THE UNIVERSITY OF MELBOURNE

BUILDING A WELLBEING SUPPORTING COMMUNITY:

THE UNIVERSITY OF MELBOURNE STUDENT WELLBEING & MENTAL HEALTH FRAMEWORK

CONTENTS

ACKNOWLEDGEMENTS

This report was developed in partnership with a wide range of experts and stakeholders across the University of Melbourne. We acknowledge and thank all contributors for their engagement, support, creative ideas, and commitment to building a wellbeing supporting community.

We especially acknowledge substantive contributions from:

The Student Wellbeing Reference Group members, particularly the workstream leads:

- Prof Jamie Evans and Prof Chi Baik (co-leads for Teaching and Learning Experience),
- Prof Lisa Phillips and Prof Dianne Vella-Brodrick (co-leads for Knowledge and Skills), and
- Prof Lena Sanci and George Habib (co-leads for Personalised Care).

The Provost Executive Group members, particularly:

- Prof Gregor Kennedy, Deputy Vice-Chancellor (Academic)
- Dr Catherine Burnheim, Executive Director, Office of the Provost
- Jo Ligouris, Executive Director, Student & Scholarly Services and Academic Registrar
- Dr Leah Schwartz, Director Academic Strategy, Office of the Provost

Office of the Provost staff, particularly:

- Prof Richard James, former Deputy Vice-Chancellor (Academic)
- Prof Kerri-Lee Krause, former Deputy Vice-Chancellor (Student Life)
- Joli Price, Project Manager
- Dr Celia Scott, Policy and Strategy Advisor

Our student collaborators, particularly:

- Jack Buksh, President, University of Melbourne Student Union (UMSU) (2021)
- Sophie Nguyen, President, UMSU (2022)
- Hue Man Dang, Disabilities Officer, UMSU (2020-21)
- Natasha Guglielmino, Welfare Officer, UMSU (2020)
- Jeremy Waite, President, Melbourne Graduate Student Association (GSA) (2021)
- Hiruni Walimunge, Health and Wellbeing Officer, GSA (2020)
- Ruby Gardner-Russell, Health and Welfare Officer, GSA (2021)
- Lia Fernanda Grimmer Perez, Health and Wellbeing Officer, GSA (2021)
- Bridie Cochrane-Holley, Health and Wellbeing Officer, GSA (2022)
- The 2021 Global Heath Case Competition co-host organisations: Melbourne University Health Initiative, Strive Student Health Initiative and 180 Degrees Consulting; Alexandria Un and Ben Griffiths; and all student participants,
- Planning Saw (Personalised Care workstream contributor) and the student contributors to the Personalised Care workstream activities.

Staff and Students who willingly shared their time and thoughtful comments during our consultation process;

- Members of the Mental Health Advisory Group, particularly Orania Tokatlidis, Manager, Counselling and Psychological Services (CAPS)
- Members of the Student Wellbeing Advisory Group (MDHS)
- Tim Lee, Director, Melbourne University Sport
- Prof Craig Jeffrey, A/Prof Jane Dyson, A/Prof Gyorgy Scrinis, and Sara Guest on food insecurity
- All those who contributed to workshops, roundtables and 1:1 consultation during framework development.

EXECUTIVE SUMMARY

'To make wellbeing *everyone's* business, we need to treat wellbeing as *core business*.'[1]

The University of Melbourne is committed to supporting student wellbeing and mental health in a community that is inclusive and celebrates diversity. This *Student Wellbeing & Mental Health Framework* aims to build a wellbeing supporting community that enhances the University's academic mission, providing an environment where students can thrive and experience success, and promoting the positive wellbeing and mental health of our community members.

The Framework has been developed in line with the Federal Government's recommendation that all universities implement an institution-wide mental health strategy, including consideration of the impact of COVID-19 on student wellbeing[2]. This recommendation arose from increasing reports of high rates of mental illness affecting tertiary students around the globe, including national data of at least one in four students experiencing mental ill-health in any given year[3], and a decline in wellbeing across the student journey that did not return to baseline after graduation[4].

The Framework is built upon a strong evidence base, involving a review of current research and best practice accompanied by extensive consultation with our academic experts, students and staff. The best practice review identified key themes that commonly form part of institution-wide strategies for student wellbeing and mental health across the international higher education sector. These include (i) increasing psychological literacy to develop a university community and culture that is supportive of wellbeing and mental health, (ii) having clear leadership and alignment of policy and practice to ensure a 'whole-of-university' approach, (iii) creating wellbeing supporting learning environments within and outside the classroom, (iv) ensuring resources and services are accessible, meet the needs of vulnerable cohorts and reduce barriers such as perceived stigma, and (v) developing the knowledge and skills of students and staff to empower them to care for their own wellbeing and mental health.

Data gained from our broad consultation with the University community was derived from many sources to ensure our Framework is well-suited to the diverse needs of our community. This included surveys sampling the views of more than 20,000 students between 2013-2021[5][6][7][8], accompanied by in-depth staff and student focus groups, 1:1 consultations, workshops with expert advisory groups, presentations from student groups, and a mapping of wellbeing and mental health activities, programs and resources offered across the University (2019-2021). The findings identified core challenges currently facing the University that clearly align with the themes from the best practice review, including a pressing need to:

(i) increase student knowledge and skills in wellbeing and mental health to support their ability to thrive and achieve their aspirations for university life

(ii) create wellbeing-supporting learning environments to ensure programs are delivered in ways that optimise social connection and belonging, and remove practices that may increase symptoms of student mental illness

(iii) reduce barriers to accessing mental health services by addressing stigma surrounding mental illness and taking greater account of intersectional factors that heighten these barriers.

1 Brooker, A., & Woodyatt, L. 2019 Special Issue: Psychological Wellbeing and Distress in Higher Education (*Student Success*, 2019, v.*10* i.3, p.iii)

2 Aust Gov Department of Education and Training, *Final Report – Improving retention, completion and success in higher education*, 2017

3 Orygen, *Under the radar. The mental health of Australian university students*, 2017

4 Brooker, Psychological Wellbeing and Distress in Higher Education, 2019

5 Sanci L. et al., *Towards a Health Promoting University* (Melbourne: The University of Melbourne, 2020)

6 Larcombe W. & Baik C., *Student Wellbeing and Course Experience Survey 2013* (Melbourne: The University of Melbourne, 2013)

7 Larcombe W. & Baik C., *Student Wellbeing and Course Experience Survey 2017* (Melbourne: The University of Melbourne, 2017)

8 Larcombe W. & Baik C., *Student Wellbeing and University Experience Survey 2021* (Melbourne: The University of Melbourne, 2021)

Combining the findings of the best practice review and the identified core challenges, four goals guide the University's approach to student wellbeing and mental health. These goals underpin the Framework:

1. Empower students and staff to proactively care for their physical, social, and emotional wellbeing.
2. Develop and strengthen curricula and co-curricular opportunities that promote student wellbeing and increase connection and belonging.
3. Align and enhance resourcing and support for activities, programs, and services for student wellbeing and mental health currently in place across the University.
4. Share a University-wide, leadership endorsed vision for wellbeing and mental health with our community of students and staff to promote the growth of a wellbeing supporting community.

To achieve these goals, the *Student Wellbeing & Mental Health Framework* has been structured around three key pillars:

1. create a **Teaching and Learning Experience** that promotes positive wellbeing where students can thrive;
2. enhance student and staff wellbeing and mental health **Knowledge and Skills**; and
3. deliver **Personalised Care** that is attuned to the impact of intersectional factors.

The *Student Wellbeing & Mental Health Framework* sits within a broader health context for our University community, where promoting positive wellbeing for students is underpinned by maintaining good physical health and exercise, food security, living conditions conducive to learning, spirituality, participation in sport, the arts and music, and student clubs and societies. It recognises the core role of a sense of belonging and social connection for a successful student experience, which protect against psychological distress and the development of mental illness. These aspects of wellbeing have been challenged by the pandemic and remote learning during 2020-2021 and form part of campus life plans for 2022 and beyond, requiring our heightened attention and effort in the wake of the pandemic.

Through implementation of activities aligned with the three pillars of Teaching and Learning Experience, Knowledge and Skills and Personalised Care, a cohesive, wellbeing supporting community will grow to facilitate positive physical, social, and emotional wellbeing and mental health outcomes for students. Adopting this University-wide, leadership endorsed approach will ensure the *Student Wellbeing & Mental Health Framework* applies to all our activities, in and outside the classroom, and supports all our student cohorts and those studying on all our campuses. Inherent within this is aligning the Framework with the strategic priorities of the University, including the new Advancing Student and Education strategy, the Diversity and Inclusion Strategy, the Indigenous Strategy and Indigenous Student Plan, and the 2030 Sustainability Plan. This will enable a more integrated and holistic approach to the student experience that supports their ability to thrive and achieve their aspirations for University life, promotes their sense of connection and belonging to our University community, and reduces barriers to accessing tailored wellbeing and mental health supports.

The final section of this document outlines eight recommendations for the University. These were informed by the student and staff consultation findings and the mapping of the initiatives and activities we have already undertaken to support the wellbeing and mental health of our students. The recommendations flow from the *Student Wellbeing & Mental Health Framework* and directly respond to the core challenges currently facing the University.

Prof Sarah Wilson, Pro Vice-Chancellor (Student Life)
Caitlin Ryan, Policy & Strategy Advisor, Office of the Provost 2022

FRAMEWORK DEVELOPMENT: BACKGROUND AND PROCESS

The *Student Wellbeing & Mental Health Framework* has been developed in line with the Federal Government's 2017 Higher Education Standard's Panel, who recommended that all universities implement an institution-wide mental health strategy[9]. In their report, the Panel acknowledged the University of Melbourne as a leader in this area, already adopting an institution-wide approach to the development of wellbeing resources[10] and the provision of mental health services for students and staff[11]. This was guided by the work of the Mental Health Advisory Group, who led the development of the *University of Melbourne Mental Health Promotion and Support Strategy 2016-2018*.

Our academic experts in wellbeing and mental health have contributed sustained leadership to the field for over the past 10 years. This includes the internationally-leading framework development of the Melbourne Centre for the Study of Higher Education (CSHE)[12] and Orygen (the National Centre of Excellence in Youth Mental Health)[13], as well as more recent work of the Centre for Wellbeing Science (Melbourne Graduate School of Education)[14], the Graduate Student Association (GSA)[15], the University of Melbourne Student Union (UMSU)[16], and the Melbourne University Health Initiative[17]. Crucial steps leading to the development of the *Student Wellbeing & Mental Health Framework* included the implementation of a periodic institution-wide survey of student wellbeing by CSHE, that was first rolled out in 2013[18], and again in 2017[19] and 2021[20]. This work was broadened by the University's commitment to the *Mental Health Principles* of Universitas 21[21], and the delivery of the largest-ever survey of Melbourne University students (N=12,347) conducted in 2018-2019 by the Faculty of Medicine, Dentistry and Health Sciences (MDHS) in partnership with the Bupa Foundation[22].

All of this work has played a key role in shaping our understanding of the scope and size of the challenges we face, with the *Student Wellbeing & Mental Health Framework* building on this strong tradition of scholarship, collaboration with our students, and being directly informed by data. A pivotal point for the University occurred in 2019 with the strategic prioritisation and launch of the *Student Life* program, which extended to developing an integrated and holistic framework to guide policy and practice for student wellbeing and mental health. As a result, the University established a Student Wellbeing Reference Group comprising academic experts, professional staff and students to specifically advise the Pro Vice-Chancellor (Student Life) on the development of the *Student Wellbeing & Mental Health Framework* and its implementation plan. This group has met bi-monthly since this time, both to support and advise on Framework development and to respond to the more immediate and pressing concerns raised by COVID-19, working in tandem with the University's Mental Health Advisory Group.

In 2020, a review of current research and best practice was undertaken, and the scope of the Framework was agreed by the Student Wellbeing Reference Group. A series of workstreams was then established by the Reference Group, led by academic and professional staff experts to further consult with a range of staff and students during 2020-2021 on the current and most pressing challenges facing student wellbeing and mental health at the University.

Informed by the research literature, the workstreams focused on areas such as mental health literacy, teaching and learning, barriers to service utilisation, physical wellbeing and food insecurity. The workstreams produced consultation reports, which combined with all other data sources, including a best practice review, mapping of current University of Melbourne wellbeing and mental health activities, student surveys and in-depth consultations, ultimately led to the creation of the *Student Wellbeing & Mental Health Framework*.

9 Aust Gov Department of Education and Training, *Final Report – Improving retention, completion and success in higher education*, 2017

10 Baik C. et. al., *Enhancing student mental wellbeing: A Handbook for Academic Educators* (Melbourne Centre for the Study of Higher Education, 2017)

11 Tokatlidis, O. *UoM Mental Health Promotion and Support Strategy 2016-2018* (The University of Melbourne, 2016)

12 Baik C., Larcombe W., et al., *A Framework for Promoting Student Mental Wellbeing in Universities* (The University of Melbourne, 2016)

13 Orygen, *Australian University Mental Health Framework* (Melbourne, Orygen, 2020)

14 Sanci, T*owards a Health Promoting University*, 2020

15 Graduate Student Association, *Student Resilience Project Report* (The University of Melbourne, 2021)

16 Hadi M., *Racism at the University of Melbourne Report* (University of Melbourne Student Union, 2021)

17 *Collated Solutions - Global Health Case Competition* (Melb Uni Health Initiative, Strive Student Health Initiative & 180 Degrees Consulting 2021)

18 Larcombe, *Student Wellbeing and Course Experience Survey 2013*

19 Larcombe, *Student Wellbeing and Course Experience Survey 2017*

20 Larcombe, *Student Wellbeing and University Experience Survey 2021*

21 Universitas 21 Health Sciences Group, *Mental Health Principles*, 2019

22 Sanci, *Towards a Health Promoting University*, 2020

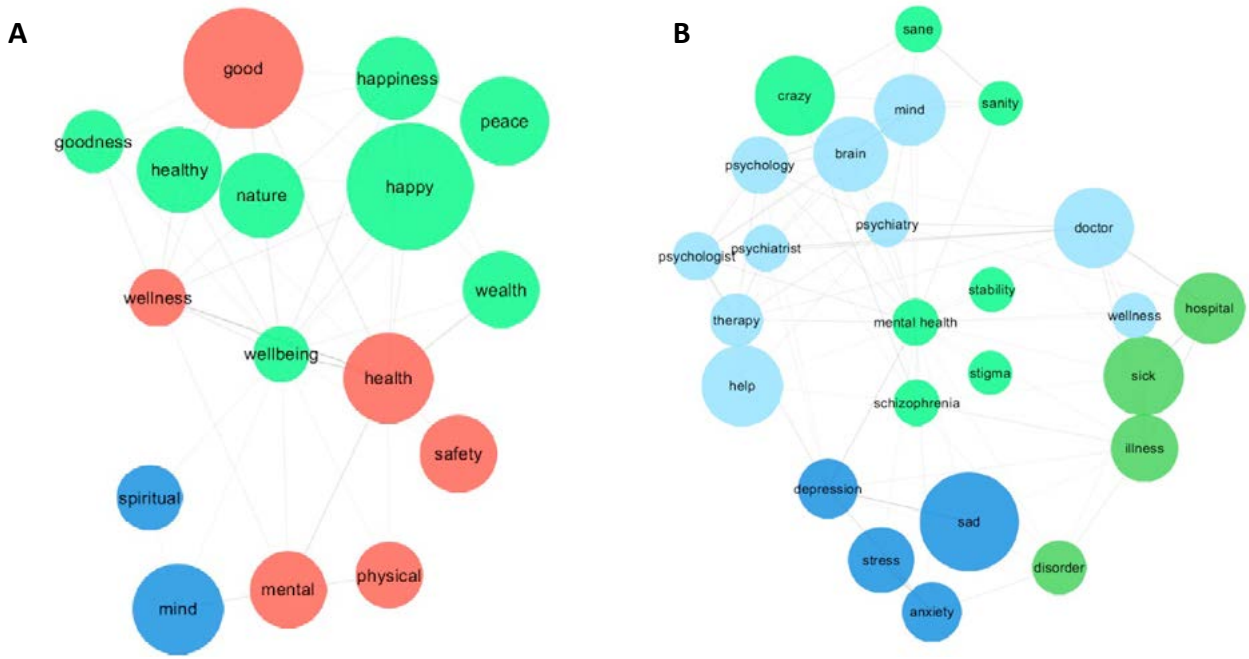
DEFINING WELLBEING AND MENTAL HEALTH

The *Student Wellbeing & Mental Health Framework* is founded on broad definitions of wellbeing and mental health derived from scientific research. For the majority of our students, the transition to university coincides with a critical period of development into young adulthood (18-30 years), bringing challenges that can affect wellbeing and mental health. Research shows that most mental disorders emerge by early adulthood and progress to more complex disorders if inadequately treated. This means that university life occurs during a period when the need for mental health awareness and supports is typically higher[23].

Our own data shows that around 1 in 4 students experience significant psychological distress, and more than 1 in 5 experience a mental illness while at university[24]. These estimates are likely to rise post-pandemic, with global research showing a further 25% increase in depressive and anxiety disorders[25]. Despite this, the most recent *Student Wellbeing and University Experience Survey 2021*[26] noted that at least one third of student respondents experienced positive wellbeing and continued to thrive in their studies during their time at university so far. These findings are difficult to reconcile in the absence of a psychologically-informed understanding of the relationship between wellbeing and mental health.

Recent research has noted the growing tendency to consider wellbeing and mental health as interchangeable concepts despite findings showing compelling differences between the two[27]. A massive data set of over 100,000 people demonstrated that the cultural meaning of wellbeing is typically associated with positivity, such as happiness, goodness, health, love and peace, as well as things that foster wellbeing such as money and food (see Figure 1A). In contrast, the cultural meaning of mental health is typically associated with negative concepts, such as sickness, psychiatric disorders, medical treatments, suffering (depression, anxiety, stress) and stigmatising labels (see Figure 1B).

FIGURE 1: CULTURAL MEANINGS OF THE CONCEPTS OF (A) WELLBEING AND (B) MENTAL HEALTH. LARGER CIRCLES REPRESENT STRONGER MENTAL ASSOCIATIONS WHILE COLOURS IDENTIFY CLUSTERS OF RELATED ASSOCIATIONS[28].



23 Duffy A. et al., Mental health care for university students: a way forward? (*Lancet Psychiatry*, v.6, i.11, 2019)

24 Sanci, *Towards a Health Promoting University*, 2020

25 Taquet M., Depression and anxiety disorders during the COVID-19 pandemic (*The Lancet*, v.398, i.10312, 2021)

26 Larcombe, *Student Wellbeing and University Experience Survey 2021*

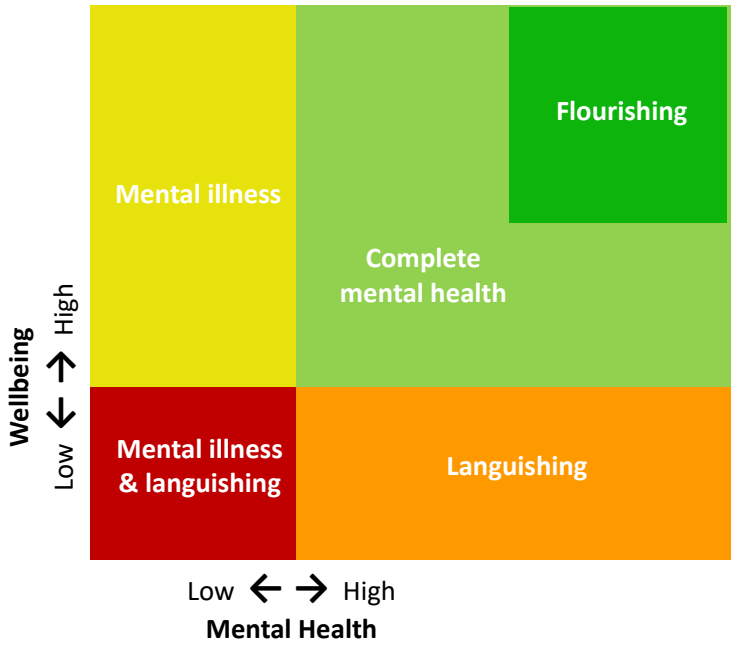
27 Haslam N. and De Deyne S., Mental Health ≠ Wellbeing (Melbourne, *Pursuit, University of Melbourne*, 2021)

28 Ibid

In addition to being two distinct psychological constructs, research shows that wellbeing and mental health are distinct human experiences[29]. Rather than falling at opposite ends of the same continuum, people differ along two underlying dimensions, one relating to degrees of positive wellbeing and the other degrees of high versus low mental health (see Figure 2). The experience of languishing and low motivation lies at the opposite end of flourishing and thriving on the wellbeing continuum. This reflects our happiness and satisfaction with life, along with our sense of meaning and purpose and experience of social connectedness. In contrast, mental illness lies at the opposite end of mental health, with this dimension reflecting the presence or absence of clinically significant symptoms of disorders such as depression, anxiety, or substance abuse.

Recognising the importance of these definitional issues helps identify the scope of the problem. Developing programs that address both wellbeing and mental health is now recommended for the higher education sector[30] and should be used to guide the development of any framework or strategy at the University. This allows for the finding that some students may experience mental illness without low wellbeing, while others may have low wellbeing without mental illness. Pathologising everyday experiences of low wellbeing (such as languishing or distress) can lead to overdiagnosis and overmedication, as well as overestimating an individual's vulnerability and underestimating their capacity to cope[31]. This means we need a more nuanced and informed understanding of distress and suffering, which may often reflect a normal loss of wellbeing in response to life events, rather than an abnormal loss of mental health.

FIGURE 2: WELLBEING AND MENTAL HEALTH ARE DISTINCT BUT RELATED PSYCHOLOGICAL STATES[32].



Mental Illness *versus* Mental Health

- Presence or absence of clinically significant symptoms of depression, anxiety, or substance use

High *versus* Low Wellbeing

- High or low satisfaction with life, happiness, sense of meaning & purpose, or sense of social connectedness

These factors are *correlated* but *distinct*

- People may have mental illness without low wellbeing
- Others may have low wellbeing but no clinically significant mental illness

29 Keyes C., The mental health continuum: From languishing to flourishing in life (*Journal of Health and Social Behavior*, Jun 1, 207-222, 2002)

30 Brooker, Psychological Wellbeing and Distress in Higher Education, 2019

31 Haslam, Mental Health ≠ Wellbeing, 2021

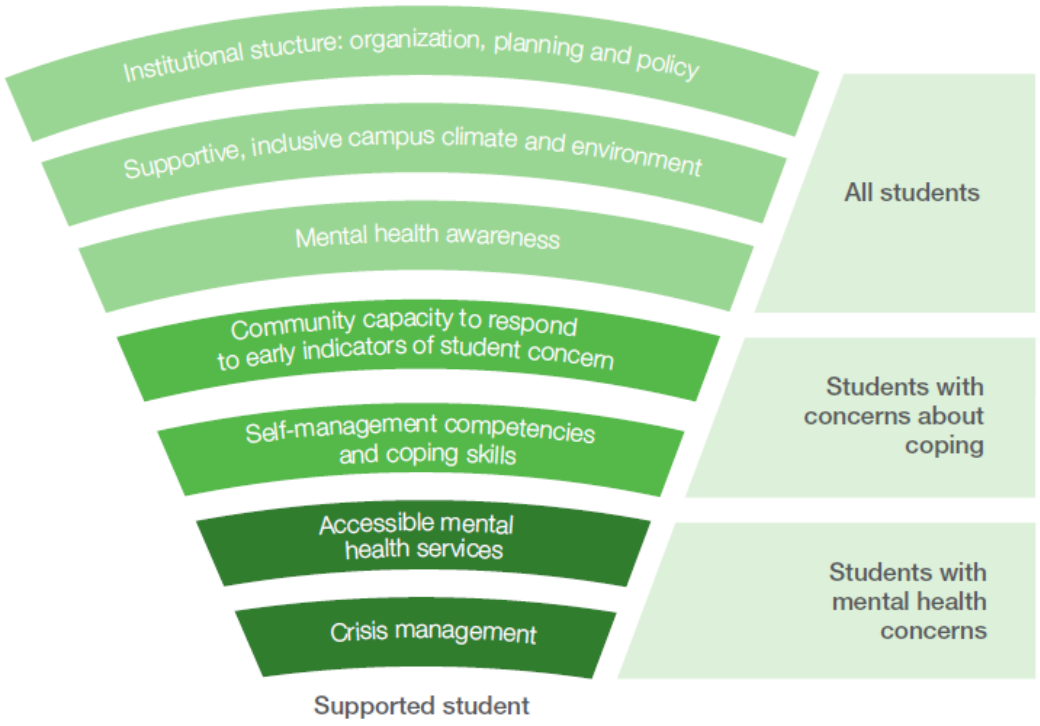
32 Ibid

Applying this to the student experience is best underpinned by a 'stepped-care' approach[33]. This tailors the delivery of programs and services to different aspects of the two continuums of wellbeing and mental health. For example, applying less intensive programs of self-help or access to online chat rooms for issues of low wellbeing, such as languishing or distress, through to more intensive group-based or individual psychological therapy for symptoms of mental illness. Distributing services to align with these different 'steps' allows for a more personalised and cost-effective method of supporting student wellbeing and mental health. A personalised approach recognises that across the student journey, there may be sensitive periods where a student is at increased risk of a decline in mental health or alternatively, has heightened opportunities to build resilience and thrive, both of which can be moderated by intersectional factors[34].

Thus, at any given point in time students may need different combinations of programs and services that support them to thrive and mitigate symptoms of mental illness, depending on their stage of academic development and their personal and health needs.

This stepped-care approach is well captured in the Canadian Association of College and University Services framework for post-secondary student mental health[35]. This illustrates the multiple tiers required to support an institution-wide approach to student wellbeing and mental health that aligns with the strategic priorities and policies of the institution and is enabled by top-down leadership for guiding funding and scaling initiatives that create a supportive and inclusive campus[36] (see Figure 3).

FIGURE 3: THE CANADIAN ASSOCIATION OF COLLEGE AND UNIVERSITY SERVICES FRAMEWORK FOR POST-SECONDARY STUDENT MENTAL HEALTH[37]



33 Ho, F., Yeung, W. & Ng, T. et al., The Efficacy and Cost-Effectiveness of Stepped Care Prevention and Treatment for Depressive and/or Anxiety Disorders: A Systematic Review and Meta-Analysis (*Sci Rep* 6, 29281, 2016)

34 Brooker, Psychological Wellbeing and Distress in Higher Education, 2019

35 Canadian Association of College & University Student Services and Canadian Mental Health Association, *Post-Secondary Student Mental Health: Guide to a Systemic Approach*, (Vancouver, BC, 2013)

36 Brooker, Psychological Wellbeing and Distress in Higher Education, 2019

37 Canadian Association of College & University Student Services, *Post-Secondary Student Mental Health*, 2013

BEST PRACTICE REVIEW

'A *Healthy University* adopts a holistic understanding of health; takes a whole university approach; and aspires to create a learning environment and organisational culture that enhances the health, wellbeing and sustainability of its community and enables people to achieve their full potential.'[38]

Within the literature, of concern there is a growing number of reports and published studies identifying high rates of mental illness affecting tertiary education students around the globe. A seminal policy report released by Orygen in 2017 noted that of Australia's 1.4 million students attending university, at least one in four would experience mental ill-health in any one year[39]. Equally concerning, published studies showed that wellbeing declined across the student journey, never returning to baseline even after graduation[40]. As noted in the recent Productivity Commission *Mental Health Inquiry Report*[41], young people (aged 15-24 years) experience higher rates of mental illness than the rest of the adult population, with suicide remaining the leading cause of death. The types of mental illnesses they experience also differ, with almost three times the rate of substance use disorders, and a similar rate of mood and anxiety disorders to the general adult population.

Recent findings indicate that the pandemic has only served to exacerbate this situation, with global research showing a further 25% increase in depressive and anxiety disorders[42]. Aligned with this, a recent survey of 1,002 young Australians reported that 25% experienced suicidal ideation in the past two years and 15% attempted self-harm, with anxiety and depressive symptoms most common followed by eating disorders[43].

In the University's own 2021 survey of the wellbeing and mental health of over 3,700 students[44], severe depressive symptoms were noted to be 9% higher (27.5%) than the 2017 survey (18.5%, up 5% from 2013), while severe anxiety symptoms were 6.5% higher (30.5%) than the 2017 survey (24%; up 5.7% from 2013).

In order to determine the best approach to tackle this highly challenging situation, a review was first undertaken to identify best practice in the tertiary education sector for addressing student wellbeing and mental health. A large body of literature was analysed, including academic research, leading frameworks and guiding documents for the university sector, relevant Australian and international strategy examples, and the findings of University of Melbourne surveys and reports (see Appendix 1 for a full list). The review was accompanied by a mapping of wellbeing and mental health activities, programs and resources offered across the University during the period 2019-2021, and in-depth consultation with staff and students to ascertain their views on these activities and the challenges of greatest concern currently facing student wellbeing and mental health the University.

KEY THEMES FROM THE BEST PRACTICE REVIEW

Key themes were extracted from existing Australian university wellbeing and mental health frameworks (n=12), international university frameworks (n=4) and leading national and international guiding documents for the sector (n=7). This body of work was used to identify the main areas of focus nationally and internationally for student wellbeing and mental health, as based on their frequency of occurrence within the literature reviewed. Table 1 summarises the 12 themes that emerged, listed in order of their frequency, with the top five themes occurring in approximately 50% or more of the literature reviewed.

38 Dooris M. et. al., *Healthy Universities: Concept, Model and Framework for Applying the Healthy Settings Approach within Higher Education in England* (Healthy Universities, 2010)

39 Orygen, *Under the radar,* 2017

40 Baik, *A Framework for Promoting Student Mental Wellbeing in Universities*, 2016

41 Productivity Commission, *Mental Health*, Report no. 95, (Canberra, 2020)

42 Taquet, Depression and anxiety disorders during the COVID-19 pandemic, 2021

43 Topsfield, J & Aubrey, S., *'Urgent national priority': Pandemic's staggering mental toll on young Australians,* The Age, 27 March 2022

44 Larcombe, *Student Wellbeing and University Experience Survey 2021*

TABLE 1: TWELVE THEMES EMERGING FROM THE LITERATURE REVIEW, LISTED IN ORDER OF FREQUENCY

Theme (frequency %)	Description
Psychological Literacy (70%)	Literacy campaigns to develop a university community and culture that is understanding and supportive of wellbeing and mental health.
University-wide Approach (70%)	Clear leadership, including alignment of policy and practice and a focus on a 'whole-of-university' supportive environment.
Wellbeing-supporting Learning Environments (65%)	The creation and strengthening of wellbeing-supporting learning environments, focusing on curriculum, assessment, and broader campus life.
Accessibility of Services (65%)	Resources and accessible professional services, including a focus on increasing access for vulnerable cohorts, addressing challenges of intersectionality, and reducing barriers such as perceived stigma.
Knowledge and Skills (48%)	Developing psychological knowledge and self-awareness in students and staff to better manage and care for their own wellbeing and mental health.
Resources and Training (43%)	Workshops, courses, toolkits and other resources to manage wellbeing and mental health concerns, as well as training for staff and students, access to consistent information and crisis management protocols.
Creating Connections (30%)	Creating peer and community connections for, and with, students and staff.
Systems Management (30%)	Evaluation, monitoring, risk management and other systems to support wellbeing and mental health management within the university.
Early Identification (22%)	Identifying issues early and responding with a stepped-care approach to support wellbeing and mental health at all stages of the student journey.
Coordination (17%)	Coordination and collaboration across divisions and teams within the university environment to ensure best use of resources.
Student Co-design (17%)	Consultation and co-design of activities, programs, frameworks, and policies with students.
Physical Health (13%)	Recognising exercise, food, nutrition and lifestyle factors influence wellbeing and mental health.

Note. The frequency of themes does not total 100% as each of the 23 documents reviewed included a focus on multiple themes.

Within the literature, it is noted that students themselves are also voicing their need for greater wellbeing development, support and resources to underpin their success at university[45]. This includes an ability to adapt and respond to their own and other's wellbeing[46] and achieve personal goals beyond academia[47]. From a self-determination perspective, promoting wellbeing during any life transition can help an individual achieve an optimal developmental trajectory that extends well beyond the transition itself[48]. Reflecting this, there has been an emphasis on psychological literacy and self-management skills as core graduate outcomes, vital to equipping a large portion of the emerging workforce with essential resources for professional life across all employment sectors and the lifespan[49].

In response to a global call for action across the higher education sector, institutes within the UK have aligned to form the 'UK Healthy Universities Network'[50]. A 'Healthy University' takes a systems or 'whole university' approach to health, wellbeing and sustainability, with Network members committing to the vision of the *2015 Okanagan International Charter for Health Promoting Universities and Colleges:*

> *"Health Promoting Universities and Colleges transform the health and sustainability of our current and future societies, strengthen communities and contribute to the wellbeing of people, places and the planet…They infuse health into everyday operations, business practices and academic mandates. By doing so, they enhance the success of our institutions; create campus cultures of compassion, wellbeing, equity and social justice; improve the health of the people who live, learn, work, play and love on our campuses; and strengthen the ecological, social and economic sustainability of our communities and wider society."*[51]

By aligning with a Healthy University approach, higher education institutions can not only reduce the risk of onset of psychological problems within students, but also help graduates reach their full potential and lead changes that may improve local and global communities[52].

45 Brooker, Psychological Wellbeing and Distress in Higher Education, 2019

46 Delahunty, J. & O'Shea, S., "I'm happy and I'm passing. That's all that matters!": exploring discourses of university academic success through linguistic analysis (*Language and Education,* 2019)

47 Foyster, S. & Brooker, A., *What does success mean to undergraduate students?* STARS Conference, Melbourne, 2019

48 Brooker, Psychological Wellbeing and Distress in Higher Education, 2019

49 Foyster, *What does success mean to undergraduate students?*, 2019

50 Dooris, *Healthy Universities*, 2010

51 Ibid

52 Brooker, Psychological Wellbeing and Distress in Higher Education, 2019

THE UNIVERSITY OF MELBOURNE CONTEXT

In order to consider the University's current approach to student wellbeing and mental health through the lens of the best practice review, the findings of the University's student wellbeing and mental health surveys, staff and student consultations and mapping of current activities were considered relative to the key themes identified from the best practice review.

SURVEY FINDINGS

The 4-yearly surveys conducted by the CSHE have canvassed the wellbeing and mental health of over 11,000 students over a period of 9 years, including the *Student Wellbeing and Course Experience Survey 2013 and 2017*[53] and the *Student Wellbeing and University Experience Survey 2021*[54]. Of note, the most recent survey explored stressors specific to the COVID-19 pandemic as well as the influence of connection and belonging to the University community on student wellbeing and mental health. In line with best practice, it also distinguished between students who are thriving and those who are not.

As shown in Figure 4, the longitudinal findings from the CSHE surveys are striking, with a steady rise in the report of symptoms of mental ill-health by coursework students over the past 9 years on the Depression, Anxiety and Stress Scales (DASS-21)[55]. Of particular concern, on the 2021 survey 27.1% of respondents recorded DASS-21 scores in the severe+ range (High), while 21.0% reported scores in the Moderate range, and 51.8% were in the Normal-Mild range (Low). The higher levels of severe symptoms in the 2021 student cohort in part reflect the impact of the COVID-19 pandemic.

The 2021 CSHE survey included a composite indicator of student psychological wellbeing and satisfaction with life[56]. This showed that on average, the wellbeing of the 2021 cohort was similar to the 2017 cohort, with most 2021 respondents experiencing personal growth, a sense of purpose, good relations with others and feeling positive about their lives. Approximately one third (37.1%) of students reported High wellbeing scores, indicating that they are thriving, whereas approximately one quarter (26.1%) reported Low scores, suggesting they are languishing.

Figure 5 shows the 2021 CSHE cohort findings mapped onto the two dimensions of wellbeing and mental health (also see Figure 2, p.6). Considered together, this shows that 13.5% of respondents were experiencing both severe (High) symptoms of mental illness and low wellbeing (languishing), whereas 27.1% were reporting minimal (Low) symptoms of mental illness and high wellbeing (flourishing). Approximately one third (32.9%) were in the moderate range for both wellbeing and mental health.

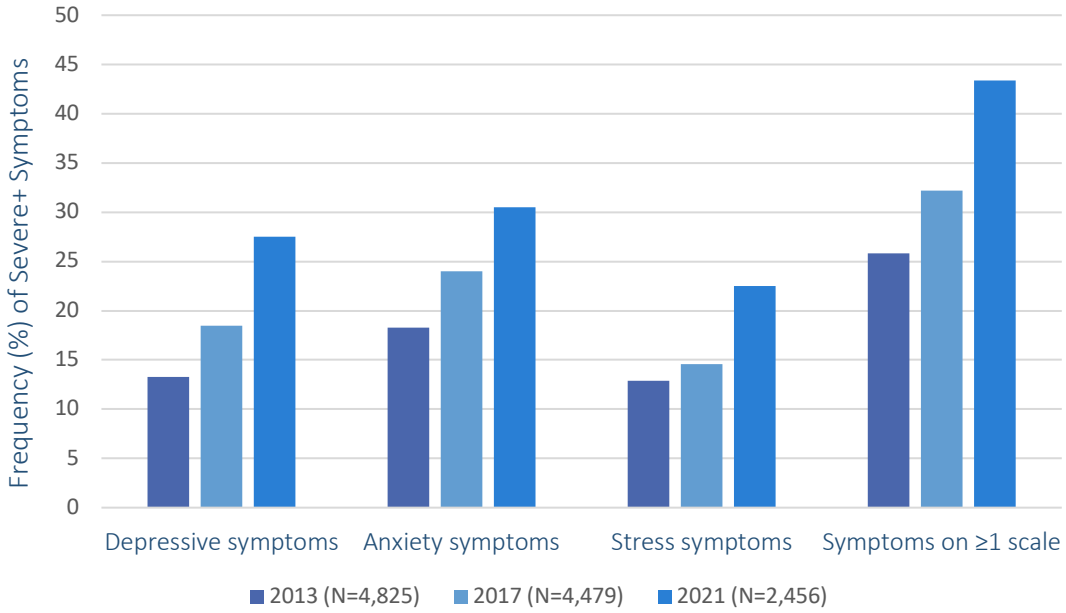
53 Larcombe, *Student Wellbeing and Course Experience Survey 2017 & 2019*

54 Larcombe, *Student Wellbeing and University Experience Survey 2021*

55 Lovibond P. & Lovibond S., "The structure of negative emotional states: Comparison of the Depression Anxiety Stress Scales (DASS) with the Beck Depression and Anxiety Inventories." (*Behaviour research and therapy*, V.33 i.3, 1995, pp.335-343)

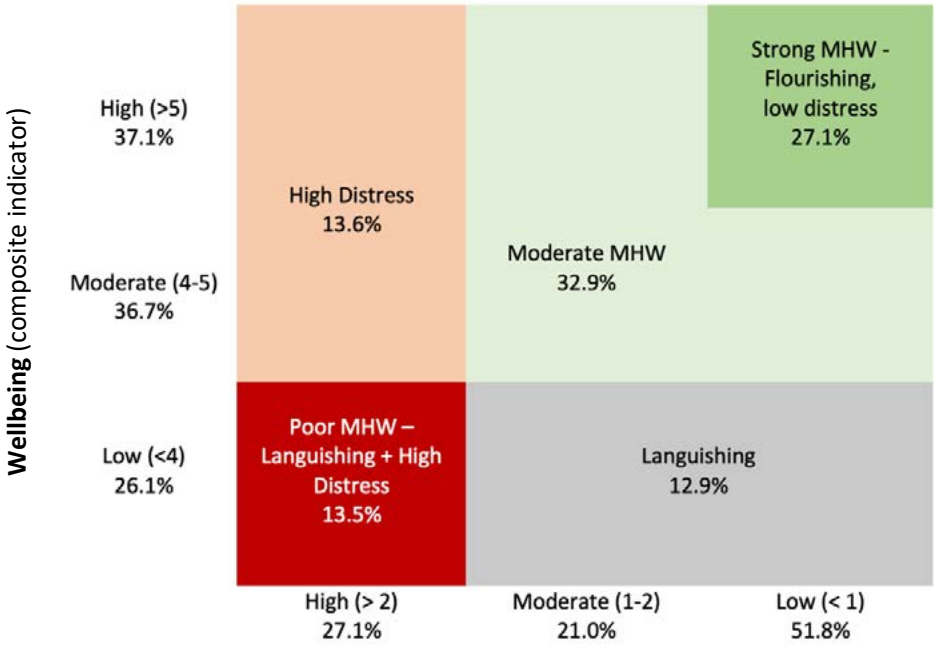
56 Keyes, C., Promoting and protecting mental health as flourishing: A complementary strategy for improving national mental health (*American Psychologist*, v.62, i.2, 2007, pp.95–108)

FIGURE 4: COURSEWORK STUDENTS' REPORT OF SYMPTOMS OF MENTAL ILLNESS ON THE DEPRESSION, ANXIETY AND STRESS SCALES (DASS-21) OVER THE PAST 9 YEARS (2013-2021)[57]



57 Larcombe, *Student Wellbeing and University Experience Survey 2021*

FIGURE 5: 2021 CSHE SURVEY FINDINGS FOR COURSEWORK STUDENTS (N=2,456) MAPPED ONTO THE TWO DIMENSIONS OF MENTAL HEALTH AND WELLBEING (MHW)[58]



The *Towards a Health Promoting University Report*[59] was undertaken by our academic experts in MDHS in partnership with the Bupa Foundation and with the support of a range of key stakeholders including student groups, residential College representatives and Chancellery, to investigate student health and wellbeing, academic outcomes, preventative approaches, and service provision at the University. All undergraduate and postgraduate students were invited to participate with a substantive 15,907 students responding, providing a sample representative of the whole university population based on demographic characteristics, year level of study, course of study, and faculty.

The report found similar levels of depression and anxiety symptoms to those noted in the CSHE 2021 survey that were experienced similarly for local and international students. In contrast, local students reported much greater prevalence of hazardous drinking (61%) and illicit drug use (25%) than international students (31% and 6%, respectively). Of note, more local than international students accessed help for mental health issues in the 12 months prior to the survey, however almost 25% of students reported barriers to mental health care access, including cost, uncertainty about mental health providers, and language barriers for international students. Aligned with key themes from the best practice review, the report identified intersectional variables associated with higher reporting of symptoms of depression and anxiety. These included students (i) with self-described gender of non-binary, (ii) experiencing academic pressure, (iii) unable to afford food or medicine, or (iv) experiencing discrimination. Notably, the odds of reporting symptoms increased with each year of undergraduate enrolment and were greater in students with a chronic health condition (higher in local students) or less English proficiency (international students). Acculturative stress ('culture shock') also increased the odds of mental health symptoms in the international student cohort.

58 Larcombe, *Student Wellbeing and University Experience Survey 2021*

59 Sanci, *Towards a Health Promoting University,* 2020

UNIVERSITY OF MELBOURNE ACTIVITY MAPPING

In addition to the expert mental health services provided by the University's Counselling and Psychological Services (CAPS)[60], Faculties provide a range of local programs, activities and resources to support the wellbeing and mental health of our students, along with activities provided by our Colleges and MU Sport (Non-academic Divisions), and other areas of Student and Scholarly Services (SASS). Since these initiatives have grown somewhat independently and organically over many years, a mapping exercise was undertaken during September-October 2021 to learn about the extent of local offerings provided across the University over the previous three years (2019-2021), as well as any currently being considered for implementation. While the findings of this Activity Mapping form the focus on this review, it should be noted that they sit alongside the findings of a recent review of CAPS[61] as well as 2021 student feedback from the University's newly developed Joining Melbourne Module, 'Your Wellbeing and Success', implemented as part of the new Student Life Discovery Subjects for first year undergraduate students.

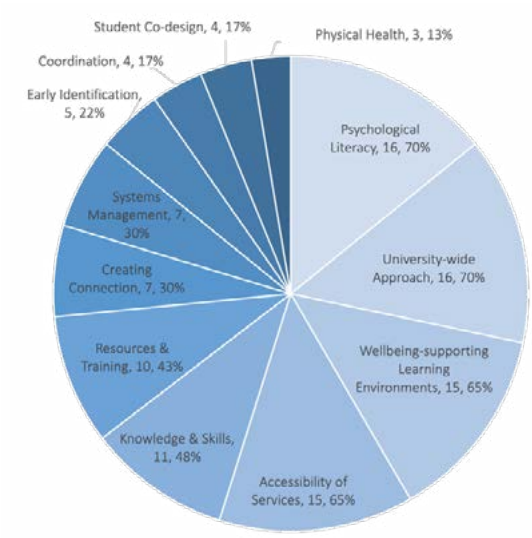
Responses to the activity mapping revealed that a large and diverse range of offerings currently exist across the University to support student wellbeing and mental health, with a total of 234 initiatives identified, but noting this number may be higher due to variable response rates across Departments, Schools and Faculties. Figure 6 shows the frequency of these activities (panel B), mapped against the key themes identified in the best practice review (panel A). From this comparison it is evident that the University has a strength of offerings that focus on improving student wellbeing through the delivery of Resources and Training (e.g., online guides, handbooks, webinars), Creating Connections (e.g., social events, informal buddy system) and Physical Health (e.g., exercise and sporting groups). In contrast, there are potential gaps in activities that focus on Psychological Literacy, developing a University-wide Approach, creating Wellbeing-supporting Learning Environments and increasing Accessibility of Services.

60 https://services.unimelb.edu.au/counsel

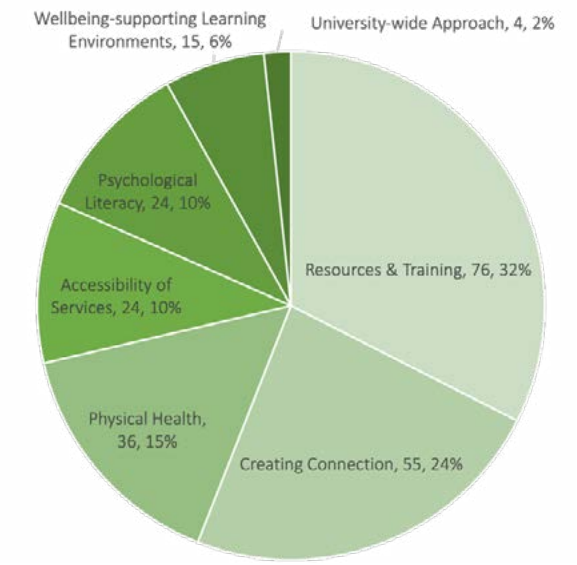
61 Counselling and Psychological Services, *Review Summary and Recommendations* (The University of Melbourne 2019)

FIGURE 6: PIE CHARTS SHOWING (A) THE FREQUENCY OF THE 12 THEMES EMERGING FROM THE BEST PRACTICE REVIEW (N=23 DOCUMENTS, MULTIPLE THEMES IDENTIFIED IN EACH) MAPPED AGAINST (B) THE FREQUENCY OF THE FOCUS OF ACTIVITIES ACROSS UNIVERSITY OFFERINGS (N=234) AND (C) THE FREQUENCY OF KEY THEMES EMERGING FROM THE WORKSTREAM AND OTHER CONSULTATION REPORTS (N=5 REPORTS, MULTIPLE THEMES IDENTIFIED IN EACH).

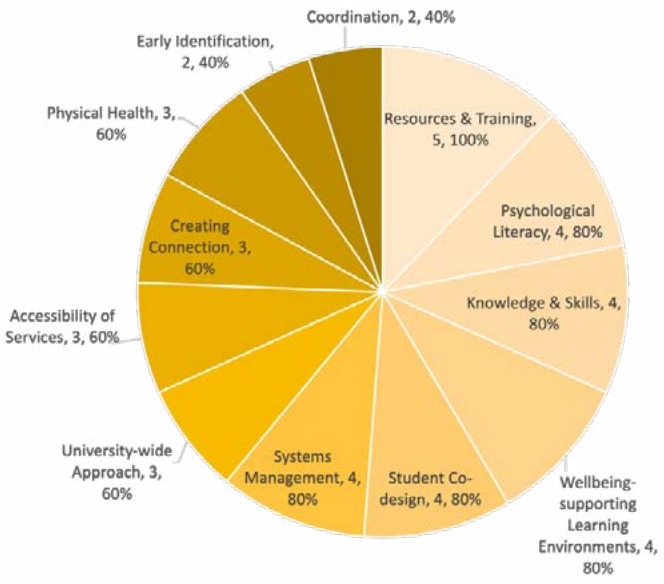
A Best Practice Review



B Current University Offerings



C Consultation Reports



Although Knowledge and Skills development, Early Identification and Student Co-design likely appear across selected offerings at the University, through this mapping exercise we do not see these themes represented as a primary focus of the identified activities and programs. The activity mapping also identified that offerings are more prevalent in some Faculties than others, and that often similar activities are not linked across the University. This presents an opportunity to increase connection and collaboration around similar activities across the institution by adopting a more co-ordinated approach.

CONSULTATION WITH THE UNIVERSITY COMMUNITY

In-depth consultation was undertaken across 2020-2021 with student and staff groups to further inform the development of the *Student Wellbeing & Mental Health Framework*. This included the activity of the workstreams established by the Student Wellbeing Reference Group that were led by academic and professional staff experts. This consultation complemented the student survey findings by listening to the experiences of students and staff first-hand, identifying the most pressing challenges facing student wellbeing and mental health at the University, and gaining views on the efficacy of activities and programs underway, how to build on these to meet the needs of the COVID-19 pandemic, and to guide our approach going forward. The nature of this in-depth student and staff consultation is summarised in Table 2.

TABLE 2: IN-DEPTH STUDENT AND STAFF CONSULTATION (2020-2021)

Consultation Type	Staff (n)	Students (n)
Student Wellbeing Reference Group members - Chancellery Academic, monthly input mid-2020 - ongoing	16	9
6 x Workshops (3 x staff, 3 x students) – Framework focused development - Chancellery Academic, early 2021	45	35
Global Health Case Competition - collated solutions and student presentations - Melbourne University Health Initiative, Strive Student Health Initiative and 180 Degrees Consulting, Sept 2021		143
Activity Mapping (described above) - mapping offerings across the University - Chancellery Academic, Sept-Oct 2021	54	2
1:1 Consultations (phone, email, in person) - leaders and experts across the University with a professional focus on student wellbeing - Workstream 2 & 3, Sept-Oct 2021	29	7
CSHE Think Tank and Roundtable – improving the student experience - Workstream 1, Oct 2021		88
Mental Health Advisory Group - consultation and survey - Workstream 3, Oct 2021	12	1
Student Wellbeing Advisory Group (MDHS) - consultation meeting and survey - Workstream 3, Oct 2021	6	4
Qualitative Mapping of Online Help-Seeking (direct observation) - Workstream 3, Oct 2021		5
Total Participants	**162**	**294**

Guided by the research literature, the workstreams focused on areas such as mental health literacy, teaching and learning, barriers to service utilisation, physical wellbeing and food insecurity. Each workstream was asked to identify the most pressing challenges facing the University in their area of focus and to develop initial recommendations on how to best address these challenges. The findings were captured in consultation reports produced by the workstream leads, along with additional reports submitted on physical activity and food insecurity, and collated solutions from the Global Health Case Competition. The latter focused on the student-led question of how to improve mental health responses within the University to be more accessible and destigmatised for students.

The frequency of the key themes identified by the best practice review was mapped onto the current challenges identified in the consultation reports (see Figure 5A vs 5C). This shows clear alignment of the challenges identified by students and staff with the themes of the review, and highlights gaps between current offerings and what our community has identified as areas of need to improve student wellbeing and mental health. Top priorities include (i) increasing student and staff Resources and Training, Knowledge and Skills and building the Psychological Literacy of our community, (ii) creating Wellbeing-supporting Learning Environments and student and staff Connections, and (iii) increasing Accessibility of Services and Physical Health, including co-curricular programs and food security. Of note, the Consultation reports highlight that this would be best achieved through Student Co-design, strengthening Systems Management, and adopting a University-wide approach.

CURRENT CHALLENGES FOR STUDENT WELLBEING & MENTAL HEALTH

By combining the findings of the best practice review, University survey data, the activity mapping and in-depth student and staff consultation, core challenges currently facing the University have emerged for student wellbeing and mental health. Informing the development of the four goals and three pillars of the *Student Wellbeing & Mental Health Framework*, these core challenges include:

1. increase student knowledge and skills in wellbeing and mental health to support their ability to thrive and achieve their aspirations for university life
2. create wellbeing-supporting learning environments to ensure programs are delivered in ways that optimise social connection and belonging, and remove practices that may increase symptoms of student mental illness
3. reduce barriers to accessing mental health services by addressing stigma surrounding mental illness and taking greater account of intersectional factors that heighten these barriers.

INCREASING STUDENT WELLBEING AND MENTAL HEALTH LITERACY AND SKILLS

> 'Just as physical health is supported by communities where everyone is educated in health and integrating healthy lifestyle choices into daily practice (e.g., balanced diets, preventative dental care, regular exercise), mental health needs to be similarly supported by psychologically literate communities.'[62]

Positive wellbeing, alongside mental health awareness and skills, contribute to the foundation for academic success[63],[64]. As students adjust to an adult learning environment, and then navigate personal and career transitions throughout university life, they require a sense of agency to master the challenges, thrive and gain the most from their experiences. While the academic development of our students remains core to our academic mission it is now clear that universities are required to offer more, including education to support personal, emotional and social development. This constitutes our first challenge; to design and integrate programs into the curriculum for students to develop knowledge and skills in wellbeing and mental health awareness and self-care.

Students bring with them many and varied expectations about what their time at University 'will be like'. It is also well established that the gap between an individual's expectations and their outcomes directly impacts their sense of wellbeing and perceived satisfaction in life[65]. Reducing the gap between student expectations and reality may be achieved by first increasing student self-awareness of the expectations they bring to University. Development of self-awareness is core to good wellbeing and mental health and includes an ability to articulate our expectations, recognise those that are achievable, and undertake the steps necessary for their success.

62 Brooker, Psychological Wellbeing and Distress in Higher Education, 2019

63 Dooris, *Healthy Universities,* 2010

64 Brooker, Psychological Wellbeing and Distress in Higher Education, 2019

65 Headey B. & Wearing A., *Understanding Happiness: A Theory of Subjective Well-being* (Melbourne, Longman Chesire, 1992)

The development of self-awareness also involves learning to recognise our personal symptoms of high and low wellbeing and mental health and the ability to self-regulate in response to these, including feeling comfortable seeking support where needed. Engaging students in such regular reflective practice would promote self-agency and support them to proactively reflect on and care for their physical, social, and emotional wellbeing. It would also likely benefit their academic outcomes and make transformative experiences less serendipitous and more due to personally motivated behaviour change.

The development of mental health literacy is best done in the classroom[66]. As noted by Brooker and Woodyatt, the "curriculum remains the key vehicle for educators to support students in the most equitable, accountable, and scalable ways"[67]. As part of the Student Life program the University has developed a series of Joining Melbourne Modules, one of which focuses on the wellbeing and mental health of commencing first year students ('Your Wellbeing and Success'). This module assists students to (i) develop self-awareness, (ii) reflect on their wellbeing and expectations for University life, (iii) discover academic and co-curricular opportunities and support, (iv) develop skills to overcome challenges they may face including building a success plan, and (iv) connect with other students and share their experiences. While this represents an excellent start, it could be expanded upon and made available to all students (e.g., graduate students) so there is a curriculum-based program to support the development of student knowledge and skills as part of their studies at the University. This represents one approach, and there will be other ways for the University to respond to this challenge.

National survey results over a number of years also indicate that many of our students are not satisfied with their experience at the University, and this is likely intertwined with their lived experience not meeting their expectations. While the strongest predictors of student satisfaction are connection and belonging and curriculum based experiences (e.g., interactions with teachers), any mismatch between what students are expecting of their University experience and what it is in reality are also likely to contribute to students feeling (and reporting) they have had a poor experience.

CREATING WELLBEING SUPPORTING LEARNING ENVIRONMENTS

> 'Educators are only well placed to support their students' wellbeing if their own wellbeing is protected and supported by their institution.'[68]

Findings from the best practice review and University survey data clearly show that student experiences in their courses, including the curriculum, teaching, learning and assessment practices, and social interactions with teachers and peers are strong determinants of student wellbeing and mental health[69] [70] [71]. There is substantial scope to improve the student experience through intentional curriculum design, improved teaching practices and planned efforts to build stronger student cohort experiences. A significant challenge we face as an institution is to ensure we are delivering curriculum across our programs of study in ways that support the wellbeing and mental health of our whole community.

Key to intentional curriculum design is the need to better co-ordinate student workload across subjects, and to reduce the use of 'high stakes' (heavily weighted) assessments within subjects[72]. University data clearly shows that subjects with high stakes assessments are associated with higher rates of special consideration applications due to heightened anxiety and exacerbation of symptoms of mental illness[73]. A range of University programs, including Flexible Academic Programming, systemically encourage student learning experiences that promote active learning and socially connected learning environments. There are also exemplary courses and subjects in which deliberate efforts are made to schedule regular and consistent connections between classmates in particular cohorts. These designs and practices are not universal of course, but should be further encouraged as they support student self-efficacy, friendship development and create a sense of belonging, all of which are protective of wellbeing and mental health.

66 Baik, *A Framework for Promoting Student Mental Wellbeing in Universities,* 2016

67 Brooker, Psychological Wellbeing and Distress in Higher Education, 2019, p.iii

68 Ibid, p.ii

69 Larcombe, *Student Wellbeing and University Experience Survey 2021*

70 Sanci, *Towards a Health Promoting University*, 2020

71 Orygen, *Under the radar*, 2017

72 Larcombe, *Student Wellbeing and University Experience Survey 2021*

73 Experience & Service Design, Operational Performance Group, *Special Consideration Growth Data Analysis* (The University of Melbourne, 2019)

The *Student Wellbeing and University Experience Survey 2021* also noted that staff have inconsistent skills when it comes to creating a wellbeing supporting learning environment through, for example, the use of warm affective tone, being open to diverse perspectives and cultural views, and engaging in inclusive teaching practices that allow all students in the group to flourish[74 75]. Throughout the staff consultation process, a lack of staff skills in recognising and knowing how to respond to student mental health issues was also regularly raised. For instance, academic staff indicated that it would be helpful to have access to a 'referral pack' so they are able to guide students to the appropriate University services or support mechanisms. This includes having a clear understanding of how to address the impact of a wide range of issues such as absenteeism, withdrawals, fails, special consideration applications, and student and staff stress by deliberately developing a culture of care, focusing on early identification, and taking a stepped-care approach to referral and intervention.

This highlights the need for increased education and training of academic staff as well as staff in student-facing roles with support to recognise and respond to the increasing symptoms of mental illness and lowered wellbeing arising from the pandemic[76]. "This does not mean [University] communities need to be aware of psychological diagnosis, but rather, communities should: (i) be aware of the impact that mental health problems can have on a person's life, and (ii) be aware of available supports and pathways of recovery; and (iii) feel supported and comfortable asking for, or offering, help toward those pathways."[77]

Finally, the activity mapping of current University offerings showed inconsistent offerings in wellbeing programs across academic disciplines and Faculties. Some Faculties have many programs and regularly design activities through a wellbeing lens (in collaborations with students), while others have minimal focus on wellbeing and mental health. While there may be reasons for this, there would seem to be significant value in having a clear, accessible, coordinated suite of programs and resources available to all students that can then be harnessed, modified and augmented locally by Faculties and Schools.

REDUCING BARRIERS TO ACCESS MENTAL HEALTH SERVICES

> 'By placing students at the heart, Advancing Melbourne 2030 makes a commitment to offering our students a distinctive and future-facing educational experience that is personalised around their ambitions and needs.'[78]

Despite the University's Counselling and Psychological Services (CAPS) increasing the provision of mental health supports by 20% in 2021, some student groups still find there are barriers to accessing mental health services at the University. A 2019 review of CAPS[79] indicated good (and increasing) access and low stigma in certain student groups, and that in most instances students can obtain appointments when needed. Further resources have been added throughout the pandemic including recruiting more counsellors, establishing after-hours mental health crisis support and as of November 2021, an off-shore counselling service that can offer students counselling services in their preferred language.

However, this same review indicated that some student cohorts experience more significant barriers to accessing mental health services, and the Graduate *Student Association Student Resilience Project Report*[80] noted a strong sense of perceived stigma associated with help-seeking and receiving treatment for mental illness in our international student cohort. This was associated with perceived discrimination and negative consequences for academic success and career prospects should students disclose symptoms of mental illness. This perceived stigma surrounding mental health acts as a barrier to accessing services and is well established in the research literature, with the challenges faced by some of our students (e.g., ethnic minorities, LGBTIQA+ students) consistent with those reported in the general population[81,82,83]. A pressing challenge is to ensure all students are able – and feel able – to access mental health services at the University.

74 Larcombe, *Student Wellbeing and University Experience Survey 2021*

75 Hadi, *Racism at the University of Melbourne* Report, 2021

76 Taquet, Depression and anxiety disorders during the COVID-19 pandemic, 2021

77 Brooker, Psychological Wellbeing and Distress in Higher Education, 2019, p.iii

78 The University of Melbourne, *Advancing Melbourne 2030*, (Melbourne, 2020)

79 Counselling and Psychological Services, *Review Summary and Recommendations* (The University of Melbourne 2019)

80 Graduate Student Association, *Student Resilience Project Report*, 2021

81 Ellis, L.A., *et al.*, Young men's attitudes and behaviour in relation to mental health and technology (*BMC Psychiatry* v. 13 i.119, 2013)

82 Eienberg D, et al., Stigma and help seeking for mental health among college students (*Med Care Res Rev*, v. 66, i.5, pp.522-41, 2009)

83 Rafal G., et al., Mental health literacy, stigma, and help-seeking behaviors (*Journal of American College Health*, v.66, i.4, pp.284-291, 2018)

This is central to creating a wellbeing supporting community that is clearly modelled by senior leaders, from students via peer mentor groups, and from staff; that tending to mental health and accessing support is part of our University culture.

A related issue is ensuring that the University is accounting for intersectional factors in the provision of mental health services. It is well-established that intersectional factors influence the experience of wellbeing and mental health, such as ethnicity, gender, a history of trauma, or disability[84,85]. In particular, the 2021 CSHE survey data showed that demographic or enrolment characteristics predict poorer wellbeing and mental health, notably identifying as LGBTIQA+, having a disability, being an international student, and having a younger age (< 21 years)[86]. The CAPS review[87] indicated that the University's mental health services were less well-tailored for providing specialised support (i.e., not delivered in first language, not nuanced for cultural factors, not developed for LGBTIQA+ students), forming a barrier to some student groups engaging with services. Since the review, additional international student counsellors have been employed, international students attend the service in larger numbers than the percentage enrolled at the University, and CAPS has embarked on cultural sensitivity training, working with First Nations people and the LGBTIQA+ community.

In line with a stepped-care approach, the 2021 *Global Health Case Competition* identified a range of different types of support that intersect with the needs of different student cohorts[88]. Student responses were incredibly thoughtful, well-researched and creative. Various models of support were proposed, such as online chat rooms, drop-in centres, a chance to speak with peers to normalise wellbeing concerns and a community garden, in addition to one-on-one counselling support. These are worthy of consideration in any revised approach to providing more accessible mental health services at the University.

84 Sanci, *Towards a Health Promoting University*, 2020

85 Margetts C. et al., *Strengthening International Students' Access to University Support Services* (GSA, University of Melbourne, 2021)

86 Larcombe, *Student Wellbeing and University Experience Survey 2021*

87 Counselling and Psychological Services, *Review Summary and Recommendations* (The University of Melbourne 2019)

88 *Collated Solutions - Global Health Case Competition*, 2021

STUDENT WELLBEING & MENTAL HEALTH FRAMEWORK

Four overarching goals guide the University's approach to student wellbeing and mental health, providing a foundation for a new *Student Wellbeing and Mental Health Framework*. These goals are

GOAL 1: Empower students to proactively care for their physical, social, and emotional wellbeing.

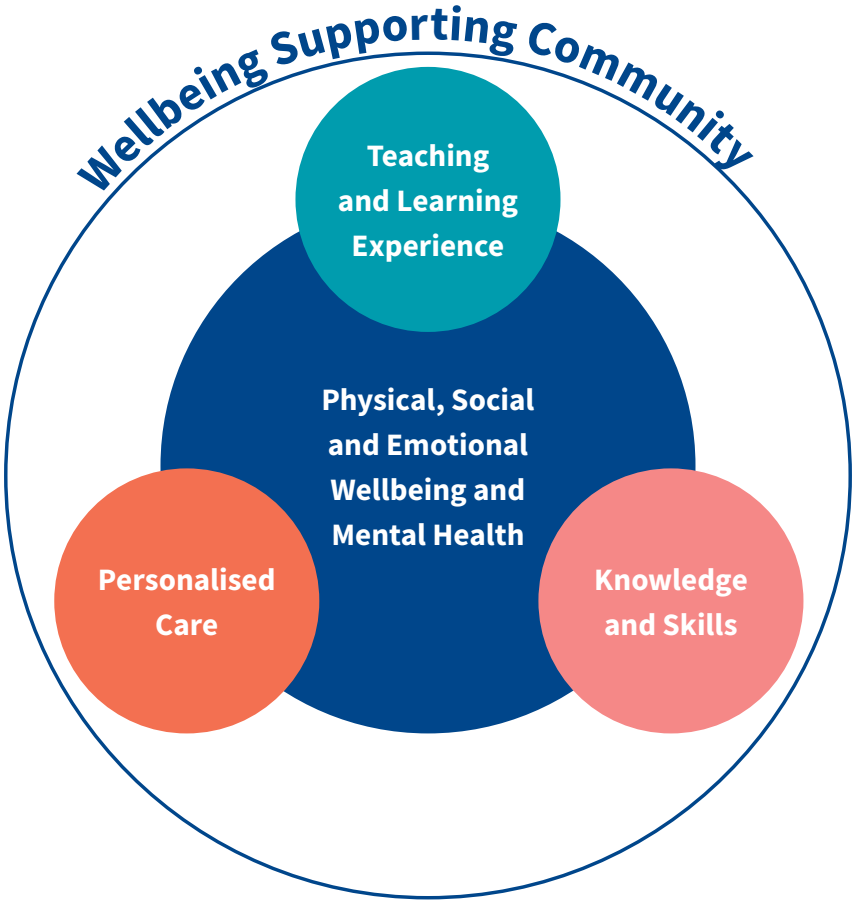
GOAL 2: Develop and strengthen curricula and co-curricular opportunities that promote student wellbeing and increase connection and belonging.

GOAL 3: Align, enhance and adequately support activities, programs, and services for student wellbeing and mental health across the University.

GOAL 4: Share a university-wide, leadership endorsed vision for wellbeing and mental health with our community of students and staff to promote the growth of a wellbeing supporting community.

The Framework (Figure 7) provides a way for the University to organise its approach to supporting students in their development of the skills they need to thrive and flourish at Melbourne, while also mitigating risks to their mental health. The Framework will be used to support the growth of a cohesive, wellbeing supporting community through existing programs and the implementation of new programs and activities to facilitate positive physical, social, and emotional wellbeing and mental health outcomes for students. These programs and activities will be aligned with the three pillars of the framework, namely 'Teaching and Learning Experience', 'Knowledge and Skills' and 'Personalised Care'.

FIGURE 7: THE STUDENT WELLBEING & MENTAL HEALTH FRAMEWORK.



Teaching and Learning Experience: this refers to programs and activities to support all students to thrive and flourish. It encompasses active learning and engagement in the classroom, creating wellbeing supporting learning environments through curriculum design and delivery, and facilitating socially connected learning in and outside the classroom, including participation in co-curricular and extra-curricular activities (e.g., peer mentoring, student clubs and societies) to increase student connection and belonging.

Knowledge and Skills: this pillar encompasses programs and activities that will support student wellbeing and mental health through the development of psychological literacy and self-care skills. The aim is to empower students to champion their own needs, learn to regulate their emotions and behaviours in adaptive ways and care for their wellbeing on a daily basis to support their personal, social and emotional development and a successful student experience.

Personalised Care: the focus of this pillar is on the ways in which mental health services are delivered at the University, particularly considering the delivery of more phased (stepped-care) and integrated mental health services that are attuned to intersectional factors. This would include a consideration of triage services, coordination and navigation across the spectrum of the University's wellbeing and mental health services, to ensure integrated, personally tailored support.

The Student Life program has introduced a range of new initiatives to lift the student experience including the Melbourne Commencement Ceremonies, Melbourne Peer Mentoring Program, Academic Advising, Melbourne Plus and more curriculum-oriented initiatives such as the Discovery Subjects and the Next Generation Capstones. A central ambition associated with the introduction of the *Student Wellbeing & Mental Health Framework* is to create stronger links between these programs and existing educational programs and activities, while at the same time introducing new well-aligned offerings that build on these existing programs. This stronger integration between a student's experience of University life with their teaching and learning experience will also be a key goal of the Advancing Students and Education Strategy of the University being developed in 2022.

While the *Student Wellbeing & Mental Health Framework* is defined by its three pillars, the approach to supporting student wellbeing and mental health will be one of active integration both across pillars and within existing programs. In short, the three pillars of the Framework will support an integrated approach to addressing the key areas of challenge currently facing students at the University.

By promoting a wellbeing supporting community, the *Student Wellbeing and Mental Health Framework* will foster an environment that aligns wellbeing and mental health activities, resources, and services across the institution, fosters connection and belonging among our student cohorts, reduces stigma around accessing services, and makes wellbeing and mental health a central focus to achieving both academic and social success during our students' time at the University.

RECOMMENDATIONS

Through development of the *Student Wellbeing & Mental Health Framework* it has become clear that there are a multitude of programs and resources, as well as dedicated staff and students focused on improving and supporting the wellbeing and mental health of our student community. Acknowledging this strong base and body of work, alongside the gaps identified in the findings of this report, eight key recommendations flow from the Framework and respond to the core challenges currently facing the University.

Specific initiatives sit under each of the eight recommendations. Following University Executive endorsement of the *Student Wellbeing & Mental Health Framework*, these initiatives were further investigated and developed through an implementation workshop run by the Student Wellbeing Reference Group, and including students and academic and professional staff experts, to advise on the priorities for implementation. An Implementation Plan is being developed for prioritised initiatives over 2022-2023.

Recommendation 1:

Increase University-wide awareness and engagement with wellbeing and mental health.

Recommendation 2:

Strengthen psychological literacy, and knowledge and skills in wellbeing and mental health across the University community.

Specific initiatives to achieve R1 and R2 that will be further investigated include:

- deliver a wellbeing and mental health literacy campaign on all our campuses.
- increase education, training and resources for students and staff to develop knowledge and skills in wellbeing and mental health awareness and self-care.
- enable students to create a Wellbeing and Success plan by expanding existing resources such as the Joining Melbourne Modules, Melbourne Peer Mentoring Program and Academic Advising.

Recommendation 3:

Create and strengthen in-curriculum and co-curricular wellbeing supporting learning environments that enhance student connection and belonging.

Recommendation 4:

Create and strengthen in-curriculum and co-curricular wellbeing supporting learning environments that promote active learning and mitigate risks to mental health.

Specific initiatives to achieve R3 and R4 that will be further investigated include:

- develop staff resources and training in creating active learning, culturally aware and socially connected in-curriculum and co-curricular learning environments that build engagement, reflection and resilience to enable students to flourish.
- enhance efforts to schedule regular and consistent connections between classmates in particular cohorts to support friendship development and a sense of belonging.
- increase the use of a Pass/Fail grading system and reduce the use of high stakes assessments.
- distribute assessment workload across course subjects to enable students to better manage assessment stress and anxiety.
- develop and redesign curriculum through a wellbeing supporting lens and align with improvement programs such as FlexAP.

Recommendation 5:

Enhance the University's existing mental health services through the adoption and delivery of personalised mental health care using a stepped-care approach.

Recommendation 6:

Increase awareness of and access to a range of mental health services through the adoption of personalised mental health care that is increasingly attuned to intersectional factors.

Specific initiatives to achieve R5 and R6 that will be further investigated include:

- enable early identification of, and response to student mental health issues to reduce stigma and increase awareness of referral and support pathways.
- support existing mental health services to continue work to create more inclusive, trauma-informed, and culturally safe services.
- increase supply, access, and affordability of a range of mental health services that are increasingly attuned to intersectional factors and delivered through a stepped-care approach.

Recommendation 7:
Adopt a University-wide approach to student wellbeing and mental health informed by student participation.

Recommendation 8:
Adopt a University-wide approach to student wellbeing and mental health that aligns policy and practice and co-ordinates activities and programs across Faculties and teams to ensure best use of resources.

Specific initiatives to achieve R7 and R8 that will be further investigated include:

- Expand current online resources to create a centralised Wellbeing Digital Hub to adapt, collate and link the range of wellbeing and mental health activities, programs, and services across the University.
- Strengthen and align the roles and activities of student associations (UMSU, GSA), Clubs & Societies, MU Sport, central units and academic Faculties to enhance the physical, social and emotional wellbeing and mental health of students.
- Building on prior work of Scholarly and Student Services, further work will be undertaken to investigate opportunities to establish a Wellbeing Centre on the Parkville campus with links to in-person services and support across our campuses.

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Student Market Segmentation – Design Overview. University Communications & Marketing, University of Melbourne, 2021

Counselling and Psychological Services, *Review Summary and Recommendations,* The University of Melbourne, 2019

APPENDIX 1: SUMMARY OF BACKGROUND RESOURCES

SUMMARY OF SOURCES USED IN THE BEST PRACTICE REVIEW

Type	Number
University of Melbourne Reports, Discussion Papers and Presentations	23
Academic Research	16
Leading Frameworks and Guiding Documents for the university sector	7
Australian University Frameworks	12
International University Frameworks	4

University of Melbourne Reports, Discussion Papers and Presentations

Baik C., Larcombe W. et al., *Enhancing Student Mental Wellbeing: A Handbook for Academic Educators*, The University of Melbourne, 2017

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Graduate Student Association, *Student Resilience Project Report*, The University of Melbourne, 2021

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Davies E.B., Morriss R. & Glazebrook C., Computer-Delivered and Web-Based Interventions to Improve Depression, Anxiety, and Psychological Well-Being of University Students: A Systematic Review and Meta-Analysis, *J Med Internet Res*, v.16(5), e.130, 2014

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Leading Frameworks and Guiding Documents

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Dooris M. et. al., *Healthy Universities: Concept, Model and Framework for Applying the Healthy Settings Approach within Higher Education in England*, Healthy Universities, 2010

Okanagan Charter: An International Charter for Health Promoting Universities and Colleges, 2015

Orygen, *Orygen Australian University Mental Health Framework*, 2020

Sanci L., et. al., *Towards a Health Promoting University: Enhancing the Student Experience and Academic Outcomes*, The University of Melbourne & BUPA, 2020

(Companion Report) *Student Mental Health and Wellbeing: Mapping and Recommendations for Programs and Services at the University of Melbourne*, The University of Melbourne & BUPA, 2020

Universitas 21 Health Sciences Group, *Mental Health Principles*, 2019

Australian University Frameworks

Australian Catholic University - *Student Mental Health Strategy & Implementation Plan*

The University of Adelaide - *Student Mental Health & Wellbeing Strategy* (draft) 2021-24

CQ University - *Mental Health Strategy* 2020-22

Deakin University - *Health, Wellbeing and Safety Strategy* 2016-2020

Griffith University - *Student Mental Health and Wellbeing Strategy*

University of Newcastle - *Wellbeing, Health and Safety Strategy* 2020-25

University of Queensland – *Health, Safety and Wellness Strategy* 2017-2021

University of Queensland – *Mental Health Strategy* 2018-2020

University of Southern Queensland – *Health and Wellbeing Framework*

University of Sydney – *Healthy Sydney University 2016-2020 Strategy*

University of Wollongong – *Compass Self Awareness Pathway for Student Wellbeing*

Victoria University – *Student Mental Health Strategy 2018-2020*

International University Frameworks

Auckland University NZ – *Creating the Conditions for Wellbeing*

University of British Columbia CA - *UBC Wellbeing Strategic Framework*

McMaster University CA – *Student Mental Health and Wellbeing Strategy*

University of Nottingham UK – *Health and Wellbeing Strategy 2018*

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