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Policies and Strategies to Promote Optimal Mental Health of Australian University Students: A Document Review

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ABSTRACT

Issue Addressed: University students experience higher rates of poor mental health compared with the general adult population. In 2022, Orygen released the University Mental Health Framework (the Framework) to guide universities on creating mentally healthy universities. This document review assesses the extent to which Australian universities' current policies or strategies align with the Framework.

Methods: A systematic search of all Australian universities' websites was undertaken in January 2024. Results that met the inclusion criteria had data extracted for alignment with the six principles of the Framework. The policy was scored a 0 if the principle was absent/not considered, 1 if it was partially considered, and 2 if all aspects were considered. Each policy received a total score from 0 to 12 for alignment with the Framework principles.

Results: Twenty-five of the 39 Australian universities (64%) had a policy/strategy publicly available on their website focused on promoting optimal mental health of students. The mean score for alignment with the Framework principles was 3.9 ± 3.9 (Range 0–12). Principle 5, which focuses on students' access to services, was the most considered ($n = 23$, 58.9%) Principle 4, which focuses on collaborative and coordinated actions, was the least considered ($n = 13$, 33%).

Conclusions: This document review demonstrates the considerable scope and opportunity to improve the policies and strategies currently being implemented across Australian universities to support the mental health of students. Universities and the mental health sector therefore should work collectively, alongside students, to guide mental health policy development in the university setting.

1 | Introduction

Approximately half a million students commence tertiary education each year at one of the 39 universities in Australia, totalling around 1.43 million student enrolments at any one time [1]. Most recent data suggest around 13%–15% of commencing students drop out within the first year of study, with 70%–80% of commencing students going on to graduation [2]. One of the main reasons cited for university drop-out is stress or poor health [3]. While there is no routinely collected

data on the mental health of Australian university students, there are several individual studies that have reported high rates of psychological distress and mental ill-health among students [4–6]. For example, a cross-sectional survey of 3077 Australian students found that 37.6% of students reported high or very high risk of psychological distress [7], compared with 15.4% of the general adult population in Australia [8]. Another survey of 14 880 Australian university students estimated that 29% of participants experienced moderate to severe depressive symptoms and 23% moderate to severe anxiety symptoms [9]. Previous research also suggests that some student sub-groups are at increased risk of experiencing poor mental health and psychological well-being, including students from rural/regional areas, from lower socio-economic backgrounds and those with physical disabilities. These student sub-groups parallel those historically under-represented in tertiary education in Australia and are at higher risk of drop-out [10, 11].

The 2020 Productivity Commission's Inquiry into Mental Health in Australia [12]. Acknowledged the need to prioritise supporting the mental health of Australian university students. One of the 24 recommendations to Australian and State and Territory Governments was to *support the mental health of tertiary students* (Recommendation 6) [12]. The third action (Action 6.3 *Student mental health and well-being strategies in tertiary education institutions*) outlined that the Australian Government should update the Higher Education Standards Framework with the requirement to have a student mental health and well-being strategy. However, no such amendments were made to the 2021 Higher Education Standards Framework [13]. Instead, the Australian Government Department of Health provided funding to Orygen, a youth mental health organisation, to develop an evidence-based guide for universities. The University Mental Health Framework [14] was released by Orygen in 2020. The Framework outlines six principles, centred around the vision of: '*Mentally healthy universities supporting student mental health and well-being in collaboration with the mental health sector*'.

Use and application of the University Mental Health Framework by Australian universities is voluntary. The Higher Education Standard Framework, however, does include a section on well-being and safety, whereby universities are required to '*provide timely and accurate advice on access to student support services and to promote and foster a safe environment on campus and online*' [15]. However, to the authors' knowledge, there has been no previous evaluation of mental health policies or strategies at Australian universities, and the extent to which universities are satisfying the recommendations in the framework. Such an evaluation would provide new knowledge on the use of the University Mental Health Framework, highlight areas of strength in mental health policy and strategy in Australian universities, as well as areas for improvement, and provide overall insight into the success of a non-mandatory approach to the development of mental health policy or strategy in the university environment. Therefore, the aim of the review was to assess the extent to which Australian universities' current policies or strategies align with the principles of the Australian University Mental Health Framework. As a secondary aim, sub-group analyses exploring differences in alignment with the principles, by universities' participation rates of key equity groups, at greater risk of poor mental health and/or university drop-out was conducted.

2 | Methods

2.1 | Search Strategy

We conducted a comprehensive search of publicly available information about Australian universities' mental health policies and strategies in January 2024. The 39 Australian universities were identified from the Australian University Profiles 2024 (https://universitiesaustralia.edu.au/our-universities/university-profiles/). A systematic approach was used to locate policies or strategies on each university's website. Firstly, if a university website had a policy library/registry, it was searched using the key terms: mental health OR well-being. The first 20 unique results of the search were considered for inclusion. If a university website had a policy library, but there was no search function, then each individual policy in the library was accessed, and the search function used to locate the key terms: 'mental health' or 'well-being'. The policy was considered for inclusion if at least one key term was present. Secondly, the university website search function was used, using the following keywords: mental health OR well-being AND policy OR strategy. The first 20 unique results of the search were considered for inclusion with anything beyond the first 20 records deemed irrelevant. The results from the search were added to a Microsoft Excel spreadsheet, including the link to the policy or strategy document.

2.2 | Eligibility Criteria

To be included in the review, the following criteria needed to be met:

- It was a policy or strategy, whereby policy or strategy was defined as a mandatory and formal statement developed to guide, regulate, direct, control, and inform university operations and decision making.
- The policy or strategy needed to be current, meaning that the implementation date had to be included, and be inclusive of 2024.
- The policy or strategy needed to be targeted to students, staff and students of the university.
- The policy or strategy needed to focus on promoting optimal mental health. This meant the predominant purpose or focus of the policy or strategy needed to be improving mental health of students through treatment or prevention of mental ill health or promoting mental well-being.

2.3 | Screening

The policy/strategy (title and full text) were screened against the eligibility criteria by one independent reviewer, with

reasons for exclusion recorded. Any policies/strategies where the reviewer was uncertain whether they met the eligibility criteria were checked by a second independent reviewer. For consistency, and to reduce bias, the second reviewer also independently screened a randomly selected 10% of the records against the criteria. The accuracy of the original screening was confirmed with 99% agreement on individual reasons for inclusion/exclusion (87/88 items), and 100% agreement on inclusion/exclusion.

2.4 | Data Extraction

Data were extracted in Microsoft Excel using a data extraction form created for the review.

Data were extracted from each policy by one reviewer by reading the full policy to elicit the required data. A second independent reviewer also read the full policy, and checked the data extracted by the first reviewer for accuracy. Any disagreements were overcome by discussion with a third reviewer. The following data were extracted:

- Key policy/strategy characteristics: target audience (i.e., students only, or staff and students), currency (i.e., years of implementation) and development and implementation processes (i.e., who developed, and implemented the policy).
- Alignment with principles of the Australian University Mental Health Framework [14], where each principle was scored on a scale where 0 indicated the principle was absent/not considered in the policy/strategy, 1 indicated partial consideration of the principle (i.e., some parts of the principle were considered but not all), and 2 indicated all aspects of the principle were considered. Each policy/strategy received a total score ranging from 0 to 12 for its alignment to the principles. This scoring system was designed by the authors for the purposes of this review.

2.5 | Synthesis of Results

The data on the alignment with the principles of the Australian University Mental Health Framework was first evaluated at the individual university level. If more than one current policy/strategy was identified from an individual university, both were scored and the policy/strategy that scored highest for its alignment to the principles was included in the synthesis. A descriptive analysis was undertaken to report the number of Australian universities with a mental health policy/strategy, key characteristics of the policies/strategies, alignment with the six principles of the Australian University Mental Health Framework and mean total score. Sub-group analyses were undertaken, whereby each university was assigned a quartile based on the participation rates (i.e., number of enrolments) of key equity groups (i.e., low socioeconomic students, students with disability, First nations students, regional and remote students, first in family students, women in non-traditional areas (WINTA) and students from non-English speaking backgrounds), as well as the overall proportion of students in at least one of the equity groups. These data were obtained from the Australian Centre for Student Equity and Success Interactive Tool [16] which draws data from the Australian Government Department of Education's Higher Education Student Data Collection 2023 [1]. The policy scores were compared across equity group quartiles, using Kruskal–Wallis equality of populations rank tests. Post hoc comparisons used the Dunn's method with a Bonferroni correction. Statistical analysis was completed using STATA IC16.

3 | Results

The search located 222 policies or strategies, of which 42 met the eligibility criteria and data were extracted. At least one policy or strategy was identified from 25 of the 39 Australian universities (64.1%). Thirteen universities had one policy or strategy that met inclusion criteria, seven had two and five had three. As per the a priori protocol, for the universities with more than one policy or strategy that met the inclusion criteria, the policy or strategy with the highest score for alignment with the Australian University Mental Health Framework was included in the synthesis. Therefore 25 policies/strategies were included in the remainder of the analysis. Data on the individual policy characteristics and alignment with the Framework are presented in the Supporting Information.

3.1 | Characteristics of the Included Policies/Strategies

Of the 25 policies/strategies, nine (36%) targeted students only, with the remainder ($n = 16$, 64%) targeting both staff and students (Table 1). Many policies/strategies ($n = 11$, 44%) did not state who developed the policy/strategy, whereas others ($n = 11$, 44%) indicated that the Deputy Vice Chancellor or President of the university were responsible for policy implementation.

3.2 | Alignment With Principles of the Australian University Mental Health Framework

When considering all 39 Australian universities, the mean (SD) score for alignment with the principles of the Australian University Mental Health Framework was 3.9 (3.9); when only considering the 25 universities with an existing policy/strategy, the mean (SD) score was 6.0 (3.3) out of a possible 12 (Table 2).

Overall, Principle 5 was most frequently addressed in the policy/strategy ($n = 23$, 59.0%), which focuses on access to services and supports to meet mental health and well-being needs. Approximately 20% ($n = 8$) considered all aspects of this principle, whereas 39% ($n = 15$) partially considered the principle. Principle 3, which focuses on having mentally healthy university communities, was also more frequently considered ($n = 18$, 46.2%), with 12 policies/strategies considering all aspects of this principle (30.8%), and six partially considered the principle (15.4%).

Principles 1 and 4 were most commonly absent from Australian universities' policies/strategies. Only 14 policies/strategies

TABLE 1 | The number of included policies ($n = 25$) reporting their targeted audience, and who developed and implemented the policies.

		Number (%) of policies/ strategies
Target audience	Students only	9 (36%)
	Staff and students	16 (64%)
Who developed the policy	Working groups/ committees	4 (16%)
	Directors	3 (12%)
	Officers	2 (8%)
	Vice or Deputy Chancellors/ President	3 (12%)
	Other; General Counsel and stakeholders	2 (8%)
	Not stated	11 (44%)
Who had responsibility for implementation	Vice or Deputy Chancellors/ President	11 (44%)
	Directors	4 (16%)
	Working groups/ committees	3 (12%)
	General Counsel	2 (8%)
	Officers	2 (8%)
	Not stated	3 (12%)

(35.9%) considered Principle 1, which focuses on mental health and well-being approaches being informed by student perspectives. Similarly, only 13 policies/strategies (33.3%) considered collaborative and coordinated action for mental health and well-being (Principle 4).

3.3 | Differences in Alignment With the Principles, by Universities Student Participation Rates of Key Equity Groups

There was a significant difference in scores across quartiles of participation rates of students from non-English speaking backgrounds, $X^2(3) = 8.816$ ($p = 0.03$) (Table 3). The median scores for alignment with the principles of the mental health framework were 3.5 for quartile 1 (0.25%–2.14% students from NESB), 2 for quartile 2 (2.24%–3.09%), 0 for quartile 3 (3.1%–3.97%) and 7 for quartile 4 (4.15%–7.48%). Post hoc comparisons indicated that the median score of 0 for quartile 3 was significantly lower than the median score of 7 for quartile 4 ($p = 0.01$). There was no other significant difference in median scores between other quartiles.

There were no significant differences in scores for alignment with the principles of the Mental Health Framework across quartiles of participation rates of all other equity groups (i.e., low socio-economic, students with disability, First Nations students, regional and remote students, WINTA and overall equity participation).

4 | Discussion

This document review demonstrates that in January 2024, two-thirds of Australian universities had a public facing and accessible policy or strategy that focused on some element of student mental health. However, generally there is a lack of alignment between the current policies and strategies, and the principles of the Australian University Mental Health Framework. In addition, alignment of the policy or strategy with the framework was largely inconsistent across universities, irrespective of their participation rates of key equity groups commonly associated with poorer mental health.

A previous review of Australian university policies and strategies relating to mental health and well-being conducted in August 2021 identified 20 policies or strategies [17]; in comparison, the current review located 25 policies or strategies. Although the search strategies across the two reviews were not consistent, this suggests a potential improvement in the number of Australian universities with a mental health policy or strategy in the 3-year period between the reviews. Given the 2020 release date of the Framework, these findings indicate that policy changes may have been enacted in response to its release. Consistent with the previous review, our inclusion criteria were broad, meaning only a small proportion of included policies (36%) specifically focused on students. Further, the current review highlights there are potentially 14 Australian universities that do not have a public facing mental health policy or strategy. These universities should therefore develop or make public facing a policy or strategy focused on supporting the mental health of students. It also highlights the potential to improve the existing policies or strategies to have a specific focus on students' mental health and well-being.

The current review has highlighted there is poor alignment of policies and strategies with the University Mental Health Framework across all Australian universities (average alignment score of 3.9 out of 12) and inconsistency in the alignment with across Australian universities (scored ranged from 0 to 12). Furthermore, for many of the principles of the Framework (Principle 1, 2, 5 and 6) even if considered within the policy or strategy, it was more often only partially considered. Given the Framework was released in 2020, and the current review conducted in 2024, greater uptake of the Framework principles may be anticipated. However, given the voluntary nature of the Framework, the lack of alignment is somewhat expected. Overall, the lack of alignment confirms that Australian university mental health policy and strategy are inconsistent with evidence- and sector-informed recommendations for how student mental health should be supported in this setting. Our findings are not unique to Australia. For example, in the UK a number of non-mandatory frameworks have been developed to guide the university sector (e.g., Step Change: Mentally Healthy Universities [18], University Mental Health Charter [19]). While a survey of higher education providers in the UK demonstrates

TABLE 2 | Alignment with principles of the Australian University Mental Health Framework.

		All universities ($n = 39$)	Universities with a policy/strategy ($n = 25$)
Total alignment with principles	Mean (SD) score	3.9 (3.9)	6.0 (SD 3.3)
	Median (IQR)	3 (0–7)	5 (3–8)
	Range	0–12	1–12
Principle 1: The student experience is enhanced through mental health and well-being approaches that are informed by students' needs, perspectives and the reality of their experiences.	Absent/not considered, *n* (%)	25 (64.1%)	11 (44.0%)
	Partial consideration, *n* (%)	9 (23.1%)	9 (36.0%)
	All aspects considered, *n* (%)	5 (12.8%)	5 (20.0%)
Principle 2: All members of the university community contribute to learning environments that enhance student mental health and well-being.	Absent/not considered, *n* (%)	21 (53.8%)	7 (28.0%)
	Partial consideration, *n* (%)	10 (25.6%)	10 (40.0%)
	All aspects considered, *n* (%)	8 (20.5%)	8 (32.0%)
Principle 3: Mentally healthy university communities encourage participation; foster a diverse, inclusive environment; promote connectedness; and support academic and personal achievement.	Absent/not considered, *n* (%)	21 (53.9%)	7 (28.0%)
	Partial consideration, *n* (%)	6 (15.4%)	6 (24.0%)
	All aspects considered, *n* (%)	12 (30.8%)	12 (48.0%)
Principle 4: The response to mental health and well-being is strengthened through collaboration and coordinated actions.	Absent/not considered, *n* (%)	26 (66.7%)	12 (48.0%)
	Partial consideration, *n* (%)	6 (15.4%)	6 (24.0%)
	All aspects considered, *n* (%)	7 (17.9%)	7 (28.0%)
Principle 5: Students are able to access appropriate, effective, timely services and supports to meet their mental health and well-being needs.	Absent/not considered, *n* (%)	16 (41%)	2 (8.0%)
	Partial consideration, *n* (%)	15 (38.5%)	15 (60.0%)
	All aspects considered, *n* (%)	8 (20.5%)	8 (32.0%)
Principle 6: Continuous improvement and innovation is informed by evidence and helps build an understanding of what works for student mental health and well-being.	Absent/not considered, *n* (%)	20 (51.3%)	6 (24.0%)
	Partial consideration, *n* (%)	13 (33.3%)	13 (52.0%)
	All aspects considered, *n* (%)	6 (15.4%)	6 (24.0%)

improvements in the number reporting a dedicated mental health or well-being strategy from 2019 to 2022 (52%–66%) only 50% of those with a strategy used one of the evidence-based frameworks to inform the strategy [20]. Several other countries have also released similar frameworks (e.g., Canada's National Standard for Mental Health and Well-being for Post-Secondary Students [21]) but there is limited data available on their use and uptake. Therefore, there is a need for improved monitoring and/or regulation of evidence-based mental health frameworks in the university sector, in Australia and globally.

The current review highlights that Principle 5 of the Framework was considered within most included policies/strategies ($n = 23$, 59%). Principle 5 focuses on students having access to 'appropriate, effective and timely services'. This result is expected given its close alignment with the Higher Education Standards Framework Threshold Standards [13] which also focus on access to support services. However, we found only 20% of universities policies considered all aspects of the Frameworks principle, with 39% partially considering. This result highlights the key differences between the Higher Education Standards Framework Threshold Standards and the Framework. The standards focus on students being advised of who to contact and what support services are available, and timely and accurate advice on access to these services. Whereas the Framework takes a broader focus, including support to navigate services, as well as appropriateness and accessibility of those support services to the student population (e.g., use of integrated services, provision of a range of targeted strategies for early intervention, as well as for students at increased risk of poor mental health). Therefore, the findings highlight the need for university mental health policy or strategy to take a broader approach, beyond simply informing students of the support services that are available. Previous research has demonstrated low rates of access of counselling and other support services by university students [9]. A recent survey involving over 12000 Australian university students found 61% of students were aware of counselling and psychological service availability at their university, but only 12% had accessed. This was despite the same survey reporting 29% of the sample experienced moderate to severe depressive symptoms, 23% moderate to severe anxiety symptoms and 66% reported at least one academic stressor (e.g., exam anxiety, difficulty coping with study) [9]. Therefore to appropriately address the mental health of university students, university approaches to mental health policy or strategy need to move beyond the responsibility being placed on students to seek support.

TABLE 3 | Median (IQR) scores for alignment with principles of the Australian University Mental Health Framework, by quartiles of participation rates of students in key equity groups.

Students from low SES areas				
Quartile 1 ($n=10$) 2.72%–10.33% participation rate	Quartile 2 ($n=10$) 10.74%–17.91%	Quartile 3 ($n=10$) 18.55%–25.26%	Quartile 4 ($n=9$) 26.02%–45.86%	Kruska–Wallis equality of populations rank test
4.5 (0.7)	3 (0.10)	3.5 (2.7)	0 (0.3)	X^2 (3) = 2.685, $p=0.4428$
Students with a disability				
Quartile 1 ($n=10$) 4.63%–9.29% participation rate	Quartile 2 ($n=10$) 9.34%–11.23%	Quartile 3 ($n=10$) 11.63%–14.71%	Quartile 4 ($n=10$) 15.16%–22.44%	Kruskal–Wallis equality of populations rank test
5 (2.11)	3 (0.5)	2.5 (0.7)	1 (0.7)	X^2 (3) = 3.256, $p=0.3539$
First nations students				
Quartile 1 ($n=10$) 0.5%–1.2% participation rate	Quartile 2 ($n=10$) 1.22%–2.23%	Quartile 3 ($n=10$) 2.24%–4.23%	Quartile 4 ($n=9$) 4.94%–10.93%	Kruskal–Wallis equality of populations rank test
5.5 (1.7)	0 (0.2)	3.5 (2.7)	3 (0.7)	X^2 (3) = 5.821, $p=0.1206$
Women in non-traditional areas of study				
Quartile 1 ($n=10$) 5.07%–10.87% participation rate	Quartile 2 ($n=10$) 11.54%–14.64%	Quartile 3 ($n=10$) 14.71%–21.4%	Quartile 4 ($n=9$) 22.02%–33.4%	Kruskal–Wallis equality of populations rank test
3.5 (0.10)	2.5 (0.7)	1.5 (0.5)	5 (1.7)	X^2 (3) = 2.096, $p=0.5530$
Students from regional or remote areas				
Quartile 1 ($n=10$) 2.8%–10.26% participation rate	Quartile 2 ($n=10$) 10.45%–15.96%	Quartile 3 ($n=10$) 16.47%–26.29%	Quartile 4 ($n=9$) 40.65%–83.51%	Kruskal–Wallis equality of populations rank test
4 (0.7)	3 (0.10)	0 (0.2)	6 (4.8)	X^2 (3) = 1.778, $p=0.6198$
Students from non-English speaking backgrounds				
Quartile 1 ($n=11$) 0.25%–2.14% participation rate	Quartile 2 ($n=9$) 2.24%–3.09%	Quartile 3 ($n=10$) 3.1%–3.97%	Quartile 4 ($n=9$) 4.15%–7.48%	Kruskal–Wallis equality of populations rank test
3.5 (0–7)	2 (0–7)	0 (0–2)	7 (5–11)	X^2 (3) = 8.816 $p=0.0318$
First in family				
Quartile 1 ($n=10$) 10.56%–23.87% participation rate	Quartile 2 ($n=10$) 25.77%–35.24%	Quartile 3 ($n=10$) 35.62%–41.55%	Quartile 4 ($n=9$) 42.01%–49.81%	Kruskal–Wallis equality of populations rank test
4.5 (0.7)	2.5 (0.7)	3 (0.5)	3 (0.10)	X^2 (3) = 0.080, $p=0.9942$
Overall equity groups				
Quartile 1 ($n=10$) 19.1%–28.02% participation rate	Quartile 2 ($n=10$) 28.17%–36.16%	Quartile 3 ($n=10$) 36.42%–50.35%	Quartile 4 ($n=9$) 53.56%–86.75%	Kruskal–Wallis equality of populations rank test
5 (0.7)	1.5 (0.11)	2.5 (0.4)	3 (0.7)	X^2 (3) = 0.859, $p=0.8353$

The need for a more comprehensive approach to be taken within university mental health policies or strategies is further highlighted by the finding that Principle 1 of the Framework was considered by few policies/strategies ($n=14$, 35.9%). This principle focuses on mental health and well-being approaches being informed by the needs of students. Given that the Higher Education Standards Framework Threshold Standards [13] highlights the importance of services being informed by the needs of student cohorts, this result is somewhat unexpected. However, Australian universities have previously reported they

do not believe universities have access to sufficient information about the health and well-being of their student population to inform the implementation of effective policies and practices [22]. Notably, many (11/25) of the included policies/strategies did not state who was involved in the development of the policy or strategy, and none specifically stated that students were involved in the development or implementation of the policy or strategy. Collectively, these findings highlight how essential it is for universities to consider the needs of their students when developing mental health policy or strategy. This includes universities having access to data on the mental health of their student population, to allow policies and strategies to be evidence informed. But also includes co-designing the policies and strategies with students, including those with lived experience of mental ill-health. Co-design of policies and strategies has been integrated as an essential part of the development of national and state government mental health approaches [23–25], as well as across the mental health sector. A strategy to facilitate co-design of university policy with students that also aligns with one of the Framework principles that was poorly considered (Principle 4)), would be for the mental health sector and universities to work more collaboratively in the development and implementation of student mental health policies and strategies. The mental health sector could provide invaluable expertise in the evidence-based approaches to treatment and prevention of mental ill-health, and promoting mental well-being within the university setting, as well as approaches to co-design of the policies and strategies. This could be enacted by universities, but equally by the mental health sector, and particularly those who focus on youth mental health, seeking out new or broader partnerships with Australian universities.

The current review also found that the alignment of universities policies or strategies with the Framework did not differ based on the participation rates of most equity groups. However, given the higher rates of poor mental health and/or university dropout observed in many of these equity groups, universities with higher participation rates would ideally have a stronger focus on student mental health and well-being, and therefore closer alignment with the Framework. Notably, there was a significant difference in alignment scores based on the participation rates of students from non-English speaking backgrounds, whereby the policies/strategies from universities with the highest participation rate (4.2%–7.5%) of students from non-English speaking backgrounds were significantly higher than those with the next highest participation rate (3.1%–3.97%). There were, however, no differences in alignment scores between those with the highest and lowest participation rates of students from non-English speaking backgrounds. Given the known high rates of psychological distress and poor mental health among international students, particularly during and following the COVID-19 pandemic [14, 26], stronger alignment of policies and strategies from universities with the highest participation rates of students from non-English speaking backgrounds may demonstrate a greater focus on mental health in these institutions. This, however, is inconsistent with a recent review of Australian universities' mental health strategies, and their focus on international students. They found only three universities had substantial international student-related content, eight superficial content, nine no content, and 17 had no strategy [27]. Overall, our findings further highlight the necessity for students' needs to be considered in the development of university mental health policies or strategies. Most importantly, the most vulnerable students, including those from equity groups, must be represented in policy development. The Australian University Accord, which reviewed the higher education system in Australia in 2022–23, made 47 recommendations to the Australian government [28]. At the core of the recommendations was a more equitable tertiary education system, including higher participation, and therefore completion rates from those groups historically under-represented in higher education. To achieve this, Australian universities must consider the support needs of these students, including mental health and well-being support.

5 | Strengths and Limitations

This document review systematically located and evaluated Australian university mental health policies and strategies. We used a robust methodology, including a pre-defined search strategy and inclusion criteria. However, it is possible that all policies/strategies were not located. This is because the search was limited to policies/strategies publicly available on university websites, and universities were not contacted to confirm the existence of a policy/strategy. The scoring system to determine alignment with Framework was developed by the research team. Due to the nature of the Framework, and the scoring system for each principle (i.e., not considered, partial consideration and all aspects considered) there was likely subjectivity in the scoring of Framework alignment. However, data extraction was completed by two independent reviewers to reduce the bias associated with the potential subjectivity of the scoring system. Furthermore, it was decided a priori that only one policy/strategy would be included in the analysis from each university. However, 12 universities had more than one policy/strategy. While we included the policy/strategy in the analysis that best aligned with the Framework, it is possible that the excluded policy/strategy aligned with other principles of the Framework. This review also only focused on policy/strategy documents; therefore, it does not assess implementation of the stated policy/strategy, or the impact of the policy/strategy on student mental health, which may differ.

Overall, the findings of this review highlight the immense opportunity to improve the policies and strategies within Australian universities to support optimal mental health of students. When released, the University Mental Health Framework was accompanied by a range of case studies to highlight good practice initiatives. There is potential to highlight examples of policies/strategies that are well aligned with the Framework (i.e., scored 12 in this review), as an example of good practice to other universities. Further, given the existing focus on well-being within the Higher Education Standards Framework, there is opportunity for the Tertiary Education Quality and Standards Agency (TESQA) to provide more comprehensive standards related to student mental health and well-being, including the requirement for Australian universities to have a policy or strategy that is consistent with the evidence-based Framework. There is also enormous scope for greater collaboration internally within universities (e.g., student support, academic staff, students),

between universities and the mental health sector, as well as across the 39 universities. A previous survey of DVC-A from Australian universities highlighted that only 18% agreed that universities have sufficient resources to support the health and well-being of their students [22]. Therefore, there are significant benefits to more collaborative practice, as it will facilitate the sharing of resources, which in turn would improve efficiency and avoid duplication across the sector. Most importantly, student voices, including those students most vulnerable to poor mental health (e.g., those with lived experience, or from groups at higher risk, such as international students, students from rural/regional areas, or those from lower socio-economic backgrounds), need to be part of the development and implementation of university mental health policy and strategy in Australia.

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Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data that supports the findings of this study are available in the Supporting Information of this article.

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Supporting Information

Additional supporting information can be found online in the Supporting Information section.