



Submission to: Productivity Commission

Response to: *Inquiry into Mental Health*

Independent Higher Education Australia

IHEA represents the majority of Australia's registered and accredited independent higher education providers (including independent universities) with campuses across Australia. IHEA members educate students in a range of disciplines including Law, Engineering, Agricultural Science, Architecture, Business, Accounting, Tourism and Hospitality, Education, and Health Sciences, Theology, Creative Arts, Information Technology and Social Science. IHEA members are higher education institutions with both for-profit and not-for-profit models and educate domestic and international students in undergraduate and postgraduate programs.

The Australian independent higher education sector comprises more than 130,000 students and 120 institutions, with independent providers variously accredited to offer courses across the full AQF range (Diplomas to Doctorates).

IHEA holds a unique position within the higher education sector as a representative peak body of higher education providers only. Whilst some members are dual sector, only the registered higher education entity affiliates through IHEA membership.

Membership of IHEA is only open to providers that are registered with the Australian regulator – Tertiary Education Quality Standards Authority (TEQSA). Membership is also conditional on continued compliance with IHEA's Code of Good Practice.

IHEA's primary goal is promoting equity, choice and diversity for all Australian higher education students.

IHEA welcomes the opportunity to provide input to the productivity commission inquiry. Our members strongly support of the government's efforts to ensure Australia's tertiary students well-being and mental health is provided for. Our members are committed to providing their students with the best experience they can and ensuring their institutions are environments that promote safety and well-being for all students is a key focus of their activities. IHEA members welcome the Productivity Commission's inquiry into mental health and is pleased to be able to contribute to it.

IHEA's comments on tertiary student mental health:

What are our member providers doing to address student mental health issues?

IHEA members have a variety of approaches and actions they take to assist with student mental health and well-being. Our membership represents a diverse range of institutions with a variety of educational delivery methods and frameworks. Some offer courses entirely in the online space and so students do not interact in the way students at other institutions with on-campus delivery models would. Some members have residential facilities and others do not. This range of institutions take differing approaches to providing support services for students, including in the mental health and well-being

space. All our members are committed to providing the best student support for student health and well-being but approaches that are designed to meet the needs that are specific to their situation and context are important.

Our providers are at different stages of developing mental health plans and strategies for their institutional context and risk profile. Some larger providers with significant infrastructure have a suite of policies and strategy frameworks in place in the area of mental health and associated areas such as OH&S, Sexual Assault and Sexual Harassment, and Equity. Other smaller providers, while focusing on student well-being, may have less developed structures specific to student mental health. IHEA recently organised a seminar for members on mental health strategies and policy development. There was great interest in that seminar and it is being followed up with a more detailed and focused training day that will assist providers to determine the most appropriate way to provide support for student mental health and well-being within their specific context and establish the resources necessary to implement those strategies.

Many providers request disclosure of any existing mental health issues or concerns that students may have on enrolment at their institutions. Providers also use enrolment information to identify any potential risk factors for mental health issues that may arise through students' courses of study. This information is used to assist in targeting services to students' needs. Many members use orientation activities to introduce students to services provided on campus, including those relating to mental health services, such as chaplains, pastoral care teams and counsellors.

Another approach taken by many our members is to offer counselling free of charge to students (or staff) who require it. Larger institutions may have counsellors onsite to provide a point of contact for students experiencing difficulties with aspects of their life that are impacting on their studies or mental health. Smaller providers often refer students to external counselling services but cover the costs the student incur by doing this. Staff and counsellors are provided with training to assist them to identify mental health issues among their student cohorts. Providers also ensure access to 24-hour crisis hotlines and support services are provided through websites or other material and signage on campuses.

Many providers have trained their staff in mental first aid, Lifeline's Accidental Counsellor training or similar courses so that front line student services staff have awareness of issues that might arise and are trained in providing the appropriate response. Many providers have indicated they are rolling out training more broadly across their institutions because of the success of this kind of training regime. As many of our members are small providers with small student cohorts, they are able to notice changes in behaviour early and staff (particularly teaching staff and those in student support roles) are encouraged to refer students to the providers' counselling or external supports as needed.

IHEA members are also seeking ways to prevent issues with students' mental health before they arise or become a serious hindrance to study. Some methods of prevention are to offer student mentors so that students feel connected and have a point of contact to ask advice or discuss problems. Providers offer courses in time management, stress management, relaxation and meditation and the development of other life skills that assist with the management of mental health and well-being. Staff are also trained to ensure their institutions are environments that promote the health, safety and well-being of their students. One provider who teach courses in massage offer massages to students for free and also provides relaxation spaces for students to retreat to.

Our providers are keenly aware of the key factors that lead to stress and poor mental health among international students. Our members ensure international students have an appropriate level of English language skills before being admitted to courses at their institutions. Many members also offer further English language instruction to build on those skills and ensure connectivity with the

community. International students are also often provided with training in cultural awareness and understanding so that they can 'fit in' with the local community. Smaller independent providers often allow students to feel more connected with each other and institutional staff and this provides a supportive environment where mental health issues are less likely to occur, and students are more likely to feel they can seek help prior to serious issues arising.

Some examples of the external services being accessed and what is being provided:

There are a range of external services that are being accessed by independent higher education providers to offer support for students.

24-hour crisis hotlines were offered to students in many our members. Lifeline, Beyond Blue and Headspace were the most commonly referred to external services.

Online services are being widely utilised by our members for referring students to. These are especially useful for providers who have small cohorts and/or limited physical infrastructure. Not only are these services cost effective, but they are also reportedly very effective services for students to access for their mental health needs.

Our members also have connections with community organisations and health care providers to refer students to if needed. Many providers do not access any specific external services but do refer students to their local GP or psychologist for treatment or assessment as issues occur.

What can be done to add value to care of the mental health of tertiary students?

IHEA's recommendations about what could be done to facilitate improvements in the good mental health and well-being of tertiary students are:

Enabling better connections between community groups, medical services and higher education providers. Encouraging these connections will facilitate greater interaction between providers, students and relevant health care networks. Not only does this provide opportunities to ensure that the correct referral is made in the event of a mental health issue arising, but it will also facilitate preventative programs and encourage better mental health management.

Victoria has a Doctors in Schools program that funds GPs to attend schools to treat students with health concerns. A similar program for tertiary students specific to mental health practitioners could be offered to all higher education providers.

Members also report that Headspace is a mental health service that targets tertiary students' age group, however, they often have a long waitlist (6-10 months) for non-urgent case referrals. Ensuring that mental health services are funded, resourced and located appropriately to be able to offer the best support possible would be of great value to institutions seeking to support tertiary students and their mental health needs. It is more effective to have existing external services that specialise in the area of mental health provide for the needs of tertiary students than it is trying to develop these services at each institution. Facilitating service provision from existing entities would be of great value to ensuring the well-being and good mental health of tertiary students.

IHEA believes that the best way government could value add to providers being able to support students' mental health and well-being is to support the resources and community organisations that already exist as specialists in this area. By allowing those organisations to connect with providers and



to facilitate relationships between them so the best possible mental health care can be provided where, when and how it is needed.

Other comments:

The Commission was interested in what IHEA members provided where accommodation was not available on campus. Our members reported offering various services to assist students find appropriate accommodation while they are studying at their institutions.

These include noticeboards for the advertisement of accommodation that is be available, creating networks for information sharing about accommodation options, student support services and alumni networks are also used for information sharing, other providers use websites connecting them to online resources, such as the SHA website, to identify suitable student accommodation. Several our members have student accommodation provided on or near their campuses.

We thank the Commission for the opportunity to contribute to the inquiry into mental health.

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