

© Orygen 2020

This publication is copyright. Apart from use permitted under the Copyright Act 1968 and subsequent amendments, no part may be reproduced, stored or transmitted by any means without prior written permission of Orygen.

ISBN 978-1-920718-56-5

Suggested citation Orygen. Australian University Mental Health Framework. Melbourne: Orygen 2020.

Disclaimer This information is provided for general education and information purposes only. It is current as at the date of publication and is intended to be relevant for Australia. This information is not medical advice. It is generic and does not take into account your personal circumstances, physical wellbeing, mental status or mental requirements. Do not use this information to treat or diagnose your own or another person's medical condition and never ignore medical advice or delay seeking it because of something in this information. Any medical questions should be referred to a qualified healthcare professional. If in doubt, please always seek medical advice. Orygen will not be liable for any loss or damage arising from your use of or reliance on this information.

Acknowledgements Orygen would like to acknowledge the Australian Government Department of Health for funding this important project to develop an Australian University Mental Health Framework.

Orygen acknowledges the traditional custodians of the lands we are on and pays respect to their Elders past and present. Orygen recognises and respects their cultural heritage, beliefs and relationships to their ancestral lands, which continue to be important to First Nations people living today.

Orygen would like to recognise all of the university and mental health sector stakeholders and university students from around Australia whose experiences and perspectives informed the framework. Orygen would like to thank the project advisory group members who were integral to the development of the framework:

Nadine Bartholomeusz-Raymond, General Manager Education and Families, Beyond Blue;

Dr Michelle Blanchard, Deputy Chief Executive Officer, SANE Australia;

Vivienne Browne, Associate Director, Government Relations and Policy, Orygen;*

Jason Davies-Kildea, Head of Policy and Advocacy, Beyond Blue;*

Will Edwards, National Disabilities Officer (2019), National Union of Students;

Louisa Ellum, Head of Be You Major Projects, Beyond Blue;*

Dr Renee Hamilton, Policy Director, Safety and Wellbeing, Universities Australia;*

Professor Ian Hickie, Co-Director, Health and Policy, Brain and Mind Centre, The University of Sydney;

Catriona Jackson, Chief Executive Officer, Universities Australia;

Professor Eóin Killackey, Associate Director, Research, Orygen;*

Professor Denise Kirkpatrick, Senior Deputy Vice-Chancellor, Western Sydney University;

Somayra Mamsa, student representative;

Neha Manandhar, student representative;

Professor Patrick McGorry, Executive Director, Orygen;

Manfred Mletsin, International Student Advocate (2017-2020), Council of International Students Australia;

Kerryn Pennell, Director, Strategic Relations and Policy, Orygen;

Geri Sumpter, Head of Be You Delivery, Beyond Blue;* and

Dr Christie White, President, Australian and New Zealand Student Services Association..

* denotes participants who attended meetings as a delegate for their organisation.

Orygen also acknowledges all other individuals and representatives of key groups who contributed to the development of the framework, either through participation in the expert working groups, or through broader consultation activities.

www.orygen.org.au



FOREWORD

The concept of ‘mental wealth’ captures the social and economic productivity flowing from a mentally healthy population and effective treatment of mental ill-health. Ensuring that university students are supported to experience good mental health and access effective mental health care if they are struggling is crucial if we are to protect the mental wealth of Australia.

Research here and internationally indicates that university students who develop mental ill-health are more likely to exit courses early, having a detrimental impact on both their educational and career pathways, as well as their longer term mental and physical health outcomes.(1) Almost half of all students considering leaving their studies in 2019 cited health or stress reasons.(2)

2020 has been a year like no other. The COVID-19 pandemic has both disrupted and transformed students’ experience of university. Students have needed to rapidly adapt to remote learning environments. Many students have lost part-time and casual employment and are experiencing a loss of social connection. Throughout the pandemic we have seen rising levels of anxiety, stress and depression among the general population, and particularly among young people. Universities have also had to adapt dramatically to cope and, as government policies here and in other countries are changing to respond to the pandemic, so the future also remains uncertain. There has never been a more important time to consider how we can best support the mental health of university students.

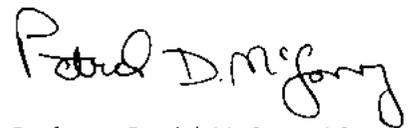
These major contextual changes are critical because the culture of the university has a significant effect on the mental health and wellbeing of students and staff alike. There are many ways that the environment can be enhanced to promote wellbeing and reduce the risks of

mental ill-health. This requires a healthy institution and enlightened and effective leadership.

The Australian University Mental Health Framework has been developed to provide nationally consistent guidance for universities to support mental health and wellbeing. The framework articulates the principles which should underpin a clear commitment by universities and mental health services to prioritise student mental health and wellbeing as core business.

With the framework now released, the real work begins. We need to recognise the relationship between mental wellbeing and educational success, translate these principles into practice and share what works. But we shouldn’t stop there. We must make sure we understand and respond to students’ needs and continually drive improvements in their access to evidence-based, high-quality mental health information, resources and services on and off campus.

Mental health is everyone’s responsibility. As such, the framework acknowledges this is not purely a university responsibility but one shared with the mental health sector. Every one of us has an important role to play in ensuring that the mental health and wealth of this and future generations of university students is safeguarded and enhanced, enabling students to not only contribute but to flourish.



Professor Patrick McGorry AO
Executive Director, Orygen



CONTENTS

INTRODUCTION	5
VISION	6
THE FRAMEWORK	7
PRINCIPLES	10
TAKING ACTION	17



INTRODUCTION

Good mental health is a personal and community asset that needs to be promoted and protected. It is linked to positive study and work outcomes, greater productivity, lower rates of mental disorders, better physical health and increased life expectancy.(3) By contrast, mental ill-health causes distress, can impact on learning and employment, and contributes to psychosocial disability and reduced life expectancy in the absence of appropriate supports.(4)

University settings play a key role in shaping and supporting students' mental health and wellbeing. In addition, students' experience of mental health and wellbeing while they are studying at university can have a significant role in their educational success.

The Australian University Mental Health Framework (the framework) provides guidance for mentally healthy university settings that provide the best opportunities for students to thrive educationally and personally. The framework also includes guidance for the mental health sector to strengthen its engagement with universities to support student mental health and wellbeing.

Universities and the mental health sector are encouraged to review, evolve and strengthen their work in order to meet the growing and changing needs of the student population. The framework is focused on the student experience, with flexibility for universities to tailor mental health and wellbeing approaches to the needs of their student populations. The mental health sector is encouraged to also ensure that their services and programs are accessible to university students, particularly those who are at risk of, or are experiencing, mental ill-health.

This unified approach enables sectors to share expertise and experiences, consolidate understanding and practice, and facilitate an aligned and connected approach to taking action. Strong leadership and a long term commitment are needed to continue to push the boundaries, innovate and evolve approaches to student mental health and wellbeing.



VISION

Mentally healthy universities supporting student mental health and wellbeing in collaboration with the mental health sector.



THE FRAMEWORK

The framework is structured around six principles that support student mental health and wellbeing.



1. The student experience is enhanced through mental health and wellbeing approaches that are informed by students' needs, perspectives and the reality of their experiences.



2. All members of the university community contribute to learning environments that enhance student mental health and wellbeing.



3. Mentally healthy university communities encourage participation; foster a diverse, inclusive environment; promote connectedness; and support academic and personal achievement.



4. The response to mental health and wellbeing is strengthened through collaboration and coordinated actions.

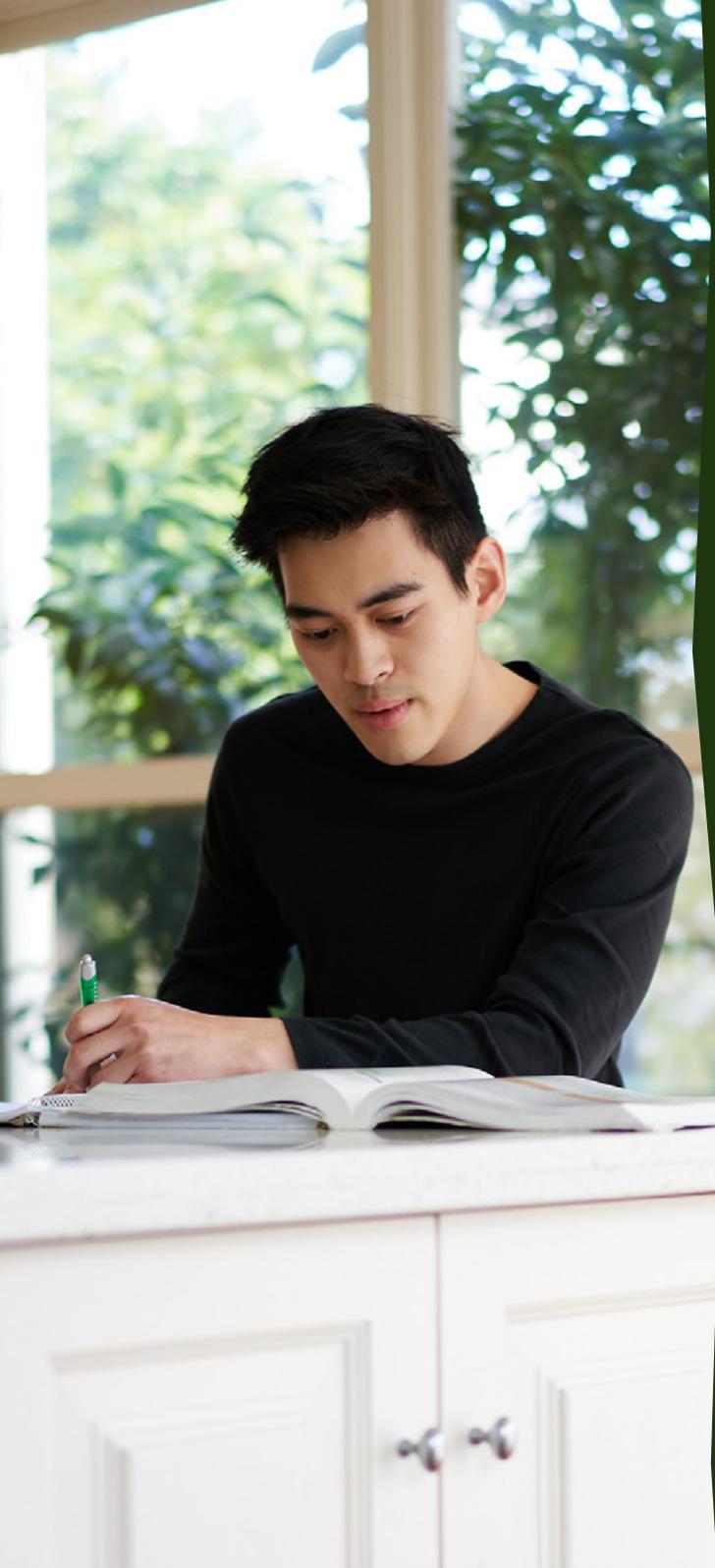


5. Students are able to access appropriate, effective, timely services and supports to meet their mental health and wellbeing needs.



6. Continuous improvement and innovation is informed by evidence and helps build an understanding of what works for student mental health and wellbeing.





This framework provides guidance for each principle to illustrate what it might look like in practice. Practices are focused on supporting student mental health and wellbeing whether delivered by a university or mental health sector organisation.

The framework is supported by a range of materials including:

- a full report, which provides further information on suggested activities and the evidence base informing the framework;
- detailed case studies, which highlight examples of good practice currently underway to support student mental health and wellbeing; and
- answers to questions frequently asked about the framework.

For the full suite of supporting materials see section: [Related resources](#).

Mental health and wellbeing is influenced by a range of factors. The framework is informed by a socio-ecological model which considers the influence and interaction of individual, interpersonal, institutional, community and structural factors on mental health and wellbeing.(5, 6)

The framework also recognises that the stigma associated with mental health and wellbeing can compound these factors and may be as debilitating as the mental health issue itself.(7) To overcome stigma and move away from negative perceptions of blame and responsibility, students believe that education, awareness, and responses underpinned by compassion and understanding are critical.(8)

The framework identifies opportunities where universities and the mental health sector can promote positive influences - and mitigate negative influences - to support student mental health and wellbeing.

“We recognise that mental health and wellbeing is both the challenge and opportunity of our time, and we want to make a positive contribution. It is fundamental to working and learning, so taking a whole of university approach makes sense.”

UNIVERSITY VICE-CHANCELLOR AND PRESIDENT

The framework is based on available evidence and advice, with the expectation that it will evolve through a continuous improvement approach informed by trialling, reflecting, learning and adapting. While there is currently a limited amount of data outlining effective strategies to support the mental health and wellbeing of university students, this is a developing field of research.

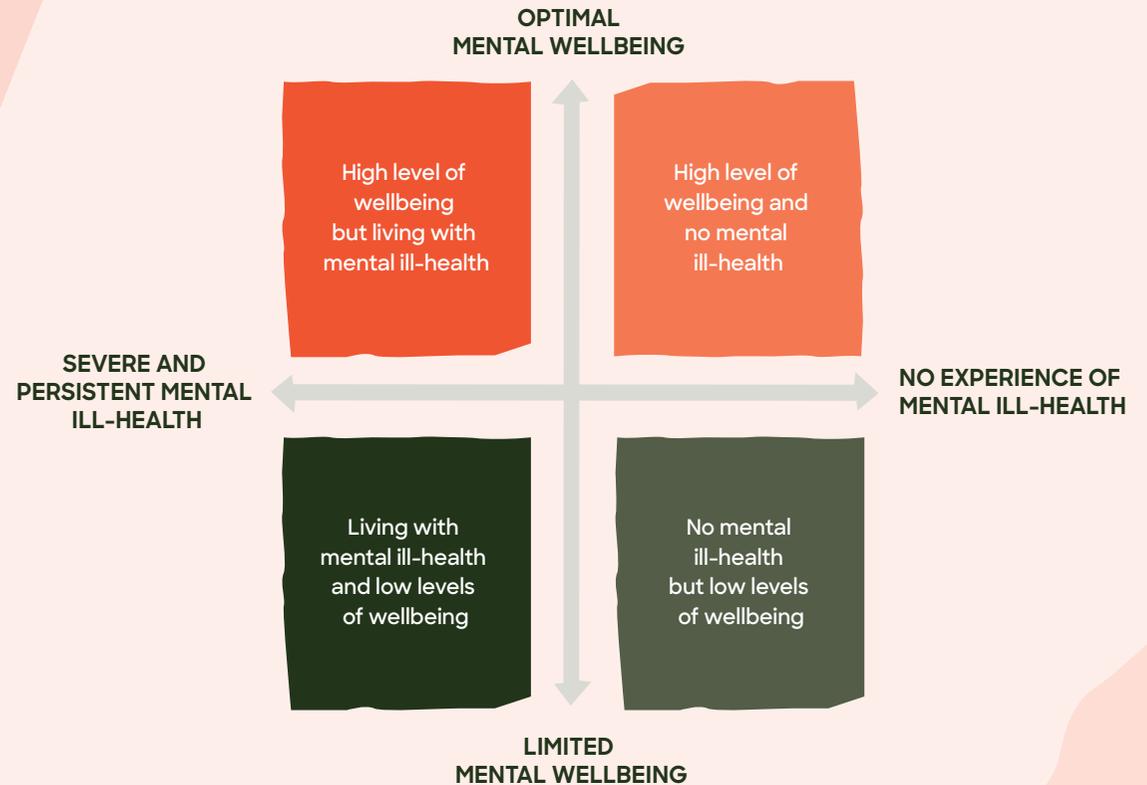
As the evidence base continues to be strengthened, there is a need to work through some ambiguity and take action to continue moving forward, learning and improving along the way.



MENTAL HEALTH AND WELLBEING

The phrase ‘mental health and wellbeing’ is used throughout the framework to encompass the continuum of mental health states, and to ensure applicability to a wider audience. Mental health includes both the presence and absence of mental ill-health, though it is more commonly associated with the presence of mental illness. Mental wellbeing is generally thought of as positive mental health. Due to the interrelated nature of wellbeing, mental health and mental ill-health, as well as the range of factors that influence these states, the framework applies the dual continua model of mental health (adapted in figure 1).

Figure 1: Dual Continua Model of Mental Health (adapted)(9)



PRINCIPLES

Universities are places where people work, study, live and socialise. The messages people hear in these familiar settings are among the most influential in shaping mental health and wellbeing behaviours.(10)

As such, the framework takes a settings-based approach which aims to embed a response to student mental health and wellbeing across the whole university. A settings-based approach to improved mental health and wellbeing considers interactions between all parts of the university community. Settings-based approaches have been validated through internal and external evaluation and experience.(11)

MIND
V MIN
NDR
UTIO.
TION IN MIND REVOLI
REVOLUTION IN MIN
REVOLUT
TION IN MIND REVC
IN MIN IN MIND





Principle 1: The student experience is enhanced through mental health and wellbeing approaches that are informed by students' needs, perspectives and the reality of their experiences

Meaningfully engaging with students and co-creating responses to mental health and wellbeing ensures decisions are made with a full understanding of students' contexts and their direct experiences. Engaging students from a diverse cross-section of the university community – including those with a lived experience of mental ill-health – will improve the relevance of mental health and wellbeing strategies and activities, and therefore increase the likelihood of positive outcomes.

Facilitating the participation of students can enable universities and the mental health sector to develop mental health and wellbeing initiatives that reflect the needs of the student population.

“Any strategy which universities use to support student mental health should be co-designed with students as equal partners, because students understand their own needs best.”

UNIVERSITY STUDENT

In practice, this could look like:

- Information is actively sought from students about their needs and perspectives of their mental health and wellbeing, and is used to inform actions.
- Mental health and wellbeing initiatives and services are co-designed with students, including students with a lived experience of mental ill-health.
- Mental health and wellbeing initiatives and services are reviewed and evaluated in partnership with students.
- Students are active in peer support roles to share experiences, facilitate access to supports and increase connections within their university.
- Groups of students at greater risk of mental health and wellbeing issues are engaged in co-designing tailored approaches that address their specific needs in regards to mental health, wellbeing and the impact on ongoing educational engagement.

CASE STUDY: EDITH COWAN UNIVERSITY

Enhancing the social and emotional wellbeing of Aboriginal and Torres Strait Islander students at Edith Cowan University is achieved through a holistic intersectional and whole of institution approach that sees wellbeing as integral to student success within an inclusive professional and educational environment.

University students at greater risk of mental ill-health

Some student cohorts have been identified as being at increased risk of mental ill-health including young people (aged up to 25 years),(12, 13) Aboriginal and Torres Strait Islander students,(14) international students,(15) students who identify as LGBTQ+,(16) students with physical disabilities,(17) students from low socio-economic backgrounds,(18) rural/ regional students,(19) law and medicine students,(20-23) PhD students,(24) and students with existing mental health conditions.(25, 26)

“It has to be a partnership. Without having students at the table, your efforts can become tokenistic.”

UNIVERSITY SERVICE IMPROVEMENT MANAGER



Principle 2: All members of the university community contribute to learning environments that enhance student mental health and wellbeing

Mental health and wellbeing is shaped by the places we work, study, live and socialise. The learning environment, policies, processes and operations can all affect the wellbeing of the university community. Teaching and learning approaches, and curriculum design that strengthens student wellbeing, can also enhance student learning outcomes.(27)

Trusting and respectful relationships formed within the university can help students to feel safe seeking assistance from staff on mental health and wellbeing issues. Inclusive and compassionate responses to mental health and wellbeing conveyed by leadership, lecturers and tutors, professional staff, and every student can help to reduce issues of stigma and encourage help-seeking.

A learning environment, community and culture supportive of good mental health and wellbeing not only benefits individual students and staff;(28) it also benefits the university organisationally through improved student academic outcomes and increased employee engagement and productivity.(29)

“Combatting stigma and improving mental health is everyone’s business and university leaders play a critical role in setting the tone.”

UNIVERSITY EXECUTIVE DEAN

In practice, this could look like:

- Leaders prioritise mental health and wellbeing, embedding it within the core business of the university.
- Whole of university mental health strategies are coordinated and integrated across all business areas.
- Good mental health and wellbeing is recognised as part of teaching and learning, with student-centred, course-specific support integrated into teaching and learning activities.
- Policies, processes and supports are coordinated to reduce undesirable effects on mental health and wellbeing and support student success.
- Strategies to support early help-seeking are incorporated to support ongoing engagement with learning.
- Staff in student-facing roles are supported to know what to do, within the scope of their role, to assist students with mental health and wellbeing.
- A mentally healthy workplace is maintained by complementary student and staff wellbeing initiatives.

CASE STUDY: RMIT UNIVERSITY

A whole of university approach recognises students’ mental health and wellbeing as a core institution-wide priority at RMIT University – acknowledging the university community’s role in creating learning environments that enhance student mental health and wellbeing.

“We recognise that mental health and wellbeing is both the challenge and opportunity of our time, and we want to make a positive contribution. It is fundamental to working and learning, so taking a whole of university approach makes sense.”

UNIVERSITY VICE-CHANCELLOR AND PRESIDENT



Principle 3: Mentally healthy university communities encourage participation; foster a diverse, inclusive environment; promote connectedness; and support academic and personal achievement

Institutions that model inclusive mental health and wellbeing practices send a strong message that every member of their community is supported and valued. As educators and leaders in the community, universities play an important role in shaping the health of those within their community.

All members of the university community, including those experiencing mental ill-health, are afforded the right to participate meaningfully in university life without discrimination, stigma or exclusion.

Good mental health and wellbeing enables students to perform at their best – physically, emotionally and mentally. Students feel supported and valued within university cultures that embrace diversity and flexibility and put the student first.(30)

“Being in a wheelchair, I’m sometimes unable to participate in the same capacity as others. On one occasion, my residential leader offered to participate in an alternate activity with me. This made me feel accepted and seen, highlighting to me that I belonged.”

UNIVERSITY STUDENT

In practice, this could look like:

- Supportive university communities that enhance student connectedness and facilitate participation in university life.
- Diverse student cultures and identities are valued and visible across the university community.
- Students are connected to programs that build holistic wellbeing – physical, social, mental and spiritual wellbeing.
- Communication about mental health and wellbeing builds understanding, increases awareness and helps to break down stigma and discrimination.
- Students are supported to develop mental health and wellbeing-related skills and competencies that prepare them for learning, future careers and life.
- University-specific risk factors that contribute to poor mental health and wellbeing, and physical and psychological safety are recognised and addressed.
- Physical and digital spaces in the university environment enhance mental health and wellbeing.

CASE STUDY: FLINDERS UNIVERSITY

Aligning mental wellbeing with increased academic success enables Flinders University to deliver a range of programs that support the development of mental health and wellbeing-related skills and appeal to students’ collective desire for academic and personal achievement.

“It’s safe to assume that students want to be academically successful. And academic success flows from wellbeing.”

UNIVERSITY HEALTH PROJECT OFFICER

Risk factors that impact university students’ mental health and wellbeing

The university experience itself can expose students to a range of risk factors that may negatively influence mental health and wellbeing, for example financial stress,(18, 31) lack of sleep,(32-34) poor nutrition,(35) balancing work and study responsibilities,(36) increased autonomy and responsibility,(37) and pressure to excel in a competitive job environment.(38) Students also report significant barriers to help-seeking including stigma,(39, 40) concerns regarding academic and career outcomes,(41) and uncertainty related to confidentiality.(42)





Principle 4: The response to mental health and wellbeing is strengthened through collaboration and coordinated actions

Universities offer a range of mental health and wellbeing supports, but they are not expected to do this alone. A collaborative, coordinated approach to action within the university, across the sector, with students and with external mental health and wellbeing partners creates opportunities for shared success. Coordinated action allows organisations and individuals to contribute according to their strengths, avoids duplication, improves efficiency and produces better outcomes.(43)

Significant expertise exists across the whole university community that can be drawn upon to help guide an institution-wide response.

Collaborating with universities can offer the mental health sector an important community connection as universities play a vital role in connecting people, businesses, organisations, activities and knowledge. The independence of Australia's universities enables them to work across the communities in which they operate, developing partnerships and agreements with the mental health sector to help meet the needs of their students and enabling the university to give back to the community.

“Apart from meeting the needs of students and staff, we’re also here to serve the wider community. Engagement and involvement from the community is important – we can’t operate in isolation.”

UNIVERSITY DIRECTOR OF STUDENT LIFE

In practice, this could look like:

- Partnerships between universities and the mental health sector facilitate a joined-up approach to student mental health and wellbeing.
- Expertise within the university is used to guide university responses and facilitate a consistent experience for students.
- Collaboration across the university sector to share resources, expertise and good practice, and to speed potential advances.
- The mental health sector actively collaborating with universities, utilising their expertise in research and translation, and insights about their communities to help inform mental health and wellbeing sector planning and service provision.
- Universities are supported to consider the impact of the social determinants of mental health that are relevant to student learning.

CASE STUDY: WESTERN SYDNEY UNIVERSITY

Collaboration with external partners enables Western Sydney University to take coordinated action and deliver a strengthened response to meet the mental health and wellbeing needs of a diverse student community.

“Both the University and Local Health Districts have taken something away from these partnerships. By leveraging off each other’s expertise, we can deliver a better quality experience to our students.”

UNIVERSITY STUDENT SERVICES EXECUTIVE DIRECTOR



Principle 5: Students are able to access appropriate, effective, timely services and supports to meet their mental health and wellbeing needs

Appropriate, effective and timely services and supports meet students at their point of need, when the support is needed. Students requiring mental health support often experience a number of interrelated issues, both personal and education-related, that can impact on their presentation and response to treatment.

Integrated approaches, with clear, straightforward pathways between a range of services, can increase engagement and retention in support programs. They help individuals to make improvements across multiple domains and to better understand the links between their issues.(44)

Improving access to care and intervening early – at the onset and development of mental health and wellbeing issues – can help to reduce the incidence and severity of mental health issues.(45)

“It’s important for student services staff to be culturally aware and to recognise that the approach to a student who is experiencing psychological distress needs to be culturally sensitive.”

UNIVERSITY STUDENT SERVICES EXECUTIVE DIRECTOR

In practice, this could look like:

- Students are supported to navigate mental health services.
- Services and supports are appropriate and accessible for the student population.
- Integrated services help students access the right kind of supports when needed.
- A range of targeted strategies and outreach programs support early detection and intervention for students experiencing mental health issues.
- Digital approaches are incorporated as part of actions to support student mental health and wellbeing.
- A continuum of supports and services are available to meet students’ needs.
- Services and supports respond to complexities among specific cohorts of students at increased risk of mental ill-health.
- Clear plans and processes are in place to support a coordinated response in the event of a crisis.

“We want to appeal to the broadest range of students as possible, so that anyone can find a service, program or event that is relevant to them.”

UNIVERSITY HEALTH PROJECT OFFICER

CASE STUDY: JAMES COOK UNIVERSITY

James Cook University delivers services and supports via the Champions Responsible for Orientating Commencing Students (CROCS) peer mentor program and other tailored initiatives that meet the mental health and wellbeing needs of its diverse international student population.

Mental health supports and services for university students

Mental health and wellbeing does not sit neatly within the responsibility of any one organisation or sector. The boundaries for the provision of services are often blurred given that there is no standard definition for ‘mental health-related service’,(46) and that there is a complex mix of roles and responsibilities across federal, state and territory governments, and private and non-government organisations.(47).

Important supports and services are also provided outside of the mental health sector, such as social and community services, disability programs, and housing assistance programs.(46)

Universities offer counselling services to students, with each university determining which services it will provide. Universities also offer a range of mental health promotion, prevention and student wellbeing services and supports.





Principle 6: Continuous improvement and innovation is informed by evidence and helps build an understanding of what works for student mental health and wellbeing

A clear picture of university students' needs and experiences will support informed decisions, development of appropriate targets and actions, and improve coordination to avoid duplication and minimise gaps in service delivery and care.

A range of initiatives to support student mental health and wellbeing are already happening in universities and the wider community. Increasing the visibility of initiatives, sharing strengths and valuing stories of hope supports universities and the wider community to learn from success and identify opportunities for improvement. Innovation and improvement helps to push the boundaries of knowledge, supports ongoing learning, and contributes to producing graduates with strong mental health and wellbeing who are able to lead into the future.

“Data collection is enormously important to enable adequate ongoing assessment of need and to quantify the effect of implementing new programs, supports and services.”

UNIVERSITY ASSOCIATE PROFESSOR

In practice, this could look like:

- Strategies to support student mental health and wellbeing are planned, implemented, evaluated and outcomes are shared.
- Approaches to student mental health and wellbeing are informed by a range of accessible data sources including (but not limited to) information related to mental health, wellbeing, mental ill-health, students lived experiences, stories of hope and recovery, student perceptions, impact of initiatives and services, challenge or stress points for individuals and systems, and implementation of this framework.
- Evidence related to student mental health and wellbeing is readily shared and easily discoverable.
- Universities and the mental health sector work together to share insights, increase understanding and minimise gaps for students based on evidence.
- Student mental health and wellbeing research is supported to create and disseminate the next generation of ideas and innovations.

CASE STUDY: UNIVERSITY OF TASMANIA

The University of Tasmania's School of Medicine takes a continuous improvement approach to delivering suicide prevention initiatives, informed by students' experiences and perceptions, that allows the university to update and change its practices to better support students' mental health and wellbeing.

“Recently we have had multiple students experience burn-out midway through their degree. These students were allowed to take the year off and continue with their degree the following year. This has been largely successful, with these students integrating into their new year group, and catching up academically.”

UNIVERSITY STUDENT

TAKING ACTION

With an overarching focus on coordinated action and continuous improvement and innovation, the framework is dynamic and adaptive, rather than static. There are multiple entry points and the framework is adaptable to individual contexts, enabling institutions to meet the unique needs of their student population while supporting ongoing cross-sector collaboration, improvement and innovation through a coordinated national approach.

Australian universities are asked to commit to:

- the guiding principles underpinning the framework;
- developing a settings-based strategy, co-designed with students, to improve the mental health and wellbeing of the whole university community;
- keeping university communities informed on actions taken and progress made to improve the mental health and wellbeing of students.

The mental health sector is asked to commit to:

- planning and local governance arrangements that include provisions for meeting the needs of the university student population;
- strengthening connections with the university sector and valuing the role of educational participation to support students' mental health and wellbeing;
- collaborating with university students to inform appropriate provision of supports and to improve student engagement with services and supports.



RELATED RESOURCES

[University Mental Health Framework full report](#)

[University Mental Health Framework summary](#)

[University Mental Health Framework frequently asked questions](#)

[University Mental Health Framework case study: Edith Cowan University](#)

[University Mental Health Framework case study: RMIT University](#)

[University Mental Health Framework case study: Flinders University](#)

[University Mental Health Framework case study: Western Sydney University](#)

[University Mental Health Framework case study: James Cook University](#)

[University Mental Health Framework case study: University of Tasmania](#)

[University Mental Health Framework case study: The University of Queensland](#)

[University Mental Health Framework case study: Deakin Residential Services](#)



REFERENCES

1. Orygen. Under the radar: the mental health of Australian university students. Melbourne: Orygen; 2017.
2. Quality Indicators for Learning and Teaching. 2019 Student experience survey. Melbourne: Quality Indicators for Learning and Teaching; 2020.
3. World Health Organization. Promoting mental health: concepts, emerging evidence, practice: a report of the World Health Organization, Department of Mental Health and Substance Abuse in collaboration with the Victorian Health Promotion Foundation and the University of Melbourne. Geneva: World Health Organization; 2005.
4. Firth J, Siddiqi N, Koyanagi A, Siskind D, Rosenbaum S, Galletly C, et al. The Lancet Psychiatry Commission: a blueprint for protecting physical health in people with mental illness. *Lancet Psychiatry*. 2019;6(8):675–712.
5. Canadian Standards Association Group, Mental Health Commission of Canada. National Standard of Canada: CSA Z2003:20 Mental health and wellbeing for post-secondary students. Ottawa (ON): CSA Group, Mental Health Commission of Canada; 2020.
6. Golden SD, Earp JAL. Social ecological approaches to individuals and their contexts: twenty years of health education & behavior health promotion interventions. *Health Educ Behav*. 2012;39(3):364–72.
7. Carter MA, Pagliano P, Francis A, Thorne M. Australian university students and mental health: viewpoints from the literature. *Int J Innov Creat Change*. 2017;3(3):1–25.
8. Vidourek RA, Burbage M. Positive mental health and mental health stigma: a qualitative study assessing student attitudes. *Ment Health Prev*. 2019;13:1–6.
9. Everymind. Prevention First: a prevention and promotion framework for mental health. Version 2. Newcastle: Everymind; 2017.
10. Institute of Medicine. Health promotion and disease prevention in community settings. In: Stoto M, Behrens R, Rosemont C, editors. *Healthy People 2000: Citizens Chart the Course*. Washington (DC): National Academies Press; 1990.
11. World Health Organization. Healthy settings [Internet]. Geneva: World Health Organization; c2020 [cited 2020 Apr 14]. Available from: https://www.who.int/healthy_settings/about/en/.
12. Mokdad AH, Forouzanfar MH, Daoud F, Mokdad AA, El Bcheraoui C, Moradi-Lakeh M, et al. Global burden of diseases, injuries, and risk factors for young people's health during 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013. *Lancet*. 2016;387(10036):2383–401.
13. Patton GC, Sawyer SM, Santelli JS, Ross DA, Afifi R, Allen NB, et al. Our future: a Lancet commission on adolescent health and wellbeing. *Lancet*. 2016;387(10036):2423–78.
14. Toombs M, Gorman D. Mental health and Indigenous university students. *Aborig Isl Health Work J*. 2011;35(4):22.
15. Forbes-Mewett H, Sawyer A-M. Mental health issues amongst international students in Australia: perspectives from professionals at the coal-face. The Australian Sociological Association Conference Local Lives/Global Networks; Nov 29 – Dec 2; University of Newcastle2011. p. 19.
16. Rosenstreich G. LGBTI people mental health and suicide, briefing paper (revised 2nd edition). Sydney: National LGBTI Health Alliance; 2013.
17. Australian Bureau of Statistics. National survey of mental health and wellbeing: summary of results, 2007 (cat. no. 4326.0) [Internet]. Canberra: ABS; 2008 [cited 2020 Feb 24]. Available from: <https://www.abs.gov.au/ausstats/abs@nsf/mf/4326.0>.
18. Eisenberg D, Hunt J, Speer N. Mental health in American colleges and universities: variation across student subgroups and across campuses. *J Nerv Ment Dis*. 2013;201(1):60–7.
19. Mulder AM, Cashin A. Health and wellbeing in students with very high psychological distress from a regional Australian university. *Adv Ment Health*. 2015;13(1):72–83.
20. Leahy CM, Peterson RF, Wilson IG, Newbury JW, Tonkin AL, Turnbull D. Distress levels and self-reported treatment rates for medicine, law, psychology and mechanical engineering tertiary students: cross-sectional study. *Aust N Z J Psychiatry*. 2010;44(7):608–15.
21. Australian Medical Students' Association Student Mental Health and Wellbeing Committee. Australian university student mental health: a snapshot. Barton: Australian Medical Students' Association; 2013.
22. Beyond Blue. National mental health survey of doctors and medical students. Melbourne: Beyond Blue; 2013.
23. Kelk N, Luscombe G, Medlow S, Hickie I. Courting the blues: attitudes towards depression in Australian law students and lawyers. In *BMRI Monograph 2009-1*. Sydney: Brain & Mind Research Institute; 2009.
24. Woolston C. PhDs: the tortuous truth. *Nature*. 2019;575(7782):403–6.
25. Soydan AS. Supported education: a portrait of a psychiatric rehabilitation intervention. *Am J Psychiatr Rehabil*. 2004;7(3):227–48.
26. Mowbray CT, Collins ME, Bellamy CD, Megivern DA, Bybee D, Szilvagy S. Supported education for adults with psychiatric disabilities: an innovation for social work and psychosocial rehabilitation practice. *Soc Work*. 2005;50(1):7–20.
27. Baik C, Larcombe W, Brooker A, Wyn J, Allen L, Brett M, et al. Enhancing student mental wellbeing: a handbook for academic educators. Melbourne: The University of Melbourne; 2017.
28. Hughes G, Spanner L. The university mental health charter. Leeds: Student Minds; 2019.
29. Wellness Designs. Workplace wellness within Australian universities. Underwood: Wellness Designs; 2018.
30. Australian Government: Department of Education and Training. Final report - improving retention, completion and success in higher education. Canberra: Australian Government: Department of Education and Training; 2017.
31. Stallman HM. Psychological distress in university students: a comparison with general population data. *Aust Psychol*. 2010;45(4):249–57.
32. Thomée S, Härenstam A, Hagberg M. Computer use and stress, sleep disturbances, and symptoms of depression among young adults—a prospective cohort study. *BMC Psychiatry*. 2012;12(1):176.
33. Hershner SD, Chervin RD. Causes and consequences of sleepiness among college students. *Nat Sci Sleep*. 2014;6:73.
34. Knowlden AP, Sharma M. Health belief structural equation model predicting sleep behavior of employed college students. *Fam Community Health*. 2014;37(4):271–8.
35. Krusselbrink Flatt A. A suffering generation: six factors contributing to the mental health crisis in North American higher education. *Coll Quart*. 2013;16(1):n1.
36. Rickwood D, Telford N, O'Sullivan S, Crisp D, Magyar R. National tertiary student wellbeing survey 2016. *headspace*; 2017.
37. Cleary M, Walter G, Jackson D. “Not always smooth sailing”: mental health issues associated with the transition from high school to college. *Issues Ment Health Nurs*. 2011;32(4):250–4.
38. VicHealth, CSIRO. Bright Futures: megatrends impacting the mental wellbeing of young Victorians over the coming 20 years. Melbourne: Victorian Health Promotion Foundation; 2015.
39. Wynaden D, Wichmann H, Murray S. A synopsis of the mental health concerns of university students: results of a text-based online survey from one Australian university. *High Educ Res Dev*. 2013;32(5):846–60.
40. Martin JM. Stigma and student mental health in higher education. *High Educ Res Dev*. 2010;29(3):259–74.
41. Universities UK. Student mental wellbeing in higher education: good practice guide. London; 2015.
42. Stanley N, Ridley J, Harris J, Manthorpe J, Hurst A. Disclosing disability: disabled students and practitioners in social work, nursing and teaching. Lancashire: University of Central Lancashire; 2007.
43. Cheverton J, Janamian T. The partners in recovery program: mental health commissioning using value co-creation. *Med J Aust*. 2016;204(7 Suppl):S38–40.
44. Orygen. Submission to the Royal Commission into Victoria's mental health system. Melbourne: Orygen; 2019.
45. Settapani CA, Hawke LD, Cleverley K, Chaim G, Cheung A, Mehra K, et al. Key attributes of integrated community-based youth service hubs for mental health: a scoping review. *Int J Ment Health Syst*. 2019;13(1):52.
46. Australian Institute of Health and Welfare. Mental health services in Australia [Internet]. Canberra: Australian Institute of Health and Welfare; 2020 [cited 2020 Aug 25]. Available from: <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia>.
47. Cook L. Mental health in Australia: a quick guide. Canberra: Department of Parliamentary Services; 2019.

