The Power of Language – Removing the Blocks: Conversations around Mental Health in Higher Education

Professor Margaret Anne Carter, Australian College of Applied Psychology and James Cook University

Conversations around mental health are growing in prominence and starting to become part of the fabric of higher education workplaces, with initiatives and resources being introduced to develop and sustain a culture of mental health and wellness. Academics are being asked to communicate more frequently with students and with one another about wellbeing and mental health and the institutional and community services available to them. This interaction is fundamental in promoting wellbeing and mental health help seeking behaviours in higher education. Exploring the conundrum of academics instigating conversations with students about their mental health and wellbeing, next moves for academics that fosters meaningful and enabling mental health and wellbeing conversations with students, are considered.

Key words: *Higher education, Mental health, Stigma, Strengths-based recovery-orientated language, Mental health literacy.*

According to the World Health Organization (WHO, 2013), mental health is conceptualised as a "state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (p. 6). People experience mental health difficulties due to their inability to effectively respond to the stressors of life, making it difficult for them to function effectively and constructively. Worldwide, approximately 264 million people of all ages live with mental ill-health in their lifetime, with more women than men experiencing depression, 45 million people experiencing bipolar disorder, and about 20 million people diagnosed with schizophrenia (GBD, 2018).

The most recent Australian Bureau of Statistics (ABS) National Health Survey (2018) estimated there are 4.8 million Australians with a mental or behavioural condition, 3.2 million an anxiety-related condition, and one in ten people experiencing depression or feelings of

depression. Concern for university student's mental health is gaining more attention in recent years with estimates that at least that at least 25 per cent of young Australian university students aged 18-25 experience mental ill-health annually (Veness, 2016; Orygen, 2017). The National Union of Students, with the support of headspace: National Youth Mental Health Foundation 2016 study of Australian university and TAFE students (n= 3303), reported approximately two-thirds of students in the past 12 months, reported high or very high psychological distress.

Significantly the group that lags behind in higher course completion, satisfaction, grades, has higher levels of mental ill health, placing them at greater risk of dropout in higher education are, first in family (O'Shea, 2015) from Aboriginal and Torres Strait Islander backgrounds (Dudgeon, 2017), low socio-economic backgrounds, rural areas (Mulder & Cashin, 2015; Browne, Munro, & Cas, 2017), and international students (Forbes-Mewett & Nyland, 2008; Ryan, Dowler, Brvee, Gamage, & Morris, 2016). Students with physical and psychological disabilities (Dryer, Tyson, & Shaw, 2014), mechanical faculty students (Leahy, Peterson, Wilson, Newbury, Tonkin & Turnbull, 2010) and students studying law and psychology are also identified to be at greater risk of experiencing mental ill health. For many of these students, purposeful engagement with student life is interrupted by fluctuations in thinking and concentration, lower levels of academic confidence, mood variability, challenging social relationships and negative effects of medication (Venville, Mealings, Ennals, Oates, Fossey, Douglas, & Bigby, 2016).

Multiple factors have been identified in the literature as negatively impacting the mental health of students in higher education, and consequently their retention and/or exiting their higher education courses early: balancing study and other commitments and workload and deadlines (Rickwood, Telford, O'Sullivan, Crisp, & Magyar, 2017; Orygen, 2017), academic pressures (Stallman, 2011) and pressure of performance expectations (Palmer & Puri, 2006; Rickwood et al., 2017), financial burdens (Eisenberg, Hunt, & Speer, 2013), transition and relocation to participate in higher education (international, rural and remote), poor diet (due to limited finances / independent living skills), lack of sleep (cramming/socialising / work-study balance) (Knowlden & Sharma, 2014; Universities Australia, 2018), drugs and alcohol use (Hussain et al., 2013), insecurity about career aspirations and employability (Daniel & Daniel, 2015).

While there is "a gap between the expectations of universities and the staff's willingness and ability to respond to student needs beyond the curriculum" (Laws & Fiedler, 2013, p. 37), there is a growing commitment by institutions to recognize they have a duty of care for the mental health and wellbeing of students and staff (Veness, 2016, 2017; Carter, Pagliano, Francis, & Thorne, 2017; Orman, 2017). Local and global innovative psychologically 'resource-rich' frameworks and resources are being developed in higher education that actively foster student wellbeing. For example, Healthy Universities Network U.K. (https://healthyuniversities.ac.uk/wp-content/uploads/2018/05/1-Dooris-Network-Update.pdf) the Okanagan Charter for Health Promoting Universities and Colleges (2015)

(https://wellbeing.ubc.ca/okanagan-charter) and the Promoting Student Mental Health and Wellbeing Framework in Australia (Baik et al. 2017; http://unistudentwellbeing.edu.au/).

Working with the Australian Government Department of Health, Orygen (2018) has been tasked to develop Australia's University Mental Health Framework (due to be completed October 2020), to develop mentally healthy university settings (Orygen, 2020). This framework, while voluntary, will provide evidence informed guidelines and standards for all Australian universities to develop mentally healthy university settings, encouraging mental collaborations between universities and the community mental health services.

This shifting approach to mental health is reflected in existing and soon to be developed frameworks moving beyond the traditional medical models where people are regarded as sick and vulnerable and mental ill-health is associated with disease, to a strength-based model of neurodiversity, with individuals or consumers with mental ill-health conditions are empowered and respected, capable of self-responsibility and recovery – "Noting about us without us" (Charlton, 1998). What appears common in these descriptions is a life world including self-in relation and person-in community (Ivey, Ivey, & Zalaquett, 2018), taking responsibility for and making decisions about one's own life, resilience, optimism, and positive sense of self. A basic premise of this worldview is social justice and a refusal to define one's worth by the experience of mental ill-health.

Rudick and Dannels (2018) maintain mental health stigma is a definite factor in the high dropout rates of students in higher education, as many individuals or consumers with mental ill-health conditions navigate mental health issues and related stigmas on a daily basis. These authors reason that students may not be divulging their mental ill health to educators and/or educators "are possibly not identifying, or following up with, students who may need mental health treatment and accommodations" (p. 406).

While not all students that need help seek the help of their own accord (Zochil & Thorstrinsson, 2018), students voice stigma leading to prejudice and discrimination as barriers to seeking help to boost their mental wellbeing in higher education (Pescosolido & Martin, 2015; Hawkins, Newitt, Piat, & Pfeiffer, 2017; Carter & Goldie, 2018). Subsequently this stigma associated with mental ill-health has the potential to contribute to an unwillingness to seek help (Barney, Griffiths, & Banfield, 2011). As Lee (2019) explains, "an important component of any cross-cultural encounter is the ability to get beyond stereotypes and ensure that one sees people as individuals within a cultural context" (p. 9).

Acknowledging that students who avoid support for their mental health condition may have poor health outcome, lack of awareness or insight into one's own mental health challenges, availability, accessibility, cost and quality of mental health services, are reported in the literature as potential hurdles for not pursuing mental health support in higher education (Jorm, 2012; Gibbons, Thorsteinsson, & Loi, 2015; Suka, Yamauchi, & Sugimori, 2016). Importantly,

Goldman (2018) maintains that support from academics whose opinions matter to students "can be instrumental in recalibrating norms and stigmas related to help-seeking and may ultimately influence students to use the resources on campus to address their mental health" (p. 401). These academics are well positioned to demonstrate validation for students living with / having apprehensions about their own wellbeing and mental health.

With high number of students impacted by mental ill-health nationally and globally, conversations around mental health are expected to be growing in prominence and starting to become part of the fabric of higher education workplaces, with initiatives and resources being introduced to build a culture of mental health and wellness. Academics are being asked to communicate more frequently with students about wellbeing and mental health and the institutional and community services available to them.

When academics initiate / respond to student led conversations about their mental health, and / or academics have concerns about the mental health of students it is an ethical imperative that academics check in with the student to see that they are safe, providing information about services that might support their mental health and academic growth. This interaction, grounded in institutional policy and informed mental health literacy, is designed for academics to look out for students, to be cognisant of varied mental health experiences, together with normalising wellbeing and mental health help seeking behaviours (Gorczynski et al., 2020).

The conundrum here is while mental health is necessary for individuals or consumers with mental ill-health conditions to reach their full potential, many academics in higher education, except for counselling and wellness staff, rarely engage or are reluctant to engage in conversations around mental health, regarding themselves unqualified. Consequently, there is a disconnect with helping students in higher education living with mental health challenges and or / and supporting them on their journey of recovery (Productivity Commission, 2019).

It is for this reason that higher education institutions need a call to action for whole of institutions mental health literacy (mental health symptoms and conditions) and help seeking behaviour professional development (Carter & Goldie, 2018; Gorczynski, Sim-Schouten, & Wilson, 2020).

A further challenge with engaging students or consumers with mental ill-health conditions in conversations about their mental health is that communication and stigma are interconnected, with people engaging in humiliation and insults through their communication (Smith & Applegate, 2018). Identifying stereotypical beliefs begins with becoming aware of biases and how stereotypical beliefs, values and norms can inadvertently affect interactions. Having a clearer understanding of one's beliefs and values means individuals are less likely to impose their viewpoint on others. This process of self-knowledge is an important first step in seeing the world through the other person's eyes.

An important first step in managing personal values so they do not contaminate communication with students is recognizing bias through demeaning language. This requires self-exploration of the implicit (unconscious) and explicit (conscious) attitudes, the language used, and motivations for imposing or sharing stigmatising labels with persons with mental ill-health. This entails understanding that the imposition of stereotypes, characteristics associated with individuals based on their membership of specific groups (ingroups and outgroups), and that stereotypes are closely connected with shared values underpinning prejudice and discrimination.

Conversations aimed at promoting shared values, dissolving prejudice and reducing discriminatory behaviour begins with observing and analysing one's own language, based on core beliefs and values toward ableism and disablism. Ableism is "a network of beliefs, processes and practices that produces a particular kind of self and body (the corporeal standard) that is projected as the perfect, species-typical and therefore essential and fully human. Disability then is cast as a diminished state of being" (Campbell, 2009, p. 9).

This transformative process begins with reflective thinking practices, identifying a discrepancy occurs between an attitude and behaviour or between an attitude and new information that does not align with it. This cognitive dissonance leads to a state of tension resulting in the development of new knowledge and insights, viewing "the world through different lenses, to provide critiques and genuine solutions" (Phan & Ngu, 2019, p. 193).

Grounded in principles including positivity and optimism, self-renewal and self-improvement, transformative learning occurs when the individual observes their behaviour and either modifies, adapts or / and changes their worldview. By engaging with different ways of thinking, different ways of viewing the world including potential new solutions are added to one's behaviour repertoire. When enacted, these solutions create new patterns of behaviour - new ways of thinking, acting and feeling – resulting in a paradigm shift (Stickley et. al. 2016). Perceiving things differently means thinking, feeling and behaving differently.

Bateson (1972) and Dilts (1990) theoretical ecology model (Table 1) frames different yet complimentary levels of learning of thinking with each level influencing preceding levels in the system, with changes at higher levels prompting changes at lower levels. Academics resides at one of these levels and this level is embedded in their communication, in the stories they exchange with others about themselves and the communication they pursue with others. The range of self-evaluation provocative questions posed at each level contributes to refreshed mental maps, new ways of viewing and new ways of doing.

Table 1: Levels of Change Provocative Questions

Mission
What is my purpose in facilitating students' wellbeing?
How are my behaviours authentically promoting students' wellness in my sphere of influence?
Identity
How do I define myself as a teaching academic in relation to student wellbeing?
How do others define me as a teaching academic in relation to student wellbeing?
Beliefs and Values
How strong are my beliefs and values in facilitating students' mental health and wellbeing?
Do I convey an attitude of personal concern for students? Do I provide time for students to connect with me?
Competencies
What are my practices to facilitate a sense of wellbeing and purpose? Do I provide opportunities for students to make choices? Do I provide objective feedback rather than personal judgment?
Do I express confidence in students' abilities to succeed? Do I provide opportunities for students to identify goals of their own? Am I sensitive to students' lack of purpose and direction?
Behaviors
How do I facilitate conversations with students about wellbeing? Do I provide opportunities for students to express their concerns, frustrations, and experiences?
Do I project an image that tells the students I am here to build and support them discuss wellbeing?
Environment
What environmental factors influence my teaching / view of wellbeing?

In many instances, individuals are oblivious to combatting stigma by using strengths-based recovery-orientated language when referring to mental ill-health and / or individuals or consumers with mental ill-health conditions (see Table 2). Stigmatising labels and degrading language marginalise and dehumanises people living with and recovery from mental ill-health.

Language use reflects and shapes understanding, and influences choices and actions - is the individual with mental ill health 'whole' or 'broken'? The power of strengths-based recovery-orientated language involves awareness and understanding that reflects and influence beliefs about difference and mental ill health. As Ethridge and Branscomb (2009) explain "for a transformation in understanding to truly occur, direct experience must be paired with reflection to facilitate and reinforce learning" (p. 407).

Table 2: Strengths based Language to Help to Combat Stigma

Respectful Recovery-Orientated Language	Stigmatising Language
Use language that expresses hope and optimism	Do not use condescending, tokenistic, or discriminating language
Point out abilities	Do not highlight limitations
Put people first: Say "person with mental health condition"; "a person who has been diagnosed with…"	Do not label people and equate identity with a person's diagnosis: Do not say "he is mentally ill", "she is mentally ill"

Source: Mental Health Coordinating Council (MHCC) p. 6

In this paradigm no-one is "defined by the mental health conditions or psychosocial difficulties that we experience, or by any single aspect of who we are; we should be respected as individuals first and foremost" (MHCC, 2018, p. 5). Person first language – naming the person before the use of a label is acknowledging personhood, rather considering the individual under a label (Baglieri & Shapiro, 2012). Language is respectful, purposeful, non-judgmental, straightforward, and inclusive. For example: Yen has a mental health condition rather than Yen is a bipolar; Joshua is a person who experiences …. rather than Joshua is a borderline ….

When academics purposefully take responsibility and embrace the power of recovery-orientated language with persons and groups experiencing mental ill health it is reasonable to expect they have the opportunity to search for contradictions in their communication, supportively challenge existing paradigms, facilitate change, resulting in restorying and action. Keeping responsibility where it rightfully belongs is central to the authenticity of this change process.

Glasser (1998) has identified empowering communication practices that can easily be aligned with strength-based recovery orientated language. These empathetic practices are core to exploring and reframing the contradictions blocking social connectedness, promoting harmony and participation, practices that help to reject stigma (Glasser, 2000). Working from a non-judgemental unconditional positive regard perspective, connecting habits have the potential for academics to address / reduce mental health stigmatizing language, and focus on building mutually satisfying relationships, key principles of mental health promotion practices (see Table 3).

Table 3: Seven Habits Choice Theory Habits that Build Strong Relationships (Glasser, 2000, p. 149)

Connecting Habits	Disconnecting Habits
Caring	Criticizing
Listening	Blaming
Supporting	Complaining
Contributing	Nagging
Encouraging	Threatening
Trusting	Punishing
Befriending	Rewarding to control

Establishing a common shared language and implicitly modelling values consciousness provides a strong foundation for nurturing mental health. Ongoing thoughtful reflection on dehumanising language, labelling and the associated stigmatisation and discrimination, understanding person-first language and selectively implementing recovery orientated language within the framework of Glasser's connecting habits has the potential to influence our developing attitude toward students' whose mental ill health places them at greater risk of meaningful engagement and retention in higher education (see Leahy et. al., 2010; Mulder & Cashin, 2015; O'Shea, 2015; Venville et. al., 2016; Dudgeon, 2017; Forbes-Mewett et. al., 2017; Orygen, 2017).

Communication is one medium that academics can engage with to reduce alienation, negative stereotypes and discriminatory behaviours toward mental health conditions and mental ill-health. Strength-based recovery orientated conversations within the connecting habits parameters are initial steps in bringing academics and students to a shared space, raising awareness and discussing the relationship and potential impact of mental health challenges on students' study. This shifting approach to open conversations around mental health is directed toward reducing stereotypes, prejudice, and discrimination toward mental health conditions in higher education. This approach moves beyond the traditional medical models schemas where persons are regarded as sick and vulnerable and mental ill-health is associated with disease, toward a strength-based recovery-orientated model, where individuals or consumers with mental ill-health conditions are empowered and respected, capable of agency, self-responsibility and recovery.

REFERENCES

Australian Bureau of Statistics (2018). National Health Survey. First results, 2017-2018. Retrieved from https://www.abs.gov.au/ausstats/abs@.nsf/mf/4364.0.55.001

ACU and Erebus International (2008). *Scoping study into approaches to student wellbeing: Literature review*. Report to the Department of Education, Employment and Workplace Relations. Sydney, NSW: Australian Catholic University.

Alemu, Y., & Alemu, Y. (2014). Perceived causes of mental health problems and help-seeking behavior among university students in Ethiopia *International Journal for the Advancement of Counselling, 36*(2), 219-228. doi:10.1007/s10447-013-9203-y

Baglieri, S., & Shapiro, A. (2012). *Disability studies and the inclusive classroom: Critical practices for creating least restrictive attitudes.* New York: Routledge.

Baik, C., Larcombe, W., Brooker, A., Wyn, J., Allen, L., Brett, M., Field, R., & James, R. (2017). *Stimulating curriculum and teaching innovations to support the mental wellbeing of university students: Final repo*rt Retrieved from http://unistudentwellbeing.edu.au/

Barney, L. J., Griffiths, K. M., & Banfield, M. A. (2011). Explicit and implicit information needs of people with depression: A qualitative investigation of problems reported on an online depression support forum. *BMC Psychiatry, 11*(1), 88-88. doi:10.1186/1471-244X-11-88

Campbell, F. (2009). *Contours of ableism: The production of disability and abledness.* Basingstoke: Palgrave Macmillan.

Carter M. & Goldie D (2018). Potential enablers of mental health and wellness for those teaching in tertiary education. *International Journal of Innovation, Creativity and Change*, 4 (3). pp. 3-20

Carter, M., Pagliano, P., Francis, A., & Thorne, M. (2017). Australian University Students and Mental Health: Viewpoints form the literature. *International Journal of Innovation, Creativity and Change*. 3(3) Special Edition: Mental Health

Charlton, J. (1998). *Nothing about us without us: Disability oppression and empowerment.* Berkeley, CA: University of California Press.

Daniel, R., & Daniel, L. (2015). Enhancing capacity for success in the creative industries: Undergraduate student reflections on the implementation of work-integrated learning strategies. *Asia-Pacific Journal of Cooperative Education, 16*(3), 199.

Dilts, R. (1990). Changing Belief Systems with NLP, Meta Publications, CA

Dilts, R., & Zolno, S. (1991). Skills for the New Paradigm: Lessons from Italy.

Dryer, R., Henning, M. A., Tyson, G. A., & Shaw, R. (2016). Academic achievement performance of university students with disability: Exploring the influence of non-academic factors. *International Journal of Disability, Development and Education*, 63(4), 419-430. doi:10.1080/1034912X.2015.1130217

Dudgeon, P. (2017, 30 June-1 July). *Aboriginal and Torres Strait Islander Mental Health. Implications for Universities.* PowerPoint presented at the Inaugural Australasian Mental Health and Higher Education Conference Townsville, Qld, Australia. Retrieved from https://www.jcu.edu.au/__data/assets/pdf_file/0003/517710/Professor-Patricia-Dudgeon.pdf

Eisenberg, D., Hunt, J., & Speer, N. (2013). Mental health in American colleges and universities: Variation across student subgroups and across campuses. *The Journal of Nervous and Mental Disease, 201*(1), 60-67. doi:10.1097/NMD.0b013e31827ab077

Forbes-Mewett, H., & Wickes, R. (2018). The neighbourhood context of crime against international students. *Journal of Sociology, 54*(4), 609-626. doi:10.1177/1440783317739696 GBD 2017 Disease and Injury Incidence and Prevalence Collaborators. (2018). Global, regional, and national incidence, prevalence, and years lived with disability for 354 diseases and injuries for 195 countries and territories, 1990–2017: A systematic analysis for the Global Burden of Disease Study 2017. *The Lancet.* doi:https://doi.org/10.1016/S0140-6736(18)32279-7

Gebreegziabher, Y., Girma, E., & Tesfaye, M. (2019). Help-seeking behavior of Jimma university students with common mental disorders: A cross-sectional study. *PloS One, 14*(2), e0212657. doi:10.1371/journal.pone.0212657

Gibbons, R. J., Thorsteinsson, E. B., & Loi, N. M. (2015). Sex differences in beliefs and attitudes towards mental illness: An examination of mental health literacy in a community sample. *PeerJ Preprints,* doi:10.7287/peerj.preprints.965v1

Glasser, W. (1999). *Choice theory: A new psychology of personal freedom.* New York, USA: Harper Collins Publishers

Glasser, W. (2000). *Every Student Can Succeed.* USA: Black Forest Press

Goldman, Z. W. (2018). Responding to mental health issues in the college classroom. *Communication   Education, 67*(3),   399-404. doi:10.1080/03634523.2018.1465191

Gorczynski, P., Currie, A., Gibson, K., Gouttebarge, V., Hainline, B., Castaldelli-Maia, J. M., . . . Swartz, L. (2020). Developing mental health literacy and cultural competence in elite   sport. *Journal   of   Applied   Sport   Psychology,* 1-15. doi:10.1080/10413200.2020.1720045

Gorczynski, P., Sims-Schouten, W., & Wilson, C. (2020). Evaluating mental health literacy and help-seeking behaviours in UK university students: A country wide study. *Journal of Public Mental Health, ahead-of-print*(ahead-of-print) doi:10.1108/JPMH-10-2019-0086

Greene, B. (1997). *New paradigms for quality school's workbook.* Lake Tahoe, CA: Author

Harland, J., Dawson, A., Rabiasz, A., & Sims, D. (2015). NFER teacher voice omnibus: Questions   for   the   Department   for   Education—June   2015. Retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/4 83275/DFE-RR493_Teacher_voice_omnibus_questions_for_DfE_-_June_2015.pdf.

Hawkins, R., Newitt, H., Plat, M., & Pfeiffer, N. (2017). Mental Health in Australia (North Queensland) Tertiary Students. *International Journal of Innovation, Creativity and Change,* 3 (3, Special Edition: Mental Health, December), 105-123.

Hussain, R., Guppy, M., Robertson, S., & Temple, E. (2013). Physical and mental health perspectives of first year undergraduate rural university students. *BMC Public Health, 13*(1), 848. doi:10.1186/1471-2458-13-848

Ibrahim, N., Amit, N., Shahar, S., Wee, L., Ismail, R., Khairuddin, R., . . . Safien, A. M. (2019). Do depression literacy, mental illness beliefs and stigma influence mental health help-seeking attitude? A cross-sectional study of secondary school and university students from B40 households in Malaysia. *BMC Public Health, 19*(Suppl 4), 544-8. doi:10.1186/s12889-019-6862-6

Jorm, A. F. (2012). Mental health literacy: Empowering the community to take action for better mental health. *The American Psychologist, 67*(3), 231-243. doi:10.1037/a0025957

Kearns, M., Muldoon, O. T., Msetfi, R. M., & Surgenor, P. W. G. (2015). Understanding help-seeking amongst university students: The role of group identity, stigma, and exposure

to suicide and help-seeking. *Frontiers in Psychology, 6,* 1462. doi:10.3389/fpsyg.2015.01462

Kessler, R. C., Amminger, G. P., Aguilar-Gaxiola, S., Alonso, J., Lee, S., & Üstün, T. B. (2007). Age of onset of mental disorders: A review of recent literature. *Current Opinion in Psychiatry, 20*(4), 359-364. doi:10.1097/YCO.0b013e32816ebc8c

Knowlden, A. P., & Sharma, M. (2014). Health belief structural equation model predicting sleep behavior of employed college students. *Family & Community Health, 37*, 271-278.

Laws, T. A., & Fiedler, B. A. (2013). Students seeking help for mental health problems : Do Australian university websites provide clear pathways? *Australian Universities Review, 55*(2), 35-43.

Leahy, C. M., Peterson, R. F., Wilson, I. G., Newbury, J. W., Tonkin, A. L., & Turnbull, D. (2010). Distress levels and self-reported treatment rates for medicine, law, psychology and mechanical engineering tertiary students: Cross-sectional study. *Australian and New Zealand Journal of Psychiatry, 44*(7), 608-615. doi:10.3109/00048671003649052

Lee, C. (2018). Final thoughts: The counsellor as agent of social justice: The process of becoming. In C. Lee (Ed.). *Counseling for Social Justice* (3rd ed., pp. 249-254). Alexandria, VA: American Counseling Association Foundation.

Lee, C. (2019). Multicultural competency: A conceptual formwork for counselling across cultures. In C. Lee (Ed.), *Multicultural Issues in Counseling: New approaches to diversity* (5th ed., pp. 3-13). Alexandria, VA: American Counseling Association.

Li, W., Denson, L. A., & Dorstyn, D. S. (2018). Understanding Australian university students' mental health help-seeking: An empirical and theoretical investigation. *Australian Journal of Psychology, 70*(1), 30-40. doi:10.1111/ajpy.12157

McBeath, R. J. (1994). The impact of paradigm shifts on education. *Educational MediaInternational,* 31(3), 165-170. Retrieved from doi:10.1080/0952398940310306

McLean, S. V. (1999). Becoming a teacher: The person in the process. In R. P. Lipka, & T. M. Brinthaupt (Eds.), The role of self in teacher development (pp. 55–91). Albany, NY: State University of New York Press.

McArdle, W. (2002). *Mindfields of Behaviour Guide for Administration, Module 7.* Brisbane: Peomo Publications Mental Health Coordinating Council (MHCC) (2018). *Recovery Orientated Language Guide.* 2nd Ed. Revised. Retrieved from https://mhcc.org.au/wp-

content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf

Mulder, A.M., & Cashin, A. (2015). Health and wellbeing in students with very high psychological distress from a regional Australian university. *Advances in Mental Health, 13,* 72-83.

O'Hagan, M. (2017, 30 June-1 July). *Failing Through the Cracks: A Lived Experience* International Journal of Innovation, Creativity and Change. www.ijicc.net Volume 3, Issue 3, Special Edition: Mental Health, December, 2017 *Perspective on Mental Distress at University.* PowerPoint presented at the Inaugural Australasian Mental Health and Higher Education Conference Townsville, Qld, Australia. Retrieved from https://www.jcu.edu.au/__data/assets/pdf_file/0007/517705/Mary-OHagan.pdf

Orman, J. (2017, 30 June-1 July). *Mental Health on Campus – Practical Ways to Help.* PowerPoint presented at the Inaugural Australasian Mental Health and Higher Education Conference Townsville, Qld, Australia. Retrieved from https://www.jcu.edu.au/__data/assets/pdf_file/0009/517635/Dr-Jan-Orman.pdf

Orygen. (2017). *Under the radar: The mental health of Australian university students.* Retrieved from https://www.orygen.org.au/Policy/Policy-Reports/Under-the-radar/Orygen-Under_the_radar_report

Orygen (2018). *Funding welcomed for dual projects to improve mental health outcomes for young people.* Retrieved from https://webcache.googleusercontent.com/search?q=cache:R_oQpAOS8uQJ:https://www.orygen.org.au/About/News-And-Events/2018/Funding-welcomed+&cd=1&hl=en&ct=clnk&gl=au

Orygen (2020). *University Mental Health Framework.* Retrieved from https://www.orygen.org.au/Policy/University-Mental-Health-Framework

O'Shea, S. (2015). "I generally say I am a mum first . . . but I'm studying at Uni": The narratives of first-in-family, female caregivers transitioning into an Australian university. *Journal of Diversity in Higher Education, 8*(4), 243. doi:10.1037/a0038996

Palmer, S. & Puri, A. (2006). *Coping with stress at University: A survival guide.* London: Sage.
Patalay, P., Annis, J., Sharpe, H., Newman, R., Main, D., Ragunathan, T., . . . Clarke, K. (2017). A pre-post evaluation of Open Minds: A sustainable, peer-led mental health literacy programme in universities and secondary schools. *Prevention Science, 18*(8), 995-1005. doi:10.1007/s11121-017-0840-y

Pescosolido B., Martin J. (2015). The Stigma Complex. *Annual Review of Sociology* 41:87–116. doi: 10.1146/annurev-soc-071312-145702

Phan, H. & Ngu, B. (2019). Teaching, Learning and Psychology. Victoria: Oxford University Press. Productivity Commission (2019). Mental Health Draft Report. Retrieved from https://www.pc.gov.au/inquiries/current/mental-health/draft

Research into-the-Wellbeing-of-International-Students-in-the-City-of-Sydney_Final_27-July-2016.pdf (Archived by WebCite® at http://www.webcitation.org/73oBL0UY4)

Rickwood, D., Telford, N., O'Sullivan, S., CRISP, D., & Magyar, R. (2017). *National Union of Students National Tertiary Student Wellbeing Survey 2016*. Australia: Headspace. Retrieved from: https://researchprofiles.canberra.edu.au/en/publications/national-union-of-students-national-tertiary-student-wellbeing-su

Rudick, C. K., & Dannels, D. P. (2018). Yes, and … :Continuing the scholarly conversationabout mental health stigma in higher education. *Communication Education, 67*(3), 404-408. doi:10.1080/03634523.2018.1467563

Ryan, R.., Dowler, B., Bruce, S., Gamage, S., & Morris, A. (2016). The wellbeing of international students in the city of Sydney. Sydney: University of Technology Sydney, Institute for Public Policy and Governance Sydney. Retrieved from https://www.cityofsydney.nsw.gov.au/__data/assets/pdf_file/0005/277682/

Smith, R. A., & Applegate, A. (2018). Mental health stigma and communication and their intersections with education. *Communication Education, 67*(3), 382-393. doi:10.1080/03634523.2018.1465988

Stallman, H.M. (2011). Embedding resilience within the tertiary curriculum: A feasibility study. *Higher Education Research & Development, 30*(2), 121-133. doi: 10.1080/07294360.2010.509763

Stickley, T., Higgins, A., Meade, O., Sitvast, J., Doyle, L., Ellilä, H., . . . Kilkku, N. (2016). From the rhetoric to the real: A critical review of how the concepts of recovery and social inclusion may inform mental health nurse advanced level curricula — the eMenthe project. *Nurse Education Today, 37*, 155-163. doi:10.1016/j.nedt.2015.11.015

Suka, M., Yamauchi, T., & Sugimori, H. (2016). Help-seeking intentions for early signs of mental illness and their associated factors: Comparison across four kinds of health problems. *BMC Public Health, 16*(1), 301-13. doi:10.1186/s12889-016-2998-9

Svane, D., Evans, N., & Carter, M. (2019). Wicked wellbeing: Examining the disconnect between the rhetoric and reality of wellbeing interventions in schools. *The Australian Journal of Education, 63*(2), 209-231. doi:10.1177/0004944119843144

Trout, M. (2012). *Making the moment matter: Care theory for teacher learning* (1st;1; ed.). Rotterdam: Sense Publishers. doi:10.1007/978-94-6209-110-8

Universities Australia (2015). Higher Education Facts and Figures. Retrieved from http://libertycampaign.org/images/pdf/UAHigherEducationandResearchFactsNovemb er%202015.PDF

Universities Australia. (2018). 2017 Universities Australia Student Finances Survey. Retrieved from https://www.universitiesaustralia.edu.au/wp-content/uploads/2019/06/180713-2017-UA-Student-Finance-Survey-Report.pdf

Universities Australia (2019). Higher Education Facts and Figures. Retrieved from http://libertycampaign.org/images/pdf/UAHigherEducationandResearchFactsNovemb er%202015.PDF

van der Schaaf, Marieke F, Stokking, K. M., & Verloop, N. (2008). Teacher beliefs and teacher behaviour in portfolio assessment. *Teaching and Teacher Education, 24*(7), 1691-1704. doi:10.1016/j.tate.2008.02.021

Veness, B. (2016). *The Wicked Problem of University Student Mental Health*. *Sydney, NSW, Australia: Monash University Churchill Fellowship*. Retrieved from https://www.churchilltrust.com.au/media/fellows/Veness_B_2013_The_wicked_probl em_of_university_student_mental_health.pdf

Veness, B (2017, 30 June – 1 July). *The Wicked Problem of University Student Mental Health.* PowerPoint presented at the Inaugural Australasian Mental Health and Higher O'Hagan Education Conference Townsville, Qld, Australia. Retrieved from https://www.jcu.edu.au/__data/assets/pdf_file/0007/517633/Dr-Ben-Veness.pdf

Venville, A., Mealings, M., Ennals, P., Oates, J., Fossey, E., Douglas, J., & Bigby, C. (2016). Supporting students with invisible disabilities: A scoping review of postsecondary education for students with mental illness or an acquired brain injury. International Journal of Disability, Development and Education, 63(6), 571-592.

Walker, C., & Gleaves, A. (2016). Constructing the caring higher education teacher: A Theoretical framework. *Teaching and Teacher Education, 54*, 65-76. doi:10.1016/j.tate.2015.11.013

World Health Organization. (2013). *Mental health action plan 2013–2020*. Geneva, SW: Author.

Wubbolding, R., Brickell, J., Imhof, L., Kim, R., Lojk, L., & Al-Rashidi, B. (2004). Realitytherapy: A global perspective. *International Journal for the Advancement of Counselling,* 26(3), 219-228. Retrieved from doi:10.1023/B:ADCO.0000035526.02422.0d

Wubbolding, R. E., Casstevens, W. J., & Fulkerson, M. H. (2017). Using the WDEP system of reality therapy to support Person-Centered treatment planning. *Journal of Counseling & Development, 95*(4), 472-477. doi:10.1002/jcad.12162

Zochil, M. L., & Thorsteinsson, E. B. (2018). Exploring poor sleep, mental health, and help-seeking intention in university students. *Australian Journal of Psychology, 70*(1), 41-47. doi:10.1111/ajpy.12160