

# SUBMISSION TO THE PRODUCTIVITY COMMISSION INQUIRY INTO MENTAL HEALTH DRAFT REPORT

31 January 2020

Universities Australia (UA) is the peak body representing Australia's 39 comprehensive universities. We welcome the opportunity to provide a submission to the Productivity Commission's (PC) draft report on the economic and social benefits of improving mental health.

As noted in our first submission to this inquiry, the mental health and wellbeing of students and staff is a key priority of Australia's universities. Institutions acknowledge the role that mental health plays not only in the academic success of students, but in their overall engagement with the university community. Universities also recognise the importance of promoting and maintaining good mental health among staff.

Each university's approach to student health and wellbeing is influenced by its context and priorities, such as geographical location, diversity in student population, and the structure and governance of the institution. While the implementation and delivery of mental health strategies, frameworks and partnerships differ according to each university's context and needs, there are several objectives that are shared sector-wide. These include increasing people's understanding of mental health; recognising the value of prevention and early intervention; promoting self-management; fostering a supportive community; and delivering timely support.

Australia's universities are the stewards of the country's internationally celebrated health and medical research system. Our institutions foster and continually add to the body of knowledge on mental health practice and treatment. Academic expertise is valued highly by governments, health care providers, practitioners and consumers. Through this expertise, our institutions make a profound contribution to improving the mental health of the Australian – and global – community.

UA would like to provide the following comments on the draft recommendations made by the PC in its draft report.

## *Draft Recommendation 18.1 – Training for Educators in Tertiary Education Institutions*

In the short term (in the next 2 years):

The Australian Government should amend the Higher Education Standards Framework (Threshold Standards) 2015 and the Standards for Registered Training Organisations (RTOs) 2015 to require:

- » all teaching staff to undertake training on student mental health and wellbeing
- » all tertiary education providers to make available guidance for teaching staff on what they should do if a student approaches them with a mental health concern and how they can support student mental health.

The Tertiary Education Quality Standards Agency (TEQSA) monitors the performance of universities against the Higher Education Standards Framework. The Standards Framework does not specify how universities should meet the Standards, and this is deliberately so. Universities are autonomous, self-accrediting institutions that develop and implement their own policies and practices. TEQSA's role is to monitor universities to make sure they have effective policies and practices in place to meet the goals and requirements specified in the Threshold Standards.

The Standards framework includes a clear standard (Standard 2.3) on students' 'wellbeing and safety'. Among other things, the Standard requires that:

- 1. All students are advised of the actions they can take, the staff they may contact and the support services that are accessible if their personal circumstances are having an adverse effect on their education.*
- 2. Timely, accurate advice on access to personal support services is available, including for access to emergency services, health services, counselling, legal advice, advocacy, and accommodation and welfare services.*
- 3. The nature and extent of support services that are available for students are informed by the needs of student cohorts, including mental health, disability and wellbeing needs.*

Should TEQSA determine that a university does not meet this Standard, it will not maintain registration as a higher education provider.

The Standards are deliberately not prescriptive in their drafting. This recognises that for universities and other higher education providers, there are a variety of ways in which universities can meet expectations of quality. It also acknowledges that across a diverse sector, different approaches and emphases will be needed.

Prescriptive requirements in the Standards run counter to university autonomy, which underpins free intellectual inquiry in teaching, research and scholarship and the excellence of the Australian university system. The principles of the Commonwealth's regulatory regime for higher education, set out in Part 2 *Tertiary Education Quality and Standards Agency Act 2011*, clearly emphasise that regulatory intervention should be based on necessity, proportionality and risk. It is not clear that the Commission's proposed recommendation is consistent with these principles.

The Commission's proposed recommendation would create an additional and unnecessary regulatory burden on universities, without enhancing student wellbeing. Adding further compliance requirements under the Framework to universities' mental health support programs will divert expert staff and resources away from practical actions that improve the mental health of students and staff, such as providing counselling and other on-the-ground initiatives and resources for use in promoting better mental health.

Adding prescriptive requirements to the Threshold Standards Framework will require universities to demonstrate compliance against generic requirements for actions, rather than allowing universities to develop efficient and locally relevant responses to improving student wellbeing, including mental health.

Universities' commitment to continuous improvement in student support is made more difficult by reductions to per-student funding under the Commonwealth Grants Scheme (CGS) since 2017. The CGS is the only substantial source of income available to provide Australian students with quality educational outcomes, including support services as an important part of the full student experience.

Good mental health helps people achieve their potential in life, have purpose and meaning, and contribute to the lives of others. This is as salient in universities as it is in the broader community. We acknowledge that more needs to be done to educate the Australian community, including university staff and students, about mental health and how to support people to flourish. Universities Australia, and the broader university sector, work in close and constructive partnership with a number of organisations and stakeholders to

actively improve wellbeing outcomes for students. In that spirit, UA welcomes further discussion with the Productivity Commission and other stakeholders to consider future work in this area.

*Draft Recommendation 18.2 – Student Mental Health and Wellbeing Strategies in Tertiary Education Institutions*

In the short term (in the next 2 years):

The Australian Government should amend the Higher Education Standards Framework (Threshold Standards) 2015 and the Standards for Registered Training Organisations (RTOs) 2015 to require all tertiary education institutions to have a student mental health and wellbeing strategy. This strategy would be a requirement for registration and would be assessed by the Tertiary Education Quality and Standards Agency or Australian Skills Quality Authority as part of the registration process.

This strategy should cover:

- » how they will meet their requirements under the Disability Discrimination Act 1992 (Cth) and Disability Standards for Education 2005 (Cth)
- » how they will meet their requirements under the Higher Education Standards Framework (Threshold Standards) 2015, Standards for Registered Training Organisations (RTOs) 2015 and National Code of Practice for Providers of Education and Training to Overseas Students, including information on their internal and external support and the partnerships with providers of external supports
- » ensuring on-site counselling services, where available, provide appropriate links into the broader health system and are adequately resourced to meet the needs of students who require these services
- » the prevention and early intervention support institutions provide
- » training and guidance for staff.

In the medium term (over 2–5 years):

The Tertiary Education Quality and Standards Agency and the Australian Skills Quality Authority should monitor and collect evidence from interventions initiated by tertiary education providers to improve mental wellbeing and mental health of students and staff. They should then disseminate this information to tertiary education providers.

The Threshold Standards deliberately don't specify how universities meet the Standards. This enables universities to develop tailored policies, programs and services to achieve positive outcomes for their students. Requiring all universities to have a student mental health and wellbeing strategy is beyond the scope and purpose of the Standards. Requiring a strategy in this way would be unlikely to achieve the improvement in mental health literacy, and effectiveness of mental health services, that the Productivity Commission – like universities – seeks.

*Information Request 18.1 – Greater use of online services*

Should tertiary institutions play a more active role in promoting the use of online services for student mental health? To what extent could (and should) an increase in the use of online services in tertiary institutions be used to improve information on, and practical support for, the mental health of student populations?

UA notes that it is important to distinguish between ‘online resources’ and ‘online services’.

‘Online resources’ commonly refers to health and wellbeing apps, information on websites, in chatrooms and social media platforms, and can be a useful source of information and support for students. Such resources are actively promoted by universities.

‘Online services’ commonly refers to the use of technologies to provide therapy and other kinds of treatment, and can be either self-guided or guided by a mental health professional.

With some university students undertaking their degrees exclusively online, several universities supplement standard face-to-face counselling with appointments via Zoom/Skype or via text, where resources permit.

As UA argued in its first submission, universities should not be considered substitutes for a poorly-resourced mental health sector, and do not have the remit, capacity or expertise to provide ongoing clinical care for students with serious mental health conditions. The efficacy of online resources and services in improving the mental health of all populations needs to be better understood by the mental health sector. Universities can then take advice from this sector on what might be most effective for student populations.

*Information Request 18.2 – What type and level of training should be provided to educators?*

What type and level of training should be provided to teaching staff to better support students’ mental health and wellbeing?

Universities understand and acknowledge the increasing role that academics play in supporting the good mental health of students. Senior university leaders, such as Deputy Vice-Chancellors (Academic), are acutely aware of the importance of preparing educators for the challenges they will face in this area. As self-accrediting autonomous institutions, universities are well-placed to determine the types of relevant training and professional development that best support staff and students.

*Information Request 18.3 – International students access to mental health services*

The Productivity Commission is seeking more information on:

- » the difficulties international students face accessing mental health services, including any problems with the Overseas Student Health Cover and the merits of requiring tertiary institutions to take responsibility for ensuring their international students have sufficient healthcare cover
- » what reforms are required to improve the treatment of and support provided to international students.

The Productivity Commission may get greater insights on this issue by speaking to international students directly or by engaging with the national peak body for international students, the Council of International Students Australia.

The university sector is cognisant of the need for international students to obtain health insurance both as a means to ensure adequate access to affordable health services, as well minimising the cost to the taxpayer for the provision of health services to overseas students. To this end, universities work with providers of Overseas Student Health Cover (OSHC) to ensure students have access to health cover as specified by the Deed of Agreement between the Department of Health and private health insurers.

Student visas are subject to condition 8501, a mandatory obligation that requires visa holders to maintain adequate health insurance for themselves and any dependants for the duration of their stay in Australia. As such, international students must provide evidence of their OSHC to obtain their student visa.

Anecdotal evidence suggests that international students see the need to obtain OSHC as a requirement in securing their student visa, rather than as a necessity to ensure their health and wellbeing during the course of their studies in Australia. Consequently, the level of OSHC purchased by international students may be determined by economic factors rather than by student needs. This issue is exacerbated by the requirement within the Deed of Agreement between the Department of Health and private health insurers that stipulates that all OSHC providers must offer at least one level of cover that does not offer any additional benefits beyond those stipulated in the Deed as being basic requirements. This may result in students having sufficient OSHC to obtain their visa, but an inadequate level of cover in terms of meeting their personal needs.

Further examination of the utility of the Deed of Agreement between the Department of Health and private health insurers may be warranted to determine whether the Deed is fit for purpose in establishing a sufficient baseline level of coverage across all health domains.