



AUSTRALIAN  
MEDICAL STUDENTS'  
ASSOCIATION

# Current University Student Mental Health Interventions

## A Global Perspective

AMSA Student Mental Health and Wellbeing Committee

# Acknowledgements

Report co-authored by Matthew Kang and Zahra Tasha Wahid of the Australian Medical Students' Association Student Mental Health and Wellbeing Committee 2013.

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# Contents

Welcome.....	4
Introduction.....	5
National Stakeholders.....	6
Recommendations.....	7
Interventions at Tertiary Institutions.....	9
Recommendations.....	9
Other Stakeholders: Business Sector.....	11
Other Stakeholders: Mental Health Advocacy Groups.....	12
Conclusions.....	13
References.....	14
Appendix A: Tables.....	17

# Welcome

In 2013, the Australian Medical Students' Association (AMSA) adopted a new Student Mental Health and Wellbeing Policy, which drew attention to the morbidity caused by mental health issues to young people Australia-wide:

"Students are less likely to perform well at university when suffering from mental ill health. Psychiatric illness has been shown to be associated with lower educational achievement, decreased employment, lower incomes and lower standard of living, and studies specifically of university students have found a correlation between mental health problems and poorer educational outcomes, as well as increased impairment and more days out of role... [The] Australian Institute of Health and Welfare (AIHW) data shows more than one quarter (26 per cent) of the 16-24 age group experience a mental health disorder in a 12-month period – the highest incidence of any age group. Anxiety disorders are the most common, followed by substance use disorders and then affective disorders."

*AMSA Student Mental Health and Wellbeing Policy 2013*

Following the introduction of this policy, AMSA established the Student Mental Health and Wellbeing Committee in order to translate this policy into tangible and multifaceted action.

One of this committee's initial goals was to establish an 'Evidence Database' which consists of a range of reports focusing on various aspects relating to tertiary student mental health. The following report is one of a set of five that together provide a rationale upon which our committee and others may formulate future endeavours. These reports also play an incredibly valuable role in generating awareness of the current tertiary student mental health context. Consequently, we hope that through a greater knowledge of the facts, our readers will feel empowered to take actions to promote student mental health and wellbeing.

The current report aims to comprehensively outline student mental health interventions that have been utilised in University settings both in Australia and in other countries. Taking a holistic approach to reviewing current interventions in place, this report facilitates a broad perspective on how Australia sits in relation its counterparts when it comes to tackling the mental health of students. Ultimately, this adds to our understanding of the international mental health context, and this can further contribute to our bank of strategies for promoting student psychological wellbeing.

Warm Regards,



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# Introduction

The significant impact of mental illness in Australians aged 16 - 25 years has been well documented (1-3). With the estimation that half of these young Australians are in tertiary education, (4) it is undoubtable that such population should be examined separately. This importance is compounded by research that shows tertiary students face unique problems compared to their demographic-matched peers. (1, 5) This report will examine mental health related interventions undertaken in a tertiary setting and compare Australian initiatives to those utilised internationally.

World Health Organisation defines of 'health' a "state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (6). Thus this report approaches the topic of mental health broadly and aims to encompass interventions ranging from a health promotion perspective to formalised psychiatric treatments. Due to the consequent extensive nature of information available, the report categorises interventions into the following groups and will investigate the relationship between groups as well as comparing different countries:

- National stakeholders (i.e. government, tertiary education bodies)
- University institutions (i.e. counselling services, health services, course faculties)
- Third-parties (i.e. research organisations, advocacy groups)

# National Stakeholders

Extensive research was conducted, including journal articles, websites and books, for reports and guidelines published by government organisations on how institutions could support students with mental health issues. This included searches on Medline and PsychInfo to identify peer-reviewed literature using MeSH terms “Education OR Students OR Teaching Or Curriculum OR Universities AND Mental Health OR Mental Health Services OR Crisis Intervention”

Only two countries [United Kingdom {UK} (7) and United States of America {US} (8)] had formalised guidelines or reports published by a government supported higher education group. In Australia, a Delphi expert consensus study was conducted to develop a guideline for tertiary institutions. (2) Other studies included in this report provide supplementary information about the needs and barriers of these guidelines. This report will examine the goals and recommendations set out by countries leading in the field of student mental health, as well as drawing comparisons with the current situation in Australia.

The Royal Society for Public Health (RSPH) in the UK developed National Healthy Universities Framework. The basic principle of this initiative was that a Healthy University *“aspires to create a learning environment and organisational culture that enhances the health, well-being and sustainability of its community and enables people to achieve their full potential”*. (7) The scope of the Framework is diverse. It addresses public health and core business agendas but also includes generalised themes such as securing high-level leadership, engaging a wide range of stakeholders, and combining high visibility health-related projects with system-level organisation development. It also calls for specific goals such as designating responsibilities and accountabilities; connecting activities; assessment of demand and delivery; a comprehensive delivery plan that includes implementation and monitoring; and evaluation.

Similarly, American College Health Association (ACHA) formed Higher Education Mental Health Alliance (HEMHA), a “partnership of organisations dedicated to advancing college mental health.” (8) The Alliance created a practical guide to inform both existing and new teams in college to make decisions about their structure, scope, functions and general operations. This was done with the aim of identifying and preventing dangerous or critical outcomes in students with mental health problems. ACHA also runs National College Health Assessments (ACHA-NCHA), which is a nationwide health survey done by all tertiary students which identifies mental health related needs as well as serving as a monitoring tool for their current programs.

In comparison, Australia has yet to develop an organised formal policy on tertiary student mental health that involves stakeholders in education, public health and the workforce. There has only been one guideline that provides instruction for tertiary institutions in how best to assist students with a mental illness. (2) A promising sign was the National Summit on the

Mental Health of Tertiary Students that brought delegates from almost every University in Australia and New Zealand, as well as TAFE Institutes, representatives from tertiary education interest groups and the mental health sector, and government departments. The AMA also published a position statement on medical students' mental health. (9) However, there is clearly a lack of support and direction when compared to the UK and US. What is required is a formalised approach that incorporates all levels of organisations starting from the Government level all the way to University staff, keeping in mind assessment of needs, practical implementation, sustainability, evaluation and teamwork of all stakeholders available is key to success and this will be elaborated upon below.

## Recommendations

Australian tertiary education is a unique setting for mental health intervention in that there are different barriers in the delivery of care compared to traditional mental health interventions. First of all, many of the tertiary students have often moved away from their home and are living without support in a period that is defining in terms of establishing their identity. (10) The demographic features of this cohort are diverse, with some groups more at risk than others. There is no compulsory formalised training for support figures in universities such as lecturers and faculty members. This means that there is a chance of incorrect referrals when these support figures are approached. The services that try and address this issue are often without proper guidance and lack formalised strategies to informing students of mental health service options, thus leading to a lack of knowledge regarding services and health care, as well as disparity in their utilisation by students.

Due to the diverse demographics of tertiary students as well as their different circumstances, traditional models of mental health intervention may not be appropriate for them. (2) Tertiary students are recognised to be at more risk of mental health issues compared to their demographic-matched peers who are not studying. (11) These tertiary students, both domestic (12) and international (13), are often living away from home which pose two issues. Despite the need for these students to have an access to a dedicated student health service, they may not be on campus for half the year. In addition, they may have lesser amount of social support available on-site. (5, 14) To complicate this further, it has been shown that students enrolled in specific courses such as medicine are under more stress compared to other faculties. (15) A policy or a guideline that facilitates sharing of evidence-based ideas between universities, as well as encouraging research of innovative interventions such as those that take advantage of technology advances (16-7) to address these barriers will be immensely beneficial. Furthermore this initiative should try and take advantage of the opportunities inherent in this demographic, including the fact that students have close engagement with their institution, and are thus more easily targeted by onsite mental health

promotion activities. Additionally, it has been found that students receive therapy/counselling as commonly as psychiatric medication for common issues such as depression and anxiety. In contrast, the general population receives medication more commonly than psychotherapy for mood disorders. (18)

The unique setting of tertiary institutions also extends to include staff members. In a setting where students are often trying to establish their identity while at the same time lack social support, teaching staff may be the closest point of contact for help. Thus a guideline should also highlight the need for increased mental health literacy of these individuals. (15) Staff should undergo programs such as Mental Health First Aid and QPR Gatekeeper Training. (Question, Persuade, Refer) (16-7) Furthermore, Government and institutions should proactively encourage staff to undergo such training. (21) Overall, students may not receive the appropriate health service that is needed without a targeted and effective referral system. Such health services and initiatives in tertiary institutions also need to collaborate for effective care to be provided to these students. Increased awareness of issues has led to the introduction of counselling services and disability services on-campus. However without national direction and guidance, these service providers may deliver disjointed interventions. This can also hinder the ability for effective referral, due to confusion surrounding which service is more appropriate for the situation. This scenario is not unique in Australia, and has been demonstrated in the UK. (5) The policy must also include some basic standards for these institutions to avoid situations where there is a complete lack of services at tertiary sites. (22) This is especially applicable in Australia where there has been an increase trend in the number of tertiary institutions as well as student numbers.

These standards on the policy documents should also include themes related to research and evidence based services, such as sustainability, evaluation and identification of new demands. Due to these interventions being limited to funding, it often means that most are targeted at crisis prevention whilst long-term care is not.

(23) This means that there is often a lack of sustainable services, and moreover sustainable outcomes as many crisis interventions have shown not to have any effects at 6-month follow-up. (24) With evidence showing that early intervention have good outcomes, (25-6) it is important that this services that target this area is also encouraged. To identify these new groups of students for intervention, a wide screening process should be undertaken such as the ACHA-NCHA done in the US. (27)



# Intervention at Tertiary Institutions

To evaluate the current situation in terms of mental health interventions done in a tertiary setting, another search for literature was done on Medline using MeSH terms “Mental Disorder/Education OR /Psychology OR /Therapy” AND “Universities”. This was limited to publications made since 2007 to ensure that the data was still up to date. The details of each intervention study are provided in the table. Due to the lack of information about these interventions from the journals, delegates from tertiary institutions were contacted, as well as performing thorough searches through online resources to grasp a picture of the current situation.

From the 31 publications that were identified, there was no study that was conducted in an Australian setting. More than half focused on decreasing alcohol intake as well as discourage binge drinking in tertiary students. There were a significant number of studies from the US compared to any other countries or continents. This was in comparison to the fact that there were more data on mental health interventions that targeted tertiary institutions based in the UK.

## Recommendations

It is important to note that there was no formalised mental health intervention study that was conducted in an Australian tertiary setting. There are a number of factors as to why this may be. The search fields may have been too narrow in scope, thus missing the Australian studies. However, the fact that over 30 other studies could be found from other countries in the past 6 years suggest otherwise. Research and sharing of information is an important aspect of evidence based health care, thus this is currently a neglected area of the literature that requires urgent attention. Additionally, this also needs support from the Government at a policy level, as well as support in the form of funding. Furthermore, multi-site studies should be encouraged to utilise as many resources as possible.

The informal research on interventions at tertiary institutions revealed a few differences between mental health interventions done at tertiary institutions. It was evident that the coherence between the tertiary institution and stakeholders were much greater compared to other countries. This allowed greater transparency to their activities, which enabled different institutions to work together to make effective use of their resources available.

Many sites in the UK quoted the Royal College of Psychiatrists' report in 2003 as their main catalyst to take action. This supports the fact that policies and standpoints from key stakeholders can drive the effort to solve the issue. A statement by the Australian Medical Association (AMA) is an encouraging sign of the beginning of the momentum for improvement in this issue. It also promotes a unified approach to mental health in tertiary students rather than approaches which do not align with each other and lose the synergy effect.

Lastly, it was encouraging to see the involvement of a student representative in these mental health working groups in the US and UK. This worked in two ways. It allowed for students, who are the recipients of care, to have their opinions heard for better care. Secondly, it is encouraging for students that their tertiary institution holds their mental health as an important area to address.

# Other Stakeholders: The Business Sector

Poor mental health has been linked with lack of productivity at work, (28) so it would be logical for stakeholders in the business sector to be keen to invest in their future workers. For the tertiary students, who are the future employees, an interest from their future employers will make rebrand this topic as an area of improvement, not an issue that needs to be solved. Thus their involvement could catalyse the students' commitment and interest.

There are many publications that encourage business stakeholders to be involved. (7, 28-9) . However it still remains that there is a lack of commitment. There are a number of factors that may contribute to this situation. First of all, the mental health wellbeing stakeholders in the tertiary setting may not be approaching the stakeholders in the business sector, as the value of this potential relationship may not be directly apparent to these groups. Secondly, business organisations may not realise the importance and huge potential for their involvement to have great benefits in terms of their future employees' productivity and associated outputs in the future.

# Other Stakeholders: Mental Health Advocacy Groups

Mental health advocacy groups such as *beyondblue*, headspace and the Young and Well CRC are also potential stakeholders for mental health interventions in tertiary students. *thedesk* is an online resource developed by The University of Queensland, funded by *beyondblue*. It aims to “support Australian tertiary students to achieve mental and physical health and wellbeing.” (30) Students have free access to online modules, tools, quizzes and advice. However, other than the aforementioned initiative, there are no other specific interventions targeting tertiary students in Australia.

# Conclusion

This report attempted to identify the current mental health interventions that specifically target tertiary students. The mental health student interventions utilised in Australia were compared to other countries. The main difference between the countries that had a lot of resources regarding services available and research conducted was a national guideline set out by a national body. In conclusion, Australia needs a coordinated effort for mental health wellbeing starting from the Government level that involves many stakeholders including tertiary institutions, student opinions and mental health advocacy groups. Options that may make the solution to the problem more appealing such as involving the business sector should be considered during this important process.

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# Appendix A

<b>Formal information.....</b>	<b>18</b>
United States (US).....	18
United Kingdom (UK) .....	27
Canada .....	30
Europe (minus UK) .....	31
Asia.....	33
<b>Informal information .....</b>	<b>34</b>
Australia .....	34
UK.....	35
US .....	45
<b>References.....</b>	<b>47</b>

## Formal information

Author	Intervention goals	Target group characteristics/demographics	Key barriers and challenges	Implementation method	Outcomes
M Wolfson et al. (1) – 2012 - USA	Develop and evaluate effective interventions for reducing levels of problem drinking by college students; approach that focuses on both the campus and the community environment.	College students in US	Funding	<ul style="list-style-type: none"> <li>○ Community organizer was hired for each of the 5 intervention schools,</li> <li>○ Assessment of their campus and community</li> <li>○ Coalition consisting of campus officials, community members, and students.</li> <li>○ Strategic plan of environmental strategies, including awareness, enforcement, and policy elements.</li> <li>○ Action phase in the final 12 months of SPARC, working to implement the environmental strategies included in their strategic plan and to move toward sustainability</li> </ul>	Observed intervention effects on consequences of drinking (including both directly experienced and “second-hand” consequences), but not on drinking behaviour itself. → safer practices but same amount of intoxication
JG Murphy et al. (2) - 2012– UK	Evaluate the incremental efficacy of a novel behavioral economic supplement (Substance-Free Activity Session [SFAS]) to a standard alcohol brief motivational	82 first-year college students who reported 2 or more past-month heavy drinking	Did not allow for a detailed assessment of long-term change in drinking and substance-free activities due to	BMI + SFAS vs relaxation training (RT); The SFAS was delivered in an MI style and attempted to increase the salience of <b>delayed academic and career rewards</b> and the patterns of behaviour leading to those rewards. Follow-up at 1-month and 6-month	The combination of an alcohol BMI and SFAS was associated with greater reductions in alcohol problems compared with an alcohol BMI plus RT at both follow-ups, an effect that was partially mediated by increases in protective behavioural strategies. BMI

	interviewing (BMI) session for heavy-drinking college students.	episodes	<ul style="list-style-type: none"> <li>○ Small sample size and</li> <li>○ Brief follow-up period</li> </ul>		+ SFAS was also associated with greater reductions in heavy drinking among participants who at baseline reported low levels of substance-free reinforcement or symptoms of depression
N Radhu et al. (3) – 2012 – Canada	Web-based cognitive-behavioral therapy (CBT) for maladaptive perfectionism, investigating perfectionism, anxiety, depression, negative automatic thoughts, and perceived stress.	Undergraduate students defined as maladaptive perfectionists through a screening questionnaire at an urban university.	Not found	Forty-seven eligible participants were randomly assigned to a 12-week CBT or a wait-list control group and assessed via questionnaires at pre- and post-intervention.	CBT group demonstrated significant decreases in anxiety sensitivity and negative automatic thoughts compared to the control group. Within the CBT group, changes in perfectionism scores were significantly correlated with positive changes in depression, anxiety, stress, and automatic thoughts.
Hester et al. (4) – 2012 - US	Effectiveness of a computer-delivered intervention (CDI) to reduce heavy drinking and alcohol-related problems in college students	Heavy drinking college students	Data based on self-report, thus validity uncertain.  Uncertain whether participants were solely devoting time to CDI or multi-tasking (texting, web	The intervention consisted of three modules <ol style="list-style-type: none"> <li>1. Basic information about drinking, drug use and its consequences</li> <li>2. Feedback to students that allows them to see their quantity and frequency of their drinking compared to their same gender fellow students at their university, BAC feedback, and feedback on how their frequency of alcohol-related problems compares to other, same gender students at their school.</li> </ol>	Significantly reduced their drinking at both follow-ups compared to the control group,  Compared to the delayed assessment control group, the CDI group significantly reduced (by the Bonferroni-adjusted criterion) their drinking on all consumption measures. These results show the effectiveness of CDI

			surfing, etc)	3. The final module is a decisional balance exercise, asking users to rate the level of importance of the “good things” and the “not so good things” about their drinking. It also assesses their readiness to change their behaviour	
AM Scheyett et al. (5) 2012 – US	To observe effectiveness of Psychiatric advance directives (PADs) that allow individuals, when well, to document their wishes for treatment during a psychiatric crisis.	University students with serious mental illnesses (SMIs)	PAD use raised a risk of breaching student privacy and stigmatizing students with SMIs.	Quantitative survey study to see students’ perception of this device	Respondents were positive about PAD utility for students. Respondents saw PADs as beneficial because PADs gave students control over their treatment.
Chiauzzi et al. (6) – 2011 - US	Examining what intervention at colleges were effective in reducing use of alcohol or drugs	Community colleges	Funding overall	Survey about what sort of alcohols or drugs community colleges were using, and what was perceived to be the most effective	Among these programs, those that were considered most effective were student health clinics (rated 88.1% effective by implementers), counseling services (77.5%), and support and intervention services (66.2%). Those that were considered least effective were social norms marketing (38.6%), student health surveys (43.8%), and peer health programs (43.8%).  Also, halls of residence were seen to

					be engaged in student wellbeing
Eisenberg et al. (7) – 2011 - US	Description of service utilization and help-seeking behaviour for mental health problems among college students in the United States.	Random samples of students in 26 campuses nation-wide	The barriers most commonly reported by students suggest that many students simply do not see treatment as urgent enough to compete with their other, more tangible priorities such as coursework and social activities.	Online survey	Results showing that students are different from the general population in the relative mix of therapy versus medication
C Neighbors et al. (8), 2010, USA	Evaluate the efficacy of gender-specific versus gender-nonspecific personalized normative feedback (PNF)	818 tertiary students (57.6% women; 42% non-Caucasian) who reported 1 or more heavy-drinking episodes in the previous month at	Not reported	Personalized normative feedback	Modest effects on weekly drinking and alcohol-related problems but not on heavy episodic drinking. Support for the use of biannually administered web-based gender-specific PNF as an alternative to more costly indicated prevention strategies.

		baseline			
CP Lovecchio et al. (9) – 2010 - US	Address alcohol abuse in college students, especially when found that basic awareness and education programs at universities were ineffective	1,620 first-year college students	No long-term improvement	AlcoholEdu course included a baseline knowledge test; a baseline survey of attitudes, behaviour, and consequences; four content chapters, with customized pathways based on gender and reported drinking patterns; a course evaluation; a post- intervention knowledge test; and a post-intervention survey, similar to the baseline survey, which was completed four to six weeks after the course. Pedagogical strategies included lecture with synchronized slides, streaming videos, case studies, and interactive exercises for practicing healthy decision-making skills. Students could log out at any time and then pick up the course sequence where they left off.	Treatment group students reported a significantly lower level of alcohol use, fewer negative drinking consequences, and less positive alcohol-related attitudes.
Lee et al. (10) – 2010 - US	Meta-analysis				
J Hunt et al. (11) - US	Question, persuade, refer	Staff and faculty members	Variation across campuses in resources, programs, and policies does not appear to be	Over 200 campuses use this	Given the reported shortage of mental health professionals on campus [3], these informal providers fulfill an important role in the identification and management of mental illness. Gatekeeper programs might be

			based on systematic evidence about what works best in different types of campus settings. This situation undoubtedly stems in large part from the limitations in the research evidence noted earlier;		especially effective if they equip peers to help each other, given that many late adolescents are inclined to disclose their mental health issues only to their friends
MP Martens et al. (12) – 2009 – US	Determine if use of protective behavioural strategies (PBS) mediated the relationship between conscientiousness and alcohol use and alcohol-related problems.	186 college students at a state university campus in the North-eastern United States	Conscientiousness was only directly associated with alcohol-related problems and not alcohol use itself.	Those who met our screening criteria (A score of seven or higher for women or eight or higher for men on the Alcohol Use Disorders Identification Test [AUDIT]: Saunders, Aasland, Babor, de la Fuente, & Grant, 1993) were invited by their practitioner to enroll into a study that involved testing the effectiveness of a brief alcohol-related intervention. A	Data from a sample of college student drinkers indicated that PBS did indeed mediate these relationships, such that higher levels of conscientiousness was associated with greater PBS use, which was in turn associated with less alcohol use and alcohol-related problems.
JF Schuss (13) – 2009 – US	Tested the effectiveness of BMI to a sample of college students who screened positive for	363 students (52% female)	Improved long-term effectiveness could possibly be	Students who screened positive for high-risk drinking → two brief intervention sessions that were founded in motivational interviewing techniques and delivered by	Our short-term drinking behaviour outcomes showed significant reductions in the intervention group, compared with the control group, in

	high-risk drinking.		achieved by a “booster effect” at the 6-month interval and might include scheduling brief follow-up provider appointments or implementing a reminder in the health record to discuss alcohol use at future appointments.	four specially trained providers within the student health centre	five of the seven outcomes at the 3-month and 6-month follow-up intervals. There was a loss of a long-term intervention effect for these outcomes because the intervention group failed to show statistically significant reductions, compared with the control group, at the 9- and 12-month intervals.
MD Wood et al. (14) – 2009 – US	Evaluation of Common Ground, a media campaign-supported prevention program featuring increased enforcement, decreased alcohol access, and other environmental management initiatives targeting college student drinking.	College students (mean age 19.9 [1.6])	Not reported	Survey measuring Common Grounds effect: <ul style="list-style-type: none"> <li>1. Building student support - media campaign addressed student resistance to environmentally focused prevention by reporting majority student support for alcohol policy and enforcement initiatives.</li> <li>2. Changing perceptions of the alcohol environment - informed students about state laws, university policies, and environmental initiatives.</li> </ul>	The intervention successfully altered perceptions of alcohol enforcement, alcohol access, and the local alcohol environment.
MA Ichiyama	Parental involvement can	College	Not reported	724 incoming freshman–parent dyads	PBI had a significant effect on drinks



<p>(15) – 2009 - US</p>	<p>affect alcohol involvement among adolescents; few studies have focused on parent-based alcohol prevention strategies among college undergraduates.</p>	<p>undergraduate s</p>		<p>completed baseline assessments and were randomly assigned to PBI or intervention as usual (an alcohol fact sheet for parents). Student follow-up assessments were completed at 4 and 8 months.</p>	<p>per week but not heavy episodic drinking or alcohol-related problems.</p>
<p>LH Butler (16) – 2009 - US</p>	<p>Efficacy of face-to-face and computer delivered interventions relative to an assessment-only control condition.</p>	<p>Three hundred undergraduate s pre-intervention assessment sessions. Criteria for inclusion in the intervention phase of the study consisted of endorsing at least two binge episodes and two alcohol related problems in the past 28</p>	<p>Short term follow up</p>	<p>The content of the personalized feedback was identical across the face-to-face and computerized conditions.</p>	<p>Although participants showed a slight preference for the face-to-face feedback condition, both face-to-face and computerized were rated as acceptable interventions</p>

		days.			
EV Khasanshina et al. (17) – 2008  US	Provide service for those that are rurally located	Students based at Rural Georgia – at risk due to major life transitions (i.e. moving home, away from family, social isolation etc.)	Technical difficulties  Cost	Counselling Centre students in need referred by counsellor for a Tele-clinics appointment (one of the two 4-hour clinics per week)  Dedicated room, scheduled at 30-minute intervals, run by a psychiatric resident, reviewed by faculty supervisor.  Emergency contact – used for medication reaction & facilitate emergency hospitalisation	Patients – as compared to NTC; less satisfied – attributed to more difficult cases being referred + technical difficulties at the start. By the end quite similar  Residents – “reliable”, “convenient”, “easy-to-use”, “efficient”
M Tillfors et al. (18) US - 2008	Test if the Internet-based self-help program would be more effective if five live group exposure sessions were added.	Thirty-eight students meeting the DSM-IV criteria for social phobia	Not reported	Two different treatment groups: Internet delivered cognitive behavior therapy combined with five group exposure sessions (ICBT1 exp) or the Internet program alone (ICBT).	The results suggest that the Internet-based self-help program on its own is efficient in the treatment of university students with social phobia. Adding group exposure sessions did not improve the outcome significantly.
A Haas et al. (19) – 2008 - US	Interactive, Web-based method to encourage college students at risk for suicide to seek treatment.	College students based in the US that were screened positive for depression and other	Not reported	Respondents received a personalized assessment and were able to communicate anonymously with a clinical counselor online. At-risk students were urged to attend in-person evaluation and treatment.	Students who engaged in online dialogues with the counsellor were 3 times more likely than were those who did not to come for evaluation and enter treatment. The method has considerable promise for encouraging previously untreated, at-risk college

		suicide risk factors			students to get help
KB Carey et al. (20)	Summary prior				

Author	Intervention goals	Target group characteristic s/demographics	Key barriers and challenges	Implementation method	Outcomes
E Freedman et al. (21) 2008 - UK	Online mutual support group for college students with psychological problems	All undergraduate and graduate students at a major UK university were invited by e-mail to participate in an online group for students who were "stressed out or feeling low." There were 283	Relatively short, 10-week time period.  Relatively low number of active support group members.	In a 2 x 2 pre-post design, participants (N = 238) were randomly assigned to either the Information Only condition, giving access to a Web site containing information about student problems, or to the Support Group condition, giving access to an identical Web site with the addition of an online mutual support group.	CORE-OM and the Satisfaction with Life Scale, but there was no evidence of differential outcome between the two conditions.

		participants: 198 (70%) women and 85 (30%) men; the median age was 21 (range 18 to 56)			
BM Bewick et al. (22) – 2008 - UK	Establish the effectiveness of an electronic web-based personalised feedback intervention through the use of a randomised control trial.	506 participants were stratified by gender, age group, year of study, self- reported weekly consumption of alcohol and randomly assigned to either a control or intervention condition.	Not reported	Intervention participants received electronic personalised feedback and social norms information on their drinking behaviour which they could access by logging onto the website at any time during the 12-week period. CAGE score, average number of alcoholic drinks consumed per drinking occasion, and alcohol consumption over the last week were collected from participants at pre- and post-survey.	A significant difference in pre- to post- survey mean difference of alcohol consumed per occasion was found; with those in the intervention condition displaying a larger mean decrease when compared to controls.
CE Mann (23) -2007 - US	compare the effectiveness of two methods of teaching psycho-pathology in reducing stigma toward	53 undergraduate s at a small, public university	Not reported	During six hours of class time focused on psychopathology, one class received the experimental pedagogy while the other served as a control, receiving traditional instruction. Stigma was assessed pre- and	Together, these studies suggest that traditional methods of teaching psychopathology do not lessen mental illness stigma, a serious concern that can potentially be

	mental illness. Based on previous stigma research, a first-person, narrative approach was contrasted with traditional, diagnosis-centered education.	enrolled in two introductory psychology classes		post-intervention using a social distance scale and vignette design. Statistical analyses compared means and change scores between the two classes  Humanising classroom read first-person narratives by authors with depression, schizophrenia, and bipolar disorder. Key psychiatric symptoms were deduced from these excerpts rather than provided didactically.	reconciled by incorporating more person-centered instructional methods.
MD Wood et al. (24) 2007 US	Evaluate the effects of Brief Motivational Intervention (BMI) and Alcohol Expectancy Challenge (AEC) with heavy drinking college students.	Heavy drinking college students	Not reported	Assigned in a 2x2 factorial design to either: BMI, AEC, BMI and AEC, and assessment only conditions. Follow-ups occurred at 1, 3, and 6 months	BMI produced significant decreases in alcohol use (Q-F), heavy drinking, and problems, while AEC produced significant decreases in Q-F and heavy drinking. There was no evidence of an additive effect of combining the interventions. Intervention effects decayed somewhat for BMI and completely for AEC over 6 months. Multi- group analyses suggested similar intervention effects for men and women. BMI effects on alcohol problems were mediated by perceived norms.
H Hansson et al. (25) –	Effects after 2 years on drinking patterns and	Young adults studying at	Not reported	Students were randomly assigned to 1 of the 3 programs: (i) alcohol intervention program,	Positive effects of alcohol intervention between 1 and 2 years were found

2007 – University of Lund, Sweden	copied behavior of intervention programs for students with parents with alcohol problems.	university, who have grown up in an environment where one or both parents have or have had alcohol problems.		(ii) coping intervention program, or (iii) combination program. All the 3 intervention programs were manual based and individually implemented during 2 2-hour sessions, 4 weeks apart.	only in the combined intervention group, contrary to the 1-year results with effects of alcohol intervention with or without a combination with coping intervention.
SW Feldstein (26) – 2007 - University of New Mexico Center, US	evaluated the impact of a motivational interview (MI) on alcohol use in underage college drinkers, and examined the specific role of empathy and alliance in MI	Fifty-five underage heavy drinkers at college	Not reported	Motivational interviewing - empathy and alliance were evaluated through the MITI, participant, and therapist ratings	At two-month follow-up, multivariate tests reveal no significant interaction effects. Means comparisons indicated that both groups showed reductions in alcohol-related problems, however, only the MI sample evidenced significant reductions in binge drinking. In addition, despite the reductions of both groups, effect sizes indicated that the MI group outperformed the control in terms of binge-drinking and alcohol-related problems. Contrary to predictions, empathy and alliance showed no relationships with outcomes.

N Radhu et	Web-based cognitive-	Undergraduate		Forty-seven maladaptive perfectionists were	CBT group demonstrated significant
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al. (3) – 2012 – Canada	behavioral therapy (CBT) for maladaptive perfectionism, investigating perfectionism, anxiety, depression, negative automatic thoughts, and perceived stress.	students defined as maladaptive perfectionists through a screening questionnaire at an urban university.		randomly assigned to a 12-week CBT or a wait-list control group and assessed via questionnaires at pre- and post-intervention. Statistical procedures included t tests, Pearson correlations, and analysis of covariance.	decreases in anxiety sensitivity and negative automatic thoughts compared to the control group. Within the CBT group, changes in perfectionism scores were significantly correlated with positive changes in depression, anxiety, stress, and automatic thoughts.
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Grassi et al. (27) – 2011 - Italy	Evaluate whether multimedia audio-video content induced emotional changes and reduced exam anxiety in university students.	University students	Not reported	Six experimental sessions consisting of viewing multimedia content and performing relaxation exercises. Participants were randomly assigned to five experimental groups: 1) audio and video narrative on mobile phone (UMTS); 2) audio and video narrative on DVD (DVD), 3) audio narrative on MP3 player (M3), 4) audio narrative on CD (CD), 5) control group (CTRL).	Results showed that audio/video content induced a significant reduction in exam anxiety and an increase of relaxation in students, compared to the audio-only contents
JRD Whittingham et al. (28) – 2008 - EU	Demonstrate the usefulness of developing health education materials with a theoretical and empirical research basis.	Undergraduate students	Not reported	In two experimental studies, the original version of the brochure was compared with the theory-based modified version on measures of knowledge and psychosocial determinants of alcohol use among undergraduate university students.	Compared with the control group, the original brochure was indeed successful in increasing objective comprehension. However, the modified version of the brochure resulted in even higher scores on this measure. Evidently, these

					findings provide support for using cognitive psychological theories to communicate factual written information. Although participants in the brochure conditions claimed to comprehend the text reasonably well, some weaknesses in comprehension were found when actual comprehension of the text was measured. This finding is in line with previous research indicating that individuals think they read and understand better than they actually do (i.e. illusion of knowing [36]).
J Finkelstein et al. (29) – Russia 2007	Investigate the effectiveness of anti-stigma interventions among university students who are trained to provide special education. Compare sustainability of the effect of two anti-stigma education programs.	University students	Not reported	36 read two articles and World Health Organization brochure (reading group, RG) devoted to the problem of psychiatric stigma, and 32 studied an anti-stigma web-based program (program group, PG). Twenty-three students were in a control group (CG) and received no intervention. The second study visit in six months was completed by 65 students	After the intervention in PG, the level of stigma assessed by CAMI decreased. In RG the level of stigma dropped. In six months after the intervention the analysis of CAMI scores showed that the level of stigma in PG was significantly lower than in CG and RG. Web-based education or reading anti-stigma materials could be effective in reducing psychiatric stigma among university students. The effect of interactive web-based education based on adult learning theories was more stable as assessed in six months.



Kim et al. (30) – 2010 - Korea	develop and examine the effectiveness of an intervention to reduce suicidal ideation and depression among female college students.	Participants in the intervention group were selected from students at one institution who agreed to take a survey and who met the selection criteria (not currently under medical care and no ongoing mental health treatment).	Because this study focused on a small number of female students attending two colleges in a certain city, it has its limits and the study results cannot be generalized into clinical significance owing to the study area and number and age of the participants.	Intervention - CBT & IP	Mild effects
WC Pensuksan et al. (31) – 2010 - Thailand	Efficacy of alcohol harm reduction strategies administered as a peer-drinking group motivational intervention (PD-GMI) among	Thai male undergraduate students in public universities	Limited to 3-month post-intervention follow-up	This intervention was designed to (1) increase the awareness of risks associated with hazardous/harmful alcohol consumption; (2) enhance students' motivation to change their drinking behaviours; and (3) encourage harm reduction strategies during episodes of alcohol consumption.	Statistically significant reductions in alcohol consumption and adverse consequences of alcohol use.

## Informal information

<p>Monash University</p>	<p>Course specific</p> <ul style="list-style-type: none"> <li>• Faculty of Nursing, Medicine and Health Sciences: Health Enhancement Program (HEP) <ul style="list-style-type: none"> <li>○ Teaches students about mindfulness and mental health issues in the medical profession and students</li> </ul> </li> <li>• Faculty of Law: Mentoring and student wellbeing Program</li> <li>• Faculty of Business and Economics: HEP-like program that is targeted for the faculty, with a focus on leadership development</li> <li>• Faculty of Pharmacy <ul style="list-style-type: none"> <li>○ HEP-like program with a focus on career relevance</li> </ul> </li> <li>• Social inclusion committee: targeting vulnerable cohorts. Holds four meetings per year to discuss specific issues that may arise. Members of the committee include representatives of different faculties, head of counselling services and wellbeing officers from student societies</li> </ul> <p>Hall of Residence: runs programs for international students, those who live out of home as well as facilitating training such as Mental Health First Aid</p> <p>Services that are available on campus include:</p> <ul style="list-style-type: none"> <li>• Counselling/psychologists</li> <li>• GPs</li> <li>• Psychiatrist assessment - secondary consults</li> <li>• Critical incident - mentoring the leaders</li> <li>• SaferCommunity</li> </ul>
<p>Deakin University</p>	<p><b>Essence Expo</b></p> <ul style="list-style-type: none"> <li>• DUSA, YMCA and BUPA, highlights the ways you can build the 7 pillars of wellbeing which make up ESSENCE</li> <li>• During Essence Week in 2012, approximately 900 students/staff participated in the activities across Burwood, Waurm Ponds and Warrnambool. Feedback received indicated that 95% believed they had learnt something from their participation.</li> </ul>

University	Details
University of Leeds	<p>The university has a connection with <b>Leeds Primary Care Trust</b>, thus there is a senior health improvement specialist for students. This person coordinates liaison with universities</p> <p>The trust provides a focused learning and self-help clinic to the university, which offers a drop-in and one-to-one advice and guidance using CBT principles. This is offered one afternoon per week at the student counselling centre</p> <p><b>Leeds student mental health group</b> which has representatives from three universities, student unions, Leeds Primary Care Trust and the community mental health team. The group, which is chaired by the head of the student-counselling centre at the University, is developing the liaison between NHS services and universities. This is an opportunity to establish working relationships, referral agreements and good practice guidelines</p> <p>Leeds University and local GPs, particularly the Leeds student mental practice, which has over 30,000 student registrations. It provides health services and relevant documentation for students</p> <p>Student Counselling Centre has a consultant psychiatrist on a sessional basis. Psychiatrist meets with the counselling team a couple of times a semester to discuss patients in regards to appropriate community and NHS referral sources for clients. Student's GP provides initial assessment and referral to the psychiatrist service.</p> <p>The psychiatrist is also available for telephone consultation when needed. The Centre has also developed useful working relationships with the local early intervention service for young people (ASPIRE). This service offers assessment and ongoing support for young people who show signs of developing psychosis between the ages of 14–35 years. The Centre works closely with the local crisis resolution team when dealing with students experiencing acute, severe or complex mental health problems, who are presenting with significant risk of harm to self or others, and who may require admission to hospital.</p>
Oxford Student Mental Health Network (OSHMN)	<p>Oxford Brookes University, the University of Oxford, Oxford and Cherwell Valley College, Oxford City Primary Care Trust and Oxfordshire and Buckinghamshire Mental Healthcare NHS Foundation Trust have formed a partnership since 2000 to improve communication about and understanding of, students' mental health needs within local education and health sectors. Some of their activities are:</p>

	<ul style="list-style-type: none"> <li>• Group meetings every semester that is attended by representatives of the groups above</li> <li>• Linking of working groups, committees and other teams in local mental health services</li> <li>• Publication of a regular Network Newsletter</li> <li>• Maintain and develop OSHMN website – provides up to date information on mental health issues, resources and current research</li> <li>• Deliver cross-institution regular training on student mental health matters. <ul style="list-style-type: none"> <li>○ i.e. “Managing out of hours crises”, “Mental health problems in male students”.</li> </ul> </li> </ul>
Cambridge and Anglia Ruskin universities	<p>The two universities have established a network of consisting of representatives from the university and NHS personnel to promote liaison and communication between NHS and the universities.</p> <p>This was achieved through gathering university support by making it an agenda of the university senior management committees’, as well as using contacts to involve NHS personnel.</p> <p>A conference was organised with the aim of raising awareness among universities and NHS</p> <ul style="list-style-type: none"> <li>• High profile speakers were invited and the aim was to discuss various reports published by mental health groups such as Royal College of Psychiatrists’</li> <li>• Various people were involved: GPs, psychiatrists, community mental health workers, counsellors and therapists, working with GPs, the NHS and universities, university senior administrators, tutors, nurses, chaplains and bursars.</li> <li>• This helped drive the interest and a network was formed</li> </ul> <p>The network’s priorities are:</p> <ul style="list-style-type: none"> <li>• Health promotion</li> <li>• Continuity of care</li> <li>• Identification of mental health advisors &amp; student mental health advisors in universities</li> <li>• Collaborations in students’ treatment + issues of confidentiality</li> </ul> <p>Service components:</p> <ul style="list-style-type: none"> <li>• 24-hour confidential service for students, Linkline (<a href="http://www.linkline.org.uk">www.linkline.org.uk</a>)</li> <li>• Emphasis on holistic student health in primary care through a web resource (<a href="http://www.camstudenthealth.co.uk">www.camstudenthealth.co.uk</a>)</li> </ul>

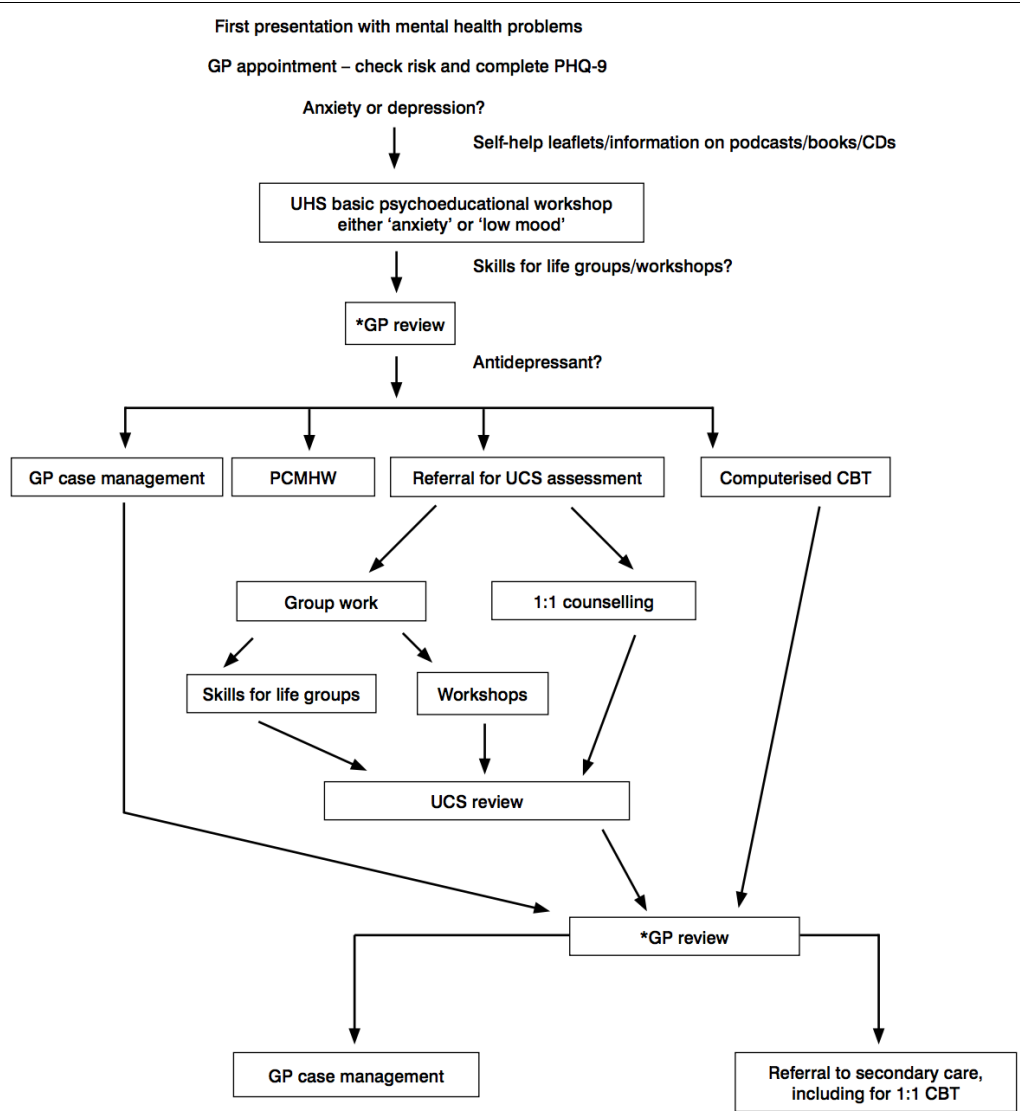
	<ul style="list-style-type: none"> <li>• Association of Student Practices in Cambridge (<a href="http://www.camstudenthealth.co.uk/pages/single/practices">www.camstudenthealth.co.uk/pages/single/practices</a>)</li> <li>• University counselling service, with annual reports (<a href="http://www.counselling.cam.ac.uk">www.counselling.cam.ac.uk</a>)</li> <li>• Student union approach (<a href="http://www.cam.ac.uk/staffstudents/studenthandbook/welfare/healthcare.html">www.cam.ac.uk/staffstudents/studenthandbook/welfare/healthcare.html</a>)</li> </ul> <p>Multiagency committee on student health, a committee of Cambridge University college nurses, and others</p> <ul style="list-style-type: none"> <li>• Secondary mental health services (<a href="http://www.cpft.nhs.uk">www.cpft.nhs.uk</a>)</li> </ul>
University of East London	<p>Developed a framework to provides students with emotional or mental health difficulties with a pathway to care via a multidisciplinary and professional care team.</p> <p>Core service includes:</p> <ul style="list-style-type: none"> <li>• Triage to assess students' health difficulties and refer them appropriately according to an evidence-based approach</li> <li>• Team operates a critical incident duty system to respond to acute student mental health episodes that may involve risk to self and/or others</li> <li>• Developed formal external partnerships with local community and statutory services <ul style="list-style-type: none"> <li>○ i.e. with Newham Improving Access to Psychological Therapies Service; provides CBT directly to students</li> </ul> </li> </ul>
University of Bath	<p>Developed mental health policy with a focus on student welfare. This includes</p> <ul style="list-style-type: none"> <li>• Intranet site ('mindmatters') – advice about common mental health problems</li> <li>• Counsellors, mental health worker <ul style="list-style-type: none"> <li>○ Mental health worker has close links with local eating disorder organisations and early treatment teams for referral</li> </ul> </li> <li>• Commissions sessional input from consultant psychiatrist who runs clinics in the university alongside the mental health worker <ul style="list-style-type: none"> <li>○ Psychiatrist takes referrals for undergraduate and postgraduate students who may not meet eligibility criteria for secondary care mental health services</li> </ul> </li> </ul>
Nottingham	<p>Mental health advisor was advised in 2007 following the Royal College of Psychiatrists' report in 2003 which highlighted the gaps</p>

University	<p>in university practice.</p> <p>Steering group was formed, which included the head of student services, head of the university counselling service, GP from the university health service with responsibility for university liaison and the disability coordinator.</p> <p>Aim: shape a new role which complemented each services but also did not overlap with existing provision</p>
University of Sheffield	<p>Aim: create a coherent approach to student mental health in the institution and to avoid splits between contributors.</p> <p>The group consisted of: head of student health and well-being, the head of counselling, the head of disability and dyslexia support service, the lead GP on mental health from the medical practice, head of our student support and guidance service (which includes a critical support team) and the students' union welfare officer</p> <p>The group met every 6 weeks</p> <p>Perceived benefits were:</p> <ul style="list-style-type: none"> <li>• Greater coherence → single, unified strategy</li> <li>• Increased service integration and multidisciplinary working, as well as improved relationships and better communication between services</li> <li>• Opportunity to discuss and take action on emerging issues regarding mental health</li> </ul> <p>Outcomes:</p> <ul style="list-style-type: none"> <li>• Publication for staff, <i>Helping Students with Mental health Difficulties</i></li> <li>• Jointly delivered staff training events throughout the year</li> <li>• Shared, multiservice training and continuing professional development</li> <li>• Cross-service supervision and case discussion arrangements</li> <li>• joint care pathway between services for non-psychotic mental health issues</li> <li>• joint referral and communications protocol between health, counselling and disability services</li> <li>• creation of a new mental health advisor role (based in the disability team but with a wide remit) as the result of cross-service discussion and agreement</li> <li>• appointment of a disability outreach worker whose role is to help bridge the transition between school and university for</li> </ul>

potential students.

#### **University GP Service & Counselling Service**

- Lead GP for mental health who oversees the provision of care for students with mental health difficulties
- All students asked to complete a health questionnaire before attending university
  - Declaration of a current/past history of mental health difficulty are offered a one-to-one interview with a doctor during their intro week
  - Aim to ensure student is aware of the range of support available as well as to assess current need at the time of transition
- Service worked with counselling service to devise a care pathway for the management of anxiety and depression using a stepped care model
- Self-help books available on prescription and CDs with information on sleep disorder and exam-related anxiety available for purchase
- Workshops on managing low mood and stress and anxiety are run by the primary mental health worker (funded by the primary care trust)
- Group session on relaxation, assertiveness, exam stress and confidence building held by counselling service
- Health service provides CBT to students with OCD, phobias, habit disorders and PTSD so that they can attend these sessions in a setting that they are familiar with
- Eating disorder clinic which provides nurse-led guided self-help based on CBT principles for students with mild to moderate eating disorder
- The practice has a high-level improving Access to Psychological Therapies worker
- The service is actively involved in health promotion and takes part in healthy campus weeks.
  - Provides clinical staff at student union
  - Provides literature on mental health promotion and alcohol-related issues



CBT, cognitive-behavioural therapy; GP, general practitioner; PCMHW, primary care mental health worker; PHQ-9, 9-item

Patient Health Questionnaire; UCS, university counselling service; UHS, university health service.

\*GP review to include: (i) risk assessment; (ii) scores, PHQ-9; (iii) self-reported narrative of onset and course of problems.

King's College

- Consultant psychiatrist who is a permanent member of the counselling team at the College. He inputs into clinical





	<p>counselling team meetings, with a significant case-load of very disturbed students (in 2010, he saw 125 students)</p> <ul style="list-style-type: none"> <li>• Handles referrals to community mental health teams and liaises with external GPs when necessary</li> <li>• Works closely with the medical centre, thus easy referral</li> </ul>
Goldsmiths College	<ul style="list-style-type: none"> <li>• Established a good relationship with psychiatrist at community mental health team <ul style="list-style-type: none"> <li>○ Psychiatrist has built up awareness about students' issues as well as understanding about what they go through</li> <li>○ Also means that the College services can give accurate information about the assessment process at the community mental health team</li> </ul> </li> </ul>
Queen Mary, University of London	<ul style="list-style-type: none"> <li>• Two consultant psychiatrists working for the University team.</li> <li>• a total of 60 half-day clinics each year, concentrated mostly during term-time but with some also during university vacations</li> </ul>
Oxford University	<ul style="list-style-type: none"> <li>• Consultant psychiatrist present to: <ul style="list-style-type: none"> <li>○ Act as a medical consultant to the team</li> <li>○ Assess students (referred by counsellors) in whom mental illness might be developing</li> <li>○ Liaise with NHS primary care practitioners about medication enquiries</li> <li>○ Advise academic and support staff about appropriate management of students</li> <li>○ Contribute to University's mental health policy</li> </ul> </li> </ul> <p>Peer Support Programme</p> <ul style="list-style-type: none"> <li>• Trains 250 students each year in basic listening and support skills</li> <li>• 30 hour training at the end of which students can advertise themselves as part of the Peer Support Panel in their college/department providing they continue to attend fortnightly monitoring/supervision groups with their trainer (qualified counsellor)</li> <li>• In addition, a specific training is offered each year as a special study module in the 4<sup>th</sup> year at the graduate medical school <ul style="list-style-type: none"> <li>○ Intensive, pre-course training to a cohort of Master of Business of Administration (BMA) students in the Business School, University of Oxford</li> </ul> </li> <li>• Modified training delivered from the beginning of the academic year for graduate students who have a defined welfare role such as junior deans in college</li> </ul>

	<ul style="list-style-type: none"> <li>• 4% of students who use the counselling service have been referred by peer supporters</li> <li>• <a href="http://www.admin.ox.ac.uk/shw/peers.shtml">www.admin.ox.ac.uk/shw/peers.shtml</a></li> </ul>
Brunel University	<ul style="list-style-type: none"> <li>• Mental health support coordination and the head of counselling service meeting monthly <ul style="list-style-type: none"> <li>○ Discuss shared students who are in-patients and outpatients with the trust</li> <li>○ Only relevant to students who live on or near the campus and are under Hillingdon Mental Health Services</li> <li>○ Has been valuable for better understanding of how the trust works and what the responsibilities of each services are</li> </ul> </li> </ul>
Warwick University	<ul style="list-style-type: none"> <li>• Designated community psychiatrist nurse to work alongside the mental health coordinators. Nurse has easy access to psychiatrists and other NHS provision</li> </ul>
Liverpool University	<ul style="list-style-type: none"> <li>• Student mental health advisory service which operates full-time.</li> <li>• Mental health advisors has links with community-based mental health workers, crisis resolution team and early intervention team</li> <li>• Student mental health advisory group; meets three times a year to address issues within the universities</li> <li>• Working with NHS services to develop services that meet needs of students</li> </ul>
Glyndwr University	<ul style="list-style-type: none"> <li>• Direct referral pathway set up with the First Access Mental health Team in Wrexham</li> <li>• Enables existing clients to be referred to psychological therapies for secondary care support</li> <li>• First Access able to come into university to hold talks and session on mental health days</li> <li>• Has a line of communication with the CMHT where the psychiatrists are based</li> </ul>
Staffordshire University	<ul style="list-style-type: none"> <li>• Good contact with crisis resolution service, especially with the early intervention service for psychosis <ul style="list-style-type: none"> <li>○ Meet once per term</li> </ul> </li> </ul>
Manchester Metropolitan University	<p>Personality in Education</p> <ul style="list-style-type: none"> <li>• Day programmed run in partnership with partnership with Manchester Metropolitan University, University of Manchester and Therapeutic Community Services North.</li> <li>• Program run over 16 weeks</li> <li>• Aim: to aid students with a history of complex and enduring emotional, relationship and behavioural difficulties by creating</li> </ul>

	<p>a safe environment for the participants to find healthier ways of dealing with distressing feelings.</p> <ul style="list-style-type: none"> <li>• These were students with a history of expressing difficult emotions through impulsive, aggressive or self-harming behaviours, including alcohol or illicit drug use as a way of dealing with powerful emotions.</li> <li>• Students were able to self-refer to the programme</li> <li>• Programmed had social therapy groups and formal therapy groups so that therapists and students could work together to explore various aspects of a student's experience, and build on that</li> </ul>
University of London	<p>School of Oriental and African Studies – Outreach Programme</p> <ul style="list-style-type: none"> <li>• Planning to pilot a well-being service</li> <li>• Aim: engage concerned students who are not access supporting services</li> <li>• Bring together counsellors, mental health advisors, learning advisors and the student union, as well as the faculty student supporting staff</li> <li>• The intention is that it will be both more proactive and more informal than current structures allow.</li> </ul>
University of Westminster	<p>Mentoring for Mental Health Programme</p> <ul style="list-style-type: none"> <li>• Operating since 2003, which was an independently funded initiative between disability services and counselling and advice service. Due to its success, it has been recognised by the institution and become embedded within university systems.</li> <li>• Aim: support students experiencing problems that's specific to the tertiary settings by offering them help to negotiate university life <ul style="list-style-type: none"> <li>○ Problems include dropping out, falling behind, social isolation, acute anxiety, mental breakdown</li> </ul> </li> <li>• Continued increase in number of students accessing this program shows that students with long-term mental health problems are now more confident of receiving appropriate support and less worried that they will be stigmatised <ul style="list-style-type: none"> <li>○ Improved retention rate in university</li> </ul> </li> <li>• Deals with a variety of problems: schizophrenia, bipolar disorder, eating disorder, self-harm, suicide attempts and borderline personality disorders</li> <li>• Mentors have offered support on family matters, aided students in settling in, enabled them to contain their anxieties, advised them on completing forms and liaised with academic staff, disability advisors and tutors</li> <li>• They have helped students to manage their workloads and referred them for counselling or specialist psychological</li> </ul>

	<p>treatment</p> <ul style="list-style-type: none"> <li>• Enables students to become more autonomous in relation to their academic career and leave or suspend their studies with dignity if this is the right course of action for them. Above all, it offers a lifeline before students start to flounder and supports them throughout their time at university, not just at crisis points.</li> </ul>
University of Hertfordshire	<p>Tutor Training Programme</p> <ul style="list-style-type: none"> <li>• 10-week course for personal tutors and interested staff with a view on raising awareness of the psychological factors affecting teaching and learning</li> <li>• The first 'taught' half of a session covers issues such as managing the boundaries around the role of personal tutor, transitions, exam and learning difficulties, creating helpful interactions with students, recognising risk, and breaking bad news.</li> <li>• The second half comprises presentations from course members about current issues in their work, with the aim of integrating theory with practice. T</li> <li>• he course is part of the professional academic development programme at the university and can be taken for credit. It has helped members of staff in their interactions with individual students and has also led to their devising supportive structures within their departments.</li> <li>• For more information contact <a href="mailto:counselling.centre@herts.ac.uk">counselling.centre@herts.ac.uk</a></li> </ul>
University of Ulster	<p>Suicide Awareness Training</p> <ul style="list-style-type: none"> <li>• Applied Suicide Intervention Skills Training (ASIST) is delivered to staff and those who work to provide one-to-one support to students with disabilities</li> <li>• Feedback from the training to date has been very positive, although it can often be difficult to get participants to commit to the required 2 days</li> </ul>
University of Teeside	<p>'Lightening Your Load'</p> <ul style="list-style-type: none"> <li>• Recognition of the significant contribution physical and recreational activity can make in maintaining positive mental health</li> <li>• Aim: building the above-mentioned link</li> </ul>

	<ul style="list-style-type: none"> <li>• Staff trained to provide appropriate advice and guidance on what is available in a professional and sensitive manner</li> <li>• Linked with sports and creational teams and offer a combination of counselling and physical/recreational activity</li> <li>• Goals: <ul style="list-style-type: none"> <li>○ Promote a sense of well-being for the body and the mind</li> <li>○ Encourage exercise, physical activity and recreation as a form of selfhelp</li> <li>○ Help raise confidence, self-esteem and energy levels</li> <li>○ Promote a sense of belonging and participation in the life of the university.</li> </ul> </li> <li>• 'adventure therapy'. This involves taking a group of students away for a day of outdoor activities with our mental health advisor, sport and recreational staff and a counsellors</li> </ul>
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**Three types of services at tertiary setting**

1. The first type serves as a platform for campus leaders to assess behavior and support troubled students.
2. The second focuses primarily on crisis management.
3. The third addresses both behavioural intervention and threat assessment.

All three types serve as a venue for sharing information and streamlining protocols across departments as well as a decision-making platform for staff to determine the best institutional response. The mission and purpose of these teams have been based on history and culture of the IHE, law enforcement models, and behavioral intervention models developed specifically in reaction to the recent high profile incidents of targeted violence. (32)

University of Texas at Austin	<p>Behavior Concerns Advice Line</p> <ul style="list-style-type: none"> <li>• Partnership among the Office of the Dean of Students, the Counseling and Mental Health Center (CMHC), the Employee Assistance Program (EAP) and The University of Texas Police Department (UTPD).</li> <li>• Referral via phone or internet, with the choice of being anonymous</li> <li>• Trained staff members will assist the individual in exploring available options and strategies. They will also provide appropriate guidance and resource referrals to address the particular situation. Depending on the situation, individuals may be referred to resources including but not limited to the Office of the Dean of Students/Student Emergency Services, Counseling and Mental Health Center, and the Employee Assistance</li> </ul>
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	Program
Cornell University	<p>Alert Team</p> <ul style="list-style-type: none"> <li>• Aim to promote <ul style="list-style-type: none"> <li>○ the health and safety of the campus community</li> <li>○ Community member health, well-being and successful experiences by coordinating information developing support plans for people of concern</li> </ul> </li> <li>• To serve as the coordinating hub of a network of existing resources, focused on prevention and early intervention in community situations involving members experiencing distress or engaging in harmful/disruptive behaviours</li> <li>• Team will develop interventions and support strategies and offer case coordination</li> </ul> <p>Recognizing and Responding to Students in Distress</p> <ul style="list-style-type: none"> <li>• Handbook for university faculties to use as they mentor and advise students</li> <li>• Suite of materials for faculty, staff, students and parents intended to promote identification and prompt referral of students who are experiencing mental distress</li> <li>• Goal: reach out to faculty in all academic departments to update them about student mental health and enlist their help in responding to students</li> </ul>
Ohio State University	<p>Consultation and Assessment Team</p> <p>Case Management Involving Students* Who Pose a Potential Risk of Substantial Harm (refer to page 24 in (33))</p>
University of North Texas	<p>CARE Team General Process Flowchart (refer to page 21 in (33))</p>

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