



Students' Representative Council  
University of Sydney

Level 1 Wentworth building (G01)  
University of Sydney NSW 2006  
PO Box 794 Broadway NSW 2007  
t: (02) 9660 5222 f: (02) 9660 4260  
int: 12871 www.src.usyd.edu.au

Angus McFarland, President, 79th SRC  
m: 0438 438 844 e: president@src.usyd.edu.au

**Submission to  
the inquiry by the  
Senate Community Affairs Committee  
into mental health services in Australia.**

Presented by Mr Angus McFarland

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### Introduction

The Students' Representative Council (SRC) of the University of Sydney welcomes the opportunity to present a submission to the inquiry by the Senate Community Affairs Committee into mental health services in Australia.

The SRC is the representative body for the over 30 000 undergraduate students enrolled at the University of Sydney. Advocating for students on both an individual and collective basis, the SRC further provides students with advice on academic and welfare issues such as Centrelink matters, disciplinary hearings, academic appeals, housing and tenancy, tuition fees, and harassment and discrimination. Through this work we have an excellent insight in the affects of mental illness to the lives of students both on campus as students and off campus as members of the broader community.

In this submission there are some case studies used to highlight what has been stated. The names of the students have been changed to protect their privacy, however the content of their cases represents one or more actual cases.



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### Reducing the prevalence and severity of mental illness in Australia

The Council of Australian Governments (p2, 2006) states "Nearly one in five ... Australians are affected by a mental illness in any one year". The Royal College of Psychiatrists (Curtis, 2003) further sharpens this point by saying "Students are more likely to suffer mental illness than young people", with the National Union of Students UK (Curtis, 2003) estimating the figure as closer to "one in four students".

Many of these ill students are unaware or happy to ignore their mental illness. When they present to the SRC with other issues, caseworkers refer them to the on campus health care providers or off campus health care providers if preferred. Working in partnership with the University allows a greater opportunity for students to be able to access good health care. However, there remains in most students, the fear of being 'discovered' as being unworthy of being at University, due to their illness. Despite the University's support of students through the Counselling Unit, International Student Services Unit, Health Service and Disability Unit, students still see being stigmatised and discriminated against as genuine threats.

With University students being more likely to experience mental illness, addressing their needs as a target group is appropriate.

#### Case Study

*Ahmed had managed to get through school as a "quiet and shy boy". He didn't realise that he was suffering from chronic depression and anxiety, which became significantly worse when he commenced studying at Sydney University. His class sizes had gone from only 30 students at high school to about 300 students in lectures. His fear overcame him, and he stopped attending. He didn't realise he had a medical problem until he had failed all of the subjects he was enrolled in, even though he thoroughly understood the material in the texts.*



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### RECOMMENDATION 1

The SRC recommends that the Federal Government funds an awareness campaign to be launched through Universities, TAFEs and High Schools to destigmatise mental illness. Further that the Australian University Qualities Agency assess Universities' ability to provide for the special needs of students with mental illness.



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### **Reducing the prevalence of risk factors that contribute to the onset of mental illness and prevent longer-term recovery**

Extreme stress and pressure can exacerbate existing mental illnesses. University life is full of events that can bring on this stress and pressure. Moving from high school to university requires students to make a transition from a small, supported community to an independent large campus. Some students necessarily move away from their family homes and move into university accommodation, share housing or on their own. This is particularly difficult for students from overseas or from areas other than Sydney. Along with these new challenges students have to learn how to manage the increased workloads, meet assignment deadlines, prepare for exams and effectively manage their time so that they do not fall victim to the social allure of university life.

All student associations participate in orientation week events. At Sydney University this includes the Students' Representative Council, the University of Sydney Union and the University of Sydney Sports Union. While the activities are targeted at all students the greatest benefit is gained by the students who are the first in their family to attend University. Without the support and the feeling of belonging at an early stage of their degree they are more likely to leave without completing their degree. However with the introduction of the Higher Education Support Amendment (Abolition of Compulsory Up Front Student Union Fees) Act in 2005 many student associations are struggling to get the funding to be able to host such events. The University of Sydney is fortunate enough that the University's administration gives the Students' Representative Council money to be able to operate through the year. This money could easily be used for the counselling services if the Amendment was repealed.

#### *Case Study*

*Barbara's family lives in Coffs Harbour. She moved into a one-bedroom unit in Newtown to be near to University. She doesn't have friends in Sydney as she travels home to see her family whenever she has spare time from doing assignments. She feels a great deal of*



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*pressure to do well at University, as she is the oldest child and therefore a role model to her siblings. She felt unable to tell her parents about the pressure she was facing and felt that she had no one in Sydney to talk to either. This intense feeling of isolation and loneliness exacerbated her pre-existing mental illness to the point of psychosis.*

### RECOMMENDATION 2

SRC recommends that the federal government provide money to Universities to fund their student associations. This amount of money should be determined as a rate per equivalent full-time student.

For students with anxiety issues, even ordinary situations can become extraordinary. For example, attending a lecture may not be possible as it is too daunting to be in the same room as 400 other people. Completing group assignments may not be possible as the student may be unable to work closely with strangers and may not be able to attend the specified meeting times to complete the project. The stigma of revealing these issues and the fear of being publicly humiliated or disadvantaged by the University sometimes prevents the student from ever addressing these issues with the University and its Disability Unit. Similarly students feel an unbalanced sense of power between them and the lecturers due to their perceived superior knowledge, advanced social status and financial stability.

### Case Study

*Cameron suffered from anxiety such that he was unable to complete his group assignments. He was an ordinary student and therefore was not particularly well known with his tutors or lecturers. He once tried to ask one of his tutors for special permission to do the group assignment on his own, but felt too embarrassed to explain why. She explained to him that working in a team was part of the assessment and also a way to manage the limited time she had for marking. She was very nice to him so he didn't want to push his point. He didn't want to create extra work for her so he simply failed out of the course.*



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Alcohol and other drugs can be a major accelerant for mental health problems. Kypri (cited in University of Sydney, p2, 2003) notes, "Tertiary students at Universities ... have a reputation for hazardous drinking which surpasses that of their non-student peers". For many students this is because of the increased access to these substances. Combined with the party atmosphere of college and campus life, it is easy for troubled students to feel that alcohol and other drugs are an avenue to making friends and belonging.

### *Case Study*

*Denise has been suffering from depression for a couple of years. She wanted to socialise with her fellow students to try to beat it. She attended the bar events every time she was free and would drink beers to help relax her. Denise is now an alcoholic who can no longer have social interactions without beer. Her depression is now more difficult to treat with the addition of her addiction.*

### **RECOMMENDATION 3**

The SRC recommends that information and treatment for alcohol and drug addiction be made more readily available and without charge to students.

Another recurrent stressor for students is financial worry. Where a student suffers from a mental illness this becomes a more dire issue. Depression and anxiety are compounded where a student has to think about the day-to-day demands of providing themselves with a meal, accommodation, and study aids. Medication and treatment are often sacrificed for the sake of having a meal or buying a necessary textbook. Even where these basic costs are met, the extra activities like going to a movie with a friend or being about to buy clothing leads to increase social isolation, poor communication skills and the higher risk of suicide ideation.



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The current rate for Youth Allowance is about 70% of the Henderson Poverty Line<sup>1</sup>. The rate for the Disability Support Pension<sup>2</sup> is just above it. This does not provide students with an adequate or acceptable lifestyle.

### RECOMMENDATION 4

That the rate for Youth Allowance be raised to be equal to at least that of the Disability Support Pension.

#### Case Study

*Emanuel wanted to see a psychiatrist outside of university. He found one that he felt comfortable using which cost him \$40 on top of the Medicare rebate. When assessments became more frequent towards the end of semester, he stopped working. He was unable to continue treatment, as he could no longer afford it.*

Students are being less able to exercise any choice in employment. Many are forced to accept low rates of pay, while being in dangerous or illegal conditions. Mentally ill students have an even more difficult time. With the growing casualisation of the workforce, most lack the stability of permanent work. Increasing pressure to move away from trade unions also adds to the isolation of students in the workplace. Where a student is mentally ill, but needs to work for money, there is little protection from employers and fellow employees.

#### Case Study

*Farina works in a plant nursery. She works there 12 hours a week on a rotating roster. She has mild Aspergers Syndrome. While her illness does not affect her work she does not socialise with the other workers very well. As a result they make fun of her and play tricks on her during her shifts. She was employed under an Australian Workplace*

<sup>1</sup> Henderson Poverty Line for March Quarter 2007 (Melbourne Institute of Applied Economic and Social Research, 2007) is \$237 per week or \$474 per fortnight. The rate of Youth Allowance (Family Assistance Office, 2007, p15) for a student 18 years and over living away from home is \$348.10 per fortnight.

<sup>2</sup> Disability Support Pension is \$525.10 per fortnight for a single person aged over 21 years (Family Assistance Office, 2007, p7-9).





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*Agreement and feels scared that if she makes a complaint she will be fired and unable to support herself.*

### **RECOMMENDATION 5**

That the federal government scraps the introduction of the new workplace relations laws.



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**Increasing the proportion of people with an emerging or established mental illness who are able to access the right health care and other relevant community services at the right time, with a particular focus on early intervention**

The University of Sydney has just over 45,000 students enrolled (Planning Department, 2007). The University provides free counselling to students through their Counselling Unit and the International Student Services Unit. From the information in the introduction that about one in four students have a mental illness, there would be more than 11,000 students who need health care. That's an average of about 30 minutes per semester<sup>3</sup>. These services are, however, available to all students, not just those identified as having a mental health issue, thus further reducing the average time available.

### *Case Study*

*Garth felt himself getting more and more depressed. He felt like he was worthless and so he didn't want to bother anyone with his problems. After many months of trying to cope on his own he approached the Counselling Unit to see if he could see someone. He was told that if it was urgent he could wait in the waiting room, or he could come back for an appointment. The next time available for him was 3 weeks away. After talking to his doctor he decided that he would try talking to a psychiatrist. He received a referral and tried to book an appointment there. He was told that the next available time was 6 weeks away. He realised how busy these services were, and decided that he was not worthwhile enough to take up these valuable places.*

While the SRC is unable to provide counselling to students the caseworkers do act as a stopgap for students experiencing problems while at University. Often the biggest role of the SRC is to convince the student of the benefits of attending a counselling service.

<sup>3</sup> This figure is calculated on the equivalent of 12.4 full time staff members working 35 hours a week during a 13-week semester.



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### RECOMMENDATION 6

That the Australian University Qualities Agency monitors, publishes and encourages the improvement of universities' staff to student ratios for counselling services.



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**Increasing the ability of people with a mental illness to participate in the community, employment, education and training, including an increase in access to stable accommodation**

The Council of Australian Governments (p4, 2006) finds that "For the majority of people with mental illness, effective community-based support will reduce their need for acute hospital services, leading to improved health outcomes and reduced costs of care." For students the most "effective community-based support" comes from student associations. The introduction of the Higher Education Support Amendment (Abolition of Compulsory Up Front Student Union Fees) Act in 2005 has meant that most student associations have had to severely reduce or discontinue the services that they provide. Many campuses have students who are bereft of advice, advocacy and representation that are germane to their well being. The impact on mentally ill students is significantly more profound than for other students. "Students' Unions have a key role in lobbying activities in terms of tackling discrimination and many of the factors which may affect mental well-being in general." (Ferguson, 2000)

### *Case Study*

*Helen suffered from Schizoaffective Disorder. The SRC negotiated extended deadlines with her faculty, helped her to register with the University's Disabilities Unit, advocated on her behalf to gain her Centrelink's Disability Support Pension, and provided her with legal representation on a public misconduct charge.*

### *Case Study*

*Igor has Bipolar I Disorder. As part of his course he is required to go on a clinical placement. During the time that his placement was scheduled he was too sick to travel. The SRC was able to advocate on his behalf to ensure that he was fairly assessed when he was well, and also instigated a policy review so that students who are mentally or physically disabled are still able to complete their clinical assessments.*



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### RECOMMENDATION 7

That Compulsory Up Front Students Union Fees be reinstated. Alternatively that federal government provide Universities with the equivalent sum of money, so that student associations can continue to provide their services to students.



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