# Council of Australian Postgraduate Associations (CAPA)

# Submission to Royal Commission into Victoria's Mental Health System

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## Foreword

The Council of Australian Postgraduate Associations (CAPA) is the peak body representing the interests of the over 425,000 postgraduate students in Australia. We represent coursework and research, as well as domestic and international, postgraduates. We are comprised of 28 university and campus based postgraduate associations, as well as the National Aboriginal and Torres Strait Islander Postgraduate Association (NATSIPA). In Victoria, our members organisations are from the following universities: University of Melbourne, Victoria University, RMIT University, Swinburne University of Technology, and Monash University.

CAPA carries out its mission through policy, research, and activism, communicating the interests and issues of postgraduate students to higher education stakeholders as well as Federal and State Governments, Opposition parties, and minor parties.

In this submission, we first provide some context on postgraduate students in Victoria, before drawing upon literature exploring the unique mental health risks of postgraduate study. We pinpoint study-related issues and financial issues, and the distress these issues cause, as key points requiring intervention. We canvass the availability and level of service of campus-based counselling services, which we believe is inadequately resourced. Finally, we discuss mental health support available through Medicare. We make the following recommendations to the Victorian Government:

Recommendation one: That the Victorian Government lobby the Commonwealth Government to expand the coverage of Austudy to all full-time, domestic postgraduate students, subject to means-testing.

Recommendation two: That the Victorian Government provide additional scholarships, of greater or equivalent value to those provided through the Research Training Program, for students undertaking research degrees, as part of the project grants provided by the Victorian Government to universities.

Recommendation three: That the Victorian Government, through legislative or regulatory measures, enforces minimum standards on wait times (no more than two weeks) and number of sessions available (no less than twelve) on the counselling services provided on public university campuses.

Recommendation four: That the Victorian Government supports changes to the Medicare Mental Health Care Plan system, to create a tiered system providing additional support to those with more complex cases.


## Postgraduate students in Victoria

There are over 125,000 postgraduate students enrolled at Victorian universities (Department of Education and Training, 2018). Of these, just over half – 65,000 – are domestic students, and the remaining 60,000 are international students (Department of Education and Training, 2018). Postgraduate enrolments can be divided into two categories; Higher Degree by Research (HDR) (e.g. PhD, Masters by Research), and postgraduate coursework (e.g. most Masters degrees and graduate certificates).

There has been significant growth in full-time postgraduate enrolments in Victoria over the past decade. One reason for this growth is the introduction of the "Melbourne model" from 2008, which involves students completing a three-year generalist bachelor-level degree paired with a coursework Masters degree which is specialised towards the student's profession. The number of domestics Masters degree enrolments has doubled since 2007 (CAPA 2019).

Due to the large and increasing number of people enrolling in postgraduate degrees in Victoria, it is crucial for improved support to counter the mental health risks of postgraduate study.

## Mental health in postgraduate students

Research has demonstrated that Australian university students experience mental health issues at significantly higher rates than that of the general population, with one in five experiencing a mental health disorder and two in three experiencing sub-clinical distress (Stallman, 2010). Crucially, this increased distress has been shown to lead to a significantly greater disability burden than in the general population (Stallman, 2010).

Postgraduate students in particular have been shown to demonstrate significantly higher levels of psychiatric distress than other students or the general population (Levecque, Anseel, De Beucklaer, Van der Heyden & Gisle, 2017). There are unique risks for HDR students; a recent mixed-methods study of doctoral candidates in Australia found that these students report higher levels of depression, anxiety, and stress than are the norm for their age groups (Barry, Woods, Warnecke, Stirling & Martin 2018).

We emphasise that marginalised groups of students are more vulnerable to experiencing poor mental health. Transgender, gender-nonconforming, and female postgraduate students are significantly more likely to experience anxiety and depression (Evans, Bira, Gastelum, Weiss & Vanderford 2018; Stallman 2011). In student populations more generally, mental health is negatively correlated with: experiencing financial difficulties, coming from rural or regional areas, being a first-in-family student, being an Aboriginal or Torres Strait Islander student, being an international student, and having a disability (Orygen 2017).

Distress among students leads to increased drop-out rates and slower completions. However, while postgraduate students bear a disproportionate burden of mental health symptomatology, we would like to note that issues relating to mental health and access to treatment cuts across all sections of the population.

Given this increased prevalence of mental health symptomatology amongst postgraduate students, CAPA is concerned that students are not currently being provided with the level of support needed to aid in the prevention and management of, and recovery from, mental health conditions. Throughout this submission we aim to highlight the current challenges facing postgraduate students who seek to maintain or improve their mental health.

## Drivers behind poorer mental health outcomes in postgraduate students

Within postgraduate student populations, the number one reported cause of mental stress and stress are factors relating to the completion of the student's course (Ross, Cleland, Macleod, 2006; Barry, Woods, Warnecke, Stirling & Martin 2018). This perceived stress has been shown to predict course outcomes (Tyssen, Valgum, Gronvold & Ekeberg, 2001). While the stress of a higher degree cannot be entirely mitigated, this highlights the unique role that universities must play in managing the mental health of their student bodies and ensuring that their policies do not inflict unnecessary distress.

A further driver of psychological distress for postgraduate students is financial strain. Financial matters, after course-related stress, are the second highest driver of stress in postgraduate students (Ross, Cleland, Macleod, 2006) and are the number one identified reason for dropping out of higher education (Letseka & Breier, 2008). Importantly, this perception of financial strain directly impacts the classroom performance. Perceptions of student debt have been found to reduce grades (Ross, Cleland, Macleod, 2006), and socio-economic status predicts dropout rates (Letseka & Breier, 2008).

While financial strain impacts many Australians, this is a particular problem for postgraduate students, many of whom are living below the poverty line and may have limited opportunities to engage in paid employment. The recent Universities Australia (2018) survey of student finances shows that postgraduates face many financial difficulties beyond their high levels of debt, which are compounded by their greater family responsibilities (UA 2018). The survey found that half of all domestic postgraduate students were worried about their finances, and one in seven domestic coursework postgraduates regularly went without food and other necessities (UA 2018, pp.40–1).

Student poverty at a postgraduate level is entrenched due to an inequality in how undergraduate and postgraduate students access social security. Very few domestic postgraduate students are eligible for Centrelink income support, as eligibility is based on what degree they are enrolled in, rather than based on means-testing (as is the case for undergraduate students). The majority of postgraduate courses do not attract study payments. Students of 72% of postgraduate coursework degrees are not eligible for income support through Austudy or Youth Allowance (CAPA 2018). Meanwhile, students in any type of research degree are not eligible for Austudy or Youth Allowance. Income support can only be obtained through securing a competitive stipend. In 2016, only 37 percent of commencing domestic students held directly Commonwealth-funded stipends (CAPA 2018). There are no national equity guidelines for the provision of these stipends, and this is a process that generally prioritises students who have achieved research publications and delivered conference presentations, and, in the case of PhD students, those who have previously completed a Masters degree. This entrenches inequality, as those who have not had the financial means to undertake these expensive research-related activities are at a substantial disadvantage and are thus less likely to be selected for a stipend. Furthermore, these stipends do not cover the full length of an average PhD. Typically, a student would have a gap of about one year in which they are at the end-stages of their research but their stipend has run out. This puts a significant financial strain of postgraduate students and often leads to significant psychological distress. Furthermore, this financial strain makes it more difficult to access support services, with many mental health support services charging out-of-pocket fees on top of the Medicare provided rebate. Supporting the mental health of Victorian postgraduate students requires a holistic approach that recognises the effects of higher

education policy and social security policy on mental health, and thus financial support for students must be considered as part of the equation.

Recommendation one: That the Victorian Government lobby the Commonwealth Government to expand the coverage of Austudy to all full-time, domestic postgraduate students, subject to means-testing.

Recommendation two: That the Victorian Government provide additional scholarships, of greater or equivalent value to those provided through the Research Training Program, for students undertaking research degrees, as part of the project grants provided by the Victorian Government to universities.

## University counselling services

The primary mental health support offered by most universities is a short-term counselling service for students, operated by the university (see Table 1). These internal services deliver mental health support for relatively simple cases of mental distress and provide referrals for more long-term or complex cases. These services are usually provided cost-free to current students.

*Table { SEQ Table \* ARABIC }: Counselling services available at Victorian universities. Information compiled by CAPA from each university's website.*

| University | Counselling availability |
|---|---|
| University of Melbourne | Initial 45-minute assessment, short-term 50-minute sessions, number of sessions not specified |
| Victoria University | Short-term (1 – 6) 50-minute sessions |
| RMIT University | Short-term (usually 1 – 3) 50-minute sessions |
| Swinburne University of Technology | Initial 20 – 25-minute triage session, number of sessions not specified |
| Monash University | 30-minute initial assessment session, short-term (usually 1 – 6) sessions |
| La Trobe University | Initial 15 – 20-minute discussion with duty worker, 50 min sessions, number of sessions not specified |
| Deakin University | Short-term (1 – 6) 50-minute sessions |
| Australian Catholic University | Short-term (1 – 6) 50-minute sessions per year |
| Federation University | Short-term (1 – 6) 50-minute sessions per year |

However, these services are often underfunded or understaffed and fail to meet the requirements of the student bodies they are designed to serve. Students are also often required

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to wait for significant periods on waiting lists before seeing a counsellor. Highlighting this, the websites for these services at three Victorian universities (RMIT, Deakin, and La Trobe) warn students of potential delays in seeing a counsellor. These services often act as the first port of call for students with mental health issues and delays in receiving help can lead to worsening of symptoms. It is therefore essential that increased resourcing be allocated to these services to eliminate waiting periods.

Once a student has access to their campus counselling service, the length and number of available sessions varying from university to university. All except Swinburne and La Trobe specify that their services are for short-term use only. Some operate on a triage model, where a student is seen for an initial consultation to determine their eligibility for counselling.

Outside of Victoria, the Australian National University offers up to 12 sessions per year, while the University of New South Wales provides sessions on an "as needed" basis. We believe that a limit of three or six sessions is wholly insufficient to manage the mental health requirements of students. For undergraduate students this is the equivalent of one session per academic month, or one every two months for research students who are on campus year-round. Following the ANU model of at least 12 per year, would greatly enhance the efficacy of on campus mental health support services for those who require more support.

Recommendation three: That the Victorian Government, through legislative or regulatory measures, enforces minimum standards on wait times (no more than two weeks) and number of sessions available (no less than twelve) on the counselling services provided on public university campuses.

## Our ideal mental health system for Victoria

Feedback from our members suggests that current access to mental health support services is inadequate. Beyond the informal mental health support provided by university counselling services, most formal support is provided through Medicare's Mental Health Care Plans, which provide an individual with up to 10 subsidised sessions with a mental health care professional each year. The Australian Psychological Society (APS, 2018) has previously argued that the current Medicare Mental Health Care Plan is insufficient for patients to receive the "evidence based minimum required for successful treatment of the mental health disorders" (p.4). Many forms of therapy are designed for more than 10 sessions, with manualised Cognitive-Behavioural Therapy often designed for 12 sessions. This problem is compounded for individuals with comorbidity of disorders, more challenging conditions, or without strong support networks outside of therapy, who regularly take longer to progress.

In their submission to the Medicare Benefits Scheme review, the APS proposed a new Mental Health Services Framework, with three levels of care suited to different levels of disorder severity (APS, 2018). The lowest tier of this framework is designed for the simplest of cases, and is equivalent to the current Medicare Mental Health Care Plan. The second tier doubles the number of available Medicare supported sessions, and is designed for moderate-to-severe cases and more complex disorders. The final tier is designed for serious or chronic disorders and would provide up to 40 sessions per year with a mental health professional. This framework recognises that different situations require differing levels of support, and would

provide greater resources to those most in need. CAPA supports this proposed framework as a significant improvement over the current one-size-fits-all approach taken under Medicare.

<u>Recommendation four</u>: That the Victorian Government supports changes to the Medicare Mental Health Care Plan system, to create a tiered system providing additional support to those with more complex cases.

## Conclusion

Promoting good mental health outcomes for postgraduate students requires both targeted mental health services (particularly counselling), and policy change to addressing the stressors which cause mental health disorders and sub-clinical distress in students. In particular, the experience of poverty and financial uncertainty contribute to postgraduate students' difficulties.

We make the following recommendations on crucial policy changes to relieve postgraduate students' levels of distress:

<u>Recommendation one:</u> That the Victorian Government lobby the Commonwealth Government to expand the coverage of Austudy to all full-time, domestic postgraduate students, subject to means-testing.

<u>Recommendation two:</u> That the Victorian Government provide additional scholarships, of greater or equivalent value to those provided through the Research Training Program, for students undertaking research degrees, as part of the project grants provided by the Victorian Government to universities.

We furthermore make the following recommendations on increasing the capacity of counselling services:

<u>Recommendation three:</u> That the Victorian Government, through legislative or regulatory measures, enforces minimum standards on wait times (no more than two weeks) and number of sessions available (no less than twelve) on the counselling services provided on public university campuses.

<u>Recommendation four</u>: That the Victorian Government supports changes to the Medicare Mental Health Care Plan system, to create a tiered system providing additional support to those with more complex cases.

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