

Chapter 12

Examining Mental Health and Wellbeing Policies in Australian Universities



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Abstract The mental wellbeing of higher education students has become a salient issue facing higher education worldwide. This increased attention can be at least partially attributed to prevalence studies which indicate that the severity of mental health difficulties is growing across student populations, and a high proportion of students—higher than the general community—are experiencing moderate-to-severe levels of depression, anxiety, and stress. There has also been increasing recognition that universities have a critical role in providing supportive and health-promoting environments and developing whole-of-institution wellbeing policies. In addition to their moral imperative to ensure the safety of all students, supporting the mental health and wellbeing of students should be a priority for universities given that psychological distress is known to adversely affect students’ academic motivation, retention, and achievement. This is arguably even more important in the wake of COVID-19, which led to rapid changes in learning delivery, as well as a reduction in social connectedness and students’ perceptions of the quality of their university experience. This chapter examines the current state of play with regard to institutional mental health and wellbeing strategies and policies in the Australian higher education sector and suggests recommendations for future directions.

Keywords Psychological distress · Mental health · Wellbeing · Policy

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12.1 Introduction

In higher education research, mental health and wellbeing are often investigated by researching the prevalence of students' psychological distress (e.g., Larcombe et al., 2021; Stallman, 2010) which encompasses high symptom levels of depression, anxiety, and/or stress (Ohayashi & Yamada, 2012). In recent years, empirical studies—both in Australia and internationally—have consistently revealed a high prevalence of psychological distress and mental health concerns among university students (Eisenberg et al., 2013; Larcombe et al., 2021; Stallman, 2010). Therefore, the mental health and wellbeing of students has become an “issue of significant concern for universities” (Baik et al., 2017, p. 1).

In addition to their moral imperative to ensure the safety of all students, supporting mental health and wellbeing must be a priority for universities given that psychological distress is known to adversely affect students' academic motivation, retention, and achievement (Dyrbye et al., 2006; Marin et al., 2011; Stallman, 2010; Struthers et al., 2000) and may also lead to suicidal ideation and behavior (Brownson et al., 2016). This is arguably even more important in the wake of the COVID-19 pandemic, which required students to quickly shift to mandatory remote learning and involved extended periods of social isolation and restricted access to university campuses and facilities (Aristovnik et al., 2020; Mollenkopf et al., 2020). Indeed, emerging research suggests that students' mental health has been adversely affected by the pandemic and its associated reductions in the quality of students' university experience (Li et al., 2021).

Given this context, universities clearly have a critical role to play in providing supportive and health-promoting environments to enrich student wellbeing, as well as engaging in whole-of-institution policy development in this area (Baik et al., 2017; BUPA, 2020; Ryan et al., 2021). However, as noted by Veness (2016), few universities to date—in Australia at least—have developed comprehensive mental health and wellbeing policies or strategies. To determine whether this is still the case and to provide a foundation for speculative thinking about how such policies should look, this chapter aims to evaluate existing mental health and wellbeing policies and strategies in the higher education sector and propose recommendations for how universities could rethink their approach to mental health and wellbeing.

12.2 Prevalence of Mental Health Concerns in Higher Education

In the last 15 years, research has consistently revealed that mental health concerns, such as depression, anxiety, stress, suicidal ideation and self-injury, are highly prevalent among university students across the globe, including in countries such as the United States (Eisenberg et al., 2013), China (Lei et al., 2016; Zeng et al., 2019),

Malaysia (Wong et al., 2016), Turkey (Bayram & Bilgel, 2008), Brazil (Demenech et al., 2021), Belgium (Levecque et al., 2017), and France (Marais et al., 2018).

A similar trend is also seen in Australia. For example, a study of 6479 undergraduate and postgraduate students from two universities reported that 83.9% had elevated levels of psychological distress (Stallman, 2010). Another study of 4258 undergraduate and masters by coursework students from one university found that one in four were experiencing high levels of either stress, anxiety, or depression symptoms (Larcombe et al., 2016). More recent research based on 14,880 students from the same university as the Larcombe et al. (2016) study revealed that one in five were currently experiencing a mental health disorder, approximately 80% were concerned about their mental or emotional state, and 5% had experienced self-harm or attempted suicide (BUPA, 2020). Results such as these have led some scholars to declare that Australian universities are facing a “mental health crisis” (Lau & Pretorius, 2019, p. 38).

These high rates of mental health concerns can be partially explained by the multifarious psychological stressors associated with being a university student (BUPA, 2020; Larcombe et al., 2021). For example, some students experience pressure to succeed or threats to their autonomy because their parents have placed high expectations on them with regards to their academic achievement or career pathways (Baik et al., 2017; BUPA, 2020). Others may experience challenges coping with the academic workload, particularly those who are required to maintain paid employment in order to survive, or those with significant family care responsibilities (Larcombe et al., 2021). International students may experience difficulties associated with the transition to university, such as homesickness, harassment or discrimination, language proficiency, social isolation, and financial pressures (BUPA, 2020). Higher degree by research students (i.e., those completing Ph.D.s or Masters by research) may also experience lack of community within their departments (Hyun et al., 2006; Levecque et al., 2017), social isolation (El-Ghoroury et al., 2012; Janta et al., 2014), and issues with the supervisory relationship (Janta et al., 2014; Peluso et al., 2011).

In addition to the aforementioned stressors, COVID-19 has had a significant impact on both learning and teaching and the broader student experience (Bolumole, 2020). Unsurprisingly, emerging research indicates that students’ psychological distress and mental health concerns have remained high during this time. For example, a study of 612 university students in Egypt during the pandemic found very high levels of loneliness, anxiety, stress, and depression (El-Monshed et al., 2021). In addition, a two-phase survey study of 68,685 Chinese students during the early months of the pandemic showed a significant increase on baseline rates of anxiety and depression after a six week period (Li et al., 2021). In that study, final year students and those completing graduate degrees were found to have higher risk of developing psychological distress, perhaps due to concerns about their academic achievement and future employability prospects.

In the general population, prolonged experiences of elevated psychological distress can have deleterious consequences for physical and mental health (Cuijpers & Smit, 2002; Essau et al., 2014; Yaroslavsky et al., 2013), as well as impeding their day-to-day activities and social interactions (Essau et al., 2014; Yaroslavsky et al., 2013).

Among students, psychological distress may negatively affect motivation, cognitive functioning, attention, and achievement (Marin et al., 2011; Stallman, 2010; Struthers et al., 2000) and increase the risk of attrition (Dyrbye et al., 2006), and suicidal ideation and behaviors (Brownson et al., 2016). Given this, it is imperative that universities address the mental health and wellbeing of their students using evidence-based strategies and approaches.

12.3 Conceptualizing Mental Health and Wellbeing in Higher Education

Mental health has been described as “an umbrella term encompassing a range of...states, from diagnosable mental illness and mental health difficulties at one end of the spectrum, to mental wellbeing and a state of flourishing at the other” (Baik et al., 2017 p. 3). In general, mental wellbeing refers to a positive state of mental health (also referred to as eudaimonia, self-actualization, thriving, or flourishing) and is commonly considered to be a multi-dimensional construct (Forgeard et al., 2011). While there are many different theories of mental wellbeing in existence, few have been used (or indeed, developed) for the higher education context. Three such theories are Ryff’s psychological wellbeing (PWB; Ryff, 1995), PERMA (Seligman, 2011), and self-determination theory (SDT; Ryan & Deci, 2000). These theories are discussed further below, along with two additional concepts associated with wellbeing in higher education students: belonging and autonomous motivation.

Ryff’s (1995) PWB is a multi-dimensional conceptualization of wellbeing that was developed as an alternative to popular measurement approaches of the time, such as operationalizing wellbeing as the absence of psychological distress (i.e., rather than the presence of flourishing or thriving) or examining subjective unidimensional constructs, such as life satisfaction or happiness. In developing the PWB, Ryff (1995) examined key theories from the fields of life-span developmental and clinical psychology, as well as the extant mental health literature and identified certain “points of convergence” (p. 100) between them. The resulting conceptual framework includes six dimensions that support wellbeing:

- *autonomy* (the ability to resist social pressures);
- *environmental mastery* (a sense of competence in managing activities and contexts);
- *personal growth* (a sense of continued expansion and development);
- *positive relations with others* (the capacity for empathy, affection and intimacy);
- *sense of purpose* (having goals and a sense of direction in life); and
- *self-acceptance* (having a positive attitude about the good and bad aspects of self and past life).

Ryff and Keyes (1995) subsequently developed six scales of psychological wellbeing based on these dimensions, which have been used to investigate university student wellbeing in various studies (Larcombe et al., 2016, 2021).

Four years after Ryff's PWB theory was published, Martin Seligman proposed that psychologists should focus less on curing mental disorders and more on understanding and promoting ways that individuals can improve their psychological wellbeing (Seligman, 1999). This seminal premise formed the basis of a new field of study: positive psychology. A subsequent book on this topic of flourishing (Seligman, 2011) proposed the development of the PERMA theory of wellbeing, which incorporates five key elements:

- *positive emotions* (P) (happiness, joy);
- *engagement* (E) (obtaining a state of flow in daily activities);
- *relationships* (R) (forming positive bonds with others);
- *meaning* (M) (having a purpose in life); and
- *accomplishments* (A) (achieving goals).

As explained by Forgeard et al. (2011), the PERMA model is unique because it includes “both hedonic and eudaimonic aspects of wellbeing” and supports “the measurement of each element using both objective and subjective approaches” (p. 97). This theory has been used as the basis of a wellbeing framework for positive universities that was developed by Oades et al. (2011).

In addition to PERMA and Ryff's PWB, Ryan and Deci's (2000) SDT is increasingly being used to understand student wellbeing. This macro-theory of human motivation posits that psychological wellbeing is supported when individuals simultaneously satisfy the innate psychological needs of *autonomy*, *competence*, and *relatedness* within the social environments that are central to their lives (e.g., universities for higher education students). At university, autonomy may involve the feeling that one has control over their own study and course experiences; competence is the belief that one has the appropriate skills and abilities to successfully complete their course, and relatedness is the feeling that one is a valued member of the academic community (Houston, 2014). Research indicates that the achievement of autonomy, competence, and relatedness may be at risk when students experience poor quality teaching or supervision (de Valero, 2001; Earl-Novell, 2006; Golde & Dore, 2001; Hyun et al., 2006), a lack of recognition or value by peers and academic community (Emmioğlu et al., 2017), or inadequate orientation and integration within the faculty, school, or department (Ali & Kohun, 2007; Barry et al., 2018).

Baik et al. (2017) reviewed the empirical literature relating to university student wellbeing and experiences, and found strong evidence that regular experiences of autonomy, relatedness, and competence in educational environments support student wellbeing. Those authors also identified another factor that is critical for supporting university student wellbeing: *belonging*. There is a long history of research into the importance of belonging as a fundamental human need and source of motivation (Baumeister & Leary, 1995; Kunc, 1992). For example, according to Maslow's (1943) highly influential theory of human motivation, once physiological comfort and safety has been achieved, belonging is the next most important psychological requirement.

A recent study found that university students were more likely to feel a sense of belonging when the university was perceived to be a place of respect and acceptance of individuals and their differences and when students had varied opportunities to connect with their peers (e.g., through clubs, events, societies) (van Gijn-Grosvenor & Huisman, 2020).

According to Baik et al. (2017) belonging, autonomy, competence, and relatedness are the key components of psychological wellbeing for higher education students. Moreover, having regular experiences of these four elements builds students' "psychological 'nutriments' or 'resources'" (p. 8) to increase their *autonomous motivation*, which is the recognition that one is engaged in activities that are interesting, satisfying, and/or valuable for the achievement of personal goals. Autonomous motivation is undermined when students who feel there is little point to completing their course (e.g., because they believe that their course is unrelated to their interests or unlikely to lead to a job), or who are only enrolled in their course to appease others (e.g., their parents). In these situations, students may be less engaged in the classroom and less inclined to persist with their studies.

12.4 Mental Health and Wellbeing Policy Development in Australian Higher Education

Like many other nations around the world, Australia has developed national policies and strategies on mental health. However, the higher education sector has been missing from these policies and strategies until relatively recently. For example, the Australian Government's *National Mental Health Policy*, widely endorsed in 1992, acknowledged that adolescents are at increased risk of mental ill-health and proposed that the mental health and education sectors could collaborate to deliver programs (Australian Health Ministers, 1992). However, while primary and secondary schools were suggested as sites for such programs, there was no mention of higher education institutions. Similarly, while the *Fifth National Mental Health and Suicide Prevention Plan* (2017–2022) acknowledges the onset of mental disorders most often occurs in mid-late adolescence, it does not identify the higher education sector as an important partner in developing mental health initiatives (Australian Government Department of Health, 2017).

In 2020, the Productivity Commission—an independent research and advisory body to the Australian Government—published the *Mental Health Inquiry Report* recommending that the Government commit to a more strategic and cross-portfolio approach to mental health promotion (Productivity Commission, 2020). One of the suggestions was for the *Higher Education Standards Framework 2015* (ACT) to be amended to require all tertiary education institutions to develop a student mental health and wellbeing strategy. It also recommended that the government provide or commission guidance for tertiary education providers on how to better support students' mental health and wellbeing.

Several years prior to the Productivity Commission's (2020) report, the critical need for higher education institutions to create their own strategies and policies to support student mental health and wellbeing was highlighted by a 2017 report produced by Orygen, the premier institution for youth mental health in Australia. This report, titled *Under the radar: the mental health of Australian university students*, pointed out the lack of clear guidance regarding the role of universities in supporting the mental health and wellbeing of students. Orygen was subsequently funded in 2018 by the Australian Department of Health to develop a mental health framework for universities. This framework is organized around six principles (Orygen, 2020, p. 7):

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 support 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.

Another framework which informed Orygen's (2017) report is the *Framework for Promoting Student Mental Wellbeing in Universities*, which was developed by an interdisciplinary team of Australian researchers (Baik et al., 2016). This framework comprises five actions that enable higher education institutions to develop a "whole-of-university approach" (p. 1) to mental health and wellbeing:

1. Foster engaging curricula and learning experiences
2. Cultivate supportive social, physical, and digital environments
3. Strengthen community awareness and actions
4. Develop students' mental health knowledge and self-regulatory skills
5. Ensure access to effective services.

In the remainder of this chapter, we use the Baik et al. framework as a lens to evaluate the comprehensiveness of existing mental health and wellbeing policies in Australian universities. We selected this framework for three key reasons. First, the five actions provide a useful, pragmatic, and comprehensive set of criteria for understanding where change is required to improve policies and strategies in the future. Second, the framework features three action areas (i.e., #1, #2, and #4) that are highly relevant to SoTL, and thus complement the central thematic of this book. Third, the developers of the framework argue that the five actions must be implemented in a context where university leadership allow for the review and development of policy,

encourage staff and students to participate, allow sufficient resourcing and recognition, and offer appropriate professional development opportunities for staff. These conditions are also conducive to supporting SoTL.

12.5 Evaluating Australian Higher Education Policies and Strategies

We conducted a desktop review of university Web pages in August 2021 to identify existing higher education policies and strategies relating to mental health and wellbeing. We began by compiling a list of all 39 Australian universities (excluding theological colleges, domestic campuses of international universities, and transnational universities). Iterative Internet searches were then conducted using Google and/or each university's Web site search function to identify a 'key document' that featured either strategies or policies related to student mental health and/or wellbeing. While many universities may have internal-facing directives or documents, these were not considered in this search. Instead, we identified strategy and policy documents that were explicitly available on each university's public-facing Web site. No attempt was made to inquire with any university about a specific document if it was not found through the initial Web-based search.

Initial searches revealed that all 39 universities provided a range of wellbeing-related services for students and provided resources and information about where to go for support. However, only, 20 universities (51%) had published public-facing strategy or policy documents that met the inclusion criteria noted above. Additional details about these 20 universities and documents are presented in Table 12.1. As shown, 15 of the key documents (75%) were strategic plans that were specific to student mental health and/or wellbeing (or draft strategic plans in the case of University of New South Wales); two (10%) were strategies relating to mental health and wellbeing that were embedded within broader strategic plans, and three (15%) were specific mental health or wellbeing policy documents.

The contents of each of these 20 key documents were then analyzed to identify whether they addressed any of the five action areas or 'dimensions' of the Baik et al. (2016) framework (see details in Table 12.1 and indicative examples in Table 12.2). In conducting this analysis, we used a binary classification system: a dimension was classified as 'present' if any element or indication of that dimension was visible within the key document; if not, it was classified as 'absent'. In other words, we did not consider the number of actional steps or objectives related to each dimension in our analysis.

As Table 12.1 shows, each of the 20 documents addressed at least one dimension from the Baik et al. (2016) framework. However, only, seven (35%) included elements relating to all five dimensions (NB. all were specific strategic plans). Community awareness and mental health knowledge and skills were both included in 17 documents each (85%); access to services was included in 16 (80%); supportive awareness

Table 12.1 Results of the desktop review and analysis of dimensions from the Baik et al. (2016) framework

University	Name of document	Document type	Dimensions covered from Baik et al. (2016) framework					Total number of dimensions covered
			Engaging curricula	Supportive environments	Community awareness	Access to services	Mental health knowledge and skills	
Australian Catholic University	ACU Student Mental Health Strategy and Implementation Plan	Specific strategic plan	✓	✓	✓	✓	✓	5
Australian National University	ANU Mental Health Plan	Specific strategic plan	✓	✓	✓	✓	✓	5
Bond University	Student Wellbeing and Safety Policy	Specific policy	×	✓	×	✓	×	2
Charles Darwin University	CDU Safer Communities Framework	Embedded strategic plan	✓	✓	✓	✓	✓	5
Deakin University	Live Healthily and Live Well 2016–2020: Health, Wellbeing, and Safety Strategy	Specific strategic plan	×	×	✓	×	✓	2
Edith Cowan University	ECU Student and Staff Mental Health Strategy	Specific strategic plan	✓	✓	✓	✓	✓	5

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Table 12.1 (continued)

University	Name of document	Document type	Dimensions covered from Baik et al. (2016) framework					Total number of dimensions covered
			Engaging curricula	Supportive environments	Community awareness	Access to services	Mental health knowledge and skills	
Griffith University	Student Mental Health and Wellbeing Strategy	Specific strategic plan	✓	✓	✓	✓	✓	5
Monash University	Mental Health and Wellbeing Strategy	Specific strategic plan	×	✓	✓	✓	✓	4
University of Canberra	Student Mental Health Support Policy	Specific policy	×	×	✓	✓	✓	3
University of New South Wales	Curricular Approaches to Student Wellbeing, Academic and Career Success Guidelines Strategy and Plan	Draft/initial guidance for a specific strategic plan	✓	×	×	×	×	1

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Table 12.1 (continued)

University	Name of document	Document type	Dimensions covered from Baik et al. (2016) framework						Total number of dimensions covered
			Engaging curricula	Supportive environments	Community awareness	Access to services	Mental health knowledge and skills		
University of Newcastle	UON Student Mental Health and Wellbeing Strategy: 2018–2022	Specific strategic plan	✓	✓	✓	✓	✓	5	
University of Queensland	UQ Mental Health Strategy (2018–2020)	Specific strategic plan	×	✓	✓	✓	✓	4	
University of South Australia	UniSA Student Association Strategic Plan 2018–2021	Embedded strategic plan	×	✓	×	✓	×	2	
University of Southern Queensland	USQ Health and Wellbeing Strategy 2016–2020	Specific strategic plan	×	×	✓	✓	✓	3	

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Table 12.1 (continued)

University	Name of document	Document type	Dimensions covered from Baik et al. (2016) framework						Total number of dimensions covered
			Engaging curricula	Supportive environments	Community awareness	Access to services	Mental health knowledge and skills		
University of the Sunshine Coast	Student Health and Wellbeing Strategy 2021–23	Specific strategic plan	×	✓	✓	✓	✓	✓	4
University of Sydney	Student Mental Wellbeing Strategy	Specific strategic plan	✓	✓	✓	✓	✓	✓	5
University of Tasmania	Safety Health and Wellbeing Strategy	Specific strategic plan	×	✓	✓	✓	✓	✓	4
University of Western Australia	Mental Health Policy	Specific policy	×	✓	✓	×	✓	✓	3
Victoria University	Refreshed Student Mental Health Strategy 2018–2021	Specific strategic plan	×	✓	✓	✓	✓	✓	4
Western Sydney University	Mental Health and Wellbeing Strategy	Specific strategic plan	×	×	✓	×	✓	✓	2

Table 12.2 Examples of content within key documents which aligns with each dimension from the Baik et al. (2016) framework

Dimension		Key document type		Policy
	Specific strategy	Embedded strategy		
Engaging curricula	Expand the use of 'engaging pedagogies' (i.e., active, authentic, and collaborative learning) in courses and programs to facilitate students' engagement in connected and meaningful learning communities (Griffith)	[The university will offer] inclusive curriculum and assessment design (Charles Darwin University)		N/A
Supportive environments	Students are given opportunities to develop a sense of belonging to their campus by forming connections with other students, academic staff, and the broader university community. Students who study online are given the opportunity to build connections through a virtual environment (ACU)	[The university will foster] a sense of belonging in learning communities at the university and beyond (University of South Australia)		The university will ensure that our values of respect, equality, diversity, and inclusion are embedded within all aspects of our university life, including our academic and extracurricular pursuits, and our events, activities and messages, both within the University and externally (Bond)
Community awareness	Continue to work with student organizations and the Students as Partners Network to ensure all mental health promotional activities align to what students want and need (Victoria)	[The university will support] strategic partnerships with key community/health partners (Charles Darwin University)		The university takes a sensitive and informed approach to mental health and is committed to ensuring the University Community is aware of and responsive to the needs of those who have, or who are at risk of developing, a mental health problem and assisting members of the University Community to extend their mental health literacy (University of Western Australia)

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Table 12.2 (continued)

Dimension	Key document type		
	Specific strategy	Embedded strategy	Policy
Access to services	To improve timely and coordinated access to relevant university mental health services and referral to community services for students with identified mental health needs, with a service focus on building strengths and recovery (ANU)	Improved range of student services online and on campus, including chaplaincy, sexual health, and budgeting/finance (Charles Darwin University)	The university will provide a range of support services for students with mental health problems (University of Canberra)
Mental health knowledge and skills	Improve mental health literacy (Western Sydney)	Building resilience and connection, with physical, emotional, financial, and spiritual wellbeing <ul style="list-style-type: none"> • Proactive support • Community connection • Skill building • Suicide prevention (Charles Darwin University) 	The university will educate staff to develop informed views, behaviors, and attitudes toward students with mental health problems (University of Canberra)

was included in 15 (75%), while engaging curricula was only included in eight (40%, none of which were policy documents). It is important to note that many universities may have mental health and wellbeing policies and strategy documents that are not publicly accessible on their Web sites.

As mentioned earlier, our analysis of institutional policies was limited to documents readily available on Web sites and thus can only reveal part of the picture across Australian universities. It does suggest, however, that engaging curricula is a somewhat neglected area in existing policies and strategies. This is an important area for universities to address given its importance for supporting student wellbeing in an educational context and when considering the arguments proposed in *Designing Education for Wellbeing and Connection in a COVID Impacted World* about the importance of designing education and pedagogy to support wellbeing and connection.

12.6 Conclusion

Developing a whole-of-university approach to promoting student wellbeing is important for addressing the growing severity and prevalence of mental health difficulties across student populations. An essential part of this holistic approach is the development of institutional policies and strategy plans focused on providing wellbeing promoting social, physical, and digital environments, as well as strengthening community awareness and actions. In addition—and perhaps most important to the student experience—are policies and institutional strategies that foster development of engaging curricula and learning experiences. This might include a focus on curricula and learning experiences that create social connection, build self-efficacy, foster intrinsic motivation, and learning experiences that afford choice and flexibility. To do this well, institutions will have to invest in teaching staff, including increased resources and time for curriculum redesign, professional development and recognition.

Our evaluation of existing mental health and wellbeing strategies and policies in the Australian higher education sector revealed two key points. First, only three out of 39 (8%) Australian universities have developed and published policy documents relating specifically to student mental health and wellbeing. This is a somewhat startling finding, given the recommendations in recent high-profile reports on mental health in Australian universities discussed earlier (e.g., Orygen, 2017; Veness, 2016). Second, additional work is needed to ensure that policies and strategies support SoTL in action, allowing and enabling teachers to adjust and adapt curricula in ways that not only help to mitigate the stressors for students, but also better support their psychological wellbeing.

Supporting the mental health and wellbeing of students must be a priority for universities given that psychological distress is known to adversely affect students' academic motivation, retention, and achievement. This is even more important since the COVID-19 pandemic, which has led to increased prevalence of psychological

distress among students. Based on the analysis presented in this chapter, we present three recommendations for institutions to better address and prioritize student well-being and mental health as we begin to reset and reshape higher education in an uncertain future. While these recommendations are based on an analysis of policies and strategies developed for the Australian context, they are also likely to be highly relevant to institutions in other nations as well.

1. Create policy implementation or action plans. Frameworks are only as useful as how they are implemented. In addition to developing whole-of-institutions policies and frameworks, institutions and faculties/departments should develop an implementation or plan with short-, medium-, and long-term objectives that are specific and measurable. This should also include processes for reviewing policies and indicators so that policies and actions are based on current and appropriate information about students' circumstances, needs, and interests.
2. Develop multi-level evaluation strategies. It is important to examine the effectiveness of strategies and implementation plans at the institutional, school/departmental, and course levels. This will necessarily involve responsible data collection from students and appropriate analysis by experienced researchers. The evaluation strategies will be determined by the particular priorities and contexts of institutions and their students. For institutions giving high priority to curriculum-based wellbeing programs and interventions, there could be potential benefits in engaging educators in discipline-specific and cross-disciplinary SoTL projects.
3. Increase preventative and health-promoting strategies across the sector. To date, much focus has been on the provision of, and access to, services for students experiencing psychological distress. While essential, increased attention should be given in policy and practice to boosting the protective factors in the educational environment such as through engaging curricula and increasing students' mental health knowledge and skills. To do this well, university staff will need to adopt evidence-based approaches that may involve engaging in continued professional learning and other scholarly practices.

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