GABRIELLE O’BRIEN: For those that don't know me, my name is Gabrielle O’Brien, and my pronouns are she and her. I am a Senior Project Officer at ADCET and I'm very happy to welcome Dr Jacqui Tinkler to do her presentation on UDL for Online Students with Mental Health Conditions. This session is being recorded, so please turn off your camera and mic for the session, if you please, and make sure that you are on mute. Use the Q&A function to pose any questions, and ensure your surrounding environment is quiet. Don't forget to tag us in socials with #UDLSymposium2023. Captioning for this session, you just press the cc button on the bottom of your screen. We will also have captions available via browser, and that will be put into the chat box now. Over to you, Jacqui.

JACQUI TINKLER: Thanks, Gabrielle. Thank you everybody for joining me today, and listening to my presentation about some research work I have been doing on online students with mental health conditions and the way in which that has led me to UDL and the ways that I'm thinking about UDL in that space. My pronouns are she/her. I am coming to you today from Wiradjuri country, and out of my window I can't see kangaroos but often I can if I am sitting here this time of the day.

Gab has just gone through all of that. And I've got my eye on the chat Q&A, as Gab has, if you need to ask me questions. I would like to acknowledge the traditional custodians of the Wiradjuri land that I am on today and acknowledge the Wiradjuri people who are the traditional owners and custodians of the unceded land on which I am coming to you from today. I would like to pay respect to elders both past and present of the Wiradjuri nation and extend that respect to other indigenous Australians who are joining us today or watching the recording. That photo is of the mighty Murrumbidgee River which is not too far from here.

Today I am going to cover ‑ I'm going to give you an overview of the research project we have been working on that looked at the way online students with mental health conditions learn and manage their condition; how learning design and teaching approaches impact on their studies; and then how the findings from that study have now influenced the way I'm thinking about using UDL to think about the learning needs. Then some of the things we are working on moving forward as a result.

So just a bit of background, this is a bit of the readings part. If you want more detail and more readings about this, please let me know. I will put my email address at the end and I'm happy to share any of those libraries of research. We know University students have a much higher level of poor mental health and psychological distress than the general population. And there are some groups that are particularly affected by that, and regional/rural students are one of those groups. And pre‑COVID, almost two thirds of students had high or very high levels of psychological distress, and of course that's higher post‑COVID, as we know.

Stigma about mental illness is really important here, and one of the big strengths, of course, of UDL because many students are afraid or anxious, embarrassed to disclose and often work very hard to conceal it, and sometimes the stigma means they are not even aware they are dealing with mental illness. They just think University is hard, not realising it is actually way harder for them.

And, yes, there is a lack of research in this area about the students' mental wellbeing in a distance learning environment, particularly in relation to UDL, and that's where my work is headed. That's a bit of background.

The research questions we were looking at: ‘What are their experiences?’, those students with mental illnesses or mental health conditions learning online; what were they dealing with in terms of study and their illness; and what elements of their subjects and the online subjects were helpful or not helpful to their learning. So what were the ways that we were teaching learning on that space, how did that impact on them?

From that, we are now extrapolating what a UDL approach to learning design might mean for them and how we can use that to improve their learning experience. We looked at online students particularly because I only teach online these days, but Charles Sturt University have a lot of online students ‑ we are a regional/rural University ‑ and we don't see them. Mental illness is often a very invisible disability or condition anyway, but online you might not ever, ever see them at all, so we are particularly interested.

The participants of the study, we had about 220 ‑ and this study was just at our University ‑ and we are looking at expanding this later ‑ 220 participants complete the survey, and we did some interviews as well to get a little bit more depth in terms of the information. The age range, 18 to 68. The vast majority were female, which is interesting. 21% identified as LGBTI and 4% as Aboriginal and Torres Strait Islander. There was a mix of full‑time, fully online, and mostly they were undergraduates. A range of disciplines. 88% had got treatment for mental health. In terms of the questions we asked, we said you could have a diagnosed or undiagnosed for a few reasons, but most in this had a formal diagnosis, and you need that formal diagnosis to get formal support, which is another aspect of UDL, as some of us know. And the main issues they identified were anxiety and depression. Many of them also had physical disabilities as well, and that's common.

Very quickly, the method, we asked all Charles Sturt University students to participate. There was a survey and semi‑structured interviews. We had some demographic questions. We also gave them the K‑10 scale, which is a measure of psychological distress. They scored very highly on that, as you can imagine given the nature of the study and who we were asking, but it was higher than we expected. There were some open‑ended questions, and we had some semi‑structured interviews as well to really tease out some of this stuff.

We asked about their experience of living with a mental illness while they are studying. We asked them if they told anyone, particularly their lecturers and what their reaction was from their lecturers. If they sought support and from whom? What sort of accommodations they were given, or they asked for? The difficulties and the benefits of studying online. Some students study online because it's easier, and particularly if you have got severe social anxiety, it's easier online. But not always. There is some interesting stuff around that I will talk about shortly. What type of assessments were difficult or caused anxiety? Probably no surprises there, you can probably guess already. And what they would like to see improve in their subjects?

What I have got here, a couple of tables that for captions I will read through the findings on these, but these are a summary of the findings in relation to what teaching and learning approaches help. Sheryl's presentation earlier did actually talk about a few of these, which was nice. So understanding and approachability. And part of that is openness, being trustworthy, and as a lecturer and educator, not just University people, but as the teacher, educator. Understand what stigma is and why people don't look like they've got a mental illness. There were some participants said that they were dismissed because they were happy. They were a happy achieving student so they couldn't have depression. Some of those. Also internalised stigma because that was quite a major thread that people had their own stigma about their own condition, and that impacted how they managed it, but how they asked for help or didn't ask for help.

Be proactive and provide support information, where they can get support and how, and step that through. University websites are often really intimidating. Where do I find it, what do I click on? Some of that stuff is anxiety producing in and of itself. Sometimes you can walk students through some of that stuff in a general sense at the beginning of a session. Have contact hours and have them visible so students can contact you when needed, it's not a hidden thing. Assume those students are capable and they want to do well. Even if they are not doing well, it doesn't mean they don't want to do well and you don't know what they are struggling with. It's invisible, often, and a student can look difficult, or lazy, or they are procrastinating, which is another thing that's getting a little bit more attention in terms of diversity, that procrastination tendency that ADHD folks can have. So, yeah, be mindful of appearance. Of course, that's difficult online, we don't see them either. Often the really high performing students and keen students can be really struggling. So we can't assume.

Have all your materials available, recordings available, and things up early so they can read and get their head around materials before a class as well because that can really help some of that anxiety. And be clear, consistent. That LMS we were talking about earlier, have things designed well so you can find things, clear and organised and not too much stuff. That was actually a really key finding and, of course, that's something that impacts on our LMS use.

Clear expectations. Clarity is important because if you are not sure what's going on, if you are anxious about that, then you will make it more complicated, or the lecturer or the assignment is more complicated than it needs to be. And not too much content. Make it achievable. They are ‑ don't put everything in there, or what I do is put it there separate. If you want to do more, it's over here. Not you have got to do everything that's overwhelming and difficult. Building opportunities for students to work online together and not necessarily group assignments, because they can be horrendous if you are full of social anxiety. And make your class a welcoming space. Open the class early so people can have an informal chat and different ways of contacting other students.

That flexibility is really important, particularly for mental illness because it's episodic. And some students ‑ one student was in and out of hospital and she never knew when she was going to hospital because she would have psychotic episodes. And she didn't have anyone who could ring the University and say, you know, "So and so is in hospital." So she would have to come back after that and have to then navigate systems and processes to then be able to apply for special consideration and all of this extra work that they have to do. Extensions are really important. And I know some people get very, "Oh, we've got to have it in on time." No, they don't. No, they don't. I will fight you on that one. Accommodate the needs for enough time because what to someone without this sort of disability might, you know, take a week, might take them several weeks. They are working just as hard.

Achievement options. Make it achievable. If they want extra, they can do extra, but don't set everything at a really high level. Assessments, formative assessments are really important. Some of my anxious students are checkers. Is this right, is this right, is this right? Provide opportunities where they can check and get that feedback. Alternative assessments ‑ this is the UDL part of that ‑ e‑portfolios are good because you can chunk work, you can put different sorts of tasks in those. There's different ways of them being able to show what they are achieving.

Exams and essays, as I said, are the stressful things, particularly exams, but you can design exams with UDL in mind as well and scaffold that. Promote those student support services, as I mentioned. On the front page of my subjects, I have where you can contact, and who and how, upfront so they know and I flag that, and talk about students, "If you have got these sorts of disabilities" ‑ and I mention mental health in there because it is often not spoken about still, and often students will say, "Thank you for mentioning it. It's just not even talked about." Even that shows that you are open and understand that sort of ‑ the sort of things that students are bringing to class. Reaching out is very hard for students if they are having a bad time with their mental health. That's the hardest time. When they need it, it's the hardest for them to actually reach out, so you can be proactive in that space.

And different modes of representation. Those of you who know about UDL, know about this, but if you are a beginner it just means you can have a range of assessment options. And even chunking, the way you arrange an assessment, you can chunk it, you can do it in bits so it is more achievable, hence things like e‑portfolios. That formative assessment gives them the ability to check, so things like AI can be useful for that, and I will talk about that shortly, and different learning materials available. And that includes things like making sure your PDFs are accessible. Don't assume there is an average student, which is the core, I suppose, of UDL.

I've had a look at trying to map this against the model, and part of my work in this space is trying to interrogate this model and see how it works for mental health and cognitive disabilities in general. And that's spoken about a lot in UDL space. Cognitive disabilities is a really broad term and that includes all sorts of things. What I have done here is the ticks, and a faint tick is where those sort of findings kind of map on to this. I'm trying to unpack this in a little bit more. If any of you listening are interested in that too, in this space, please flick me an email. I would love to chat about the ways we can do this sort of work.

So in terms of all of those findings and what that means for UDL, that flexibility, supportive and non‑judgmental, just assume they are struggling. Don't think they are being lazy or they are not organised or whatever. Just assume they are struggling and be helpful and proactive. That collaboration and belonging is really important. One of the key findings of that was that students wanted to belong and feel like they are part of a class, and of course in Australia that University Accord is finding that belonging is really important, but they had a lot of social anxiety. They were scared to come to class sometimes, and then it's the Zoom meetings, Zoom cameras and some of those things that we can do. They wanted to feel like they were part of a class but their anxiety prevented them. So if they are not showing, it's not because they don't want to be there, it's because it is a difficult space and Zoom has all sorts of issues there. Sheryl talked briefly about that this morning, which is good, earlier.

Provide safe ways for them to ask you for help and get back to them quickly. If there is a wait, some students will say, "I asked for help and they never got back to me and I'm never asking again." Because it is a big deal to ask for help in this space because of stigma and the rest of it, and the courage it can take. So always get back to your students.

Positive encouraging feedback. We know that but it doesn't always happen. Avoid stressful assignments, having them all at once. Some of this is obvious, but unless you think about it and design for that, you can forget. Alternative assessments give students confidence they can do well in a way that works for them. Technology, Sheryl talked about that briefly and that's where my work is going next. I will give you a bit of an invitation to that shortly. Those recordings are important, so students can go over and over, and a few students said how valuable that was, to have a recording of a lecture and materials early so they can prepare. And, yeah, that clarity and organisation was, again, really important.

So in conclusion, what I found from all of this, and I mentioned, we are interrogating that UDL framework in more detail about this - cognitive impairment, but mental health in particular, and how that framework can help and what I can bring to that space and how this might look.

What kind of learning approaches benefit episodic illness, because they can be great one week and then in hospital the next. And they don't know, and they can't plan for it or let you know ahead or contact you, necessarily. Stigma is really a big problem, and we have our own stigma, even if we are trying not to have, or we are aware of it. So many people still have that, and I reckon about a third of the respondents had quite significant internal stigma. "I am not asking for help. Mental illness is not a disability. I'm fine, it's just hard, and I don't want to reach out for help because I don't want anyone to know." There is a third of the respondents felt like that. So that was an important finding.

And thanks, Gab, shortly. And, yeah, because they can't always access that diagnosis to get formal help, that's where UDL is really important, but it means they don't seek it, they don't get help because of that, so you might be the only person they are approaching. They don't have that formal support.

On that next ‑ my next part of this is to ‑ now I'm looking at assistive technology and UDL and mental illness. This is just a quick ‑ you will see the recording but you can flick your phone at that and there is a link there. If you would like to complete our survey and if you are an accessibility or disability support officer or Manager, because now I'm looking at how the technology can help online students with mental health issues. The online learning is about technology. We take a lot of it for granted and we don't think about it, so I'm trying to figure out what kind of tools/approaches with technology might help.

There is the QR code again if you are interested, but I'm happy to take any questions.

GABRIELLE: We've got about 4 minutes for questions. Anybody got a burning question for Jacqui?

JACQUI: There is nothing in Q&A I can see. I am just going to have a quick look at the chat.

GABRIELLE: No, I think ‑ ‑ ‑

JACQUI: Thanks, Cathy.

GABRIELLE: I think people might put their hands up.

JACQUI: Okay, yep.

GABRIELLE: They were too shy to put it in Q&A. I wonder if I have to take everybody off mute, though.

JACQUI: I am looking over the comments to see if I can expand on any. Thanks, Gab, for the contact.

GABRIELLE: No, there is a Q&A. How do you get the whole team to stagger assessments? You are on mute again, Jacqui, sorry.

JACQUI: There we go. Yes, that's very difficult, and I try and look at ‑ University organisations don't lend themselves to that. One of the reasons I do portfolios is I can look at work, look at students' work, and in progress, it's actually good for some of that AI concerns that people have, but it means students can get feedback along the way. It is also designed specifically so that the tasks in that portfolio are then the assessment. So they are not doing a bunch of tasks and then a major assessment. The tasks are the assessment. So when that assessment time rocks up, it is done, and if anything they might have to do a couple of hundreds words of reflection to tie it altogether. But that's why I have designed it that way, because four massive essays at once is difficult. That chunking of work means they can work on things along the way rather than have to go, "Oh, God, now I have to write four things all at once." That's how I have done it. If I have got time to answer some questions ‑ ‑ ‑

GABRIELLE: Yes, yes. Go for it. One more minute.

JACQUI: A participant has a really good issue about the way we have said how about framing it as psychosocial disability. We've spent a lot of time talking about what ‑ how to talk about mental illness, poor mental health, psychological distress, psychosocial disabilities, different sorts of cognitive impairments and functions. It is a really difficult space because a psychologist calls it something different, the medical profession ‑ and if you get a formal diagnosis in order to obtain formal University support, you need a medical diagnosis. Instantly you are in mental illness territory, and hence why I have used that expression in the study. But there is a whole bunch of interesting stuff around what we call this, and that's part of the stigma. Mental illness means something from "I've got poor mental health", from "I'm a bit stressed", so how you talk about that is actually important.

GABRIELLE: Jacqui, we don't have time for any more questions, but I did put your details in the chat so that people can contact you directly. And I encourage everybody to fill out that survey and find out more from you then. Thanks so much.

JACQUI: Thank you. Thanks everybody.

GABRIELLE: See you. Bye

JACQUI: Bye