Of Australia’s 1.4 million university students approximately three in five are aged between 15 and 24 years and at least one in four of these young people will experience mental ill-health in any one year.

Students with an experience of mental ill-health have been shown to be more likely to leave consider exiting or exit their course early. Failing to provide effective interventions for mental ill-health among university students is also likely to cost government/s through a) lost investment through course non-completion and b) downstream costs to mental health systems from not intervening early with mental and substance use disorders.

While Australia provides world class higher education and has been an international leader in the response to youth mental health, the mental health of university students (and tertiary students more broadly) has largely been absent at a policy level, impacting on the capacity of the university sector and the mental health sector to respond.

This issue impacts the entire university community, from administration staff and academic staff (who are often early identifiers of psychological distress or people whom mental ill-health is disclosed to first), as well as student and mental health services on and off campus.

Many universities are developing policies and responses but are left to do so without national leadership, guidance or additional resourcing and support. Overseas, nationally coordinated responses have enabled collection and monitoring of data, the sharing of practice across universities and a stronger platform for further advocacy on this issue.

University often co-occurs with the emergence of mental ill-health in young people anyway. I think that in and of itself is a good enough reason to invest in unimeal health.

Young person
**Name it in policy**
To create the scaffolding for universities to respond, student mental health must be included in the higher education policy agenda while the delivery of mental health education programs and policies should be extended beyond secondary schools and into universities.

**Measure it so it counts**
Improve data collection on university student mental health by leveraging off a number of existing national survey instruments such as the Student Experience Survey in higher education and extending the Child and Adolescent Health and Wellbeing Survey to including 18-25 year olds.

**Leadership and coordination**
Sector (both mental health and higher education) drivers are needed. There is a role for Universities Australia and a mental health organisation partner to provide guidance, training and monitoring of university responses to student mental health (including policies, frameworks and peer workforce development). This could be aligned to the new Health Promotion Universities Network Australia.

**Joined up approach**
Partnerships between mental health and higher education service delivery need to be prioritised:
- Nationally, though ongoing mechanisms for inter-departmental responses, particularly between mental health and higher education portfolios.
- Regionally, by including universities within the service planning and coordination activities of the Primary Health Networks (including as research and evaluation partners).

**Tap into technology**
Appropriate and accessible online support for university student mental health and wellbeing should be provided through:
- Considering the needs of this group in the development of future government online mental health platforms.
- Evaluating and monitoring research into university mental health online interventions.
- Universities embedding easy access to evidence-based online mental health services within student facing IT systems.

**Responding to heightened risk in students**
The Australian Government should further develop equity focused programs in higher education to increase support for students with mental ill-health or those who are at increased risk such as international students, Aboriginal and Torres Strait Islander students and students from low socioeconomic backgrounds or rural areas.

**Universities are settings for early intervention and prevention**
Youth mental health services and programs should engage and provide support to universities, this includes extending school based mental health programs beyond secondary school and into tertiary education settings and deliver training and support to frequent contact university staff (such as tutors and administration staff) and students.

**Harness the capital within**
University researchers, educators and the student peer workforce have the skills ‘in-house’ to develop and trial new and innovative approaches to university student mental health. Dedicated research funding through National Health and Medical Research Council or Australian Research Council would provide an incentive for universities to prioritise this area.

To read the full paper, visit orygen.org.au