



Council of Australian Postgraduate Associations Incorporated

Council of Australian Postgraduate Associations (CAPA)

Submission to the Productivity Commission Inquiry into Mental Health

April 2019



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Compiled with the assistance of the staff and office bearers of the Council of Australian Postgraduate Associations (CAPA) and its affiliated member organisations.

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Foreword

The Council of Australian Postgraduate Associations (CAPA) is the peak body representing the interests of the over 425,000 postgraduate students in Australia. We represent coursework and research, as well as domestic and international, postgraduates. We are comprised of 28 university and campus based postgraduate associations, as well as the National Aboriginal and Torres Strait Islander Postgraduate Association (NATSIPA).

CAPA carries out its mission through policy, research, and activism, communicating the interests and issues of postgraduate students to higher education stakeholders as well as Federal and State Governments, Opposition parties, and minor parties. We welcome the opportunity to contribute our perspective on the Productivity Commission Issues Paper: The Social and Economic Benefits of Improving Mental Health, particularly in relation to higher education and postgraduate students specifically.

The issues paper acknowledges that experience of mental health issues is common during education and training, and students experiencing mental health issues tend to have poorer education outcomes, including ‘lower educational attainment, higher drop-out rates, and poorer engagement while studying’ (p. 25). It goes on to note that the amount of resources dedicated to student wellbeing has increased in recent years, including counselling and support services provided by universities, (p. 26). While we applaud the Productivity Commission’s acknowledgement of the link between mental ill-health and education, and their recognition that funding and services are integral to ensuring students’ mental health, CAPA raises three key issues that warrant further consideration:

1. The role that current inadequacies in student income support and high levels of student debt plays in exacerbating mental health issues among particular students (such as postgraduate students), and how minimising students’ financial barriers leads to improved student wellbeing and outcomes.
2. The gaps in current mental health services for university students, including the incapacity of services to deal with serious or ongoing mental health issues, the need for specialised services for postgraduates, the lack of student awareness of available support, and the poor availability of culturally appropriate services for Aboriginal and Torres Strait Islander students.
3. The negative impact of federal funding cuts to higher education, in combination with climbing student (and postgraduate) enrolments, on students’ wellbeing and mental health.

The mental health of postgraduate students in Australia

As the Productivity Commission’s paper suggests, mental health expenditure in Australia has increased in recent years, with \$9.1 billion being spent on mental health and four million people receiving mental health-related prescriptions in 2016-17, according to the Australian Institute

of Health and Welfare (2019b)¹. The proportion of government funding spent on mental health has remained relatively constant in recent years, however, at slightly less than 8 percent (AIHW 2019a).

At the same time, mental health disorders and sub-clinical mental distress have been on the rise throughout Australia and across the world. Of particular concern to CAPA is the relative frequency with which students experience mental health issues (Barry et al. 2018; Levecque et al. 2017; Stallman 2010). An Australian study of over 6,500 students at two universities found that over 19 percent of students currently had a mental health disorder, while over 67 percent of students were experiencing sub-clinical distress (Stallman 2010). According to Stallman (2010, p. 254):

The vast majority of students (83.9%) reported elevated distress levels, which is significantly greater than that found in the general population (29%) (Australian Bureau of Statistics 2008) suggesting that university students are a very high-risk population.

Mental health disorders and distress are also significantly more prevalent among graduate research students than among undergraduates (Levecque et al. 2017). A recent mixed-methods study of doctoral candidates in Australia found that these students report higher levels of depression, anxiety, and stress than are the norm for their age groups, and those that said they were ‘behind’ in their studies had ‘significantly higher scores for depression, anxiety and stress’ than those who said they were on track (Barry et al. 2018, p. 468).

This is especially concerning given that the number of higher education students has increased significantly in recent decades. Between 2007 and 2017², the number of postgraduate enrolments nearly doubled from around from nearly 280,000 to over 425,000, while overall student enrolments climbed from just over 1 million to more than 1.5 million (DET 2019b). Postgraduate research students face higher rates of mental health disorders and distress for a number of reasons that have been widely researched, both nationally and internationally. These studies find that:

1. Transgender, gender-nonconforming, and female graduate students are significantly more likely to experience anxiety and depression (Evans et al. 2018; Stallman 2011);
2. Work–life balance is associated with mental well-being (Evans et al. 2018; Juniper et al. 2012; Levecque et al. 2017); and
3. Mental wellbeing is strongly linked to students’ work/study conditions, including their supervisors' leadership style, the existence of mentoring relations, their ability to participate in decision making, and perceptions of future career opportunities (Evans et al. 2018; Juniper et al. 2012; Levecque et al. 2017).

¹ This figure excludes many indirect costs associated with mental ill-health, for instance, the cost of postgraduate students not completing their degrees.

² Full-year figures for 2018 are not yet available.

Furthermore, research into students more broadly finds that mental health is negatively correlated with:

1. Low socioeconomic status and financial difficulties (NCSEHE 2018; Orygen 2017; Rubin et al. 2016; Stallman 2010);
2. Coming from rural/regional areas (Orygen 2017);
3. Being a first-in-family student (Orygen 2017);
4. Being an Aboriginal and Torres Strait Islander student (Orygen 2017);
5. Being an international student (Orygen 2017);
6. Being a student with a disability (Orygen 2017; Stallman 2010); and
7. Experiencing social isolation or lacking friendships on campus (NCSEHE 2018; Rubin et al. 2016).

The costs of mental ill-health

As noted above, those suffering from mental health problems tend to have lower educational attainment and poorer education outcomes, including higher drop-out rates and poorer engagement while studying. Many of the groups and identities at risk of mental ill-health likewise experience substantial barriers to degree completion (DET 2017; Devlin and McKay 2017; Li and Carroll 2017).

In recent years, there has been a great deal of discussion around the importance of university completion rates, in particular, with concerns being raised over Australia's levels of student attrition (DET 2017). Studies investigating Australian postgraduates' student experiences, as well as international studies on HDR attrition, reveal a number of possible factors. These include demographic and enrolment factors that also impact undergraduates: being an external, regional, part-time, mature-aged, Aboriginal and Torres Strait Islander, or low-SES student. Such factors may particularly impact postgraduates, as they are generally older than undergraduates and more likely to be responsible for their own (and others') finances (Crane et al. 2016; DET 2017; Li and Carroll 2017; Litalien and Guay 2015). Other significant factors—also overlapping with factors linked to mental health or ill-health—include research students' relationships with supervisors, university staff, and peers; engagement with their research; self-perceptions of competence; financial factors; health issues; and family support or responsibilities (Crane et al. 2016; Litalien and Guay 2015).

Department of Education and Training statistics (2019a) show that, of all postgraduates enrolled at Table A and B providers, about 4 out of 5 have completed their studies after 6 and 9 year periods, while about 3 quarters of domestic students had completed their studies after 6 and 9 year periods³. This represents a significant financial loss to both students and the government, particularly given the very high cost of tuition for postgraduate coursework

³ The most recently available cohort data is for students beginning their studies in 2012 (6-year completion rates) and 2009 (9-year completion rates).

degrees, which make up the bulk of postgraduate degrees undertaken (CAPA 2019). Even the Coalition Government has indicated that the level of national student debt is cause for concern (Commonwealth of Australia, 2018, p. 1335), although we strongly disagree with their policies of reducing HECS-HELP repayment thresholds and placing caps on student loans, rather than simply regulating the cost of postgraduate coursework fees (CAPA 2019). While three-year undergraduate degrees typically carry total student contributions of \$20,000 to \$30,000, full-fee coursework Masters degrees often cost around three times this amount, resulting in high levels of student debt among postgraduate students (CAPA 2019).

Barriers to mental health: Student poverty, debt, and financial stress

The extremely high cost of postgraduate study has been shown to place a great deal of financial strain and stress on students. The recent Universities Australia (2018) survey of student finances shows that postgraduates face many financial difficulties beyond their high levels of debt, which are compounded by their greater family responsibilities (UA 2018)⁴. While full-time domestic undergraduates reported the lowest median annual incomes of all students after tax (\$18,300), this figure was closely followed by international coursework postgraduates (\$21,900), full-time domestic coursework postgraduates (\$23,600), international HDR students (\$30,000), and full-time domestic HDR students (\$36,800) (UA 2018, p. 18)⁵. Low incomes are thus common among postgraduate students, particularly coursework students.

The survey also reported that over half of all domestic postgraduate students were worried about their finances, and one in seven domestic coursework postgraduates regularly went without food and other basic necessities (UA 2018, pp.40–1). Unsurprisingly, a very high proportion of domestic postgraduates were in paid employment: 80.1 percent of full-time coursework students and 78.5 percent of research students (UA 2018, p.32). About a quarter of domestic coursework postgraduate students reported regularly missing classes for work, and nearly half said that work adversely affected their performance at university (UA 2018, p. 36). Department of Education and Training statistics (2019a) show that low-SES postgraduates (both domestic and international) enrolled at Table A and B providers are less likely to have completed their studies after both 6- and 9-year periods than are medium and high SES students, which points to the negative impact of financial strain on postgraduate completions.

Meanwhile, very few postgraduate students have access to income support through the social security system. Income support is a universal entitlement for all domestic undergraduate students, subject to income and assets testing as well as circumstances (e.g., caring responsibilities, dependence on parents' or guardians' incomes, partners' incomes, and study load). However, there is no universal entitlement to income support for low-income domestic postgraduate research and coursework students. Postgraduate students enrolled in Masters level

⁴ Domestic postgraduates have a median level of debt that is \$15,900 greater than domestic undergraduates (UA 2018, p. 13).

⁵ These figures are all lower than the national full-time minimum wage.

coursework degrees are occasionally eligible for income support payments, with approximately 28 percent of Masters-level courses being approved for such payments (CAPA 2018).

Meanwhile, research postgraduates are not eligible to receive student income support, and such support can only be obtained through a competitive stipend. In 2016, only 37 percent of commencing domestic students held directly Commonwealth-funded stipends (CAPA 2018). There are no national equity guidelines for the provision of these stipends, and this is a process that generally prioritises students who have achieved research publications and, in the case of PhD students, those who have previously completed a Masters degree. This results in such stipends being less attainable for students who, due to age and work or caring commitments, have had less opportunity than others. Furthermore, research postgraduates typically take longer to complete their theses than is covered by their stipends: funding covers up to 2 years for Masters by Research students and three to four years for PhD students, at the discretion of Higher Education Providers, who increasingly favour shorter candidature lengths due to funding constraints (Federal Register of Legislation 2017).

This goes towards explaining the high levels of financial strain reported by postgraduate students (UA 2018), which, research consistently shows, has strong links to mental health issues (NCSEHE 2018; Orygen 2017; Rubin et al. 2016; Stallman 2010), and can be further exacerbated by factors such as poor work-life balance, particularly in cases where full-time students need to undertake paid work on top of their studies in order to make ends meet (Evans et al. 2018; Juniper et al. 2012; Levecque et al. 2017).

Our recommendations relating to reducing student poverty, debt, and financial stress are as follows:

- **Recommendation 1:** That income support be expanded to domestic students of all postgraduate coursework degrees, subject to means testing of the student.
- **Recommendation 2:** That income support be established for domestic students of all research degrees who are not receiving an RTP scholarship or another scholarship of an equivalent or higher amount, subject to means testing of the student.
- **Recommendation 3:** That RTP PhD stipends be extended to a minimum of 4 years and Masters by Research stipends to no less than 2 years.
- **Recommendation 4:** That fees for postgraduate coursework be regulated, the cap on HECS-HELP fees removed, and the repayment threshold be increased to previous (annually indexed) levels.
- **Recommendation 5:** That RTP scholarship allocation procedures take into account inequalities among students when evaluating applicants, given previous uneven access to finances, education, and opportunities.

Barriers to mental health: Access to counselling for students

Currently, all Australian citizens are eligible to receive up to 10 annual Medicare-supported sessions with a mental health expert (e.g., a psychologist) under a Mental Health Care Plan. The most common and accepted therapy technique is Cognitive-Behavioural Therapy (CBT). Manualised CBT is generally designed to be conducted over 10 to 12 sessions. For straightforward cases with clients that are capable of introspection of their cognitive and emotional processes, the Mental Health Care Plan is a suitable treatment option for an acute period of mental health distress. However, more time with a mental health professional is needed for those individuals with more difficult cases, those with ongoing mental health issues, and those who require time to learn techniques for introspection that are needed to successfully complete therapy.

The Commonwealth has already recognised that the current 10 sessions is insufficient for some mental health conditions, and they recently extended the total number of Medicare subsidised session for individuals with eating disorders to up to 60 sessions (Aubusson and Thomson 2019). CAPA feels that many other mental health disorders require additional psychological support. Students have an increased likelihood of experiencing mental health disorders, and, when they do, they are more likely to be severe (see above). Student populations live with increased demands and stressors that work to reduce the efficacy of shorter treatment periods, and thus would greatly benefit from increased support.

In our pre-budget submission, we estimated the cost of extending the Mental Health Care Plan from 10 sessions to 12 sessions per year as being a maximum of \$150 million (CAPA 2019). This price estimate assumes that all individuals with a Mental Health Care Plan would utilise these additional sessions, however, the additional sessions would not be needed by all. If half of users took advantage of these additional sessions, this cost would fall to \$51M to \$75M, with the final cost depending on the length of each session.

Finally, while most universities offer counselling services for students, our affiliates consistently report that these services are poorly advertised, have long waiting-lists, are not equipped to deal with serious or ongoing mental ill-health, and tend to be targeted at undergraduate students only (see also Headspace 2016). Given the rapid growth in postgraduate numbers around the country, it is crucial that targeted services be available and visible on campuses.

Our recommendations relating to improving students' access to counselling are as follows:

- **Recommendation 6:** That the number of Medicare subsidised psychologist sessions available under mental health care plans be extended from a maximum of 10 to a maximum of 12, for all mental health conditions that are currently subject to the 10 session cap.

- **Recommendation 7:** That universities increase the number of available counselling sessions at campuses with long waiting lists, and make remote counselling available for off-campus students.

Barriers to mental health: Culturally appropriate mental health services

In addition to an adequate volume of counselling services being available for students, there must be services that are appropriate for the needs of different groups. In particular, there must be counsellors that are experienced or trained in working with LGBTQIA+ students, international students, and Aboriginal and Torres Strait Islander students.

Culturally appropriate mental health care is not widely available for Aboriginal and Torres Strait Islander postgraduate students, in spite of being at elevated risk of mental ill-health (Orygen 2017). It has been estimated that only 10 percent of non-Aboriginal and Torres Strait Islander practitioners feel confident working with Aboriginal mental health (Westerman 2002). Ongoing mental health care of Aboriginal and Torres Strait Islander peoples requires acknowledgement and respect for the interconnectedness of kinship, culture, lore, land and spirituality, as well as the effects of invasion, colonisation and ongoing cultural stress (Rickwood 2006).

- **Recommendation 7:** That universities ensure availability of counsellors trained or experienced in working with LGBTQIA+ students, international students, and Aboriginal and Torres Strait Islander students.

Conclusion: Improving postgraduate mental health

As outlined above, CAPA believes that university students' mental health could be vastly improved through the introduction of a number of measures. For postgraduate students, these include:

1. Addressing student poverty, debt, and financial stress;
2. Improving access to counselling for students; and
3. Providing culturally appropriate mental health services.

We would also like to note the overall negative impact of long-term federal funding cuts to Australia's higher education system. Restoring and improving university funding is central to the majority of our recommendations (see above). These cuts, which result in increased staff (including supervisor) workloads, less resources and support for students, and greater financial strain for postgraduates in particular, have long-term negative consequences for students' health and wellbeing. They also work to increase the strain on mental health services at universities and beyond, and contribute to students' non-completions and worryingly high levels of personal debt.

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