

# The Inaugural Australasian Mental Health and Higher Education Conference 2017

*"Building a more resilient culture within higher education and the local community"*

**Conference Information and Book of Abstracts**  
Edited by Margaret Anne Carter and Abraham Francis

Hosted by The College of Arts, Society and Education  
James Cook University, Townsville Qld 30 June - 1 July 2017

Cairns  
Singapore  
Townsville

# Inaugural Australasian Mental Health and Higher Education Conference 2017

Townsville, Queensland, Australia

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## **Published by**

College of Arts, Society and Education  
James Cook University, Townsville, Queensland, Australia.

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ISBN. 978-0-9954470-5-9

## **Acknowledgement**

We acknowledge the Australian Aboriginal and Torres Strait Islander peoples as the Traditional Owners of the lands and waters where we operate our business. We honour the unique cultural and spiritual relationship to the land, waters and seas of First Australian peoples and their continuing and rich contribution to James Cook University (JCU) and Australian society. We also pay respect to ancestors and Elders past, present and future.

*Information is correct at the time of printing. James Cook University CRICOS Provider number 00117J.*



# Welcome from Conference Chairs

Welcome to the 2017 Inaugural Australasian Mental Health and Higher Education Conference (IAMHHEC), hosted by James Cook University, College of Arts, Society and Education (CASE). Two academic groups within CASE, Social Work and Education, have cooperated together to bring you this conference. The aim of this conference is to explore and discuss the realities of mental health in higher education, including possible advances for effectively dealing with identified and anticipated challenges through partnerships and collaborative practices, education, and research.

Mental health difficulties, as we know, are an invisible malady that affects all of us either directly or indirectly and hence the statement – “Mental health is everyone’s business”. Mental health and wellbeing among university students represents an important and growing public health concern. With Australian research suggesting that there is a high prevalence rate of students experiencing mental health difficulties in universities, mental health and wellbeing is a significant issue for higher education.

What are some of the factors that contribute to mental health and wellness in higher education? What can be done? What has been done? What is being done? What is the evidence? What are possible ways forward? These compelling questions prompted us to contemplate convening this conference with an aim of bringing together scholars, practitioners, and consumers, beginning a conversation to enrich our understanding and pave the way for developing creative solutions. Colleagues, researchers and friends have supported us in translating this vision into action. As conference chairs, we are excited to see your enthusiasm, involvement, participation, engagement and partnerships in contributing to conversations on mental health in higher education in our region. We are hopeful these conversations will lead to more research collaborations and partnerships focussing on practice issues in mental health promotion, prevention and intervention. We are particularly excited about the community involvement and the opportunities that it brings to us in building resilient families and communities.

We take this opportunity to thank James Cook University, all our sponsors, keynote speakers, delegates, committee members, NGO representatives, volunteers, colleagues and staff who have contributed to this successful conference. We truly appreciate your contributions to moving the higher education mental health agenda forward.

We look forward to talking with you during the conference. We hope you have an enjoyable time in North Queensland and enjoy the conference.

**Margaret Anne Carter and Abraham Francis**



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# Welcome

Dear Delegate

Welcome to the Inaugural Australasian Mental Health and Higher Education (IAMHHE) Conference.

This Conference is both important and timely. According to Mindframe, approximately one in every five Australians experiences a mental illness of some kind each year, with the prevalence greatest among 18 -24 year olds. Inevitably, mental health issues are impacting, both directly and indirectly, on the more than 1.3 million students who currently attend Australian universities, and the 120,000 full-time equivalent staff who work in them. I understand New Zealand and other countries in the Australasian region are reporting similar mental health statistics, which is of great concern.

It is the fervent hope of the organising committee that this Conference will lead to significant insights into the mental health issues facing university students and staff at the intersection of mental health and higher education, and lead to the development of effective initiatives to address these issues. I am sure the Conference theme, Building a more resilient culture within higher education and the local community, will stimulate discussion and provide an excellent structure to help move the conversation forward.

This is a delightful time of the year to be visiting Townsville, one of James Cook University's three tropical campuses. You will be here on Friday June 30 and Saturday July 1 2017, just after the celebration of the United Nations International Day of the Tropics on June 29. This is a day of particular importance to James Cook University, as our strategic intent is to create a brighter future for life in the tropics world-wide through discoveries that make a difference. It is my sincere hope that this Conference will also make a significant, and lasting, contribution to not only Australian students and staff, but those across the Tropics.

I wish you all a very successful IAMHHE Conference at James Cook University Townsville!

Yours sincerely

**Professor Sandra Harding**

BSc (Hons) ANU, MPubAdmin UQ, PhD NCSU,  
Hon Doc JCU, FACE, FQA, FAICD, FAIM

*Vice Chancellor and President*

# Program Summary

## Friday, 30th June 2017 – Conference Day 1

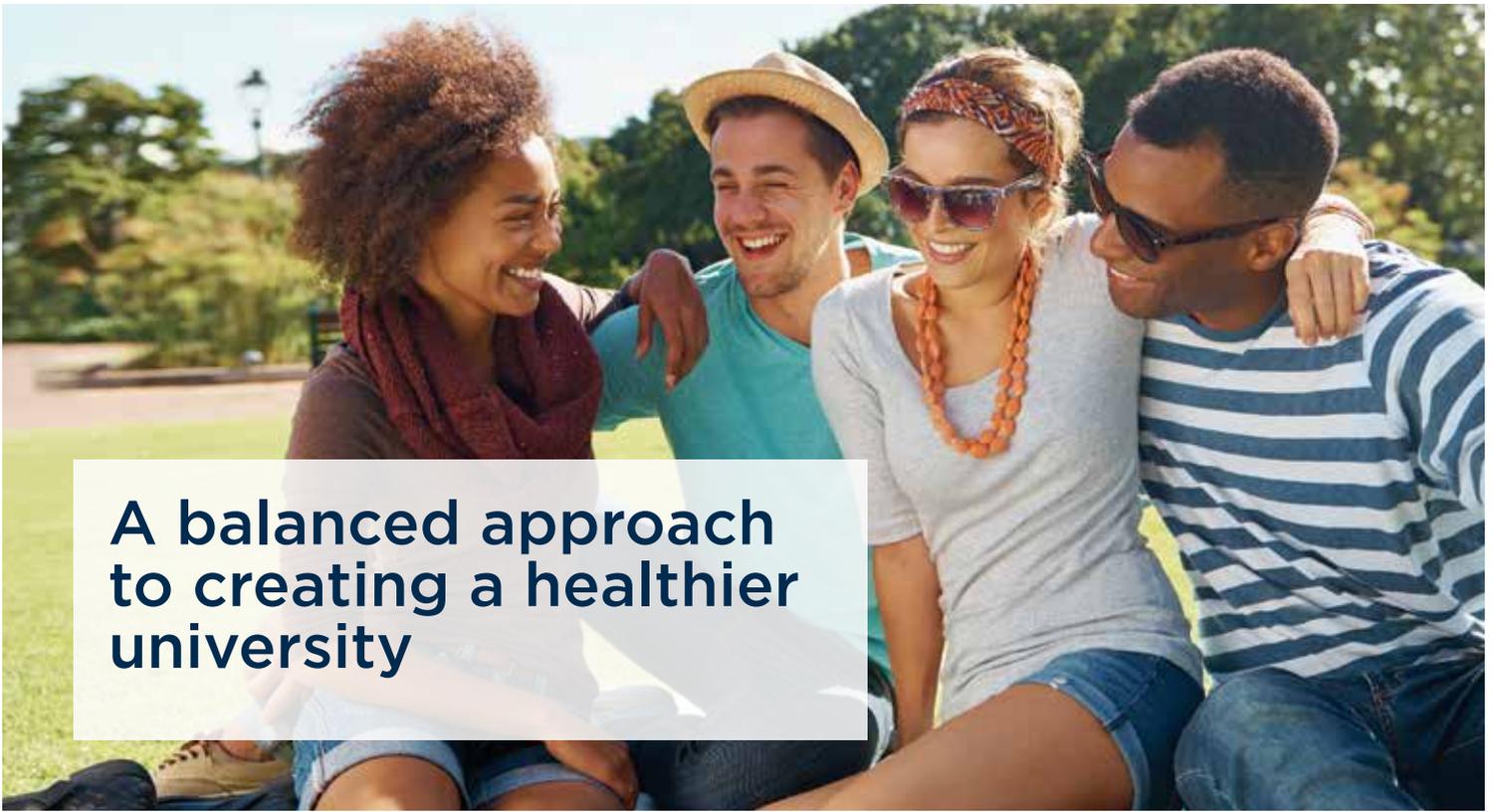
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7.45am - 8.45	Registration opens	Building 134	Education Central
8.45 - 9.00	Opening and Welcome to Country	Building 134	Education Central
9.00 - 9.10	Official opening & housekeeping	Building 134	Education Central
9.10 - 10.10	Keynote presentation & response	Building 134	Education Central
10.15 - 10.55	Sponsor & supporter presentations	Building 134	Education Central
10.55 - 11.20	Morning tea	Building 134	Education Central
11.25 - 12.55	Session 1. Break out sessions	Building 134	Education Central
		Building 18	Eddie Koiki Mabo Library
12.55 - 1.35	Lunch & community exhibition visits	Building 134	Education Central
1.35 - 1.50	Allegro Community Choir	Building 134	Education Central
1.55 - 2.55	Keynote presentation & response	Building 134	Education Central
2.55 - 3.25	Speaker presentations	Building 134	Education Central
3.25 - 3.50	Afternoon tea & Community exhibition visits	Building 134	Education Central
3.50 - 5.15	Plenary panel session	Building 134	Education Central
5.15 - 5.30	Closing presentation	Building 134	Education Central
7.00 - late	<b>Conference Dinner</b> 'A Touch of Salt' restaurant	86 Ogden Street, Townsville City Centre	

## Saturday, 1st July 2017 – Conference Day 2

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7.45 - 8.45	Registration & Concurrent sessions	Building 134	Education Central
8.40 - 8.50	Opening and housekeeping	Building 134	Education Central
8.50 - 9.45	Keynote presentation & response	Building 134	Education Central
9.50 - 10.50	Keynote presentation & response	Building 134	Education Central
10.50 - 11.15	Morning tea & exhibition visits	Building 134	Education Central
11.20 - 12.50	Session 2. Breakout sessions	Building 134	Education Central
12.50 - 1.25	Lunch & community exhibition visits	Building 134	Education Central
1.30 - 2.00	Session 3. Breakout sessions	Building 134	Education Central
2.05 - 3.05	Keynote presentation & response	Building 134	Education Central
3.05 - 3.35	Afternoon tea & exhibition visits	Building 134	Education Central
3.40 - 4.20	Keynote & Sponsor presentation	Building 134	Education Central
4.20 - 4.50	Conference summary, Launch of AMHHEC 2018. Thanks and close.	Building 134	Education Central



# A balanced approach to creating a healthier university

## Health and Care Solutions to Support Higher Educational Institution Communities

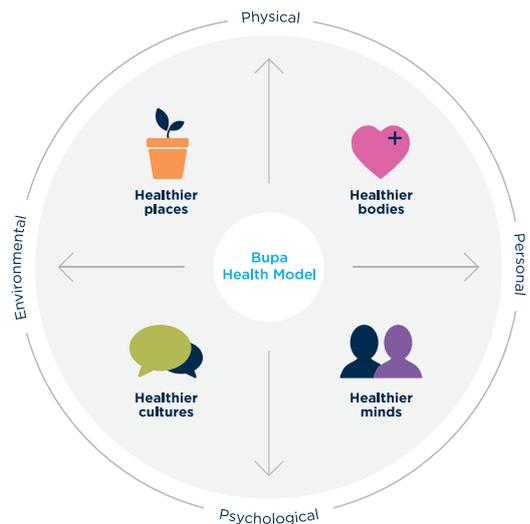
At Bupa, we have a long and proud history of supporting the wellbeing, health and care needs of higher educational institutions and their people. We've found that our expert-designed solutions help benefit both staff and students, as well as the educational institution as a whole.

As a leading global health and care company, we draw on our Australian and international expertise to create and deliver programs and solutions to meet the needs of staff and students, including overseas visiting staff and international students.

We've created the Bupa Health Model; a framework designed to support and improve staff and student health and wellbeing. This holistic model guides educational institutions which encompasses initiatives that are designed to create healthier cultures and build healthier places to develop healthier bodies, and support healthier minds.

Our programs and solutions cover a range of health and wellbeing priority areas including sexual health and unplanned pregnancies, stress and mental health, as well as healthy habits including food and nutrition, and alcohol consumption.

Contact us to find out more about how Bupa programs and solutions can support your staff and students' wellbeing, health and care.



 [BupaOSHCPartnership@bupa.com.au](mailto:BupaOSHCPartnership@bupa.com.au)

 1800 812 535

 [bupa.com.au/students](http://bupa.com.au/students)



# selectability

A MERGER OF SOLAS & MIFNQ

## *Mental health support – together is better.*

After serving the communities of northern and western Queensland for the past few decades with quality mental health supports, services and education, SOLAS (Supported Options in Lifestyle and Access Services Ltd) and MIFNQ (Mental Illness Fellowship North Queensland) have merged into one not-for-profit community mental health organisation; selectability.

Our new name and new look marks the start of a new era of quality mental health supports, services and education in northern and western Queensland.

Diversity is our strength, together we can achieve more.



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**Queensland  
COUNTRY  
CREDIT UNION**

# Caring for the community is at the centre of everything we do



**Centacare North Queensland is a local not-for-profit organisation that provides counselling, care and support services to individuals and families across the North West region.**

You may not have heard of us, but helping individuals and families create a hopeful future has been felt by the community since 1979. We do this via professional and confidential counselling, mediation and family dispute resolution, disability services, education and life skills courses, family and youth support services, community support and housing and homelessness.

In addition to caring for the community, we pride ourselves on cultivating a passionate and dedicated team of Psychologists, Social Workers, Counsellors, Mediators, Group Facilitators, Case Managers, Co-ordinators, Supervisors and more to ensure we can provide the best services possible.

But we're not all talk. We show our appreciation with a comprehensive employee benefits package including,



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1300 NQCare | [centacarenq.org.au](http://centacarenq.org.au)

flexible modes of employment;  
flexible work arrangements;  
5 weeks annual leave;  
a day off for your birthday;  
remote location allowance;  
loyalty incentives;  
exclusive discounts on health insurance, car hire and holiday travel; plus up to 6 confidential counselling sessions for you and your family.



Queensland  
**Mental Health  
Commission**

## Driving reform

We drive reform of the mental health, alcohol and other drug, and suicide prevention support systems in Queensland.

Together we're working to achieve better outcomes

[www.qmhc.qld.gov.au](http://www.qmhc.qld.gov.au)



# Townsville

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## Private Clinic

### Educational Partners

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### Professional Partners

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*Note: IAMHHEC attendees will be eligible to receive ACA-recognised Professional Development Points*



## The Blended Mental Health First Aid for Tertiary Students Course

This course teaches you how to recognise symptoms of different mental health problems and crises, how to offer and provide initial help, and how to guide a person towards appropriate treatments and other supports.

Mental illnesses are common and young people are at highest risk. Research shows that more than **one in four** young people (aged 16-24) experience one or more of the common mental illnesses in any one year.



Many young people do not seek professional help for mental health problems. However, they tend to prefer sharing problems with their peers, so it's important for young people to have the skills and confidence to help their friends.

Through evidence-based course content, scenarios and films specific to the tertiary environment, you will learn practical skills to give initial support to a fellow student or any other young person or adult who may be developing a mental health problem or in a mental health crisis.



This course is delivered via blended learning, a combination of self-paced eLearning and a 1/2 day of face-to-face training.



[www.mhfa.com.au](http://www.mhfa.com.au)

Enrol today!

### Community Partners



# Keynote Speakers



## Welcome from Dorothy Savage

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Dorothy Savage is a proud Bindal and Biriah woman from the Birrigubba Nation of Queensland. She is a Traditional Owner of the Townsville area. She also has South Sea Islander heritage. Dorothy has strong family values and cultural beliefs.

She is currently employed as an Aboriginal and Torres Strait Islander Student Engagement Officer based at JCU. Her connections to JCU span many years and her career background includes 27 years working with Education Queensland. Dorothy sees her role at JCU as supporting students with academic studies and cultural and social wellbeing so they can engage in university life successfully. Her vision is to see more Aboriginal and Torres Strait Islander people graduate and become leaders in their professional fields. Dorothy believes that with a strong sense of Identity and belief in oneself almost anything is possible to achieve.

Dorothy has contributed substantially to the social work program at JCU for approx 7 years where she lectures in WS2121, a social work subject that seeks to prepare Indigenous and non-Indigenous students for working respectfully and successfully with Aboriginal and Torres Strait Islander families and communities. She also provides guest lectures in a number of other subjects, she has been involved in a range of research projects at JCU, and she has published in peer reviewed professional journals.

Dorothy is also chair person of the Aboriginal and Torres Strait Islander Social Work and Human Services Advisory Committee. This committee won an award for excellence in 2016. Dorothy, along with Associate Professor Sue Gair – Social Work, have recently received a citation award for outstanding commitment to leadership, learning and scholarship in Social Work education in 2017.



## Dr Benjamin Veness

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Benjamin Veness, a doctor currently training in psychiatry in Melbourne, was awarded a Churchill Fellowship to investigate student mental health interventions and services overseas. His Fellowship involved travel to the USA, Canada, UK, China and Singapore, and culminated in the publication of his report, 'The Wicked Problem of University Student Mental Health', which is available for download at <https://benveness.com/churchill-report>. Dr Veness also has experience as a member of the governing body of a large Australian university, having served two terms as a Fellow of Senate of The University of Sydney.



## Dr Jan Orman

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Dr Jan Orman is a Sydney GP with a special interest in mental health. She has a Masters of Psychological Medicine from UNSW in cognitive behavioural therapy.

In addition to her clinical work in general practice and in a dedicated therapy practice Jan has worked for many years as a facilitator with the Black Dog Institute Professional Education team which provides multidisciplinary education to Australian health professionals about mood disorders and other common mental health problems. Jan writes and delivers all the educational material in the Black Dog Institute's Arm of the e-Mental Health in Practice Project – a Federal Government funded project designed to help health professionals improve their knowledge of and skills in using online resources in mental health care. You can find her work at: [www.blackdoginstitute.org.au/emhprac](http://www.blackdoginstitute.org.au/emhprac).

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## Masters' of Ceremonies



### Professor Nola Alloway

Dean of the College of Arts, Society and Education, James Cook University

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Professor Nola Alloway, the Dean of the College of Arts, Society and Education (the College that is hosting the IAMHHEC) will be our MC for Friday's proceedings.



### Professor Sally Kift

Deputy Vice Chancellor (Academic) James Cook University

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Professor Sally Kift, Deputy Vice Chancellor of the College of Arts, Society and Education (the College that is hosting the IAMHHEC) will be our MC for Saturday's proceedings.

# Keynote Speakers



**Professor Patricia Dudgeon**

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Professor Pat Dudgeon is from the Bardi people of the Kimberly area in Western Australia. She is a Psychologist and Research Fellow at the School of Indigenous Studies at the University of Western Australia. Her area of research includes social and emotional wellbeing and suicide prevention.

She is currently the project leader of the National Empowerment Project, an Indigenous suicide prevention project working with eleven sites in Aboriginal communities across the country and the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project. She has many publications in Indigenous mental health in particular, the Working Together Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice 2014. She is actively involved with the Aboriginal community and has a commitment to social justice for Indigenous people.



**Professor Eóin Killackey**

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Professor Eóin Killackey is Associate Director, Research and Head, Functional Recovery Research program at Orygen. He has worked as a clinical psychologist in adolescent and adult public mental health settings and in private practice.

Eóin's research is primarily in helping young people with mental illness recover well. This includes finding ways to help young people with their education and employment and improve their physical health. Another focus of his research is in service system reform in mental illness.

Eóin is a founder of the International First Episode Vocational Recovery group and is a past recipient of the Australasian Society for Psychiatric Research's Schering-Plough Organon Prize.



**Mary O'Hagan**

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Mary O'Hagan is a well known innovator, thinker and writer. She has used her lived experience of mental health problems and her extensive work experience to develop straight answers to the curly questions in mental health.

Mary O'Hagan used mental health services in New Zealand for eight years as a young woman. Ever since, she has worked to make a difference to the way society and services respond to people with major mental distress.

Mary was the first chair of the World Network of Users and Survivors of Psychiatry, an advisor to the United Nations and World Health Organization and a Mental Health Commissioner for New Zealand. Currently Mary is an international speaker, consultant and writer, working in the Netherlands, Britain, Canada, Australia and New Zealand.



**Jeremy Audas**

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Over the course of the last 20 years, working predominately for state government departments, Jeremy has gained a deep understanding of the service delivery and community service needs of people impacted by disadvantage, including disability and mental illness. Jeremy has held a range of community leadership roles as a former Member of the State Council of the Queensland Alliance for Mental Health.

Currently as the General Manager for Service Delivery of the Mental Illness Fellowship of North Queensland and SOLAS, Jeremy has been actively involved in leading the establishment of a range of mental health programs, services and projects across North and Far North Queensland.

While in the Department of Communities Jeremy led a team that transitioned a major drug and alcohol diversion service from government control to a community-based organisation. Jeremy has advocated at social, political and local levels on behalf of individuals and community groups and is connected to national organisations and initiatives.

# Plenary Members



## Sally Kift

Sally Kift is Deputy Vice-Chancellor (Academic) at James Cook University and President of the Australian Learning and Teaching Fellows (ALTF). Prior to commencing at JCU in 2012, Sally was a Professor of Law at Queensland University of Technology, where she also served as Law Faculty Assistant Dean, Teaching & Learning (2001-2006) and QUT's foundational Director, First Year Experience (2006-2007). Sally is a national Teaching Award winner (2003) and national Program Award winner (2007). She was awarded a Senior Fellowship by the Australian Learning and Teaching Council (ALTC) in 2006 to investigate the first year experience and is currently a Discipline Scholar in Law.



## Dr Rachael Field

Rachael is a Professor of Law in the Bond Law School. Her areas of research expertise include dispute resolution, family law and domestic violence and legal education. Rachael is the founder of the Australian Wellness Network for Law, and a co-founder of the Australian Dispute Resolution Research Network. She has a portfolio of more than 75 scholarly publications, and is co-author of four books.

Rachael has volunteered on the management committee of Women's Legal Service, Brisbane since 1993, and has been president of the Service since 2004. In 2013 Rachael was named Queensland Woman Lawyer of the Year.



## Jorgen Gullestrup

Over the past 28 years, Jorgen has been heavily involved in the Queensland construction industry. A plumber by trade, in 2001 he became State Secretary of the Queensland Plumbers Union. In 2007, MATES in Construction was formed as the industry acknowledged self-interest and conflict needed to be put aside on both union and employer sides to generate a genuine non-partisan intervention to address the issue of very high suicide rates. At this time, Jorgen was appointed Chief Executive Officer of MATES in Construction Queensland and is now the CEO of MATES in Construction Australia. The program is a national program that is also expanding into other industries (mining). Jorgen holds a master in Suicidology from Griffith University (AISRAP) and is the author of a number of published, peer reviewed articles on suicide.



## Dr Beryl Buckby

Dr Beryl Buckby is a Clinical Psychologist and Lecturer in the Undergraduate and Postgraduate Master of Psychology (Clinical) Programs in the College of Healthcare Sciences at James Cook University. Her teaching and research encompasses clinical supervision and psychopathology, young-age onset dementia, mental health particularly Interventions stress-related conditions such as PTSD, as well as suicide and suicide prevention in North Queensland Communities.

Over her 25 years as a Psychologist Dr Buckby has worked in Forensic Mental Health with adolescents and adults, older persons' mental health in residential-care settings, and in a small private practice for adults with complex mental health issues.



## Dr Ros Thorpe

Dr Ros Thorpe is Emeritus Professor of Social Work at James Cook University Australia, and, since her retirement at the end of 2010, she is a volunteer community social worker with The Family Inclusion Network, a service user support and advocacy organisation in which families and supportive professionals work together to achieve greater social justice for children and families caught up in the child protection system.

Ros' research and practice activities include the fields of family and child welfare, domestic and family violence, Aboriginal and Torres Strait Islander approaches to social welfare practice, community work, service user involvement in human services, and counter-oppressive approaches to social work.

Ros supervised about 50 research students during her time at JCU, and in 2012 completed a small project on Supporting Research Supervisors in Unusually Difficult Situations – often where mental issues had become apparent.



# Abstracts

**Friday 30 June**

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## KEYNOTE PRESENTATION

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### **The Wicked Problem of University Student Mental Health** *Dr Benjamin Veness BAcc MBBS MPH*

Mental illness causes significant morbidity and mortality at almost all ages of life and in every country in the world. It has been described by the World Economic Forum and Harvard School of Public Health as the greatest threat to global gross domestic product, largely because the onset of mental health disorders is most common during emerging adulthood.

This period of life is also when approximately one in three young people in Australia will be attending one of our 39 universities. This creates both challenges and opportunities for the tertiary education sector, which has largely maintained traditional models of counselling and psychological support services, but is now finding these to be overstretched and insufficient given increasing student and staff demands.

Benjamin Veness, a doctor currently training in psychiatry in Melbourne, was awarded a Churchill Fellowship to investigate student mental health interventions and services overseas. His Fellowship involved travel to the USA, Canada, UK, China and Singapore, and culminated in the publication of his report, 'The Wicked Problem of University Student Mental Health', which is available for download at <https://benveness.com/churchill-report/>. Dr Veness also has experience as a member of the governing body of a large Australian university, having served two terms as a Fellow of Senate of The University of Sydney.

In this keynote presentation, Dr Veness will present the seven key findings in his report. These are matched with a total of 49 recommendations for the Australian tertiary education sector, starting with an exhortation for a 'tone from the top' that acknowledges students' mental health as a university-wide issue and responsibility. Accordingly, he will also argue for a preventative health approach to mental illness on Australian university campuses.

Twitter @venessb

## Session One. 11.15 – 12.50

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### SESSION ONE A

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#### **2016 Employment trends for Counselling in Australia**

*Thomas Parker, Australian Counselling Association Inc.*

The Australian Counselling Association is Australia's largest peak body for counselling and psychotherapy and has committed to numerous projects that raise the profile of counselling in Australia. Among them was an examination of paid employment trends in counselling across Australia. The purpose of this research was to test the hypothesis that there are limited employment opportunities for counsellors – this is a frequently held belief with many counsellors feeling under-represented in the employment market.

During a twelve-month span, the Australian Counselling Association's office of Industry Liaison was able to track employment opportunities for Registered Counsellors and determine what roles most frequently appeared for counsellors, average pay, locations of those roles and identified further areas of study moving forward.

The outcome of this research allowed the Australian Counselling Association to map the different major employer groups across Australia, identify niche markets for Registered Counsellors, promote the abilities of Registered Counsellors to employer groups, demonstrate the breadth and depth of the counselling industry in Australia and provide a clearer picture of the roles that are available to Registered Counsellors across Australia. This presentation will show the breakdown of the counselling roles across the country and illuminate the areas in which Registered Counsellors are having an impact in the industry of Health Care and Social Assistance.

#### **Enhancing student wellbeing and building resilience – preparing for placement and graduation**

*Ms Sophie Diamandi & Ms Patricia Muncey, The University of South Australia*

The University of South Australia – School of Psychology, Social Work and Social Policy (PSW) has been innovative in creating a Student Well Being and Community Engagement appointment. This position works closely with the Field Education Director and Field Education team, as well as the Manager of Wellbeing to support and assist students in preparation for field placements. A key focus of this position is to work with students experiencing depression and anxiety and to assist these students to progress through their academic programs

managing their mental health. Recruitment and retention strategies are also at the forefront of focusing on student well-being. This is particularly so in targeting first year students to provide a pastoral care support program.

The student well-being strategy has a particular focus on preparing students from first year to plan and prepare for the field education placements. These placements provide students with learning opportunities to integrate theory and practice in a various fields of practice. Placement is stressful as students are continually applying classroom learning to practice and they are encountering new experiences each day. This additional stress can increase symptoms of mental illness. There are other supports available in attempts to engage with the broader school population around mental health and well-being. These include counselling, community projects targeting students' desires to be more present on campus and to feel safer on campus. This presentation will explore how PSW staff can assist students with a mental illness to prepare for the demands of placement and the role of worker rather than client. Strategies used to manage risk and to promote student wellbeing will be discussed against the corresponding need for students to participate in stressful activities and manage this stress.

#### **First-Generation Tertiary Students.**

**Access is not the same as Support**  
*Krystal Campbell, University of Technology Sydney*

This paper argues that despite the various psychosocial factors affecting the mental health of first-generation students (FGS) in tertiary education, an integrated support system at the institutional level can help many overcome the barriers to success. The literature points to various factors affecting the mental health of FGS such as the social incongruity between their different worlds, lack of cultural capital, stigma of social status, and psychological factors such as imposter syndrome, achievement guilt, felt obligation toward family, and the sense of a widening distance from one's family. All these lead to stress and anxiety, and the additional stigma associated with mental health discussions compounds the issue, and worsen the effect of these factors. Often, limited knowledge of the range of degree programs and services available cause FGS to often start off on the wrong course, and broader responsibilities (work, family, commute travel etc.) make matters worse. Compared to their fellow students from other demographics, families of FGS are unable to provide help in identifying and resolving role-based problems or to help

them understand and meet the university's expectations, which influences the student's emotional and scholastic engagement. It is argued that access without support is not opportunity.

Furthermore, the literature suggests that FGS also do not share the cultural capital of non-FGS students. Cultural capital relates to the ownership and ability to appreciate cultural artefacts such as paintings, musical instruments and books while emphasising the ability to embody and reproduce culture as part of a personal style. To fully capitalise on this potential, the university sector needs to develop a greater understanding of the capital that students bring to their studies so as to structure experiences in ways that facilitate the success of all, including FGS, and also integrate the already established and successful first-year transition pedagogies well into every aspect of new learning.

This presentation is based on a collaborative auto-ethnographic study by a dyad of two women, three decades apart in age, but brought together in their roles as student and educator. Auto-ethnography is a reflexive investigation method, which connects one's autobiographical reflection of experiences to cultural, social, and political through research and writing. The student here identifies as FGS, and the teacher is her course adviser and also FGS in terms of being the first woman in her family to pursue a graduate degree. Despite initial difficulties as experienced by other FGS students, the authors of this paper report successful outcomes, mainly due to the influence of key educators who were empathic. This is in line with past studies, whose evidence indicates that the nature of the student-teacher relationship is the only aspect of students' social context that was directly correlated to their level of academic achievement at a statistically significant level. This has implications for a holistic approach to student mental health and wellness in higher education.

#### **Building hope and improving wellbeing.**

**Support tools as a student safety net**  
*Claire Holland & Dr Donnalee Taylor, James Cook University*

Support tools are necessary to provide a wellbeing safety net for students in need of specific assistance during their emotional life cycle at university. Research shows that students are less likely to access a face-to-face service, even if it's free, compared to accessing assistance online no matter how unreliable some of those resources may be. Developing reliable support tools and informing students how to use these new and existing online

## Session One. 11.15 – 12.50

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support resources can form a much needed resource safety net for successful transitions. Increasing students' positive perceptions of self and healthy coping skills can contribute to significant personal growth and overall resilience.

This presentation will discuss the development of two such online support packages created with James Cook University (JCU) SSAF grant funding. 1) The Student Conflict website designed to enhance the JCU student experience by providing a self-help resource to assist students to manage their own conflicts. The website outlines typical conflicts that students may experience at university, such as conflict with a lecturer, classmate or during group work, and different approaches to dealing with conflict ([www.studentconflict.org.au](http://www.studentconflict.org.au)) and 2) The iAspire Student Support information strategy designed to provide JCU students with inspirational and reusable resources that are critical for students' transitions to and through university (<https://research.jcu.edu.au/portfolio/donnalee.taylor/>). These packages of tools were built on positive psychology constructs such as goal theory, optimism, self-efficacy, problem solving and resilience (grit) which all contribute to hope theory and goal attainment. The presenters will outline the research that informed the development of these tools and share the outcomes, including national and international successes, and future research considerations. Through the sharing of these resources it is hoped this information will initiate university collaboration and increase awareness for the importance of integrating student support information into the curriculum.

### **Under the radar. The mental health of Australian university students** *Vivienne Browne, Senior Policy Analyst, Orygen*

Orygen, The National Centre of Excellence in Youth Mental Health has developed a report on the mental health of Australian university students which describes.

- A snapshot on what is known about the mental health of young people in Australian higher education.
- The determinants of mental health unique to university students and the impacts of mental ill-health on students, education providers and government.
- Current policy, system and university services responses.
- The evidence for a range of interventions delivered in university settings to better support students mental health and wellbeing.

This presentation will identify a number of opportunities (highlighted in the report) where the response to students experiencing mental

ill-health could be improved, both within higher education and mental health policy and programs. These include a need to.

- Create the impetus through the higher education policy agenda for universities to respond to student mental health and extend delivery of government funded mental health programs beyond secondary schools and into universities.
- Develop national good practice guidance for universities on how to develop a whole-of-institution response to student mental health on campus.
- Improve data collection, starting with the development of a baseline dataset on university student mental health so as to understand and monitor the prevalence and characteristics of university student mental health.
- Build stronger partnerships. nationally, through ongoing mechanisms for inter-departmental responses, particularly between mental health and higher education portfolios, and regionally, by including universities within the service planning and coordination activities of the Primary Health Networks (including as research and evaluation partners).

### **Strategic Approach to Student Wellbeing – College of Medicine and Dentistry, James Cook University** *Dr Teresa O'Connor, James Cook University*

The College of Medicine and Dentistry has an active approach to ensuring student wellbeing that incorporates several strategies including.

- Predicting students with potential for academic risk through monitoring attendance and performance in key assessment tasks.
- Providing specific support systems to the student body e.g. home group program for Years 1-3 in Bachelor of Medicine Bachelor of Surgery (MBBS) program and Year 1 in Bachelor of Dental Surgery (BDS) program and mindfulness training for Year 1 students in MBBS, BDS and Pharmacy programs, mentoring support for International students.
- Informing students about support systems early in the first year and reminding students in various ways through the ensuing years.
- Identifying students at risk through attendance and submission of assessment and other requirements records and via referral from home group facilitators and other staff. Students are able to self-refer and many do following information sessions about support system available.
- Early intervention with students identified as at risk and referral to appropriate services with Academic Advisers who provide both academic and pastoral support available to

all students across the multiple sites and programs.

- Monitoring the students at risk by Academic Advisers
- Using student feedback to inform the programs of study and support systems with student involvement in various committees of the College and regular meetings between student groups and College staff.

To support this approach the College of Medicine and Dentistry has developed a position Associate Dean Students. The purpose of this position is to provide leadership within the College across all programs and sites in ensuring the systems of student support including linking students with appropriate pastoral, health and academic support are appropriate and meet student requirements and university responsibilities.

### **Mates in Construction** *Jorgen Gullestrup, Mates in Construction*

MATES in Construction had a simple base philosophy, "Suicide is everyone's business" and we can prevent suicides if we can get mates looking out for mates. Nine years down the track, over 110,000 workers have been through the program and it continues to grow and expand. It is one of only five programs in suicide prevention worldwide that has robust evidence there is a problem and robust evidence to prove that the program is working in saving lives. Core to the program is valuing and integrating the Lived Experience of those affected by suicide. It's not about us without us! This presentation will provide the evidence and principles around MATES in Construction as a community development program supporting good wellbeing and mental health but also the model used to integrate the Lived Experience of those affected by suicide and poor mental health. While this program started in construction, it has become evident that many of the principles of the program are transferable across other industries and contexts.

## Session One. 11.15 – 12.50

### SESSION ONE B

#### **Alternatives to white western interventions in mental health settings to sustainable outcomes for Aboriginal and Torres Strait families**

*Amanda Kruger, Mental Health Social Worker, Townsville*

This presentation explores why traditional western white interventions and perspectives of mental health are not a good fit for Aboriginal and Torres Strait Islander people in Australia.

When a few members of the same Aboriginal family were referred to a secondary mental health facility our team realised that traditional intervention was not appropriate. As the team considered individual appointments and medication regimes they noticed that they were not getting the results or engagement that they knew was necessary for this family, experiencing multiple stressors. including intergenerational trauma alongside histories of mental health problems, substances and suicide, to move forward. There was a need to look at cultural appropriate interventions that would be sustainable to this family.

After discussion and planning with Indigenous mental health workers and community, the team developed a plan of action. Working collaboratively with the family, our team personalise the plan. A specific program was developed for this family that focussed on a holistic approach that was directed by the family and Aboriginal mental health workers. This program drew on the expertise and knowledge of the family and their culture. It also incorporated strength based approaches and narrative therapy including a good mix of yarning. The program ran over 6 weeks and was well attended by multiple family members not only the ones involved in our service.

#### **Resilience, weasel word or an effective way of promoting positive wellbeing**

*John Baird, Director of Nursing for Mental Health, Townsville*

Positive Mental Health is something that we all strive for. We understand that it is pivotal for our personal fulfilment, happiness and ongoing physical wellbeing. Yet all indications are that illness related to workplace stress is increasing significantly and is likely to continue to do so. Higher education by definition has significant interpersonal focus. Those who practice have genuine love of the art and science that is their trade and of the people they serve. In turn similar to public health it can be accompanied by deadlines paperwork and KPIs.

It is not unusual to hear colleagues talk of disappointment, trauma, fatigue, disillusionment all which lead to burn out.

Resilience is a word that has slowly worked its way into mainstream language and is used to describe the way we as individuals navigate and “deal with the stressors of our busy everyday life. However the concept is often misunderstood especially if not mocked in our Australian (it’ll be alright mate or harden up”) culture. The intention of the presentation will be to discuss the concepts of resilience and clarify its true meaning; it will further explore the skills and strategies that individuals can practice to develop their individual resilience when navigating our work and personal demands that are often intertwined and inevitably impact upon one another. Drawing on significant clinical and managerial experience the presentation intends to dispel the myth that we can be invincible and stoic, that we somehow can prepare ourselves for all that life throws at us, and that mindfulness, active reflection and clinical supervision can help us successfully understand and navigate the stressors complexities associated with our ever changing and demanding work environment.

#### **From Rhetoric to Reality. implementing engagement and wellbeing policies in QLD State High Schools**

*Alice Herbert, James Cook University*

Recent state-wide education reforms have left very little room for student or teacher individuality. Reforms have been created to improve quality teaching, to improve student outcomes and to meet community needs. A prescribed national curriculum, a state-wide implementation strategy and a region specific mandated pedagogy may have achieved consistency but to the detriment of student engagement and wellbeing. High school students have become embodied by a nationwide standardised tested band number or an overall position based on year 12 results. Based on these results, students are then involuntarily steered towards a pre-determined higher education or vocational pathway. We no longer obtain a comprehensive understanding of the whole student. a ranking score defines them. Teacher guidance has been deliberately steered away from holistic wellbeing and interpersonal connectedness, and policymakers have avoided specific student engagement and wellbeing to boost academic achievement. With such minimal focus on pastoral care, more students experience alienation, loneliness, low self-esteem and stress, resulting in faulty behaviour choices, disengagement and elevated student expulsion and dropout rates (Adler, 1957; Canter & Canter, 1992; Porter, 2000). In addition, teacher resignation prevails in times of educational reform as policies are repetitive, contradictory and result in disengagement, disenchantment, resentment and cynicism about the direction of the teaching profession (Bailey, 2000;

Troman & Woods, 2000). Applying a document study and autoethnographic inquiry into wellbeing policies, this presentation explores the rhetoric-reality gap that I have experienced as a teacher and a Head of Department within the Queensland State high school system. I conclude that engagement and wellbeing needs to be foregrounded in state wide policies, engagement and wellbeing programs need to be implemented and that teachers and students need to achieve agency in policy making if we are to bridge the rhetoric-reality gap.

#### **Educating artists at the University level in Australia. a preliminary exploration of frameworks for building resilience and professional wellbeing**

*Professor Ryan Daniel, James Cook University*

It is well known in the literature that creative and performing artists face particular challenges when attempting to establish a viable and sustainable career in the creative industries. Despite this, enrolments in higher education programs in the creative and performing arts continue to increase in many parts of the world including Australia. While there is a developing body of literature that tracks the employment patterns of creative and performing artists, there is a vast gap in terms of research literature that explores the mental strengths or intrinsic personal qualities that are necessary to manage the complexities of this type of career. Given extant research points to the precariousness of careers in the creative and performing arts, the capacity to be resilient, confident and determined appears to play a major influence on the extent to which graduates are successful. In the performing arts for example, stresses and challenges include coping with intensive critical feedback, performance anxiety, as well as frequent rejection when engaging in competitions and auditions for roles and employment.

For those in commercially oriented areas such as photography and design, the artist-client relationship can be very difficult for those who feel they have to surrender their artistic identity or intent to satisfy a paying client. While the concept of resilience, for example, is well understood and taught in such areas as teacher training, it has received virtually no research attention or focus in the area of the creative and performing arts. This presentation contextualises these various issues, argues the need for new research, and proposes that higher education providers should revisit their curricula in order to place a greater emphasis on the mental strength that graduates will require as they transition towards a career in the creative industries.

## Session One. 11.15 – 12.50

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### **Building resilience through reflective practice**

*Karen Knight, James Cook University*

Students enrolled in the Bachelor of Medicine Bachelor of Surgery (MBBS) at James Cook University (JCU) commence their first placement at the end of Study Period 1, and go on to complete an additional 3 placements by the time they are half way through their degree. These students then transition into the clinical years of their degree where their learning is based in, and around the clinical setting, where they are expected to behave professionally.

How prepared are our students for situations they will face whilst in clinical environments? How prepared are they to be considered professionals? We need to be considering these questions from the first day of a students' experience with our institutions, working with them, to prepare them for placements and professional behaviours.

Across the course of the 6 year MBBS program, students are required to complete several reflective activities. Each activity is designed to assist students to transition into life as an MBBS student, to commence development of professional thoughts and behaviours, and to take their studies a step further, drawing connections across their learnings, professionalism, and the impact of personal experiences. A crucial aspect of this involves encouraging students to explore their expectations of different situations, and compare them with their experiences, taking these topics from being distanced and objective to contemplating how they would manage them if they were involved with, or observed these topics.

Topics include aseptic technique, mentoring, team work, communication, addiction, dependence, and safe practice. All these topics are taught objectively within the program. Through acknowledging the academic and emotional learning of situations, developing the ability for students to reflect upon these, and draw personal connections between themselves and these topics, we believe we are aiding students to develop resilience, developing their ability to manage these topics as students on campus, into their clinical years, and their future as professionals.

### **Rethinking retention. Active collaboration and applied reconciliation**

*Dr Beryl Buckby, Dr Sarah Lutkin, & Dr Kerry McBain, James Cook University*

The ability of any organisation to attract and retain active participants relies on positive expectancies and developing relationships. The James Cook University (JCU) Reconciliation

recognises the importance of relationships and engagement with Aboriginal and Torres Strait Islander peoples but the engagement envisaged requires approach behaviour by such groups to be the recipients of invitation and attendance at JCU events in "our" place. Transition to university is a stressful and life-changing opportunity that it is not clearly mentioned in the JCU reconciliation plan. What we are proposing to discuss is that there are pre-stages to retention through engagement with potential students. This approach would require "us" to leave our place on the JCU campus, and develop active mentoring and preparatory collaborations with high-school students in the final years of school in their school and in their locations to develop relationships of trust and respect as a deliberative act of applied reconciliation. This approach goes well beyond marketing and must incorporate specific allowances for cultural factors that impact on mental health. Rethinking how active collaboration pre-stages to enrolment might be implemented could be life changing for potential students and for James Cook University.

### **Building Resilience for vulnerable students in a North Queensland university. A strength based approach. A call for research**

*Margaret Henni, James Cook University*

James Cook University in North Queensland has a high proportion of identified vulnerable students entering higher education each year. Risk factors include students that are First in Family, Low SES, Indigenous, and International. In addition, there are other 'at risk' students that have not been as widely recognised in the literature, such as. refugee, migrant, and high achieving students. It is suspected that many students, (whether from a 'vulnerable' group or not) are not accessing the type of help they need. The extent and nature of this service gap needs to be explored. A qualitative study, based on strengths based practice, is proposed, to include interviews with students, and staff in contact with students to gain a deeper understanding of the problems encountered. Assessment of this data should guide proposals to effectively build resilience; disseminate coping strategies; and scaffold the acquisition of protective factors. In conjunction with this data gathering, feedback and input can be collected to assess the viability of interventions such as.

- Fast facts (to be supplied in a number of formats) which detail difficulties commonly faced by students (and how to surmount them)
- Mental health literacy workshops run by JCU counsellors during 'O' week to build resilience and encourage help-seeking behaviour

- Improve communication between support services and staff
- Encourage involvement by the wider Townsville Community
- Widely accessible free 'transition' semester so that entering students have a realistic idea of expectations. Known to act as a 'no risk' filtering system.

Building resilience and taking pre-emptive action to protect vulnerable students may improve the learning experience and outcomes for students and reduce the workload for support staff, while increasing retention and improving results.

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## SESSION ONE C

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### **Equity in Tertiary Education & Psychiatric Disability**

*Bryan Winnett, Wodonga TAFE*

This presentation will explore my development of vocational training courses for students who have experienced mental illness, and are often in varying degrees of recovery. I will outline how I deliver training and the teaching models that I have been successfully using. Within the presentation I will exhibit sections of an ABC Documentary about my students and highlight the need to provide education opportunities for this marginalised student group.

"One of the most detrimental features of mental illness is the impact it has on a person's ability to participate economically and socially through employment and education, and in society more generally. We know that active participation in these aspects of life is important in improving outcomes for people with mental illness. People with mental illness that are not participating in work and education, or who are disconnected from social relationships can enter a cycle that finds them marginalised and increasingly reliant on income support, with adverse impacts on their mental health" (Statement by the Hon Nicola Roxon MP, Minister for health and age 10 MAY 2011). We have discovered in our rural community that services for students with mental health issues via employment agencies are very limited. Not only are job opportunities in county areas limited, but training and the personal development required to engage in job seeking is not provided. The timing or onset of many psychiatric disorders disrupts vocational opportunities and education. I have found through our training options at Wodonga TAFE, within short periods of time students can experience recovery as a useful side effect of regaining vocational pathways. Outcomes have included part time and full time employment and further tertiary education. This is not a one off venture our courses incorporate community partnerships and have been running for 14 years.

## Session One. 11.15 – 12.50

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### **Youth Participation in the mental health care of young people**

*Kirsten Seymour, Headspace Townsville Centre Manager*

This presentation will explore the implementation and processes of youth participation strategy within mental health care of young people in order to create an easily accessible, youth friendly mental health service. It will begin by exploring various models and strategies of youth participation and examine how these have been used across various layers of mental health delivery within a headspace centre. It will draw on the nine years of experience that headspace Townsville has had and explore creative ways of engaging young people in their own mental health care, community awareness and mental health literacy and youth advocacy. The presentation will also share the voices of past and present youth reference group members and youth volunteers of the service to hear first-hand about their experience in being involved in youth mental health care.

### **Preliminary findings from an international study of subjective well-being in tertiary students**

*Associate Professor Helen J Boon, James Cook University*

Experiencing high levels of subjective well-being is a central criterion of positive mental health in all groups of individuals. Well-being is not only the result of favourable life circumstances such as academic success and satisfying relationships, but also a predictor and part cause of these outcomes. More specifically, in relation to university students, well-being is important for influencing not only their academic outcomes, their attitudinal and career outcomes, but also outcomes that benefit communities and society at large. Implicated in well-being is religiosity. For example a 14-year follow-up study found that attending religious services predicted a 22 % reduced risk of developing major depression in adults while another longitudinal study showed that higher self-reported religiosity/spirituality predicted a 90 % decreased risk of major depression in adults.

This study reports the correlates of subjective well-being in an international sample of 1031 tertiary students from Australia, Great Britain, Israel, Germany and Greece using three proxy measures. reported distress symptoms using the Brief Symptom Inventory (BSI), quality of life evaluation using the Kihmi and Shamai 'Recovery from War' Scale, and individual resilience using the Connor-Davidson Resilience Scale. Results showed a number of significant differences based on ethnicity, religiosity, religious affiliation, gender and discipline area

of tertiary study. The results are discussed in relation to prior findings and possible interventions that could be instigated in higher education institutions to help increase student well-being.

### **Nurturing Mental Health Resilience in Students in Higher Education Arts Programs**

*Dr Mark Cariston Seton, University of Sydney*

For students who are increasingly conscious of the mental health vulnerabilities they may either already be experiencing or will encounter as they prepare for careers in the performing and media arts, the advice to "toughen up" or "get over it" can no longer be legitimate or, in fact, ethical responses. Over the past four years, based on findings of two nation-wide surveys of professional wellbeing issues in the performing and media arts sectors, I have designed, implemented and refined industry-specific training for students that will empower them to negotiate the variety of stresses, personal and professional, that are known to be prevalent and debilitating in the creative industries.

Feedback from both students and their other teachers, to date, suggests that this new focus of training in identifying and addressing stress factors, personal and relational, is proving valuable because it significantly removes the stigma and silence that have been associated with sharing discomforts that may become mental health concerns. Students in these courses are encouraged to be active participants in evaluating and reflecting on about how both training and anticipated workplace contexts can undermine self-worth and self-care. The programs offer skills in conflict management, interpersonal communication, shame resilience, portfolio career strategies, and sensitivity management through a process known as "resilient vulnerability". In addition, students review various occupational hazards as well as the relational impacts of a lifestyle that has often long working hours, sometimes, much time away from family and friends, and frequent financial and vocational uncertainty. These programs demonstrate the value of equipping the next generation of professional artists with preventative as well as therapeutic practices that will empower them with resilience in both their mental health and holistic wellbeing.

### **Well-being in the Guidance and Counselling and Graduate Certificate of Career Development programs at James Cook University**

*Dr Margaret Carter & Associate Professor Paul Pagliano, James Cook University*

The post-digital fourth industrial revolution

is already impacting heavily on university life. Traditional university classrooms are being replaced by an expanding array of blended learning options that include both face-to-face and rapidly transforming computer-generated possibilities. This is compounded by rising student numbers, wider cultural diversity, and student centred approaches to learning and assessment where simulation often replaces real experience. What it means to be a scholar is being redefined. Within this context students may be more actively engaged, independently and collaboratively, but for many, this is uncharted territory, alien and impersonal, with the potential to generate emotional insecurities and/or escalate pre-existing mental health conditions. In response to these challenges, we advocate promoting the mental health and well-being of students, deeming wellbeing foundational to meaningful student learning experiences, engagement, retention and academic success. Our roles as counsellor and career development educators, practitioners and researchers, commit us to integrating mental health promotion strategies within our programs, not as an optional extra, but as an integral, highly synthesised feature of the courses themselves.

### **Posttraumatic Stress Disorder (PTSD)**

*Victoria Wilson, University of Southern Queensland*

Posttraumatic Stress Disorder (PTSD) will affect approximately five to ten percent of the population over the course of a lifetime. With 65 million forcibly displaced people worldwide, it is inevitable that English as a Second Language (ESL) programs in Australian universities will see an increase in traumatised students. PTSD has been proven to change the brain, affecting learning, cognition, mood, and the ability to focus. However, to ignore or exclude traumatised learners is neither practical nor ethical, leaving both learners and educators unsupported. While schools in Australia and abroad are instituting trauma-informed pedagogy to transform the learning of younger students, the teaching of traumatised adults has yet to become mainstream practice, particularly within ESL programs.

This presentation aims to raise awareness of PTSD and adult language learning, showing how trauma affects the brain and the implications for the second language classroom. It explains how common teaching materials and interactions can trigger PTSD symptoms, and looks at how the ESL classroom can be both trauma-sensitive and pedagogically sound. Drawing on research from neuroscience, psychiatry, psychology, second language acquisition and critical pedagogies, it proposes ways for educators to create trauma-informed classrooms and points out directions for future research.

## Session One. 11.15 – 12.50

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### **Home Group Program for Medical Students. a well-being and education support program at James Cook University**

*Simone Ross, Angus Lane, & Nimisha Aithal, James Cook University*

Home Groups are a key component of the medicine program since the inaugural student intake in 2000. Home Group provides a structured set of weekly small-group activities for all students in the first 3 years of the 6-year medical course, with a clear student support focus on social, professional, and academic learning. The program has more than 600 students across the 3 cohorts, and plays a vital role in the early identification of 'students at risk academically', or who face significant personal challenges. All 72 Home Groups comprises of a facilitator and 8-10 students who meet for 1 hour each week.

Many Facilitators in the program are senior medical students (years 3 to 6). Facilitator's foster relationships between students and staff, co-operation amongst students, group interactions, active learning, and provide a source of experienced feedback to guide students in the development of coping skills.

The program is specifically created to support students and facilitators with their learning, connectedness, study, health and well-being. The major goals of the program are.

- Facilitate transition to University and thus successful performance in first year subjects
- Provide students with a small group environment to establish friendships and learning cohorts that promote a sense of belonging and connectedness
- Engage students in activities that enhance their learning by increasing their sense of medical professional and teacher identity and purpose
- Improve academic performance by providing opportunities and resources for engaging, active, student-centred and peer-facilitated learning
- Prepare students for the clinical years of the MBBS program by developing interpersonal and group skills, critical thinking and clinical decision-making/reasoning.

These five goals of the Home Group program will be introduced, and senior student facilitators will present how each goal impacts the well-being of both students and facilitators in the MBBS program, using student self-reported questionnaire written feedback.

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### **KEYNOTE PRESENTATION**

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#### **Aboriginal and Torres Strait Islander Mental Health.**

**Implications for the Universities**  
*Professor Patricia Dudgeon, University of Western Australia*

This presentation will provide a brief overview of Aboriginal and Torres Strait Islander mental health and will examine promising initiatives that herald an Australian Indigenous Psychology. At the core of an emerging Indigenous psychology are concepts of community ownership and valuing culture. The mental health of Aboriginal and Torres Strait Islander people has become a critical issue and available data suggests an entrenched, worsening, mental health crisis. This is seen in reported high rates of psychological distress, hospitalisation for mental health conditions and most critically, increasing suicide rates. It is timely that the mental health professions have begun to engage with Indigenous people in ways that will assist recovery and cultural maintenance. In recent times, the emergence of Indigenous paradigms is seen as an important way forward. In particular, social and emotional wellbeing as a new paradigm will be discussed.

Social and emotional wellbeing (SEWB) has emerged as an important Aboriginal and Torres Strait Islander concept of mental health and wellbeing. SEWB recognises the importance of connection to land, culture, spirituality, ancestry, family and community, and how these affect the individual, family and community. SEWB issues cover a broad range of problems that can result from unresolved grief and loss, trauma and abuse, domestic violence, removal from family, substance misuse, family breakdown, cultural dislocation, racism and discrimination, and social disadvantage. The Australian Indigenous Psychologists Association (AIPA) has developed this concept further. Another relevant project is Australian Indigenous Psychology Project headed by University of Western Australia and the Australian Psychological Society. This project examined ways to increase Indigenous students' participation and ways to include Indigenous studies in psychology courses. The findings of this research will be discussed and seen as generalizable to including Indigenous students and issues across other disciplines.

#### **The 'Process of Resilience' as a positive adaption, not necessarily a 'Trait'**

*Murray Hurst, Wellbeing and Education Manager, National Rugby league*

Many young people, particularly sports-people are celebrated for their achievements. This leads to a fear of failing and subsequent clouded transition to retirement. Rugby league players are people as well.

## Saturday 1 July. Early Morning Session 8.00 – 8.30am

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### **The impact of mental health in the university sector. A preliminary study.**

*Dr Margaret Carter, Associate Professor Abraham Francis, & Associate Professor Paul Pagliano, James Cook University*

Recently, the popular press labelled Australians as a “Nation of Dropouts”. The Minister for Education blamed universities attributing low completion rates to a lack of transparency within universities. Other commentators from industry bodies such as the Australian Chamber of Commerce and Industry assign the blame to factors such as parental pressure to attend university and/or a lack of alignment of degrees with employment pathways. However, analysis of the factors impacting upon course completion suggests a more complex picture.

### **Studying at university while experiencing mental ill-health.**

#### **A grounded theory study**

*Dr Priscilla Ennals, Neami National & Professor Ellie Fossey, Monash University*

The grounded theory study discussed in this presentation used a participatory framework to explore the experiences of university students experiencing mental ill-health. While between 20% - 25% of university students are estimated to experience mental ill-health, little has been understood from the perspectives of students themselves about their experiences and the impacts of their ill-health on their studies. This presentation presents one key finding, that students living with mental ill-health feel different but do all they can to manage that sense of difference in order to persist with their studies. Data were gathered through 21 in-depth interviews with 15 current students, and ten reference group meetings that involved discussions between six people with lived experience of mental ill-health and the three investigators. Rigorous comparative analysis of data revealed a theoretical understanding of the process of studying and how students with mental ill-health manage their felt sense of difference.

Being a student while living with mental illness involves doing all the usual student tasks, and in addition requires actively managing feeling different. Participants managed feeling different in three main ways, hanging in, taking action, and moving on. This is achieved through a range of actions that are effortful and time consuming. Thinking about the occupational demands of studying while living with mental ill-health provides insight into how services and supports are offered to, and accepted by students, reframing this group of students as resourceful and resilient. Sharing these findings with students who experience mental ill-health may decrease their sense of difference and isolation, and offer additional strategies for managing their experiences of difference.

### **Student support services – moving away from the margins. trialling a collaborative approach**

*Larissa Siliezar & Lisa Moody, James Cook University*

Mental health is one of Australia's nine national health priority areas and significantly impacts on youth aged 16-24 (Veness, 2016). Successive governmental policies emphasise widening participation and growing numbers of young people enrolled in university studies identify as having a mental illness (Veness, 2016). This impacts significantly on student attrition and retention. Mental health challenges are one of the main reasons why students cease university studies. Despite this, few changes have occurred in university structures, staffing, processes, and curriculum to support the wellbeing of students (O'Donnell, 2016). Overwhelmingly, mental health and student support services remain on the periphery, marginalised from teaching, learning, and curriculum initiatives.

James Cook University (JCU) is a multi-campus institution with campuses in Cairns, Singapore, and Townsville and smaller study centres in Mount Isa, Thursday Island, and Mackay. Students come from many backgrounds, promoting a rich cultural and experiential diversity on campus. The university has a whole of institution approach to student transition and support. Recently, JCU embarked on the delivery of new open access pathways programs – in Townsville, Cairns, Singapore, and Brisbane. In this program 'intentional, structured, and proactive set[s] of strategies' are being trialled to enhance engagement and success of students. This includes the explicit inclusion of community building, resilience, and wellbeing in the curriculum. This presentation will provide an overview of the whole of institution approaches utilised at JCU around student support and the initial results of the pathways programs deliberate inclusion of student wellbeing measures in the curriculum.

### **Promoting the wellbeing of Aboriginal and Torres Strait Islander students in Higher Education**

*Associate Professor Debra Miles, James Cook University*

This paper draws on research which examined the lived experiences of Aboriginal and Torres Strait Islander students in social work field education placements. Findings reveal students experience many instances of subtle and overt racism within placements which have significant implications for their emotional wellbeing. The presentation discusses strategies that can support Aboriginal and Torres Strait Islander students on placement and enhance their mental health and wellbeing.

### **The JCU MBBS Mentor Program for International Students (MMP. IS). Supporting the transition of international students to Australia and the MBBS program**

*Simone Ross, Julie Graham, Reuben George*

The JCU MBBS mentor program provides the opportunity for incoming international medical students to connect with senior MBBS students, the MBBS program, the Townsville environment, Australian culture and each other. The MMP.IS created in 2016, has an academic coordinator, however is a student led and student focussed program with the international representative of the JCU Medical Student Association as the Student Coordinator each year.

Student mentors are senior international medical students (years 2-6) who volunteer to support their junior colleagues in the transition to Australia. Mentors foster connectedness, and discuss any concerns with language discordance, communication styles and common language misunderstandings. They provide clear explanations of the MBBS program and educational requirements. In addition, they discuss food requirements and other shopping needs, accommodation requirements such as satisfaction and safety, as well as transport opportunities.

Each mentor has three to four mentees so as to also foster student connectedness between the year one mentees. In week 1, the mentees are advised of the program, and invited to come along to a welcome provided for international students by international students in which they meet their mentors. The program runs for 8 weeks of study period one and consists of both formal and informal face to face catch-ups and email communication, and the provision of online support.

An overview of the program and online support resource will be presented.

### **Care pedagogy, well-being and environmental stewardship**

*Marcia Thorne, James Cook University*

Well-being promotes improved scholarship. Research supports linkages between fulfilling innate biophilic needs to develop eco-wellness, well-being, critical and higher order thinking, enhanced scholastic performance and environmental stewardship. Biophilic needs are described by Stephen Kellert (2012) and E O Wilson (1984) as the innate need for knowledge of and connection to the natural environment and the eco system services that support life. Environmental stewardship is defined as caring action to support and maintain the natural environment. Recent doctoral research conducted at James Cook University, examined the expression of environmental stewardship in

## Early Morning Session 8.00 – 8.30am

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the Wet Tropics region of Australia in five state high schools. Government policy and curriculum documents were analysed for expressions of environmental stewardship and sustainability, the traditional conduit for teaching and learning for environmental stewardship. Findings show there was no expression of environmental stewardship and less than 2% of annual lesson time was focused on sustainability in Year 10 English, Maths, Science, Geography and History. Teachers and students completed on-line surveys and interviews about environmental stewardship teaching and learning, capacity, knowledge and action. Teachers expressed an inability to fulfil their professional duty of care. Students stated they were uninformed and unable to act upon their capacities for environmental stewardship. An outcome of this research was a conceptual framework for learning for environmental stewardship. Founded in care pedagogy, the framework responds to biophilic needs to promote well-being, improve scholarship and develop capacity for environmental stewardship behaviour. Nel Noddings (2012) care pedagogy theory is extended in acknowledgment of the reciprocal caring relationship between humanity and the natural environment. Caring IS a learned behaviour.

### **The transfer of an Aboriginal Family Wellbeing empowerment program to Papua New Guinea university and community contexts**

*Russel Kitau, James Cook University*

Promoting student and community wellbeing is a major priority for Papua New Guinea (PNG). This is more so because of the high levels of interpersonal violence including gender-based violence affecting many communities across the country.

The aim of this presentation is to reflect on the transfer and integration of an Aboriginal Family Wellbeing (FWB) empowerment program into University of Papua New Guinea (UPNG) public health curriculum, and the subsequent piloting of the program by lecturers and students as inter-personal violence intervention in a PNG community setting. I will explain the context in which I decided to pilot the Aboriginal FWB program within public health teaching at UPNG, the formation of a collaborative partnership with Australian researchers, and the decision by the UPNG Senate to approve the FWB empowerment short course as a core subject within the Diploma of Public Health. I will reflect on my subsequent roles in teaching and evaluating the FWB program as part of Problem-Based Learning (PBL) and my decision to use this as opportunity to achieve my own professional development goals through enrolment in the James Cook University

Professional Doctorate. I will highlight the implications of my experience for other PNG academic colleagues looking for similar professional development opportunities.

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### **KEYNOTE PRESENTATION**

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#### **How can we best support young people with mental ill health to take their education as far as they can.**

*Professor Eoin Killackey, Orygen*

Young people experience greater rates of mental ill health than they do other forms of illness. The period of onset of mental illness often coincides with the later years of secondary education and the commencement of further education or training. The impact of this can be to disrupt or derail vocational and educational development. Consequently, people with any form of mental illness are twice as likely to not complete secondary education, and to struggle with both the transition to, and successful completion of further education. Despite these facts, young people with mental illness value education highly and seek to be reconnected to it. Additionally, people in mental illness are underrepresented in employment for a variety of reasons. One key reason identified by people with mental illness is lack of qualifications and skills. In an era of increasing automation, more qualifications will be required to compete at the entry level to the workforce. To ensure that young people with mental ill health are not further marginalized in this changing environment, it is important that consideration is given to the educational challenges they are confronted with and potential solutions to those challenges. In this presentation, I will review the literature and evidence around these issues, and present some possible means of better addressing the educational recovery of young people who experience mental ill health.

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### **KEYNOTE PRESENTATION**

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#### **Mental Health on Campus - Practical Ways to help improve the Mental Health of Tertiary Populations.**

*Dr Jan Orman, BlackDog Institute*

Students in tertiary institutions don't get sick very much. University Health Services see very little chronic or complex physical illness, but they do see a great deal of mental illness and psychological distress. Not only are students at a life stage where they are especially susceptible to the onset of serious mental illness, such as first episode psychosis and schizophrenia, bipolar disorder and eating disorders, they are also often under enormous stress from academic pressure and the pressure of trying to make financial ends meet. These stressors

can lead vulnerable people into depression and anxiety as well as all the problems arising from self-medication with drugs and alcohol. Many psychological and mental health disorders benefit from early intervention. For a whole range of reasons, sufferers often do not seek professional help at a time when intervention would be most helpful. As a community, we need to learn to identify distress in our members and help them find ways to seek and receive appropriate care either face to face or online. The current research in suicide prevention is clear in that regard. To paraphrase a famous African saying – it takes a community to improve the mental health and wellbeing of its members. This presentation aims to raise awareness of the kind of mental health problems that occur in tertiary populations, both students and staff, and the things that we, as members of that community, can do to help reduce the impact of mental ill health. We can all help to create a mentally healthier world.

## Session Two. 11.20am – 12.50pm

### SESSION TWO A

#### **Clemente – Transforming lives through education**

*Barbara Goodwin, Centacare Brisbane; Janine Quinn, Australian Catholic University & Brooke Laidlaw, St Vincent de Paul Society Queensland*

Clemente Australia is an Australian Catholic University (ACU) transformative program delivered in partnership with tertiary, corporate and community services. It is a community embedded and socially supported humanities based program for people experiencing disadvantage where most often mental health is core to their life challenges. Lecturers teach a Certificate of Liberal Arts course (four units) and on completion of the certificate it can be used as a pathway to further higher education. It is a “strengths” based model that sees students as having the capacity to shape their own goals through intellectual explorations. Through social interaction and focused reflection, evaluations indicate that students identify possibilities for their futures and recognise they are agents in their re-engagement with society and recovery. The achievement of studying at a University level for someone who has been living on the edge of society is truly transformative. Brisbane is one of 13 Clemente programs delivered nationally. The sustainability and viability of Clemente Brisbane relies on a number of factors. 1) The shared vision, commitment and in-kind contribution by ACU and collaborative partners - Saint Vincent de Paul, Sisters of Mercy, Centacare, Micah Projects Inc., and Common Ground. Partners are critical in providing resources, staff, space and financial support ensuring the program is accessible for marginalised people; 2) The provision of volunteer Learning Partners who enhance student confidence and support students in their academic journey; 3) Holistic transitional support pre and post completion of the program including linkages to employment opportunities, community services, ACU academic and social support, and regular Clemente alumni gatherings. To January 2017, 60 people had engaged with Clemente Brisbane, 10 graduating and 36 successfully completing at least one unit. Currently 24 students are enrolled in the current semester and four Clemente graduates are studying mainstream degrees at ACU.

#### **Wellbeing and Lived Experience**

*Shayne Pattie, Mental Illness Fellowship North Queensland*

The ‘World Health Organisation’ defined Wellbeing as. “the state in which the individual realises his or her own abilities, can cope with normal stresses of life, can work productively and is able to make a contribution to his or her community”. To help individuals develop

a high level of Wellbeing for themselves, a London research group developed the “Wheel of Wellbeing” that can easily be translated into everyday living. This wheel involves six aspects of mental wellness. Body, Mind, Spirit, People, Place and Planet. In this presentation, I discuss my lived experience stemming from the first 15 years of my life. Notwithstanding my mental health diagnoses, I have successfully established and sustained a high level of mental health and wellbeing. This has been achieved through working with the “wheel of wellbeing”, persistence, positive life choices, and support from various people including friends, and teachers.

#### **Engaging with students experiencing mental health problems. Staff perspectives**

*Professor Robert Bland & Dr Annie Venville, Australian Catholic University*

Over the last two years, staff in the School of Allied Health at Australian Catholic University (ACU) have been exploring ways to engage with and support students experiencing mental health problems. We noticed that a high proportion of students at risk of exclusion due to academic failure, or failure of clinical placements, were coping with significant mental health problems. We have interviewed key staff about their experience of working with this group of students and held a number of staff focus groups to explore ways we might better support these students.

Themes that have emerged from our research to date include.

- The diversity of the student group
- The nature of mental health disability – at best a difficult concept to understand and confusing to accommodate within ordinary disability concepts and responses.
- The dilemma of student disclosure of mental health problems.
- Possible responses to support staff and students.

This presentation presents a work in progress of our project.

#### **A Critical Realist Perspective on Conducting Research into Cultivating Expressions of Wellbeing Dispositions in Education**

*Jacqueline B. Ranatunga, James Cook University*

Mental health in education is a growing global concern. The demands of contemporary education, coupled with an increase in documented mental health challenges experienced by learners and educators alike, indicate that all is not well. The declining state of wellbeing has sparked an influx of

education programs to enhance wellbeing, yet it remains unacceptably low. More sophisticated research is urgently required. The research reported in this presentation embraces a critical realist perspective, with the hope of searching for more insightful explanations to the complex challenges in wellbeing education. Critical Realism (CR) offers a highly refined approach to conducting interdisciplinary research, so it is particularly useful in mixed methods explorations into wellbeing. This is because CR underpins a commitment to human emancipation, exceeding traditional disciplinary boundaries, and fixed methodological positions. Whereas theory driven research focuses primarily on epistemology (relationship between known and knower), with CR ontology (nature of reality) is given precedence. Investigations can therefore be conducted at a deeper level by employing ontological realism, epistemic relativism, judgmental rationality, and methodological pluralism. Hence the researcher explores beyond the symptoms and concentrates more on possible underlying causes. To better understand the social world three areas are astutely examined. They are. agency (ability of individuals and groups to exercise free will and to make social change), mechanisms (underlying arrangements or causes), and structure (patterned social arrangements that influence agency and mechanisms). By doing so this research uncovers a range of underlying factors that influenced wellbeing for the learner and educator participants in the study. Findings suggest that cultivating expressions of wellbeing dispositions, goes beyond educators and learners to a collective outcome, with parents, school hierarchy, stakeholders, communities, policymakers and governments all part of the equation. The presentation concludes with a discussion regarding how to replicate this research in higher education.

#### **Supporting and Engaging the Student Voice on Mental Health- The UNSW Sydney Experience**

*Dr Rina Daluz, University of New South Wales Sydney*

Student Minds® @ UNSW Sydney is the student voice on Mental Health. University of New South Wales (UNSW) students aid in, and have a voice on, mental health promotion on campus through leadership and volunteering opportunities. Student’s voice on Student Minds® UNSW resonates with its practice of Learners as Partners; an acknowledgment that students can achieve and contribute immeasurably when given the right opportunities and responsibilities. Learners as partners positions students to have a share in decision making; transcending their voice from perspective to working together

## Session Two. 11.20am – 12.50pm

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with the university and its staff to implement change and raise Mental Health Awareness. This partnership enables university staff and students to collaborate, share responsibility and become active team players in Mental Health promotion. By listening, fusing of ideas and working as a collective, there is not just an equalisation of the playing field but an enriching of desired outcomes. This presentation will highlight the student voice achievements and examine the current practice of Learners as Partners. Supporting and engaging students as partners is one way forward in mental health best practice for university students and staff.

### **Supporting student wellbeing in enabling programs. comparisons, contrasts and commonalities at four Australian universities**

*Dr Nicole Crawford, University of Tasmania & Marguerite Westacott, University of the Sunshine Coast*

Pre-university open-access enabling programs have become an increasingly popular pathway to university for under-represented groups, particularly those that have experienced a disrupted or disadvantaged educational journey. Students in enabling programs bring a richness and diversity to universities. This diversity is important both to the vitality of the institutions, and the social equity outcomes that enabling programs hope to foster. Yet, in crossing the bridge between pre-university and university entry, these students are often confronted by multiple challenges. Within the literature, concerns such as mental health difficulties, complex family issues and being first in the family to attend university have been shown to impact on students' ability to succeed academically, develop a sense of belonging in the university community and negotiate personal hurdles. While many universities provide clear pathways to counselling, and this is of great value, they are but one element in a more comprehensive model of support for the wellbeing of students in enabling programs.

The National Association of Enabling Educators of Australia (NAEEA) Special Interest Group (SIG) on Mental Health consists of academic and counselling staff who are involved in enabling programs at four institutions across Australia. The SIG members meet regularly online to share their experiences in supporting their students' wellbeing in their various enabling programs.

This presentation will discuss the key features of four models of supporting enabling students' wellbeing that have been developed at the four institutions. The participating universities are the University of Tasmania, Murdoch University, The University of Newcastle, and the University of the Sunshine Coast. The models are unique,

and also share commonalities, in terms of whether the support is embedded, centrally-located, proactive, informal or holistic. The SIG meetings have resulted in the sharing of approaches, and reflection on practices; how the SIG members have influenced each other will also be discussed.

### **Mentally Healthy Workplaces in the Academy**

*Dr Ann Lawless, Critical higher education researcher, NSW*

The lifeworld affirming effects of health advocacy, policy advocacy and labour activism will be shown to humanise, enable and enhance the capacity of the academy, and its labour force, to fulfill the core purposes of the university - serving the public good through research, education and community engagement. This is made possible through alternative conceptions of the modern Academy as serving the public good and better realising its potential to foster healthy workplaces that are enabled and empowered to participate in, create and contribute to deliberative democracy and civil society. The threats to its potential to offer healthy workplaces will be examined through critical higher education theory and case studies; and narratives of reclaiming the Academy as a place of service to humanity, knowledge creation and the co-creation of healthy workplaces. It is argued that a healthy university workforce is one of the conditions that enable and enhance the wellbeing of students and their communities.

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## **SESSION TWO B**

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### **Mindfulness Program for Health Professional Students. a pilot study for year 1 medicine and dentistry students at James Cook University**

*Dr Kimberley Owens & Simone Ross, James Cook University*

University students experience more stress related impacts on personal wellbeing than other members of the general population. Health professions students are a cohort that experience this more so than other student cohorts. Recently, mindfulness education programs aimed at equipping students with specific ways of addressing and managing life stresses have resulted in demonstrated benefits in all levels of education, and more specifically in other Australian medicine courses. In 2015, staff from the College of Medicine and Dentistry at James Cook University received a Learning and Teaching Grant to conduct a small pilot project aimed at introducing and evaluating a mindfulness program for year 1 Medicine and Dentistry students. The pilot program ran across the two semesters of 2016 and consisted

of both face to face theoretical and practical sessions and the provision of online resources. The face to face sessions were held for each professional cohort, and addressed specific topics relevant to the student experience, including.

- Student stress
  - Mindfulness and the essence of health
  - Stress response and wellbeing
  - Procrastination
  - Good and bad emotions and mindfulness management
  - Cognitive distortion and automatic thinking
  - Attention and multi-tasking and
  - Emotional intelligence and mindfulness.
- Program evaluation included focus groups conducted at key times during the pilot year, and student responses to self-reported questionnaires. Key results include a statistically significant change in students' views regarding the reduction of stigma around students seeking (mental) health care. An overview of the program and online resources will be presented, with significant program results.

### **Students' Perceptions about Mental Health in Ghana Universities**

*Frank Baffour, James Cook University*

Mental health is no longer perceived as a developed country phenomenon, rather a global phenomenon that affects individuals, irrespective of their social class. Globally, the youth, including university students in Ghana have been tagged as the most affected age group of mental health related complications. It is therefore not a coincidence that the International Declaration on Youth Mental Health was established in 2011 to highlight the threat mental health poses to the youth and channel a shared intervention to mitigate its effect on the youth. Nevertheless, whilst most often the developed countries have the needed resources to create awareness and mitigate it, developing countries, including Ghana are ill-equipped to do same. As a result, recently there has been countless reports in the media on suicide incidents across the country's universities, hence warranting a thorough investigation on mental health among university students. Even though studies have been conducted in the area of mental health (Foster, 2012; Read & Doku, 2012) in the Ghanaian context, there are still paucity of information on students' perceptions about mental health. Further, aside from research, policies and teachings in Ghana have paid limited attention to mental health. The aim of this intended study is to find from higher degree students, their perceptions about mental health disorders. It is believed that, knowing students' perceptions would aid in the advocacy of policies aimed at educating and sensitizing students about mental health. Furthermore,

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the study fills an identified research gap by employing a qualitative research design to explore students' perceptions about mental health.

### **"Like a stranger in a crowd." isolation, stigma and ignorance as barriers to help-seeking for mental health problems for tertiary students.**

*Michelle Walter, University of Melbourne*

Within Australia approximately 26% of young people aged between sixteen and twenty-four experience a mental health problem (McGorry & Goldstone, 2011). Research has demonstrated that the tertiary setting can exacerbate risk factors for mental illness, with university students demonstrating higher levels of stress than the general population (Wynaden et al, 2014; Reavely, Jorm, McCann, Cvetkovski & Jorm, 2014). However despite being one of the most severely affected groups, young people remain among the least likely to seek help for mental health distress. Untreated, mental health problems can cause long term negative consequences and may severely impact on a student's ability to perform academically, as well as in the wider world.

This presentation reports on early findings from a PhD study which combines autoethnographic and ethnographic data to understand barriers to help-seeking as experienced by university students. Autoethnography is an innovative methodology that combines creative practice and critical theory to interrogate relevant personal experience, in this case the experience of being mentally ill whilst at university. The research also reports on data gathered within semi-structured interviews with tertiary students with current experience of help-seeking for mental health support whilst at university. Though the study is still in early data collection, distinct themes are already emerging. Among these are the roles that stigma, isolation and a lack of knowledge of university services play in creating barriers to help-seeking. An understanding of why some students do not seek help for mental health problems is useful for informing university response strategies and better supporting tertiary students with mental health concerns.

### **Promoting employee and student wellbeing using mental health first aid**

*Karen Desira, James Cook University & Philippa Harris, Mental Illness Fellowship North Queensland Inc*

When building a staff development program for James Cook University (JCU) in 2015, the requirement for improved understanding of mental health issues, and more skills to support affected staff and students was clearly

identified. Dr Christine York, Organisational Development and Learning Specialist, drawing on her experience in facilitating Mental Health First Aid courses at the Department of Human Services, made the case for prioritising this course within the University's new employee development series, provided by the Human Resources Directorate. Philippa Harris from the Mental Illness Fellowship of North Queensland has been engaged to deliver small group workshops for staff in Townsville and Cairns.

During 2016, three Standard Mental Health First Courses were offered to staff at JCU. The first MHFA course, only had a small number of participants, but word of mouth promotion of the benefits of attending the MHFA led to a greater willingness to commit to the program. A total of 35 staff attended in 2016. The response from staff and managers – both academic and professional – has been consistently positive and encouraging. However, there was a strong message that, whilst people recognised the value of the 2-day accredited Mental Health First Aid, many requested a shorter version of the key information. In response a 3.5 hour course, Mental Health Awareness (MHA), has since been developed by Philippa. This program provides an overview of mental illness rather than a summary of MHFA. It is a 'teaser' for the longer program. MHA aims to destigmatise mental illness, encourage mental health conversations and promote help seeking. It also encourages investment in MHFA to promote a strong, mentally healthy workplace.

Mental Health Awareness and skills-building have now been incorporated into the academic leadership development program to be launched later this year, and also featured within a wellness workshop provided at last year's Senior Staff Conference. We anticipate continuing to build staff capability in the managing of mental health in the workplace at JCU.

### **The role of Mental Health First Aid training for tertiary students**

*Nataly Bovopoulos, CEO, Mental Health First Aid Australia*

Mental health first aid (MHFA) is the help provided to a person who is developing a mental health problem, experiencing a worsening of a mental health problem or in a mental health crisis. The first aid is given until appropriate professional help is received or the crisis resolves. The aim of MHFA training for tertiary health students is how to provide mental health first aid to assist a peer who is developing a mental health problem or in a mental health crisis. There are a number of reasons why tertiary students can benefit from learning MHFA skills, including their higher risk of mental health problems, the effects of these

problems on completion of studies, reluctance to seek help and stigma attached to being a professional with a mental health problem, and the opportunities that students have to support their peers with mental health problems. From July 2013 – March 2017, Mental Health First Aid Australia (MHFA Australia) has received funding from the Australian Government Department of Health to disseminate subsidised tailored MHFA training to medical and nursing students. Under this funding, MHFA courses have been widely disseminated to students across Australia. As of 31 December 2016, training had been delivered to over 17,000 nursing students and 5,000 medical students. Additionally since mid 2016 at a fee-for-service, training has also been delivered to over 1,000 other tertiary students.

This presentation will discuss the role of mental health first aid training to assist tertiary students experiencing mental health problems or mental health crises and MHFA Australia's experience to date with delivering training to this population, including the results of an uncontrolled pre-test post-test evaluation has been conducted with 292 nursing students and 142 medical students. It will also describe the organisation's plans to further engage allied health and human service students in future.

### **Resilient vulnerability for ethical teaching practices in the arts**

*Dr Mark Cariston Seton, University of Sydney*

When students experience significant and unanticipated discomfort or harm (physically, psychologically, emotionally) in the process of learning then it is unlikely they will attain their most effective learning outcomes. Dr Seton has developed both ethical guidelines and practical classroom responses that show respect for individual embodied experiences while recognising the necessary value of risk-taking in exposing students to dramatic or intense, confronting experiences or art works in creative arts training institutions.

Unaddressed self-doubts, psychological fears or previous traumas may be impactful on students' current learning experiences and teachers may default to their own prior training experiences (what worked for them) rather than engage with new student encounters. These reactions by both teachers and students are genuine, embodied experiences that need to be respected and honoured. In this workshop, Dr Seton will outline core ethical principles to ground an ethical teaching practice and will introduce practical classroom activities and alternative forms of critique of students' creative work to maximise creative engagement while minimising risk of unintended harm or injury. Resilient vulnerability©, a practice developed by Dr Seton, is proposed as a key to resilient risk-taking in the arts.

## Session Two. 11.20am – 12.50pm

### **Embedding student wellbeing promotion in university curricula.**

#### **an Aboriginal Wellbeing approach**

*Prof Komla TseY, Prof Yvonne Cadet-James, & Mary Whiteside, James Cook University*

In Australia and internationally, universities are preparing students for the twenty-first century through building competencies and attributes fundamental for social, economic and environmental sustainability. This 1-hour master class will introduce you to an Aboriginal Australian Family Wellbeing (FWB) intervention that seeks to build such attributes when integrated into university curriculum.

The FWB program was developed by Aboriginal Australians to empower them to deal with the after-effects of colonization and other problems associated with social change. The program recognizes that there are no easy strategies to manage complex problems such as transition from traditional to modern cultures, prejudice, discrimination and distrust between different groups, poverty, intergenerational trauma and loss and it seeks to impart communication and analysis skills to empower people to develop resiliency, create support networks, and resolve apparently insurmountable problems using creativity and innovation.

FWB has been piloted with university students in Australia, Papua New Guinea and in China. This was partly in response to calls by Indigenous FWB participants to ensure that professionals such as teachers, doctors, social workers, lawyers and others working with Indigenous people are introduced to FWB principles and approaches. The wellbeing attributes reported across these pilot studies resonate strongly with what positive psychology calls 'human flourishing', sustainability education advocates refer to as '21st century learning competencies', social determinants of health analysts call 'empowerment and control', and innovation and enterprise researchers call 'mindset of creativity, initiative and independence'.

This one hour workshop will provide an overview of FWB and its adaption for university curriculum in Australian and international contexts. Participants will be given the opportunity to apply the FWB approach to teaching courses in which they are involved. Implications for embedding wellbeing promotion more broadly in university curricula will be explored.

## SESSION TWO C

### **Adult Resilience Program**

*Dr Natalie Games, James Cook University, Singapore*

The current study evaluated the effects of the Adult Resilience Program, a program focused on developing emotional resilience and building emotional and social skills for adolescents and adults, using a randomized immediate/wait-list control group design. Participants included 55 university students (ages 18-46) from James Cook University Singapore campus. Participants completed the Depression, Anxiety and Stress Scale (DASS21), the Devereux Adult Resilience Scale (DARS), and Rosenberg's Self-esteem Scale (RSES), before and after the program's implementation, and again at follow-up (i.e., 6 months). The social validity of the Adult Resilience Program was assessed post-workshop. A significant decrease in depression was observed among participants who completed the Adult Resilience Program at post-workshop relative to the wait-list control group. This gain was maintained at follow-up. Furthermore, students who participated in the ARP showed significant reduction in stress symptoms between pre-workshop and follow up (6 months after completion of the workshop) relative to controls on standardised measures (i.e., DASS21). In addition, students who participated in the ARP showed significant improvement in resilience between pre-workshop and follow up (6 months after completing the workshop) relative to controls on standardized measures (i.e., DARS). Participants reported favourably on the social validity of the Adult Resilience Program. Overall, results indicate initial support for the Adult Resilience Program within the university population for students in Singapore. The inclusion of a follow-up assessment is an important advantage over previous studies and is recommended for inclusion in future research designs

### **Lived experience and suicide. Insights, cautions and future directions**

*Dr Beryl Buckby, James Cook University*

Lived experience is now incorporated into suicide prevention initiatives around Australia however empirical evidence to support it is absent from the literature. Insights from a qualitative study of extensive interviews drawn from a larger study in progress, found there is sufficient evidence to suggest that cautions should be considered prior to introducing Lived Experience as a necessary component of suicide prevention. Suicide affects people who have attempted and those bereaved through suicide. The personal accounts, help-

seeking, and suicide risk awareness of nine Aboriginal and non-Aboriginal women highlight differences and concerns in incorporating "lived experience" into suicide prevention initiatives. Women described suicide as a journey escalating in lethality towards an end point, and incorporating the experience of 'tunnel vision'; a limited focused mindset that impaired ability to perceive significant reasons for living. Every woman retained contradictory beliefs that help could be sought and reasons for living could stop a person acting on suicidal thoughts. Empirical studies and statistics shows differently. All retained beliefs in suicide myths, and in all cases had unresolved issues of grief, loss, anger, shame and self-blame and stigmatising beliefs about self and others. Some were invested in stopping others attempting suicide however, stigma has been found independently to blind people to suicide risk in others. Suicide prevention is not synonymous with mental health practice where inclusion of consumers as an advocacy voice is beneficial, we should proceed far more cautiously as people bereaved through suicide are at greater risk of suicide attempts and completion. Ways of incorporating lived experience in suicide prevention in future must clearly define roles that allows contribution and that "first does no harm" to people who have lived the experience and are therefore at higher risk of suicide.

### **Findings from the National Study of Social Work Students. Mental health and wellbeing impacts and policy implications**

*Associate Professor Susan Gair, James Cook University & Len Baglow, AASW Policy Advocate*

In 2015, 2,320 current social work students from 29 Australian universities completed an online survey on juggling studies and paid work. Overall the study found higher percentages of social work students experienced financial disadvantage than the reported national average for tertiary students. Thirty two percent of undergraduate social work students and 29% of Masters social work students reported that they regularly went without food or other necessities, including medications, because they could not afford them. Students reported working long hours in paid employment to meet financial commitments while juggling their studies. Other students could not find sufficient paid work. Undertaking compulsory field placement intensified students' financial pressures due to reduced or relinquished paid work and added costs including transport and extra childcare. Students spoke of a lack of adequate recognition of their significant financial constraints, overtiredness, increasing stress, and limited time for self-care that

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adversely impacted their studies and their mental health and wellbeing. We conclude that universities, academics, the accrediting body, the field and students themselves could take a more systematic and politically active approach to help secure increased levels of financial and institutional support for students, including lobbying for increased Youth Allowance, Austudy, Abstudy and other government benefits.

### **Mental health in tertiary students**

*Professor Russell Hawkins, James Cook University*

This presentation will report a series of studies undertaken by James Cook University psychology students investigating aspects of mental health in tertiary students. The first study considered university attrition in the context of psychological distress broadly defined as depression, anxiety, or stress and assessed using the DASS-21. The results from 547 participants revealed that university students exhibit greater levels of psychological distress compared with the general population, that different age groups reported separate sets of factors predicting psychological distress and that overall distress levels differed between mature age students and school leavers. The second study compared anxiety and depression between 372 rural and urban first year university students using the Revised Effects of University Study on Lifestyle Questionnaire (R-EUSLQ), the Zung Self-Rating Anxiety Scale (SAS) and the Self-Rating Depression Scale (SDS). Results included the finding that 34.4% of students reported clinical levels of anxiety and 55.1% reported clinical levels of depression. The third study considered Australian rural youth willingness to seek help using focus groups with samples of high school students and university students together with an assessment of whether exposure to Beyondblue educational videos might positively affect attitudes towards people experiencing depression. Although the study received university ethics approval and school principal support, failure to obtain state education department approval (though Catholic Education did cooperate) is described as symptomatic of the stigma and institutional reluctance to face up to mental health issues that inhibits progress in the field.

### **“What’s up Doc.? Mental Health in Medical Students”**

*Danielle Clayman & Dr. Hannah Sloan, University of Melbourne*

The university environment presents students with a range of challenges, from juggling study requirements and assessments, to negotiating and creating new social encounters and

relationships, all the while managing other life priorities and tasks. It therefore may not be surprising that research has found students to be at risk for developing mental health disorders and experiencing higher rates of mental distress (Stallman, 2008 & 2010; Larcombe et al., 2015). Yet the student experience is not the same for all, and some students are at greater risk than others. Recent research has found medical students in particular experience higher rates of mental health distress and suicidal ideation compared to the broader student population (Rotenstein et al., 2016). Studying medicine has long been associated with a ‘survival of the fittest’ culture that presents with unique challenges and strains to students’ wellbeing (Slavin, Schindler, & Chibnall, 2014). Medical students therefore face the general challenges associated with being a student, as well as the particular challenges of entering the medical environment.

In 2016, in recognition of the challenges faced by its medical students, the Melbourne Medical School developed a new proactive approach to student support through the appointment of two Health and Wellbeing Practitioners. The Health and Wellbeing Practitioners have adopted a ‘Health Promoting University’ strategic model that focuses on the implementation of proactive individual interventions and group based programs. These programs have been designed in close consultation with medical students, and aim to instill positive health behaviours to benefit students during their time at university, as well as within their future medical careers. This innovative approach to medical student health and wellbeing demonstrates a school wide, prevention-based approach to promoting student mental health.

## Session Three. 1.30 – 2.00 pm

### POSTER PRESENTATIONS\*

#### **\*Young Adults' Mental Health and Suicide Stigma. A Cultural Perspective**

*Professor Soontae An, School of Communication and Media, College of Social Sciences, Ewha Womans University, Seoul, Korea*

The suicide rate in South Korea continues to be the highest among member countries of the Organization for Economic Cooperation and Development (OECD). Despite the high rate, most Koreans tend to perceive suicide as something unrelated to them or a problem for someone else. Furthermore, suicide is highly stigmatized in Korean society. Suicide Stigma is closely related to mental health deterring prevention of suicide. Although suicide is often preventable with appropriate and timely mental health care, barriers like stigma inhibit people from seeking help and treatment.

Because stigma is a collective awareness, understanding its cultural context can help address causes and consequences of stigma. People recognize what society stigmatizes through interactions with others. In this study, we explore effects of Korea's unique cultural factors such as "chemyon" and "weness." Chemyon is the Korean concept of face, the representation of social self. Chemyon is kept and saved only when it comprises socially acceptable values and norms.

"Weness" is a key characteristic for collectivist societies where "we" and "the others" are clearly separated. Koreans tend to consider that relationships between members of "our group" category is characteristic of the sameness, self-sacrifice, mutual assistance, but "others" means disparate group and targets of neglect or rejection.

The purpose of this study is to explore impacts of cultural factors on suicide stigma among young adults. A total of 158 undergraduate students in Korea participated in the survey. Results of multiple regression analysis showed that after controlling for demographic factors, media exposure, suicide literacy, and direct/indirect experience concerning suicide, cultural factors played significant roles in predicting suicide stigma levels for young adults. Results indicate useful insights and directions to lower social stigma toward suicide among Korean young adults.

#### **\*The Impact of Affiliation and Mastery on University Student Engagement and Burnout**

*Dr Carolyn Timms, James Cook University*

We compared established antecedents (learning community, student support, clear goals and standards, work-family affect and autonomy)

of university engagement and burnout using 129 first-year university students in psychology. We found students reported that belonging to a learning community (where they were encouraged to share their insights and develop fluidity with the subject matter) was related to their engagement in their learning. By contrast the provision by the university of ready access to course materials did not predict student well-being. Knowledge of goals and standards predicted that students would find course work energizing (vigour) and therefore can be related to their passion for their work. The current research reinforces the importance of the development of learning relationships at university whereby students are enabled to develop and share their growing mastery of subject materials.

#### **\*Who gets bullied at Work? The Role of Emotion Stability, Psychological Flexibility and Coping with Workplace Bullying**

*Dr Beryl Buckby & Dr Kerry McBain, James Cook University*

Bullying costs individuals and their workplaces a great deal. Considerable research has explored the incidence and prevalence of bullying in the workplace and the negative consequences to individuals and organizations (Rammsayer, Stahl, & Schmiga, 2006). Few studies have considered the individual characteristics of adults who are bullied in the workplace (Sansone & Sansone, 2015; Calvete, Orue, & Gamez-Guadix, 2016). This study investigated personality traits, psychological flexibility, and coping styles that contribute to victimization and bullying at work, including higher education. Of 419 participants recruited, 299 answered "yes" to being bullied as a child or at work; 46% reported bullying as a child and 71.6% reported bullying at work. The remaining 120 participants did not answer and dropped out; 186 participants who reported bullying proceeded to complete the entire study. The final distribution consisted of 75% females and 19% males between the ages of 18-65 with 70% reporting tertiary education level (i.e., over 16 years of education). Neuroticism, a personality trait, characteristically defined as proneness to negative mood states. anxiety, angry hostility, self-consciousness, and difficulty contending with stress, was a significant predictor of maladaptive coping, psychological inflexibility at work and bullying. Experiencing bullying as a child plus neuroticism were significant predictors of later bullying at work. The higher incidence of neuroticism amongst participants bullied at work might offer a cautious explanation for the dropout rates in the current study. Future directions for effective workplace programs in higher education and research are also considered.

#### **Shared experiences of student workplace learning experiences in the mental health community agency setting**

*Helen Poynten & Mohamed Abdi, Relationships Australia*

Providing authentic work-based learning opportunities for university students is an ongoing commitment by the Mental Health sector. Relationship Australia, Queensland (RAQ) is a large Queensland Mental Health NGO with over 400 staff. It is a major employer of graduate mental health students and strategically invests in supporting student placements. From 2016 – 2017, RAQ's three Brisbane venues had seven students from five universities. This presentation will discuss how RAQ supports students in the work based learning. The presentation will look at key learning experiences, key barriers, and future learnings for improving placement experiences for ongoing students. The mutual-benefit relationship between Higher Education and the mental health sector will also be discussed.

#### **Wellbeing of international students in Australian universities. Emerging concerns**

*Dr Venkat Pulla, Australian Catholic University*

While Australia has become a competitive tertiary educational provider for a number of overseas students, there appears a discord around our capabilities to provide them with a well-meaning response to their needs and their wellbeing during their study years. Concerns emerge from areas such as social integration into Australian society, level of discrimination, exploitation in the rental housing and exploitation in work places amongst others. Although many of these unrectified deficiencies are societal and structural they continue to have an impact on overseas students' wellbeing in Australia.

Wellbeing is a result of synergy. A synergy of outcomes in the realm of physical, mental and social health (WHO, 2014). In this presentation, Dr Pulla raises the following questions within our context as tertiary educational providers. Are we happy with the opportunities that we have provided to overseas students realise their potential? Are these overseas students able to cope with the normal stresses of life in our land? Are they able to productively and fruitfully work within our society to supplement their living costs or pay for their board similar to our domestic students? And finally, while they are here what contributions are we making to make them achieve their goals and their wellbeing? If the quality of wellbeing during student's years is poor, Dr Pulla contends that it would naturally affect the students' overall performance within the universities. A need for the tertiary sector

## Session Three. 1.30 – 2.00 pm

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is to build a strategic response in relation to the above concerns and to increase supports for international students adjustment and transition so that their current distresses are minimised and their wellbeing is not affected.

### **The Power of Lived Experiences in Stigma Reduction and Help Seeking for Young People**

*Sam Refshauge, CEO, batyr*

A principle barrier that prevents young people from seeking help is stigma (SANE, 2013). This presentation will demonstrate the significant results of the 2016 impact report regarding batyr's innovative university and school programs in increasing the intentions of young people to seek help and in improving attitudes relating to recovery and empowerment.

batyr's structured programs aim to engage, educate and empower young Australians to have positive conversations about mental health and to reach out for support if needed. batyr's programs are based on a peer to peer model where the audience hear stories from young speakers trained through batyr's Being Herd training program. The batyr@uni program is a long-term, multi-channel, distributed model which sees a large cross section of students educated, empowered and engaged through various strategic touch points within the University community.

Throughout 2016, a research program was conducted to gain a better understanding of batyr's programs' impact. After conducting a literature review of stigma reduction interventions, a survey was developed that measured help seeking behavioural intentions, stigma beliefs and satisfaction of batyr's program for a sample size of 513 young people. The survey was carried out at three time points for four schools and two universities that covered rural and metropolitan institutions. Key findings indicate that after the batyr program, 72% of students reported they would seek help. Importantly, after a three-month follow-up, students help-seeking behavioural intentions were sustained. Students also reported improved attitudes relating to recovery and empowerment. By type of institution, university students were the most engaged with the batyr@uni program, with 88.4% reporting high levels of engagement and 91.8% agreeing that they would recommend the program to a friend. This presentation will explore the implications and findings of this pilot study that demonstrate how as a community we can strengthen the resilience of young Australians.

### **Digital Health and Wellness in Higher Education**

*Margaret Anne Carter & Donna Goldie, James Cook University*

The rapid online expansion of the Internet means students and teaching academics in higher education are increasingly engaging with synchronous and asynchronous digital learning environments. Correlating with this increase in engagement is the rise of ethical challenges and mental wellbeing difficulties associated with digital safety, digital reputation and digital citizenship.

Engaging students and staff in higher education with creating and leading safe spaces online has received minimal attention in the literature, in university policies and student engagement documents. It is this dearth of literature and policy direction that has driven the development of our innovative research project, a student informed website promoting positive digital presence, digital health and wellness. <http://www.preventcyberbullyingjcu.com.au>

### **Building a more resilient culture within higher education and the local community. A community development approach**

*Associate Professor Abraham Francis, James Cook University*

Research suggest that Australian higher education students experience higher rates of psychological distress. A more close analysis reveal that rural students, students from lower socio-economic backgrounds and those experiencing transitional and financial stress are at the increased risk of experiencing a mental health problem. While many students struggle to complete their university studies, only some students choose to seek help at various occasions. Anecdotal evidences and interactions with University Students provides variety of reasons for not seeking help early on which could have supported them in maintaining a positive work-life balance. In this presentation, Dr Francis will explore some of the myths and realities around this help seeking behaviour and present some strategies to build a strong resilient culture specially by discussing the relevance of developing University level policy that will not only address the issues on mental health but will promote a resilient culture with in the community.

Dr Francis argues that stronger partnerships with community sector, community mental health service systems, and an effective and timely student support services are required. By strengthening the already existing programs, incorporating evidence based intervention models and placing an increased focus on student well-being projects, universities can

play an important role in the wellbeing of students within their institutions. Similarly, Universities are in a better position to undertake research activities to understand more about the nature of mental ill-health in university students and develop the evidence base for effective interventions which can be implemented through community partnerships and collaborations; thus promoting a resilient culture in the sector.

### **Culturally Dynamic Partnerships in Mental Health**

*Dr Narayan Gopalkrishnan, James Cook University*

Culture influences many aspects of mental health and cultural diversity in society raises a number of areas that need to be considered in terms of developing effective responses to mental health issues. Cultural competence, which is the most widely used framework for working across cultures in mental health, is critically examined in this paper and some of the major issues with using this framework are explored. An alternative to this framework, Culturally Dynamic Partnership (CDP), is presented as being a more equitable and inclusive way of working across cultures. This framework builds on the strengths of earlier frameworks and presents a way of moving forwards that empowers all the participants in collaborative partnerships.

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## KEYNOTE PRESENTATION

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### **Failing through the cracks. A lived experience perspective of mental distress at university**

*Mary O'Hagan, Mental Health International Speaker, Consultant and Writer*

Tertiary students are at an age and stage of life where they are at an increased risk of experiencing disruptive mental distress. The speaker developed major mood swings during her first year at university in the late 1970s. The university was not at all set up to assist people in Mary's situation to continue with their studies. Mary will talk about her experiences of inadequate responses and low expectations for her future and then tell an alternative story of how the university could have responded in a more supportive way. Mary will finish with a vision for mental health responsiveness in higher education and in society as a whole.

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## KEYNOTE PRESENTATION

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### **Mental health and wellbeing. How are we doing and what's your role?**

*Jeremy Audas, General Manager for Service Delivery of the Mental Illness Fellowship of North Queensland and SOLAS*

This address will touch on each of the conference themes to provide a brief overview of the current environment and then link them together to provide an opportunity to consider what our role is in creating and promoting good mental health and wellbeing.

Our lives are experienced through a series of links and transitions, some major, others minor. Each transition point comes with risks and opportunities and each occurs not in isolation but is linked to other people, organisations, processes and situations. As a result, transitions are for the most part unique and depend on individual contexts. Each of us has a unique individual biography through which we create our own experiences both positive, negative or neutral. Our wellbeing is determined by these experiences and our relationship with them. We all have a lived experience of our own lives. That's what makes us individuals and if we become unwell and recover from that experience we carry with us something that we own and can learn to understand. If others have similar experiences we connect around a common point and can learn from each other.

Research is critical in our evidence based practice in the mental health and wellbeing field for all the reasons that tertiary students know yet here in the middle of 2017 we have a whole field of endeavour that is largely misunderstood and in some ways mysterious. No amount of research will take the place of a person's self-perception of their lived experience. Nevertheless, research can reveal new ways of considering and responding to the impact of poor mental health. In 2013 a report was released in Australia entitled Excessive Hope Disorder. Published by ConNetica Consulting it reflects on 30 years of mental health reform in Australia and policy directions for the future. It provides a snapshot of many years of policy response and institutional initiatives that were never followed through by successive decision makers. Today we have recommendations from the National Review into Mental Health Programs and Services produced by the National Mental Health Commission. Its recommendations provide a way forward but will policy makers use this as a tool to create a new future for mental health and wellbeing? The way forward for better mental health and wellbeing is in our hands, we are all responsible and all of us need to do what we can to ensure success. We can do this by adopting a number of key principles to guide our decision making as we all make our way forward.

# Conference Organising Committee



**Dr Margaret Anne Carter**

Senior Lecturer in Education

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Dr Margaret Anne Carter is a senior lecturer in Education at JCU, working in the postgraduate Guidance and Counselling and Education programs. Prior to joining the higher education sector in recent years, Dr Carter worked in private practice, specialising in the areas of social capacity building and emotional wellbeing. Dr Carter has published numerous articles and books, as well as co-authoring educational consultancy programs, social skills textbooks, and the parenting program 'Five Faces of Parent'.



**Associate Professor Abraham Francis**

Associate Professor of Social Work

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Abraham Francis is an Associate Professor in Social Work and Human Services at JCU. He has worked with many NGOs and in the Corporate Sector as a social worker. Dr Francis has initiated and established international research projects, supported a number of international field placements and has been instrumental in establishing international research collaborations with organisations in South Asia. He taught social work at the Delhi University in India and also worked as a senior mental health social worker with Country Health South Australia, before moving to Townsville to join James Cook University. Dr Francis is passionate about working and researching in strengths based practice in mental health. His other research interests are in the field of communities, criminal justice, international social work, and gerontological social work.



**Associate Professor Paul Pagliano**

Associate Professor of Education

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Paul Pagliano is an Associate Professor in Education in the College of Arts, Society and Education at James Cook University. As Coordinator of the Master of Guidance and Counselling and the Graduate Certificate of Career Development he is actively involved in student wellbeing and mental health. Paul's research interests are in sensory stimulation, disability and inclusion. He is an Associate Editor of the International Journal of Disability, Development and Education.



**Larissa Siliezar**

A/Dean of Learning, Teaching and Student Engagement

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Larissa Siliezar is the Manager of Student Equity and Wellbeing at James Cook University. The Unit provides free AccessAbility, Counselling, Chaplaincy, Equity and Wellbeing services to JCU students. Larissa's research interests focus on access and equity in higher education including improving access and participation for people on humanitarian visas as well as cross-cultural conflict resolution.



**Kimberley Anderson**  
Student Equity and Wellbeing  
Project Officer

Kimberley Anderson also works in the Student Equity and Wellbeing Unit at James Cook University as a Project Officer. Kimberley works on various projects that aim to support students and enhance their university experience. Kimberley previously worked as a Manager at the ATO (Superannuation) and prior to that as a Site Manager at the Child Support Agency. She has always had a keen interest in Human Services, and has enjoyed applying her knowledge and experience within the higher education sector.



**Dr Beryl Buckby**  
Lecturer, Clinical Psychology

Dr Beryl Buckby is a Clinical Psychologist and Lecturer in the Undergraduate and Postgraduate Master of Psychology (Clinical) Programs in the College of Healthcare Sciences at James Cook University. Her teaching and research encompasses clinical supervision and psychopathology, young-age onset dementia, mental health (particularly Interventions stress-related conditions such as PTSD), as well as suicide and suicide prevention in North Queensland Communities. Over her 25 years as a Psychologist Dr Buckby has worked in Forensic Mental Health with adolescents and adults, older persons' mental health in residential-care settings, and in a small private practice for adults with complex mental health issues.



**Mary Olzard**

Mary Olzard is currently completing her Master of Psychology (Clinical) degree at James Cook University. Mary previously worked as a community pharmacist, where her interest in client well-being catalysed a move to psychology. She currently works casually in the Student Equity and Wellbeing Unit at JCU as a Student Support Officer providing administrative and student support services for the JCU Counselling Service.



**Kylie Bennett**  
Bachelor of Social Work student

Kylie Bennett is currently completing her third year Social Work Field Placement. Kylie has previously worked in the area of disability support, residential drug and alcohol rehabilitation, and education special needs support. Kylie maintains volunteer involvement with a parent-led group supported through a Community Social Work practice approach to facilitate a safe space, and offer information, advocacy and support to parents and families involved with the Department of Child Safety.

# Map - James Cook University, Douglas Campus, Townsville

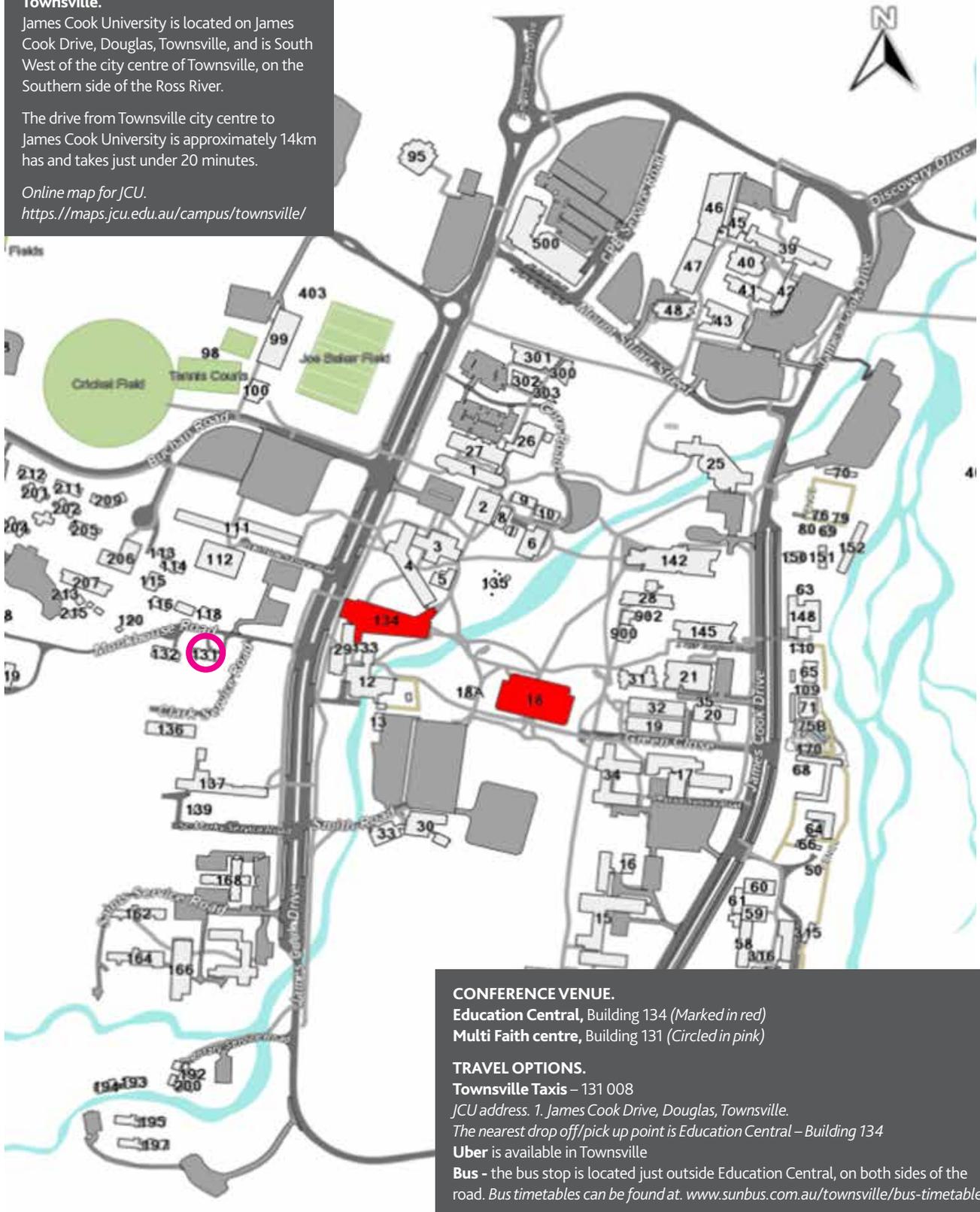
## Getting to JCU, Douglas Campus, Townsville.

James Cook University is located on James Cook Drive, Douglas, Townsville, and is South West of the city centre of Townsville, on the Southern side of the Ross River.

The drive from Townsville city centre to James Cook University is approximately 14km and takes just under 20 minutes.

Online map for JCU.

<https://maps.jcu.edu.au/campus/townsville/>



### CONFERENCE VENUE.

Education Central, Building 134 (Marked in red)

Multi Faith centre, Building 131 (Circled in pink)

### TRAVEL OPTIONS.

Townsville Taxis – 131 008

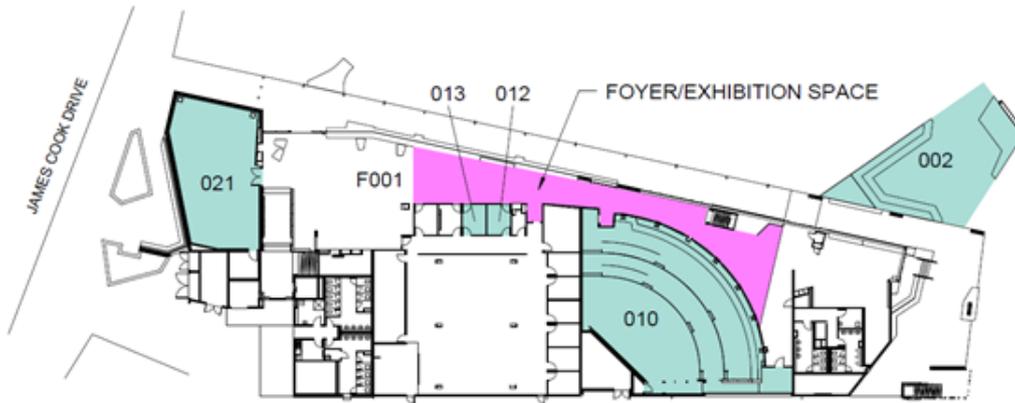
JCU address. 1. James Cook Drive, Douglas, Townsville.

The nearest drop off/pick up point is Education Central – Building 134

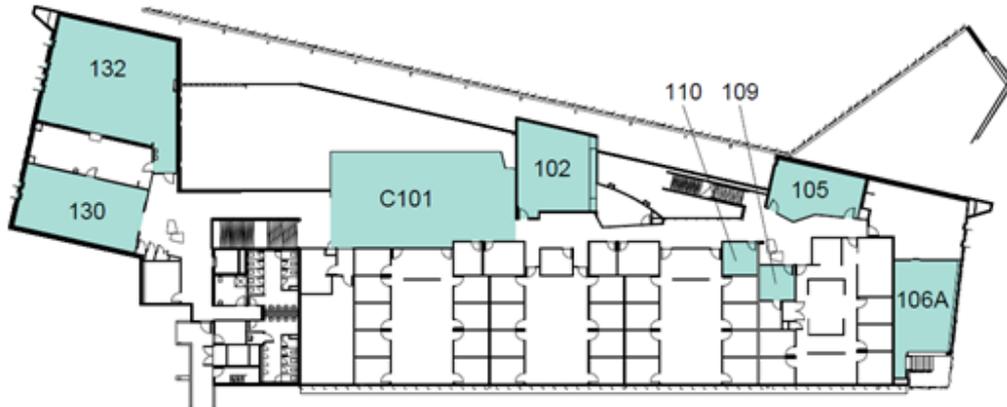
Uber is available in Townsville

Bus - the bus stop is located just outside Education Central, on both sides of the road. Bus timetables can be found at. [www.sunbus.com.au/townsville/bus-timetable](http://www.sunbus.com.au/townsville/bus-timetable)

# Floor plans and rooms



EDUCATION CENTRAL (134) - GROUND FLOOR  
1 : 500



EDUCATION CENTRAL (134) - FIRST FLOOR  
1 : 500



EDDIE KOIKI MABO LIBRARY (018) - GROUND FLOOR  
1 : 500

# Conference Information

## Venue

The conference venue is 'Education Central' (Building 134), which is located along James Cook Drive, Douglas (a suburb of greater Townsville). Within Education Central is the lecture theatre – room 010, as well as many other rooms and spaces, which will be the venues for the conference.

Maps and floor plans are provided in the following pages.

## Registration and Help Desk opening times

The Registration and Help Desk can be found in the foyer area of the ground floor of Education Central. This desk will be attended from 7.30am on both days of the conference, and until approximately 5.30pm on both days of the conference.

## Name Badges

All delegates (includes presenters) will be provided with a name badge, which must be worn at all times within the conference venue and at catering breaks.

## Satchels

All delegates will receive a conference satchel upon registration. The satchel will include materials supplied by sponsors and the conference book of proceedings and abstracts.

## Refreshments

Morning and afternoon teas and lunches are included in the Conference Registration fee. Tea and coffee will be served each morning, and remain available throughout the day. The foyer area of Education Central will be the service area for all refreshments.

## Special Diets

If you have indicated a special dietary requirement on your registration form, please identify yourself to the Registration and Help desk and they will be pleased to assist.

## Conference Dinner

The Conference Dinner will be held on Friday 30th June 2017, at 'A Touch of Salt' restaurant, 86 Ogden Street, Townsville City Centre, from 6pm.

## Instructions for Session Chairs

Sessions run for 30 minutes, and each presenter has a 20 minute time slot. This is followed by a group discussion and Q/A at the end of all presentations, facilitated by the chair. Chairs will be provided with 5 minute, 3 minute and 1 minute time cards.

## Instructions for Presenters

Individual presentation time slots are 30 minutes each. A group discussion and Q/A will be facilitated by the chair at the end of presentations.

Please be in the conference room 10 minutes before the start of your session. If using a power point presentation, please bring your file on a USB stick to the room of your presentation, during the break before your session, or 20 minutes before start of the day's proceedings. Alternatively, please go to the registration and information desk and ask for a volunteer to assist you.

## Accessibility

If you have any particular accessibility issues or any particular requirements that you would like to discuss please contact the Registration and Help desk team who will follow up on your inquiry.

## Media

### Internet Access

Fee Wi-Fi access has been enabled for all Conference delegates. To access the internet, go to your device's network settings, select the network and enter the password. This information will be supplied during the conference, and can also be obtained from the

conference information desk.

NETWORK.

PASSWORD.

## Mobile phones

As a courtesy to presenters and delegates, please ensure that all mobile phones are turned off or in a silent mode during all sessions and social functions.

## Multi Faith rooms

Multi faith facilities are available to all Conference delegates. Please contact the staff at the registration desk if you wish to use the Muslim Prayer rooms or Multi faith Prayer and Meditation facility, which is located in building 131, Monkhouse Road; adjacent to (across the road) Education Central.

## Security

The University Security Office is located in the Student Mall, and may be contacted in an emergency on the following numbers.

From an external or mobile phone dial. 4781 5555 or 1800 675 559

From an internal land line phone dial. 15555

## General enquiries

From an external or mobile phone dial. 4781 6000

From an internal land line phone dial. 16000

Email contact for JCU Security is [securitycontrol@jcu.edu.au](mailto:securitycontrol@jcu.edu.au)

If you would like security to accompany you to your car, please go to the university Security Office and make this request.

## ATM

The closest ATM can be found in the front of the main entrance of the Edie Koiki Mabo Library – building 18, and in the front of the main student café.

# Conference Program

## James Cook University

### Education Central (Building 134), Main Lecture Theatre (Room 134-010)

Due to the number of abstracts accepted for presentation, we have 7 breakout rooms. We encourage our Session Chairs to lead delegates in a conversation of moving forward the agenda of mental health in higher education in relation to each presentation.

## Guide to Room Locations

Building 134 = Education Central  
Building 018 = Eddie Koiki Mabo Library

## Guide to Streams for Presentations

Stream 1 = Community Links and Transitions  
Stream 2 = Well-being and Lived Experience  
Stream 3 = Mental Health Research  
Stream 4 = Policy and Institutional Response  
Stream 5 = Ways Forward

**Day One. Friday 30 June**  
**Master of Ceremonies: Professor Nola Alloway**

Time	Program	Room
7.45 - 8.45	Registrations Open	
8.45 - 9.00	<b>Welcome and house-keeping</b> <b>Welcome to Country.</b> Dorothy Savage	134-010
9.00 - 9.10	<b>Official Opening Day 1.</b> Professor Sally Kift	134-010
9.10 - 10.00	<b>Keynote Presentation.</b> Dr Benjamin Veness – The wicked problem of university student mental health	134-010
10.00 - 10.10	<b>Response to Dr Veness.</b> Professor Chris Walsh	134-010
10.15 - 10.45	<b>BUPA Gold Sponsor Address.</b> BUPA, Rhonda Grant, Manager of Bupa University Health Programs	134-010
10.45 - 10.55	<b>Hounds for Healing.</b> Matthew Campbell	134-010

**MORNING TEA AND COMMUNITY SERVICES EXHIBITION**

	STREAM 1	STREAM 2	STREAM 3	STREAM 3	STREAM 4	STREAM 4	STREAM 5
	134-002	134-021	134-102	134-105	018-002A	134-106A	018-002C
11.25 - 11.55 Session One A	Session Chair. Associate Professor Susan Gair  <b>2016 Employment trends for counselling in Australia</b> <i>Tom Parker, Industry Liaison Officer, Australian Counselling Association Inc.</i>	Session Chair. Larissa Siliezar  <b>Enhancing student well-being and building resilience - preparing for placement and graduation</b> <i>Sophie Diamandi &amp; Patricia Muncey, University of South Australia</i>	Session Chair. Associate Professor Deb Miles  <b>First generation tertiary students. Access is not the same as support</b> <i>Krystal Campbell, University of Technology, Sydney</i>	Session Chair. Associate Professor Nonie Harris  <b>Building hope and improving well-being. Support tools as a student safety net</b> <i>Claire Holland &amp; Dr Donnalee Taylor, James Cook University</i>	Session Chair. Associate Professor Paul Pagliano  <b>Under the radar. The mental health of Australian university students</b> <i>Vivienne Browne, Orygen, The National Centre of Excellence in Youth Mental Health</i>	Session Chair. Dr Beryl Buckby  <b>Strategic approach to student well-being – College of Medicine and Dentistry, James Cook University</b> <i>Dr Teresa O'Connor, James Cook University</i>	Session Chair. Jennifer Berri  <b>Mates in Construction</b> <i>Jorgen Gullestrup</i>
11.55 - 12.25 Session One B	<b>Alternatives to white western interventions in mental health settings to sustainable outcomes for Aboriginal and Torres Strait families</b> <i>Amanda Kruger, Accredited Mental Health Social Worker Townsville</i>	<b>Resilience, weasel word or an effective way of promoting positive well-being</b> <i>John Baird, Director of Nursing for Mental Health Townsville General Hospital</i>	<b>From rhetoric to reality. Implementing engagement and wellbeing policies in QLD State High Schools</b> <i>Alice Herbert, James Cook University</i>	<b>Educating artists at the university level in Australia. A preliminary exploration of frameworks for building resilience and professional well-being</b> <i>Professor Ryan Daniel, James Cook University</i>	<b>Building resilience through reflective practice</b> <i>Karen Knight, James Cook University</i>	<b>Rethinking retention. Active collaboration and applied reconciliation</b> <i>Dr Beryl Buckby, Dr Sarah Lutkin &amp; Dr Kerry McBain, James Cook University</i>	<b>Building resilience for vulnerable students in a North Queensland university. A strengths based approach. A call for research.</b> <i>Margaret Henni, James Cook University</i>
12.25 - 12.55 Session One C	<b>Equity in tertiary education &amp; psychiatric disability</b> <i>Bryan Winnett, Wodonga TAFE</i>	<b>Youth participation in the mental health care of young people</b> <i>Kirsten Seymour, Headspace Townsville Centre Manager</i>	<b>Preliminary findings from an international study of subjective well-being in tertiary students</b> <i>Associate Professor Helen Boon, James Cook University</i>	<b>Nurturing mental health resilience in students in HE arts programs</b> <i>Dr Mark Cariston Seton, University of Sydney</i>	<b>Posttraumatic stress disorder (PTSD)</b> <i>Victoria Wilson, Doctoral Researcher, University of Southern Queensland</i>	<b>Well-being in our guidance and counselling program</b> <i>Dr Margaret Anne Carter &amp; Associate Professor Paul Pagliano, James Cook University</i>	<b>Home group program for medical students. a well-being and education support program at James Cook University</b> <i>Simone Ross, Angus Lane, &amp; Nimisha Aithal, James Cook University</i>

**LUNCH 12.55 - 1.35**

Time	Program	Room
1.35 – 1.50	Allegro Community Choir	134-010
1.55 - 2.45	<b>Keynote Presentation.</b> Professor Patricia Dudgeon – Aboriginal and Torres Strait Islander mental health. Implications for the universities	134-010
2.45 - 2.55	<b>Response to Professor Patricia Dudgeon.</b> Professor Yvonne Cadet-James	134-010
2.55 - 3.25	<b>Murray Hurst.</b> Well-being & Education Manager, National Rugby League	134-010

**AFTERNOON TEA AND COMMUNITY SERVICES EXHIBITION**

3.50 - 5.15	<b>Plenary Panel Session.</b> Professor Rachael Field Bond University; Jorgen Gullestrup Mates in Construction; Emeritus Professor Ros Thorpe James Cook University; Dr Beryl Buckby James Cook University <i>Facilitator – Professor Sally Kift</i>	134-010
5.15 - 5.30	Wrap up and Close	134-010
7.00 pm	<b>2017 IAMHHEC Dinner</b> A Touch of Salt, 86 Ogden Street, Townsville City	

## Day Two. Saturday 1 July

### Master of Ceremonies: Professor Sally Kift

Time	Program							
7.45 - 8.45	Registrations Open							
	<b>STREAM 1</b>	<b>STREAM 2</b>	<b>STREAM 3</b>	<b>STREAM 3</b>	<b>STREAM 4</b>	<b>STREAM 4</b>	<b>STREAM 5</b>	
	<b>134-010</b>	<b>134-021</b>	<b>134-102</b>	<b>134-106A</b>	<b>134-C101</b>	<b>134-130</b>	<b>134-105</b>	
8.00 - 8.30 Early Morning Session	Session Chair. <b>Dr Margaret Carter</b> ..... <b>The impact of mental health in the University Sector. A Preliminary Study</b> <i>Dr Margaret Anne Carter, Associate Professor Abraham Francis &amp; Associate Professor Paul Pagliano, James Cook University</i>	Session Chair. <b>Dr Beryl Buckby</b> ..... <b>Studying at university while experiencing mental ill-health. A grounded theory study</b> <i>Dr Priscilla Ennals, Neami National &amp; Professor Ellie Fossey, Monash University</i>	Session Chair. <b>Larissa Siliezar</b> ..... <b>Student support services – moving away from the margins. Trialling a collaborative approach</b> <i>Larissa Siliezar &amp; Lisa Moody, James Cook University</i>	Session Chair. <b>Associate Professor Deb Miles</b> ..... <b>Strategies to promote the well-being of Aboriginal and Torres Strait Islander students.</b> <i>Associate Professor Deb Miles, James Cook University</i>	Session Chair. <b>Associate Professor Susan Gair</b> ..... <b>International student mentor program</b> <i>Simone Ross, James Cook University</i>	Session Chair. <b>Lorraine Cordukes</b> ..... <b>Care pedagogy, well-being and environmental stewardship</b> <i>Marcia Thorne, James Cook University</i>	Session Chair. <b>Dr Narayan Gopalkrishnan</b> ..... <b>The transfer of an Aboriginal Australian family well-being empowerment program to Papua New Guinea university and community contexts</b> <i>Russel Kitau, James Cook University</i>	
Time	Program							Room
8.40 – 8.50	<b>Opening, Day 2.</b> Professor Sally Kift							134-010
8.50 – 9.35	<b>Keynote Presentation.</b> Professor Eóin Killackey. How can we best support young people with mental ill health to take their education as far as they can?							134-010
9.35 – 9.45	<b>Response to Professor Eóin Killackey.</b> Professor Brian Lewthwaite							134-010
9.50 – 10.40	<b>Keynote Presentation.</b> Dr Jan Orman. Mental Health on Campus – Practical ways to help improve the mental health of tertiary populations							134-010
10.40 – 10.50	<b>Response to Dr Jan Orman.</b> Professor Komla Tsey							134-010
MORNING TEA AND COMMUNITY SERVICES EXHIBITION								
	<b>STREAM 1</b>	<b>STREAM 2</b>	<b>STREAM 3</b>	<b>STREAM 3</b>	<b>STREAM 4</b>	<b>STREAM 4</b>	<b>STREAM 5</b>	
	<b>134-010</b>	<b>134-021</b>	<b>134-102</b>	<b>134-106A</b>	<b>134-C101</b>	<b>134-130</b>	<b>134-105</b>	
11.20 - 11.50 Session Two A	Session Chair. <b>Associate Professor Deb Miles</b> ..... <b>Clemente-transforming lives through education</b> <i>Barbara Goodwin, Centacare Brisbane, Janine Quine, Australian Catholic University &amp; Brooke Laidlaw Community Education Coordinator, St Vincent de Paul Society, Queensland</i>	Session Chair. <b>Dr Beryl Buckby</b> ..... <b>Well-being and lived experience</b> <i>Shayne Pattie, Mental Illness Fellowship NQ</i>	Session Chair. <b>Associate Professor Susan Gair</b> ..... <b>Engaging with students experiencing mental health problems. Staff perspectives</b> <i>Professor Robert Bland &amp; Annie Venville, Australia Catholic University</i>	Session Chair. <b>Associate Professor Paul Pagliano</b> ..... <b>A critical realist perspective on conducting research into cultivating expressions of well-being dispositions in education</b> <i>Jacqueline Ranatunga, James Cook University</i>	Session Chair. <b>Larissa Siliezar</b> ..... <b>Supporting and engaging the student voice on mental health. The UNSW Sydney experience</b> <i>Dr Rina Daluz, University of New South Wales</i>	Session Chair. <b>Lorraine Cordukes</b> ..... <b>Supporting student well-being in enabling programs. Comparisons, contrasts and commonalities at four Australian universities</b> <i>Dr Nicole Crawford, University of Tasmania &amp; Marguerite Westacott, University of the Sunshine Coast</i>	Session Chair. <b>Dr Narayan Gopalkrishnan</b> ..... <b>Mentally healthy workplaces in the academy</b> <i>Dr Ann Lawless, Critical higher education researcher, NSW</i>	
11.50 – 12.20 Session Two B	<b>Mindfulness program for health professional students. A pilot study for year one medicine and dentistry students at James Cook University</b> <i>Dr Kimberley Owens &amp; Simone Ross, James Cook University</i>	<b>Students' perceptions about mental health in Ghana universities</b> <i>Frank Baffour, James Cook University</i>	<b>'Like a stranger in a crowd'. Isolation, stigma and ignorance as barriers to help-seeking for mental health problems for tertiary students</b> <i>Michelle Walter, University of Melbourne</i>	<b>Promoting employee and student wellbeing using mental health first aid</b> <i>Karen Desira, James Cook University &amp; Philippa Harris, Selectability – formerly Mental Illness Fellowship North Queensland Inc</i>	<b>The role of Mental Health First Aid for tertiary students</b> <i>Nataly Bovopoulos, CEO, Mental Health First Aid Australia</i>	<b>One Hour Workshop</b> <b>Resilient vulnerability for ethical teaching practices in the arts</b> <i>Dr Mark Cariston Seton, University of Sydney</i>	<b>One Hour Workshop</b> <b>Embedding student well-being promotion in university curricula. An Aboriginal well-being approach</b> <i>Professor Komla Tsey, Professor Yvonne Cadet-James &amp; Mary Whiteside, James Cook University</i>	

## Day Two Continued. Saturday 1 July

### Master of Ceremonies: Professor Sally Kift

	STREAM 1	STREAM 2	STREAM 3	STREAM 3	STREAM 4	STREAM 4	STREAM 5
	134-010	134-021	134-102	134-106A	134-C101	134-130	134-105
12.20 – 12.50 Session Two C	<b>Adult resilience program</b> <i>Dr Natalie Games, James Cook University, Singapore</i>	<b>Lived experience and suicide. Insights, cautions and future directions</b> <i>Dr Beryl Buckby, James Cook University</i>	<b>Findings from the national study of social work students. Mental health and well-being impacts and policy implications</b> <i>Associate Professor Susan Gair, James Cook University &amp; Len Baglow, AASW Policy Advocate</i>	<b>Mental health in tertiary students</b> <i>Professor Russell Hawkins, James Cook University</i>	<b>'What's Up Doc?' Mental health in medical students</b> <i>Danielle Clayman &amp; Dr Hannah Sloan, University of Melbourne</i>	One Hour Workshop Continued  <b>Resilient vulnerability for ethical teaching practices in the arts</b> <i>Dr Mark Cariston Seton, University of Sydney</i>	One Hour Workshop Continued  <b>Embedding student well-being promotion in university curricula. An Aboriginal well-being approach</b> <i>Professor Komla Tsey, Professor Yvonne Cadet-James &amp; Mary Whiteside, James Cook University</i>

#### LUNCH AND COMMUNITY SERVICES EXHIBITION

	STREAM 1/3	STREAM 2	STREAM 3	STREAM 3	STREAM 4	STREAM 4	STREAM 5
	134-010	134-021	134-102	134-106A	134-C101	134-130	134-105
1.30 – 2.00 Session Three	Poster Presentations (10 minutes duration)  <b>Young adults' mental health and suicide stigma. A cultural perspective</b> <i>Professor Soontae An, Division of Communication and Media, Ewha Woman's University, Seoul, South Korea</i>  <b>The impact of affiliation and mastery on university student engagement and burnout</b> <i>Dr Carolyn Timms, James Cook University</i>  <b>Who gets bullied at work? The role of emotion stability, psychological flexibility and coping with workplace bullying</b> <i>Dr Beryl Buckby &amp; Dr Kerry McBain, James Cook University</i>	<b>Shared experiences of student workplace learning in a mental health setting</b> <i>Helen Poynten &amp; Mohamed Abdi, Relationships Australia</i>	<b>Well-being of international students in Australian universities. Emerging concerns</b> <i>Dr Venkat Pulla, Australian Catholic University</i>	<b>The power of lived experiences in stigma reduction and help seeking for young people</b> <i>Sam Refshauge, CEO, batyr</i>	<b>Digital health and wellness in higher education</b> <i>Dr Margaret Anne Carter &amp; Donna Goldie, James Cook University</i>	<b>Building a more resilient culture within higher education and the local community. A community development approach</b> <i>Associate Professor Abraham Francis, James Cook University</i>	<b>Culturally dynamic partnerships in mental health</b> <i>Dr Narayan Gopalkrishnan, James Cook University</i>

Time	Program	Room
2.05 - 2.55	<b>Keynote Presentation.</b> Ms Mary O'Hagan – Failing through the cracks. A lived experience perspective of mental distress at University	134-010
2.55 - 3.05	<b>Response to Ms Mary O'Hagan.</b> Professor Robert Bland	134-010
AFTERNOON TEA AND COMMUNITY SERVICES EXHIBITION		
3.05 - 3.35	Session Chair's meeting with Dr Ben Veness	134-010
3.40 - 3.50	<b>Townsville Private Clinic.</b> Patrick McGurrin	134-010
3.50 - 4.20	<b>Keynote Presentation.</b> Mr Jeremy Audas – Mental health and well-being. How are we doing and what's your role?	134-010
4.20 - 4.50	<b>Conference Summary and Moving Forward.</b> Dr Ben Veness <b>Vote of Thanks, Launch of 2018 AMHHEC.</b> Dr Margaret Anne Carter & Associate Professor Abraham Francis	134-010







## Volunteer Team

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**Eslanda Koch**  
Social Work

**Leisha Higgins**  
Social Work

**Samuel Collins**  
Science

**James Babao**  
Engineering

**Abhijith Abraham**  
Bio Medical Science

**Chloe Chomioki**  
Journalism & Photography

**Jennifer Hansen**  
Social Work

**Mingle Varghese**  
Education-guidance and counselling

**Jane Brooks**  
Education-guidance and counselling

**Robyn Harvey**  
Education-guidance and counselling

**Sharon Tobin**  
Education-guidance and counselling

**Kathryn Mason**  
Education-guidance and counselling

**Rebecca Nielsen**  
Education-guidance and counselling

**Pooja Gupta**  
Social Work

**Richard Grumberg**  
Social Work

**Tracy Fraser**  
Education-guidance and counselling

**Colin Gould**  
Education-guidance and counselling

**Baffour Frank**  
Social Work

**Alexis Buckby**  
Psychology

**Kylie Bennett**  
Social Work

**John Edwards**  
Education-guidance and counselling

# The Second Australasian Mental Health and Higher Education Conference

*"Building a more resilient culture within higher  
education and the local community"*

**6-7 July 2018**  
**James Cook University**  
**Townsville, Queensland**

The Second Australasian Mental Health and Higher Education Conference is an international conference open to researchers, mental health practitioners, educators, professionals, staff, students, carers and consumers working with in higher education.

## Contact

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