DARLENE MCLENNAN: Okay. Well, I might make a start. So hi everybody. Yeah, afternoon or morning if you're in WA. Thank you for joining us. For those who may not know me, I'm Darlene McLennan. I'm the manager of the Australian Disability Clearinghouse on Education and Training, ADCET for short. Really excited to bring you this webinar today. But before I introduce our presenter and the topic, I just wanted to alert you that this webinar is being live captioned, and you can find those captions by clicking on the CC button in the tool bar, either located in the top or bottom of your screen. We also have captions available in the browser. Jane has just put the link into the chat box where you can actually go into the browser to receive your captions. Okay.

ADCET is hosted by the University of Tasmania. So we sit in Lutruwita Tasmanian Aboriginal land. In the spirit of reconciliation, ADCET respectfully acknowledges the Lutruwita nations and also recognises the Aboriginal history and culture of the land and pay our respects to elders past and present and to the many Aboriginal people who did not make older status.

We also want to acknowledge all the countries participating in this webinar and also acknowledge their elders and ancestors and their legacy to us, and any Aboriginal and Torres Strait Islanders participating in the webinar today. I also invite you to say hello in the chat and acknowledge where you're coming from as well.

Okay. This week is mental health week. And we were kind of looking for topics, you know, looking at what we can offer. We're very much aware of Nicole's work. She's a great friend of ADCET and actually reached out to her to ask if she would present to us. So the title is Falling between the cracks? Experiences of university students with mental health challenges.

As I said, Nicole is a great friend. We've worked with her over many years, really excited by the fellowship and her subsequent report that was done for the national centre, NCSEHE. It is great to hear more information coming from that. Nicole is going to share the findings around the barriers and enablers of students seeking and/or receiving assistance and suggestions for supporting students well, whether their mental health challenge is a diagnosed condition or not.

We will be playing along on Twitter and the # we're going to get on to is WMHD2022. So that's WMHD2022. If you are on Twitter it would be great if you could hashtag that and add that as well. That would be brilliant.

Just a couple of other housekeeping follow‑ups. This webinar will be recorded and it will be on ADCET in the next couple of days. You will receive an email when that recording is being made live. If you're having any technical difficulties, you can email us at admin@ADCET.edu.au.

Nicole is going to talk to us for around 45 to 50 minutes and then we will have some questions. We would encourage you to put the questions into the Q&A pod. That just enables it easier to find once everyone chatting on the chat line. If you could put it into the Q&A. We also have the upvote which is a capacity for people to click on the thumbs‑up and that kind of puts the most important or the question people want to hear the most up the top for when we're asking. We encourage you, though, to use the chat box just to chat with each other or us, or if you have any questions just of general nature, please use that. So just a reminder the hashtag is #WMHD2022 and that's it. So over to you, Nicole. I look forward to the questions that are going to come in. And thank you so much for joining us today.

NICOLE CRAWFORD: Pleasure. Thank you, Darlene. Hello everyone. It's really great to be here today. I'm in Walyalup in WA. I would like to acknowledge the elders and custodians of the lands and seas of the Whadjuk people. So thank you, Darlene and Jane, for the invitation to present today as part of ADCET’s presentation in mental health week. My topic is around uni students mental health and wellbeing and focusing really on their awareness and experiences of getting support, just a little bit about me to start with for those of you I haven't met before, I'm approaching this topic from the perspective of someone who teaches. I'm not a psychologist or a counsellor. For most of my time in academia I've had a teaching intensive role in university preparation programs and then, in more recent years, I had a research intensive role at the NCSEHE. So the NCSEHE is the National Centre for Student Equity in Higher Education.

Look, my research topics have really been informed by my teaching experiences. And I'm really interested in the experiences of students, their mental wellbeing and just staff to support students in managing the so‑called normal stresses of uni and in thinking about what can we do to alleviate some of the unnecessary stress.

So on to the next slide. Look, my plan today, three main sections. First of all, I will start with providing a fair bit of background information to the larger research project and information about the target group, and information about mental health and wellbeing. Really in order to set the scene for the main part, which is the second point here, and that is around presenting some preliminary findings around students' awareness and experiences of getting support for mental health challenges. And then we will think a bit about the barriers and challenges, and also what is helpful for students with managing mental health challenges. And then we'll finish up with thinking about what can we all do in our different roles.

So on the next slide, the data I will be talking about comes from my NCSEHE Equity Fellowship research. That was a 12-month research project I did, the participants were mature aged undergrad university students in regional and remote Australia. It was mixed methods. And for lots of info about the methods and the findings you can check out the report that's called On the Radar. That's just a screenshot of the cover there, and I will have a reference to it at the end of the presentation. But I will just mention there were three methods of data collection. So I got national data, and that enabled me to break down participation of all undergraduate students by age and regional remoteness, and other areas like equity categories, study mode, et cetera.

We conducted a survey and approximately 1,800 students across the country in regional and remote areas did that, which is fantastic. And we conducted 51 interviews. So that was a 12‑month project. Look, since then, we have been returning to the data to explore areas of particular interest in the report in much more depth. The topic I'm going to explore with you today is one of those areas.

So just a bit of background around university student mental health, there is numerous studies in different countries that have highlighted the prevalence of mental ill health in university student populations. Some of them have also found that levels of psychological distress are higher for university students than for the general population. Some studies have actually looked at psychological stress all measured at different times during a course. So we also found university students distress levels in the university they were looking atm the levels worsened across their degree. Poor mental health has also been found to impact on learning outcomes and attrition rates. There is this great research project out of UQ by Zajac et al and they found that pre‑existing poor mental health adversely affected student attrition and they looked at that in the first year.

So in our context in Australia, HSEP Rec 8, so HSEP Rec 8 is a higher education standard panel recommendation 8 has prompted some actions. So a few years ago Origin was funded to set up a framework for unis. That was in 2018 and that came out in December 2020. I've just got a list of documents here you might want to explore. Basically, in these documents at least, there's a shift from placing the responsibility on individual students and on university counselling units for everything related to student wellbeing. And there is the shift to taking more of a holistic whole-of-institution view. And that's the approach I took, so I'm interested in all students in the target group, whether they have a mental health condition or not. I'm also interested in what we can all do, academic and professional staff. So I'm viewing student mental wellbeing as everyone's business in the university community, as do Baik et al and others.

I will just mention there's a lot of funding for research on student mental health in the UK in recent years, which is fantastic, and the last dot point there mentions a few great things in the UK. Education for mental health project, they've got this awesome toolkit that was published this year. I've actually got a link to all of those sorts of resources in a guide that I will mention later in this presentation.

So on to the next slide. My equity fellowship focused on mental wellbeing, and it was really important to define what I meant by that, which is kind of a tricky thing to do because there are lots of different definitions out there. So I drew on World Health Organisation's definition and defined mental wellbeing as being able to manage so-called normal stresses of uni and life, and to consider how the two terms, mental health and mental wellbeing, are related I drew on the dual continuum model. That's the second dot point on this slide. I'm going to focus on that shortly. The third dot point here is really illustrated in the diagram on this slide, the combination model of psychological needs. And that draws on Baik et al's work and Woodyatt’s work, and they draw on definitions informed by self-determination theory. A student might be able to manage the normal stresses of life by having their psychological needs met. We can think about these needs in terms of how we teach, how we support students, how we design courses, everything we do. What are we doing, say, in an assessment task or in a lecture that might give students some agency? What are we doing that helps them connect with their peers? What are we doing that helps them experience a sense of belonging? What helps them in their learning to experience some growth?

And the last dot point here is just to say that Bronfenbrenner's ecologicalsystems theory also informs this. What is useful about this is we often focus on individual students and individual staff at their micro‑level but this shifts our thinking to we can consider that but also the broader system. So we might then think more about, well, what's the impact of the culture of university? What about the institution's rules and regulations and broader, again, to say higher education policy.

So next slide, please, Jane. And what I want to do now is focus a bit on this dual continuum model because this is, yeah, particularly relevant for this presentation. And because it helps us to see the relationship between mental health and mental wellbeing. So in some conceptualisations there's just this one continuum with mental health at one end and mental illness at the other. The dual continuum model shows the complexity better, I think, and this helps us to think about where we might be able to make a difference as staff who work in universities. So on the horizontal axis, at one end we have mental illness or mental ill health. At the other end we have an absence of mental illness. On the vertical axis we have optimal mental wellbeing, at the top at one end, and in this diagram at the top, and then minimal mental wellbeing at the other and that's at the bottom.

So in what I'm calling quadrant 1, we might have a student who might have optimal mental wellbeing and have a mental illness. So the description I have there is the student is experiencing higher level of mental wellbeing and they are managing a mental health condition. So in other words, they might have a diagnosed mental illness but be managing life and be experiencing mental wellbeing. You know, they could be thriving. Or they could be struggling or languishing, in which case they could be positioned in quadrant 2. Another student might not have a diagnosed mental illness but they could be really struggling, in which case could be positioned in quadrant 4.

So I think this is helpful in our context in unis to think about, well, are there things we can do to help students, say, be in quadrants 3 and quadrant 1, and another point to note is that students' mental health and wellbeing can fluctuate, so throughout a semester, throughout a course they may move between quadrants.

Next slide, please, Jane. So just a little bit more relevant background info is around how mental health is classified in universities. So when unis report to government, students with a diagnosed mental health condition are subsumed under the umbrella term called "disability", and like for about ‑ I think it's something like 25 years, or until last year in self‑disclosure of disability in the enrolment process there was not an option for students to actually select mental health condition. So it's likely that if they first answered yes to a question whether they had a disability, they would then select from a list of subcategories, and from that list they would probably select medical or other. But since 2021, mental health condition exists as a category but it is still under that umbrella term "disability", so it's now ‑ from memory there's about 10 categories under disability and that's one of them.

And there are two main types of supports that students with mental health challenges can access in most unis in Australia. And one of them is disability services, also called accessibility units, and they go by other names as well, and the other is counselling units. So to access disability services for a mental health challenge, it's usually the case that students would need to provide some evidence of a diagnosed mental health condition and then with discussions between the student and the accessibility adviser, the adviser develops a learning access plan and that might include certain adjustments, there might be things like accommodations to be made in exams. Whereas with counselling services, it's mostly the case that all students are eligible to access them. They don't need to be diagnosed.

Okay. On to the next slide, please, Jane. So what I'm going to do now is just present a few findings from the report to give you a bit of context and background info around the participants. So firstly, who are they, mature age students in regional remote Australia. So from the national data compared to students studying in major cities, higher proportions of students studying in regional and remote areas were older, female, from low socio‑economic status, SES areas, higher percentages of them were studying online, studying part‑time, and higher proportions of students were Aboriginal and Torres Strait Islander in regional/remote areas compared to metro.

The student survey found that 82% of respondents did not relocate for their university studies. 41% have children living at home and around three quarters indicated that they were in employment. And nearly half of the respondents were first in their family to study. And the interview data revealed that this cohort is a really diverse group, and with widely varying circumstances.

Next slide, please, Jane. And a major part of the research was finding out what students thought impacted on their mental wellbeing, and complexity has a lot to do with it, complexity of their lives. So a lot of students actually describe themselves as being quite well organised and were very aware of strategies to support their own mental wellbeing but they spoke of having often an overwhelming array of demands placed upon them while undertaking their studies. They were caught in a juggling act, balancing lots of roles and responsibilities at home, in their work, in community and at university. A striking figure here 47.7% of the respondents considered withdrawing or deferring from their studies in the year they did the survey. The top 5 reasons there, the top three being stress, feeling ‑ from a list of a lot of options and they could also choose “other” and add more information. So stress and then feeling overwhelmed with their university study load which is related to stress, and the third one there mental health difficulties.

So what we did was my colleague Penny, who is a statistician, drilled down deeper to find out, well, are there particular groups of students who are more likely to consider withdrawing than others. So when she did those statistical tests, it revealed significant associations with disability, health, study mode and type of attendance. So the subgroups that were more likely to consider withdrawing were students with disability, students with a diagnosed medical condition, students with a diagnosed mental health condition, students who studied online, students who studied part‑time, students who found the teaching environment stressful, students who did not feel included in the teaching and learning environment, and students who did not have social connections with other students in their course.

Next slide, please, Jane. So on this next slide I've got two statements of interest from the survey of potential avenues of informal support. So support from staff and students. So if we look at the first one, while more than half of the respondents, 54.7%, agreed or strongly agreed that they had at least one person, staff or student, they could turn to at university for support, of concern is that nearly one‑third did not. So 31.1% did not. These students were more likely to study online.

It's also a concern that nearly half of the survey respondents, 46.7%, did not have a supportive peer group, face‑to‑face or online at university. These students were more likely to study online, study part‑time. Another thing I sort of thought, well, look, if they're not getting support from uni maybe that's not a big drama, maybe they've got a lot of support outside university, but when we looked at that it wasn't the case. So for these two statements we found that the students who were more likely to strongly disagree/disagree had friends and family who had a negative or extremely negative impact on their mental wellbeing.

Okay. So next slide, please, Jane. So, look, the information I've presented to you so far has led me to this exploration that I'm going to spend the rest of the session on, and it's really, yeah, this is what sparked it, as well as my teaching experience over the years. So we returned to a couple of questions in the student survey and then that prompted the next step, which was to return to the qualitative data.

Next slide, please, Jane. So in this next slide here, the two questions in the demographic section of the student survey I had the question: do you have a disability? And another question: do you have a diagnosed mental health condition? Now, 12.1% reported having a disability. 31% reported having a diagnosed mental health condition. So it's interesting for a lot of reasons. Given what we know about how universities classify mental health and disability, mental health is one category under the umbrella term "disability", students with a diagnosed mental health condition are eligible for disability supports, but with 31% reporting that they have a mental health condition and 12% a disability, that suggests that there are large numbers who are not equating mental health condition with disability. And while this confirms a lot of what we know anecdotally from teaching, that many students with a diagnosed mental health condition don't equate that with disability, there are lots of reasons behind that, but it shows that given the way that universities classify who can get what support, a lot of students could be missing out on the supports that they are eligible for.

So these striking figures ‑ well, these are striking to us but we wanted to go behind the numbers and explore the qualitative data, and that's the 51 interview transcripts and two open‑ended survey questions just to find out more about students' experiences of support provision. And whether they had a mental health condition or not. We were interested in students across the board with mental health challenges.

So next slide, please, Jane. So the interview data provides some insights into why students might or might not access their university's disability services when experiencing mental health challenges. Several interviewees reported having diagnosed mental health conditions and they were well aware of their university support services and accessed them to varying degrees.

What I'm going to do now is share some comments from quite a few participants, student research participants, to get a sense of their experiences. I will be using pseudonyms and I will also read the quotes out and I will start with this quote from Todd. So Todd managed post‑traumatic stress disorder while studying by accessing his university's disability supports right from the outset of his course. So Todd said, "I could see that I was supported, right from the beginning of my ‑ right from starting my degree. I could see that there were things in place that would allow me to progress the way I have and allow me to expand my life the way it is, but also to bounce back and keep going without too many problems." Todd said that he had access to supports about 20 times, mainly for extensions and withdrawals.

Next slide, please. Similarly, Joanna, a student with PTSD and social anxiety, said that she had taken advantage of disability services, and Joanna said, "So, I registered with disability services because I didn't actually know whether I would be able to sit in a lecture room at that stage. I couldn't even walk to the letterbox to collect the mail on some days. So basically, what it ended up being was just support for exams. I had my exams in a room on my own. I don't go into the big hallways with everybody else. That has been fantastic. The staff that they have in that area are brilliant."

So from early on in their courses, Todd and Joanna were aware ‑ they were aware that their mental health conditions meant that they were eligible for support from their university's disability or accessibility services. Other students found out a bit later on.

Next slide, please, Jane. So, for example, another interviewee, David, became aware of services in his second study period. He recounted an email exchange that he had with a tutor and he said, "I made a comment on the forum that one of the assignments was doing my head in a bit, and the tutor sent me an email saying, "Is that a colloquialism or are you suffering from some mental health issues?" And I said, "Well, I do suffer from depression." So he gave me all the contacts for the university mental health sections. He has been very, very helpful in keeping my head grounded when I've had issues with the lecturers."

Next slide, please. Other interviewees were neither aware of the supports available, nor that their particular challenges made them eligible for their university's disability services. So, for instance, the student Andrea was not aware that her panic disorder was a condition that a university disability adviser could assist her with. So Andrea said, "And so I was just lucky enough to run into my English tutor, who I built a really lovely rapport with, and she just happened to say to me, you know, is everything okay today? And I was like, No, it's not. And then she was the one that steered me towards the coordinator of disabilities, and I remember saying to my tutor, ‘But, but I don't have a disability’ and she goes, ‘Well, you kind of do but it's a mental health one.’ And that's when uni life became a bit more doable for me."

So Andrea recognised and was able to disclose to her tutor that she was experiencing difficulties. And it appears from Andrea's account that she was aware that she had a mental health condition but she had not made a connection with that condition being something that she was able to receive assistance or adjustments for under disability provisions. And this situation is an example of a student not equating mental ill health with disability and thus not identifying as having a disability. Had she not received guidance from a staff member who knew the definitions, knew the classifications and the processes, she would not have accessed support.

Next slide, please. So similarly, another interviewee, Ursula, who studied at a regional campus, was unaware of her eligibility to access disability services. So Ursula said, "A staff member at the regional campus said ‘You need to contact the student wellbeing people and you need to get an access plan.’ I'm going, ‘Whoa, what is all this?’ That actually led to me being recognised that I had a condition that was impacting on my study. So, yeah, but those six months were definitely impacting on my studies. You could see it on my grades. But then, again, the university was quite helpful. I'd never heard about this student wellbeing access centre, had no idea. That was really awesome of them to do that."

So Ursula was unaware of her university services and that those services could support her even though she frequented the campus, she was there every weekday, she had connections with staff and peers, so it took a while for her to become aware.

Next slide, please. Other students with mental health challenges access mental health supports in their community, such as psychologists and GPs, and they implemented their own mental health support mechanisms and strategies. So Beverley is an example of this group of students. Beverley said, "Yeah, I'm aware of them, university supports. I haven't actually taken advantage of them because I've got my own support mechanisms set up in my life, so I haven't really looked there. In the odd subject, if there's been a little bit of an issue from the mental health side of it or something, I've just contacted the tutor and said, ‘Look, I'm feeling this is a bit challenging’, or whatever, and there's been no problems with supporting me in that way."

So Beverley's comment is interesting, you know, how she could potentially be eligible for disability services but chooses to seek support outside the uni, but interestingly communicates with her tutor, so gets the one‑on‑one support when she needs, so contacts her tutor directly rather than going through the formal process.

Next one, please, Jane. And the student Bridget didn't talk about having a mental health condition but she spoke about feeling anxious, and in the lead‑up to a deadline with managing kids and work and study, and Bridget said, "So I got really anxious, I got very, very anxious at that point." She said, "Anyway, what I ended up having to do is cancel a few social things and took sleeping tablets so I slept through the day. Then I got up at 5 o'clock in the afternoon, left home, left my partner with the kids, and went into work and just worked on the assignments from 6 o'clock in the evening till 10 o'clock at night when I started work. I actually managed to get my assignment in working in those four hours prior to work, if that makes sense. That was the only way I could do it and I was actually pretty impressed with myself because I didn't know I could do it.” So the juggling act of work, family, study that many mature aged, regional remote students face can be difficult to manage. The comment from Bridget is an example of this balancing act and the planning involved and the stress and anxiety that is experienced.

Next one, please, Jane. Some students spoke about the helpful strategies that they received on things like time management to help juggle study and work and kids and community. The interviewee, Julie, benefitted from strategies for time management suggested by a university counsellor to manage her study workload, and Julie said, "And he, the counsellor, gave me great strategies for time management because he could see I was just struggling enormously and that's where I needed to begin. And to focus on what was the first priority I needed to do and it was to get this just one assignment in. They gave me extensions for the two weeks. They told me I could apply and get the four weeks but there was no way I was going to do that because once I got help, I was back, you know. I knew what I had to do and, again, I think husband understood more. It was another catalyst for me going ‘this is hard’, and me saying I will never do four units again. And, you know, this term I'm going to do three and I'll be curious to see how I manage."

So Julie's had this realisation that this study gig is really hard and once she was in the thick of it she realised that four units is just too much to fit in with everything else. So while there are normal stresses in the cycles of semesters, they can be compounded for students managing work and families. For many, university can be a stressful undertaking and, as illustrated by Julie, it's sometimes relatively simple strategies that can help students with time management, with getting assignments done, and also having clear expectations around the workload is really important. So really understanding what it means to do four units. What does it actually mean time wise?

Next slide, please, Jane. So there's lots of interesting points that come from the students' comments, but one thread through a lot of them is the important role played by staff, played by academic and professional staff. So if we just look at some of the quotes I shared, so David mentioned that his tutor sent him an email to check in on that comment that he made on the forum. Andrea spoke about her English tutor who she had a lovely rapport with, and that the tutor asked her if everything was okay, and that initiated this whole process of Andrea eventually getting really invaluable supports. Ursula mentioned a staff member who just happened to ask her how she was going. I think that staff member was at the front desk in the library. And Julie mentioned a counsellor who gave her great strategies for time management.

And, look, we've found this again and again in other areas we've looked at in this research, is it's often a relatively small action by a staff member, a reply to an email just asking a question, not trying to solve the problem, but then noticing and, say, referring students on to the relevant services, just in the day‑to‑day interactions that you have on campus or online that has a really big impact, a really quite major ripple effect for some students, in fact.

So what I want to do now is, with the students' quotes in our minds, I want to think about what some of the barriers and enablers have been for students receiving support, and I'm going to break it down between students with mental health conditions and then all students with mental health challenge, whether it's diagnosed or not, just because that's sort of how the uni system works with where you can access supports.

So next slide, please, Jane. So let's get going here. And if you have any thoughts that I don't have on the list, please do pop them in the chat or send me an email, it would be great to see if you've got some other thoughts to add.

So in regard to students with a mental health condition, what are some of the barriers to getting support? Well, on my list I have, firstly, not being aware of supports, (2) not being aware of the classifications around disability and mental health, and related to that is the third one, not identifying mental ill health with disability. The fourth one, the need to disclose. There is some wonderful research going on by a PhD student called Amy Zyles in the UK on this. It will be great to see her work when that gets published. There's questions around ‑ or issues around students not knowing where the information goes and not trusting where it might go, so who might see this information? Where does it get stored? Things like that. And point 5, stigma is related to point 4 as well, and point 6, the time and effort that it can actually take to get diagnosed. You know, depending on what a student is getting diagnosed for, it can take a long time to get an appointment, to get the diagnosis, to get the relevant paperwork outside of the uni and then there can be an admin process, a lengthy one, within universities as well.

Okay. Next slide, please, Jane. And in regard to students with a mental health condition, what helps? Certainly, it's a bit of a flip of what I've just mentioned on that previous slide but awareness of support, certainly, the students who access the disability/accessibility services as we saw in some of those quotes, it's certainly changed their experiences for the better, really invaluable assistance, and the third point there around staff, tutors, lecturers, librarians and more, noticing and referring students to the relevant services that the student might not have been aware of.

And on to the next one, please, Jane. So now I'm just thinking more about all students with a mental health challenge, whether it's diagnosed or not, what are some barriers and challenges. So the first point here is that some students actually find it difficult to ask for help and they, you know, simply being at university, they might think that they need to be able to manage by themselves. In other areas we've found this especially so with mature‑age students who think, well, they're older, they should be able to manage. And also in some of the other research we've done with this topic, students in regional/remote areas often are very independent, they have to do a lot by themselves in other areas of their lives, so they just assume, too, that they should be able to manage. So it takes a bit to actually ask for help.

The second point, yeah, being unaware of support services and also, as a staff member, you might be unaware of who can access which. I'm sure I didn't understand or know all of this when I first started teaching. Something I've gained awareness over time. And the third point, not understanding the expectations of university and the workload, what does it actually mean to be enrolled in four units? That can make things really challenging. Taking on too much for what you actually can fit into life with other commitments.

And next slide, please. What have we found can help? Well, as I mentioned earlier, teaching staff and professional staff, just sort of three points there around (1) referring students to relevant services, noticing and checking in, and this all really requires having a rapport, having some sense of trust. For all students, the second point there, counselling services at most unis anyway. Theoretically, all students can access them. The third point is around other types of university student support services. So academic learning support to help with time management, breaking tasks down, or the things required in university learning. The fourth point is raising awareness of services really helps, of the array of services, and it's really not enough that we just mention them at orientation because students get information overload during orientation, so we really need to remind students at different times in a semester and throughout a course. And the 5th point I've got there is around having realistic expectations of what is involved and being prepared for university.

And on to the next one ‑ just checking the time, we're going okay. So what does all of this mean then? Look, the figures I mentioned earlier, that 12.1 in this study reporting disability and 31% reporting a mental health condition, that suggests there's large numbers of students who are not receiving the supports that they're likely to be eligible for, plus there's this other group that are really interesting too, the students that don't fit either of those categories, students with mental health challenges that don't meet clinical diagnosis, or haven't yet been diagnosed but the stress and anxiety they are experiencing still impacts on them and on their studies.

The second point is that support provision is really ‑ it's complex, it's multi-facetted, what works for one student isn't what another student is going to find useful. And really, the formal services we have at universities cannot do all of it. And a third point is to say that academic and professional staff do play a very important role in their daily roles of teaching and support, and that's usually underpinned by knowing the student, having some trust and a rapport.

So let's move on to the next one, please, Jane. And I just want to think about, well, what is it that we can do? What can we do as staff on the ground? So I've got the point there that we all have a role to play. This doesn't mean ‑ I think from this research it doesn't mean that we have to suddenly become experts in mental health conditions. It's actually the nuts and bolts, the little things we do in our core jobs, in our teaching roles, in our support roles that do make a difference. So that's a good thing to know. And so I've got, you know, number 1 there, inclusive teaching practices. Number 2, teaching and professional staff, guiding or referring students to your university student support services. So not trying to solve the student's whatever is going on but saying, "Okay, this exists", because they might not know, and then in the third point I mention that in our teaching and professional roles, we can take proactive approaches, but you might be thinking, well, yeah, that's fine but what are they?

So I've actually got two examples, two practical guides. So one is the On the Radar Guidelines that comes from the larger research project, and the other one a short guide for staff. I'm just going to talk through this a little bit. So if you could go on to the next slide, please, Jane. So on this slide I have a link to the fellowship guidelines doc and a screenshot of the cover. Basically there's nine guidelines. Each has some quotes to set the scene from students, we unpack those, and then give you some examples that you might like to try.

And on to the next slide, please, Jane. So here I have a list of the 9 guidelines. I'm not going to just talk through all of them, but if we just have a quick look you can see number 1 is about know your students; (2) checking in with students; (3) implementing principles of inclusive education. So let's just have a look at one of these in more detail. So if you can move on to the next one, please, Jane. This is guide 2, and this one is check in with students, and you might think, well, why? What's that going to do? I think we saw some ramifications of that in some of the quotes I said earlier. And, you know, having lecturers or tutors check in with students that contributes to students feeling they're visible, they're connected, they're valued and that they belong to their course and to their university.

So how might you do this? Well, just one example is you could check in in a semi‑regular way via email. A lot of it will depend on your staff to student ratio. You could check in via phones, say, once a semester, particularly, you know, you might choose to do that with students who cannot make, say, synchronous sessions, or if that's just out of the question you could consider recording a short video at the end of the week just summing up what's been going on and introducing the next topic. You could do that a few times a semester, particularly around assessment time, you might find you've had loads of questions around an assessment task and it's a way of checking with the whole group, giving them some tips on the assessment task, something they can all access. And it's a way to check in with large numbers of students and for online students, in particular, to see you.

Okay. Let's have a look at the next slide, please, Jane. So the other resource that I mentioned are these four short guides on the NCSEHE website, and the fourth one is about supporting students' mental wellbeing. So, yeah, I just go into a lot more detail with some more ideas.

On to the next slide, please, Jane. So I'm just returning to this list, and we've been through 1, 2, 3(a) and (b). But, yeah, just back to this “but how” question again. I was just sort of thinking personally where have I got ideas from over the years? I would say I've learnt a lot from students' needs, a lot from my colleagues in similar roles to me at my uni and other unis. I've also learnt from counselling staff on the campus, and, in fact, they used to come to our team meetings and we would learn from each other. Yeah, it was really sharing experiences around, you know, focused on what the students' needs were, learnt from disability advisers, NDCOs, et cetera. So, yeah, just by sharing ideas, sharing what you're trying, that's one suggestion. You might want to start up a special interest group or a community of practice.

Next slide, please. So I've been saying, okay, these are proactive approaches you might want to take. But student mental wellbeing is not the sole responsibility of individual staff members. And while I've offered these suggestions in the guidelines, I also have a set of recommendations in that document for universities. So point 2 on this slide is recommendation 3, and that's to say that universities need to resource and support staff in learning about inclusive approaches and in order to take an inclusive approach. So that might be providing professional learning opportunities for staff. Point 3 on this slide is recommendation 4, which is about applying an equity lens to rules and regulations, and I've added in point 4 here, applying a mental health lens as well. And I asked the question in point 5: can we reconsider some of the rigid rules that we have, perhaps? So, for example, on the radar research, several students recounted these really stressful situations where they had these major life events. A few years ago experiencing bushfires or personal illness, and they were not deemed to be sufficient reasons for extensions because they weren't, like, listed in the book of rules around it. So, you know, following rules and regulations rigidly in such instances, it's not helpful. It doesn't meet the needs of the cohort.

And so in guideline number 7 in the doc, I suggest providing some leeway, and allowing for some interpretation of rules and regulations, such as for assignment extensions when students have genuine reasons that might not be categorised in the university documentation, such as bushfires, such as floods, and lots of other things.

So to reiterate, in the guidelines, yeah, I'm not saying you have to do more and become an expert in mental health as well as all of your other roles, but just really want you to know it's the work that you do, the teaching and support roles, that do make a difference.

And I'm going to finish up shortly but, as always, we need to acknowledge staff mental wellbeing. So just on to the next slide, please, Jane. I haven't spoken about this topic today because it's not the focus, but I don't like to talk about one without at least ‑ about student mental wellbeing without mentioning staff mental wellbeing and the connections between the two. You know, with precarious contracts and workloads it impacts on the staff wellbeing, as does the emotional labour we particularly do, even more so in the last few years during COVID. If students are stressed out and anxious and unwell, that can impact on you too. It can be quite an emotional load to carry.

Okay. So next slide, please, Jane. So, yeah, apologies for the internet issues at the beginning. Hopefully you could hear the rest of the presentation today. Thanks for coming. There's my contact details and I just really want to acknowledge my colleagues too. So Morag Porteous did the beautiful illustrations, and my team of Sherridan Emery, Penny Allen, Allen Baird and Gemma Burns.

If you are after some further reading, these are some references from the research. The first is the report, the remaining articles there where we've gone back to the data and looked at an area in more depth. The second is around belonging, the third one is around online students in particular, and the last one there is around the characteristics of the target group. And, yeah, hopefully you will get something out on the topic I've been talking about today. Then I just have two slides with references, Jane, if you would like to just share those, that one and the next one. And that will be it. And I will stop and answer some questions.

DARLENE: Well done. Thank you so much, Nicole. Yeah, no, a lot of information to get through. And you did it really well. So just a couple of questions have come in on the Q&A pod. One was just are there any tips for how we might support students' wellbeing during live classes that you could share. So just the reality ‑ ‑ ‑

NICOLE: During live classes?

DARLENE: Yeah, yeah.

NICOLE: Yep, okay. So if you are doing a lecture or a tutor, something like that, this is where it comes back to my very first guideline, and I'm not the first person to say this, there's numerous sets of guidelines, and often the first guideline is know your students. So if you know a bit about your students, it's going to determine what you do in the classroom, and whether that be online or face‑to‑face. So how to support someone's wellbeing in a live classroom, how to not do that is to, you know, you know someone is stressed out and you put them on the spot, that's not going to be very supportive, you know.

So I just think the more that you know your students and you set up some ground rules so there's very clear expectations of what's required, what's going to happen in a class, if you know a student has anxiety about being in the classroom, what I've done over the years is had conversations before hand, try to be as proactive as possible and ask students in advance are there any things that are going to impact on your study. So I don't say, "Do you have a disability? Do you have a mental health condition?" I say, "Are there any things you feel like sharing with me that's going to impact on you being in this classroom or doing this course?" If they tell you, "Well, I've got anxiety." Well, that creates the opportunity to have a conversation, "Okay, so how might that pan out in the classroom?" It might turn out they say, "Well, actually, I might freeze and I might just want to bolt." I'm like, "Okay, what can we do about that?" Well, the student might say, “I would like to sit next to the door so I can just go and get five minutes of fresh air if I need to.” “That's too easy, okay, let's make that happen. You just sit near the door.”

So, yeah, there's lots of different things but it's going to depend a fair bit on you knowing the students as far as, you know, I was talking about psychological needs earlier, creating connections. Like, I find just things like pair work is quite good where you've got a question and you've got people talking in a pair or in a three, if there is a third person who is going to find pair work confronting. That gives students the opportunity to talk just with one other person listening rather than a whole class on the spot with a whole class, because that can be so daunting. I would find that daunting if someone asked me a question. So, yeah, I guess there's loads of things but I will stop there.

DARLENE: We actually have the whole presentation on that, your creative thinking and working with you when you have been teaching is an absolute delight because you do get to know the students and the support that you receive is sometimes out of the box, the support you suggest. So it's absolutely brilliant. A last question is around exams and the fact that that is often a heightened anxiety time around exams. Do high stake exams have an impact on students' wellbeing and mental health? Someone is asking, yeah, kind of in your research around exams.

NICOLE: Oh, yeah, I reckon. Absolutely. It's going to vary depending on the student but I think a lot of people find them very stressful. So, yes, on mental wellbeing. There is a whole lot I could say about that. But, yeah, doing that exam ‑ ‑ ‑

DARLENE: Yeah, that's a good question too. So, yeah, and I know Cradle at Deakin, if people haven't come across Deakin and Cradle, it might be worth looking up a lot of information they have been doing around exams as well.

NICOLE: We need to be asking ourselves what is the point of it, there might be some really important point in doing it.

DARLENE: Yeah, also might be a good time to also, if you want to look up the universal design for learning on ADCET and the resources we have on our training.

NICOLE: Yes, definitely.

DARLENE: They are ‑ they also talk about providing lots of different multiple ways for people to be able to provide, you know, what they've learnt and exams aren't the be‑all and end‑all of being able to show what you've learnt.

Okay. Looking at the time, we're at the end. So just to remind people that we do have a survey at the end of each of these presentations. Jane will put the link into the chat now and you can do that. But also encourage you, if you don't get the chance today, to do one when we send out the next email.

Our next webinar is actually called Data in Disability Services in Higher Ed. Which will be on 18 October. There's two weeks - we're doing a presentation over two weeks. The first one is 18th of October. That's going to be actually trying to utilise those data to actually have those conversations within the university around the services and so forth. So it will be really interesting. But, yeah, so ending. Thank you, Nicole. It's always wonderful to hear your passion and enthusiasm and your knowledge and this fellowship and the work you've done following on from that has been really impactful for us across the sector, and I really wish you well for your next journey and your next lot of work. But thank you for keeping, yeah, the good fight going and promoting what you've done. So thank you so much.

NICOLE: Thanks, Darlene. Thanks everyone for coming.