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National Youth Mental Health Foundation

NATIONAL UNION OF STUDENTS INC

National Tertiary Student Wellbeing Survey 2016

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Foreword

The National Union of Students (NUS), as the peak representative body for undergraduate university students, has long been aware of the detrimental effects poor mental health and financial insecurity can have on student wellbeing and academic performance. However, without data to point to, NUS could only rely on anecdotal reports provided by student union representatives. It was this lack of concrete evidence that lead the 2015 National Welfare Officer Dean D'Angelo and 2015 National Disabilities Officer Alison Taylor to launch the Student Wellbeing Survey. Unfortunately, due to competing surveys and campaigns within NUS, the response rate from the first survey was too low for data comparison and use in NUS campaigns.

As one of the many student union representatives that promoted the survey in 2015 and found the response rate underwhelming, I set out to change this by announcing I would relaunch the Student Wellbeing Survey when I was elected to serve as the National Welfare Officer for 2016. It was this pledge that lead me to connect with a like-minded organisation seeking to assist young people with their health and wellbeing. As a university student who has struggled to get by on income support and experienced severe bouts of depression, I knew I wanted to work with **headspace** on this iteration of the survey as they would treat it with the same care they provide young people struggling with poor mental health every day.

> **"It was a pledge that lead me to connect with a like-minded organisation seeking to assist young people**

Together, NUS and **headspace** finalised the questions, which covered income support, accommodation, work, transport, student support services and experiences with mental health. Once we launched the survey, I visited campuses across the country and worked with campus student unions to increase awareness of the survey, as well as the impact poor mental health and stigma can have on the wellbeing of university students. The success of this survey should be shared with all the student union representatives that took part, in particular I would like to thank Aislinn Stein-Magee, Akira Boardman, Betty Belay, Cam Petrie, Dom McDonald, Emma Boogaerdt, Georgia Tree, Giacomo Arnott, Heidi La Paglia, Hope Smith, Izzy Mansfield, Jacinta Mortell, James Connelly, Jake Wittey, Jason Byrne, Jill Molloy, Jordon O'Reilly, Lewis Whittaker, Lizzie Green, Maddie Mulholland, Max Murphy, Nick Douros, Peter Munford, Peter Zacharatos, Riley Williamson, Simone Jowett, Sinéad Colee, Sophie Johnston, Taylor Ficarra, Terry Watson, Vanessa Song and Zhang Ziyang for their tireless efforts to promote the survey on their campuses. Without them, the 2016 Student Wellbeing Survey would not have seen such a high response rate and student unions would not have a collection of data to address poor mental health and financial insecurity among tertiary students.

I would also like to thank those who participated. By telling your story, even anonymously through pre-structured questions, you have assisted those who sit next to you in tutorials and those who will sit in lecture theatres long after you've graduated.

Overseeing the creation, promotion and reportage of the results of the Student Wellbeing Survey has been a long process that I am very proud to see come to an end. I truly hope that this report sparks not only discussion and policy development, but a renewed sense of unity and fight among the student movement to improve the wellbeing of young people across Australia, otherwise our efforts will all amount to nothing.

ROBBY MAGYAR
2016 National Welfare Officer, National Union of Students

Foreword

The 2016 Student Wellbeing survey was completed by thousands of students across the country to give an insight into the mental health and wellbeing of young people at university. The results of such an extensive and eye-opening survey unlike any other are crucial to highlight why there must be a response within the sector to support students properly and effectively in their studies. With findings such as 70% of respondents rating their mental health as just poor or fair, as the NUS Welfare Officer for 2017, I have been absolutely inundated with campuses, student leaders and staff reaching out after the initial findings came out earlier in the year and wanting to make a difference.

University is a time of significant changes and challenges that impact a student's mental health and wellbeing not to mention that young people are an at-risk group. Increased independence, more responsibility, financial pressures and personal development which can include relationship problems and drug and alcohol use are just some of these factors. This is all in combination with the competitive and stressful nature of tertiary study which has its workloads, deadlines and grades. Unfortunately, too often students can fall through the cracks without a proper safety net in place.

Unfortunately, too often students can fall through the cracks without a proper safety net in place

It is for these reasons why the National Union of Students have partnered with **headspace**, in order to bring these issues to light and into the forefront of discussion. This survey is crucial to highlight the issues at hand, go about creating a culture to destigmatize mental health issues and importantly, lobby for better services for students. At present, the services available to students on campuses across the country differ significantly from one to the next, particularly in regional and rural areas. Whilst there has been an increased awareness in the University sector around wellbeing, the quality of care has not increased accordingly. The National Union of Students is proud to partner with groups like **headspace** around these issues and will continue to advocate for the need to support young people.

JILL MOLLOY
2017 National Welfare Officer, National Union of Students

Executive Summary

The National Union of Students (NUS), with the support of **headspace**: National Youth Mental Health Foundation, conducted a National Tertiary Student Wellbeing Survey in the second half of 2016 to provide a snapshot of the key stressors and factors affecting the wellbeing of Australia's tertiary students. The survey investigated how the academic, financial and mental health experiences of university and TAFE students impact their time at university.

The survey was undertaken in recognition of the lack of research regarding the wellbeing of tertiary students, but increase in risk factors among the tertiary student population. A specific focus was placed on mental health and the use of health and counselling services by students for mental health issues, given the apparent increased need in this area.

There were 3303 participants in the survey from 40 universities and 30 TAFEs. The results are considered separately for 16-25 year old students (n=2637) and 26-50+ year old students (652), to consider separately the findings for emerging/young adults and mature adults in the tertiary education system.

Key Findings

For Young Adults:

- 67% rated their mental health as "fair" or "poor" compared with 39% who rated their physical health as "fair" or "poor".
- 65% reported high or very high psychological distress.
- Only 1.6% reported that no symptoms of mental health problems impacted their study in the past year.
- 27% had accessed on-campus counselling services, and 24% rated their experience as negative.
- 28% had accessed on-campus medical services, and 13% rated their experience as negative.

For Mature Adults:

- 59% rated their mental health as "fair" or "poor" compared with 41% who rated their physical health as "fair" or "poor".
- 53% reported high or very high psychological distress.
- Only 3.4% reported that no symptoms of mental health problems impacted their study in the past year.
- 32% had accessed on-campus counselling services, and 20% rated their experience as negative.
- 26% had accessed on-campus medical services, and 9% rated their experience as negative.

Background

The health and wellbeing of students in tertiary education is of major significance for Australia. It is estimated that nearly 20% of Australians aged 15-64 years are enrolled in formal study (ABS, 2016), including the majority of secondary school leavers and 45% of those aged 20-24 years. Participation declines to 16% for people aged 25-34 years, 9.2% aged 35-44 years, 5.7% aged 45-54 years, and 2.7% of those aged 55-64 years.

Tertiary education in Australia is provided via two main pathways: higher education is generally provided by universities and offers graduate and postgraduate degree qualifications, and is funded primarily by the Australian government; and vocational education and training, which is provided by a wide range of training organisations offering certificate and diploma qualifications, and funded by complex joint state/territory and Federal arrangements.

In 2015, there were just over 1.4 million university students enrolled in the 40 Australian universities (37 public and 3 private) and two overseas institutions that operate in Australia (Universities Australia, 2017). In 2015, it was estimated that there were 4.5 million students enrolled in vocational education and training (VET) delivered by 4277 training organisations (Australian Government, 2016). These included 53 Technical and Further Education institutes (TAFE) and 15 universities, which enrolled 20.5% and 1.8% of VET students, respectively.

Of the enrolled university students in 2015, 61% were under 25 years of age, 58% were female, 40% were commencing students, 71% were undergraduate students, 68% were studying on-campus, 66% were studying full-time, and 26% were international students (Universities Australia, 2017).

Tertiary education conveys significant opportunity and advantage and Australia has a world-class system. Australia's university completion rates are the third highest in the OECD and 37% of 25-34 year olds have a bachelor degree or higher. Tertiary education is a significant economic driver; for example, the education of international students is Australia's third largest export and is valued at $21.8 billion a year.

Nevertheless, tertiary-level study is also associated with specific risks to health and wellbeing, and many students struggle to cope with the additional demands and stressors. The level of psychological distress amongst students in higher education is of concern internationally (Eisenberg, Gollust, Golberstein, & Hefner, 2007; Eskin et al., 2016; Stallman, 2010). In particular, young adults transitioning from secondary school to tertiary study are identified as a population group at increased risk of poor mental health and disengagement.

There is limited Australian research regarding the health and wellbeing of tertiary students, but a recent report cites a small number of studies revealing a higher prevalence of psychological distress among Australian tertiary education students compared with non-students (Orygen, 2017). There is no national data, however, specifically on the mental health and wellbeing of tertiary students.

"There is limited Australian research regarding the health and wellbeing of tertiary students

A range of stressors are reported to impact tertiary students, particularly those first year students transitioning to university. These include academic and financial stress, and pressures associated with increased workload, leaving home, and the establishment of new social networks (Said, et al., 2013). It is this increased level of stress which may account for increased levels of psychological distress and mental health problems. Importantly, past research has shown high levels of stress are associated with declines in academic performance and engagement (Salzer, 2012); increases in problematic health behaviours, such as excessive drinking, smoking and substance use (Hamaideh, 2011); and an increase in the risk of depression, anxiety and burnout (Dahlin et al., 2005), all of which can have significant implications for student mental health, wellbeing and engagement.

There are several groups of students at further increased risk because they experience multiple stressors related to tertiary study. These include international students, students from rural and regional areas, students from lower socio-economic backgrounds, students with disabilities, and students who are Aboriginal and Torres Strait Islander. Each of these groups has been the focus of specific efforts by the Australian government to increase their participation in tertiary education. In the past 10 years, there has been a 94% increase in students with a disability, a 74% increase in Indigenous students, a 50% increase in students from low socio-economic backgrounds, and a 45% increase in regional and remote students (Universities Australia, 2017).

In light of the increasing number of students enrolling in tertiary education, and increases in students at higher risk, concern has been raised about the provision of sufficient, appropriate resources and services to support students to cope with the stressors of tertiary study and university life. Increased demand has been placed on university health and counselling services, raising concern that current supports are insufficient. There has been an increase in students who have contact with university health and counselling services (Andrews, 2016), and Australian research at two universities showed that 39% of university students who were experiencing high psychological distress sought professional help (Stallman & Shochet, 2009). Nevertheless, there is still a sizeable proportion of students who will not seek formal help for mental health issues due to barriers such as the stigma associated with professional support services and a preference for self-reliance and informal support.

There is, therefore, an urgent need to better understand the prevalence of mental health problems among Australian tertiary students, the factors that are associated with mental distress, and the appropriateness and responsiveness of health and counselling services. The aim of the 2016 NUS National Student Wellbeing Survey was to begin to better understand these issues.

Methodology

Procedure

An online self-report survey was made available to university and TAFE students between August and November 2016. This comprised students on the campuses of Australia's 40 universities and 53 TAFEs.

Participants were informed of the survey in multiple ways driven primarily via National Union of Students (NUS) representatives at each institution. The NUS representatives promoted the survey via posters, events, and word-of-mouth based on the recruitment information in Box 1. Recruitment processes varied across institutions and were determined by the Student Union representatives at each institution. The survey was also promoted via social media from **headspace** National Youth Mental Health Foundation and the National Union of Students.

The survey was hosted by SurveyMonkey and could be completed via any type of device with online access. Pilot testing indicated that completing the survey would take about 15 minutes.

Ethics approval was obtained prior to commencement of recruitment from the Human Research Ethics Committee of the University of Canberra (HREC Project 16-161).

Are you currently studying at University or TAFE? Your wellbeing matters - tell us what is affecting you and your student life right now.

Be part of the 2016 National Student Wellbeing Survey.

The National Union of Students (NUS), with the support of **headspace** the National Youth Mental Health Foundation, is conducting a National Student Wellbeing Survey that aims to provide a snapshot of the key stressors and factors affecting student wellbeing. The survey will investigate how the experiences of University and TAFE students in Australia, in terms of their academic, transitional, health and economic stressors, impact their time at university.

The results will inform the NUS and universities about how they can improve services to assist students.

Have a look - it is totally anonymous and confidential and only takes about 15 minutes to complete.

We want to know what is happening for you so we can advocate for the services you need.

Box 1. Survey recruitment information

Survey Measures

The survey questionnaire comprised the following measures:

- **Demographic characteristics**
  - Gender
  - Age
  - International student
  - Aboriginal or Torres Strait Islander
  - Ethnically, culturally, linguistically diverse
  - Lived experience of disability
  - Live in regional or remote area
  - Sexual orientation - LGBTIQ
  - Living situation
- **Institution and course**
  - University or TAFE attended
  - Main field of study
  - Level of study (undergraduate, postgraduate, TAFE)
  - Full-time or part-time
  - Year of study
- **Academic issues**
  - Face-to-face contact hours
  - Online contact hours
  - Academic progression
  - Factors that have affected academic progress
  - Stressfulness of lectures, tutorials, written assignments, oral presentations, exams, group work, group assessments
- **Financial issues**
  - Items have to pay for as part of course (textbooks etc)
  - Associated course costs in last academic term
  - Cost of travel/parking each week
  - Experience of financial stress
  - Cost of rent etc per week
  - Budget capability
  - Current debts
  - Receipt of government income support
  - Issues with Centrelink
  - Participation in paid employment
  - Income per week
- **Mental health issues**
  - Perceived mental health status
  - Mental health factors affecting study
  - Days out of role (how many days in last 4 weeks totally unable to work, study etc due to mental health issues)
  - Psychological distress – 10-item Kessler Psychological Distress scale
- **Service use**
  - Ever used a mental health professional
  - Used counselling services on campus in last 12 months
  - Wait time for on-campus counselling appointment
  - Rated experience of on-campus counselling
  - Used medical services on campus
  - Wait time for on-campus medical appointment
  - Rated experience of on-campus medical services
  - Awareness of **headspace** services and use in last 12 months
  - Use of online services in past 12 months for mental health
  - Factors that prevent seeking mental health help

Methodology

Participants

Overall, there were 3303 participants aged from 16-50+ years from 70 different tertiary institutions—40 universities and 30 TAFEs. The vast majority were university students, with only 3.3% reporting that they were studying at TAFE.

There were 2637 participants aged 16-25 years (79.8%) from 70 institutions and 652 students aged 26-50+ years from 45 institutions who took part in the survey.

Table 1 presents the demographic characteristics of the participants, showing these separately for young adults aged 16-25 years and mature adults aged 26 years and over. This reveals that the young adults were primarily undergraduate university students (87.5%) who were studying full-time (86.9%). About a third were first year students. They were primarily from metropolitan regions (87.1%). Only 5.3% were international students. There were 2.1% who were Aboriginal and/or Torres Strait Islander; 13.9% who were from a cultural and linguistically diverse background; 16.4% with lived experience of disability; and over one-quarter (26.7%) reported their sexuality as lesbian, gay, bisexual, transgender, intersex, or questioning/queer (LGBTIQ).

The mature adults, aged 26 years and over, were also primarily undergraduate students, although 42% were postgraduate. Over one-third were studying part-time, and 28% were first year. One-fifth were from regional Australia, although almost 80% were still from metropolitan areas. Just over 10% were international students. There were 3.2% who were Aboriginal and/or Torres Strait Islander; 11.8% who were from a cultural and linguistically diverse background; 21.8% with lived experience of disability; and 16.4% who were LGBTIQ.

Table 2 shows the living situation, employment and economic characteristics of the participants in each age group. For the young adults, just over half lived with their parents and another quarter lived off campus not with family. There were 13.9% for whom accommodation was an issue of concern. Most mature adults lived with their partner/children, but accommodation was an issue for almost 19%.

There were 42.8% of young adults and 45.0% of mature adults who worked more than 10 hours per week. Of those studying full-time, there were 39.9% of young adults and 32.1% of mature adults working 10 or more hours per week.

The household poverty line in Australia for a single adult living alone is currently estimated at $426.30 per week (50% median income) before housing costs and $343.00 after housing costs (ACOSS, 2016). A substantial 82.4% of young adults earned less than $400 per week. For mature adults, over half earned less than $400 per week. Just over one-third (37.6%) of young adults and almost half (42.9%) of mature adults were receiving government income support.

Table 1. Demographic characteristics

	16-25 YEARS			26 YEARS AND OVER		
	Males (N = 691) **n** (%)	**Females** (N = 1835) **n** (%)	**All** (N = 2637) **n** (%)	**Males** (N = 182) **n** (%)	**Females** (N = 445) **n** (%)	**All** (N =652) **n** (%)
LEVEL OF STUDY						
Undergraduate	**623** (90.4)	**1580** (86.2)	**2302** (87.5)	**92** (51.1)	**264** (59.7)	**368** (56.9)
Postgraduate	**54** (7.8)	**198** (10.8)	**258** (9.8)	**87** (48.3)	**173** (39.1)	**272** (42.0)
TAFE	**12** (1.7)	**54** (2.9)	**70** (2.7)	**1** (0.6)	**5** (1.1)	**7** (1.1)
STATUS						
Full-time	**600** (87.0)	**1597** (87.2)	**2286** (86.9)	**132** (73.3)	**264** (59.7)	**407** (62.9)
Part-time	**90** (13.0)	**234** (12.8)	**344** (13.1)	**48** (26.7)	**178** (40.3)	**240** (37.1)
YEAR OF STUDY						
1st	**201** (29.1)	**638** (34.8)	**884** (33.6)	**40** (22.1)	**135** (30.3)	**182** (28.0)
2nd	**183** (26.5)	**477** (26.0)	**683** (25.9)	**50** (27.6)	**118** (26.5)	**174** (26.8)
3rd	**159** (23.0)	**373** (20.3)	**561** (21.3)	**37** (20.4)	**83** (18.7)	**126** (19.4)
4th	**95** (13.7)	**203** (11.1)	**304** (11.5)	**25** (13.8)	**51** (11.5)	**77** (11.8)
5th onwards	**53** (7.7)	**142** (7.7)	**201** (7.6)	**29** (16.0)	**58** (13.0)	**91** (14.0)
RURALITY						
City in Australia	**592** (91.1)	**1494** (85.3)	**2175** (87.1)	**146** (82.0)	**347** (80.1)	**505** (79.7)
Regional Australia	**57** (8.8)	**247** (14.1)	**312** (12.5)	**32** (18.0)	**85** (19.6)	**127** (20.0)
Remote Australia	**1** (0.2)	**10** (0.5)	**11** (0.4)	**0** (0.0)	**1** (0.2)	**2** (0.3)
INTERNATIONAL	**43** (6.2)	**93** (5.1)	**140** (5.3)	**34** (18.7)	**34** (7.6)	**71** (10.9)
ATSI	**18** (2.6)	**32** (1.7)	**56** (2.1)	**7** (3.8)	**9** (2.0)	**21** (3.2)
CALD	**101** (14.6)	**241** (13.1)	**366** (13.9)	**25** (13.7)	**47** (10.6)	**77** (11.8)
DISABILITY	**99** (14.3)	**284** (15.5)	**432** (16.4)	**30** (16.5)	**95** (21.3)	**142** (21.8)
LGBTIQ	**190** (27.5)	**421** (22.9)	**703** (26.7)	**24** (13.2)	**64** (14.4)	**107** (16.4)

Table 2. Living, employment and economic characteristics

	16-25 YEARS			26 YEARS AND OVER		
	Males (N = 691) **n** (%)	**Females** (N = 1835) **n** (%)	**All** (N = 2637) **n** (%)	**Males** (N = 182) **n** (%)	**Females** (N = 445) **n** (%)	**All** (N =652) **n** (%)
LIVING SITUATION						
Parents	**346** (55.7)	**908** (53.6)	**1310** (54.2)	**20** (12.2)	**50** (12.0)	**70** (11.6)
Partner and/or children	**20** (3.2)	**116** (6.8)	**138** (5.7)	**60** (36.6)	**209** (50.0)	**275** (45.6)
On campus	**67** (10.8)	**184** (10.9)	**261** (10.8)	**7** (4.3)	**8** (1.9)	**16** (2.7)
Off campus	**174** (28.0)	**456** (26.9)	**661** (27.4)	**71** (43.3)	**142** (34.0)	**226** (37.5)
Other	**14** (2.0)	**30** (1.8)	**45** (1.9)	**6** (3.7)	**9** (2.2)	**16** (2.7)
ACCOMMODATION						
Is not an issue	**538** (86.5)	**1472** (86.5)	**2087** (86.1)	**129** (78.7)	**347** (83.0)	**490** (81.3)
Is an issue	**79** (12.7)	**214** (12.6)	**314** (12.9)	**35** (21.3)	**68** (16.3)	**109** (18.1)
At risk of being homeless	**4** (0.6)	**16** (0.9)	**22** (0.9)	**0** (0.0)	**3** (0.7)	**3** (0.5)
Homeless/ sleeping rough	**1** (0.2)	**0** (0.0)	**2** (0.1)	**0** (0.0)	**0** (0.0)	**1** (0.2)
EMPLOYMENT HOURS						
None	**193** (31.2)	**457** (27.1)	**682** (28.3)	**59** (36.2)	**157** (37.6)	**225** (37.4)
1-10	**161** (26.0)	**505** (30.0)	**695** (28.9)	**26** (16.0)	**79** (18.9)	**106** (17.6)
11-20	**161** (26.0)	**445** (26.4)	**631** (26.2)	**35** (21.5)	**61** (14.6)	**98** (16.3)
20-30	**63** (10.2)	**187** (11.1)	**259** (10.8)	**13** (8.0)	**42** (10.0)	**58** (9.7)
30+	**41** (6.6)	**92** (5.5)	**139** (5.8)	**30** (18.4)	**79** (18.9)	**114** (19.0)
INCOME PER WEEK						
None	**118** (19.6)	**265** (16.2)	**397** (17.0)	**22** (14.1)	**79** (17.8)	**104** (18.2)
<$100	**55** (9.1)	**197** (12.0)	**265** (11.3)	**4** (2.6)	**18** (4.5)	**22** (3.9)
$100-$199	**109** (18.1)	**405** (24.7)	**539** (23.0)	**17** (10.9)	**49** (12.4)	**66** (11.6)
$200-$299	**115** (19.1)	**316** (19.3)	**451** (19.3)	**30** (19.2)	**42** (10.6)	**74** (13.0)
$300-$399	**75** (12.4)	**188** (11.5)	**276** (11.8)	**16** (10.3)	**33** (8.3)	**51** (8.9)
$400-$499	**59** (9.8)	**123** (7.5)	**186** (7.9)	**17** (10.9)	**33** (8.3)	**53** (9.3)
$500+	**72** (11.9)	**145** (8.8)	**226** (9.7)	**50** (32.1)	**142** (35.9)	**200** (35.1)
RECEIVING GOVERNMENT INCOME SUPPORT						
Yes	**214** (34.9)	**645** (38.6)	**896** (37.6)	**76** (41.8)	**155** (39.4)	**245** (42.9)
No	**400** (65.1)	**1024** (61.4)	**1484** (62.4)	**81** (51.6)	**238** (60.6)	**326** (57.1)

Young Adults: 16-25 Years

Demographic Characteristics

There were 2,637 Australian university or TAFE students aged between 16-25 years (M = 20.82, SD = 1.99). The majority were female (69.9%), with 26.3% who were male, and 3.7% identifying as gender diverse, intersex, indeterminate or other. Due to the small number of students who were non-binary, gender differences are examined in the results comparing males and females only.

Most of the students were undergraduate (87.5%), full-time students (86.9%), and from a major city in Australia (87.1%). A third (33.6%) were in their first year of academic study, with the remainder being in a subsequent year.

Culturally, very few were international students (5.3%). There were 2.1% who identified as Aboriginal or Torres Strait Islander (ATSI); 13.9% were ethically, culturally or linguistically diverse (CALD). There were 16.4% with lived experience with a disability; and a substantial 26.7% who identified as LGBTIQ.

Most (86.1%) had somewhere secure to live, but accommodation was an issue for 13.9% of students. There were 54.2% living at home with their parents, 23.2% house-sharing off campus, and 10.8% living on campus.

A third (33%) found it difficult or very difficult to meet their living needs with the income they were on. Of these students, 83.1% had an income of less than $300 per week and 35% were not in any employment. Just over a third (37.6%) received some form of Government income support.

Academic Issues

The majority of students spent between 6 and 15 hours in face-to-face contact each week. Just over half had some online contact each week. There was no association between amount of face-to-face and online contact. Figure 1 shows the percentage of students with different contact hours for both face-to-face and online class contact.

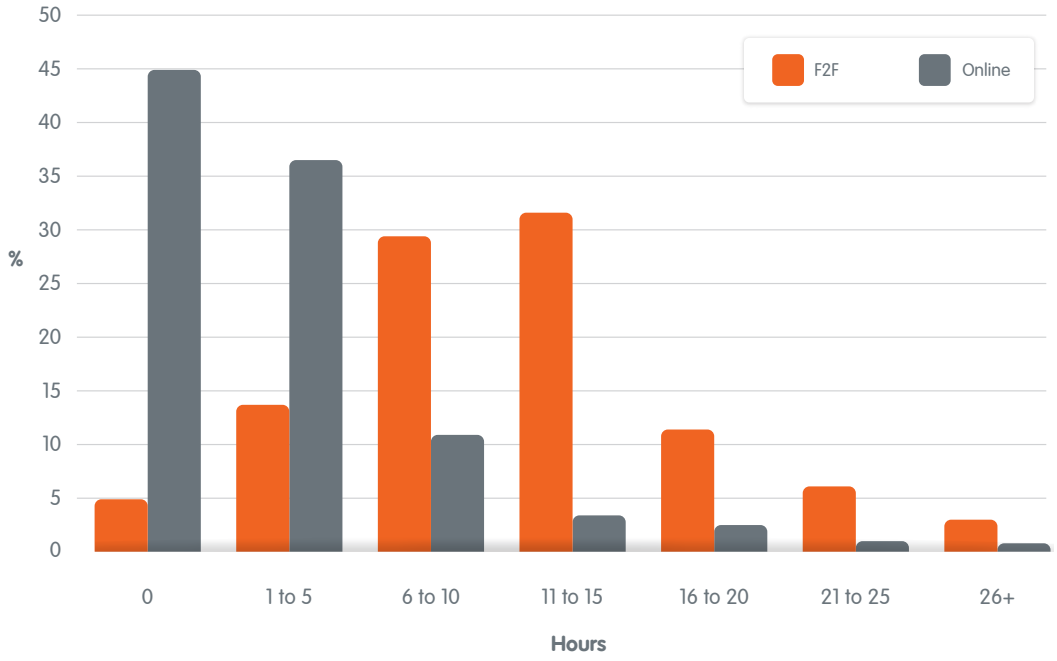


Figure 1. Contact hours per week, face-to-face and online (%)

Most students (58.5%) had passed all subjects to date. Figure 2 shows the problems experienced with academic progress, by gender. There were 12.4% who reported they had failed one subject and 14.7% who had failed multiple subjects. There were 5.6% who had been placed on academic probation. A gender difference was evident, whereby males (M = 1.53) reported significantly more academic progress problems than females (M = 1.09), t (946.49) = -4.922, p < .001. Over a quarter of both males and females had considered leaving their course of study.

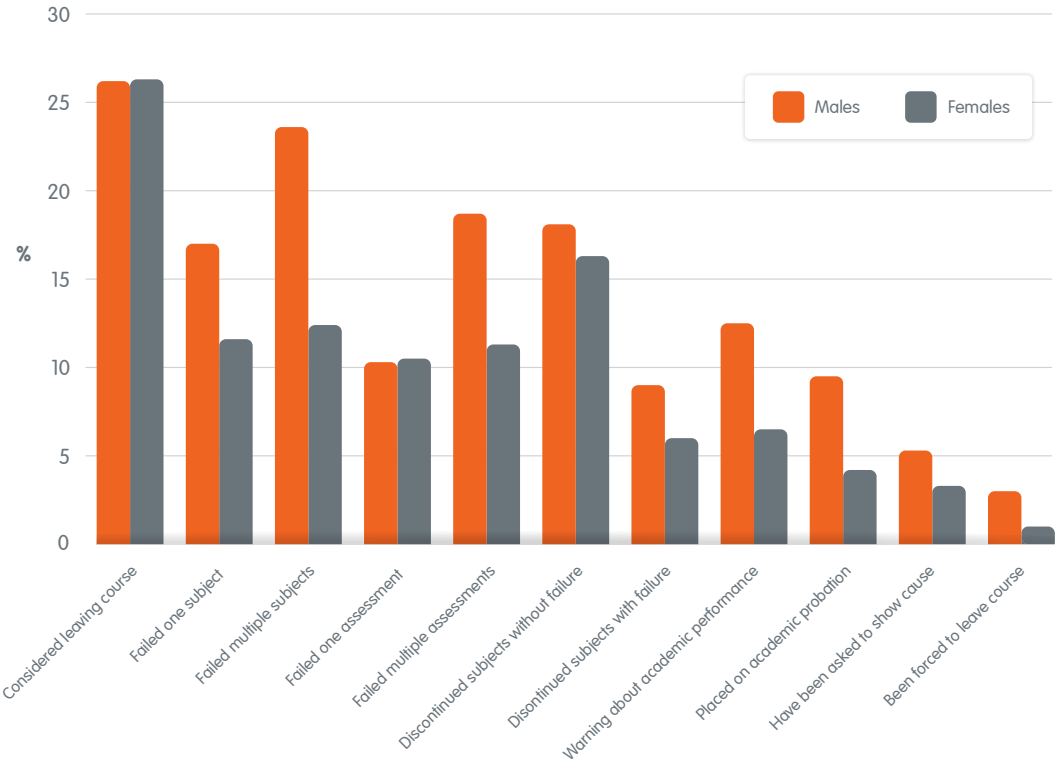


Figure 2. Problems experienced with academic progress, by gender (%)

Those who had not passed all subjects were asked about the factors that had affected their problems with academic progress (n=1095), and these are presented in Figure 3. A substantial 66.6% reported difficulties balancing study and other commitments as the most common factor, followed by personal, family or relationship problems (54.1%). Notably about 30% cited financial difficulties as a factor affecting their academic progress and almost half the students (47.3%) rated health problems as a factor affecting their academic progress.

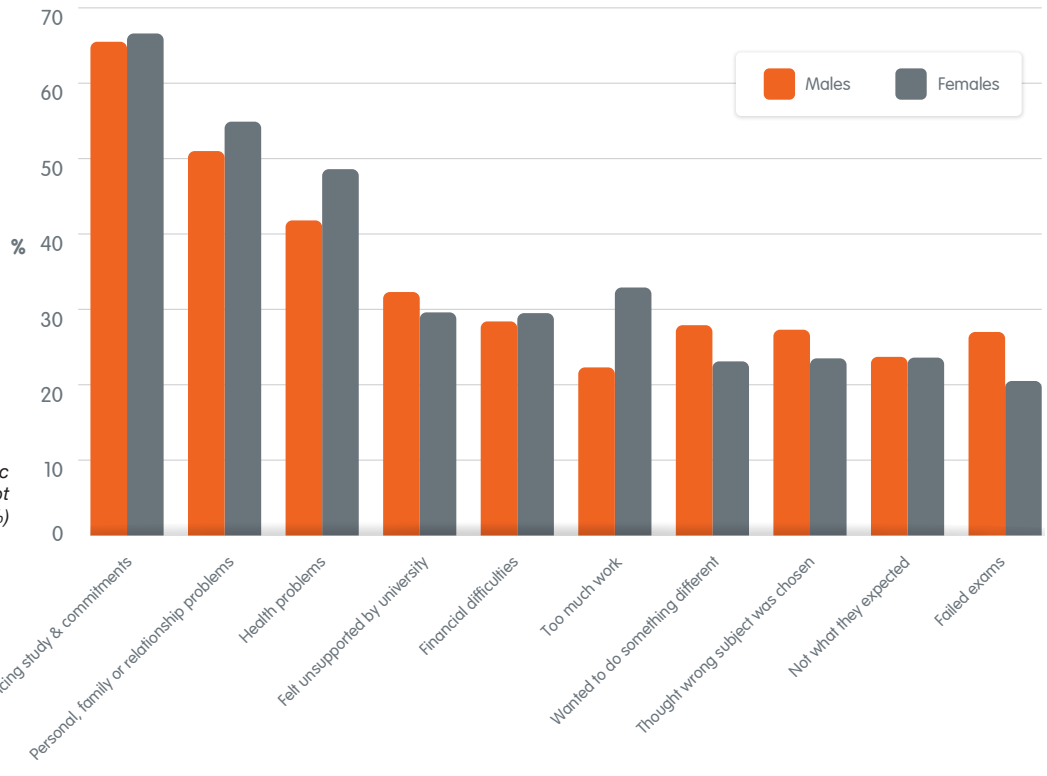


Figure 3. Factors affecting academic progress for participants who had not passed all subjects, by gender (%)

Overall, very few students reported no academic stress, and 64.2% of students found academic experiences in general to be 'very' or 'extremely stressful'. Figure 4 shows the level of academic stress reported for different academic activities. Students reported exams, oral presentations, and group assessments as the most stressful, with many reporting them as 'extremely stressful' (47.8%, 38.6%, and 33.3%, respectively). Lectures were by far the least stressful academic experience.

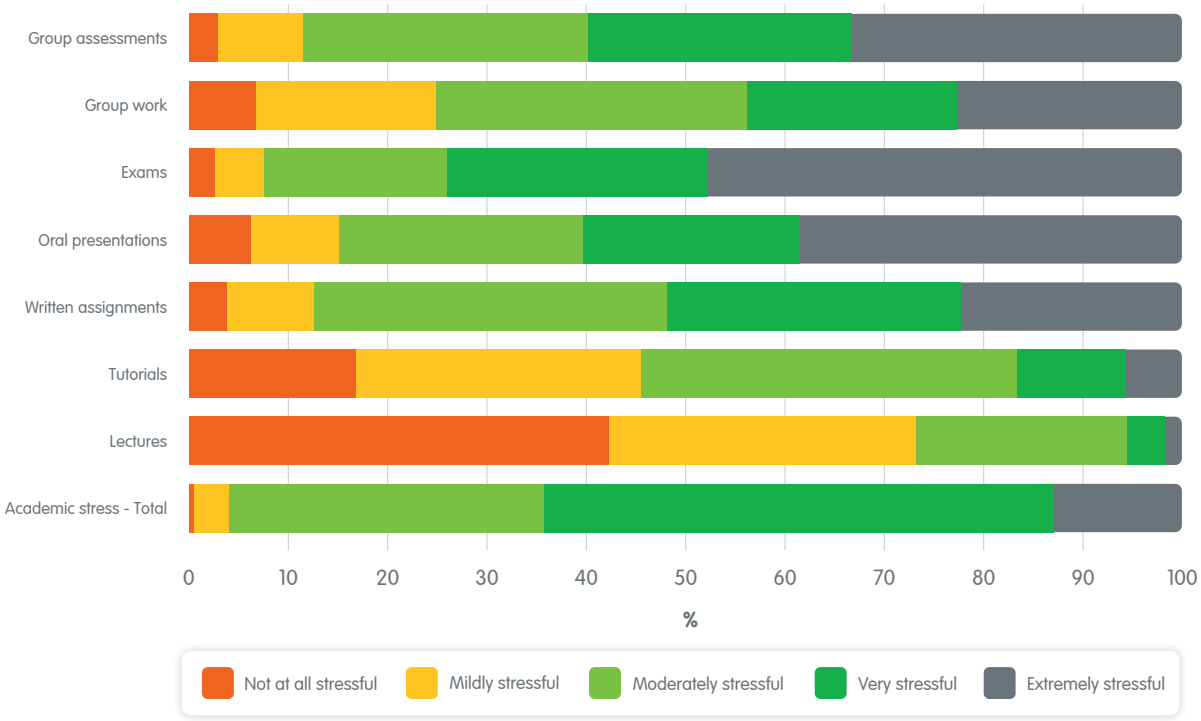


Figure 4. Level of distress for academic activities (%)

Gender differences were evident in relation to each academic stressor and academic stress overall, with females always more likely to report greater stress. Table 3 shows that both males and females found exams to be most stressful, but females next reported oral presentations, whereas males reported group assessments as the second most stressful experience.

Table 3. Mean stress scores for each academic stressor, by gender

ACADEMIC STRESSOR	MALES *M* (SD)	FEMALES *M* (SD)	*t*
Academic stress - Total	3.48 (0.79)	3.80 (0.71)	8.92**
Stress – Exams	3.89 (1.12)	4.20 (0.98)	6.23**
Stress – Oral Presentations	3.37 (1.29)	3.93 (1.15)	9.63**
Stress – Group Assignments	3.58 (1.18)	3.85 (1.03)	5.12**
Stress – Written Assessments	3.28 (1.08)	3.68 (1.00)	8.52**
Stress – Group Work	3.15 (1.22)	3.41 (1.18)	4.66**
Stress - Tutorials	2.40 (1.06)	2.65 (1.05)	5.09**
Stress - Lectures	1.79 (0.93)	1.95 (0.97)	3.54**

*Note. Scale ranges from 1-5 with higher scores indicating greater stress rating, **p < .001.*

Financial Issues

The majority (82.4%) of young adult students earn less than $400 per week. There was 47.2% of females and 35.0% of males who reported that they constantly experienced financial stress while they were at university. One in ten (10.6%) report that it is very difficult to meet daily living needs with the income they are on and another almost one in four report that it is difficult (22.4%); two-thirds state is it manageable or very manageable to meet their daily living needs (66.9%). Women were slightly more likely to experience financial difficulty than men (34.2% vs 28.5%). Overall, three-quarters (75.2%) defer all their fees. Figure 5 shows the percentage of male and female students within earning each income bracket.

Figure 5. Weekly income, by gender (%)

Figure 6 presents the term course-related costs incurred in the past academic term. About one-quarter reported substantial costs above $500 for the term. These costs include textbooks, stationary, other materials, travel, and professional association fees.

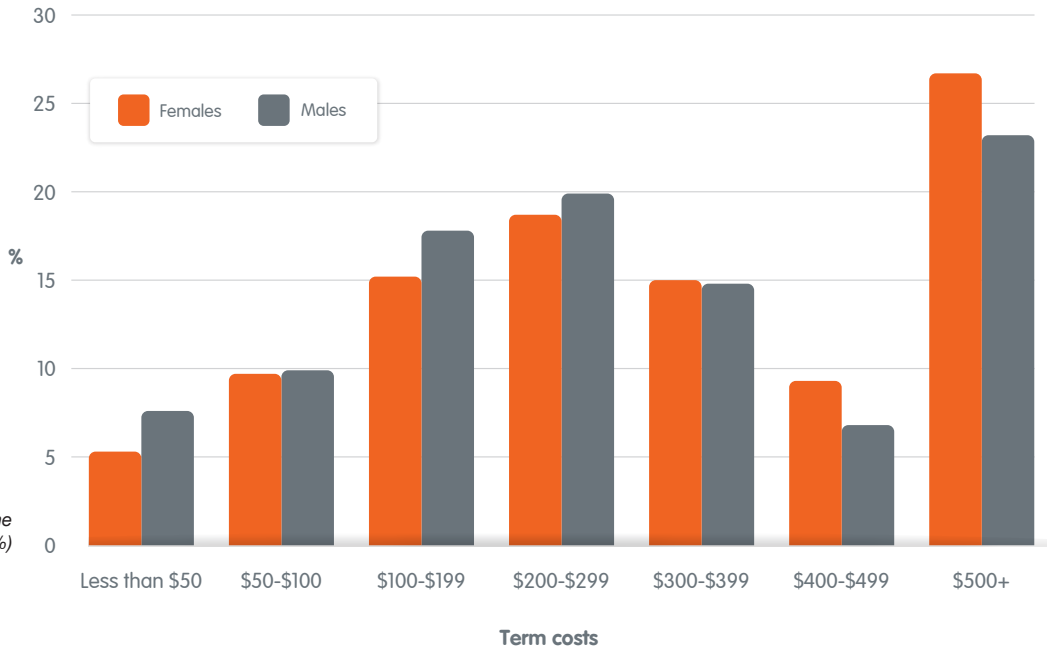


Figure 6. Course-related costs in the last academic term, by gender (%)

Figure 7 shows parking/travel costs, specifically, which are a substantial weekly commitment for most students. Around half pay $20 or more per week just in parking/travel.

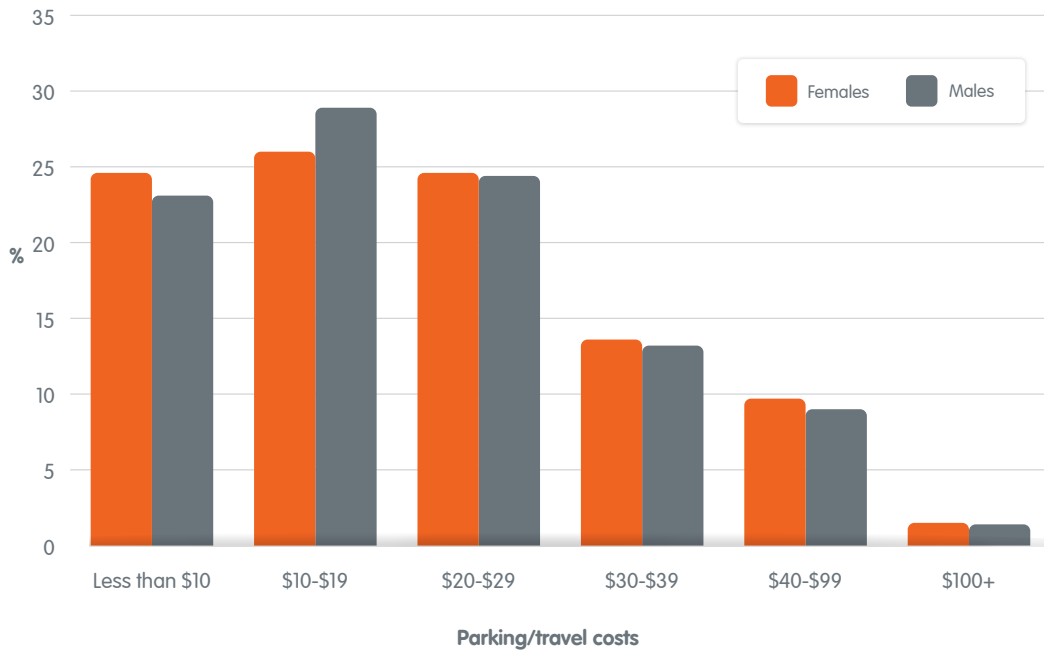


Figure 7. Parking/travel costs per week, by gender (%)

Other course-related costs are presented in Table 4, which shows that the main costs are textbooks, stationary, travel and printing. Notably, 56.4% have foregone buying textbooks due to the cost.

Table 4. Course-related costs incurred and foregone, by gender (%)

	COST INCURRED			FOREGONE		
	Males	Females	All	Males	Females	All
Textbooks	85.4	87.7	86.8	55.6	56.5	56.5
Stationary	81.6	87.7	86.1	13.5	15.4	15.3
Travel to uni	80.3	84.5	83.5	14.0	15.1	15.1
Printing	77.7	78.8	78.4	19.8	23.8	23.3
Lab coats/uniforms	20.8	31.4	28.4	2.2	2.7	2.5
Travel to placements	19.8	31.4	28.1	3.2	2.1	2.4
Record check (criminal, WWVP)	10.7	25.0	21.0	1.3	0.9	1.0
Sport facilities	18.2	16.3	16.7	7.7	6.5	6.8
Special software	19.0	13.2	14.8	7.2	6.5	6.8
Field trips	10.0	11.9	11.5	2.0	3.9	3.4
Art materials	7.2	9.4	9.2	2.9	3.8	3.7
Conferences	9.1	7.8	8.3	4.8	5.8	5.5
Professional association fees	5.9	6.6	6.6	1.9	2.7	2.5

Mental Health Issues

Perceived mental health and health status

A substantial two-thirds (67.3%) of students rated their mental health as only fair or poor, which compared with a much lower 39.3% who negatively rated their physical health. Notably, there was a third (33.0%) who rated their mental health as poor – the lowest rating – compared with 10.4% for physical health (see Figure 8).

Gender differences were observed in mental health ratings (see Figure 9), with males (M = 2.4) reporting significantly more positive mental health ratings on average than females (M = 2.0) on a scale of 1-5, t (848.24) = -5.638, p < .001.

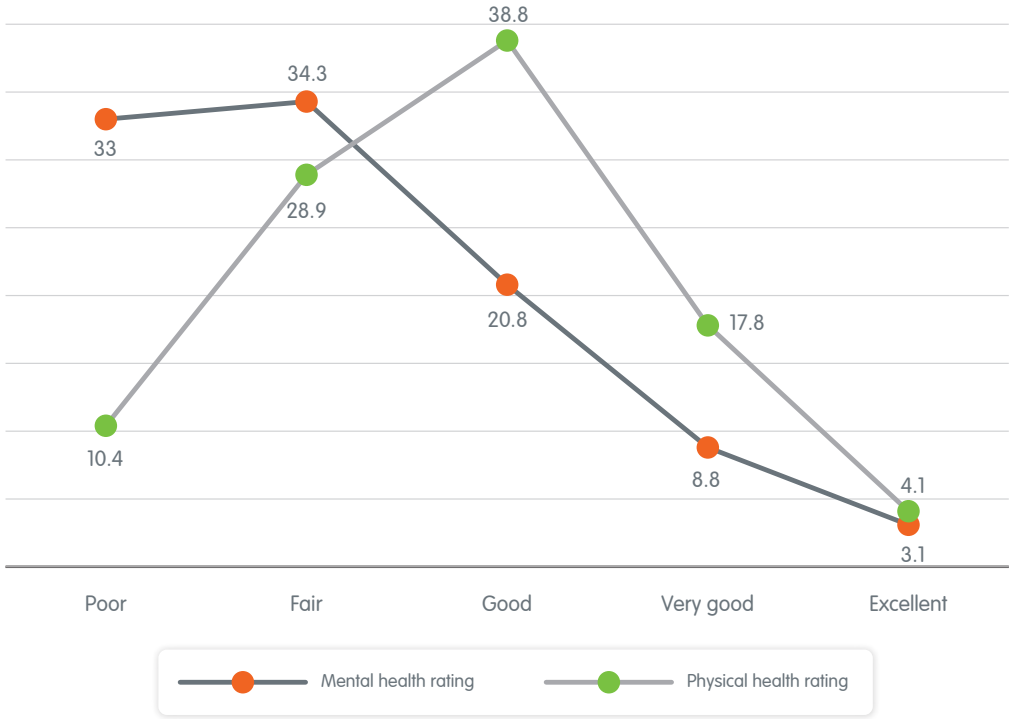


Figure 8. Rating of mental health and physical health (%)

Figure 9. Mental health ratings, by gender (%)

Psychological distress

Overall, 65.2% of students reported high or very high levels of psychological distress on the 10-item Kessler Psychological Distress Scale (see Figure 10). This compares with 20% of females and 11% of males aged 18-24 in the general population who reported high or very high levels of psychological distress in the 2014-15 national health survey (ABS, 2015). Gender differences were evident for the students, with females (M = 26.2) reporting significantly higher levels of psychological distress than males (M = 24.1), t (2251) = 4.89, p < .001.

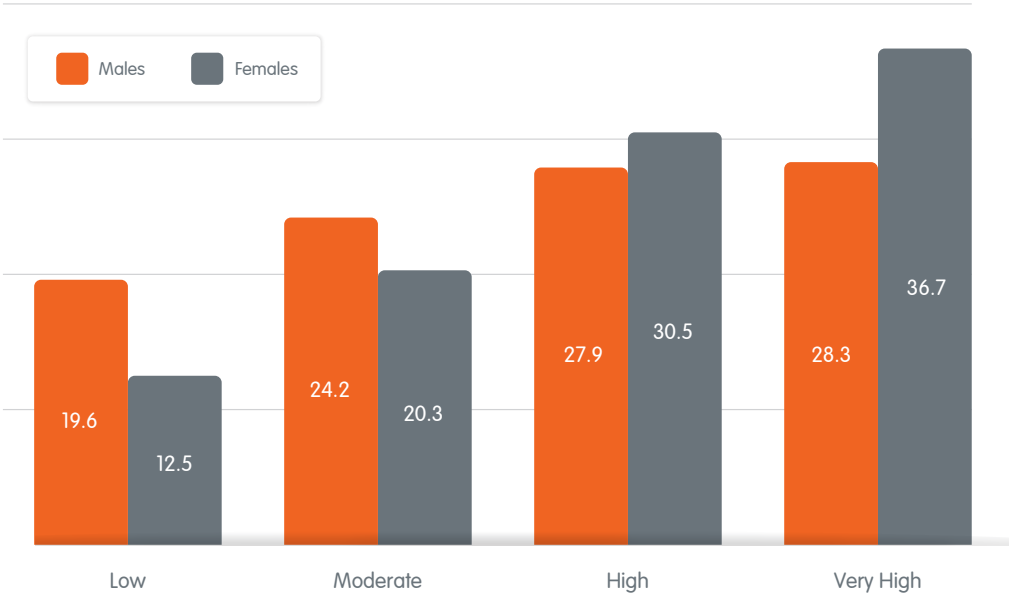


Figure 10. Levels of psychological distress, by gender (%)

Mental health problems affecting studies

Only 1.6% of students reported that there were no symptoms of mental health problems that impacted their studies in the past year. The percentage who reported each type of mental health problem as affecting their studies is reported in Figure 11. The main factors affecting study were feeling stressed (83.2%), low motivation (82.1%), feeling anxious (79%), and low mood (75.7%). An alarming 35.4% of students reported thoughts of self-harm or suicide affected their studies. Females were more likely than males to report an influence of each mental health issue.

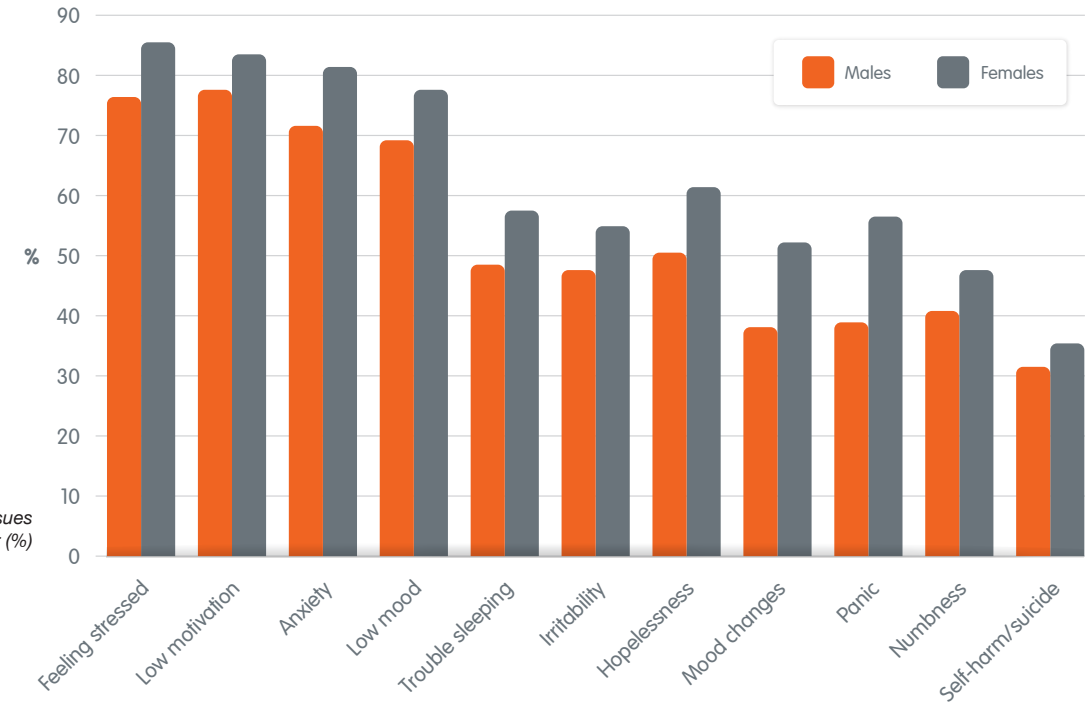


Figure 11. Mental health issues affecting studies, by gender (%)

Days out of role

Students reported the number of days out of role, when they could not perform their usual work or study activities, in the past 4 weeks, due to mental health issues that were affecting their studies (see Figure 12). There were 71.8% who reported that there had been at least one day when they were totally unable to work or study due to symptoms of mental health problems in the past month. Gender differences were also observed, and females (M = 3.72) reported significantly more days out of role due to mental health issues compared with males (M = 3.21), t (2261) = 4.721, p < .001.

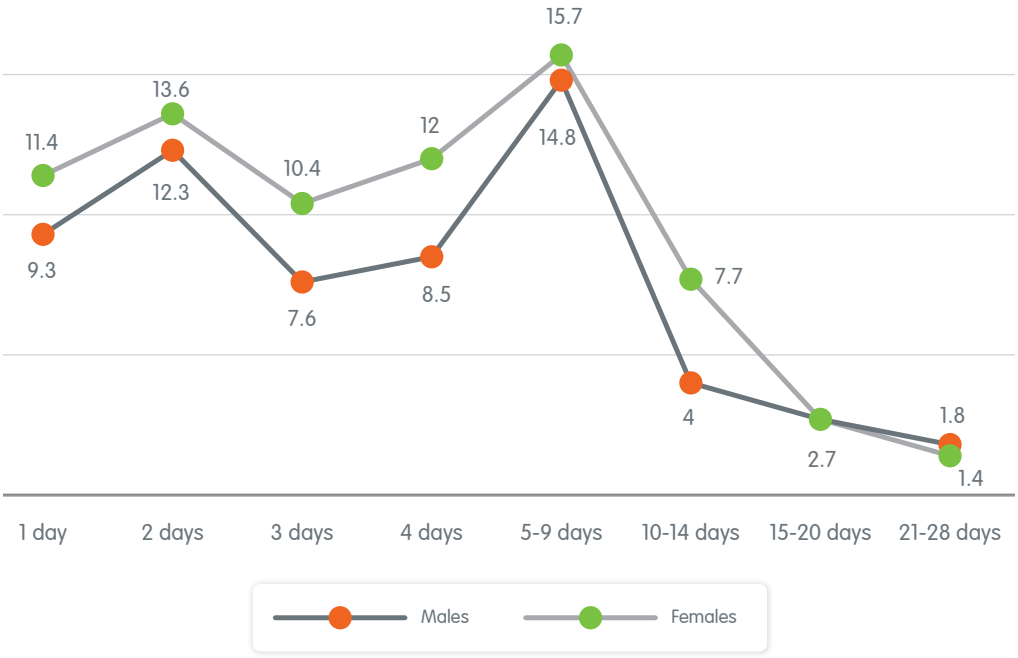


Figure 12. Number of days out of role in the past four weeks due to mental health problems, by gender (%)

Study-related factors affecting mental health

Figure 13 presents the study-related factors reported to affect mental health and wellbeing, by gender. The two most common factors reported were academic workload stressors: workload and deadlines (79.5%); and balancing study and other commitments (76.8%). Next most common was personal, family or relationship problems (69.5%).

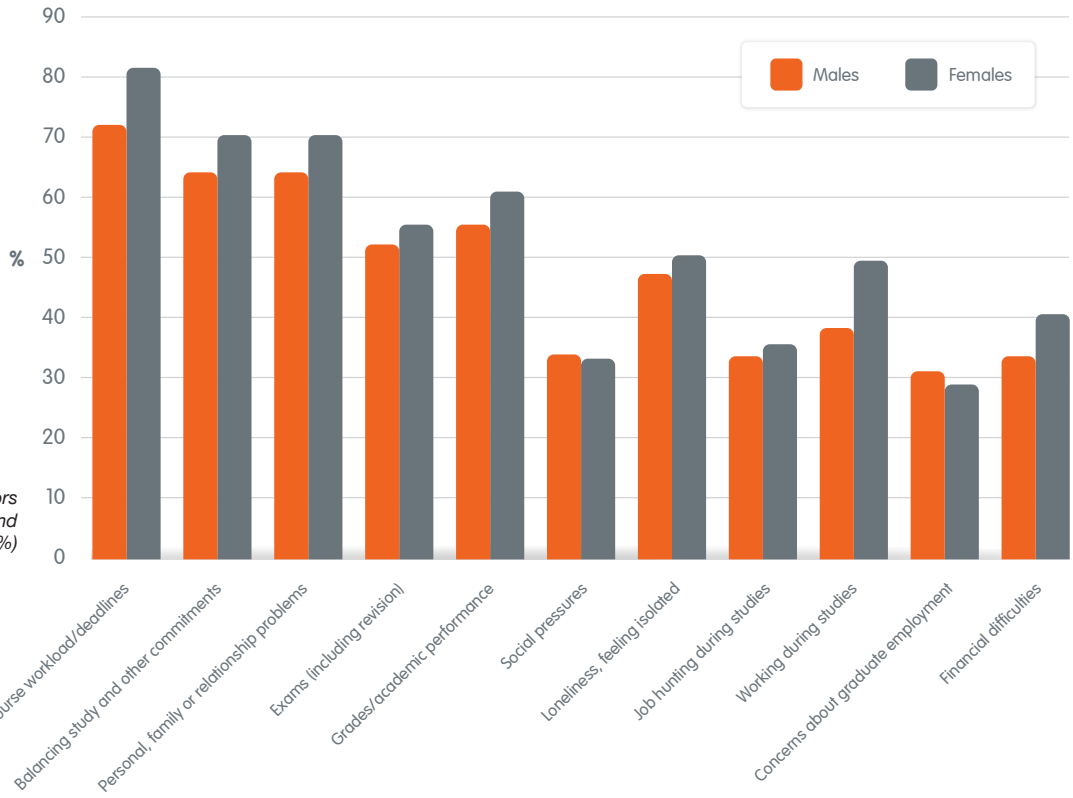


Figure 13. Student-related factors affecting mental health and wellbeing, by gender (%)

Alcohol and other drug use

About two-thirds of students (68.1%) reported some form of substance use in the previous three months. Overall, there were 64.6% who had consumed alcohol at a risky level (4 or more drinks in a session), 17.9% used tobacco products, 11.1% used prescription drugs for non-medical reasons, and 16.7% used illicit drugs. Figure 14 shows the percentage reporting use of each substance at different levels. Alcohol was most likely to be consumed one or twice, monthly or weekly, whereas tobacco was most likely to be used on a daily basis. Prescription and illicit drugs were most likely to be used monthly, or once or twice. Gender differences were evident, with males significantly more likely to report each type of substance use compared with females.

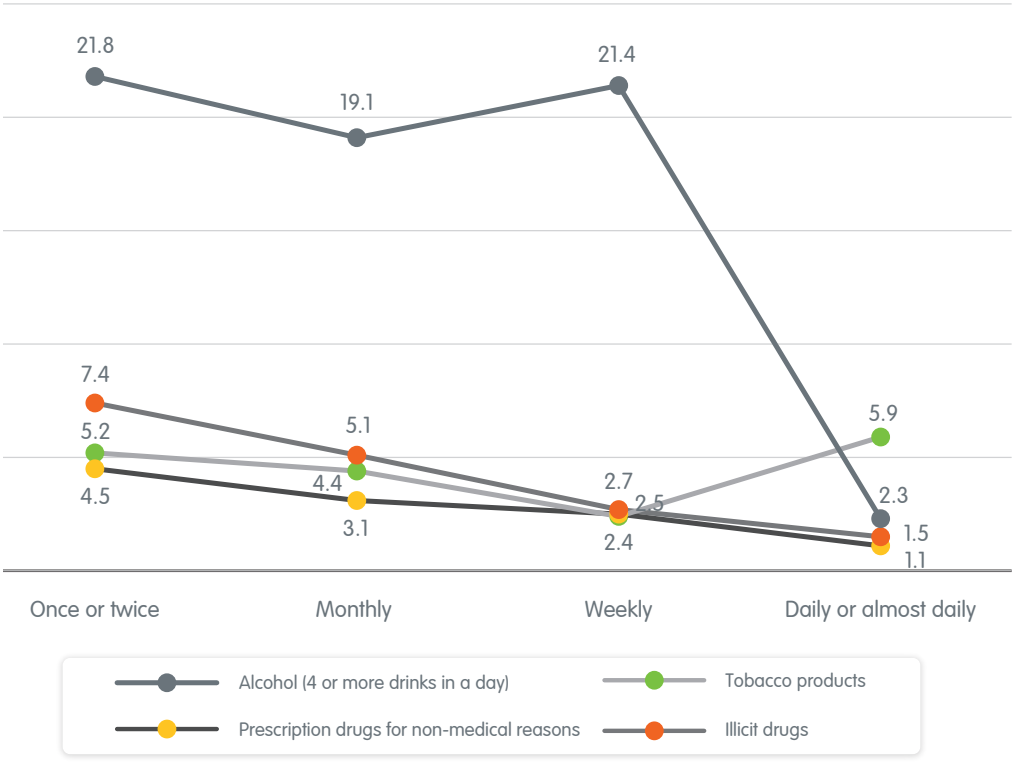


Figure 14. Alcohol and other drug use in the past 3 months (%)

Service Use For Mental Health Problems

There was a high level of service use for mental health problems evident among the sample, with two-thirds (64.9%) having sought help from a mental health professional at some point in their lives for a personal or emotional problem. A quarter (24.5%) were currently seeing a mental health professional, a fifth (20.3%) had seen a mental health professional in the past 12 months, and another fifth (20.2%) had seen a mental health professional more than 12 months ago. There were, however, 826 young people who had never seen a mental health professional, and of these only about a third (n = 287, 34.7%) reported that mental health help did not apply to them.

Campus counselling and medical services

There were 27.0% of young people who had accessed on-campus counselling services in the past 12 months and 27.8% who had accessed on-campus medical services. Females were significantly more likely than males to use both counselling (27.1% vs 22.9%) and medical services (29.1% vs 24.4%).

Wait times were somewhat longer for counselling compared with medical services, although two-thirds reported waiting less than a week for their counselling appointment (see Figure 15). A third (33.5%) of those who had sought counselling services reporting having to wait more than a week compared with only 11.2% using medical services.

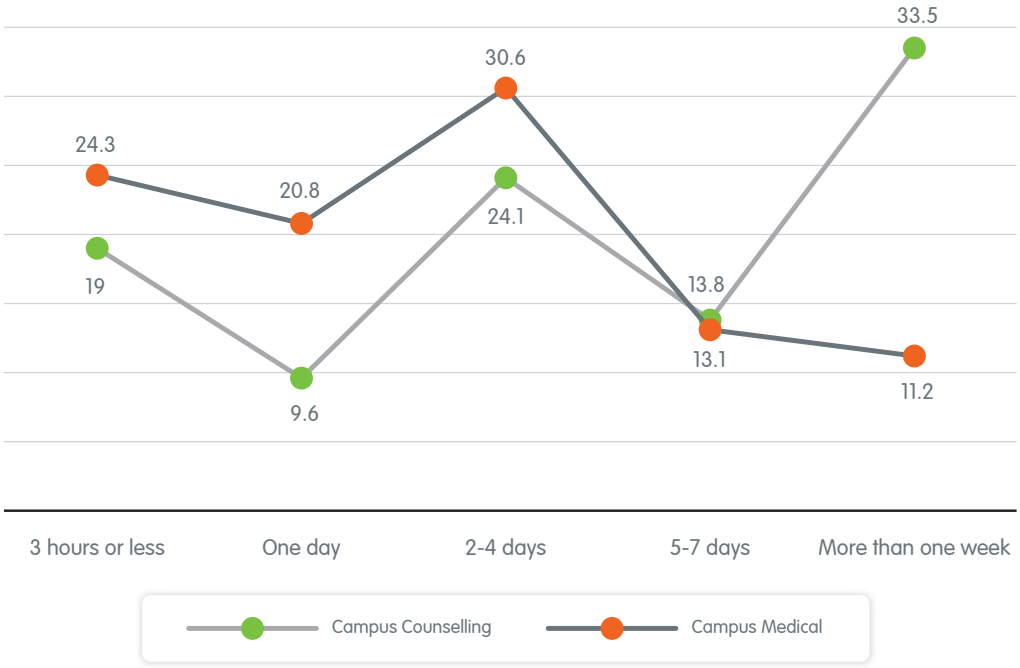


Figure 15. Wait times for campus counselling and medical services (%)

Students reported a somewhat more positive experience of medical compared with counselling services on-campus. Experience of services was rated on an 11-point scale from very negative to very positive. Figure 16 shows the percentage reporting each rating by type of service. On average, counselling services were given a rating of 6.04 (SD = 2.77) and medical services a rating of 7.11 (SD = 2.36) out of a possible score of 10.

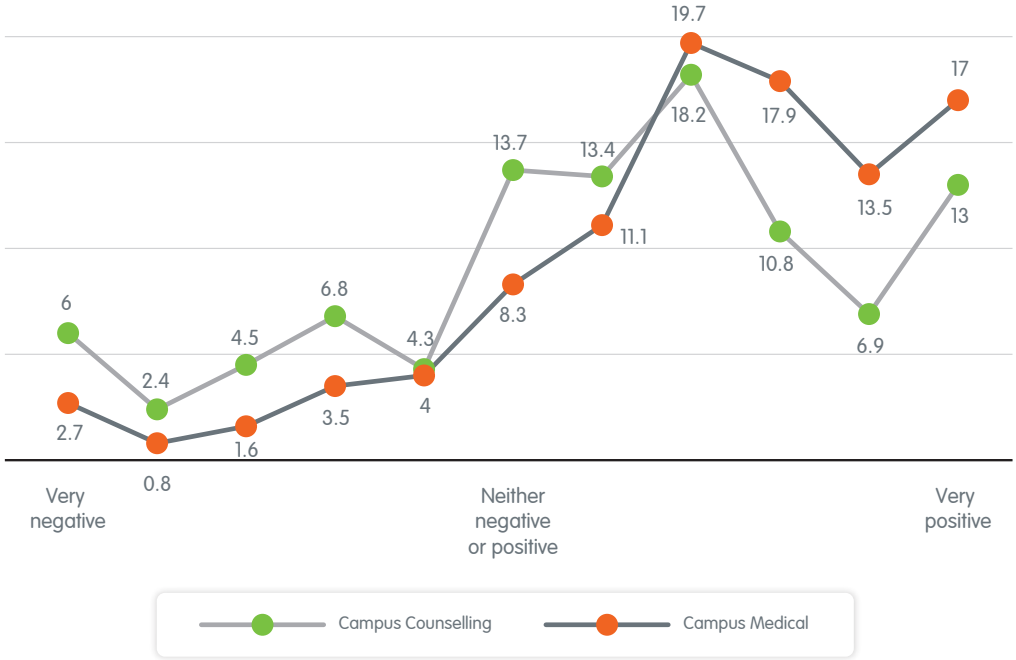


Figure 16. Rating of campus counselling and medical services (%)

headspace

There was a very high level of awareness of **headspace**, with 85.9% of students having heard about **headspace**. Of those who were aware of **headspace**, 33.3% had used a **headspace** service (including accessing the website). There were 28.3% who had visited the **headspace** website, 6.9% had received help through **eheadspace**, and 10.4% had visited a **headspace** centre. Figure 17 shows the gender differences in use of **headspace** services, with females more likely to access the website or visit **eheadspace**.

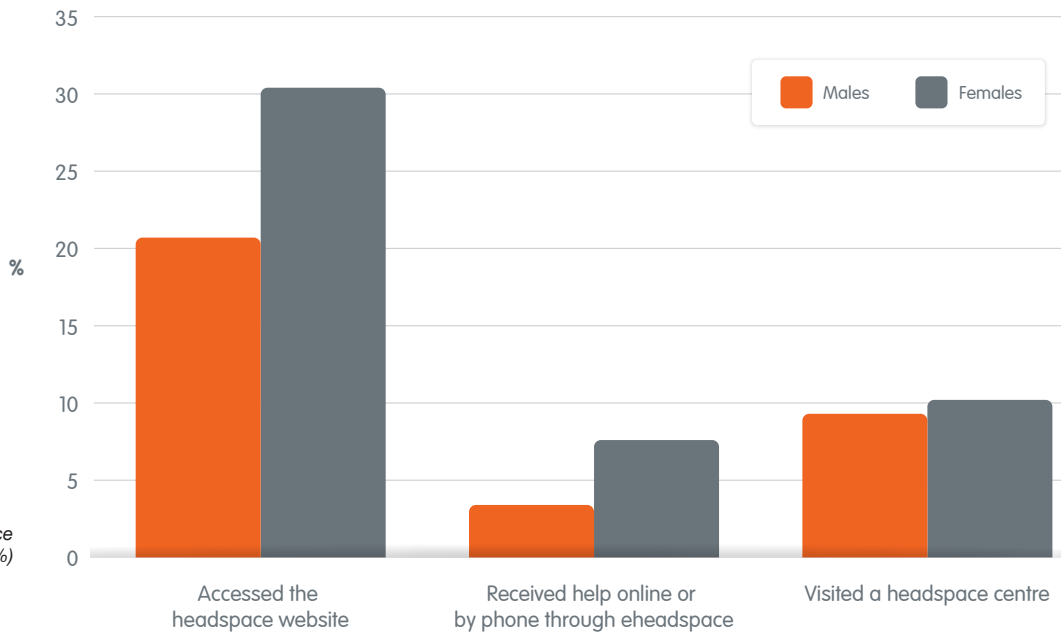


Figure 17. Use of headspace services, by gender (%)

Online services

Overall, 52.5% of students searched the internet or used online services (including **eheadspace**, ReachOut, Beyond Blue) to get help or information about mental health problems. There were 44.1% who used online services to get information about mental health issues, 30.0% who used online assessment tools (such as filling out a questionnaire), 7.2% used a chat room or support group, 7.6% used online personal support or counselling, 13.8% used online self-help, and 14% accessed information about services in the community. Figure 18 shows that females were more likely than males to use each type of online option for mental health support.

Figure 18. Use of different online services for mental health support in the past 12 months, by gender (%)

Barriers to mental health care

In terms of barriers to seeking help for mental health issues, there were only 409 (15.5%) who stated they definitely did not need any sort of mental health care help in the previous 12 months. Of those who did recognise a potential need for help, Figure 19 presents the percentage who reported different types of barriers that kept them from getting the mental health help they needed. The two most common barriers were wanting to sort out the problem themselves (most prevalent for males) and not being sure if they needed help (most prevalent for females). Next most common was thinking that the problem would get better by itself. About one in five were, however, too embarrassed to ask for help.

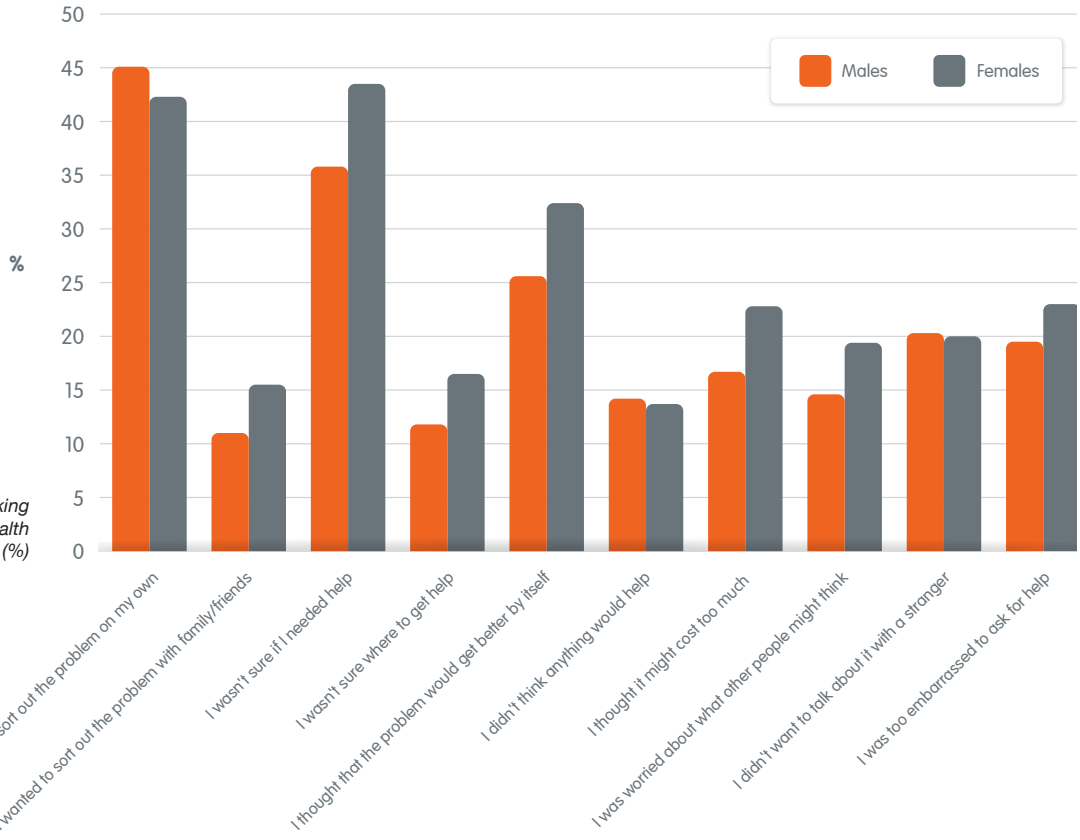
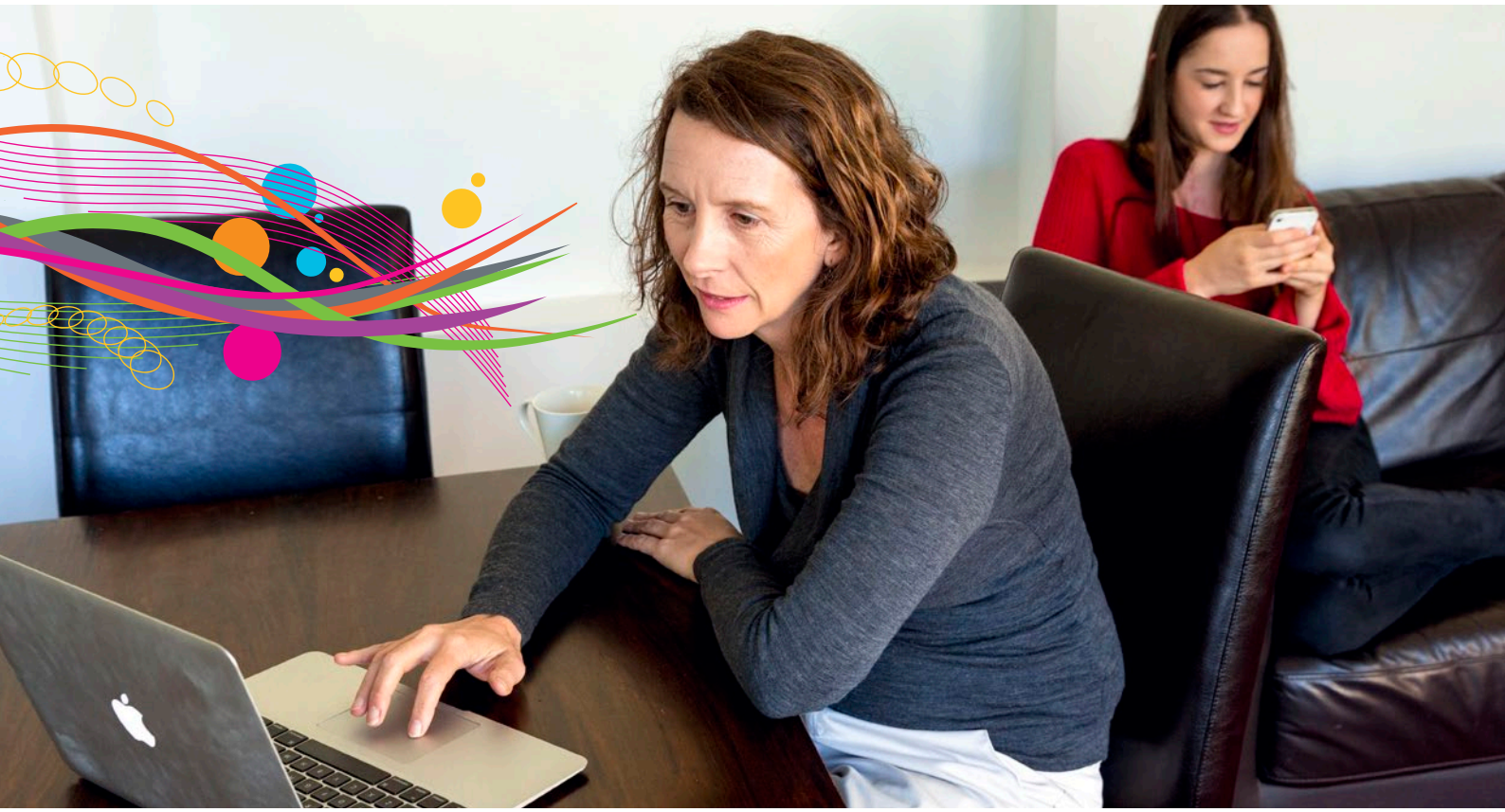


Figure 19. Barriers to seeking professional help for mental health issues, by gender (%)

Mature Adults: 26-50+ Years



Demographic Characteristics

There were 652 Australian university or TAFE students aged between 26-50 years (M = 34.32, SD = 8.079). The majority were female (68.5%), with 28% male, and 3.5% identifying as gender diverse, intersex, indeterminate or other. Due to the small number of students who were non-binary, gender differences are examined in the results comparing males and females only.

Most of the students were undergraduate (56.9%), full-time students (62.9%), and from a major city in Australia (79.7%). There were 28.0% in their first year of academic study, with the remainder being in a subsequent year.

Culturally, very few were international students (10.9%). There were 3.2% who identified as Aboriginal or Torres Strait Islander (ATSI); 11.8% were ethically, culturally or linguistically diverse (CALD). There were 21.8% with lived experience with a disability; and 16.4% who identified as LGBTIQ.

Most (81.3%) had somewhere secure to live, but accommodation is an issue for 18.7% of students. There were 45.6% living at home with their partner and/or children, 24.2% house-sharing off campus, and 13.3% living alone off campus.

There were 44.6% who found it difficult or very difficult to meet their living needs with the income they are on. Of these students, 42.9% had an income of less than $300 per week and 19.8% were not in employment; 42.9% of students received some form of Government income support.

Academic Issues

The majority of students spent between 0-10 hours in face-to-face contact each week. There were 65.4% who had some online contact each week. There was no association between amount of face-to-face and online contact. Figure 20 shows the percentage of students with different contact hours for both face-to-face and online class contact.

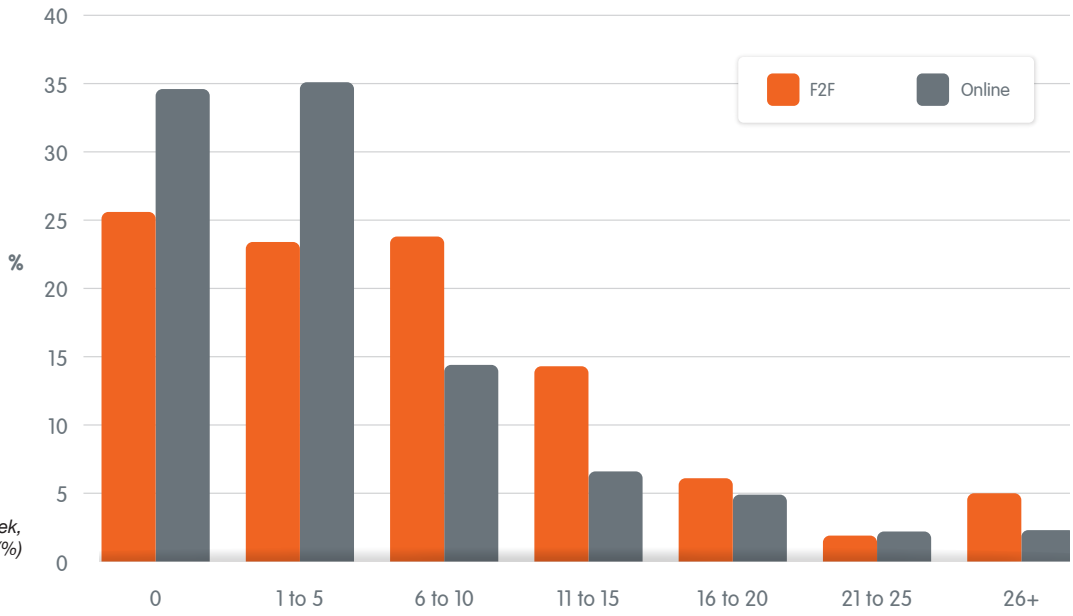


Figure 20. Contact hours per week, face-to-face and online (%)

Most students (67.4%) had passed all subjects to date. Figure 21 shows the problems experienced with academic progress, by gender. There were 10.8% who reported they had failed one subject and 11.1% who had failed multiple subjects. There were 7.0% who had been placed on academic probation. A gender difference was evident, whereby males (M = 1.3) reported significantly more academic progress problems than females (M = 0.92), t (222.791) = -2.168, $p < .05$. Over a quarter of both males and females had considered leaving their course of study.

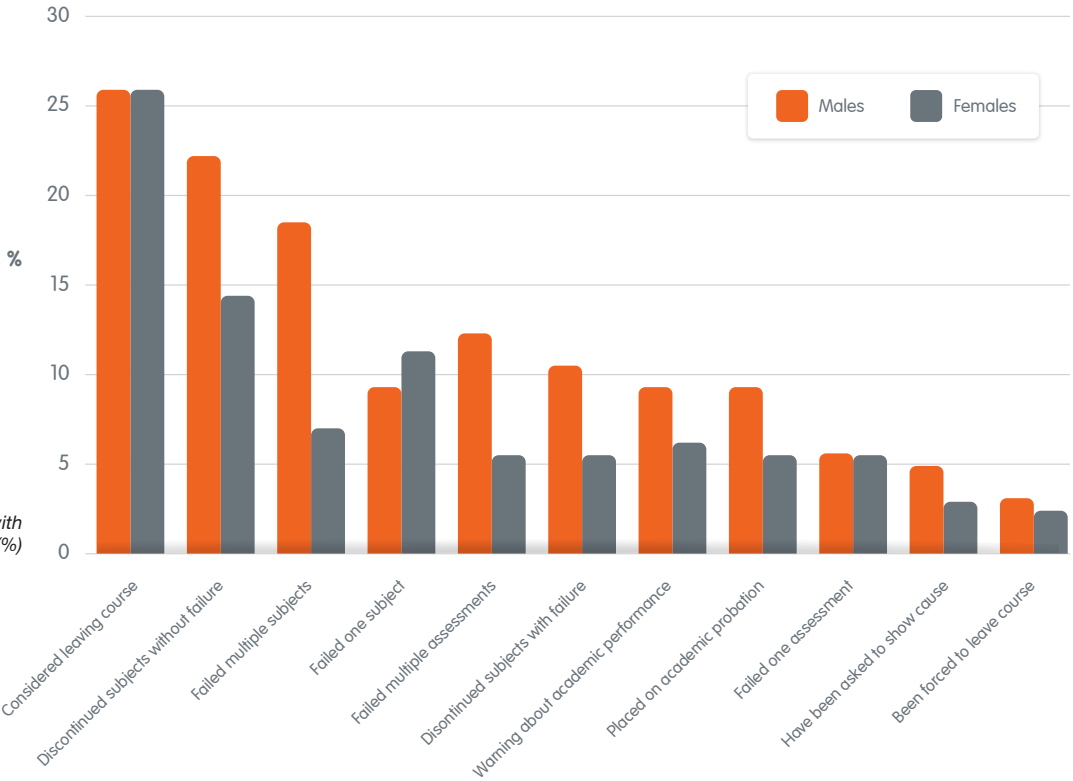


Figure 21. Problems experienced with academic progress, by gender (%)

Those who had not passed all subjects were asked about the factors that had affected their problems with academic progress (n=196), and these are presented in Figure 22. A substantial 63.9% reported difficulties balancing study and other commitments as the most common factor, followed by health problems (50.0%). Notably 45.3% cited financial difficulties as a factor affecting their academic progress and almost half the students (47.8%) rated personal, family or relationship problems as a factor affecting their academic progress.

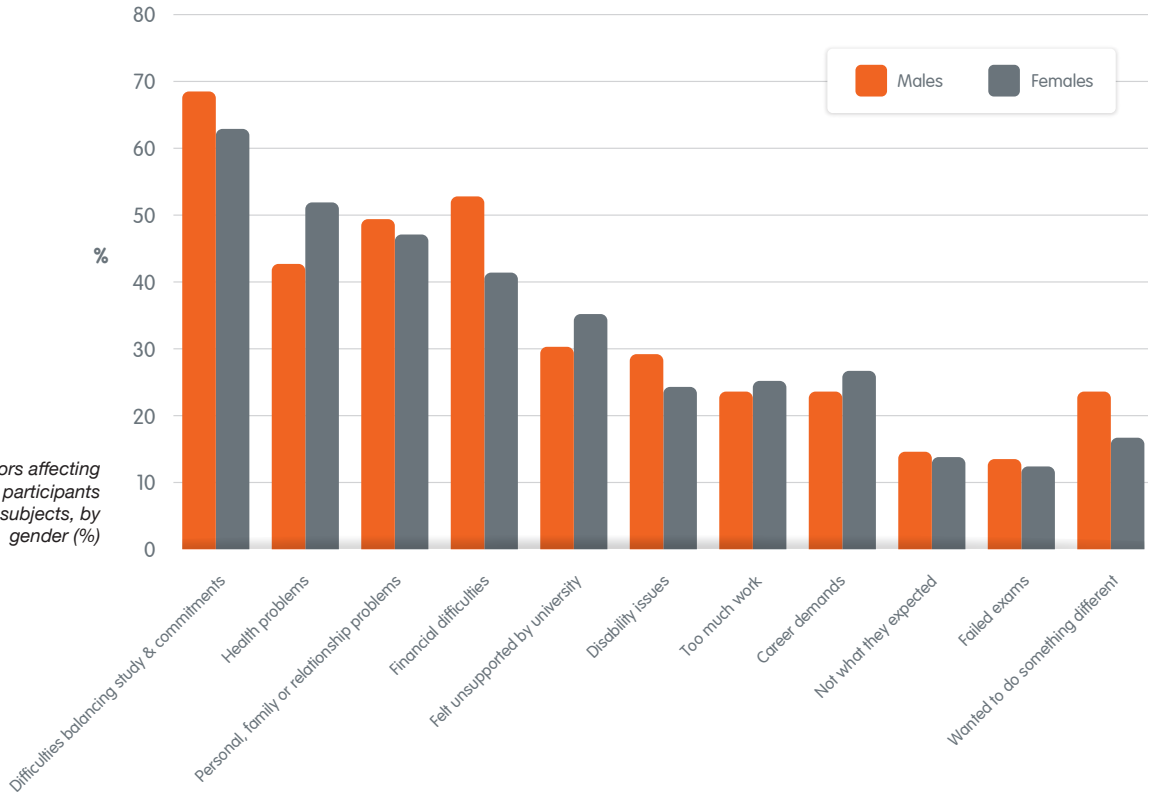


Figure 22. Factors affecting academic progress for participants who had not passed all subjects, by gender (%)

Overall, very few students reported no academic stress, and 54.8% of students found academic experiences in general to be 'very' or 'extremely stressful'. Figure 23 shows the level of academic stress reported for different academic activities. Students reported exams, group assessments, and oral presentations as the most stressful, with many reporting them as 'extremely stressful' (39.0%, 32.7%, and 32.1%, respectively). Lectures were by far the least stressful academic experience.

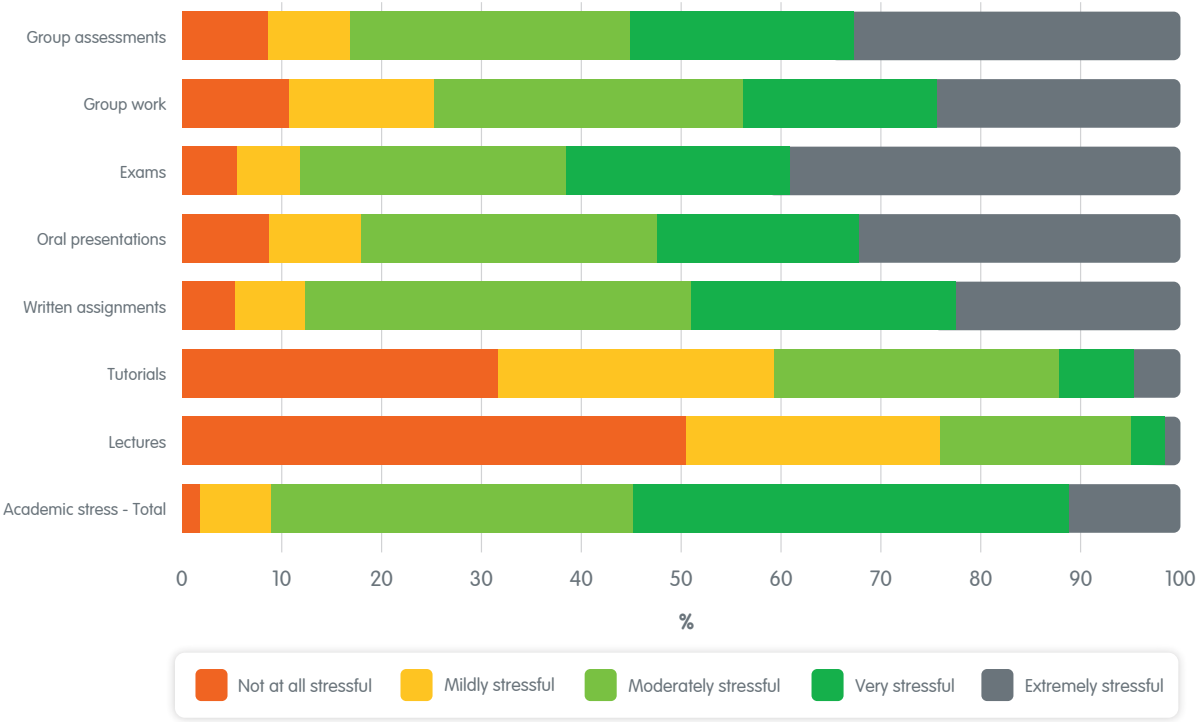


Figure 23. Level of distress for academic activities (%)

Gender differences were evident in relation to most academic stressors and academic stress overall, with females always more likely to report greater stress. Table 5 shows that both males and females found exams to be most stressful, but females next reported oral presentations, whereas males reported group assessments as the second most stressful experience.

Table 5. Mean stress scores for each academic stressor, by gender

ACADEMIC STRESSOR	MALES *M* (SD)	FEMALES *M* (SD)	*t*
Academic stress - Total	3.31 (0.89)	3.64 (0.81)	4.08**
Stress – Exams	3.58 (1.21)	3.93 (1.13)	3.17*
Stress – Oral Presentations	3.23 (1.33)	3.73 (1.18)	2.72*
Stress – Group Assignments	3.38 (1.29)	3.70 (1.21)	5.12**
Stress – Written Assessments	3.31 (1.13)	3.62 (1.03)	3.08*
Stress – Group Work	3.06 (1.28)	3.40 (1.26)	2.82*
Stress - Tutorials	2.13 (1.04)	2.29 (1.12)	1.52
Stress - Lectures	1.75 (0.94)	1.79 (0.95)	0.44

*Note. Scale ranges from 1-5 with higher scores indicating greater stress rating, **p < .001, *p < .05.*

Financial Issues

Over half (55.6%) of mature adult students earn less than $400 per week. There was 52.5% of females and 50.0% of males who reported that they constantly experienced financial stress while they were at university. There were 17.4% reporting that it is very difficult to meet daily living needs with the income they are on and over another quarter report that it is difficult (27.2%); just over half state is it manageable or very manageable to meet their daily living needs (55.4%). Women and men were equally likely to experience financial difficulty (44.1% vs 43.8%). Overall, two-thirds (67%) defer all their fees. Figure 24 shows the percentage of male and female students within each income bracket.

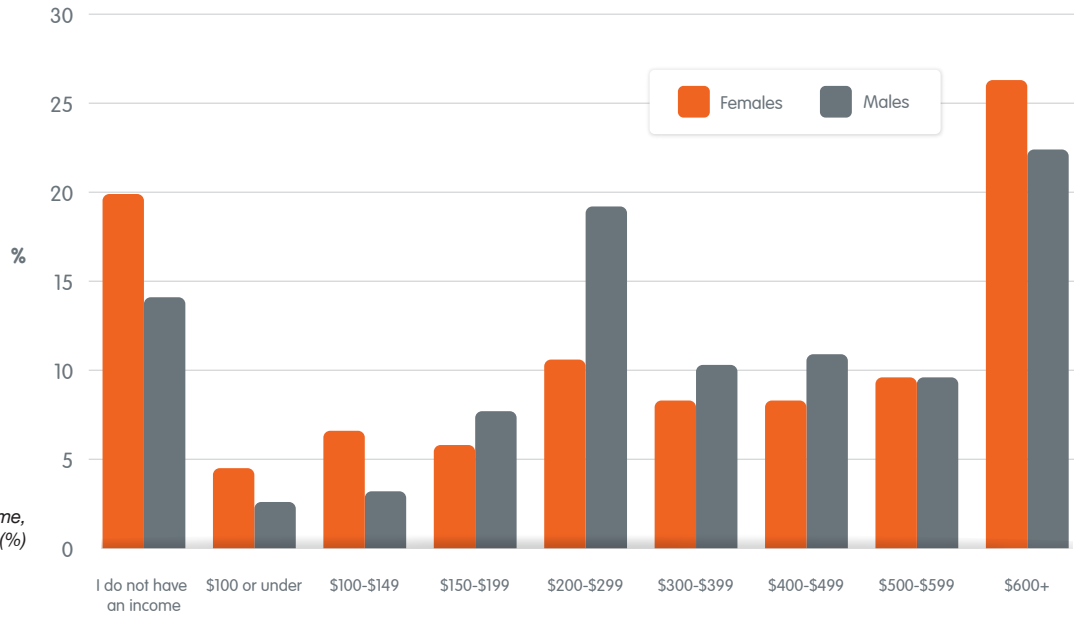


Figure 24. Weekly income, by gender (%)

Figure 25 presents the term course-related costs incurred in the past academic term. About one-third reported substantial costs above $500 for the term.

Figure 25. Course-related costs in the last academic term, by gender (%)

Figure 26 shows parking/travel costs, specifically, which are a substantial weekly commitment for most students. Almost half pay $20 or more per week just in parking and travel.

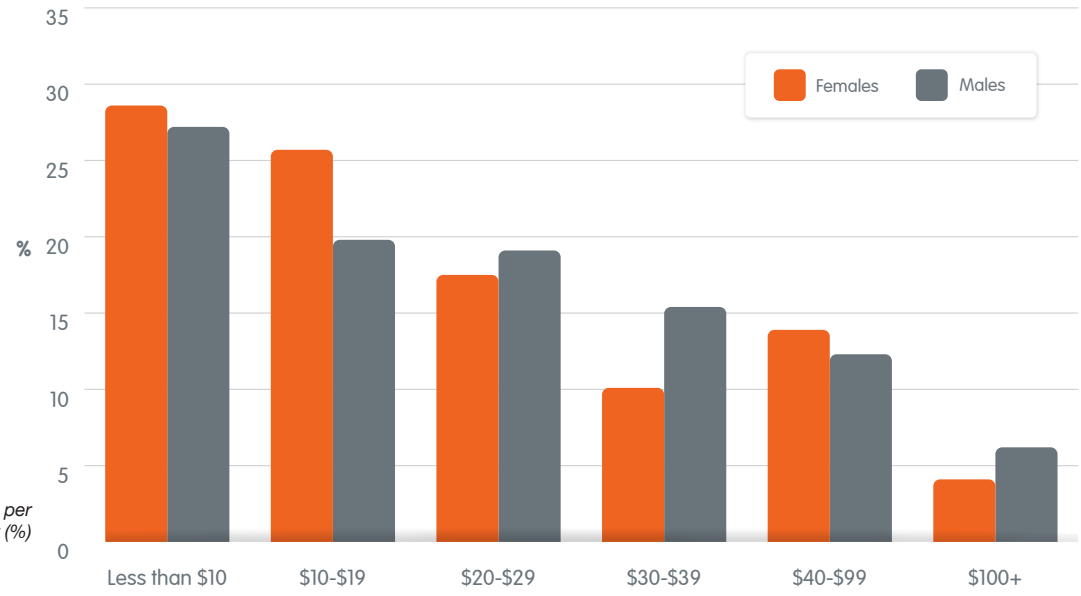


Figure 26. Parking/travel costs per week, by gender (%)

Other course-related costs are presented in Table 6, which shows that the main costs are textbooks, stationary, travel and printing. Notably, 45.1% have foregone buying textbooks due to the cost.

Table 6. Course-related costs incurred and foregone, by gender (%)

	COST INCURRED			FOREGONE		
	Males	Females	All	Males	Females	All
Textbooks	75.3	83.4	81.0	43.4	44.7	45.1
Stationary	72.5	84.3	80.8	15.9	16.0	16.7
Travel to uni	73.6	78.2	76.8	18.7	18.2	18.6
Printing	66.5	74.6	71.8	22.0	24.0	24.1
Lab coats/uniforms	22.5	24.7	24.2	2.7	2.2	2.5
Travel to placements	25.3	33.0	30.7	4.4	2.5	3.1
Record check (criminal, WWVP)	19.2	30.3	27.9	1.1	0.9	1.1
Sport facilities	19.2	11.9	14.3	12.6	9.7	10.7
Special software	31.3	25.4	27.8	12.6	8.1	10.0
Field trips	15.4	13.5	14.3	6.0	3.8	4.6
Art materials	7.7	9.4	9.4	3.3	3.4	3.5
Conferences	14.3	14.6	15.2	13.7	12.4	12.9
Childcare	6.6	13.9	11.7	0.5	4.7	3.5
Professional association fees	15.4	16.0	16.6	5.5	5.4	5.8

Mental Health Issues

Perceived mental health and health status

A substantial 58.5% of students rated their mental health as only fair or poor, which compared with a lower 41.1% who negatively rated their physical health. Notably, there was 23.5% who rated their mental health as poor – the lowest rating – compared with 11.2% for physical health (see Figure 27).

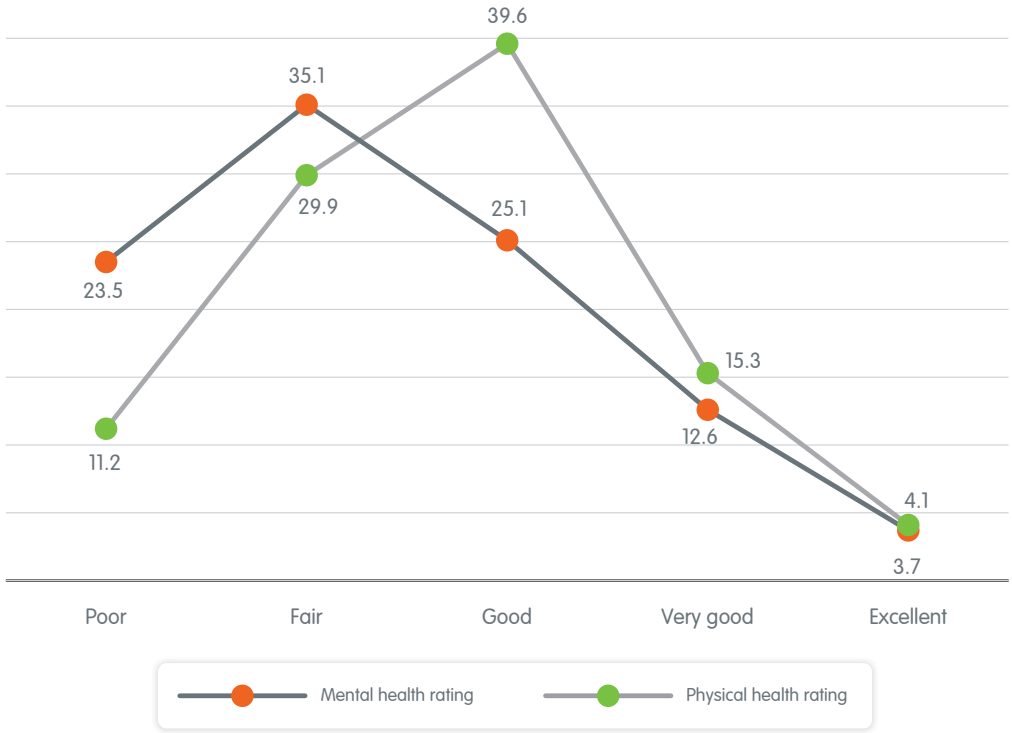


Figure 27. Rating of mental health and physical health (%)

Psychological distress

Overall, 53.2% of students reported high or very high levels of psychological distress on the 10-item Kessler Psychological Distress Scale (see Figure 28). This compares with 11.7% of females and 9.8% of males aged 25-34 in the general population who reported high or very high levels of psychological distress in the 2014-15 national health survey (ABS, 2015).

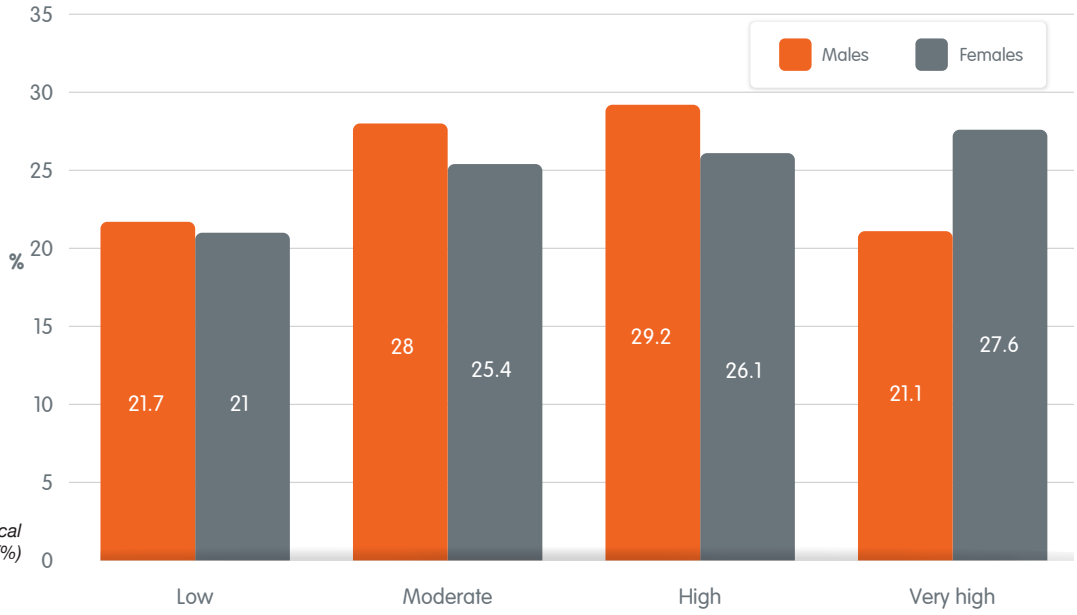


Figure 28. Levels of psychological distress, by gender (%)

Mental health problems affecting studies

Only 3.4% of students reported that there were no symptoms of mental health problems that impacted their studies in the past year. The percentage who reported each type of mental health problem as affecting their studies is reported in Figure 29. The main factors affecting study were feeling stressed (79.8%), low motivation (72.1%), feeling anxious (74.5%), and low mood (68.7%). A very concerning 25.2% of students reported thoughts of self-harm or suicide affected their studies. Females were more likely than males to report an influence of each mental health issue.

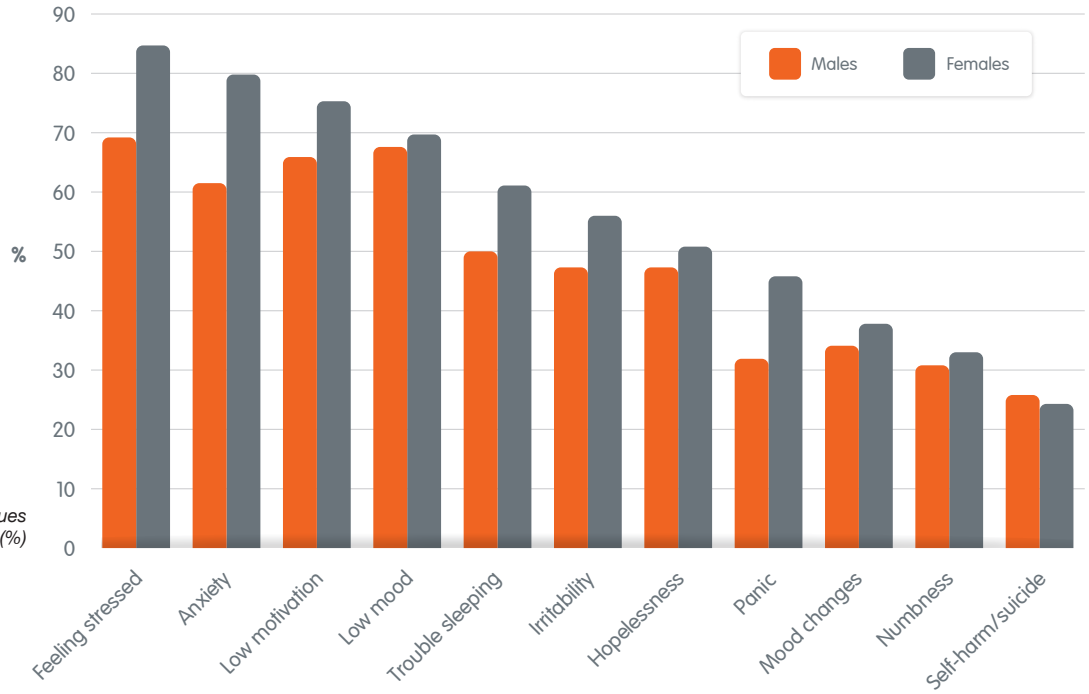


Figure 29. Mental health issues affecting studies, by gender (%)

Days out of role

Students reported the number of days out of role, when they could not perform their usual work or study activities, in the past 4 weeks, due to mental health issues that were affecting their studies (see Figure 30). There were 62.4% who reported that there had been at least one day when they were totally unable to work or study due to symptoms of mental health problems in the past month.

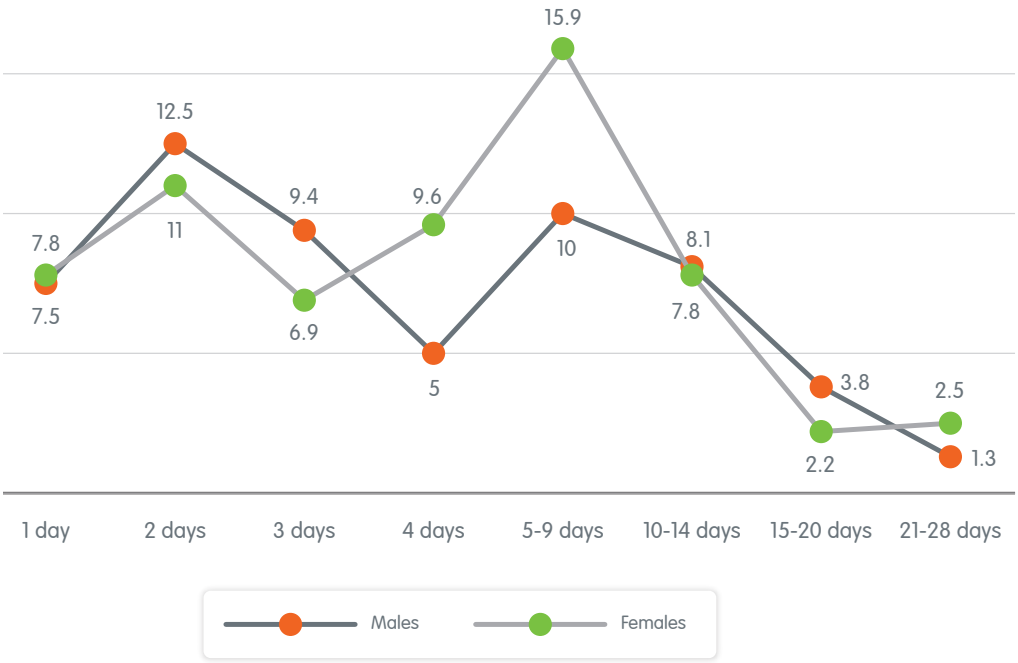


Figure 30. Number days out of role in past four weeks due to mental health problems, by gender (%)

Study-related factors affecting mental health

Figure 31 presents the study-related factors reported to affect mental health and wellbeing, by gender. The two most common factors reported were academic workload stressors: workload and deadlines (72.4%); and balancing study and other commitments (73.6%). Next most common was personal, family or relationship problems (65.1%).

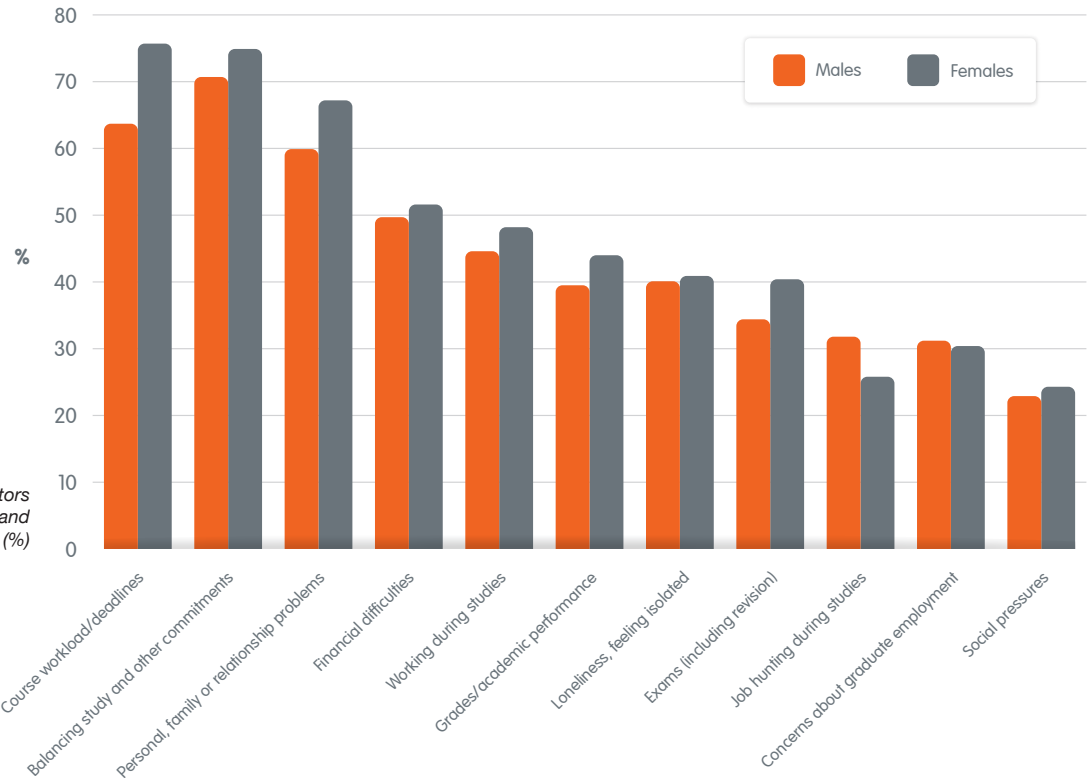


Figure 31. Student-related factors affecting mental health and wellbeing, by gender (%)

Alcohol and other drug use

Almost two-thirds of students (63.5%) reported some form of substance use in the previous three months. Overall, there were 57.7% who had consumed alcohol at a risky level (4 or more drinks in a session), 17% used tobacco products, 11.9% used prescription drugs for non-medical reasons, and 12.2% used illicit drugs. Figure 32 shows the percentage reporting use of each substance at different levels. Alcohol was most likely to be consumed once or twice, whereas tobacco was most likely to be used on a daily basis. Prescription and illicit drugs were most likely to be used once or twice. Gender differences were evident, with males significantly more likely to report illicit drug use and consuming alcohol at a risky level.

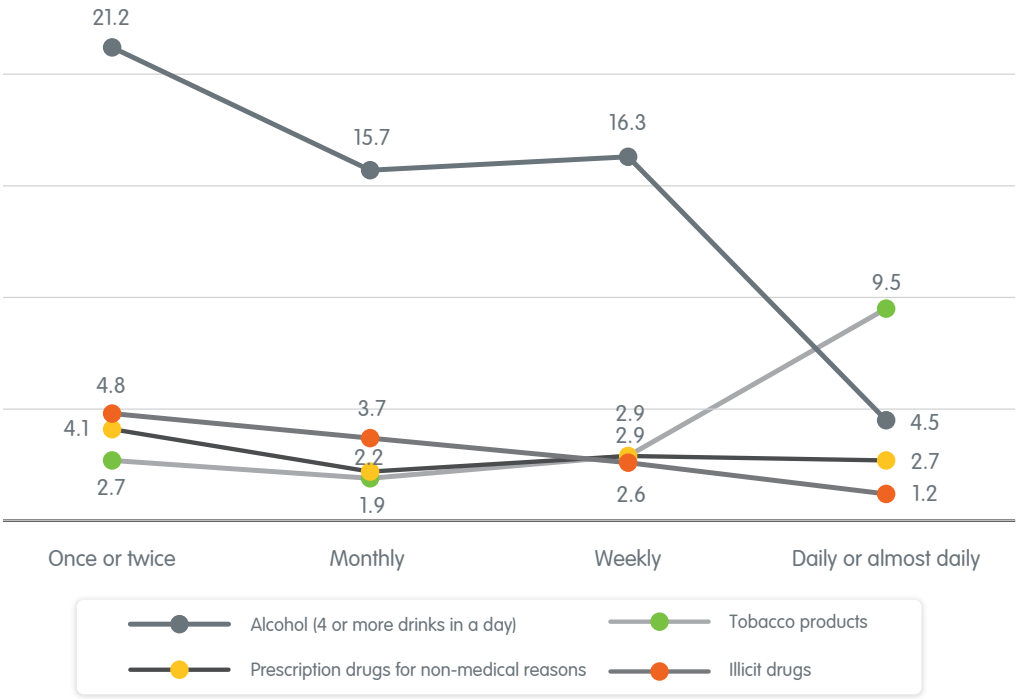


Figure 32. Alcohol and other drug use in the past 3 months (%)

Service Use For Mental Health Problems

There was a high level of service use for mental health problems evident among the sample, with over two-thirds (72.9%) having sought help from a mental health professional at some point in their lives for a personal or emotional problem. Over a quarter (27.8%) were currently seeing a mental health professional, a fifth (21.4%) had seen a mental health professional in the past 12 months, and almost another quarter (23.7%) had seen a mental health professional more than 12 months ago. There were, however, 160 mature students who had never seen a mental health professional, and of these only 40% (n=65) reported that mental health help did not apply to them.

Campus counselling and medical services

There were 31.5% of mature adults who had accessed on-campus counselling services in the past 12 months and 25.5% who had accessed on-campus medical services. In contrast to younger participants, males were more likely than females to use both counselling (33.5% vs 30.1%) and medical services (27.1% vs 24.5%).

Wait times were somewhat longer for counselling compared with medical services, although two-thirds reported waiting less than a week for their counselling appointment (see Figure 33). A third (33.5%) of those who had sought counselling services reporting having to wait more than a week compared with only 10.6% using medical services.

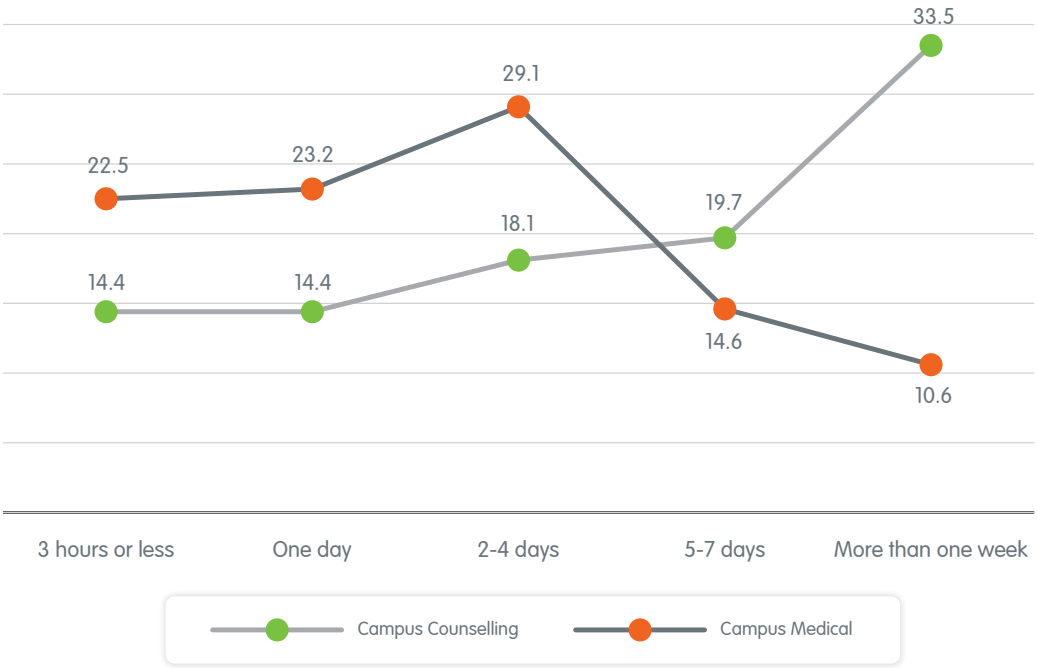


Figure 33. Wait times for campus counselling and medical services (%)

Students reported a somewhat more positive experience of medical compared with counselling services on-campus. Experience of services was rated on an 11-point scale from very negative to very positive. Figure 34 shows the percentage reporting each rating by type of service. On average, counselling services were given a rating of 6.49 (SD=3.06) and medical services a rating of 7.44 (SD=2.51) out of a possible score of 10.

Figure 34. Rating of campus counselling and medical services (%)

headspace

There was a very high level of awareness of **headspace**, with 72.3% of students having heard about **headspace**. However, **headspace** centre services are only accessible to those aged 12-25.

Online services

Overall, 39.6% of students searched the internet or used online services (including eheadspace, ReachOut, Beyond Blue) to get help or information about mental health problems. There were 31.0% who used online services to get information about mental health issues, 18.6% who used online assessment tools (such as filling out a questionnaire), 4.2% used a chat room or support group, 4.4% used online personal support or counselling, 9.5% used online self-help, and 10.8% accessed information about services in the community. Figure 35 shows that females were more likely than males to use each type of online option for mental health support.

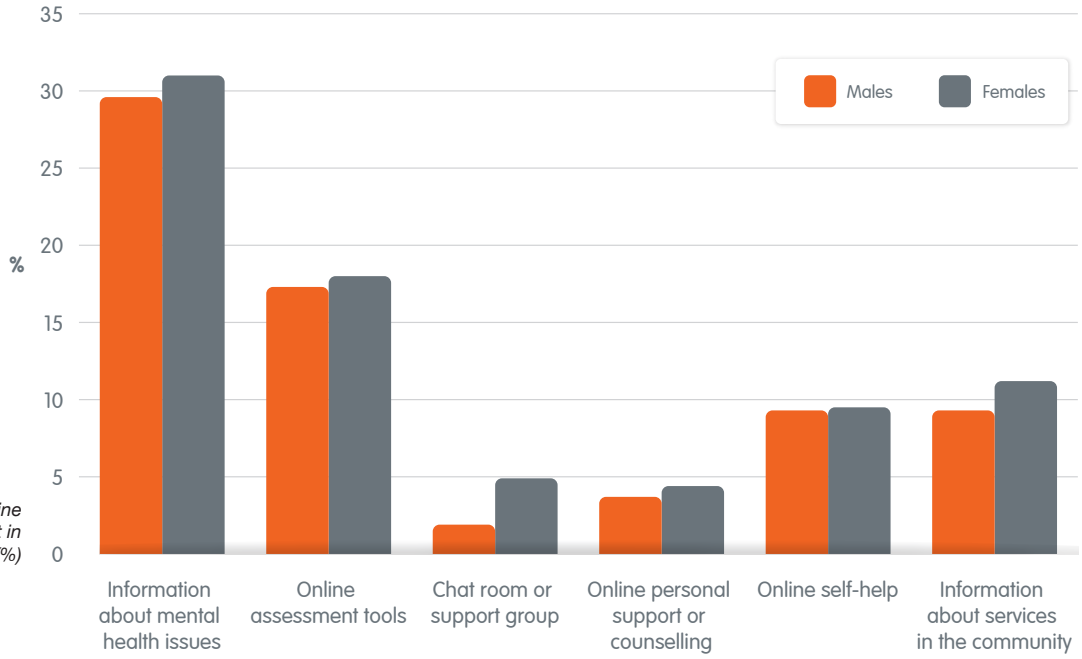


Figure 35. Use of different online services for mental health support in the past 12 months, by gender (%)

Barriers to mental health care

In terms of barriers to seeking help for mental health issues, there were only 109 (16.7%) who stated they definitely did not need any sort of mental health care help in the previous 12 months. Of those who did recognise a potential need for help, Figure 36 presents the percentage who reported different types of barriers that kept them from getting the mental health help they needed. The two most common barriers were wanting to sort out the problem themselves and thinking it might cost too much. Next most common was not being sure if they needed help. However, 14.3% were too embarrassed to ask for help.

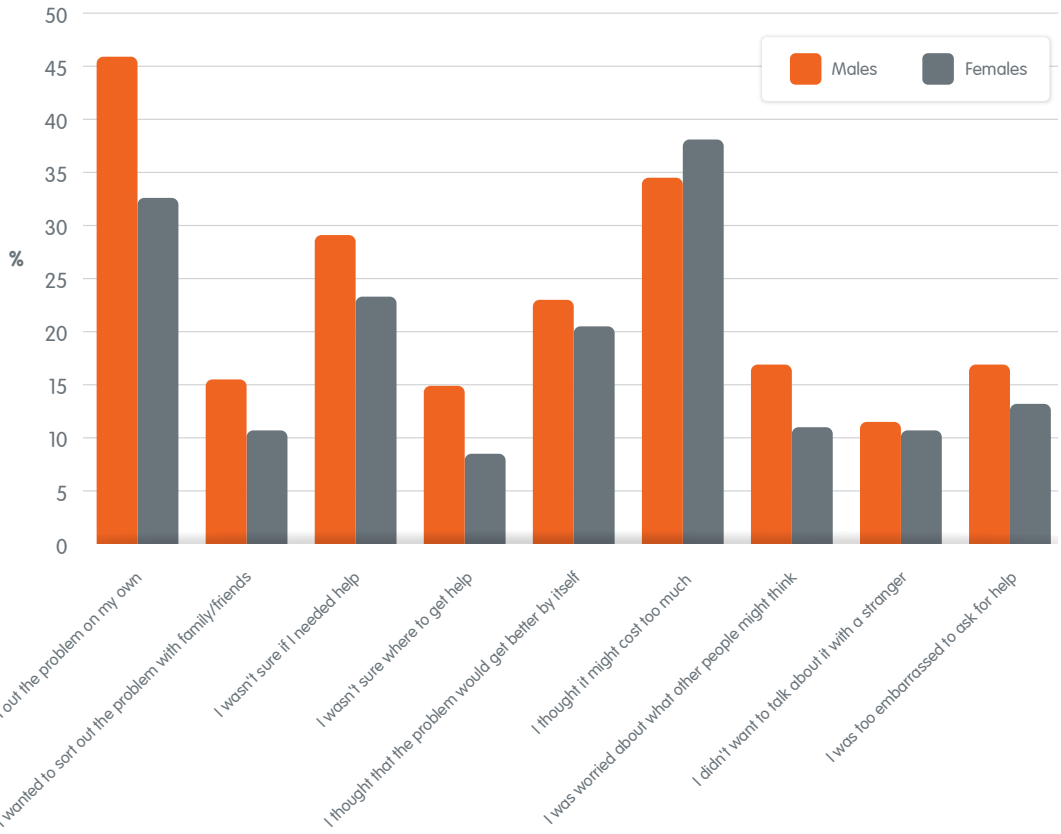


Figure 36. Barriers to seeking professional help for mental health issues, by gender (%)

Conclusion

These results comprise the only recent national survey data on the mental health and wellbeing of Australia's tertiary students. They reveal high levels of academic, financial and psychological distress that is evident for students who are emerging young adults aged up to 25 and also students who are mature adults aged over 26.

Key Findings

The majority of student participants experienced financial stress. About 80% of young adults and over half the mature adults earned less than $400 per week. A third of young adults found it difficult or very difficult to meet their living needs with the income they were on, and this increased to 45% for the mature adults. Accommodation was an issue for almost 19% of the mature adults and 14% of the younger age group. The main university costs were textbooks, stationary, travel and printing, and many had forgone buying textbooks because of cost.

Many students had issues with their academic progress, and this was more common for the younger age group. Similar issues affect academic progress for both age groups, however, and two-thirds reported difficulties with workloads and deadlines and balancing study and other commitments as the most common factors affecting their progress. Notably, of those studying full-time, there were 40% of young adults and 32% of mature adults working 10 or more hours per week.

“Many students had issues with their academic progress, and this was more common for the younger age group

The next most common factor affecting academic progress was health problems, followed by personal, family or relationship issues, and then financial difficulties. Over a quarter had considered leaving their course of study.

Very few students reported no academic stress, and two-thirds of the young adult students and 55% of the mature adult students found academic experiences in general to be very stressful. The most stressful aspects were exams, oral presentations, and group assessments.

About two-thirds of the 16-25 year olds rated their mental health as only fair or poor and a similar proportion reported high or very high psychological distress. This was somewhat less for those aged 26 yearS and over where 59% rated their mental health unfavourably and 53% had high or very high psychological distress. These rates are much higher than those reported in the general population.

The main mental health-related factors affecting study were feeling stressed, low motivation, feeling anxious, and low mood. A very concerning 35% of young adult students and 25% of mature adult students reported thoughts of self-harm or suicide affected their studies. There were 72% of young adult students and 62% of mature adult students who reported that there had been at least one day in the past month when they were totally unable to work or study due to symptoms of mental health problems.

There was a high level of service use for mental health problems evident among the sample, with two-thirds of both age groups having sought help from a mental health professional at some point in their lives for a personal or emotional problem.

There were 27% of young adults and 32% of mature adults who had accessed on-campus counselling services in the past 12 months, and 28% and 26%, respectively, who had accessed on-campus medical services. Younger women were more likely to use both types of services than younger men, but this gender difference was not evident for the older students where the gender difference was reversed. Wait times were longer for counselling than medical services. Medical services were rated more favourably than counselling services.

For off-campus service use, there was a very high level of awareness of headspace, and over half the younger group and over one-third of the older group had used the internet or online services to get information about mental health.

There were common barriers to seeking help for mental health problems, however, namely wanting to sort out the problem themselves and not being sure if they needed help. Next most common was thinking that the problem would get better by itself. About one in five were, however, too embarrassed to ask for help.

Limitations

It is important to emphasise that the survey participants are not representative of the tertiary student population, and this should be kept in mind during interpretation of the results. While the sample size is quite large for a survey, the participants represent only a very small proportion of the possible student population, and the results are biased in ways that are unknown. The survey was voluntary and recruitment processes varied across institutions. Very different response rates were received from different tertiary institutions; in particular, TAFE students were poorly represented. Similarly, there were only 5.3% who were international students, whereas international students comprise about 20% of Australia's tertiary student population. The respondents were also a very high help-seeking group, with many having sought help for mental health issues in the past. Responses were received from students who became aware of the survey through the efforts of the NUS representatives at their tertiary institution and who had an interest in completing a survey about mental health. Consequently, the results are in no way representative of all students. Nevertheless, they do provide important insight into the academic, financial and psychological stressors of tertiary students and their experiences of seeking health care on campus.

Conclusions

It is evident that tertiary students are reporting high levels of psychological distress and symptoms of mental health problems negatively affect their academic progress. Many experience financial stress and difficulties balancing work and study commitments, but mental health issues particularly affect their studies. The current participants showed a high likelihood of seeking help, and the on-campus counselling and medical services were well-used. There were still barriers to seeking mental health support, similar to those commonly reported related to awareness and perceived need. It is evident that on-campus health and counselling services have a high level of need to meet and that support for mental health and wellbeing is an essential component to enable tertiary students to deal with the stressors of university life and maintain their academic progress.

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headspace
National Youth Mental Health Foundation

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