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Mental Health Inquiry  
Productivity Commission  
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## RE: PRODUCTIVITY COMMISSION MENTAL HEALTH INQUIRY

I am writing to offer feedback on the Commission's recent Issues Paper: *The Social and Economic Benefits of Improving Mental Health*.

At UTS, social justice is at the heart of our mission and role in the community – we are committed to driving positive social change through our stakeholders and in the world beyond our campus. This commitment is reflected by a diverse set of institution-wide social justice initiatives that have expanded in scope and depth since UTS was established. We believe that universities have a significant role to play in driving social change through education, research and practice.

UTS is determined to meet our legal and ethical obligations under the *Disability Discrimination Act 1992* and the *Commonwealth Disability Standards for Education 2005* which require us to provide reasonable adjustments for students with disability to allow them to access and participate in education on the same basis as their peers. In addition, the *TEQSA Higher Education Standards Framework (Threshold Standards) 2015 (HES Framework)* refer broadly to the creation of equivalent opportunities for access and success in Australian higher education for historically disadvantaged or underrepresented student populations, groups protected in equal opportunity and anti-discrimination legislation, and those covered by the *Higher Education Participation and Partnerships Program (HEPPP)*. These Standards require higher education providers to focus on ensuring equivalent opportunities for student academic success.

Clearly, access to education, as well as the level of education attainment, is likely to affect participation in other key life areas, including employment, financial independence and social inclusion. Data from the Australian Institute of Health and Welfare<sup>1</sup> indicates that people with disability generally have lower levels of educational attainment than their peers.

In 2015 (the most recent available figures), around 1 in 3 people with disability aged 20 and over (32%), and 1 in 4 with severe or profound limitation (25%), had completed Year 12 or equivalent. This represents less than half of people without disability in the same age range (62%). While this was an increase for both those with and without disability from the previous survey (increasing from 24%, 19% and 49%, respectively, in 2003), the increase was less pronounced for people with disability.<sup>2</sup>

Year 12 completion rates for people with disability vary by age, with those in the older age ranges less likely to have done so. Among people aged 20–24, 64% of people with disability had completed Year 12 or equivalent, compared with 81% of people without disability. For people aged 50–54, these were 31% and 51%, respectively, and for those aged 85 and over, 15% and 16%.<sup>3</sup> This reflects changing patterns of education in Australian society where completion of Year 12 is becoming increasingly common.

Between 2003 and 2015, there were some improvements in the highest level of educational attainment for people with disability, but it was generally still lower than for people without disability. For example, in 2015, for 15% of people with disability aged 20 and over, and 9% of those with severe or profound limitation, their highest level of educational attainment was a Bachelor degree or higher, compared with 31% of people without disability in that age range.<sup>4</sup>

Higher education institutions across Australia have experienced significant growth in the number of students with disability in recent years. A recent report<sup>5</sup> from the National Centre for Student Equity in Higher Education (NCSEHE) indicates that a number of equity groups, including students with disability have seen consistently higher rates of growth in enrolments over the last five years in comparison with the national system - 53.6% compared to 17.7% across the sector.

ABS data<sup>6</sup> indicates that in 2015, 20.7% of all people (living in households) aged 5 years and over with psychosocial disability (includes ongoing nervous or emotional conditions; memory problems or periods of confusion; social or behavioural difficulties; mental illnesses; or brain injuries which cause restrictions in everyday activities) reported they were currently studying. This compared with 11.8% of people of a similar age with a disability other than psychosocial, and 29.9% of people with no disability.

Alongside these changing patterns in educational participation for people with disability, disability rates are increasing in younger age groups with 8.2% of 15-24 year olds now living with disability, up from 6.6% in 2009. In addition, there are notable increases in the numbers of young people experiencing mental health related illness and disability.<sup>7</sup> The research on the prevalence and impact of mental illness on young people is well documented but worth emphasising. Data from the Australian Bureau of Statistics National Survey of Mental Health and Wellbeing indicates that just over one in four young Australians aged 16 to 24 had experienced a mental disorder in the previous 12 months (the highest proportion found across all age groups surveyed).<sup>8</sup>

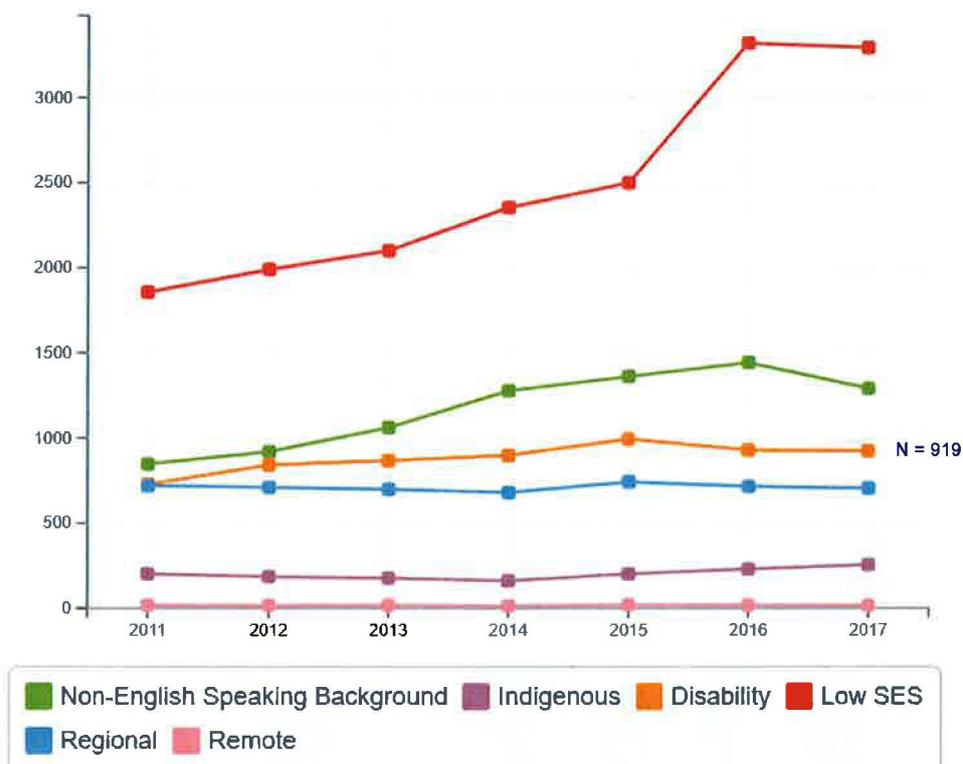
Half of all lifetime mental health disorders emerge by age 14 and three quarters by age 24,<sup>9</sup> contributing to 45% of the global burden of disease among young people aged 10 to 24 years.<sup>10</sup> One in three young Australians are reported to experience moderate to high levels of psychological distress.<sup>11</sup>

Mental health disorders put individuals at significant and increased risk of intentional self-harm and suicide, with suicide accounting for one third of all deaths among young people aged 15-24 years, making it the leading cause of death.<sup>12</sup>

The challenges of studying at university while living with mental health challenges are not insubstantial. More than two-thirds (70.1%) of all students with psychosocial disability reported experiencing difficulties at their school or educational institution due to their condition. This compared with 39.0% of people studying with a disability other than psychosocial. The main difficulties reported by people with psychosocial disability were learning difficulties (41.4%) and difficulty fitting in socially (40.1%). Over half the students with psychosocial disability reported that they received educational support or special arrangements (56.5%). Almost one-third (32.3%) received special tuition and almost one-quarter (23.3%) received other support, such as special assessment procedures, special equipment, special access or transport arrangements and/or a counsellor or disability support person.<sup>13</sup>

Such additional supports are designed to counteract the well-documented detrimental impacts of mental health disorders on the wellbeing, functioning and development of young people,<sup>14</sup> particularly in relation to their academic achievement, employment prospects.<sup>15</sup> Since 2004, the numbers of students identifying as living with disability and seeking assistance has increased substantially at many universities, including UTS. UTS students with disability identified through Commonwealth Department of Education reported data statistics has increased from 632 students to 923 students in 2017. These figures however, fail to accurately reflect the actual number of students with disability at UTS or the levels and complexity of need among those students.

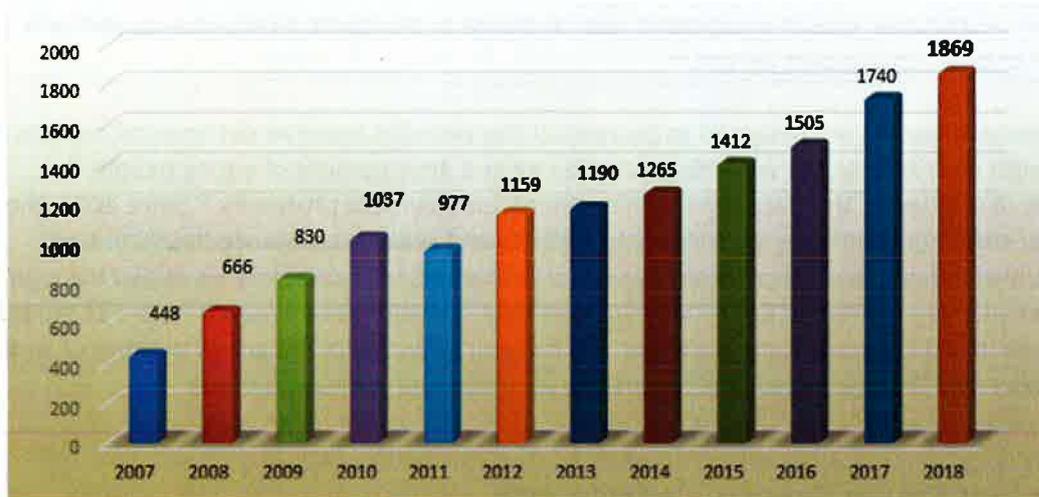
## UTS Student Equity Groups – enrolments DET reported statistics 2011-2017



A better indication of the number of students with disability at UTS can be given by the numbers of students registered with the UTS Accessibility Service can be seen below. Each of these students is required to provide verification of their disability or long term health condition through providing

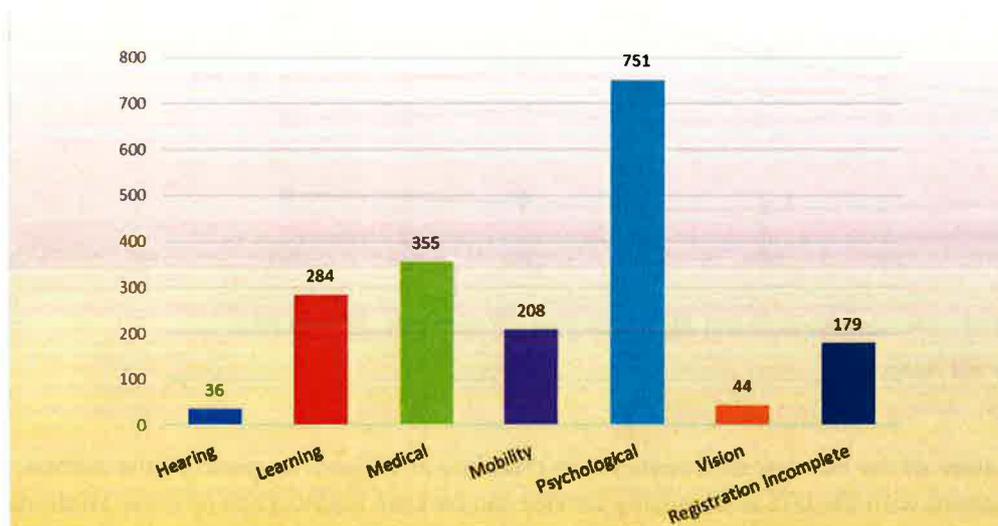
documentation from a medical/health professional. The requirements for such documentation provide a significantly more accurate indication of the numbers of students at UTS and of the funding required by universities to support and provide reasonable adjustments for students.

## UTS Accessibility Service Registrations 2018

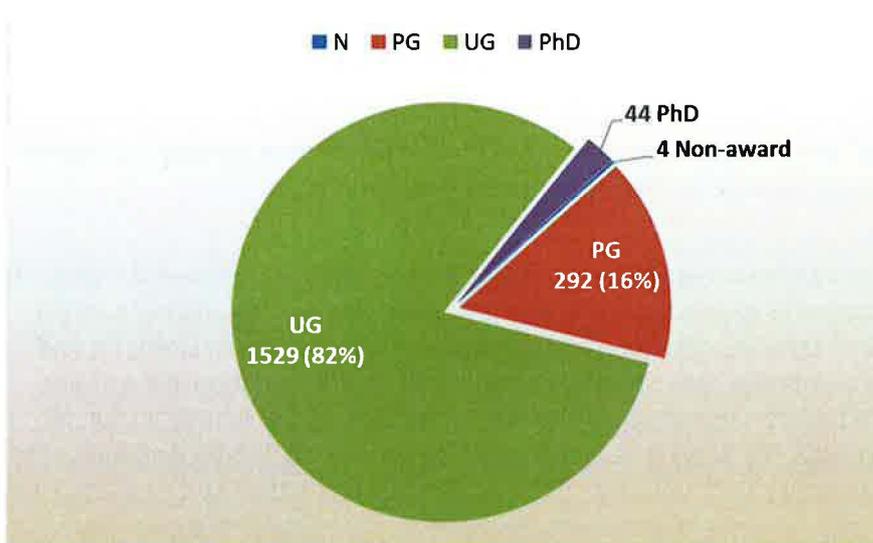


Registrations with the UTS Accessibility Service have increased significantly over the past decade. Alongside this increase has been an increase in the proportion of students presenting with a documented mental illness. In addition to those students identified below who are registered with the Accessibility Service based on a primary psychological disability there are also a significant number with a secondary diagnosis of a psychological disability - approximately, 40% of registered students have been diagnosed with a secondary mental health condition. Students registered with the Accessibility Service broadly reflect the various cohorts on undergraduate and postgraduate students at UTS.

## UTS Accessibility Service Registrations by Disability Type 2018



## UTS Accessibility Service Registrations by STUDENT COURSE LEVEL 2018



The UTS Accessibility Service is the University's central contact point for all students living with one or more disabilities, medical or mental health conditions, to request assistance and support, access services, assessment arrangements and reasonable adjustments to enable an accessible and inclusive learning environment.

The main purpose of the Service is enabling student participation in their learning and coursework and minimising the impacts of disability / health conditions upon study, as far as possible, while maintaining academic integrity. While adjustments are negotiated to meet the needs of each individual student, adjustments for students with mental health conditions commonly include:

- Clarification of attendance expectations and procedures for absence.
- Clarification of behavioural norms.
- Provision of a peer mentor.
- Access to flexible delivery methods such as online learning, blended learning and flipped classroom programs (where available) to provide flexible options that accommodate fluctuations in conditions.
- Provision of reading lists that highlight what are the essential texts and what are extension reading.
- Individual orientation to laboratories, workshops, studios and computer systems to reduce anxiety.
- Feedback on assignments given verbally in private rather than in writing.
- Recording of lectures if attention, memory and/or attendance is affected by medication.
- Video recording of oral presentation tasks or presentation one-on-one with a lecturer or tutor.

- Where lectures or tutorial sessions are presented more than once in a week, access prioritised for sessions times that are least affected by medication.
- Additional time in exams.
- Provision of an alternative exam venue that is free of distractions or take home exams.
- Modified exam papers that present lengthy questions in bullet points and minimise multiple choice questions.
- Postponement of assessments or suspension of enrolment without penalty if a student experiences a severe episode of their mental health condition.

Such adjustments require significant negotiation and time by Accessibility Service staff. While the main focus remains on student's course progression, the Accessibility Service also encourages students to use this time to take up opportunities to build upon their individual strengths and strategies. Learning how to manage the impacts of a disability / health condition in the study environment can provide transferrable strategies for the workplace and/or in preparation for transition following university. The Service assists students to develop their independence, self-determination and self-advocacy skills to enable participation in a productive and concerted way.

In addition to the students who currently avail themselves of existing disability and related support services at UTS, there is clear evidence for the need to ensure that mental health and other support services reach a broad cohort of university students. Research indicates<sup>16</sup> an extremely high prevalence of mental health problems in university students, providing evidence for this being an at-risk population. Tertiary students have been found to experience a greater prevalence of moderate distress than non-students - financial factors increase the risk of high distress and are likely to take on more importance as the participation rate of socio-economically disadvantaged students increases.<sup>17</sup> Like other equity groups including students with disability, the number of students from low SES backgrounds has increased substantially in recent years - currently 3289 students from low SES backgrounds are enrolled at UTS, up from 1852 in 2011. This reflects national trends which have seen the numbers of students from low SES backgrounds increase substantially over the last five years - 29.8% compared to 17.7% increase in sector enrolments overall.<sup>18</sup>

Numbers in other cohorts of students who are particularly at risk in relation to mental ill-health are also increasing. Indigenous students are a particularly at risk group, facing a range of challenges arising from the effects of dispossession, racism, trauma, disadvantage and disconnection from culture, which are all underlying contributors to poor mental health, substance misuse and suicide amongst young Aboriginal and Torres Strait Islander people.<sup>19</sup> Across Australian tertiary institutions there has been a consistently higher rate of growth in Indigenous student enrolments over the last five years in comparison with the national system - 51.6% vs 17.7%<sup>20</sup> for all students. There are currently 252 Indigenous students at UTS with the University committing significant resources to expanding opportunities for Aboriginal and Torres Strait Islander students with our \$100 million plan to build Australia's first Indigenous Residential College to inspire participation in higher education and celebrate Indigenous heritage and culture. To meet our goals in nurturing Indigenous students at UTS requires our University, under the direction from our Aboriginal leaders, to grapple with effective ways to support students facing complex intergenerational issues that require preventive policies and services which build community, family and individual resilience.<sup>21</sup>

The levels of risk broadly in tertiary populations, along with substantial increases in student numbers of student living with or at risk of mental illness, highlights the need for universal early interventions to prevent the development of severe mental illness in university students. This has been clearly identified in the research, including through a recent comprehensive project undertaken by Orygen, The National Centre of Excellence in Youth Mental Health. This research, *Under the Radar: The mental health of Australian university students*,<sup>22</sup> suggests that a lack of government policy attention and resources directed to this issue has impacted on the capacity for both the university and the mental health sectors to effectively respond to the needs of this group.

*Under the Radar* highlights the experiences of young people at universities, and the challenges they face in receiving appropriate treatment and care. The report also identified evidence that psychological distress and mental health problems continue to put Australian university students at risk of both short and long term consequences, including disrupted studies, early course exiting and difficulty entering into the workforce.<sup>23</sup> The report further found that the 2015 University Experience Survey National Report, which included responses from 100,000 students from 40 Australian universities, found that of all students considering an early departure from their course in 2013 and 2014, 31% cited health and stress reasons.<sup>24</sup>

Following the release in 2017 of the *Under the Radar* report Orygen, have been provided with funding from the Australian Government Department of Health to develop an Australian University Mental Health Framework. UTS are involved with this exercise and will continue to watch with interest as it develops.

At UTS researchers from the UTS Faculty of Health, the Faculty of Transdisciplinary Innovation (FTDi), and the Design Innovation Research Centre (DIRC), have also undertaken recent work to understand the requirements of an effective university response to student mental health and wellbeing. The project, undertaken during late 2017, scoped the design of a 'Wellbeing Research & Innovation Hub', which included a literature review summarising recommendations for creating healthy universities. This identified a range of recommendations for effective health promoting universities found within the healthy settings approach literature and which could be considered best practice to increase university student wellbeing and protect against adverse mental health outcomes.

The project highlighted that the Okanagan Charter for Healthy Universities in particular, offered a range of useful recommendations created as an outcome of the 2015 International Conference on Health Promoting Universities and Colleges International Congress.<sup>25</sup> These are synthesised as an 'action framework' below:

### **1. Integrate wellbeing into all aspects of the University**

- a. Embed wellbeing in all campus policies
- b. Create supportive campus environments, including identifying opportunities to study and support health, wellbeing and sustainability
- c. Generate thriving communities and a culture of wellbeing
- d. Support personal development
- e. Create or re-orient campus services to support equitable access, enhance health and wellbeing, optimize human and ecosystem potential and promote a supportive organisational culture

## 2. Lead health promotion action and collaboration locally and globally

- a. Integrate health, wellbeing and sustainability in multiple disciplines to develop change agents
- b. Advance research, teaching and training for health promotion knowledge and action
- c. Lead and partner towards local and global action for health promotion

The Okanagan Charter guiding principles also provide guidance on how to mobilise action and also draw strongly on systemic and participatory approaches.

- **Utilise settings and whole system approaches** to allow for holistic intervention. Multilevel initiatives with a range of methods of intervention.
- **Utilise participatory approaches** to engage and allow for solutions and strategies to emerge through meaningful involvement from all stakeholders then build multilevel commitments to action.
- **Develop trans-disciplinary collaborations** and cross-sector partnerships to support the development of whole campus action for health and the creation of knowledge and action for health promotion in communities more broadly.
- **Promote research, innovation and evidence-informed.** Based on evidence, revise action over time.
- **Use an asset-based and salutogenic approach** to recognize strengths, understand problems, celebrate successes and share lessons learned, creating opportunities for the continual enhancement of health and well-being on campus.
- **Value local and Indigenous communities' contexts** and priorities and the consideration of vulnerable and transitioning populations' perspectives and experiences.
- **Act on the “right to health” enshrined in the Universal Declaration of Human Rights** to ensure health promotion action embodies principles of social justice, equity, dignity and respect for diversity while recognising the interconnectedness between people's health, social and economic systems and global ecological change.

UTS acknowledges that there is considerable scope, as outlined in these principles, to improve the support provided to young people living with mental health conditions, as well as to undertake greater action in early intervention and prevention space for tertiary students as an at-risk cohort, including those particularly at-risk populations.

While this is an agenda we are determined to pursue and has been identified in our current Corporate Plan as a priority, current government funding arrangements provide little incentive or assistance to implement early interventions or develop universal design principles which would

support students with mental health conditions and minimise the need for individual support. Such activities would require considerably greater funding than is currently being provided to universities and if implemented under the current funding arrangements, may, in effect, mean a reduction the existing amount of funding available to individual students. At a broader national level, the development of an Australian University Mental Health Framework must also receive financial support to be effective.

There are two primary avenues via which mental health services are currently funded at universities. The *Higher Education Legislation Amendment (Student Services and Amenities) Act 2011* requires institutions to collect a maximum \$290 (at 2016) student services and amenities fee from all persons enrolled or seeking to enrol. This supports the provision of a range of non-academic amenities and services including health, counselling and other student support services. These services provide integrated academic support and risk management in which the Counselling Service is centrally embedded (see Appendix for service matrix diagram).

At UTS, our Counselling Service provided more than 6000 occasions of service in 2018, with demand having increased steadily over the last decade. The most frequent presentation is students seeking assistance with depression, anxiety and overwhelmed coping skills, but the Service is increasingly managing students who present with serious risks to themselves or others, including suicidal ideation. In 2018, this cohort of high risk students comprised approximately 15% of the Counselling Service's presentations.

## UTS Counselling Service - occasions of service 2011-2018.

Year	2011	2012	2013	2014	2015	2016	2017	2018
<b>Total</b>	4585	4848	4713	5066	5258	5440	6140	6163

## Counselling service 2018 student presentations according to risk categories.

1	harm to others	50
2	harm from others	68
3	suicidal ideation in the last month	557
4	suicidal action in the last month	25
5	suicidal action planned in the last month	24
6	self harm in the last month	78
7	suicide attempt prior to last month	19
8	high profile	10
10	acutely unwell	47
12	for review	<u>56</u>

**TOTAL:** 925

*NB. This does not include staff or Insearch clients.*

The Australian Government's equity programs in higher education - the *Disability Support Program* (DSP) and *Higher Education Participation and Partnerships Program* (HEPPP) – are the second avenue for funding of mental health initiatives in the tertiary sector.

The DSP – through which 38 universities nationally receive approximately \$7 million per annum of funding - allows universities to allocate funding to deliver support to students with a diagnosed mental illness (on receipt of supporting medication documentation). An evaluation of this program by KPMG in 2015<sup>26</sup> found:

- More students were presenting to university disability services with mental ill-health.
- Staff were unsure how to support these students and the bulk of funding continues to support the needs of students with physical disabilities.
- A lack of awareness of the implications of mental health conditions and learning disorders within universities also meant that disability support workers reported spending more time working with academic staff raising awareness and developing learning plans.

The Commonwealth has funded a recent project under the HEPPP National Priorities Pool to enhance ways students with disability are identified and to encourage more to indicate they have a disability when enrolling, however this only addresses one element of the funding problem. However shortfalls in funding as a consequence of the fact that many students with long term health conditions do not consider themselves or identify as people with disability, and yet access the services of a university's Accessibility Service or equivalents are not unique to UTS. The large numbers of students accessing university services means that the impacts are significant. UTS has previously urged the Commonwealth to take this into account in developing a funding formula and rely on data which indicates the numbers of students with disability registering for support services at universities. These are both a more accurate reflection of the level of need at universities, and more robust as verifying documentation is required.

Current funding formulas further fail to take into account a number of important variables including:

- the actual costs of providing adjustments for individual students, which can vary considerably,
- variations in costs between different delivery modes e.g. face to face courses as opposed to distance education;
- the size of institutions; and
- issues in relation to a single annual payment which makes it difficult to take account of students who enrol late, or in the mid-year intake and students who develop illness, injury or disability during the year.

UTS is of the view that current funding support for higher education institutions needs overhauling. There is a clear and acute need to further develop to increased recognition and support for students with mental ill-health and those who may be at increased risk including Aboriginal and Torres Strait Islander students and those from low socio-economic backgrounds. In the context of the clear need for this work to be undertaken, expanding the pool of funding available to universities is critical.

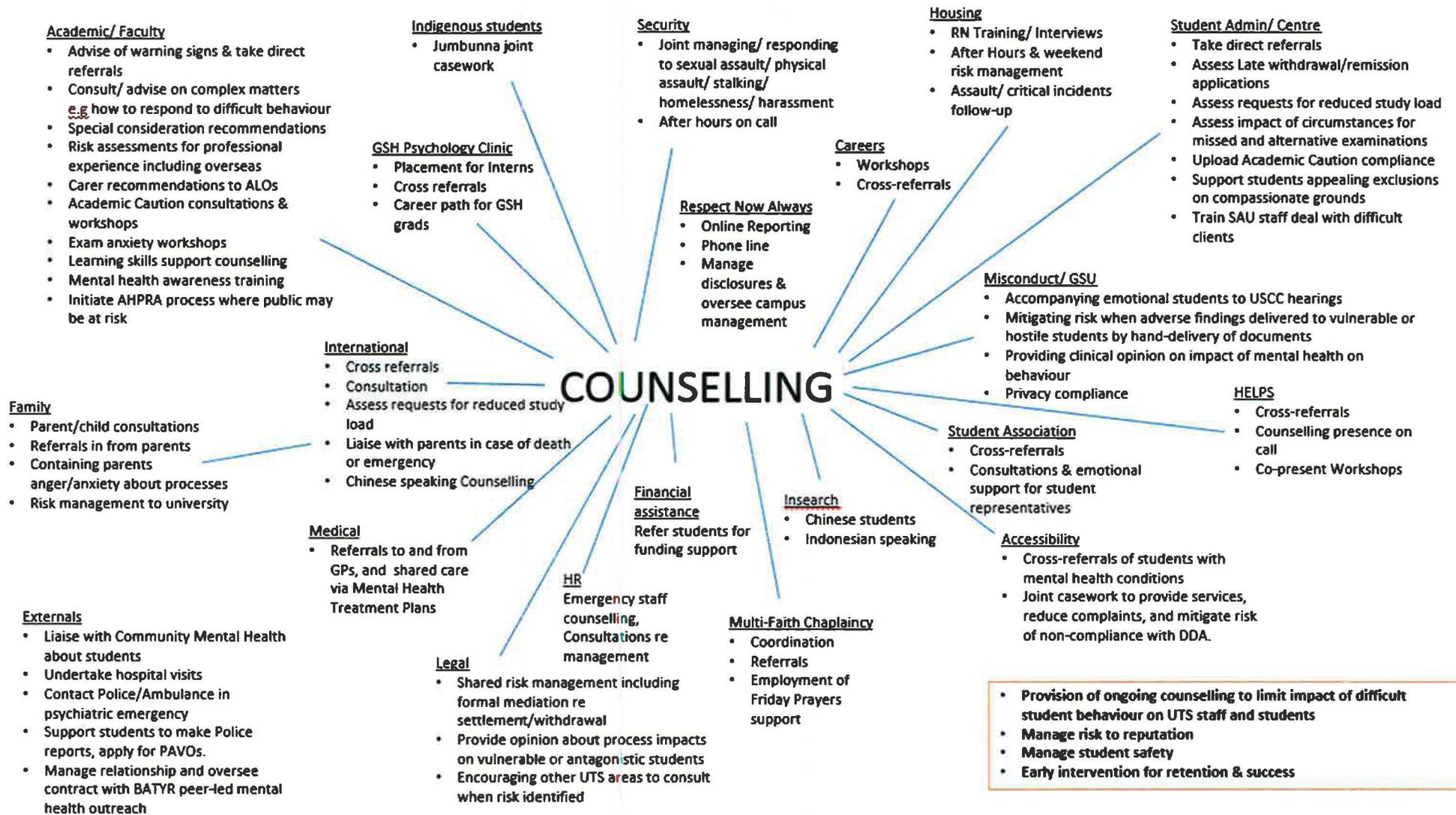
As Orygen emphasises:

*While Australia provides world class higher education and is an international leader in the response to youth mental health, the mental health of university students (and tertiary students more broadly) has largely been absent at a government policy level, impacting on the capacity and capability of the university sector and the mental health sector to effectively respond. In countries such as the United Kingdom, United States and Canada, understanding and improving university/college student mental health and reducing tragic and preventable suicides among this population has had a stronger focus from government, university peak bodies and philanthropy. Given almost a quarter of a million young Australian university students are likely to experience mental ill-health during any one year at university, it is imperative that this gap is addressed.<sup>25</sup>*

Please feel free to contact Tracie Conroy, Director UTS Equity and Diversity Unit on \_\_\_\_\_ if you would like any clarification on this matter or we can provide you with any further information.

Yours sincerely,

**Verity Firth**  
**Executive Director, Social Justice**



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