely (in the context of a job) with people with a mental disorder than they were to socialise with them. Furthermore, responding to vignettes, 42% of students expressed that someone described with some of the typical characteristics of schizophrenia was “very or somewhat likely to do something violent towards others”, compared to 14% for someone described with characteristics of major depressive disorder.

In a study of 116 U.S. undergraduate students, Mann and Himelein (2004) found that the level of stigma towards mental illness varies considerably according to the actual condition, with schizophrenia more stigmatised than depression. Stigma towards mental illness was less among those students who had more positive attitudes towards treatment, and females were more comfortable than males towards people with schizophrenia or depression.

Finally, Granello and Granello (2000) found that students with broad and inclusive definitions of mental illness had less negative and more compassionate attitudes toward people with a mental illness.

### **Interventions and recommended strategies**

Our literature review, albeit not comprehensive, uncovered surprisingly few initiatives to address the needs of students with mental health problems that lay outside of the domain of the usual case management or one-to-one services provided by a disability office or campus-based counselling centre. Furthermore, we uncovered few comprehensive models attempting to address these needs through an integrated plan of multiple strategies.<sup>7</sup>

### *Multiple strategy initiatives and general recommendations*

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<sup>7</sup> One example of a comprehensive model is provided by Rickinson and Turner (2002), which we have not reviewed as a number of the component strategies consist of intensive one-to-one services.

Blacklock et al (2003), in their comprehensive U.S. study into the needs of students with psychiatric disabilities, identified four main strategies to address the barriers to student participation identified in their research:

- Improving classroom climate, teaching practices and accessibility for all students, not just those with a psychiatric disability. Through implementing what the authors termed *Universal Instructional Design*, students with psychiatric disabilities would feel more welcome in the classroom – and presumably, staff would have developed better skills to communicate with them.
- Creating sub-communities on campuses so that students with psychiatric disabilities could connect with others.
- Improving the clarity, coordination and communication among key stakeholders, to reduce the complexity and confusion that students face in accessing fragmented services.
- Ensuring access to resources, strategies and training for key stakeholders, to raise awareness among each stakeholder group of the role that students with psychiatric disabilities perform in the university community.

Nolan et al (2004, 2005) describe a program to engage the whole campus of a small tertiary institution in Ohio to accept and support students with mental health needs. They titled it the *New Diversity Initiative* to extend the historical precedent of campuses gradually accommodating the needs of students who were previously shunned from university life – women, ethnic minorities, students with disabilities, etc. The program's strategies included:

- Research into the counselling centre's records to profile the mental health needs of students attending the centre over the previous 10 years.
- Production of a video for staff (covering how to manage disruptive behaviour in class, how to make a referral, etc) and students (how to recognise that a friend may be in need of help, how to support students with mental health issues, etc), that include a focus on the different types of mental health issues occurring on campus.
- The *Because We Care* project where specially designed forms are distributed to staff and students (and available on the college website) that list a range of behaviours that may indicate that a student is experiencing a mental health issue (e.g., missing numerous classes, appearing distraught, performing below expectations) and which provide space for further comments about the person's behaviour. Staff who complete a form when concerned about a student send it to student affairs who then decide how to reach out to the student and offer assistance. Since the introduction of this project a significant number of forms have been received, including over 100 in a single semester alone.
- An *Academic Misconduct Resource Group* consisting of professionals from a range of college services that responds to self- and other- threatening behaviour by students. It does this both by developing policies and procedures, and also by handling specific cases of disruption.
- Training of staff and students to address their concerns about how to support students with mental health needs.

In their Australian study of tertiary students (both TAFE and university) with psychiatric disabilities and staff, McLean and Andrews (1999) found that several of the

suggested learning support strategies were reacted to favourably by both the students and staff. These included “A quiet place where students can go if they feel stressed”, “Staff to be available to talk to students (without appointment)”, “More flexibility in course completion times”, and “Flexibility in assessment tasks”. Staff also supported strategies based on providing academic skills help, though these weren’t as favoured by the students. The availability of a peer mentor or ‘study buddy’ received less support from both students and staff than many of the other strategies.

The suggestions of McLean et al (1999) of having support structures which do not involve disclosure (e.g. a quiet space to retreat) seem particularly important given the strongly ambivalent attitudes towards disclosure held by many of the students in their focus groups. In addition, they recommended staff training, clarification of confidentiality responsibilities, recognition by the university of the amount of time that staff need to support students with psychiatric disabilities, encouragement of a culture of diversity, facilitation of peer support programs, availability of schemes that develop students’ personal, professional and study skills, safety procedures for staff and students, availability of independent mediation, and course flexibility. Andrews and McLean (1999) also produced a resource kit for staff to respond to students with mental health issues, including a range of examples of the reasonable accommodations they can make to support these students.

Donnellan and Pascott (2000), in their study of Western Australian students with mental health issues, found very low rates of awareness of key university procedures and regulations, such as the potential for special consideration and deferred exams. They recommended that the university use a range of means to improve students’ awareness of these procedures and regulations. They also suggested that the university could take steps to encourage students with mental health needs to disclose their problems, and that staff need to be supported to approach students who they are concerned about or who are frequently absent from class.

### ***More specific types of interventions***

In addition to the above studies and recommendations, a number of other types of interventions were found.

#### **Self-advocacy**

Carmela (2004) suggests that students with psychiatric disabilities can be taught self-advocacy skills to exercise their rights in negotiating with lecturers and other staff regarding accommodations that would support them in their academic performance. He argues that this type of training can help develop their assertiveness, confidence, communication and self-esteem. He suggests that students with a psychiatric disability can tend to avoid the one-to-one communications that are required for them to advocate for accommodations and support, and that training in this area can help them to exercise their rights.

## **Supported education programs**

Some recent reviews have focused on the role of supported education programs in assisting students with psychiatric disabilities (Mowbray et al, 2003, Collins & Mowbray, 2005). These programs assist people with psychiatric disabilities to access and enrol in tertiary education, and to promote their retention and success. Collins and Mowbray (2005) found that the majority of these programs are situated off-campus, run by a mental health organisation, clubhouse or vocational program. Furthermore, most disability services reported having less than moderate involvement with these off-site supported education programs, leading the authors to suggest the need for greater linkages between them.

## **Peer training/support**

Pearce et al (2003) describe a Suicide Intervention Project whereby University of Canberra students were provided with two-day training to respond more effectively to their peers. They were trained to recognise mental health problems in others, feel comfortable about talking to other students about mental health issues, and to be aware of appropriate support services. An evaluation found that the training improved students' mental health literacy, attitudes about the benefits of talking about one's feelings, and their confidence and intentions to talk to other students about mental health feelings. Furthermore, most of the students reported an increase in their actual behaviours of talking to other students about mental health feelings.

Molidor et al (1996) described a student organisation named OPEN (Open Possibilities, Endless Network) in Texas that operated as a support group for students with mental health issues. Explicitly not a therapy group, it acted as a space where students could support each other, discuss their fears and solve problems together. Guest speakers were also invited to some of the meetings. To avoid stigmatisation, the group was organised by general student services rather specifically by the mental health services on campus.

The Counselling and Advice Service at the University of Westminster describe a "mental health mentoring" initiative on their website, focusing on students with long-term mental health problems. The mentoring is provided by a counsellor at the service, but is explicitly not counselling. Rather, it is designed to assist students to manage their studies and to negotiate university systems.

Using focus group research, Bradley (2000) found that local and international students both thought that a system of mentoring would be helpful for students with mental health needs. Local students, however, were concerned that helping students in difficult situations would drag them in and drain them too much. International students thought that mentoring would be best if paired with a student from the host country, rather than someone from the same culture.<sup>8</sup> Note that Bradley's article is one of the best we've found in terms of recommendations for meeting the mental health needs of international students.

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<sup>8</sup> Bradley, however, noted research demonstrating the strong benefits of the buddy coming from same culture rather than from the host culture.

## **Resource booklets / kits**

Some Australian initiatives have involved the development of resource booklets or kits for students or staff. Andrews and McLean (1999) in Melbourne developed a resource kit for staff containing information on mental illness, how staff can assist students with a mental illness, examples of accommodations they can make, and management strategies for unusual behaviours. In 2002 the Student Services Centre of the University of New England updated a Queensland University of Technology (QUT) publication *Succeeding with a Psychiatric Disability in the University Environment: Information and Advice for Students and Staff*. The original publication was developed on the basis of consultations and focus groups conducted at QUT. This publication helps students to decide whether to disclose, to identify strengths, know their illness, identify areas where assistance may be needed, and obtain supports. Suggestions are also made for staff, such as things to keep in mind when interacting with students with a psychiatric disability. Information on a range of campus and external support services is also provided, in addition to summaries of the characteristics of a range of different psychiatric disorders. A resource kit for students with a psychiatric disability has also been produced in South Australia (Dowdy & Osborne, 2000).

## ***Health promoting universities***

Although not designed specifically to address the needs of students with psychiatric disabilities, Health Promoting Universities offers an important framework within which to address these needs by focusing on a settings approach. Rather than just consider the health of individual students, this approach finds ways to measure the health-promoting capacities of the university environment and culture (e.g., see [www.healthyuconference.ualberta.ca](http://www.healthyuconference.ualberta.ca)).

There are considerable benefits in using this approach for the goal of supporting the needs of students with mental health issues. By focusing on the university's capacities to address settings-based barriers and to nurture mental health promoting facilitators, attention is drawn away from narratives that equate mental health problems with individual weakness. It is also likely that staff and other key stakeholders would be more motivated to take greater measures to support students with mental health needs if these measures benefit a range of students and enhance the health promoting aspects of the university's cultural climate in general. While students still have an individual responsibility to access supports that will assist them to manage their mental health issues, the university has a collective responsibility to address the socio-cultural, structural and institutional barriers that can make it very difficult for many to disclose their situation and to seek help.

A settings approach to meeting the needs of students with mental health issues does not need to focus solely on the whole university as "the setting", though this would be a desirable component for a range of reasons. A settings approach could also be implemented through the "health promoting school" or "health promoting faculty". Here a particular school or faculty takes responsibility for the cultural, structural and institutional processes that it has control over, and identifies barriers and facilitators that could impact on student mental health and the needs of those with mental health problems. A key part of this could involve long-term processes that assist academic and

support staff to set up systems that monitor the ways in which mental health issues are interfering with the academic and social participation of their students. Taking ownership over monitoring the extent of the problem, even if only through informal and simple means, can be a vital step in developing a sense of collective responsibility towards positive change at a cultural and organisational level.

### **Implications for the project's methodology and research foci**

This review has uncovered sufficient general epidemiological and specific research into the mental health problems faced by university students to recommend against an epidemiological study into the mental health needs of LTU students. While this would provide more precise and localised estimates, a general yet still detailed picture can be drawn through existing research.

A number of studies used surveys or focus groups of staff to investigate attitudes, confidence in assisting students with mental health issues, and awareness of available supports and services. While some conclusions have been drawn from these studies in this review, it is recommended in this case that localised research of LTU staff on these issues be conducted. This research should complement two concurrent studies into staff attitudes and experiences of students with mental health needs not covered in this review: a University of Tasmania study whose findings are due to be reported soon, and a University of Melbourne study that has just recently commenced.

Some of the studies of staff investigated their views of what would be helpful to assist them in engaging effectively with students with mental health needs. However, these studies generally seemed to assess the popularity of fairly one dimensional strategies rather than use their engagement with staff to help shape whole initiatives or well thought-out interventions. It is therefore recommended that while research into staff attitudes and experiences is important, a major focus should be on using staff consultations to develop and refine plans for initiatives.

Furthermore, the studies outlined in this review generally did not differentiate between different types of university staff, except in some studies between academic and student support services staff. Faculty-based student advisors and study skills tutors, for example, potentially perform key coal-face roles in interacting with students with mental health issues.

A number of the studies reviewed used qualitative or quantitative research to assess the experiences of students with mental health issues. However, these were generally one-off snap-shots. There is a strong need to follow the experiences, barriers and helpful supports that students draw upon at more than one point in time, to investigate how these evolve and change over time.

Research also appears to be lacking with particular groups of students. Our literature search, while not comprehensive, uncovered little investigation of the attitudes, knowledge, experiences and potential for student leaders (e.g. resident advisors at residential colleges) to support other students with mental health needs. Little research was also uncovered comparing the specific needs of rural and regional students who are experiencing psychiatric disabilities.

Of particular note, there was a surprising lack of recent research into the mental health needs of international students, and of interventions designed to address them. We note that Trang Thomas and others at RMIT University have conducted a study (or a series of studies) investigating the mental health of international students at Australian

universities, including the compilation of epidemiological data, but unfortunately we were unable to obtain further information before completing this review (Thomas et al, date unspecified).

Finally, very few interventions of any kind were subject to an evaluation at the level of process, impact or outcome. It is strongly recommended that the initiatives arising from the *Meeting the Needs of Students with Mental Health Issues* project be evaluated at least at the level of process and impact.

## **Conclusions**

Perhaps the most relevant statistic concerning the epidemiology of mental health problems in this review is the finding by the *National Survey of Mental Health and Wellbeing of Adults* that 27% of people aged 18-24 experienced a mental disorder in the twelve months prior to the survey (Australian Bureau of Statistics, 1997). While the twelve-month prevalence was lower among older age groups, young adults make up the majority of the LTU student population.

The results from the other general epidemiological studies and surveys of university students provide varying results. Part of the problem here is that these studies use vastly different assessment tools, with some of the university studies using quite simple indicators of mental health problems. Nevertheless, taken as a whole it would be a conservative estimate to conclude that at least one in five LTU students are likely to experience a significant and diagnosable mental health problem at some point in their university studies.

There is a large body of research demonstrating the considerable disruption that mental health problems can cause both academically and socially. These effects are particularly significant among students with severe mental illness. It appears that many who face such challenging circumstances don't disclose to the university's support services and consequently may not be receiving the assistance available.

This hesitancy to disclose poses a great challenge to university support services given the significant barriers that students with psychiatric disabilities face in achieving and maintaining academic and social participation. These barriers include the stigma and discrimination faced by students with psychiatric disabilities, the complex nature and the various effects of the conditions themselves, the difficulties of maintaining regular class and academic commitments, and various organisational and institutional barriers. A number of authors stressed the difficult decisions that students face in disclosing their mental health problems to others, given that some report the experience as having disadvantages that may outweigh the benefits.

The literature highlights that a significant proportion of staff come across students who display overt signs of having a mental health problem. Unfortunately, while some studies indicated or hinted that at least some staff would like to do more to help students with mental health issues, it appears that negative attitudes and stereotypes may still be a significant problem. There is evidence that some staff are hesitant to make accommodations to students with mental health issues, and do not take their problems seriously. A significant minority of staff appear to feel uncomfortable having students with a discernible mental illness in their class.

Furthermore, staff who do wish to assist students with mental health needs often don't know what to do or how to address the situation in the context of their other time pressures. Many find it difficult to detect the existence of mental health problems, or feel unequipped or hesitant to approach students who they suspect are going through difficulties. The task to assist students with mental health needs appears particularly difficult in the case of international students due to the existence of cultural differences and other barriers. Some staff also appear to experience frustration that students with mental health issues don't declare their problems to staff. Staff also experience particular difficulties in dealing with overtly difficult and disruptive behaviours from students, feeling unequipped on how to respond effectively and to limit the disruption and fear to themselves and other students.

Given research indicating that some or many students also hold stigmatised attitudes towards mental illness, it is not surprising that many students facing significant mental health issues feel afraid to make the disclosures necessary to obtain available campus-based support.

While interventions referred to in this review may help to discern some of the implementation options for later phases of the *Meeting the Needs of Students with Mental Health Issues* project, the diversity of interventions uncovered by this review was far less than expected. Very few appear to have been evaluated.

Nevertheless, it is apparent that *Meeting the Needs of Students with Mental Health Issues* has a range of choices available to it in terms of intervention. These include the enhancement of existing staff training, peer support structures, mentoring, self-advocacy training and support, the provision of written materials, enhanced awareness of existing services, and particular measures to address the mental health needs of international students. However, it is quite possible that the project will use the advice and expertise of the students and staff that it will be consulting with to develop creative interventions that do not fit neatly within any of these categories.

The Health Promoting Universities approach offers a useful framework within which to develop initiatives that address the needs of students with mental health issues, especially by linking these initiatives with mental health promoting strategies that focus on the mental health of students generally and the mental health promoting capacities of the university as a whole. This approach has the potential, by its very nature, to challenge some of the stigma associated with mental illness. It is also possible that staff and other stakeholders will be more enthusiastic about initiatives that have benefits for a range of students and for the general university environment.

Finally, the availability of existing research provides a solid platform for the project to build upon in subsequent phases. While some findings from this review can be assumed to be broadly representative of the experience of LTU students with mental health needs, other findings should be replicated through consulting with LTU students and staff. Furthermore, there is considerable potential for the project to focus on areas that most previous studies have not researched, and to allocate considerable energy towards developing and refining plans for interventions.

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### 3 SUMMARY OF PARTICIPANTS AND RESEARCH METHODS

Participant group	Recruitment methods	Research methods	Rationale for research methods
Students with current mental health issues	<p>Letter sent by Equity &amp; Access disability liaison officer (DLO) to all students' registered under the category M (psychiatric or mental health disability).</p> <p>At Bundoora campus students registered since 2004 with DLO, at Bendigo students registered since 2005 with DLO.</p> <p>Posters placed at the Counselling Service at Bundoora and Bendigo.</p>	<p>Information sheets.</p> <p>Preparation interview.</p> <p>One to one interviews on 2 dates in Semester 2, 2006 at Bundoora and Bendigo campuses.</p>	<p>To understand the current experiences of LTU students and possible changes over a semester.</p> <p>Interviews provide an opportunity to reflect in-depth about personal experiences and for it to remain confidential.</p> <p>To act as consultants for possible initiatives.</p>
Students with past mental health issues	<p>Posters placed at Bundoora campus and in key areas of student support services.</p>	<p>Information sheets.</p> <p>Preparation interview.</p> <p>Focus group at Bundoora campus.</p>	<p>To understand the previous experiences of LTU students with an emphasis on opinions rather than descriptions of personal experiences.</p> <p>To act as consultants for possible initiatives.</p>
Staff (academic and general)	<p>University News publication, posters placed on staff</p> <p>Noticeboards.</p>	<p>Information sheets.</p> <p>Focus groups at Bundoora, Albury-Wodonga and Bendigo campuses.</p>	<p>To understand LTU staff attitudes, knowledge &amp; experiences of working with</p> <p>Students with mental health needs.</p> <p>To act as consultants regarding the barriers and supports for staff and students and refine plans for initiatives.</p>
Students in leadership roles	<p>Posters placed in Colleges/Halls of Residences.</p> <p>Personal contact with students in pastoral care roles.</p> <p>At Student Representative Council offices at Bundoora campus.</p>	<p>Information sheets.</p> <p>Focus groups at Bundoora, Bendigo and Albury-Wodonga campuses.</p>	<p>To understand the attitudes, knowledge, experiences of students who support other students via pastoral care responsibilities.</p> <p>To act as consultants as to the barriers and supports for staff and students and possible strategies.</p>

## 4 LETTER TO EQUITY AND ACCESS REGISTRANTS

Date:        /        /

Dear \_\_\_\_\_

The University Counselling Service is conducting research into how best to meet the needs of La Trobe University students experiencing mental health issues.

We are interested in both past and current experiences. We also wish to understand the barriers and the supports you have encountered in pursuing your studies.

You are receiving this letter because you are registered with the Equity and Access Unit (E&A) and have identified as experiencing mental health issues.

As someone registered with E & A your reflections would be valuable in helping us to identify current needs.

The ways that you can provide us with your reflections include one-to-one interviews and small groups.

**For a preparation interview you will receive \$20.00, for each interview \$35.00 or a focus group \$35.00.**

We are very respectful of your privacy. No-one at the Counselling Service is aware of who has been sent invitations to participate. Staff at E&A will not be directly involved in the research, and no personal identifying information will be attached to any of the reports produced through the research.

A sheet containing more information about the research is enclosed.

To express your interest or to ask any questions about the research, please contact the Counselling Service at Bundoora, either by phoning (03) 9479 2956 or by coming in to organise an appointment.

*Regards,*

***Counselling Service***

***Joanne Barlow, Phoebe Riches, Rodney Vlasis***

## **STUDENT CONSULTANTS NEEDED**

Have you or are you experiencing major disruptions to your academic or social participation at La Trobe due to factors affecting your mental health?

The University Counselling Service is conducting research into how best to meet the needs of La Trobe University students experiencing mental health issues.

We are interested in both past and current experiences. We also wish to understand the barriers and the supports you have encountered in pursuing your studies.

You can provide us with your reflections through one-to-one interviews and small group discussions.

For a preparation interview you will receive \$20.00 and for each project interview or group discussion you will receive \$35.00.

Interviews and group discussions will not be conducted by any counsellors who you may have seen at the University Counselling Service.

To find out more please contact the Counselling Service at Bundoora, either by phoning 9479 2956, or by coming in to obtain a brochure about the research.

## STAFF CONSULTANTS NEEDED

There is a large body of research demonstrating the disruption that mental health problems can cause both academically and socially to students at university.

As a result, the Equity, Access and Personal Welfare Committee at La Trobe University has initiated the project:

**Meeting the Needs of Students with Mental Health Issues.**

The core goal is to improve opportunities for participation, success and retention for students with mental health issues.

Through this project the University Counselling Service is conducting research into how best to meet the needs of La Trobe University students experiencing mental health issues.

We are interested in hearing the perceptions of staff concerning the barriers for students with mental health needs in participating fully in university life, both academically and socially. We would also like to hear your views on what could be useful to support students to overcome these barriers.

If you have any ideas or experiences that could help us, we would love to hear from you!

We are organising two focus groups for staff to hear your ideas and experiences. These will involve small group discussions of up to 8 participants each, and will include lunch.

To find out more please contact the Counselling Service at Bundoora, either by phoning 9479 2956, or by coming in to obtain a brochure about the research.

## 7 STUDENT INFORMATION SHEET

### MEETING THE NEEDS OF STUDENTS WITH MENTAL HEALTH ISSUES.

#### Student information sheet

Investigators: La Trobe University Counselling Service  
Joanne Barlow, Phoebe Riches, Rodney Vlasis,  
94792956, counselling@latrobe.edu.au

#### What is the Project about?

Research shows that students with mental health needs can experience significant disruptions to their academic and social participation at university. We seek to understand the needs of students at La Trobe University with mental health issues and how to improve supports. This will enable us to improve opportunities for participation, retention and success.

The project has been funded by a La Trobe University HEEP (Higher Education Equity Program) grant and the evaluation is being conducted by the La Trobe University Counselling Service.

#### What would you be required to do?

##### Preparation Interview

We invite you to attend a 45 minute preparation interview with a Counselling Service staff member. If you have had prior contact with the Counselling Service you will be interviewed by a counsellor you have not had any counselling sessions with.

The interview will include a description of the project and information about your rights and our responsibilities. It will also offer you an opportunity to ask any questions that you may have. You and the interviewer will then make a decision together about the ways in which you could participate in the research (focus group or individual interviews), should you choose to proceed. If you need time to consider your participation another appointment will be arranged. If you wish to participate you will be asked to sign a consent form, and to provide personal information related to the study.

At a later date(s), you will then be invited to participate in either a focus group with other students or to have two (one-to-one) interviews. The focus group and individual interviews will be conducted by Counselling Service staff. If you have participated in any counselling sessions at the Counselling Service in the past, the counsellor(s) who you saw will not be involved in conducting the focus group or individual interviews.

##### One-to-one interviews

The staff member who conducts the preparation interview with you would also conduct the two individual interviews during the year. Each interview will be of an hour's duration. If you are upset by anything discussed during any part of either interview there will be opportunities to provide feedback or to obtain support. You can choose to discuss any such matters at the time or to have another appointment arranged with either the researcher or another counsellor to speak about it further.

Any information collected (tape recordings and notes) will be collated by the counsellor, who will remove any personal identifying material. It will then be combined with other participants' information (which will also have all personally identifiable references removed) and kept in locked cupboards and password protected files at the Counselling Service. If you wish to have access to your personal information you can request it.

If any information collected raises concern for the researcher about your health and safety or the safety of others, under the *Health Records Act 2001*, the researcher has a duty of care to disclose the information to relevant parties. This will be discussed with you at the time.

The de-identified material will be used to write an evaluation report and academic journal articles. It will be used as a reference for future related projects  
After 7 years the material will be destroyed.

### **Focus Groups**

The focus groups will consist of between 6 and 8 students, and will involve discussion of your experiences of the barriers to full academic and social participation at La Trobe University, and what has been helpful in overcoming these barriers.

The sessions will be tape recorded and will be analysed for emerging themes. If you feel upset by anything during the group discussion, opportunities to speak with a facilitator after the group will be available. Alternatively, if you prefer to see another counsellor an appointment will be arranged.

The tapes and notes will be kept in locked cupboards and password protected files at the Counselling Service. The tapes will not be available on request. After 7 years the material will be destroyed.

The de-identified material will be used to write an evaluation report and academic journal articles. It will also be used as a reference for future related projects.  
After 7 years the material will be destroyed.

### **What if you change your mind?**

Participation in any research is voluntary. If you do not wish to take part you are not obliged to do so. If you decide to take part and later change your mind, you are free to withdraw from the project at any time. If you decide to withdraw from the project, please notify a member of the project team before you withdraw. This will allow us to ensure that your needs are met. If the request to withdraw is received within 4 weeks of participation a 'withdraw of consent for use of data' form will be completed.

### **How will you be recompensed and know about the outcomes?**

For the preparation interview you will receive \$20.00 and for an individual interview or focus group you will receive \$35.00 for each contact to recompense you for costs involved in participation.

Copies of the evaluation report will be available on request and a summary will be posted on our website ([www.latrobe.edu.au/counselling](http://www.latrobe.edu.au/counselling)).

### **Do you have any questions?**

Any questions regarding the project can be directed to the project team - Joanne Barlow, Phoebe Riches and Rodney Vlasis - via phone (03) 9479 2956.

### **How do you begin?**

If you are willing to participate in this project, please speak with administration staff at the Counselling Service to arrange a preparation interview with a counsellor.

## 8 STAFF INFORMATION SHEET

### MEETING THE NEEDS OF STUDENTS WITH MENTAL HEALTH ISSUES.

#### Staff information sheet

Investigators: La Trobe University Counselling Service  
Joanne Barlow, Phoebe Riches, Rodney Vlais  
94792956, [counselling@latrobe.edu.au](mailto:counselling@latrobe.edu.au)

#### **What is the Project about?**

Research shows that students with mental health needs can experience significant disruptions to their academic and social participation at university. We seek to understand the needs of students at La Trobe University with mental health issues and how to improve supports. This will enable us to improve opportunities for participation, retention and success. The project has been funded by a La Trobe University HEEP (Higher Education Equity Program) grant and the evaluation is being conducted by the La Trobe University Counselling Service.

#### **What would you be required to do?**

##### **Focus Groups**

The focus group will consist of between 6 and 8 staff, and will involve discussion of your experiences of the barriers students encounter to full academic and social participation at La Trobe University, and what has been helpful in overcoming these barriers.

The sessions will be tape recorded and will be analysed for emerging themes. If you feel upset by anything during the group discussion, opportunities to speak with a facilitator after the group will be available. The tapes and notes will be kept in locked cupboards and password protected files at the Counselling Service. The tapes will not be available on request. The de-identified material will be used to write an evaluation report and academic journal articles and used as a reference for future related projects. After 7 years the material will be destroyed

#### **What if you change your mind?**

Participation in any research is voluntary. If you do not wish to take part you are not obliged to do so. If you decide to take part and later change your mind, you are free to withdraw from the project at any time. If you decide to withdraw from the project, please notify a member of the project team. A 'withdraw consent for use of data' form will be completed if the request is received within four weeks of your participation.

#### **How will you know about the outcomes?**

Copies of the evaluation report will be available on request and a summary will be posted on our website ([www.latrobe.edu.au/counselling](http://www.latrobe.edu.au/counselling))

#### **Do you have any questions?**

Any questions regarding the project can be directed to the project team - Joanne Barlow, Phoebe Riches and Rodney Vlais - via phone (03) 9479 2956.

#### **How can you register?**

If you are interested in participating in a focus group, please register your name at the Counselling Service phone ext 2956 or email [counselling@latrobe.edu.au](mailto:counselling@latrobe.edu.au).

## 9 STUDENT LEADER INFORMATION SHEET

### MEETING THE NEEDS OF STUDENTS WITH MENTAL HEALTH ISSUES

#### Students in leadership roles information sheet

Investigators: La Trobe University Counselling Service  
Joanne Barlow, Phoebe Riches, Rodney Vlais  
94792956, [counselling@latrobe.edu.au](mailto:counselling@latrobe.edu.au)

#### **What is the Project about?**

Research shows that students with mental health needs can experience significant disruptions to their academic and social participation at university. We seek to understand the needs of students at La Trobe University with mental health issues and how to improve supports. This will enable us to improve opportunities for participation, retention and success. As a student in a leadership role- either a Senior or RA at College, or a representative on the SRC- you may have supported students who has experienced disruptions to their studies due to factors affecting their mental health.

The project has been funded by a La Trobe University HEEP (Higher Education Equity Program) grant and the evaluation is being conducted by the La Trobe University Counselling Service.

#### **What would you be required to do?**

##### **Focus Groups**

The focus group will consist of between 6 and 8 students, and will involve discussion of your experiences of the barriers students encounter to full academic and social participation at La Trobe University, and what has been helpful in overcoming these barriers.

The sessions will be tape recorded and will be analysed for emerging themes. If you feel upset by anything during the group discussion, opportunities to speak with a facilitator after the group will be available.

The tapes and notes will be kept in locked cupboards and password protected files at the Counselling Service. The tapes will not be available on request.

The de-identified material will be used to write an evaluation report and may be reported via academic journal articles. It will also be used as a reference for future research. After 7 years the raw data will be destroyed

#### **What if you change your mind?**

Participation in any research is voluntary. If you do not wish to take part you are not obliged to do so. If you decide to take part and later change your mind, you are free to withdraw from the project at any time. If you decide to withdraw from the project, please notify a member of the project team before you withdraw. If the request is received within 4 weeks of participation, a 'withdraw consent for use of data' form will be completed

#### **How will you be recompensed and know about the outcomes?**

You will receive \$35.00 and lunch, to recompense you for costs involved in participation. Copies of the evaluation report will be available on request and a summary will be posted on our website ([www.latrobe.edu.au/counselling](http://www.latrobe.edu.au/counselling))

#### **Do you have any questions?**

Any questions regarding the project can be directed to the project team - Joanne Barlow, Phoebe Riches and Rodney Vlais - via phone (03) 9479 2956.

#### **How can you register?**

If you are interested in participating in a focus group, please register your name at the Counselling Service phone ext 2956 or email [counselling@latrobe.edu.au](mailto:counselling@latrobe.edu.au).

## **10 PREPARATION INTERVIEW – GUIDELINES**

### **Demographic Information**

Age

Gender

International or local student

Same sex attracted

Course name

Year of study

### **Reasons for being at University**

Vocation / Education focus

### **Transition to University**

Year at University

Have you been to other Universities?

What has been your experience of beginning at university (first year)?

### **Living arrangements**

Current work situation:

Financial supports:

Any study stress due to finances?

### **History of Illness and interaction with studies**

- When did you first experience signs of illness and when were you given a diagnosis?
- What is your history of treatment?
- What are your current supports?
- Have you any side effects to medication and did they interact with your studies.
- Have you experienced in the past any interactions between your illness and studies?
- If you have, how frequent have the disruptions been and what impact has it had on your studies? What was your experience of returning to studies?

### **REMINDER**

Speak to student about Cheque / Payment

## 11 STUDENT INTERVIEW – GUIDELINES

### Overview

- 1 Overarching themes  
What are the supports and barriers to being a successful student (both academically and social participation) at La Trobe?  
What helped & worked and what did not?
- 2 Warm up questions
- 3 Extra curricular activities
- 4 Interaction of illness and studies
- 5 Personal choices, situations
- 6 Social supports
- 7 Relationship with staff
- 8 Relationship with student support services, and help seeking behaviour
- 9 Self disclosure / experiences of discrimination – staff
- 10 Self disclosure / experiences of discrimination – students
- 11 Opinions about how to improve / change services

### Detailed questions

Can ask questions in any order.

- 2 **Warm up questions**
  - How has your course been going?
  - Have you any current assessments that you are working on?
- 3 **Extra curricular activities**
  - Are you involved in any clubs / societies / networks on campus?
  - What are your interests / activities (besides your studies), off campus?
- 4 **Interaction of illness and studies**
  - Have you experienced any current disruptions to your studies due to the effects of mental illness? Eg. (recent hospitalisation, change or effects of medications, emergence of symptoms, ongoing struggles with particular issues, loss of confidence, isolation / difficulties making friends).
  - If so, how have these disruptions been impacting on your academic participation and progress?
  - In what ways is the pressure of studies currently interacting with any illness/symptoms or ongoing issues/struggles concerning your mental health?
  - For prior experiences of disruptions, what helped you to get through them?
- 5 **Personal choices, situations**
  - Broadly speaking, what is your current financial situation and does this affect your studies?
  - Are you working, and if so, how much time do you spend in paid work?
  - Have there been any changes in your living arrangements since our last interview?

- 6 **Social Supports**  
(assess the following for family, friends and networks outside of uni, friends at uni, uni peers, other supports)
- Could you describe your current social supports?
  - How, if at all, have your social supports and friendship systems changed since you started university? (e.g. have some supports dropped away, have new supports arisen?)
  - What is your experience of course-related group activities? i.e. tutorials, group assignments, lectures.
  - How connected do you feel to the university environment?
- 7 **Relationship with staff (academic and general)**
- Could you talk about the experiences you have had interacting with staff, and their responses to you?
  - How helpful or not helpful have these responses been? Please expand. (if a range of different responses, assess them separately)
  - Have you had any experiences of asking for accommodations from lecturers / tutors (extensions for assignments, special consideration, etc) with your studies?
  - How did you feel about asking for these accommodations?  
If you have not asked for accommodations, why not? (be careful to ask this non-judgementally)
- 8 **Relationships with student support services, and help seeking behaviour (housing, counselling, careers, finance, etc)**
- Where have you sought help on campus?
  - Have you had contact with student services here on campus? Which ones?
  - What were the reasons for contact and how frequent?  
How helpful or not helpful were these contacts? Please expand.(if a range of different contacts, assess them separately)
  - If you have not had any contact, why not?(be careful to ask this non-judgementally)
  - Have you had contact with any other services on campus? If so, what have been your experiences of them?  
(this question is important to assess the student's use of any other university services that do not come under the umbrella of "student support services")
- 9 **Self disclosure / experiences of discrimination - staff**
- Have you told academic or general staff about your illness? What did you tell them?
  - What were the reasons for your self-disclosures? (may need to assess this and the following questions separately for different occasions of self-disclosure)
  - What were the outcomes of your self-disclosures?  
Did you experience any discrimination as a result of telling staff?  
If so, what impact has it had on you and on your studies?

- 10 **Self disclosure / experiences of discrimination - students**
- Have you told any other students about your illness? What did you tell them?
  - What were the reasons for your self-disclosures?  
(may need to assess this and the following questions separately for different occasions of self-disclosure)
  - Did you experience any discrimination as a result of telling other students?
  - If so, what impact has it had on you and on your studies and social participation?
- 11 **Opinions about how to improve / change services**
- What have been the barriers to success at La Trobe?  
(*assess for both academic and social participation*)
  - What have been the supports for success at La Trobe?  
(*assess for both academic and social participation*)
  - What are your opinions about what academic supports and supports from staff are required?
  - How would you improve services on campus?
  - What factors contribute to mental health problems for students studying at La Trobe?
  - If could change anything(s) what would it (they) be?

Prompt that similar questions will be covered at the second interview, and encourage the participant to think about and note relevant experiences and issues to bring along to the second interview.

## 12 STUDENT FOCUS GROUP – GUIDELINES

### Overarching themes

Clearly from the beginning define success both in academic and social terms. If discussion seems to focus mainly on academic success, reorient the conversation towards inclusion of participation in the social aspects of uni life.

What are the supports and barriers to being a successful student at La Trobe?

What helped and worked and what did not?

What new ideas, supports or interventions / strategies could be helpful?

### Specific questions

- How do you find studying at La Trobe? (warm-up question)
- What have been the barriers to success at La Trobe?
- What contributes to mental health problems on campus?
- What supports from academic staff are required? What could they do to help? (focus on both academic and administrative staff)
- What have been the supports for success at La Trobe?
- How to improve existing services? (prompt for opinions about student services if these aren't mentioned spontaneously). Discuss students' attempts to get help (give space for students to discuss their help-seeking behaviours spontaneously, but if such discussion doesn't naturally arise, ask about their use of support services), and what was and wasn't helpful, and why.
- What would an ideal support service be?
- What would have helped / what could help to promote social life at uni (making friends, participation in non-academic aspects of uni life, etc)?
- What would have helped / could help to assist academic success?
- If could change anything what would it be?
- Follow up any promising interventions arising from previous discussion in detail. Focus on the students as consultants. Test out the practicalities of ideas, potential barriers to their implementation, etc.

## 13 STAFF FOCUS GROUPS – QUESTIONS AND GUIDELINES

### Points to keep in mind when moderating this focus group:

Cover the issues in terms of:

- (i) The beliefs, attitudes and perspectives of the staff members themselves, and
- (ii) What they believe that other staff members in their department/school/service think and believe (it is likely that the staff who attend the focus group will have more interest in the issues than their peers, and hence may not be representative of staff in general).

Encourage participants to consider what may or may not apply / work for their department as a whole – not just in terms of what they could do individually. In this sense, participants will be consultants discussing what types of strategies could be beneficial in supporting students with mental health needs.

If staff focus only on students who show florid signs of having a mental illness or obvious outward signs of distress, and do not consider students who do not show these signs but who are quiet and who generally don't turn up to class, then we will need to prompt them to consider the latter. It is important that the focus group considers the quieter students who are struggling with mental health issues.

### ISSUES TO ASSESS

The issues/questions below do not need to be asked strictly in the order presented. Focus group moderators can make use of participants' spontaneous discussions relevant to the issues to change the order if appropriate.

#### Demographic information and what interested you?

Introductions through participants providing details of their role, department, number of years teaching at university, etc. Also ask them to explain what caught their eye / interest to attend the focus group.

#### Pathways towards responding to students who show signs of mental illness

- What do staff notice or observe that indicate that a student may have particular mental health needs? What do they look out for?
- What conclusions do they draw from the different signs?

- What conclusions do they draw concerning who should take responsibility for supporting the student, and what should be done by whom?
- What are the issues, barriers & facilitators to staff taking appropriate action?
- What are staff experiences and attitudes towards providing accommodations (e.g. extensions to assignments) for students with mental health issues?
- Explore various/relevant attitudes and beliefs held by staff that help to shape what they notice, the conclusions they draw, and what actions they take and the actions that they believe that others should take.
- What are the issues / reasons / factors that inhibit staff from noticing students with mental health issues, and from taking action? ... What are the issues / reasons / factors that facilitate them noticing and taking action?
- Staff perception of their own skill/expertise in supporting students with mental health problems, and their levels of confidence.

#### Opinions of staff about university systems

- Barriers for staff in supporting students with mental illness.
- Supports for staff in supporting students with mental illness.
- Issues of academic accommodations.

#### Self disclosure issues

- Staff experience of self disclosure by students, in terms of:
  1. When a student approaches the staff member.
  2. When a Disability Liaison Officer contacts the staff member.
- Staff experience of other help-seeking behaviours by students

#### Staff ideas about potential strategies

These could be interventions that participants in the focus group suggest, or which are suggested by students, student leaders or in the literature review. Test out potential strategies in terms of the participants' opinions about and attitudes towards the strategies, facilitators and barriers to their implementation, etc.

## 14 STUDENTS IN LEADERSHIP ROLES (SLR) – FOCUS GROUP QUESTIONS AND GUIDELINES

### Pathways towards responding to students who show signs of mental illness

- Have you seen students who in your opinion have psychological or mental health problems in past year? Level of severity, types of disruptive behaviours.
- Types of outcomes of situations.
- The impact of the outcomes.
- Range of issues when dealing with students with MH problems
- Perception of own skill/expertise in supporting students with MI, level of confidence.
- Experience of help seeking for students

### Pathways towards responding to students who show signs of mental illness

- What do you notice or observe that indicate that a student may have particular mental health needs?
- What do you look out for?
- What conclusions are drawn from the different signs?
- What conclusions are drawn concerning who should take responsibility, and what should be done by whom?
- What are the issues, barriers & facilitators to students taking appropriate action?
- Attitudes that help to shape what students in leadership roles notice, the conclusions they draw, and what actions they take and the actions that they believe that others should take.
- What are issues / reasons / factors that pull you away from noticing students with mental health issues, and from taking action ... what are the issues / reasons / factors that draw you to notice and to take action?

### Opinions of SRL's about university systems

- Barriers for SLR in supporting students with MI.
- Supports for SLR in supporting students with MI.

### Self disclosure issues

- SLR experience of self disclosure by students.

## 15 DEMOGRAPHIC INFORMATION

### Age

The average age of the thirty one students interviewed was 32 years with 15 participants in the 20 – 29 year age group and 8 in the 30 – 39 year age group. In comparison to the overall La Trobe University figures the project participants were older. In the present study 32.3% of participants were aged 18 to 25 (compared to the LTU average of 66.1 %). Similarly, 38.7% of participants were aged 26 to 35; (LTU average: 18.9%). As noted, the ages of the participants ranged from 19 to 63 years.

### Characteristics

Twenty-two participants were female and nine male. Only one international student participated in the project. Twenty-eight students were not same sex attracted, one was same sex attracted and two identified themselves as bisexual.

### Academic profile

The Faculty of Humanities and Social Sciences represented 41.9% (13) of the sample and Health Sciences 25.8% (8). Five (16.2%) students were enrolled in Science, Technology and Engineering faculty and 4 (12.9%) in Law and Management. One student was in the Faculty of Education.

Twenty three students were undergraduates with nine students being in the first year of their course and 10 in the second year. Perhaps unexpectedly, 14 had attended another university and eight had not. Of the post-graduate students, three were completing Honours, three were studying Masters level degrees and one was a PhD candidate. Three students were in their first year at a university and eight were in their second year.

### Living and working arrangements

Students living arrangements were roughly equally divided between living with their families sharing a flat or house and living alone. Other arrangements

included independent living (2), a boarder and two students who co-habited with a partner.

Just below half the participants had part-time work (15) with the number of working hours ranging between 5 and 25.

#### Financial circumstances

Twenty three participants reported getting financial support through Centrelink. Sixteen depended completely on a government allowance or pension.

#### Description of diagnosis and treatment history

The indications were that most participants had been managing their illness for a period of time before participating in the project. This is consistent with the information that a number of students had been at other universities prior to commencing at La Trobe.

Six of the participants were diagnosed with a mental illness while enrolled at La Trobe University. Most, however, received a diagnosis prior to coming to university.

The Diagnostic categories used were DSM-IV. Twelve participants had a diagnosis of mood disorder, (5 with bipolar and 7 with depression). Five students had a mixed mood and anxiety disorder diagnosis and 5 had a diagnosis of anxiety disorder. Schizophrenia and other psychotic disorders were recorded for three students and two reported a diagnosis of Asperger's Syndrome. Four students had no formal diagnosis.

## 16 ADDITIONAL QUOTES FROM PARTICIPANTS

The body of the results section of the report contains paraphrased examples of comments from participants in the study. This appendix contains an additional selection of such quotes. The headings refer to the relevant section of the results chapter.

### **Effects of mental health problems on social participation, sense of belonging at university, and social networks**

*Not really connected at all. I like learning and enjoy coming but I have no real connection at all.*

*No real sense of community – very big campus (compared to TAFE and RMIT) and not enough space to ‘hang out’ without the feeling that students have to ‘purchase something’.*

*No because of the fragmented way I’ve needed to get through this degree – the loss of social contacts I make here!*

*Not really [feeling connected to university]. I am not a pub goer.*

*I am just another person among thousands.*

*My experience at uni was absolutely horrible. As a mature age student I stood out and no-one would say boo to me.*

*Placement was really difficult; other students gave me a hard time, so I just stayed away from them. Because of my illness they would talk about me, but I did well on placement, I’ve got good skills.*

*I really didn’t have any contact with other students. Being a mature age student with no-one to talk- even in the tuts- to had a big impact. This dragged me down. I also found large crowds very difficult.*

*I actually enjoy it. I’m a social person and like interaction. I’m not a great reader and I learn through my interaction with others.*

*Study groups helped a lot. I am open to learning interactively - it really helps in subjects with lots of info to remember.*

### **Barriers for students experiencing mental health problems**

*So confusing who to see and where to go. Not talking to other students was really bad. I felt I stood out because I was a mature age student and my illness.*

*I missed the chance to talk and learn from others.*

*If I hadn’t been so isolated I probably would’ve persisted.*

*I’ve had a placement; it’s been a difficult time, because the other students excluded me.*

*Disastrous [my financial situation] at the moment and I think that’s another reason that contributes to depression. Lots of debts, that’s just the way it is.*

*[I’m] poor and yes it does affect my studies.*

*Dire financial situations and yes it doe affect my studies. With out scholarship would not be at uni.*

*I spent rent money on books anticipating casual work and payment has been delayed.*

*No pathways for support that don't require you to retell story. After 5 years I am still not clear on uni's policies. Responses tend to depend on individual responses. It's confusing and daunting. Not being able to find the support I was looking for - special accommodations and academic support.*

*The fear of the possible outcome if was to disclose. Have to build up to saying something and time and energy could be used to do assignment. Need a system that allows students to focus on studies rather than having to run around and to prove yourself. "People with real issues have to work twice as hard."*

### **Supports for students experiencing mental health problems**

*Had special exam conditions and all lecturers came to see me at time of exams and check in. That was supportive.*

*Positive outlooks of staff.*

*Understanding and open mindedness from staff.*

*Staff accessible and friendly.*

*Individual academics who were very supportive and said keep going you've got a lot to offer - individual kindness.*

### **Experiences of interacting with staff**

*Incredibly positive. They're interested in my work, and give positive feedback.*

*Interactions with both Academic and General staff have generally been good. They have been empathetic, encouraging and supportive.*

*The [co-ordinators] were approachable, friendly, helpful, went out of their way, made extra time, you could do one on one depending on the availability, bend over backwards mentality, it was really, really good.*

*An admin officer helped me with an appeal and my assignments were finally accepted. A lecturer was very accommodating and helpful - gave me extensions etc. [However] one academic staff member didn't seem to know about depression. She got extremely annoyed when I couldn't get a paper in on time I wasn't advised if my request for extension was accepted and by the time I found out it wasn't I couldn't enrol [for the unit I wanted to do]. An undergrad co-ordinator simply gave me a change of enrolment form, and didn't explain that I could appeal.*

*I felt terrible, and I don't think I should be asking for extensions, but there was no problem.*

*I hate it. I don't want to be treated differently from anyone else.*

*Ongoing anxiety about if I am entitled to ask or not, sometimes stops me from asking.*