INTRODUCTION: Hello everyone and thanks for listening to this ADCET podcast. This episode is an audio recap of a recent ADCET webinar on the headspace University support program. Presented by Martine Oglethorpe the Clinical Lead for the headspace University Support Program, this webinar examined the ways headspace can tailor mental health supports to the unique needs of universities and their staff and students. It also discusses and creates awareness of the guiding principles that inform postvention supports and help seeking pathways. Now here is Martine.

MARTINE OGLETHORPE: Thank you so much for having me and thank you for this opportunity to be able to present to you some of the work that headspace has been doing, and exciting new area for us is working in this tertiary sector so we are very excited to be here. As Darlene said I am the clinical lead for the University Support Program. I'm here today just to give a short presentation on the sorts of ways that we can support universities, particularly supporting university staff to support their students with their mental health and particularly in the work of postvention which we will certainly go into a little bit more. So we have funding from the federal government from the Department of Health to do this program for the next three years. So we are excited to be able to do that. That is all as part of the National Suicide Prevention Leadership Grant funding. So we have that for three years. And we started our work back in October of 2022, so it is still relatively new. So we are happy to be able to share what we hope we can continue to be able to do and work with universities going forward. I'm going to start with these two photos. One is a photo of my dog Jimmy in the bush, and the other is a photo of a lake not far from where I live. I share these photos for a couple of reasons. One is my dog is sitting not far from me today, so I'm hoping he is not too loud. But I share this because this forms part of my self-care, my daily routine of getting out and going for a walk every morning. We really want to stress the importance of self-care, particularly for the people we are working with and particularly as a way of looking after themselves, not only for themselves but in the way they can role model that for the people around them. So myself getting outside every morning, we know that a minute in nature can start to bring down those cortisol levels. So really important that we take use of that while we can, and it is lovely and sunny. I'm in the lands of the Wurundjeri people of the Kulin Nation in Melbourne, so this also is here to pay my respect to those elders and particularly Aboriginal and Torres Strait Islander peoples for looking after these beautiful lands for so many years and I am very grateful to have these not too far from where I live to walk to every morning. And on that, I certainly want to acknowledge those Aboriginal and Torres Strait Islander Peoples as Australia's first people, and as I was able to see this morning we also recognise their continuing connection to country, waters, kin and community. I also did manage to bump into a few neighbours as well, so it was nice to have that sense of community as well. Particularly here at headspace, we are really committed to making a positive contribution to wellbeing, particularly young Aboriginal and Torres Strait Islander people which we do by always trying to ensure that our services are welcoming, safe, culturally appropriate and inclusive. And thank you again for those who are putting in the chat the lands from where you are joining us from. And yes, he is a cute dog most of the time. So today what we are going to cover. A little bit of a brief history of how we got here today, why headspace and why headspace in the tertiary sector. So in that, we will introduce the University Support Program and some of those service options that are available within the program, as well as, you know, some awareness of existing mental health and wellbeing resources to support universities and, of course, next steps for universities to be able to access our supports. Any time, I guess, that we come together to talk about mental health, particularly when we're talking about suicide, it is really important that we are mindful that everybody in the room on the Zoom is coming here today with very, very different experiences of mental health and wellbeing, and we certainly want to be mindful of that. And we certainly ask that people look after themselves as well and recognise how you're feeling throughout this, and if at any moment you need to take a break, go and grab a drink, grab a cuppa, please feel free to do that as well, but we always encourage participants to be able to access any of their EAPs and things that they have set up should they need that at any stage. The chat box is open as we've seen but also the Q&A box is there as well if you have any questions. I will go through the content. There's not a lot of content but once we've gone through that, you will certainly have the opportunity to be able to ask any questions about that as well. So a little bit about the history. So why headspace and what's brought us to the tertiary sector? Well, from 2011 headspace school supports were receiving funding for secondary schools to support secondary schools impacted by suicide, and contributing to that evidence‑base for best practice approaches to support them in those settings. So headspace schools was working in that space for the last 11, 12 years and continues to work in that space. As a result of the work that was done in the secondary schools we were often, you know, called upon by some tertiary sectors once they heard about some of the postvention planning, and things like that, that we were doing in secondary schools and some universities wanting some support in that area as well, or some support with a response to a critical incident. In 2020, therefore, headspace partnered with Universities Australia to develop the responding to suicide, a toolkit to support Australian universities. Now, this really did build on that knowledge that headspace had garnered by working in the secondary space for that last 10 years or so but, of course, it was nuanced to reflect, you know, the unique setting of the tertiary setting, so we worked with Universities Australia and some other universities to really make sure that the content and the information and the supports in that toolkit were really relevant and really nuanced to that university setting. So that's the responding to suicide, A Toolkit to Support Australian Universities. That toolkit is available for anybody to look at, to download. It's a PDF file as well so you can download that by going to Universities Australia website or the headspace website as well and looking up our university program. We also at the moment, therefore, have a presentation that goes along with that toolkit, so you can have staff come along and just get a little bit more of a deeper dive into that toolkit and really how to implement that toolkit into a university setting, and it's really there, I guess, to complement what is already in place in universities. We know that universities have their mental health supports and frameworks in place and this toolkit is really a good way to make a post‑mentioned plan, particularly for any suicide incident. As a result of that, in 2021 we continued our work with Universities Australia and we developed the Real Talk Framework. Now, the Real Talk Framework is really just about building the capacity of all members of university staff to be able to have, you know, safe conversations around mental health, and to give people confidence to be able to have those safe and appropriate conversations about mental health and wellbeing. It also is a way of looking at noticing what's going on with those people around you in that setting. So at headspace we use the framework nip it in the bud, which is really an acronym for NIP, which is noted, inquire and provide. So this framework particularly gives all university staff ‑ and we've certainly presented this to a whole range of staff, be that, you know, security, be that people in the library, student housing, admissions, lecturers, academics ‑ whatever the role is at the university, everybody is welcome to be able to attend these workshops, and really about, yeah, building that confidence around having conversations. So it's about getting staff to be able to notice those changes in people, changes to their mood, to their behaviours, their thoughts, their actions, and changes to the ways that they would normally behave that may indicate that they are experiencing a mental health difficulty, and then we look at giving them that opportunity to inquire, to start a conversation, to check in on their mental health, to just be able to let them, you know, talk about what's going on for them, and then to be able to provide. So thinking of all the different ways that we can help support that person and all the different avenues of providing support and help seeking. And it's really based on, I guess, not asking staff to be clinicians or to assess or diagnose, but really just to ask them to be able to care enough to have those conversations and notice what's going on with people, and to be able to start to think about all the different ways that people can access supports, both within the university and externally as well, what are all of the things that are out there that can support different people as well. So that's the work that we have been doing to date and how we sort of got to come to be working in this tertiary sector. So here we come to the University Support Program which, as I said, we received funding ‑ we have funding for three years, that grant funding from the Australian Government, to really build mentally healthy university communities across Australia but with a real focus on that postvention space, so it is about absolutely building the capacity to manage mental health and wellbeing of staff and students, really about building the capabilities of universities to respond to a suicide, and we know, again, that a lot of ‑ you know, universities have critical incident plans, they have emergency response plans, but we are also really making sure that we're focusing on those suicide‑specific response plans and that's one of the areas that I will talk about that we can certainly help universities with. And, as I said, confidence to engage in conversations regarding mental health and wellbeing similar to what we do in the real talk. And as we said, the knowledge of referral pathways and all of the different ways that we can provide support ‑ an additional support for students. These are what the documents look like. And thank you, Jane, all there will be included but this is what they visually look like, if you get to print them out in nice colour. Here we have the Real Talk, which is the conversational approach, and the responding to suicide, the toolkit. And as I said, both of these are available to be able to have as a presentation as well, so we go through in a little bit more detail and we can sort of talk a bit more about the content and how we can really nuance it to individual universities as well, as well as recognising all of the different roles and responsibilities that people have within a university, and enabling people to be able to adapt it to those roles and those responsibilities as well. We're also informed, I guess, largely by a lot of research, of course. So these are just some of the sorts of documents that we use when coming together, some of the studies of what was going on in universities, some of the other frameworks, such as the Australian university mental health framework and those sorts of things. So really making sure that they are absolutely evidence‑based as well. So you've already probably heard me use the term postvention a little bit. I guess what that refers to is all of those activities that we do that assist those that are bereaved by suicide, so it assists those who are left behind, that really has the focus on reducing subsequent harm and reducing that further risk. So it's all of the activities that we do post a critical incident or a suicide incident. All of the messaging, therefore, must be shrouded in hope and help seeking. It really is a way to, as I said, reduce that further risk, reduce subsequent harm so, therefore, becomes I guess prevention for the future, but it's that prevention that starts as soon as that incident happens so that we can do all of the things that we need to do to make sure that we are responding in a way that is, you know, reducing that subsequent harm. So under suicide postvention, we look at it under three phases. So there is planning, response and recovery, as you can see in that circle. And it is a circle because, you know, it does tend to be cyclical and it can cross over a lot as well. As you can see on the outside of this bigger circle are just some of the activities that might come under any or all of these phases. For example, providing resources. We often provide a lot of resources. They can be resources that would be used in the planning phase, in the response phase, or in the recovery phase. And similar training and education can cover all of those three phases, support we can come in at any time wherever a university is at and offer support or consultations, and they can all obviously be tailored to the unique needs of a particular university and, as I said, whatever a university is going through, we can come in at any time and help with those sorts of supports. So when we look at planning, this is, obviously, a really important part of the plan. And that is when we are looking at developing ‑ possibly developing a postvention plan, and that's one of the things that we can absolutely be supporting universities to do. Having a good postvention plan is really critical because it then, you know, enables a really effective and timely response which, of course, then, in turn, helps to reduce that risk of subsequent harm which always needs to be our guiding principles. So we look at creating those postvention plans and they can sit somewhere within an existing framework, and we can certainly work with universities for that as well. And also in that planning phase is when a lot of the education and training happens as well. We sort of do training to help with those plans which we do with the toolkit, we do training just to up skill around, you know, mental health literacy, having the conversations, the real talk, all of those sorts of things can come in that planning phase. The response phase is the response to a critical incident, of course, and this is when we would be implementing that postvention plan, so the minute that a suicide occurs on a university, or as somebody who is attached to that university, then that postvention plan is employed, and I will just move on quickly to have a look at this. This is not something that you need to be reading all of this, of course, but this is something like what we would be using with universities in terms of helping them to create those postvention plans. And so we look at all of the things that need to be done in all of those different phases. So in the immediate 24 hours to one week, in the short term, that one to three months, and then in the longer terms which moves into more of that recovery phase. So in that immediate short-term postvention planning we are looking at all of the activities that we do to inform, to support and to manage in those stages. So in those early days it would be things like - you can see there is a column there for inform. In the planning phase you would have got together an SRT, or a Suicide Response Team, that is responsible for enacting this plan. So that would be coming together for that team, you would be talking about how you're going to get this information to certain students, to certain communities, to other staff members, and all of those sorts of things would be outlined so that you can tick them off as they happen. Of course, then there's support; how do we make sure that we're offering support in those initial stages; how are we identifying who needs to have extra support, were there witnesses, were there close friends, were there close staff members, all of those sorts of things and making sure we have those adequate supports in place for people. It might be that we're setting up, you know, grieving rooms and places for people to be able to mourn. So we have to think about who is going to set them up, who is going to run them, how are they manned, how long are they manned for, where are they actually located, so thinking about all of those things. We know if we think about all of those things in advance, then it makes the job easier when we are in the depths of these things going on. We also provide a lot of scripts and things like that as well, and templates. In terms of communicating to other staff members, in terms of communicating to students or community, we actually have some scripts to be able to do that as well to make sure, again, all of that sort of stuff is done well. The other part of what we need to be doing that is managing things as we go along, particularly in that really short term. So there would be a whole lot of things that need to be managed. Certainly maybe media might need to be managed, we want to manage staff and making sure that, you know, we're looking for things like signs of vicarious trauma, we might be needing to manage memorials that have been set up around the university, communication with social media, what's going on on the social media channels, do we need to be monitoring them, what's being said. So all of those things can all be planned out already so that we can certainly get into the making sure that we are always reducing that subsequent harm and making sure that we're doing all we can to assist those that are left behind. So that's just, I guess, a look at what a plan could look like but, again, it's always going to be nuanced for different situations, different universities, different exposures, all of those sorts of things, but if we've got some really solid planning in place, of course it makes that response so much easier and something that is going to be so much more timely. So, as I said, the last phase of that postvention is the recovery phase and that is where we are looking at all of the activities that we do longer term, I guess, to make sure that we are getting ourselves back into a space of safety and making sure that all of the messages in that phase are still around, hope and help seeking and making sure, again, we are doing all of the things that we need to do to be able to get people as mentally healthy as possible and, again, reduce that subsequent harm. So that's the postvention in a nutshell but really concentrating on those three phases helps us to be able to recognise some of those activities that we need to do. All of the work that we do in that postvention planning and in all of the education and training and in all the supports that we provide is all based on these guiding principles of complexity, suicide exposure, safety, impacts of suicide, self‑care and planning. So I will just quickly touch on some of these briefly so that we can understand looking at why we're making sure that these are forming part of our principles. In terms of the complexity, you know, this is all about the, you know, notion that rarely is a single factor associated with a suicide, but it is often a gradual build‑up of complex and interrelated factors that lead to suicide. And I think it's important that we don't jump to conclusions, that we don't oversimplify a suicide, because that can lead to that increased risk and harm, particularly, for example, you know, if somebody suicides because in the media, for example, it might be, or they've just experienced a divorce and then they died by suicide or, you know, a young person was playing a computer game and, you know, they were bullied and then they died by suicide. Sometimes when those sorts of correlations are made, people who are also experiencing that may also see that that might be a possible way out for them as well. So we want to be careful that we're always recognising that suicide is very complex, and the reasons are very complex, and it's also very hard to predict, you know, who is going to die by suicide, but there certainly are risk factors and things like that that we talk about to look out for, but we don't want to be oversimplifying this as well. We know that things like feeling like a burden, low belonging, social isolation, history of mental health difficulties or previous attempts can certainly be risk factors, but it is important that we don't oversimplify those too much as well. Suicide exposure is another guiding principle that we use. It can also be a risk factor for others if they are exposed to a suicide. Sometimes it is not necessarily just people you know. Certainly exposure can be because you know those people or they are close acquaintances or friends or you’ve seen them. But sometimes we don't always have to physically know someone. It can be a celebrity, someone on social media. They can feel that affiliation with them. Sometimes therefore, depending on that exposure, can also determine how much or how targeted a response is as well. So you don't always have to personally know someone to feel exposed. It is also - exposure is a tricky one because whilst we know some people being exposed to a suicide doesn't make you more likely to suicide. It is sometimes got more to do with the meaning that you associate with that death and how you interpret that. So it is a really tricky space. So we have to be careful with that exposure. Safety is another element that we certainly want to be always thinking of. Everybody has a role to play in helping to reduce subsequent harm and to reduce suicide. And we also want to be careful that we are finding that balance between not glamourising suicide but also not stigmatising as well. A lot of that can come down to the language that we use as well. We don't want to be glamourising it. Sometimes we see that on social media posts that they've gone to a better place, or they are there together again or things like that. But we also know that sometimes our language, particularly around suicide, has certainly led to stigma, when we use words like committed suicide. That refers to it being a sin or a crime. Or when we call people lunatics, nutters, psychos, schizos, certainly that is not language that is going to make someone feel comfortable about talking about their mental health difficulties. It is about using correct terminology as well. We don't call them happy pills or shrinks. They are antidepressants and they’re psychologists and psychiatrists. It is about being mindful of the language that we use. We know the way that mental health difficulties and mental illness has been spoken about in the past has played a role in leading to some of that stigma. And this is something that we always want to be breaking down and making sure that in all of those three phases of postvention, that we are always being really safe around the language that we are using. Of course, the impact of suicide is also another big guiding principle. We know that it can impact people in very different ways. Grief itself can be experienced in many different ways. Certainly the grief from a suicide, we experience that sadness, shock, anger, all of those sorts of things. But there is also an extra element of complexity around grieving over suicide as well. We have other things that come into play. There's maybe blame. Why didn't I say something? See something? I guess questions are unanswered. All of those sorts of things. Stigma as well. Maybe it is not spoken about at all in a particular culture. So it can be lots of complexities that come with that grief around suicide and so we also have to be mindful of that whenever we are supporting. As I said self-care at the start, I mentioned that was a really important part of all of the work that needs to be done in terms of looking after our own mental health and wellbeing. But self-care is really important because, as I said, it is hard to look after other people if we are not looking after ourselves, but it also plays a good part in role modelling. The sorts of things we need to do to all look after our mental health. So if we are showing we are looking after ourselves physically, getting out and getting fresh air and exercising, or doing whatever it is that we need to do to keep ourselves healthy, then that is going to be seen by others as well. We want to make sure we are doing all the things around boundaries, and it’s been really hard, particularly professionally, to look after ourselves sometimes, particularly when lots of people have computers in their home and in their bedrooms, in their lounge rooms, so really trying to make sure we are creating boundaries to be able to separate work and down time. All of the self-guided things that we need to do to look after ourselves. Things we do for enjoyment, whether that is hobbies, going to the gym, singing, doing art, going in the garden. All of those things, you know, I think self-care sometimes gets a bit of a bad rap in it is that stuff you do if you have time, but I think it is really important that we look at self-care as a critical component about mental health and wellbeing and not just something that we do if we have time. Because if we are looking after the things that we can control and the things we know we need to do to put ourselves in a very best position we can, we are going to put ourselves in the best position to manage whatever life throws at us that is completely out of our control. So we will always have things that happen to us that are out of our control, but if we are taking care of things that we can control to put ourselves in the best position, then we go a long way to look after our own mental health and to be able to help other people recognise that as well. And the final guiding principle is around the planning. That is the really important part of this as well because, unfortunately, if an incident happens, you know, our neurobiological response can sometimes be not in the best place to be able to think straight sometimes. So if we have a good solid plan in place, it makes it easier to manage all of those things in a timely and effective way. So the planning is a really important part and something that we certainly need to help with as well. Obviously, lots of words on this slide. I'm not expecting you to read all of this either. But I guess it just breaks it down again, the planning, response, and recovery. And how we can do all of the activities that I said, all of the activities we do post of an incident, can cross over between these three phases as well. For example, in our work in the service delivery that we have here at headspace, training on Responding to Suicide, A Toolkit to universities can happen in that planning phase but it also can happen again in that recovery phase. Similarly, the Real talk framework, we need to be looking out for other people and seeing what are we noticing about them? How can we have a conversation and provide support? That can certainly happen in that planning and recovery phase. As things like in the recovery phase looking at a consultation, looking at a review. Maybe going back and seeing what are the things we did well? What are the things we could do better? Where were the gaps in that planning as well to make sure we are always looking to be as best prepared as we can. In terms of building capacity of universities, I guess this slide just makes reference to, as I said, we can come in at any time that a university needs some support. So some of the work we've already done, sometimes it is coming in at that critical response time. It might be questions around, “We've got this memorial. We don't know what to do with it. We don't know what we are supposed to be offering around it. How long should we have it up for?” Or it might be, “We don't know what wording to use because the family have been specific, they don't want the term ‘suicide’ used. What do we do?” It might be those questions that you have that come up like that. Or it could be a full-blown helping you look at your framework and looking at all of the different ways that we might be able to come into that framework to support you, to support your universities to be mentally healthy and well as well. So there is a whole range of times that we can come in to always be building that capacity. So I guess the next steps are certainly to be able to contact us. First and foremost, if you have any questions that aren't answered today, and the contact is [universitysupport@headspace.org.au](mailto:universitysupport@Headspace.org.au), or you can contact myself. It is a good opportunity to be able to review and look at your own frameworks that are existing where you are. What is already in place? Are there any gaps that you see, any gaps in training that you see? And certainly look at all the different ways that we might be able to support you. We still have the toolkit training there that can be used and the Real Talk framework. The Real Talk is a great one for all staff regardless of role because it really is a great way to start getting staff to think about mental health to get some good mental health literacy happening, and to think of all the ways that we can give them confidence to be able to have a conversation without feeling like they have to be a counsellor, to be assessing or doing any of those sorts of things. Just about giving people the confidence to recognise what is going on in those people around them and to think of all the different ways that we can try and find them supports, and the supports that they need specifically as well. I think that's all that I've got to say from a content point of view, but absolutely, as I said, Darlene, I'm more than happy to hang and answer any questions that you might have.

DARLENE: Brilliant. Thank you, Martine, that was fabulous. Just a reminder, and we've put it into the chat, if anything that Martine has talked about today has caused stress for you, please feel free to contact Lifeline on 13 11 14. But I think Elizabeth has kind of summed it up in the chat just around you presented some very positive examples as well there of how we can respond and support our student and staff in this sector. So we did get a couple of questions. One was what would the cost be for customisation. Is that a question you can answer in this forum or is it something people need to reach out to you for?

MARTINE: If you are an Australian university, there is no cost. As I said, we are funded by the Australian government to support staff of Australian universities.

DARLENE: Yeah. That is fabulous. So you did say three years. So when did the three years start? We are not in the last year, are we?

MARTINE: No, no. We are brand new. Started in October. And we are hopeful that three years is not the end of it. We would love to take it further. We'd like to get into TAFE. We'd like to get into all sorts of things. This is a great start for us. Three years is a great start in terms of funding. It just started in October. So as I said, we are still new. We are still looking at the best ways that we can support universities, and particularly at the moment working mainly with staff, not so much students. We are looking at supporting staff to support students. That is where we are at at the moment.

DARLENE: That's fabulous. So we’re at the beginning then. There was a question around taxes, but I presume that is probably around TAFE. I don’t think you can help us with our tax today, Martine. I would love you to. So you did mention that headspace would like to work within the TAFE sector. Have you got any – someone has asked is there anything up and coming around supporting TAFE in this way?

MARTINE: No. Not at the moment. But as I say, it is certainly on our radar, and we are certainly hoping that the work that we do here can certainly help with that. That being said, if you are an educator at a TAFE, I'm not going to boot you out of a Real Talk session that we are already currently running. You can access those because they are just great for building mental health literacy, and certainly that is something that we are certainly hoping for the future.

DARLENE: And we've been in this space a little bit too, trying to lobby for that. It was great to see that Universities Australia came out and supported this work, and I think this might motivate me to also write to the TAFE director of Australia and see if in some way they can support. If any TAFE staff are here, I encourage you to reach out to your CEO and say the university sector has been funded to do this and you want something similar for TAFE. The Labor government are committed to TAFE in a significant way by offering free TAFE. We need to make sure supports and structures are in place to support those students effectively. There is a question here around – and I might read it out because I think the beginning of it, kind of – it would be nice for you to hear too. I really appreciate the deep consideration of reducing subsequent harm from the preventative perspective. Can you point us to any resources which staff can draw on to support students’ wellbeing in the classroom before a crisis point is reached. I'd like to know what I can do early in supporting health and wellbeing.

MARTINE: Yeah. Look, it sounds like a cop-out, but I actually think if you haven't already, doing the Real Talk is a great start because we do go into detail about how to find different resources for different students, situations, communities as well. I guess that is something that we are really keen on being able to work towards as well. To look at all the different communities, the different individuals that need support as well and how we best can do that. We know we've got international students, students with disabilities, we've got students from cultural and linguistically diverse. So we want to make sure that resources are really targeted at the whole range of experiences. So particularly in that Real Talk, we do talk a lot about empowering staff to be able to recognise when things might not be going so well for a student, what are some of those signs that they are looking for? And then how are they having those conversations with those students initially. And it does have some practical examples of the sorts of things to say. And then looking at then what is the next step. So maybe you recognise that something's going on, that you are concerned, because sometimes it is having that conversation is enough. They just needed to get something off their chest, and they needed to be able to vent or they just needed to feel validated and to feel heard. But there are times where they need further support. So we want to be also empowering staff to be able to think about what is out there that is going to suit this particular person and how can I make sure that person knows this is there, how can I do it in a way that we are going to be responsive to them? So we look at really getting staff as well to think about what's available on your university in terms of those sorts of supports, or it might be a group that they could join, or it could be the wellbeing team. And just practical things like getting a member of the wellbeing team to come at the start of a lecture and say, “Hi, this is me. This is where I'm situated. You know, if you're experiencing any challenges, please know that this is how you can make an appointment to see me, or please know this is available at your university.” I think it is always about wanting to be able to break down the barriers for people to access support and thinking about what could be the barrier for this particular person to access supports, and how can I, in my role, break that down? It might be you just share a slide at the start of a meeting or start of a lecture that has a whole range of numbers or supports that are out there, and just that little reminder “How about everyone throw a few of these numbers in your phone. You never know when a mate might need them. You never know when you might need them. It is just a great way to know you can always access support, it’s 24/7. It can be confidential.” That in itself is breaking down a number of barriers. It’s breaking down that barrier of fear of confidentiality, breaking down the barrier of knowing where to go for support, seeking that out in the height of an emotional distress. And so everything that we do we want to be thinking how can I make support easy for these people in whatever way I can. And so there's certainly lots of resources out there and lots of different supports that are out there, but I think it is a great place to start to look at what is already at your university, but also externally in your area, where you live. If they’re a young person, is there a local headspace centre that they can, you know, go in and drop into, or on headspace.org.au. There are so many resources on there on a whole range of topics. You can also do online chats. They have different chats on different topics every week. So a whole range of supports and things are out there. But I think it is a great idea for people to start finding what is out there and every now and then sharing with people to try and break down that barrier, break down that stigma, and just let people know that the support is there. So there's lots of resources, as I said, on our website. All of the good organisations will have great resources, but I think it is a great place to start also what you have immediately that they can access. I hope that answers the question.

DARLENE: You probably have answered this one, but I'll ask it anyway. It was asked a little bit earlier. Is the review of the university's mental health and wellbeing policy framework focused around suicide prevention or is it looking at these things more broadly?

MARTINE: If we are looking at a framework that a university already has in place, what we would be looking at would probably be some of the gaps or some of the places that we think we might be able to add value to that response or to that plan or to that framework. And so we can certainly look at what you have in place and think, well, yeah, maybe there is a bit more education and training that could be happening here, or our toolkit fits in there because that fits in that planning. So it is more about what we can do to value add to what you already have in place.

DARLENE: That’s great. Someone's asked a question: Does that include higher education colleges, the work that you do? Is it the 41, like funded universities and their - the private.

MARTINE: Yeah.

DARLENE: Okay, so not the private. I don't know quite what the “higher education colleges”, if that means private.

MARTINE: I think there are some more private, like Bond and things like that. So we do do those. So it is 43.

DARLENE: Okay. Brilliant. And have many universities engaged up to this point?

MARTINE: Yes. As I said, we started in October. We've had probably into the thousands now that have done some of the trainings, the Real Talk and the toolkit trainings, they have been going since October. And we've also engaged in a number of universities. We've done some small, targeted sessions with university staff. For example, one university were interested in getting their security team and those people on the ground. They wanted to up skill them in the Real Talk, so we went and did that specifically with them. We've done some work in some response work for universities that have had an incident. We've gone in and helped them with their response, either their planning or just if they've already got some critical incident response plan already, we were just going in and helping them with a couple of questions they had around that. Also we've done a bit of work at critical incident reviews. So helping them have a look at what they did, what they needed to maybe look at, you know, filling in some of those gaps, how they would improve for next time, those sorts of things. Hopefully not a next time, of course, but yes, we've begun to work with a few universities in that way, some of those targeted sessions. Teacher, we are looking at doing some graduate teacher stuff, so doing some sessions just with them. So we certainly have the sessions that are online that anybody from university can log into. But we are also happy to tailor them to specific groups at universities and that can be in person as well or online.

DARLENE: That’s great. And with headspace and its age, there is an age thing. The reality is for the university sector there are a lot of mature-age students. Can you actually support the university and its whole population?

MARTINE: Absolutely. Look, I guess traditionally headspace has been seen as this 12 to 24 year old, 12 to 25 year olds. But of course we are happy to be able to break out of that. We are also starting to work in primary schools as well, so obviously below 12. So we are certainly not beholden to that age group. And particularly of course with universities. As I said, most of the work we are doing with universities is with the staff. So all of that training is to the staff. So of course that's usually older than 25.

DARLENE: That's brilliant. We are coming to the end of our time. So thank you, Martine, for your presentation. It was inspiring. I liked - Elizabeth has written in the chat that she loved the acronym NIP, memorable, and a nice reminder to start with simply noticing which is a lovely way to see that. I just wanted to give out, before I say a final thank you to Martine, we've got a few webinars coming up which the team will post in the chat. And we also have our accessibility and action awards currently opening which will be announced in May. If you are doing anything in the tertiary sector that is innovative and supports accessibility, and that includes supporting students in the mental health space, and so forth, then please apply for those awards. It is very exciting. We had some great nominations last year. This is our second year. I'm really looking forward to reading those stories. So Martine, thank you so much for your time today. It is absolutely brilliant. It is great that the government has supported this program. It is something that is really needed, and it looks to be such a positive response. Congratulations to you and your team for the work that you are doing.

MARTINE: Thank you. And I'm also happy to learn from your teams as well, and certainly have some of the webinars there on my list to go back and look at because, as I say, we are certainly wanting to get all of the support we can as well for everybody. So thank you as well for what you do.

DARLENE: That is a great plug, too, Martine. We do have a number of webinars. One in particular, a month ago with Brandon who is from TAFE, around the response of theirs and the response around mental health within the VET sector. So I encourage you, if you didn't see that, to go and check out our webinars. We have all of our webinars recorded and they are all there for free to listen to. We also try to put them into a podcast. So if you haven't got time and you on your morning walks want to be energised and educated as well, it is available. I'll let you all get on with your day. Thank you so much, Martine, for giving your time so freely to us. Thank you everybody for the fabulous questions and the engagement we have had today. We look forward to seeing you all in our next webinar. Take care.

OUTRO: Thank you for listening to this ADCET podcast. We hope you learnt something new about making tertiary education more inclusive and accessible for all students. You can keep up to date with our future webinars and podcasts at our website and by signing up for our regular newsletter by visiting [www.adcet.edu.au/newsletter.](https://www.adcet.edu.au/newsletter.)

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