

Improving the university experience for students who have a mental health problem

JACKIE WEINMAN
DISABILITY COUNSELLOR
COUNSELLING & DISABILITY SERVICES
CURTIN UNIVERSITY

The project

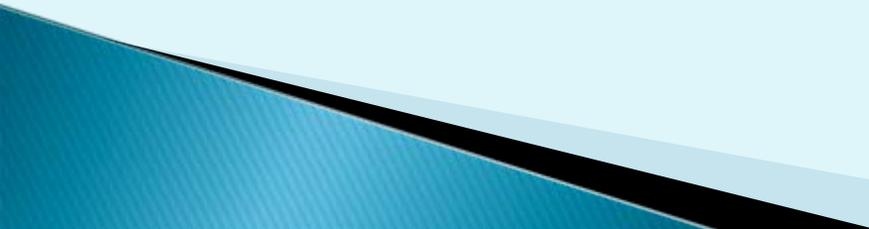
- ▶ HEESP funded
- ▶ 2009
- ▶ Joint project
 - Counselling and Disability Services (CDS)
 - Curtin Health and Innovation Research Institute (CHIRI)
 - Faculty of Health Sciences

Background

University students are an 'at risk' population:

- ▶ 10 to 15% contemplate suicide while at university
- ▶ High rates of hospitalization and emergence of mental health issues between age 15 and 24
- ▶ Majority do not seek help and use/misuse alcohol and other drugs

Aims of the Project

- ▶ to obtain feedback through an on-line survey of students' experiences of studying at Curtin University while managing a high level of stress or an emerging or diagnosed mental illness,
 - ▶ improve the capacity of university staff to work with students who have a mental health problem,
 - ▶ develop resources to assist staff and students to access information on mental illness.
- 

Methodology

1. On-line survey of students
 2. Mental health training for staff
 3. Development of Mental Health@Curtin website
- 

Online Survey (May 2009)

The questionnaire consisted of four parts:

- (1) demographic information;
 - (2) information regarding the person's self identified mental health problem;
 - (3) impact of the respondent's mental health problem on university life;
 - (4) additional comments
- 

Section 1: Demographic data

2464 unique records were registered, however 1471 provided useable data (reported MH problem)

- ▶ 72% were 25 years of age or younger;
- ▶ 69 % were Australian, 84% undergraduates and 78% studying fulltime
- ▶ 14% were international students.
- ▶ 71% were female, 29% male (more females than males responded across all age groups)

Age profile of respondents vs Curtin population

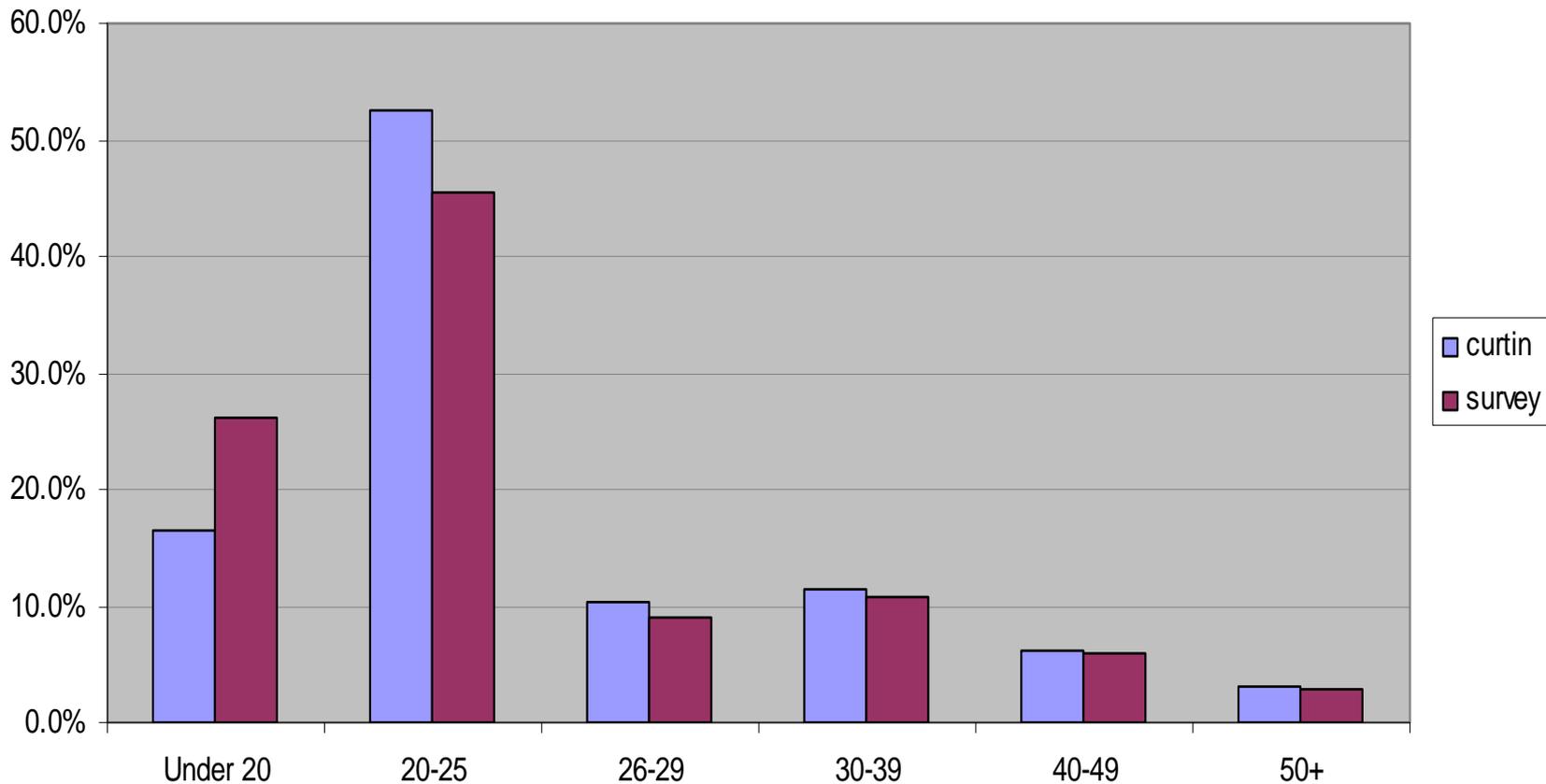


Figure 2a: Age profile of survey respondents vs. Curtin student population (Semester 1, 2009)

The largest group of students completing the survey were from:

- ▶ Health Sciences (38%), followed by
- ▶ Humanities (23%),
- ▶ Curtin Business School (20%),
- ▶ Science and Engineering (17%)

Section 2: Mental health concerns

- ▶ 83% of respondents described a recognisable mental disorder or clinical label
- ▶ The most common problem reported was depression (41%) followed by anxiety (32%)
- ▶ 44% of respondents did not provide a formal diagnosis for their mental health problem but described the symptoms they were currently experiencing.

Symptoms reported...

The most commonly reported symptoms impacting on wellbeing were **effects on thinking:**

self criticism

self-blame

worry

pessimism

negative thinking and rumination

impaired memory and concentration

indecisiveness and confusion

thoughts of suicide and death

Other symptoms:

- ▶ **Effects on emotions:** sadness, anxiety, guilt, anger, hopelessness etc
- ▶ **Negative physical effects:** fatigue, lack of energy, sleeping too much/too little, weight loss/gain etc
- ▶ **Effects on behaviour:** crying, withdrawal, personal appearance, motivation, procrastination, self-harm etc

- ▶ The main foci of distress expressed by international students and students living away from home were:

isolation

loneliness

homesickness

shame

- ▶ These students also struggled with English language and it was a major cause of stress for them during their time at the university.

Consulting health professionals

662 respondents (45%) had consulted a health professional

- ▶ 30% GP
- ▶ 29% Psychologist
- ▶ 18% Psychiatrist
- ▶ 17% Curtin Counsellor
- ▶ 5% Other health professional
- ▶ 1% Nurse

Professionals consulted

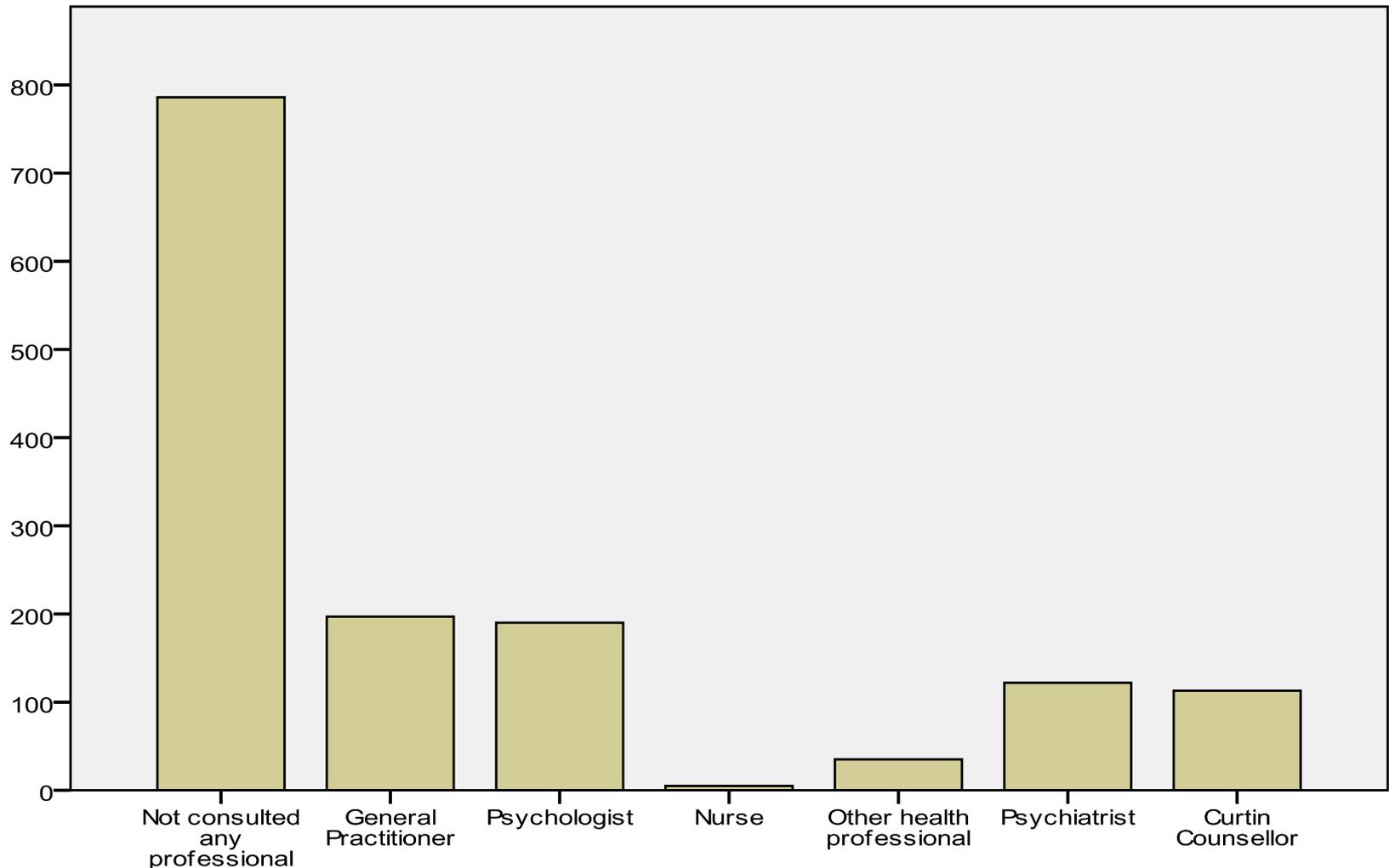


Figure 3: Professionals consulted regarding mental health concerns

50% of the respondents who were 25 years or younger had not sought help or consulted a health professional.

One quarter of students who had not sought help said this was because they were anxious or embarrassed to seek help:

- ▶ embarrassed, ashamed and fearful to do so
- ▶ concerned that their reputation may be damaged
- ▶ frightened that if they did seek help that they would be stigmatised

Reasons for not consulting a professional

Of the 786 respondents in this category:

- ▶ unsure if problems/symptoms were serious enough (35%)
- ▶ anxious or embarrassed to seek help (25%)
- ▶ lack of time (21%)
- ▶ felt they should be able to manage on their own (17%)
- ▶ potential costs of treatment (12%)
- ▶ service availability and capacity (8%)

Professional diagnosis

- ▶ 64% of those who consulted a professional received a formal diagnosis, and 11% were unsure if they had been diagnosed.
- ▶ Most common formal diagnosis was depressive disorder (73%), followed by anxiety disorder (8%), Bipolar (6%) hyperkinetic (attentional) disorder 5%.
- ▶ Psychotic disorders 1%

Medication

Of those who had been diagnosed, 45% took regular prescription medication.

- ▶ 19% always helpful
- ▶ 35% often helpful
- ▶ 34% sometimes helpful
- ▶ 12% rarely helpful

Non-prescription drug and alcohol use

- ▶ Non-prescription drugs/medication:
81% never used, 8% rarely used to manage their MH problems.
*2% all the time.
- ▶ Self medication with alcohol:
53% never used, 20% rarely.
*6% all the time.

Other management strategies

- ▶ Physical exercise 20%
- ▶ Talking to family/friends 19%
- ▶ Complementary therapies 11%

Also (less helpful)

- ▶ TV and DVD's
- ▶ Shopping
- ▶ Sleeping
- ▶ Procrastination
- ▶ Comfort eating and/or food restriction
- ▶ Caffeine and cigarettes

Section 3: Impact of mental health concerns on university life

76% reported an impact on university life

- ▶ 67% completing assignments
- ▶ 47% interacting with other students
- ▶ 45% attending classes
- ▶ 35% exams

Impact on university life

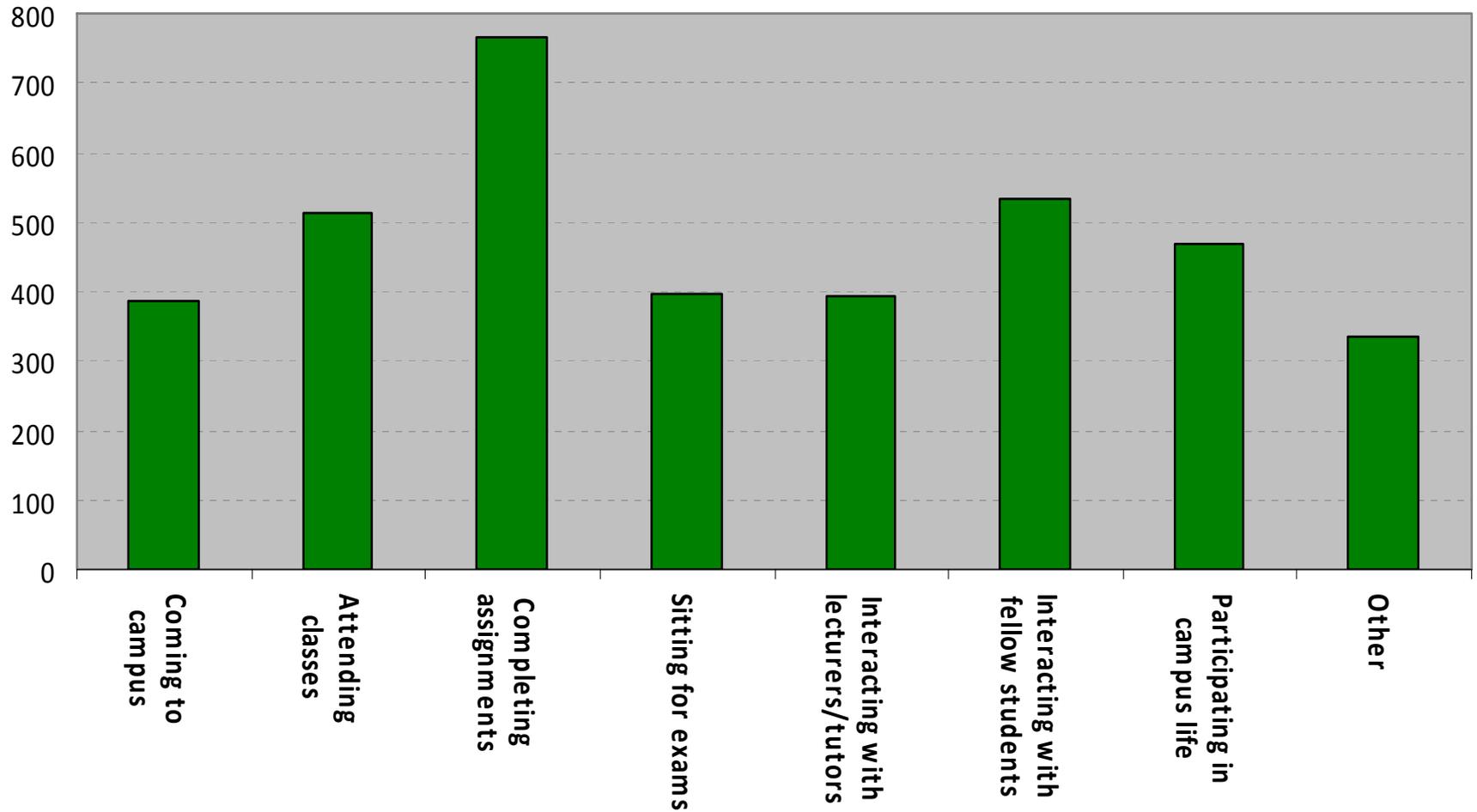


Figure 9: Interference with university life

Section 4: University support

18% had discussed their concerns with someone at Curtin

64% had not

... there is still a huge barrier of personal shame and embarrassment that you don't wish to broach in a higher education facility ... you wish to be seen as someone having intellectual prowess not an impairment ...

Reasons for not seeking assistance at Curtin

Afraid and/or embarrassed (53%)

Predominantly concerned with being judged as lazy, as attention-seekers, or with not being believed, also confidentiality concerns:

... not wanted to be told I'm making it up, don't want to be earmarked as someone with mental health problems ...

... I don't think they would believe how profoundly it affects me and since it is depression, I feel they would probably think I was just lazy....

... I am scared to draw attention to myself in case, for whatever reason, I get this held against me.... I know this is not practical but it has happened to me, and it terrified me so I try to go unnoticed as much as possible. I was also told by ... [this person] fairly high up that I should quit [Course deleted] because I'm clearly not fit to be a [Profession deleted].

... I do not want to be stigmatised or labelled [Profession deleted] is a very small field and I do not want to be known by my illness when I am out in the field...

... I have had negative experiences before where I have told someone and they have allowed that information to leak out and spread ...

... shame and I don't want to have a label attached to me... not sure of the staff at the counselling service they could be my lecturer in the future or someone that I am studying with...

Perception that their problems are not severe enough to warrant attention (16%)

... I think it's not worth bothering others because it's not like I'm about to slit my wrists or starve myself to death ...

... I think I'm going through the same things as so many others I would be a boring case for the counsellors ...

... unsure as to whether it is a mental health problem or just the blues ...

Other reasons

- ▶ Lack of awareness of support services
- ▶ Problem not interfering with studies
- ▶ Difficulty obtaining appointments
- ▶ Concerns about costs
- ▶ Restricted service hours/delivery modes
- ▶ Did not need or want help

Lack of awareness of support services most evident amongst external, on-line or off-shore students.

Barriers faced by students with mental health concerns

Negative attitudes towards MI, and fear of being judged or thought lazy (44%)

... stigma associated with having particular mental health problems is alive and kicking at Curtin. I've heard other students make jokes about people with mental health problems in class with me...

... stigma, sometimes I get the impression that certain tutors think mental illness is just a lame excuse for not getting work done in time ...

Course structure, nature of assessments and workload impact on mental health (28%)

... with anxiety and panic attacks the over-use of group work and presentation and talks.. There are too many activities such as those that can be very confronting... access to services is limited and not really advertised except for the odd email into students inboxes... the stigma of mental health also stops people seeking help...

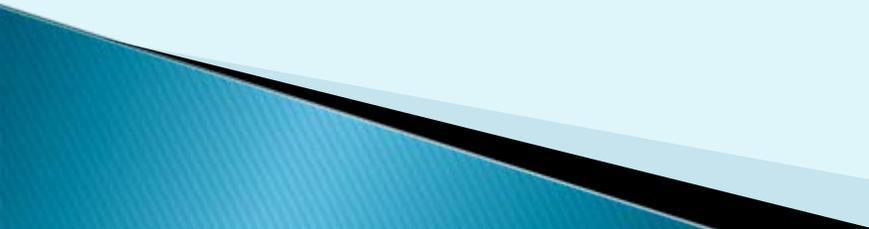
... sometimes just coming to class is a terrifying prospect ...

Administrative processes difficult to engage with (3.2%)

... lack of understanding, I don't think mental conditions are taken as seriously as a physical illness that prevents you from study... the process for getting appeals deferrals etc is not easy ...

... feeling like you have to prove you have a problem every time you have an episode...

Other barriers

- ▶ Admitting they have a problem
 - ▶ Feeling lost and alone in a huge campus
 - ▶ Not knowing where to find help
 - ▶ Language and cultural barriers
 - ▶ Accessing support services when needed
- 

... the thought of going to see the uni counsellor is pretty daunting because you have to walk up the stairs [it] feels like everyone would look at me and judge me...

... stigma being afraid to tell anyone and also not being able to say why you haven't done assignments or been to class because you are too ashamed or scared of being judged or thinking that tutors and lecturers won't believe you or understand or think that you are just making an excuse ...

Service usage

- ▶ 18% had discussed their mental health problem with 'someone' at Curtin
- ▶ 88% reported that this had been a helpful experience.

... my experience of counselling has been very positive, I don't think I'd even be considering continuing as a Curtin student at all if it hadn't been for the positive impact counselling has had....

... Lecturers, etc. ... no reasonable adjustments (time extension) to course requirement, [was told I] can appeal if don't like the decision.

...disability services: somewhat helpful, I have been given the impression that if I am failed due to late submission of an assignment, they will help me with the appeal, but they actually have no power to make the school do anything.

Some positives 😊

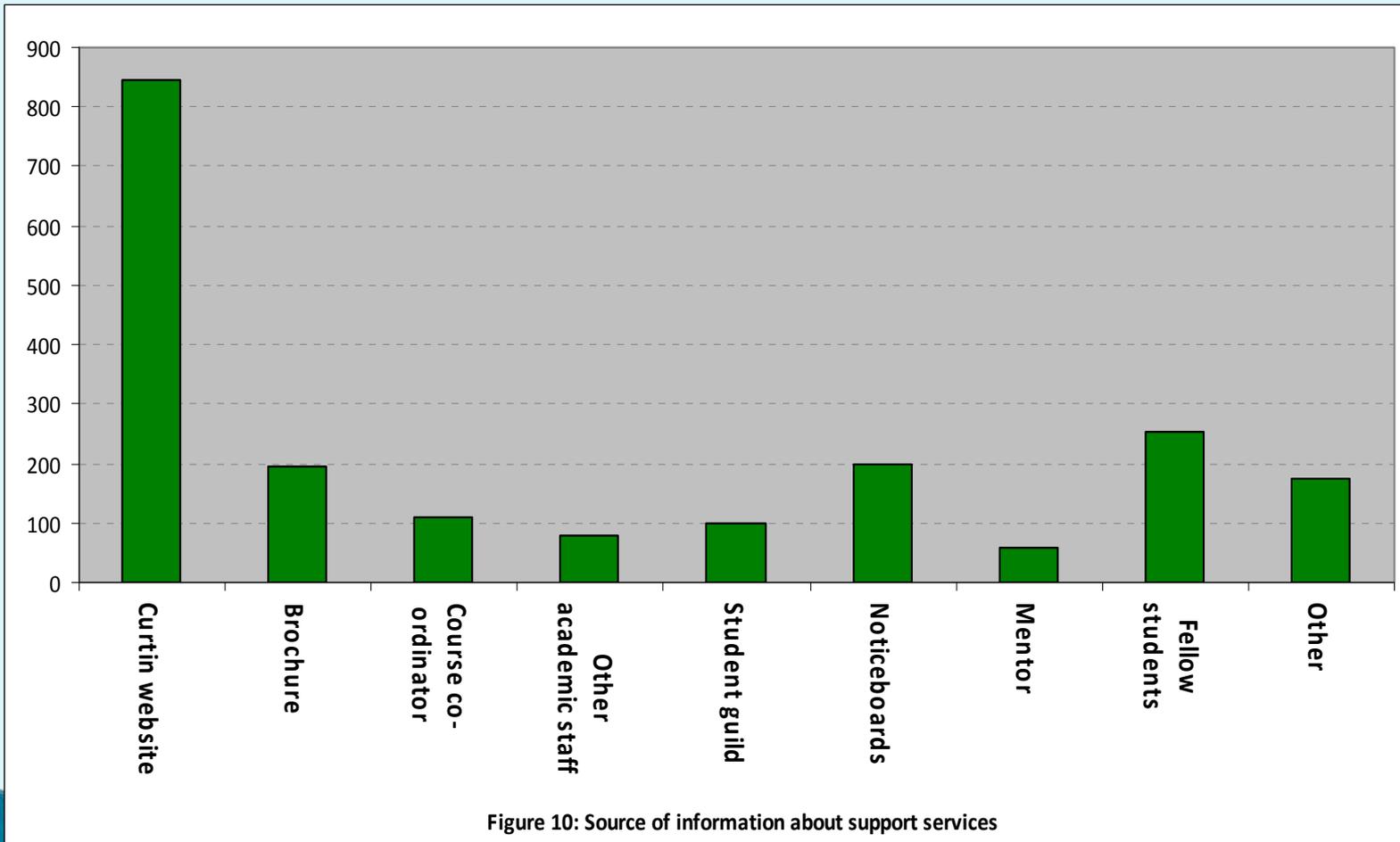
... I have found the staff to generally be very supportive when they are aware of an existing condition, and can be quite flexible (e.g., with class attendance) ...

... I think the university is doing a great job with all the help available for those who seek it and are brave enough to say I need help ...

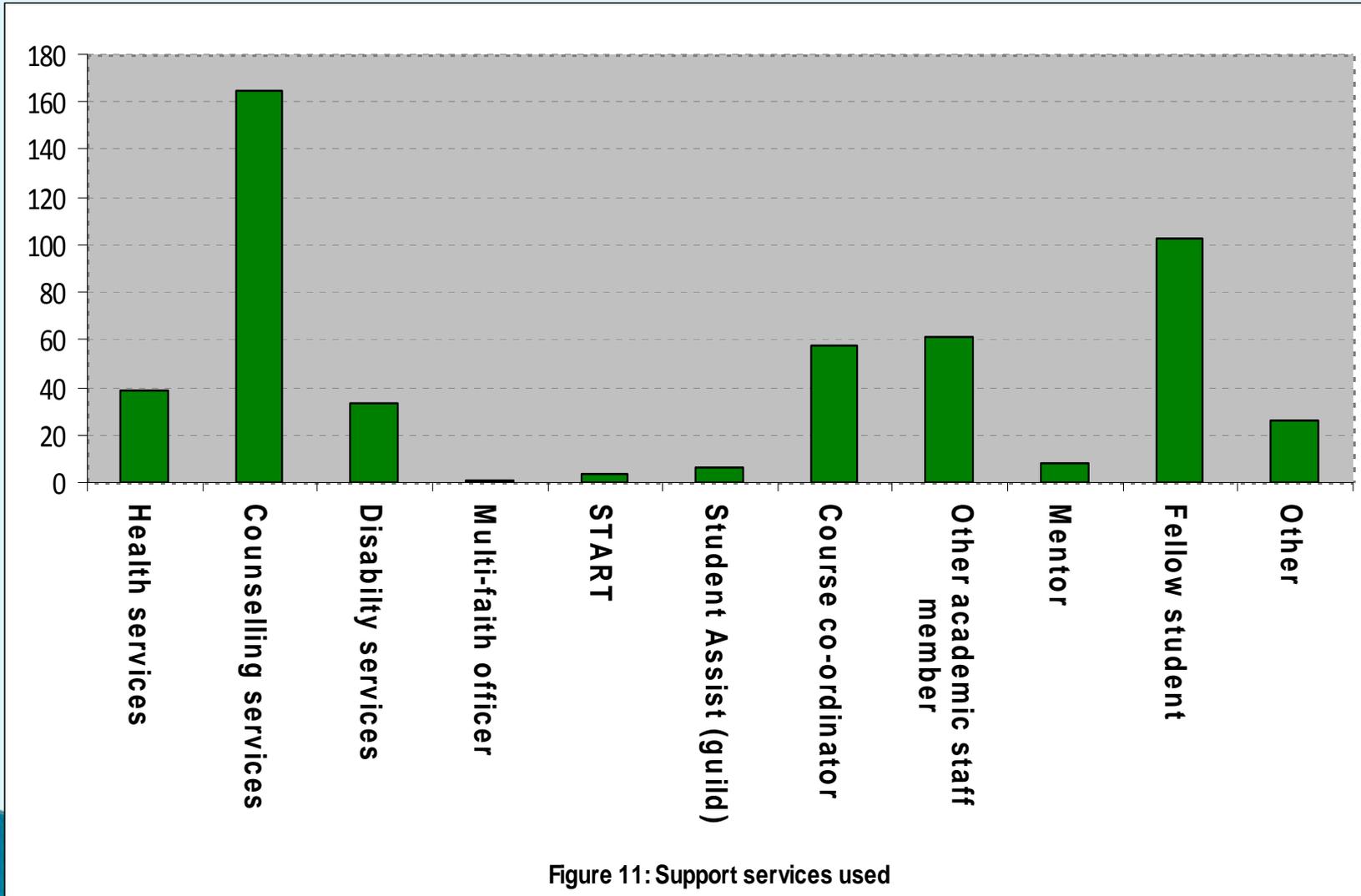
Visibility and source of information

- ▶ Three quarters of respondents were aware that Curtin provided support services, but 41% were finding it hard to locate information about these services
- ▶ The Curtin website was by far the most popular way of seeking information (73%)

Source of information



Service usage



Suggestions for improving services

- ▶ Improving marketing of support services
- ▶ Improving capacity of existing services and reducing waiting lists
- ▶ Introduction of on-line counselling, programs and checklists
- ▶ Mental health awareness-raising activities
- ▶ Training for staff to follow up struggling students (faculty contact person)

... every student should know from the moment they enrol that they don't have to struggle with mental health on their own...

... anonymous phone counselling or online counselling would be great. I don't feel confident enough to face someone and discuss my issues ...

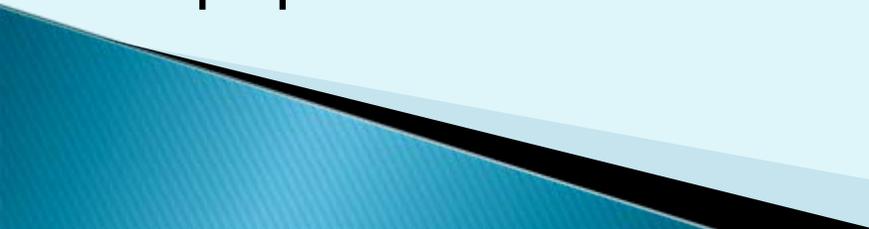
... educate staff members on the signs and symptoms so they can pick it up in their students and give them support ...

Mental health training for staff

- ▶ 4 CDS staff trained in Mental Health First Aid
- ▶ 2 day MHFA course run 4 times during the year
- ▶ 4 hour 'Mental Health in the Workplace' course ran 5 times
- ▶ 'Kognito' rolled out to academics. Prerequisite for the 4 hour workshop

<http://lms.kognito.com/login/index.php>

Mental Health First Aid

- ▶ Overwhelming demand, though it is an intensive course to run and support
 - ▶ Consistent feedback that the content needed to be more practical
 - ▶ Time limitations for some staff to attend a 2 day course
 - ▶ 4 hour course was more practical focus, also very popular
- 

Mental Health@Curtin website

- ▶ Information to assist in identifying mental health problems/conditions
 - ▶ Information for staff and students concerned about someone else
 - ▶ How to find help within university and wider community
 - ▶ Emergency contacts/procedures
- 

Mental Health @ Curtin - Windows Internet Explorer

http://counselling.curtin.edu.au/mhac/

File Edit View Favorites Tools Help

Google Search Share Sidewiki Check Translate AutoFill Sign In

Mental Health @ Curtin

Curtin Counselling Service

Curtin University

Home Appointment For Staff For Students Group Program **Mental Health@Curtin** Crisis Response Mediation Publications About Us

[Curtin Home](#) > [Counselling Service](#) > [Mental Health@Curtin](#)

Mental Health @ Curtin

One in five Australians will suffer from a mental illness at some point in their lives. A mental illness is a health problem that significantly affects how a person:

- thinks
- behaves
- interacts with other people.

A mental illness is diagnosed according to standardised criteria. A mental health problem also affects how a person thinks, feels, and behaves, but to a lesser extent than a mental illness. Mental illnesses are of different types and degrees of severity. Some of the major types are:

- anxiety
- depression
- schizophrenia
- bipolar mood disorder
- personality disorders
- eating disorders (Source: Department of Health and Ageing)



Project recommendations

- ▶ Orientation, education and training of all staff and students to increase knowledge and understanding
 - ▶ ‘Mental Health Champions’ identified
 - ▶ Develop on-line mental health promotion modules
 - ▶ Support services work with University Marketing to improve profile
 - ▶ University visibly increases commitment to reducing stigma and promotes ‘mental wealth’
- 

Resources developed

- ▶ Mental Health @ Curtin website

<http://counselling.curtin.edu.au/mhac/>

- ▶ Promotional Material

Fold-out Wallet Cards

Display Banners

- ▶ Mental Health Coordinator Position
(Proposed)