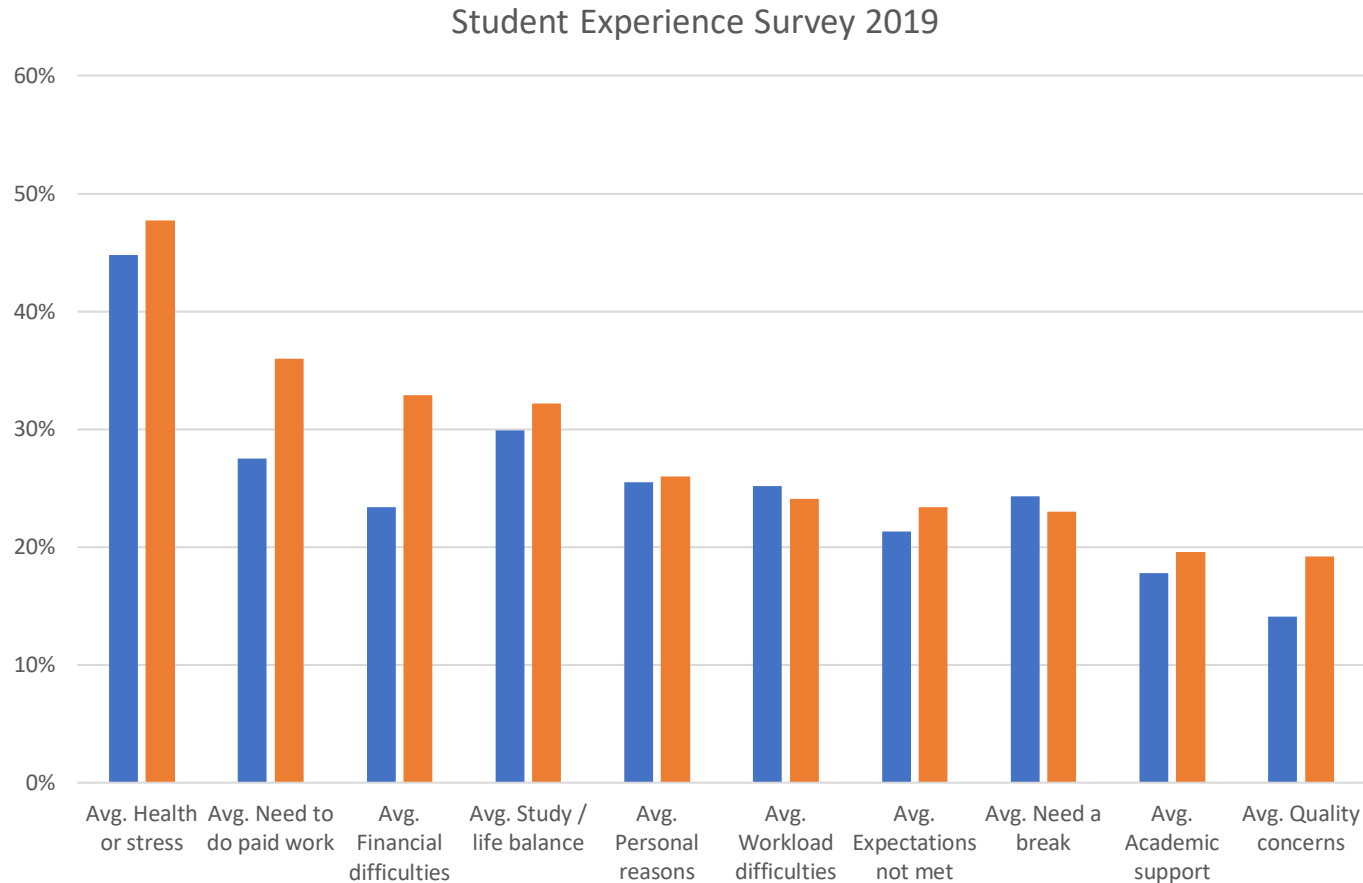




Student Mental Health at JCU Beyond COVID-19

Larissa Siliezar
Manager Student Equity and Wellbeing

Top reasons students could consider leaving studies



Data from the national Student Experience Survey (SES), and compares student responses from JCU to Australian universities combined.

Mental Health in the Community

- 75% of people who experience mental disorder during their lifetime will **first develop a disorder before the age of 25 years**. (Australian Institute of Health and Welfare, 2010, Australia's Health report).
- Amongst the general population of young people **1 in 4 will have an experience of mental ill-health** in any given year. (ABS, 2007, National Survey of Mental Health and Wellbeing).
- **16 – 24 year olds have the highest prevalence rate of a formally diagnosed common mental illness (26%)** ie anxiety disorder, depressive disorder, or substance use disorder. The next highest prevalence rate is for 25 – 34 year olds (25%). (ABS, 2007)
- Each year, more than 2,500 Australians die by **suicide** and over 65,000 people make a suicide attempt. **It's the leading cause of death for Australians aged between 15 and 44**. (Black Dog Institute)
- In 2013 1.3 million students were enrolled at an Australian University, over **600,000 were domestic students aged below the age of 25**. (Universities Australia, 2015, Data Snapshot)

Student Mental Health in Higher Education - Challenges

- University years coincide with the critical transition period (ages 17 – 25) when mental illness is most likely to onset.
- Financial pressures - **One in seven** domestic students say they **regularly go without food** or other necessities because they can't afford them. And **three in five** domestic students say their **finances are a source of worry**. (Universities Australia, 2018, 2017 UA Student Finance Survey Report).
- Increased academic pressures – employability and competition.
- Experiences of isolation, loneliness, poor self-care strategies, potential loss of cultural connections, particularly for students that relocate.
- Students are managing multiple priorities, study, work, family responsibilities, etc.
- Increased awareness of mental health but continued fear of being stigmatized.
- External community service pressures – access to timely and affordable services.

The JCU Student Experience

Initially, I had trouble attending due to sorting out Abstudy, then this week I missed the bus.

The second semester is going well so far, especially compared to first semester as there was too much happening as I separated from my partner. Things settled after exams, and after I saw a Counsellor.

I haven't been attending as yet due to a family member, from whom I am the primary carer, being unwell in hospital.

I'm doing full time work and part time study, time management is an issue. I don't get much time to see my friends.

Uni is great but it's a bit too much for me at the moment. I've just come out of rehab, my home life is really bad and I'm kind of homeless.

My mother's partner died by suicide at home. There were five of us at the house, as we are all current students our studies have been impacted by his death.

Access to student support services in 2020

AccessAbility, Counselling and Wellbeing

Top presenting issues

- Anxiety disorders
- Depressive/mood disorders
- Relationship issues
- Procrastination/ motivation.
- Change/adjustments/ loneliness
- Family/parenting issues (including DV).
- Suicidal ideation/risk.
- Death/ severe loss/ grief.

1142

Students accessed Counselling and Wellbeing services.

400

Emergency/Urgent appointments with Counselling and Wellbeing.

750

intakes

19

30%

Students registered with disability services do so because of a mental health diagnoses..

4655

Appointments scheduled with Counselling and Wellbeing..

1154

Students registered as having a disability illness or health condition

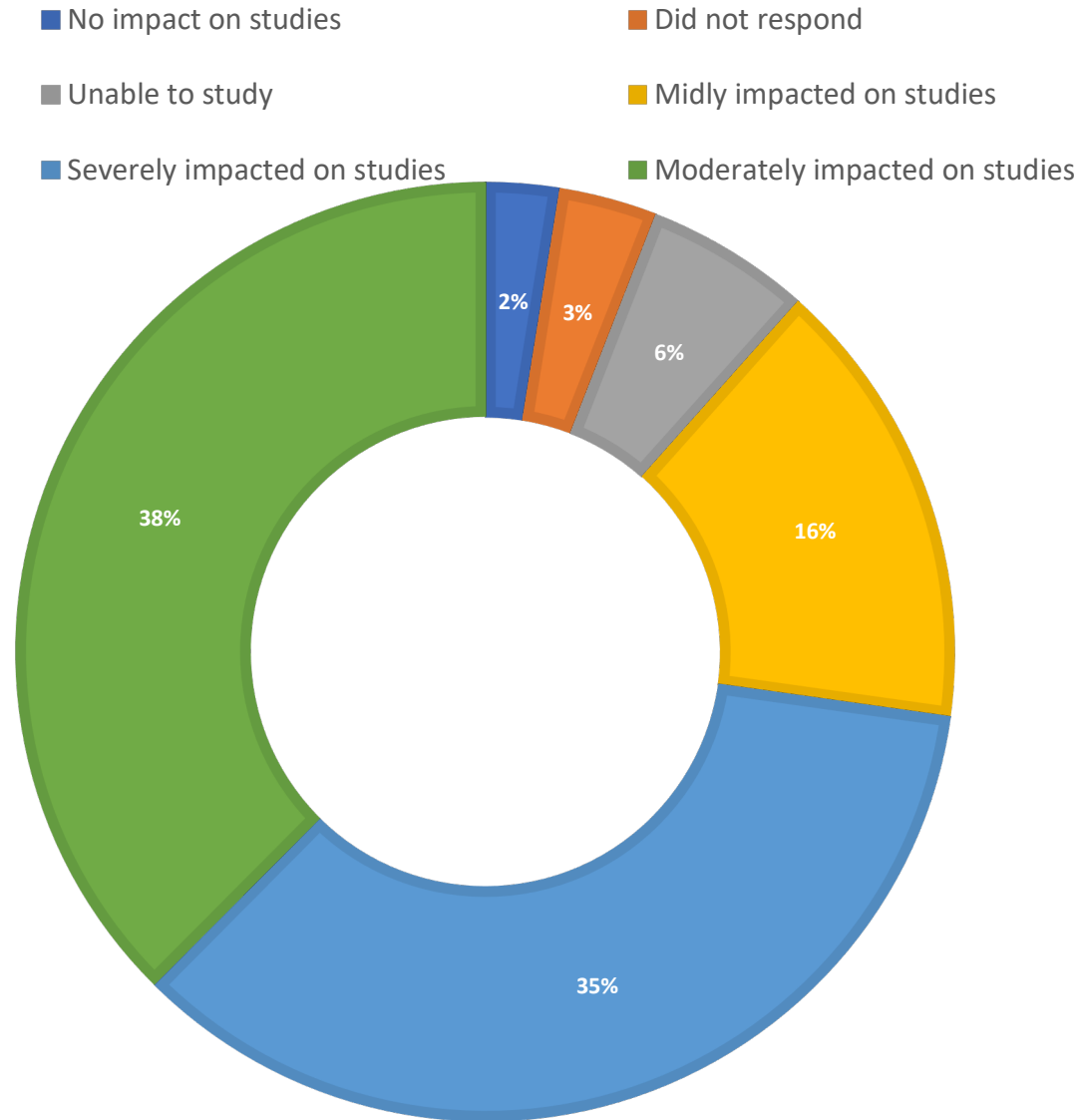
45

Students entered with high levels of suicidality Resulting in referral to Hospital.

COVID-19

- Increased isolation for those in lockdown / quarantine and loss of social connections
- Homesickness – not just international students but those unable to travel interstate or overseas.
- Concern for health and family's health
- General uncertainty
- Transition to on-line learning – no access to required technology
- Academic stressors – new way of learning, impact on placements
- Family responsibilities – ie home schooling
- Financial pressures – loss of income
- Relationships – Domestic and Family Violence, living with family

Impact on the student experience



Data from the 2020 Student Equity & Wellbeing intake statistics where students are asked impact on studies of mental ill-health/personal situation for which they are seeking support.

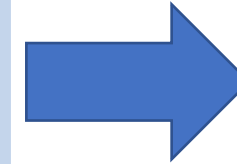
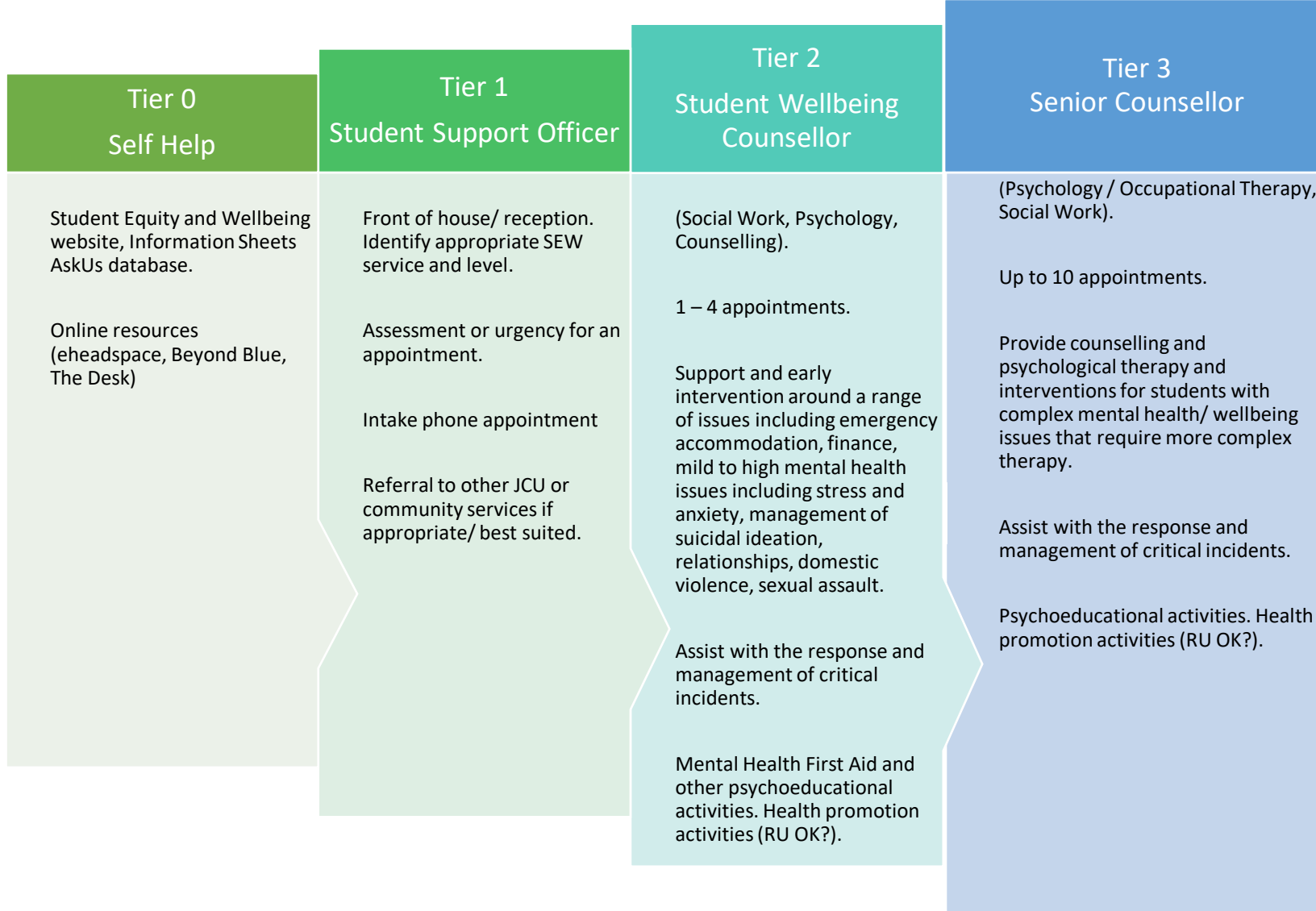
1000 students completed intake form

A campus that promotes and fosters
my wellbeing and mental health
looks like

Responsive to student needs – COVID-19

- Implementation of Student Support Package
 - Financial support
 - Provision of computers
- Food Pantry
 - Support for students experiencing financial difficulties
- Provision of telehealth
- Introduction of Extenuating Circumstances Self Declaration
 - 4,800 applications received
 - Pastoral care reach-out phone call for those that included impact on wellbeing
- Learning Online support and resources
- Wellbeing webinars and resources available online
- Development of support protocols for students in quarantine

Provision of services



- Reduced waiting periods
- Implementation of same day urgent and emergency appointments
- Students linked with correct service

Whole-of-institution initiatives to promote wellbeing, inclusion and support good mental health



IDAHOBIT Day – celebration of our LGBTIQ+ student and staff community



Let's Chalk About Mental Health and RU OK? Day - breaking the stigma around mental ill-health and promoting healthy and supportive conversations and access to services and resources

Initiatives to promote wellbeing and mental health



Student Success Week and Exam Plan

- Focus on early intervention for students to promote success and access to services.
- Normalizing difficulties and disappointment to build resilience.



Harmony Day – celebrating JCU's rich cultural diversity

JCU Mental Health and Wellbeing Strategy – 2021 - 2022

Context

- Student Focused
- Culturally Informed
- Connected to Community
- Diversity and Reconciliation
- Sustainability

Enablers:

- Leadership, strategy and policy
- Student voice and participation
- Whole of institution cohesive approach
- Community engagement
- Students and staff agency to manage own mental health and wellbeing

AUSTRALIAN UNIVERSITY MENTAL HEALTH FRAMEWORK

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THE FRAMEWORK

The framework is structured around six principles that support student mental health and wellbeing.



1. The student experience is enhanced through mental health and wellbeing approaches that are informed by students' needs, perspectives and the reality of their experiences.



2. All members of the university community contribute to learning environments that enhance student mental health and wellbeing.



3. Mentally healthy university communities encourage participation; foster a diverse, inclusive environment; promote connectedness; and support academic and personal achievement.



4. The response to mental health and wellbeing is strengthened through collaboration and coordinated actions.



5. Students are able to access appropriate, effective, timely services and supports to meet their mental health and wellbeing needs.



6. Continuous improvement and innovation is informed by evidence and helps build an understanding of what works for student mental health and wellbeing.

Domains:

<p>Learn</p> <ul style="list-style-type: none"> • Curriculum and pedagogy • Learning communities and environment • Self-belief and confidence – link to employability and graduate outcomes for student • Clarity of role of academic staff • Assessment – meaningful and purposefully developed and planned • Fitness to study and fitness to practice and other policies to support health and wellbeing 	<p>Work</p> <ul style="list-style-type: none"> • Staff mental health <ul style="list-style-type: none"> ○ Promote mentally healthy workplaces ○ Build mental health and wellbeing conversations into PDP ○ Champion open conversations ○ Deploy effective wellbeing interventions ○ Train line managers and research supervisors to promote mental health ○ Support - easy to access • Staff supporting students <ul style="list-style-type: none"> ○ Training for staff to be aware of mental health difficulties and respond appropriately to students ○ Boundaries of support ○ Training to support compassionate communities
<p>Live</p> <ul style="list-style-type: none"> • Health promotion – encourage healthy behaviours (sleep, eating, non-smoking campus, etc.) • Healthy culture – inclusion and diversity, oppose bullying, harassment and <u>marginalisation</u> (inclusive of JCU Respect work) • Healthy environments • Visible leadership 	<p>Support</p> <ul style="list-style-type: none"> • Holistic support – mental health, disability, discrimination, faith, housing, learning, employment, etc. • Designed through co-production with students and staff • Safe and effective interventions • Sustainably resourced, staffed and managed • Accessible and appropriate to culture and context • Prepared to manage mental health crisis and support critical incident management

Education and resources

Responding to Suicide Risk - Flowchart



Talking to someone about suicidal thoughts and feelings can be extremely difficult. If you are unsure whether someone is suicidal, the best way to find out is to ask them if they are thinking about suicide. This shows you care and they are not alone. It allows the other person to talk about their feelings and plans – the first step to getting help.

The following flowchart provides JCU staff with a guide to support someone who may be at risk of suicide. If you are not with the person, obtain details about their current situation and whereabouts (including phone number).

In case of an emergency, call 000. For more assistance at any point in this process call the QLD Health Acute Care Team on 1300 642 255 or Suicide Call Back 1300 659 467.

Step 1 – Start a Conversation

A helpful way to start the conversation is by checking in on them:

- "I'm really worried about you and what you said/wrote in your email/the message that you left"
- "I wanted to check in with you because you haven't seemed yourself lately"
- "I am really worried about you and need to ask if you have been thinking about suicide"

Step 2 – Enquire about active suicidal thoughts

Check on the presence of active suicidal thoughts to assess risk, as a YES answer to any of these questions below may indicate immediate action is required

Sometimes people can say things like:

- "I've had enough"
- "I can't take this anymore" or
- "I wish I didn't feel like this any longer"

This can be an expression of despair without intending or thinking about self-harm or suicide. If someone does not have any active suicidal thoughts, it is still important to offer support and referral services.

Questions to assist assessing presence of active suicidal thoughts:

- Are you thinking about attempting suicide?
- Do you have a suicide plan?
- Have you identified a method?
- Have you identified when you may act on a suicide plan?

If the person answers YES to any of the above, take action.

Step 3 – Assess Risk

LOW RISK

Active suicidal thoughts not present
Risk factors may be present

Let the person know that there are a number of services that can provide support and if appropriate, assist them contact one of the services

HIGH RISK

Active suicidal thoughts present
Risk factors may/may not be present

Let the person know that you need to get help, stay with them until support arrives - if the person leaves or hangs up, call 000 and request Police do a welfare check

Step 4 – Referral Options

Students only: JCU Counselling Service
4781 4711 (Tsv) or 4232 1150 (Cns)
Staff only: LifeWorks 1800 604 640
Alternatively:
GP
Lifeline (13 11 14)
Beyond Blue (1300 22 4636)
Suicide Call Back Service (1300 659 467)

Emergency Services (000)
Acute Care Team (1300 642 255)
JCU Security +15555 (if ambulance called to campus please let JCU Security know)
When making a referral, state the following:
"Hello, I'm _____ from _____, I have a person with me who is at HIGH RISK OF SUICIDE"

See over for further guidance and support services.

Disruptive and Dangerous Behaviours Response Flowchart



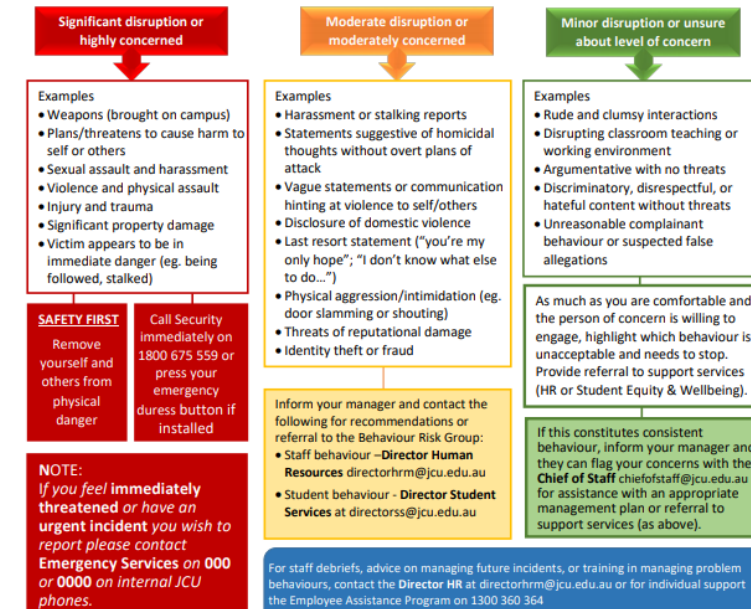
JCU has implemented a Behaviour Risk Group (BRG) chaired by the Chief of Staff to provide early intervention, assessment, management advice to relevant decision makers regarding matters relating to inappropriate, concerning, or threatening behaviours by students and staff at its Australian campuses and sites. The following flowchart provides advice on actions and notifications depending on the behaviour demonstrated.

Behaviours that can reasonably cause fear, offence, or trauma

- Disrespectful or hateful content (e.g., sexist, racist, homophobic, objectifying)
- Harassment or bullying (repeated unwanted contact, unreasonable complaining)
- Property damage (e.g., fire-setting, door slamming)
- Misuse of technology (viewing pornography, victimising others via social media, hacking, fraud)
- Sexual misconduct
- Fixation or possession of weapons or illicit drugs on campus
- Psychotic, delusional, or rambling speech
- Physical violence (including self-injurious behaviours)
- Non-physical violence (threatening to harm self or others, yelling, swearing, issuing demands, exposing others to content that would reasonably cause fear)

JCU Staff experiencing a physical or psychological impact following an incident/behaviour are encouraged to notify the WHS Injury Prevention and Management Advisor by lodging a notification through RiskWare. These notifications can be marked as confidential.

Level of Disruption and Concern



Listens to the student voice

“They have always been compassionate, caring and kind in her interactions with me. They have also been flexible with their appointments, approachable and supportive. They have encouraged me to keep going and feel stronger as a student”

“At various times throughout the past twelve months my illness has been debilitating, nevertheless they have always been there to support, listen, empathise, assist and advise me. Without their commitment to me, my time at JCU would be problematic. The encouragement and the ability to see a silver lining to each problem is a priceless asset”

“They essentially kept me at Uni, I was very close to pulling the plug during my first year, but they came along and changed everything for the better. They will tell you that they are merely just doing their job, but to me and I’m sure most of students they have mentored along the way, they have made Uni worth doing”

“I have found that they have never hesitated to try to help me and have put every effort above and beyond what I was expecting. They have definitely improved my university journey so far this year and I am extremely grateful for all the work they have done”