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Editorial

I am sure that all readers of JANZSSA are familiar with many individual stories of student resilience. Hearing these stories and being in a position to encourage students to achieve their goals and dreams despite the barriers in their way, is often the most rewarding aspects of our particular roles. Judy Wright sets the tone for this edition of JANZSSA with her refereed article on the importance of student stories of determination and resilience and the ways in which these stories can be used to validate the experiences of other students and encourage their own resilience, thereby strengthening their determination to succeed.

The importance of student narratives is also the theme of Eva Marie Seeto and her colleague's case example. Student stories can illustrate the difficulties faced by those with mental disorders and, as a result, specific programs to meet their needs can be initiated. The recently released book by Cathy Stone and Sarah O'Shea, reviewed in this edition by Marcia Devlin and Josephine May, features the personal stories of mature-age female students, providing more examples of the determination and resilience that we meet amongst the students with whom we are privileged to have contact.

The particular barriers faced by many students are highlighted in other articles, such as Judy Wright's second article in this edition on students and domestic violence, Patrick O'Keeffe's article on the barriers facing students with mental illness and Heather McLeod and Julie Harrison's case example on students with Asperger's Syndrome. Meanwhile Marina Zochil discusses the piloting of a scale in development which may have the potential to assist in the early identification of student lifestyles which could be contributing to mental health issues.

Christie White has contributed an interesting and engaging report on her experiences and observations of the Global Summit of Student Affairs and Services held in Washington, USA in 2012, which Christie attended on behalf of ANZSSA. Christie provides important feedback to the ANZSSA membership and all readers of JANZSSA about the current status and role of University Student Affairs and Student Services across more than 20 different countries.

Finally, one of our international ANZSSA members, Stuart Brown, has contributed what we are calling a "Conversation Piece" from his home town in Connecticut, USA. We invite others to continue the conversation in our next edition, on any topic that interests you!

Heartfelt thanks go to each of the authors who has contributed to this edition. Once again, we encourage others to consider submitting articles, either to be peer reviewed or not, best practice case examples, book reviews, reports and conversation pieces, for the next edition due out in October this year. Guidelines for submission can be found at the back of the journal. Meanwhile, we hope you enjoy this edition of JANZSSA.

Cathy Stone
Annie Andrews
Co-editors, JANZSSA

Refereed Article

Determined to Succeed: Researching Student Stories of Resilience

Judy Wright, Renee Goosen, Joanna Callaghan
Student Counsellors, Office of Student Success
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Abstract

To respond to an identified gap in the literature, a qualitative research project was developed to explore if students had stories around continuing to study despite having experienced significant challenges and to locate what supported these students to avoid 'dropping out'. Meaning attribution was also explored, along with seeing if students had advice for others. This article reports on the project, the relevant literature, research methodology and findings. The results confirmed that students who experience significant challenges do have stories to tell, and that they are keen to give advice for the benefit of others. Thematic analysis of the research data showed that the two main factors of 'determination' and 'support' were important to students' continuation in courses, and that student services play a vital role in this. The data also showed that 'determination' was the preferred student language for attributing meaning to what they had done, and the clinical application of this is discussed. A major research outcome was the publication of the book - 'Determined to Succeed' in print and on-line formats (see www.acu.edu.au\determinedtosucceed*). Converting the 'Determined to Succeed' book to an e-book positioned the student stories in the public domain, increasing access to the resource and contributing to student retention, all of which makes a valuable contribution to the tertiary education sector.*

Key words: Student stories; significant challenges; determination; retention; technology; e-book.

Introduction

During the life of a university student, unexpected psycho-social challenges can often occur. Stallman (2010) reported that Australian students presenting to a university health service had a higher incidence of mental health problems compared with the general population. Other studies have supported this, with findings showing that students can experience multiple psycho-social issues with effects on their tertiary experience and performance (Andrews & Chong, 2011; Lantz, 2005; Nelson, Duncan, & Clarke, 2009; Vivekananda, Telley & Trethowan, 2011).

Targeted specialist programs to support students with psychiatric disabilities to increase retention have particular relevance as more students with mental health issues are enrolling in higher education (Hartley, 2010; Eisenberg, Golberstein, & Gollust, 2007; Stallman, 2009). Little is known about the impact of these programs on the ability of tertiary sector Student Services to adequately respond to the needs of these students (Simpson & Ferguson, 2012) especially given the predicted increase of low socio-economically disadvantaged students in Australian tertiary institutions (Bradley, 2008).

The links between student experiences of psychosocial issues and academic performance is an important issue that has had considerable focus, including the promotion of specific strategies to target at-risk students in order to increase their retention (Assiter & Gibbs, 2007; Elliott, Roberts, & Guy, 2009; Krause, 2005; Norton, 2010; Woodbridge & Osmond, 2009). Studies specifically focussing on the needs and experiences of higher education international students also indicate that identified strategies are needed to enhance well-health and academic performance (Butcher & McGrath, 2004; Rosenthal, Russell, & Thomson, 2006; Sawir, Marginson, Deumert, Nyland, & Ramia, 2007).

In reviewing this important literature (Chenail, Cooper & Desir, 2010) what emerges is a gap in the literature in the tertiary sector around the documentation of student stories where experiences of significant challenges has been the major focus. The use of story-telling as a research approach has been extensively used in nursing (Blogg & Hyde, 2008; Chelf, Deshler, Hillman & Durazo-Arvizu, 2000; Dietsch, Shackleton, Davies, Alston, & McLeod, 2010), in narrative therapy (Bird, 2004; White, 2004; White & Epston, 1989) around indigenous issues (Toombs & Gorman 2010; Wingard

& Lester, 2001) and Saleebey (2006) promotes story-telling as a way to value and affirm the lived experience of marginalised groups.

In the tertiary sector, there is much less use of student stories. Vivekananda and Shores (1996) presented Australian student stories of success in a personal narrative style, whilst O'Shea (2007) used a narrative approach to report on the experiences of first year first in family female students to attend university. In particular, Griffith University (O'Neill, 2011) published career success stories of Aboriginal and Torres Strait Islander graduates who also mentioned personal challenges they faced whilst studying and what supported their successful course completion. This Australian publication is a highly valuable resource and sets a benchmark for other research in the storytelling genre.

Given the technological developments of recent years, the online medium is increasingly being used by Student Services for student support, engagement, connection and communication (Jenness, 2011; Leece, 2011; Mallett, 2011; Tokatlidis, Kinna, Rousseau, Lulla, & Wilson, 2011). This gives rise to the challenge of providing more online options for easy access by students in psychological distress and who otherwise may not access face to face student support services (Ryan, Shochet, & Stallman, 2010) including the documentation of student stories where significant challenges have been experienced.

University counsellors hold a privileged position to witness what can be seen as student stories of resilience especially where significant challenges have been experienced. This research aimed to document student stories with this focus, to consult students about what supported them to continue studying rather than 'drop-out', to see if students had advice for others and to explore the meaning attribution students had for what they had done. The research also aimed to develop a book of these student stories for use in the public domain in order to inspire and encourage others to reduce isolation, to increase hope and to contribute to retention.

Method

This research is a qualitative descriptive study in two parts.

Part A involved researching student stories about continuing to study despite experiencing significant challenges and what supported these students to continue rather than 'drop-out'. The research explored the meaning attribution students gave to their continuation in study and if they had advice for others. Part A included an evaluation of the participant experience.

Part B involved the development of a published book of student stories, in print and online based on the findings from the research. This became a major outcome from the research. Part B included an online evaluation of the efficacy of the book plus an analysis of access to the resource.

Part A: The Research Project

Participants

28 students (22 female, 6 male) participated in the study. A questionnaire was used to collect participant demographic information. Participants ranged in age from under 20 years to 60 years with the largest group aged between 21 and 30 years. 21 participants identified that they were born in Australia whilst 7 were born in countries other than Australia. 18 participants were undergraduates whilst 10 were enrolled in postgraduate study. 23 participants were studying full time with 5 studying part-time or online. 22 participants were mature aged students whilst 6 were school leavers. Three participants identified as being Aboriginal / Torres Strait Islander and two participants indicated that they were international students.

Design

Following Australian Catholic University (ACU) Ethics Committee approval, a research advisory committee was formed. Recruitment of participants from North Sydney and Strathfield campuses occurred through e-card, poster and brief promotion at some lectures. Other strategies included snowballing and staff promotion. 25 face to face interviews were held on campus with three phone

interviews conducted. Two participants lived in country areas and one requested a phone interview as a preference. The same questions were asked of all participants with space for individual stories to be told. Each interview was recorded with permission (100%) and later transcribed. Participants were invited to select a de-identifying name to protect privacy.

Follow-up interviews occurred with all participants approximately three months after the initial interviews. At this follow-up interview, participants checked their story (edited from the participant transcript) made any suggestions for change and authorised it going to print. Participants were invited to complete an evaluation of their experience of having been a participant in the research project. Students who participated in the research were given a $20.00 Co-Op book voucher and were offered an ACU Certificate of Participation.

Analysis

A thematic analysis approach was used to ensure that participant narratives were central to the analysis (Howitt & Cramer, 2010) and transcribing the interviews ensured that this was achieved. Analysis occurred, and validity was achieved across three levels. Firstly, the three co-researchers analysed the data from the transcripts individually. Secondly, the co-researchers came together as a group and engaged in thorough discussion and comparison, and thirdly, consultation occurred regularly with an external independent researcher. From this detailed process, a final set of themes emerged.

Measures

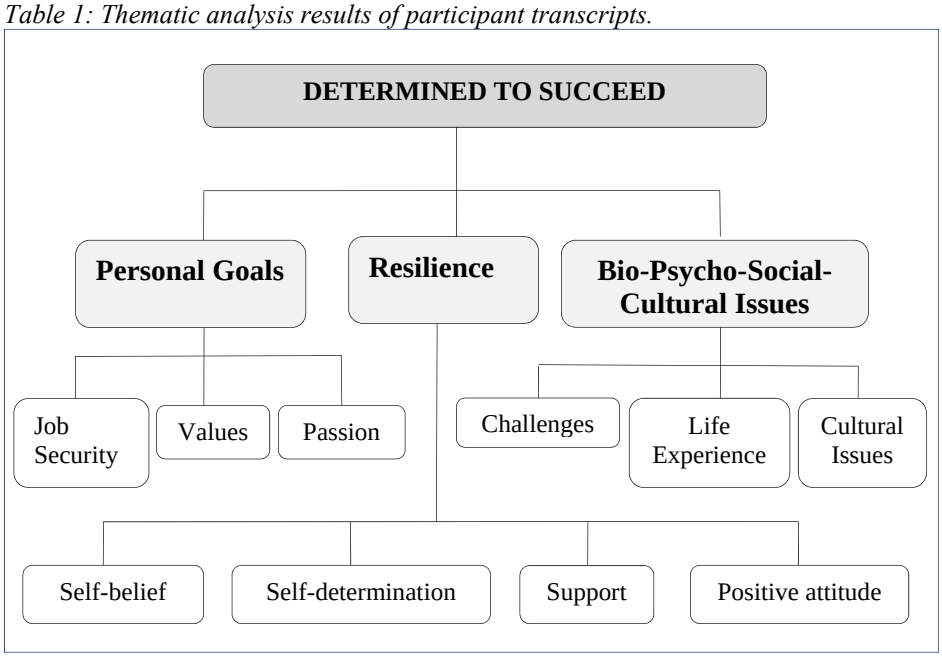
- A socio-demographic questionnaire was used prior to the recorded interview.
- Semi-structured questions were used in the participant interview situation to achieve standardisation across all participants.
- A Likert scale was used with participants at the end of their recorded interview to measure to what degree they regarded what they had done as resilience, if at all?
- A post interview questionnaire was used with all participants at a later follow-up interview to evaluate their participant experience.

Part A: The Research Project - results

Determined to Succeed - Dominant theme

The dominant theme of ‘determination to succeed’ emerged and was influenced by the related themes of personal goals, resilience and bio-psycho-social-cultural issues as can be seen in Table 1.

Table 1: Thematic analysis results of participant transcripts.



Determination was referenced by participants in a number of ways as illustrated by the following quotes:

"I would say I'm a determined person, I love challenge and I will not draw back" commented Limtek while S stressed that "I keep reminding myself, I am not a quitter". Zainabu said she called on how she "must achieve my degree. …Determination, that is the thing". Alice spoke of "Seeing that end goal keeps me going, it keeps me persevering through my hardship" and Catherine reflected that "What has kept me going is the desire to succeed". These comments and others (see the following participant quotes) illustrate significant participant motivation to overcome challenges and to achieve personal and academic goals, indicating a strong relationship between motivation and determination.

Personal goals linked the themes of job security, personal values and passions which were consistently mentioned by participants in their stories. This was especially so when participants reflected on what influenced them to enrol in university.

Job security figured strongly in the transcripts. Tina said "I wanted to get on with a career. I didn't really want to do a gap year. I just wanted to get the degree over and done with so I could get into the workforce as soon as possible" and Adam commented that "I just needed more security. I wanted a career and I thought the best way was to get a degree…"

Values were frequently referenced by participants and well illustrated by S's comments that she "grew up on a bee farm, my family are farmers and I was raised to work hard to get somewhere, to get money, to get a job. I was taught you won't get anything unless you put the effort in." Values were also represented in terms of bringing benefit to others such as Odette's comment that "What keeps me going is the thought of doing this hard stuff for someone else's benefit", as well as Louise's focus on her children in saying "I really have always wanted to get my degree. I think it gives a focus to my children that I'm putting in the effort. It inspires them".

Passion for a particular profession ranked highly as illustrated by B's comments that "I fell in love with my profession and that has helped me with my resilience." Houri's passion for teaching was illustrated in her comment that "studying Education at uni is not about the money or the holidays - it's about what I know and what I love and enjoy".

Resilience linked the themes of self-belief, self-determination, support and positive attitude, which were frequently mentioned by participants as being important to their continuation in study.

Self-belief can be seen in Will's comment that "It is important to build who you are as a person and surround yourself with things of what you want to become" and Sarah stated "…I can do this, of course I can".

Self- determination was illustrated by Rose saying "I have learnt that I have the will power to overcome stress". Bx's words that "You have to do it and you do. I think …never give up" were similar to Julia's comment that "There has been a great investment in time and money and I am not prepared to lose that. It pushes me to keep finishing".

Positive attitude was exemplified by Jane's comment that "Every time I get knocked down, I get up stronger" and Sarah's words that "I have learnt that I have a fairly good stock pile of resilience and that I have probably developed it by necessity." Penny commented that "I say to myself - I am doing my best". Sara reflected that "I became a person with a sort of identity as well. That's what sort of kept me going … knowing (that if I left) I wasn't just giving up on a degree, I was giving up on me."

Support for coping and continuing with study was identified by participants as coming from friends, family, university support services such as counselling, academic skills and disability services and from academics. A majority of participants indicated that they had accessed the ACU Office of

Student Success (OSS) with counselling being identified as being the most used service. A minority of participants indicated that they had not accessed any of the OSS services on campus. Participants advised that gaining support was a crucial part of their continuation of study. Adam referenced the support that he received from university counselling services when he said "I am not very big about talking about my problems to other people but it came to a point that I was going to leave uni. I actually came to see one of the counsellors and that was a big help."

All participants had advice for others and they enthusiastically gave this. Analysis of this advice showed that two main categories emerged with equal frequency.

- Determination such as "never give up", "look after yourself", "believe in yourself"; "just hang in there"; "recognise your weakness and strengths and go with that".
- Support included suggestions of "build allies and friends", "seek help", speak to counselling", "and talk to your lecturers", "if you need help, just call someone".

These results led to the finding that the presence of both determination *and* support are important key factors in student retention. Chloe seemed to sum this up when she said "it is important to persist with it (Uni) and make sure you get help if you need it".

Bio-psycho-social-cultural issues linked the themes of significant challenges, life experiences, and cultural issues.

Significant challenges were many and participants freely named the significant challenges they had experienced during their study. Participants were not restricted to identifying one major challenge, and could in fact mention whatever significant challenge they had experienced. More than three-quarters of participants identified mental health issues such as anxiety, depression, anorexia, suicidal thoughts, unspecified mental health condition, psychological effects from victim of crime and refugee experiences and general stress as being significant challenges. Three-quarters of participants identified work/study/life balance and parenting/carer responsibilities as being significant challenges.

More than half of participants identified grief and loss issues, family and relationship issues, health and medical issues as being significant challenges. Half of participants identified financial concerns as being a significant challenge. Less than half of participants identified legal issues, pressure to succeed at university and adjustment issues, procrastination concerns, international student and language issues, experiences of bullying and unidentified personal issues as significant challenges.

The significant challenges identified by participants are consistent with other Australian research findings. Not surprisingly, around three quarters of participants in this research identified mental health as being a challenging issue they have experienced. The following quotes from Theo and Jayne reference the dual experience of the personal challenge from mental health and unemployment and external challenges such as stigma.

"When you've had a mental condition and been unemployed for a long time, I think people can't help but look down on you. They don't realise they're doing it, but you don't get held in high regard. Apart from getting fit again and losing weight, I know when I have completed this course - inside I will feel like I'm standing so tall". Jayne commented that "depression is the biggest thing…"

Life experience was referenced frequently in the participant stories especially as many were mature aged students. Beth talked of how …"the death of my husband affected us all. I find other people think that I'm brave, but it's been the way I've coped - having uni has helped me" whilst James reflected on the challenge of "working full time and doing a course. It's a very significant challenge…and it really does become difficult - juggling things…"

Several participants spoke of medical / health issues including Emily who advised others to "turn it round into something good and make use of it" and Kuybyan who experiences tiredness from a health condition said that "…it is hard staying awake, but I just survive and keep going".

Cultural issues were illustrated by Gabriella's comments about "my parents come from a background where study wasn't such a big thing…they had a completely different education experience than I did here (at uni)". Mary Elizabeth reflected that she "always goes back to where I came from when I was growing up…when I was young and I think about how they and I lived and survived. Using personal reflection… has kept me going".

Meaning attribution

Results from the specific question around what meaning participants attributed to their continuation in study despite having experienced significant challenges and what language they would use to describe this showed that the dominant word used was 'determination'. Other derivatives of this, such as persistence, perseverance were also used. A minority of students actually used the word resilience to attribute meaning to what they had done.

The Likert scale which measured the degree to which participants regarded what they had done as resilience was administered at the completion of the recorded interview. The co-researchers selected the word resilience and results showed that half of participants rated themselves as showing resilience 'quite a bit' and 'extremely' with the large majority in this group indicating 'extremely', whilst the remaining participants (the other half) rated themselves as showing resilience 'between moderately and quite a bit' with the large majority in this group indicating 'quite a bit'. All participants rated themselves above the moderate option.

What this tells us is that the preferred participant language of determination sits within a resilient paradigm. It would seem that professionals are more likely to use the language of resilience whilst participants/students are more likely to use the language of determination.

Part A: Research project - evaluation

Post interview participant evaluation

At the follow up interview participants were invited to complete a post interview questionnaire on their research participant experience. Statistical analysis using SPSS showed the following results:

100% of participants thought that their story was important to others. "It was refreshing to have someone express an interest in my personal hardships with the intent to make things easier for those behind me".

96% of participants thought that telling their story was beneficial: "It reminded me of how much I have changed [my] relationship with [my] past"

92% of participants thought that reading their story was beneficial: "It renewed my spirit to continue"

84% of participants thought that being a participant in this research project was a validating experience: "I feel that the university has valued my contribution as a student. I'm glad I participated".

Part B: The Determined to Succeed published book

Method

Stage 1: Participant stories formed the basis of the book. Participants had previously viewed their edited stories and title and signed consent forms for publication. The co-researchers wrote a short biographical introduction based on the participant story and their demographic details provided at the first interview followed by the edited story.

Stage 2: Hot Tips was the name the co-researchers gave to the participant advice for inclusion in the published book. This was seen as affirming of participants' ability to provide valuable ideas and suggestions to others. It also reflected the importance of focusing on positive growth and ability to cope within a context of experiences of significant challenge (Saleebey 2006; Seligman, 2011; Harms, 2005).

Stage 3: ACU - Marketing and information technology services developed the book layout and design which involved regular and productive collaboration. Additionally, this service also converted the print book to an online e-book / or flip book.

Stage 4: 'Determined to Succeed' Art Competition which provided all ACU students with an opportunity to create an art work consistent with the theme determined to succeed. Terms and conditions were developed with legal consultation and overall entries numbered 15. The winning entry formed an important part of the look of the 'Determined to Succeed' publication, with the artwork acknowledged and featured on the front cover and throughout the publication.

Stage 5: Index of significant challenges is contained in the 'Determined to Succeed' publication and was developed to enhance easy reader access and identification with the issues participants named.

Stage 6: Online Qualtrics survey was developed with ACU online systems service to evaluate the efficacy of the Determined to Succeed book across a number of domains. The survey measures to what degree readers found the book useful, encouraging and influenced retention. Demographic details were collected around postcode, course, college or university and reader status, that is, student, staff, friend or other options.

Stage 7: Google Analytics was engaged to map reader entry access points, frequency of access and frequency of page views.

Stage 8: Print run of the book was small as priority was placed on the online e-book.

Stage 9: The online Determined to Succeed book was uploaded to the ACU site in November 2011.

Part B: The Determined to Succeed published book - results

Qualtrics survey results: Reader evaluations

Usage statistics

Since the publication was launched on-line in December 2011, there have been 86 surveys completed of which 55 responses are from students. The survey is voluntary and anonymous. The survey specifically asks questions about the degree to which the book is useful, encouraging (all readers) and influencing retention (student readers only)

Degree to which the book is rated as being encouraging.

Qualtrics data analysis of all reader responses shows that 100% of readers rated the publication as encouraging. Many student readers commented that they felt "less alone" after reading the book and had "more hope". Two student readers' comments taken from the Qualtrics survey illustrates this:

The book made me realise that I am not alone and that there is hope and support.

I could see a bit of myself in all of them.

Degree to which the book is rated as being useful.

97% of readers rated the book as useful. Student reader comments on the Qualtrics survey reflected the benefit of the Hot Tips section:

When in difficulties I will ask for professional help and advice.

There are ways to get help if I falter or lose my path

Staff commented that on the Qualtrics survey that they will use the book for student referrals:

It assisted in raising my awareness of the difficulties faced by many students.

Degree to which the book is rated as having influenced retention.

Of the student responses 77% of students indicated that they had thought about "dropping out" or discontinuing their studies' and of these, 95% indicated that reading the 'Determined to Succeed' publication had positively influenced them to continue on with their studies. The following student reader comments taken from the Qualtrics survey by student readers illustrate these views:

It has encouraged me that I should not give up in my study.

It means a lot to hear of real people working through struggles & giving advice.

If they can do it, there is more hope that I can as well.

Google analysis of access to the on-line book

Data from Google Analytics tells us that there were 3,565 page views of the 'Determined to Succeed' publication during the period December 2011 - 2012. Access to the publication follows a pattern consistent with higher access during peak academic periods in the Semester. Google Analytics also maps access points, which shows a variety of at least 5 web entry ports to the 'Determined to Succeed' publication. These access points include directly through the ACU home page, the ACU Counselling site, ACU LEO - Learning & Development portal, the UQ 'The Desk' site, Google, amongst others.

Limitations and future plans

Limitations included a relatively small sample size and the number of international student participants in the study was much lower than expected. In any further related research, specific marketing to international students may be needed to ensure their increased participation.

Future plans may involve the development of an on-line capacity for any students and alumni to upload their 'determined to succeed' story to a specific URL site. This would broaden the scope of the stories and experiences, be highly inclusive and would incorporate interactive and sustainable principles using 'state of the art' technology.

Discussion

This research targeted an often marginalised group of students who can be at risk of dropping out, or of feeling excluded from their university experience largely because of the weight of having to deal with significant challenges as well as academic responsibilities. The results of this research show that university students do have stories and advice around continuing to study despite experiencing significant challenges and that these narratives are important both to the students who have given them and to the benefit of other students and staff who read them. In the literature, there is minimal reference to the use of actual student stories where significant challenges have been experienced and this research contributes to filling that gap. It also makes a valuable contribution in the transfer of these stories to the web environment.

Saleebey (2006) promotes the value of stories in affirming lived experience, along with noting how stories can be lost especially those of minority groups. In many ways, students who experience significant challenges whilst studying could be regarded as being lost stories. Adding to this is the importance of giving testimony to positive and enabling ways of responding to challenges; the 'Hot Tips' sections of the publication, for example, is similar to ideas of posttraumatic growth (Harms, 2005). Exploring if students had advice for others and then placing these suggestions in the publication and therefore on the web, brought this wisdom to the general community and in so doing, became a real strength of the research.

Analysis of the students 'Hot Tips' provided evidence of the important role Student Services has in providing support to students who experience significant challenges and the strong contribution

student services makes to student retention. Recommendations to access counselling or other student services were frequently mentioned in the students 'Hot Tips' and seeking support was seen as a vital part of dealing with challenges.

The development of the online version of the student stories through publication of the *Determined to Succeed - Student Stories of Resilience e-book* (www.acu.edu.au\determinedtosucceed) has enabled wider audience access and in so doing, has provided evidence for the publication's positive contribution to student retention. This is especially so for students who may be 'personally challenged' but who do not easily access student support services and who may discontinue studying (Elliott, et al., 2009).

The 'Determined to Succeed' research and published book sit within the peer mentoring paradigm where students contribute their knowledge and experience for the benefit of others and to aid retention (Nelson, et al., 2009; Norton, 2010; Woodbridge & Osmond, 2009). Using the online medium brings this peer support within reach of many.

Conclusion

Students who have experienced significant challenge and continued studying despite these experiences were willing to tell their stories through a qualitative research process and to see their words located in the public domain.

The dominant student preferred language of 'determination' is important to factor into clinical practice in student services. There is opportunity for student counsellors and other staff in the tertiary sector to strengthen their use of the language of determination when working with students. In order to affirm and validate student preferred language and identified meaning, recommendation is made to 'think resilience but speak determination' when communicating with students.

It is the combination of determination *and* accessing support that makes a difference to student retention and this is an important research finding. This invites further research around ways to build and strengthen student determination and to provide increased support across a number of domains, especially digital.

This research and its major outcome of the 'Determined to Succeed' e-book has resulted in the stories of students who experience significant challenges being visible to a much wider audience and in so doing has made a positive difference to student levels of hope, encouragement and retention.

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Non-refereed articles

Mental Illness within Higher Education: Risk Factors, Barriers to Help Seeking and Pressures on Counselling Centres.

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Abstract

Mental illness impacts upon a significant percentage of tertiary students in Australia and the United States. The number of students with mental illness is increasing, as is the number of students experiencing serious psychological difficulties. The first onset of mental illness frequently occurring for people aged 18 to 24, which, coupled with the stress created by study and life pressures for graduate university students, ensures that students can be considered as a group which is at high risk of developing mental illness. However, the willingness of students with mental illness to voluntarily seek help remains low. Amongst other barriers, the fear of stigmatisation, and resulting self concealment of mental illness, ensures that many students with mental illness do not seek professional help. This paper contends that the provision of information on mental illness, information on campus based treatment opportunities and the creation of an open environment where mental illness can be discussed, are critical to the improvement of help seeking behaviour. However, this paper refers to data on counsellor to student ratios in Australia, as compared to the United States, which indicates that counselling centres within Australian universities may not be effectively resourced to cope with an increase in demand for counselling services.

Introduction

The mental health of university students is a matter of great concern. According to a 2010 study of 6,479 tertiary students in Australia, "The estimated prevalence for mental health problems was 19.2% with 67.4% reporting subsyndromal symptoms (Stallman 2010, p.249)." As stated by Stallman (2010, p.249) the incidences of mental health problems amongst tertiary students included in the study "were significantly higher than the general population." Similar figures can be observed in a study of 1,622 college students from four universities in the United States (Mackenzie et al., 2011, p.101). Utilising the Beck Depression Inventory, amongst other means, Mackenzie et al. (2011, p.101) found that from the sample, 25 % of men and 26 % of women exhibited strong signs of depression. Key indicators for depression amongst the sample included "Tobacco use, emotional abuse, and unwanted sexual encounters (Mackenzie et al., 2011, p.101)". Stallman (2010) identified the key challenges faced by university students in Australia as "anxiety, stress, depression, academic, and relationship problems (p.253)." She reports that these are similar findings to previous studies conducted by Jackson and Connelley (2009) and Ryan, Shochet, and Stallman (2010).

Further studies have sought to gauge the level of stress experienced by students. A 1999 study of 350,000 college freshmen, conducted by the University of California, Los Angeles (UCLA) found that 30.2 % of students "frequently felt overwhelmed by what they had to do (UCLA Higher Education Research Institute 2000)." Haas (2003, p.1228) refers to the National College Health Association (Shea, 2002), which reported heightened stress levels amongst students, with 76% of respondents stating that they felt "overwhelmed" while 22% of students declared that they were so depressed at times that they were unable to function. The relationship between depression and incapacitation amongst students is also raised by Clay (2012, p.1) who reported that 44% of students stated that they were unable to function, at times, due to depression.

Mental health of students can vary depending on the program of enrolment. Hillis et al. (2010, p.188) demonstrated that the mental health of prospective medical students matched that of the general student population. However as medical students progress through their studies, their psychological well being declines markedly in relation to that of the general student body (Hillis et al., 2010, p.188). As stated by Hillis et al. (2010, p.188), "Within the first year alone, there is a significant increase from baseline in the prevalence of stress, depression and burnout."

Students aged 18 to 24 an 'at risk' population

The stress encountered by students due to the intensity of their studies can be placing students at risk of developing a mental illness. However, factors external to study, such as the transition to living away from home, the need to develop new skills and the challenges associated with exploring their identity ensure that the experience of tertiary education can be particularly stressful (Mackenzie et al. 2011, p.102). Furthermore, the development of a mental illness in a person is often likely to occur during adolescence and young adulthood - regardless of whether that person is enrolled in tertiary study or not (Zisook et al., 2012, p.2; Stallman 2012, p.249; Massie 2008, p.632). For people coping with lifelong mental illnesses, in 75% of cases, the first onset was experienced before the age of 24 (Kessler et al., 2005). The intensity of mental illness when experienced through these earlier years is often particularly acute (Zisook et al., 2012, p.2). Specifically, Zisook et al. (2012, p.2) state that "In addition to depression, bipolar disorders, anxiety disorders, eating disorders, and schizophrenia often first manifest themselves during college years and are associated with an increased risk of suicide."

Stallman argues that the "extremely high prevalence" of mental health issues experienced by students provides sufficient evidence to suggest that this is an "at-risk" population (Stallman 2010, p.249). This indicates that young people studying in a higher education institution are highly susceptible to developing mental illness, which may persist throughout their lifetimes. The urgency of the mental health challenges faced by Australian universities is heightened by the intention of the Australian Government to ensure that increasing numbers of young people are enrolled in a bachelor degree within the Australian tertiary education system (Stallman 2012, p.249; Australian Government, 2009).

Increasing severity of mental illness among student population

The number of students seeking help for serious psychological problems is increasing in Australia and the United States, as is the number of students seeking support from campus based counselling centres (Kitzrow 2003, p.168; Stallman 2012, p.252). Eisen et al. (2009, p.455) state the in the United States, "more than 80% of counselling centre directors have consistently reported an increase over the previous 5 years in the number of students seen with serious psychological problems." Gallagher (2009) provides further evidence to support this trend in the United States, while Stallman (2012, p.251) found that 87.5% of counselling directors within Australian universities have observed an increase in the number of students seeking help for severe psychological problems. The types of support that are being sought by students are also changing, with Kitzrow (2003, p.168) referring to studies such as those by Gallagher, Sysko and Zhang (2001) and Gallagher, Gill and Sysko (2000), stating that this shift is from "more benign developmental and informational needs, to more severe psychological problems." Kitzrow (2003, p.168) refers to Pledge et al. (1998, p.387), who state that students are consistently presenting with concerns that include "suicidality, substance abuse, history of psychiatric treatment or hospitalisation, depression and anxiety." Furthermore, Stallman (2012, p.252) found that 75% of counselling directors had noticed an increase in the number of clients experiencing crises.

Depression and suicidal ideation within higher education are closely related. As mentioned by Garlow et al. (2008, p.482) "there is a strong relationship between severity of depressive symptoms and suicidal ideation in college students, and that suicidal feelings and actions are relatively common in this group." For people aged between 18 and 24 in the United States, suicide is the second most common cause of death, behind accidents (Haas et al., 2003, p.1228). According to Westefeld et al. (2005, p.643), 24% of a sample of students from within the United States had "thought about attempting suicide while in college." These are not isolated findings, with Drum et al. (2009) conducting a study which showed 18% of undergraduate students experiencing suicidal ideation, while 6% of students had seriously thought about suicide in the past year (Drum et al.,

2009). Furthermore, Mackenzie et al. found that 13% of male students, and 10% of female students experienced suicidal thoughts (2011, p.101).

According to Garlow et al. (2008, p.482) the onus is on the higher education institution "to provide effective mental health outreach and treatment services to this vulnerable population." Russell, Van Campen, Hoefle and Boor (2011) have found that the student groups most at risk of experiencing suicidal ideation include:

- commuter students
- gay, lesbian, bisexual, and transgender students
- international students

Russell et al. (2011) contend that the higher risk of suicidal ideation within these groups can be attributed to the provision of services to these groups, which are less adequate than that provided to the general student population. In terms of the risk of suicide to students of a particular age group, a seminal study conducted by Silverman, Meyer, Sloane, Raffel and Pratt (1997) found that the highest number of suicides were experienced by students in the 20 to 24 year old age group, while graduate students were most vulnerable to suicide. The behaviours or feelings closely related to suicide and suicide ideation among students have been cited as perfectionism (Hamilton and Schweitzer 2000, p.834) and hopelessness (Range and Penton 1994, p.456). The significant relationship between hopelessness, perfectionism, depression and subsequent suicide ideation has been highlighted by Chang and Rand (2000) and Rice, Leever, Christopher and Porter (2006), with the latter study finding this relationship present among a study of high achieving students.

Despite high rates of depression, suicide ideation and suicide within student populations, there is clear evidence to demonstrate that students at risk of suicide do not often voluntarily seek help. This is exemplified by a study conducted by Garlow et al. (2008, p.487), which found that:

> *Despite the potential to reduce suicide risk through treatment, there is a disconcerting lack of utilization of treatment resources by those students with suicidal ideation and depression. Remarkably, 84 % of the students with suicidal ideation and 85 % of the moderately severe to severely depressed students were not receiving any form of psychiatric treatment. The lack of engagement of psychiatric treatment is most obvious for the students with more severe symptoms of depression.*

This finding is supported by Drum et al. (2009) and Kisch, Leino and Silverman (2005). Givens and Tjia (2002) found that nearly one quarter of medical students were depressed and 26% of students had suicidal ideation; yet mental health service usage from these students remained low.

Student help seeking

The reluctance of young people coping with mental illness to seek professional help is cause for concern. In a 1994 study of young people in Australia, Rickwood and Braithwaite (1994, p.569) found that 27% of the population sampled were experiencing either moderate or severe distress. Of those experiencing distress, 23% sought no help, while only 17% sought professional help (Rickwood and Braithwaite 1994, p.569). Douglass and Islam (2007, p.7) reported similar findings, stating that while 27% of students identified themselves as suffering from anxiety and 23% of students reported to be suffering from depression, 8.5% of participants sought help from the university counsellor. The reluctance of students to seek help is highlighted by Douglass and Islam (2007, p.7), who found that 40% of students sampled reported a need for assistance in coping with emotional issues, though stated an unwillingness to seek this assistance.

Mackenzie et al. (2011, pp.102-103) refer to Garlow, Rosenberg and Moore (2008), who found that of students experiencing suicidal thoughts, only 16% were receiving treatment, while 14% of students experiencing depression were receiving treatment. Similar figures are reported by the National Centre for the Prevention of Youth Suicide (2012, p.1), who refer to findings from Drum et al. (2009) that professional help was never sought by the majority of students who had completed

suicide. This is supported by Kirsch, Leino and Silverman (2005), who contend that approximately 80% of students who had completed suicide never sought help from services provided on campus.

This presents a significant problem, as delays in seeking treatment for mental illness can have seriously adverse consequences. As Bovasso (2001, p.48) found, the longer that anxiety and depression is left untreated, the more likely a person is to develop further, new symptoms related to anxiety and depression. The urgency of seeking treatment is underscored by Eisenberg et al. (2009, p.523), who state that with mental illness developing under the age of 24 having serious long term impacts for many people, "timely and effective treatment" is highly desirable. This clearly indicates that the fostering of an environment where help seeking is encouraged is critical, not only in preventing students from developing long term mental illness, but also in ensuring that students do not develop additional symptoms. This may involve developing greater mental health literacy amongst students and faculty members; however this may also involve addressing issues which undermine help seeking.

Barriers to help seeking amongst students

The reluctance of students to seek help for mental illness indicates the presence of numerous barriers that prevent good help seeking behaviour. Rickwood, Deane, Wilson and Ciarrochi (2005, p.1) found that limited emotional competence, negative attitudes towards help seeking and fear of stigma were among the greatest barriers to help seeking behaviour among students. Gulliver et al. (2010, p.2) also referred to negative attitudes to help seeking to be a considerable barrier, as were concerns regarding confidentiality. Furthermore, research by Ryan, Shochet and Stallman (2010, p.73) indicates that the more distressed a student is, the less likely that they are to seek help. Referring to Hogan (2003), Eisenberg et al. (2009, p.523) states that stigma associated with mental illness has a considerably limiting impact on help seeking behaviour and the use of mental health services in the United States.

Stigmatisation of mental illness has been found to exist within university settings. In a study conducted by Hillis et al. (2010, p.189), 55% of medical students sampled either agreed or strongly agreed "that there was a stigma attached to being a medical student undergoing stress and distress." Furthermore, in Hillis et al. (2010, p.189) 72% "agreed or strongly agreed that there was a stigma attached to being a medical student diagnosed with a mental health condition." The student group found to be most susceptible to perceiving stigmatisation were international, male students (Hillis et al., 2010, p.189). In a key study of mental health help seeking within higher education in the United States, Eisenberg et al. (2009) found that stigmatisation of mental illness constituted a considerable barrier to treatment. The study was informed by 5,555 students from 13 higher education institutions (Eisenberg et al., 2009).

Stigma can come from many different sources and be experienced in a range of different ways. As mentioned by Masuda et al. (2009, p.169) "Stigma toward those diagnosed with a psychological disorder may be defined as a multi-dimensional negative attitude toward a group of people who are construed to be lacking appropriate skills or abilities. As a result, such stigmatized individuals are viewed as incompetent, unpredictable, or threatening (Kurzban and Leary, 2001)." In their 2007 study, Vogel, Wage and Hackler (2007) studied the relationship between stigmatisation and individual counselling, finding that both having a mental illness and seeking help are stigmatised, which causes those with mental illness to refrain from seeking help for fear of being considered a part of a stigmatised group.

Self-concealment is a considerable factor in the minimisation of help seeking behaviour (Masuda and Boone 2011, p.267; Kessler et al., 2001). Referring to Cramer and Barry (1999) and Larson and Chastain (1990), Masuda and Boone (2011, p.267) state that "self-concealment is a behavioural tendency to keep distressing and potentially embarrassing personal information hidden from others." Self-concealment has been cited by Schomerus et al. (2009, p.303) as the most popular method deployed by those with depression, as a means to avoid stigmatisation.

Furthermore Ben-Porath (2002) found that a person with depression who sought help for their mental illness was judged as being more emotionally unstable than a person with a depression who did not seek help. This indicates that disclosure of mental health challenges had an impact upon how a person was perceived, indicating the stigmatisation of those seeking help. Similarly, Schwenk (2010, p.1188) found that "Compared with students with low self identified depression, students with high scores more frequently agreed that the opinions of depressed medical students would be less respected, that the coping skills of depressed medical students would be viewed as less adequate, that they would be viewed as less able to handle their responsibilities by faculty members." Schwenk (2010, p.1188) found that as a result of these observations, students felt that there was a degree of risk associated with visiting a counsellor to seek help for depression.

Schwenk (2010, p.1181) referred to Givens and Tjia (2002), Chew-Graham, Rogers and Yassin (2003) and Rosal et al. (1997), who found that students were concerned that revealing their mental illness might have a negative impact upon their education. Stevenson (2010, p.41) contends that "students (with psychiatric disabilities) frequently do not want to make their conditions public for fear of being regarded as 'different' or even 'difficult'". As stated by Stevenson, (2010, p.41) this can be attributed to the "persistent stigma" attached to psychiatric disabilities.

Promoting open discussion on mental illness

Hillis et al. (2010, p.189) provide a clear outline of how the issue of stigmatisation of mental illness can be addressed in a university setting:

> *Medical schools should actively counter the perception of stigma associated with mental health issues. Three methods of doing so have been identified - education, protest, and contact. Examples of these in the medical school setting include informing medical students about the reality of mental health issues within the profession; countering beliefs that bolster stigma, such as resultant academic jeopardy (the belief that seeking support will adversely affect academic standing and references); and facilitating medical students hearing of the experiences of senior colleagues who had undergone stress or had a mental health experience.*

Referring to their finding that 55% of medical students surveyed contended that students who sought help were subject to stigmatisation, Hillis (2010, p.189) proposes that decisive action must be taken from university faculties to address this issue. According to Hillis et al., (2010, p.189), education, protest and contact are three key methods that can be adopted to address stigmatisation. According to Hillis et al., (2010, p.189), "Examples of these in the medical school setting include informing medical students about the reality of mental health issues within the profession; countering beliefs that bolster stigma, such as resultant academic jeopardy (the belief that seeking support will adversely affect academic standing and references); and facilitating medical students hearing of the experiences of senior colleagues who had undergone stress or had a mental health experience."

Knowledge of campus based services

While each of the barriers mentioned above are real and significantly impede help seeking behaviour of students, limited knowledge of the services available may also represent a major barrier to help seeking. Westefeld (2005, p.642) found that only 26% of students were aware of "any resources for dealing with suicide that are available to college students on their campus." Reflecting a better awareness of services available to university students, Hillis et al., (2010, p.189) found that "only 71% of students were aware of these services." However students identified promotion of services as being an issue, with less than half of those sampled believing that promotion of services was adequate (Hillis et al., 2010, p.189). This indicates that knowledge of the services which exist to support students could also represent a major barrier to help seeking.

Westefeld et al. (2005, p.643) conducted a study of student perceptions of suicide, which sought to determine the measures the students would most like to see universities adopting to support students at risk of suicide. The preferences included below demonstrate that information provision, openness

on the topic and availability of treatment options are highly rated by students (Westfeld et al., 2005, p.643):

- Provide didactic information on suicide (n=267).
- Provide treatment opportunities (n=222)
- Provide literature about the topic (n=217)
- Create a more open atmosphere about the topic (n=212)
- Have support groups (n=122)
- Have crisis lines (n=108).

The preference for information provision is clear, suggesting that students want to know about the issues relating to suicide, and the treatment opportunities available. However, students in this study also demonstrate a desire for the creation of "a more open atmosphere" on the topic of suicide, supporting the assertion of Hillis et al., (2010) that mental illness amongst student populations needs to be discuss openly, without prejudice, within the university setting. Through the provision of information which de-mystifies mental illness, the provision of campus based treatment and the creation of an open environment where mental illness can be discussed by students without fear of repercussion, the higher education institution is demonstrating a commitment to supporting students with mental illness, normalising mental illness and help seeking, rather than ostracising students for having a mental illness.

Pressure on counselling centres

Highlighting the potentially valuable role played by tertiary institutions, Zivin et al., (2009, p.180) state that "preventing, detecting, and treating mental disorders among college students are promising avenues for addressing the population burden of early-onset mental disorders. Moreover, doing so may have broad benefits given the significant impact that these disorders have on educational, economic, and social outcomes (Andrews et al., 2006; Andrews and Wilding, 2004; Berndt et al., 2000; Kessler et al., 2001; Kessler et al., 1995; Mowbray et al., 2006)." The role played by universities in ameliorating mental illness experienced by tertiary students is demonstrated by Haas et al., (2003, p.1226), who found that although mental illness amongst students is relatively high, the rate of completed suicide is actually lower than for the general population. According to Haas et al., (2003, p.1228) this can be attributed to the availability of affordable, or free, campus based health and mental health services, as well as peer and mentor assistance available within universities; such breadth of support is perhaps not so readily available as within the general community.

However, the rise in the number of students entering higher education with a history of psychological problems, the subsequent rise in the number of students seeking counselling support and the rise in the number of students presenting with serious psychological problems is creating significant pressure on university counselling centres in Australia and the United States (Haas et al. 2003, p.1235; Stallman 2012; Stallman 2010). In particular, evidence suggests that counselling centres on Australian university campuses are significantly under-resourced (Stallman 2012, p.252). The International Student Counsellors Association (Gallagher, 2009) recommends that the counsellor to student ratio on campus should be in the vicinity of 1:1,500 - 1:2,000. Stallman (2012, p.252) found that within Australian universities, the counsellor to student ratio was 1:4,340. This finding is supported by Downs (2008), who reported that this ratio was 1:4,957 in 2008. These figures indicate significant under-staffing of Australian counselling centres on campus, as opposed to the United States, where the counsellor to student ratio is 1:1,527 (Gallagher, 2009). Potentially due to the poor counsellor to student ratios in Australian universities, counsellors devote less sessions toward clients, with the average number of sessions provided to a student at 2.9 within Australia, as opposed to 6.2 sessions per client in the United States (Stallman 2012, p.252). The pressures experienced by counselling services on Australian university campuses impact upon the

waiting time for students to visit a counsellor, which Jackson and Connelley (2009) found was in excess of 5 days, for 50% of students accessing these services. As stated by Stallman (2012, pp.252-253), this ensures that adequate, long term referral sources are needed, as are greater access to psychiatric services from campus based counsellor centres.

Conclusion

The existing pressures on counselling centres create a significant conundrum. If help seeking behaviour of students with mental illness were to be improved; through a combination of outreach, information provision and promotion for example, and the subsequent demand for campus based counselling services increased, then it is difficult to imagine how counselling centres already dealing with high counsellor to student ratios will cope with this demand. Help seeking behaviour may not be restricted to visiting a counsellor; as Ryan, Shochet and Stallman (2010) found, anonymous, online resources can be viewed by some students as more preferable, particularly for those students experiencing a high degree of distress. However, if mental illness amongst university students is as high as the research cited in this paper suggests, and help seeking behaviour is as poor as the research indicates, then there is clearly a very high proportion of students with mental illness that is left untreated. Improving the help seeking behaviour of these students is highly desirable, yet questions must be raised as to whether campus based counselling centres are equipped to cope with a potentially great increase in demand for counselling services that would come from a concerted attempt at promoting help seeking.

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Student Experiences of Domestic Violence: Assessment and Response

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Abstract

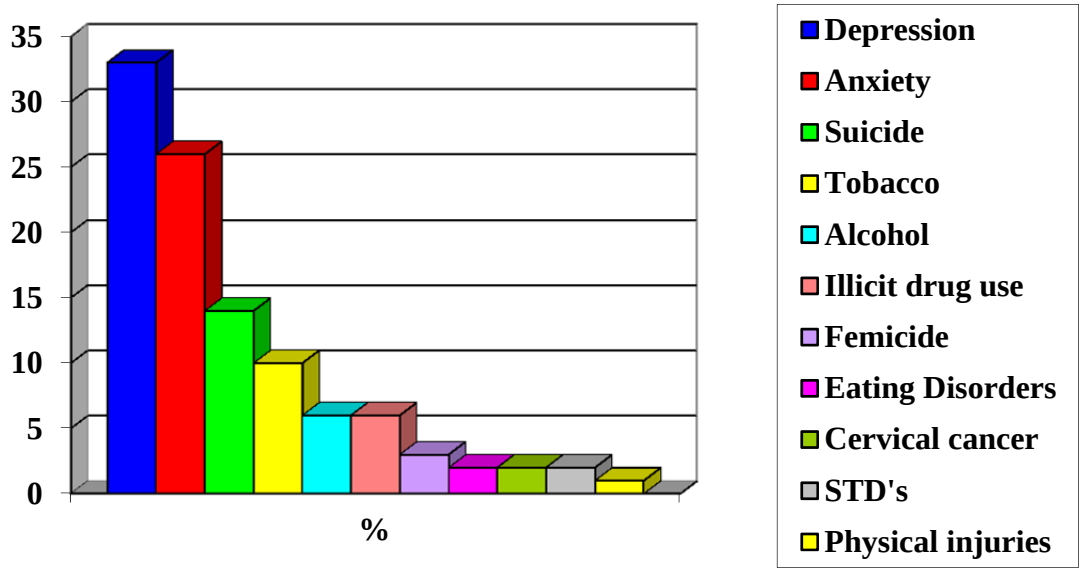
First year female university students are at high risk of experiencing an escalation or beginning of domestic violence upon commencement of tertiary study. Current female first year students have reported increased rates of coercive controlling patterns of abuse from perpetrators as they undermine their efforts to study and succeed. Research on women's health outcomes from intimate partner violence shows increased levels of depression and anxiety along with other concerning health effects. This article recommends that tertiary sector counsellors implement routine screening for domestic violence when female students present with symptoms of depression, anxiety, and/ or relationship issue so as to provide a pro-active and supportive response to this issue and contribute to student well-health and safety. This article is based on a poster presentation made by the author to the ANZSSA Conference in Brisbane in December 2009. The findings that went into the development of that poster have continued to be strongly reinforced during the intervening three years.

Introduction

Domestic violence is defined as "violent, abusive or intimidating behaviour carried out by an adult against a partner or former partner to control and dominate that person (NSW Health, 2006) which can include verbal, emotional/psychological, physical, financial and sexual abuse and social isolation and stalking behaviour. Statistics on the incidence of domestic violence in Australia are consistently and alarmingly high with "over a third of women who had a current or former intimate partner reported experiencing at least one form of violence during their lifetime" (Mouzos & Makkai, 2004). This statistic is not isolated to Australia, and violence against women is a world-wide phenomenon. In fact, the World Health Organisation has stated that such violence by an intimate partner is a major contributor to the ill health of women (WHO, 2005). Women reporting violence in intimate relationships are significantly more likely than men to experience repeated acts of violence (ABS, 2006).

Many researchers have concluded that there are major links between domestic violence and mental health with women experiencing violence being at significantly increased risk of poorer mental health (Golding, 1999; Humphries, 2007; Taft, 2003).

Table 1: Health outcomes contributing to the disease burden of intimate partner violence in Victorian women (Source: Victorian Health Promotion Foundation, 2004)



This table clearly outlines the findings that show the links between the prevalence of health issues such as depression and anxiety in Victorian women who experience intimate partner violence. Given that Australian research is showing that students are increasingly presenting to university counselling services with mental health issues (Eisenberg, Golberstein & Gollust, 2007; McAuliffe, Boddy, McLennan, & Stewart, 2012; Stallman, 2010) the above data is vital to keep in mind when responding to student presentations of depression and anxiety.

Actual student experiences

During the authors' routine screening of female students who present to the counselling service with symptoms of depression, anxiety or relationship concerns, and applying 'best practice principles' outlined in a later section of this article, the following student comments have been made, and included here with permission.

- "He has told me I am stupid for so long that when I enrolled at Uni he said I'd have to be joking."
- "He said Uni is a waste of time & I couldn't do it."
- "He yells at me that I am just coming to Uni to have sex with men."
- "He said he would be coming to orientation with me".
- "He rings my mobile constantly. On enrolment day at Uni he rang 21 times."
- "He says I'm a bad mother for coming to Uni."
- "The first week of Uni he exploded and there were fights every night. It was worse than walking on eggshells. I almost dropped out."
- "I'm paying off his $25,000 gambling debt on top of my Uni costs."
- "Always around exam time the abuse is worse. I think he wants me to fail."
- "He doesn't like me studying and says I have to spend all my time with him."
- "I bought a computer for Uni but my husband sits on it all the time and does not let me have access to it. He uses all the internet access and I can't access my Uni information".
- "He doesn't like any of my friends and he doesn't let me see them".

These student comments appear to fall within the coercive controlling pattern and typology of intimate partner violence, where male perpetrators engage in abusive patterns predominantly emotional/psychological abuse and intimation across a wide context in order to control their female partners (Dutton & Goodman, 2005; Kelly & Johnson, 2008; Stark, 2007; Wangmann, 2011). The quotes about orientation and university study suggest that these female students are experiencing a worrying increase of coercive controlling violence from their male partners (current or ex) that target the women to discontinue studying and return to the status quo.

It is likely that a unique phenomenon exists where female students enrolling in tertiary study are at high risk of experiencing coercive controlling violence from their male partners (current or ex). The impact on female students' personal safety and well-being is significant. It strongly invites tertiary sector organisations to prioritise and address student safety as a key issue, particularly during orientation and throughout the first year student experience. Quite a number of female students who self-referred to our campus counselling service and who disclosed domestic violence experiences, said that they felt encouraged to book an appointment after hearing at orientation that the University and the counselling service were highly committed to supporting student safety, both in the community and personally.

There is every reason to predict that female students experiencing intimate partner violence are likely to 'drop-out' of study in their first year. Despite this, there is evidence (Wright, 2011) that determination and support can result in female students continuing on with their studies. Female students indicated that enrolling in a University or TAFE course had been a long held idea that embodied private hopes for self-fulfilment, a 'way out' from the violence and providing future

security. The following quotes are from female students living with these challenges whilst studying, and are included here with permission and illustrate this determination and hope.

- "I always wanted to do Nursing and I keep saying I can do this."
- "I enrolled at Uni because I thought it was time for me."
- "I use the degree to keep going and it's a way out in the future."
- "Determination, that is the thing."
- "Share your problems, not with everyone, but with someone you trust…and that will help keep you going".

In situations of domestic violence, where children are involved, child safety is also a vital issue and always needs thorough assessment and appropriate relevant action within professional and mandatory requirements.

Suggested guidelines

The following guidelines will assist in implementing routine screening in situations where female students present with symptoms of depression, anxiety and /or relationship issues. These guidelines can also be used with male students presenting with similar issues.

Table 2: Guidelines for implementing routine screening for domestic violence when students present with symptoms of depression, anxiety &/or relationship issues.

1.0 Assessment

Establish if the student is in a current relationship, or has had a past relationship and then ask the following questions:

- What is/was the relationship like for you?
- What does your partner/ex-partner think about you being at University?
- Can you give some examples of your partner's/ex-partner's support and/or lack of support for your study and what is this like for you?
- Map any controlling behaviour for duration, pattern, type and scope.
- Name any 'controlling behaviour' as this, rather than 'abusive behaviour' as students have said this language fits for them.
- Reference cultural context / meanings around gender roles/expectations.

2.0 Response

- Validate student's experience. "The most useful responses from professionals across all types of abuse included respectful listening and belief in the woman's story" (Hamilton & Coates, as cited in Lundy & Grossman 2001, p.132).
- Address student safety and that of any children and report to DOCS if needed.
- Develop a safety plan with the student.
- Complete risk assessment around impact/effects of DV on student.
- Locate student supports.
- Refer student to specialist DV or Women's Health Services; Police - DVLO; GP; Women's DV Legal Services; Transcultural services & other services.
- Access and use resources that students say are useful, such as:
    - Z-Card called '*Emotional abuse is real*' (South East Illawarra Area Health Service, 2009).
    - Duluth's 'Cycle of Equality' and the 'Cycle of Violence' (DAIP, 2011).
- Prioritise university counselling to educate about DV and to reduce effects of and trauma and to enhance well-being and aid retention.
- Invite student to notice examples of determination, survival & strength.

Conclusion

This article suggests that a unique phenomenon exists where some first year female students may be at high risk of experiencing coercive controlling behaviours from an intimate or ex-partner for the first time on enrolment and during their first year of study in the tertiary sector. In the situation where domestic violence already exists, there may be a threatening and worrying escalation of this abuse on the woman's enrolment and subsequent study.

There is a dearth of research relating to the prevalence and/or impact of domestic violence on university students and there have been no articles previously published in JANZSSA addressing the issue of student experiences of domestic violence. This is not to say that ANZSSA members are not aware of the issue or that they do not respond to student issues of domestic violence, but rather that the issue of domestic violence sits within a context of shame, secrecy and silence and is more likely not to be discussed by those women who experience it (Fawcett 2008; Walsh, 2008; Wright, 2003).

This article is designed to make transparent student experiences of domestic violence and to contribute to promoting the right of every student to live in safety, free from trauma, control, abuse and harm. To support this, it is recommended that tertiary sector student counsellors implement routine screening for domestic violence with female students who present with depression, anxiety or relationship issues so as to provide a pro-active and supportive response to this issue and contribute to student well-health and safety.

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Developing the Problematic University Life-Style Evaluation (PULSE) Scale: A Pilot Study

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Abstract

This paper outlines a pilot study in which an original 16-item problematic university life-style evaluation (PULSE) scale was developed and trialled with a small healthy sample to assess whether it is an appropriate tool to examine the relationship between university students' reported life-style choices and symptoms of depression, anxiety and stress. Research suggests that problematic life-style and mental health issues are associated. As part of the scale development, two items were removed which improved the scale's internal consistency (α =.75) and adjusted the PULSE to a 14-item scale. A significant positive correlation between the PULSE and the DASS21 was found within the small sample of healthy students. Further research is needed to establish whether this relationship holds within larger clinical samples. These findings are discussed.

Introduction

Positive life-style choices, such has improved diet and exercise, have been found to be associated with improved mental health (Thompson, 2007). As a result, there is an increased acknowledgement that focusing on therapeutic life-style changes (TLSC) as an intervention strategy in dealing with mental health conditions is beneficial (Walsh, 2011). TLSC have been found to improve the mental health of both non-clinical and clinical populations (Walsh, 2011). Therefore, it is expected that a similar trend would be evident in a university student population, as research suggests students experience a decline in physical activity and adherence to unhealthy diets during university life (Hoffman, Policastro, Quick & Lee, 2006). Further, the severity of mental health condition amongst university students is on the increase (Simpson & Ferguson, 2012). The importance of highlighting the need to engage in TLSC is especially relevant to university counselling services because TLSC are often affordable and can be introduced during an initial session (Walsh, 2011). However, screening tools, specifically measuring university students' problematic life-style choices are sparse. The research on mental health experiences of higher education students and those offering student counselling services could benefit from the development of a short scale that enabled the identification of potentially useful TLSC interventions.

Therefore, the present pilot study examined the internal reliability of a newly developed self-report scale measuring problematic university life-style choices entitled the 'problematic university life-style evaluation' (PULSE). The items were selected with the intention to provide a starting point for university counsellors to deliver intervention in line with TLSC. Thus, item selection was guided by research, discussed below, and the author's experience as a university student counsellor. The PULSE was designed to measure problematic indicators often associated with university students' life-style. These included poor dietary habits as well as decline in physical activity (Hoffman *et al.,* 2006) and addictive behaviours (Ahern, 2009; Vivekananda, Telley & Trethowan, 2011). According to Vivekananda and colleagues (2011), over 10% of university students present with an increased risk of alcohol and other drug misuse. In addition, excessive internet use (Sharifah, Siti, Jusang, & Mohd, 2011) as well as poor organisational skills (Richardson, King, Garrett, & Wrench, 2012) have been considered in this pilot study as other factors relevant to students' life-style that may affect students' academic performance and overall wellbeing. Additionally, items pertaining to sleep were selected. This was based on research which suggests that sleeping less than seven or more than nine hours per day has been associated with depression, poor concentration and decreased memory, which undoubtedly impacts academic performance (Kalat, 2011).

The original scale contained 18 items. However, following feedback received by three peer reviewers, some items were modified and others removed resulting in a 16-item scale (Appendix

A). Adjustments following the reviewers' feedback included eliminating an unclear item, reducing two items into one ("I slept between 7 and 9 hours per night") and selecting reversed scored items. In addition, the review process highlighted that examining multiple subscales of the PULSE was beyond the scope of the present pilot study. As a result, scale reliability was tested on 16-items as a single scale designed to measure participants' self-reported life-style choices. Participants had to rate how much each item applied to them over the past week on a scale of 0 (*did not apply*) to 3 (*applied often*). Total scores (factoring reverse scores) could range from 0 to 48, with 48 indicating high problematic life-style choices.

The PULSE aimed to extend the counselling services' screening tool repertoire, which is currently used to prioritise students accessing counselling services (Simpson & Ferguson, 2012). An example of a screening tool used by counselling services is the 21-item Depression, Anxiety and Stress Scale (DASS21). This tool assesses the severity of presenting symptoms of depression, anxiety and stress (Henry & Crawford, 2005). Previous research suggests that these are the most prevalent mental health issues demonstrated by contemporary university students (Andrews & Chung, 2011). Therefore the DASS21 is included in this study as an indicator of students' mental health.

The present pilot study examined the relationship between university students' problematic life-style choices and mental health. It was hypothesised that there would be a positive correlation between the PULSE and the DASS21, suggesting that problematic life-style choices are related to mental health issues.

Method

Participants

Forty third-year psychology students from the University of New England (UNE) volunteered to participate in the study. The participants ranged in age from 18 to 67 years, with a mean of 36.98 years (SD = 11.62), of which 62.5% were female.

Materials

The DASS21, based on Lovibond and Lovibond's DASS42 (1995), was utilised to measure participants' reported symptoms of depression, anxiety and stress, over the past week. Participants rated each statement (e.g., "I found myself getting agitated") on a scale of 0 (*did not apply to me at all*) to 3 (*applied to me very much*). Total scores ranged from 0 to 63 (extremely severe). Henry and Crawford (2005) validated the DASS21 with a non-clinical sample (n = 1,794). They found the DASS21 to have high internal consistency total (α = .93) on the three 7-item subscales: depression (α = .88), anxiety (α = .82) and stress (α = .90).

The PULSE, as described above, was also utilised to measure students' life-style choices.

Procedure

Ethics approval was obtained from the UNE's Human Research Ethics Committee. An on-line survey using anonymous completion was constructed, which included participants' age and gender, the PULSE and the DASS21. A URL containing a "Participant Information Sheet" and the on-line survey, constructed using Qualtrics (www.qualtrics), was provided via email to all participants. Analyses were carried out using SPSS 18.

Results

Pulse reliability analysis

When examining the PULSE's internal consistency, item 15 ("I smoked") was excluded, because it received a value of 0 from all participants. The internal reliability for the remaining 15 items was acceptable α = .70. The best performing item was number 9 ("I was unable to follow a study plan"), as it had the highest item-total correlation, $r(38)$ = .73, and removing this item would have decreased the scale internal reliability (α = .63). However, the worst performing item was number 13 ("I had more than one cup of coffee or tea per day"), as it was the only item with a negative

item-total correlation and, when deleted, the internal consistency increased to α = .75. Therefore, items 13 and 15 were not included in the final PULSE total score. All subsequent analyses were based on participants' responses to the remaining 14 items. A summary relating to the results has been provided in Table 1.

Table 1. Descriptive Information and Cronbach's α for the Problematic University Life-Style Evaluation (PULSE) and the Depression Anxiety and Stress Scale (DASS21)

Scale	Male M (SD) n =15	Female M (SD) n = 25	Total M (SD) n = 40	Cronbach's α
DASS				
DASS-Depression	4.33 (5.79)	3.56 (3.85)	3.85 (4.62)	.91
DASS-Anxiety	2.00 (3.64)	2.60 (3.74)	2.38 (3.67)	.85
DASS-Stress	6.27 (4.92)	7.04 (5.31)	6.75 (5.12)	.89
DASS-Total	12.60 (11.89)	13.20 (9.54)	12.98 (10.34)	.91
PULSE				
PULSE (14-item)	15.40 (7.43)	15.24 (6.98)	15.30 (7.06)	.75

Preliminary PULSE construct validity analysis

Two separate independent-sample *t*-tests (two-tailed) were used to compare females and males on the PULSE and DASS21. For both analyses, Levene's test was not significant, thus equal variances were assumed. The difference between males and females for the PULSE, $t(38) = .07$, $p = .946$, 95% CI [-4.57, 4.89] $d = 0.02$, and DASS21, $t(38) = -.18$, $p = .862$, 95% CI [-7.52, 6.32] $d = .06$, were not-significant (refer to Table 1 for means and standard deviations). Therefore, gender was not controlled for in further analysis.

A bivariate Pearson's correlation was conducted to assess the relationship between university students' life-style choices and their mental health. The PULSE and DASS21 were significantly positively correlated, $r(38) = .37$, $p = .021$ (two-tailed). A visual representation of the relationship of these two variables has been provided in Figure 1.

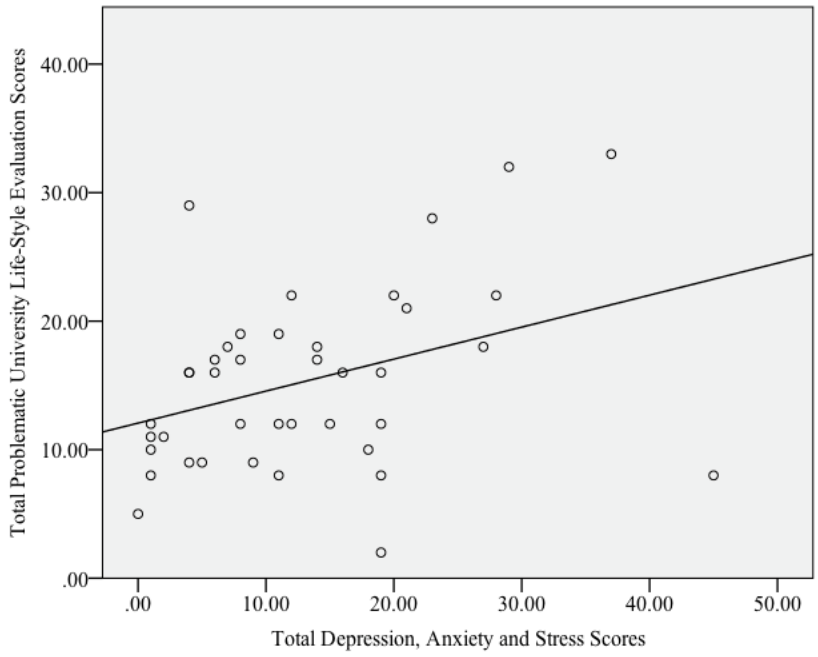


Figure 1. Correlation between Total Depression Anxiety and Stress (DASS21) Scores and Total Problematic University Life-Style Evaluation (PULSE) Scale.

Discussion

The present research sought to develop an original short problematic life-style scale by examining the relationship between problematic life-style choices and mental health in university students. Firstly, the scale's psychometric properties were tested to ensure it is appropriate for the purpose to assist counsellors in engaging university students with therapeutic life-style changes. Overall, the scale had a moderate-to-high internal consistency, suggesting that it may be a good measure of university students' life-style choices. Further, it was hypothesised that there would be an association between university students' lifestyle choices and mental health issues. Supporting the hypothesis, there was a significant medium correlation between the PULSE and the DASS21. The findings support previous research that life-style and mental health are related constructs (Walsh, 2011). Although this relationship was evident within a normal healthy sample, further research is required to establish whether this relationship holds within a larger clinical sample.

A limitation to the current pilot study is the small sample size. For example, in the present study item 15 received the same answer from all participants. This consistent score suggests that the small sample selected was of non-smokers only and possibly homogeneous in other respects. Another potential issue was the second deleted item, which pertained to caffeine use. It may have been too sensitive and did not differentiate well between normal consumption and addictive behaviour.

A further limitation was the large age range, which may introduce external factors that were not considered in this study, such as career change, financial responsibilities and family commitments.

Future research is needed with a larger and more diverse student sample, in order to increase power and variability. Further studies of validity should test the PULSE on a large non-clinical student sample and compare this to a clinical sample of students who attend counseling services (Andrews & Chong, 2011). This may provide further insight into the validity of the PULSE, as a greater correlation with mental health would be expected for a clinical sample compared with a non-clinical sample. Moreover, exploration of the scope for PULSE subdivision into subscales as well as examining trends discussed in research about international and local students is recommended (Vivekananda et al., 2011).

Conclusion

In conclusion, the present results suggest that the PULSE scale is a promising measure which may assist university counsellors in determining appropriate interventions with university students. However, further research with a larger, more heterogeneous clinical and non-clinical sample is necessary in order to confirm the present results and more thoroughly assess whether the PULSE scale is an adequate measure of problematic life-style choices in a university student population. Therefore, further research is recommended to refine the PULSE scale items and determine the PULSE scale's validity and usefulness across wider student populations.

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Appendix A

16-item PULSE and scoring sheet (post peer reviews)

PULSE

Age: _____ Gender: M or F (please circle) University student: Y or N (please circle)

Please consider your actions in the **past week** and circle the answer that most applies to you on a range of 0 (did not apply to me) to 3 (applied to me often) as per reference below. Choose the answer that first comes to mind.

Rating reference:

0 = did not apply to me
1 = applied to me rarely
2 = applied to me sometimes
3 = applied to me often

1.	I slept between 7 and 9 hours per night	0 1 2 3
2.	I was unable to keep up with my studies	0 1 2 3
3.	I had at least one soft drink or energy drink per day	0 1 2 3
4.	I skipped breakfast	0 1 2 3
5.	I used food, alcohol and/or other drugs to avoid thinking about my problems	0 1 2 3
6.	I exercised at least 30 minutes daily	0 1 2 3
7.	Altogether I spent more than 1.5 hours per day on the Internet for non-university or non-work-related use	0 1 2 3
8.	I used a computer or phone whilst in bed	0 1 2 3
9.	I was unable to follow a study plan	0 1 2 3
10.	I drank alcohol with the purpose of getting drunk	0 1 2 3

11.	I put other things ahead of my study	0 1 2 3
12.	I ate junk food (e.g., sweets, chips or fast food) daily	0 1 2 3
13.	I had more than one cup of coffee or tea in a day	0 1 2 3
14.	I met all my study requirements (i.e., I met assessment deadlines)	0 1 2 3
15.	I smoked	0 1 2 3
16.	I drank about 4 to 8 glasses of water daily	0 1 2 3

Problematic **U**niversity **L**ife-**S**tyle **E**valuation - Scoring Sheet

Please note that the following is only indicative as this may change according to the scores obtained once further test results have been collected.

Scoring Instructions

The following items need to be reversed when scored: 1, 6, 14 and 16

Total scores (factoring reverse scores) range from 0 to 48:

0 to 16 - Unlikely problematic university life-style concerns

17 to 32 - Mild to moderate problematic university life-style concerns

33 to 48 - High problematic university life-style concerns

Best practice case examples

Practitioner Facilitated Peer Programs in Student Mental Health

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Abstract

The increasing number of tertiary education students presenting with complex and often difficult to manage mental health conditions, has been topical in international literature for over two decades. In a qualitative research study undertaken at the University of the Sunshine Coast (USC) of the lived experience of students with chronic psychological disorders, the importance of feeling connected with a like-peer that was empathetic and accepting rated strongly in the responses of all participants. Students sought shared insight into how others were able to successfully cope with the rigours of academia, while also managing the demands of an unpredictable health condition. Two programs, based upon international good practice frameworks, were initiated in response to the identified unmet need of authentic peer support.

Introduction

A purposeful sampling of twelve USC students with diagnosed mental health conditions, participated in a qualitative study to identify enablers of academic achievement. The substantive grounded theory that became apparent from interviews was a picture of reluctant help-seeking and a strong desire for connection with similar peers. Data demonstrated clearly expressed student beliefs that social engagement with health-peers, sharing insights around study skills and coping techniques, would improve their understanding of, and functioning in, the academic environment (Seeto, 2010).

Student participants described the elements that they determined as being important for them to realise their academic aspirations. The stories that emerged were rich in perspectives around acceptance and support, and practical opportunities where positive enabling mechanisms could be structured in the academic environment. Holistic approaches to promoting emotionally safe and equity-literate learning settings were key. Their narratives reflected recommendations from literature for supportive institutional governance that ensures staff development, and an inclusive campus ethos with integrated health services and curricula-based resilience skills (Donnellan & Pascott, 2000; Stallman, 2010; Storrie, et al., 2010; University of Melbourne, 2006).

Background

Established in 1996, the University of the Sunshine Coast is a comparatively young higher education provider in Australia. It is a public, regional institution with a primary campus in South East Queensland. At the time of participant interviews in 2009 almost 6,500 students were enrolled (University of the Sunshine Coast, 2012).

USC has held one of the highest proportions of students with disabilities in the state at 6.1% in 2012. The 2010 participation rate of 5.9% exceeds both state (3.9%) and national (4.6%) averages (DIISRTE, 2012). Data over the past five years demonstrates that around 25% of students accessing the USC Disability Services for support are seeking assistance due to a psychological disorder. This is comparable with the 15-21% reported in international literature (Rickerson, Souma, & Burgstahler, 2004). With the reliance on self-reporting of mental health disorders however, the actual proportion of students in the general campus population experiencing psychological disorders is likely to be significantly higher.

Programs

As an initial response to the identified unmet need of authentic peer support, USC established the first overseas chapter of the United States-based organisation Active Minds (www.activeminds.org). Active Minds is a student self-help, education and awareness group promoting college mental health. It was founded in 2003 by a college student in response to the suicide of her brother, and now has over 350 American and Canadian chapters collectively targeting mental health stigma in higher education, and representing "the voice of young adult mental health advocacy nationwide".

It is likely that campus-based advocacy groups conducting mental health education and awareness raising activities also provide peer support and a safe emotional environment for students with mental health conditions without formalising individual mentoring. Students may organically gain an understanding of coping strategies from peers, as well as insight into effective methods of supporting others.

The USC chapter of Active Minds functions as a student group with over 100 official members. Counsellors provide support to the group, offering access to resources and contacts, and as advocates to communicate with faculty, administration staff and students. Chapter members are recruited through awareness campaigns and social media, and supported directly through the USC Counselling Service staff. This collaboration has generated enhanced volunteer support for several campus mental health awareness campaigns, including the national 'RUOK' Day, biannual USC campus Stressless Day, and Harmony Day embracing equity and diversity.

USC Active Minds also offers opportunities for students to participate in free Mental Health First Aid (www.mhfa.com.au) training, as well as producing student written and distributed health promotion resources. A student instructor was recruited and trained to offer regular resources and workshops for both USC students and staff, and to provide a peer support and leadership role. The workshops form part of an overall mental health framework that normalises and validates service users' experience of mental health concepts.

Reinforcing the work of Active Minds at USC was the commencement of an "Academic Mentor for Mental Health" role in 2010. This service, loosely based on a successful pilot model at the University of Westminster (Heyno, 2006), provided practical support and mentoring to students with chronic mental health conditions. Services were facilitated by a Counsellor working collaboratively with students' health practitioners, their support networks, and academic staff. The service prioritised academic skill development, stress management and social engagement. It was distinctively different from other therapeutic counselling models, with a targeted focus on regular practitioner-facilitated practical guidance and academic support.

Following evaluation of the first 18 months of the Academic Mentor for Mental Health role, several improvements were made. The program was rebranded as UNIfy in 2012, and evolved beyond the Westminster model to incorporate recommendations from the 2011 National Tertiary Education Mental Health Summit held in Melbourne, and the "Guidelines for tertiary education institutions to facilitate improved educational outcomes for students with a mental illness" (Orygen Youth Health, 2011). To reduce any perceived stigma regarding psychological disorders and subsequent impact on help seeking behaviours (McAuliffe et al., 2012; Hunt & Eisenberg, 2010), the program was renamed to better reflect its intent and activities.

The core activities of UNIfy sit within three pillars of support: academic, social and vocational. This mirrors the framework of the Adelphi University, "Bridges to Adelphi" program, supporting the transition to higher education for students with Asperger's Syndrome (http://student.adelphi.edu/sa/bridges/). Many of the challenges articulated by students with learning disabilities parallel the experiences of students with chronic mental health conditions regarding executive level functioning skills, social isolation, loneliness and managing the transition to higher education. USC has modelled UNIfy on the practical and inclusive structures of international good

practice programs, and provides delivery through professional support and opportunities for health-peer sharing.

Conclusion

Eighty percent of students accessing UNIfy indicated that the program "assisted them in achieving a healthier work/life balance", and 60% felt they gained a "better sense of belonging or felt more engaged in the university environment", directly related to their participation in the service. Of the students who replied to the feedback request, 80% indicated that their "participation in the program helped to decrease mental health symptoms that may have been exacerbated by their enrolment in higher education".

The incorporation of health-peer networking in UNIfy will address students' hopes for answers from empathetic others about study and wellbeing management, and coping strategies for problems associated with medication side effects, or symptoms of anxiety and depression. Further research into the practical considerations around peer provided pastoral support will enable development and assessment of future mentoring strategies and mentor training programs that most effectively meet the expectations and needs of higher education students with chronic mental health conditions.

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Assisting Students with Asperger's Syndrome to Transition more smoothly into Academic Life at University and into University Accommodation

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Abstract

A pilot initiative was introduced early in 2012 to assist all students registering with Asperger's Syndrome to be paired with a participation assistant (PA) for up to 5 hours per week, to assist with the student's orientation, study skills and time management, accommodation adjustments, social adjustment and general assistance in familiarising the student with the university systems. The participation assistants were Australian National University students who were selected because of their interest and experience in the field of disability and/or mental health. As the needs of the students were broad, the DSC individualised the service for each student and what the participation assistant could provide. This initiative followed on from an experience in 2011 at ANU where male twins with Asperger's Syndrome living in the same residence were having great difficulty transitioning from home to university accommodation. The introduction of a participation assistant to help them at the residence, as well as with other strategies, was instrumental in retaining the students at university and particularly for their social integration into the hall. The increase in numbers of students registering with Asperger's in 2012 at ANU, prompted the idea to offer each of those students the option to pair with a participation assistant as a matter of course. Feedback to date has indicated that this initiative has been a remarkable success.

This paper will be in two parts. Firstly a case study looking at the lessons learnt from a situation where the university was not prepared for the arrival and then needs of twin brothers with Asperger's Syndrome in a residential facility at Australian National University.

Secondly the paper will look at the strategies that were put in place the following year as a result of the lessons we learnt and the results from the pilot program that was introduced through the DSC.

The students around whom these interventions were structured have given permission for me to talk about the process and difficulties of their orientation to university.

Part 1 - The Context

The Australian National University is a prestigious university in Canberra with a student cohort of 17,000 students. 5,000 of these students now live in university accommodation - the largest on campus accommodation in Australia.

The University has nine University Residences. Within most residences there is a Head, a Deputy Head (who normally lives in), Community Coordinators (usually older students who are living in) and Senior Residents (older students living on each floor and having pastoral care and other responsibilities for students' behaviour).

The University has a Disability Service Centre (DSC) and a Counselling Service for students. Those students with a disability wanting to have adjustments made at university need to register with the DSC. Usually, this is done when they arrive at university in their commencing year.

The story in 2011

Twin brothers with Asperger's Syndrome arrived at one of the halls of residence in February to begin study at ANU. They had flagged the year before that they would be registering with the DSC and would be living in residence. At that time, we had no processes to assist students to adapt to university accommodation, other than the usual welcomes at the residence.

The brothers had been living in another state and had not been away from home before. They were diagnosed in Year nine at school and had previously been bullied during their school years.

When they arrived they were given rooms next to each other on the same floor. They were introduced to their Senior Resident. Within a week of their arrival, one of the twins began

displaying high anxiety in the form of crying, hiding in the computer room, screaming and generally not coping with his level of anxiety and at these times he was somewhat inconsolable.

At this particular residence, the Head was acting in his position and there was a delay in the arrival of the new Deputy Head by about six months. There was one Community Coordinator (CC) and the senior resident on the floor. As there was no Deputy Head living in at the time and the Head went home after 5.30pm, the behaviour of the brothers was left to the CC and the Senior Resident on the floor.

Despite the Head contacting the mother of these students, it was difficult to figure out what would help when they were not coping. After many weeks of attempts to settle the students at night time after they had been at university all day, it was clear that the other students at the residence were at their wits end trying to manage the situation. The strategies that they tried only seemed to make things worse. The behaviours began to impact the CC and Senior Resident to the point that their own studies were being impacted. Students were dreading what might happen each night and what they would have to deal with, e.g. distress, crying, and high levels of anxiety which seemed not to abate.

What went wrong?

So, initially we tried to talk to the student community about Asperger's Syndrome in general while not really saying that this was what the brothers had. This left other students puzzled about what to do and what was their responsibility.

Because of the staffing issue at the hall, more responsibility was left particularly at night with the CC and the Senior Residents to manage a situation that they had no skills for, and also because they thought that they should manage it even if went to at all hours of the night.

As students became affected by the impact of managing the behaviours, they became annoyed and frustrated by the lack of answers from the staff and they wrote letters to the Pro-Vice Chancellor (Students) about their concerns for themselves and what they were expected to manage. At one point the only solution that they could see, was that the brothers would have to leave.

What worked?

1. Meeting with the disgruntled students and making a plan of action that relieved them of responsibility, which included the employment of a participation assistant.
2. Contacting the mother and drawing up an in depth plan that the brothers had involvement in as well. (See Appendix A).
3. Employing a competent Participation Assistance to assist both students (same one) with their orientation to university, managing their anxieties about their academic work, their social concerns, and having someone reliable to contact about the progress of their studies and someone who knew the ANU system, i.e. a student. We employed a third year Psychology student who was very enthusiastic to assist in this situation, to learn what she could and who was also quite a forthright person herself.
4. Meeting with the brothers to discuss the plan of action that they would follow and also to draw up a behavioural contract themselves about their own behaviour. (See Appendix B).
5. Having a floor meeting with the brothers and other students on the floor, to talk about the problem and what would help. It also gave all students the chance to ask questions and have them answered. It gave the brothers a chance to ask questions of others as well and to clear up some social etiquette that they were concerned with, e.g., what to do in the dining room.
6. Information was given to impacted students in residential halls. (See Appendix C).
7. Tailoring the program to the specific requirements of the identified students.
8. The students were relieved of the responsibility of having to deal with the behaviours of the brothers and the brothers were also learning that they had to take some responsibility for

their own behaviour and that there was a set routine of who to call when they were experiencing anxiety.

Views of what worked from the Participation Assistant (PA) - Isobel

1. For the brothers, having one person to call on has been very important and helped relieve the anxiety that they were both experiencing- one experienced more anxiety than the other.
2. Creating a sense of expertise in the PA so that the brothers could trust that she would know the answer to their concerns which tended to initially be academic. She particularly needed this expertise so that she could assist with black/white answers. From her perspective, knowledge of the university was the most important aspect, not knowledge in depth of Asperger's Syndrome.
3. Meetings with the Disability staff on a monthly or more basis for supervision and discussion
4. So for her, it was most important to have an academic focus, not an Asperger/clinical focus. Academic and social supports were in the end the two most important aspects that they required.
5. As time went on both brothers got better at calling her before their anxiety got out of hand.
6. Calls were more frequent when essays were due and the brothers felt more pressured.
7. Isobel over time was able to teach them consequences regarding their wanting extensions at the last minute from lecturers and that it was much easier on everyone if they were able to contact her earlier if they had concerns about essays or noticed that they were becoming more anxious, and then she could help organise to talk with lecturers about extensions.
8. The behavioural contract - list of people who they could contact when they were headed for a meltdown. This list was good for the students on the floor who could direct them to what to do. This helped everyone reduce tension. The behavioural contract was also backed up by the PA.
9. Eventually, as the relationship developed the brothers would ask her social questions about how to read social cues, e.g., 'how do you sit on the grass' and this became more ok to ask as they got comfortable with her and with her answers. (Answers by the way were legs crossed or lie down or legs out front and obviously not the only answers).
10. Restrictions of access to the PA was also an important boundary - Isobel would not pick up calls if they were after 8.00 pm as per the behavioural contract but would ring the next morning at 8.00 am.
11. Isobel noticed the tension decreased at the residence when the students felt 'let off' the responsibility of having to deal with behaviour and they were allowed to distance themselves.
12. Floor meeting - helped settle things and the brothers felt more accepted and helped them participate in the community. It also reduced some of the mystery around the brothers.
13. What did the PA do:
    - Checked the ANU website for the students
    - Called academic staff if needed
    - Sometimes she would sort things out for them and other times she would organise a meeting and go with them
    - Talked over decisions about academic courses/extensions of time
    - Helped with problem solving skills
    - Helped a bit with essays mainly around time management and how many journals to read

Lessons Learned

To be better prepared for what a student may require both in academic orientation and in their accommodation - early establishment of contact with DSC and student and an assessment of what might be required

1. Contact with staff in residences in advance where students may have special needs.
2. Employment of a PA to assist with academic and social adjustment is very important.
3. Open discussions when things go wrong is most important with all concerned and need to include the students with the disability in this problem solving, which may include a behavioural contract.
4. Don't allow Senior Students to take responsibility for all behaviours in a residence.

Part 2 - The Arrangements for 2012

As a result of what happened in 2011 it was decided to trial a pilot project in 2012 by offering every student who registered at the DSC with Asperger's Syndrome or Autism Spectrum Disorder the services of a PA. Every new student enrolling in 2012 that had indicated Asperger's Syndrome or Autism Spectrum Disorder on their University Admissions Centre application was contacted and advised of the services on offer.

Students who participated

In 2012, twelve students took up the offer in semester one. Each of the students met with their Disability Advisor and the Manager of the DSC to determine the students' needs and what the PA should provide. The programs' main aims are to transition students with Asperger's Syndrome or Autism Spectrum Disorder into university studies and life. The program assists the student to establish and maintain relationships and boundaries with academic, administration and accommodation staff. It hopes to assist the student to develop the skills required to successfully engage and participate in academic and accommodation environments. DSC staff and the PA (with the student's permission) met with the residential staff to discuss the student's needs and to ensure a smooth transition into university accommodation.

Participation assistants - recruitment and training

The role of the PA is to assist with making the transition to university easier. The PA assists the student with physical orientation, helping the student know which buildings they were to go to for lectures or tutorials, they assist with orientation to university systems (email, wattle, ISI, Info commons etc.), they help the students with time management of their courses and how much time to spend on each course in study, they assist with issues around adjustment to accommodation, social concerns, and when necessary discussion with academics about concerns or asking for academic assistance. The role did not include having to provide academic assistance, counselling or even a great understanding of the disability. The PA got to know the student, the Disability Advisor made it clear what issues the student might want assistance with and agreed plan was established. Up to five hours per week was allowed per student depending on the need.

The PA pool

The PA pool was achieved by interviewing a list of students who were interested in helping others either with a disability or mental health problem and who would be paid as a casual staff member. Each of them was interviewed by the Head of Counselling and the Manager of the DSC. They were a combination of senior psychology or medical students but also included students from other areas who had a background of experience either in their own families with Asperger's Syndrome or had worked in the area of disability.

The students were given a basic training in listening and problem solving skills as well as training in anxiety management.

PA employment

The PA's were employed on a casual basis with funding coming from both the ANU and Additional Support for Students with Disabilities (ASSD). The PA's were asked to keep a Participation Assistant's Journal which was handed in with each time-sheet, giving an update of what was worked on with the student.

Course results for students

Semester One, 2012 course results showed all students involved in the program passed all enrolled courses with many excelling. A survey conducted with all participating students showed positive results with all advising their time management, organisational and communication skills had improved. Most students identified they now had better strategies to deal with stress and anxiety and that they had participated in university social events. All surveyed agreed their PA was of great assistance to them.

Semester Two, 2012 resulted in many of the students reducing the PA hours by half and several advising they felt they would not require a PA the following year. Semester Twoalso brought one student that chose not to take up the service in Semester One into the DSC to register and use the service.

Evaluation of the project

The noticeable outcome of the Pilot Program is the reduction in stress and anxiety levels for the students who participated. There were no reports of problems with any of the students in residences in 2012. The Pilot Program has developed awareness of Asperger's Syndrome within the university. Administrative, residential and academic staff are all aware of the program and have reported the PA has assisted greatly with communication and negotiations with students who participated. Disability Advisors noted that the students are now more capable of handling problems and seek help from their PA if unsure.

2013 Plans

The Disability Services Centre at the ANU plans to run the program again in 2013. Potential students with Asperger's Syndrome are already contacting the university and enquiring about the program. In August 2013 the DSC has secured Professor Tony Attwood (clinical psychologist who specialises in autism spectrum disorders) to run a full day in-house workshop at ANU. The workshop aims to bring awareness of autism spectrum disorders to both administrative and academic staff at the university.

Appendix A

*Overview and guide for assistance to Adam and Ben**

Compiled by Heather McLeod (ANU) with contributions from Family Y, Senior Resident at Hall X, Isobel T - participation assistant with DSC and Head of Hall 2011

Adam and Ben have Asperger's Syndrome (AS). They have given their permission for students and staff at Hall X to know about this with a view to understanding some of their reactions and to assist them in their adjustment to university and residential life.

People with AS are highly abstract thinkers and like to categorise and order ideas and concepts, so they feel comfortable talking about things in that way. They are very logical and reasonable and they can become pedantically interested in the ordering and classification of concepts. This can sometimes turn people away socially.

'Students who reach university level with this syndrome usually have above average intelligence and may become very focussed on an activity or subject area that they enjoy. They can also experience difficulties with flexibility of thought, social and emotional interaction and language and communication.

It is important to remember that people with AS should be treated as individuals with unique personalities. Each person has their own individual set of strengths and weaknesses; the key to supporting someone with AS is finding out how best to reduce the impact of the difficulties'. (Hughes M., Milne V., McCall, A. & Pepper, S., 2010, p.6).

Suggestions have been sought from various people including their mother, Catherine* and from the brothers themselves, which will hopefully assist the residential hall community in understanding and helping with some of these difficulties when they arise (Tips on managing certain behaviours are at the end). Their mother thought that it might be useful for the community to know a little bit of the background specific to Adam and Ben but also more information on AS in general for those who might be interested in learning more about it. See Appendix A. The following segment is taken from an email that Catherine wrote for all of us to know.

Her comments:

Background on Adam and Ben in particular:

- Adam and Ben were diagnosed with Asperger's Syndrome in year nine. This means that Adam and Ben did not get appropriate early intervention before or through primary school, and were not well supported through those important years.
- They were bullied a lot, and developed quite severe sense of themselves as unworthy and unlikeable and were socially ostracised.
- They really appreciated the change in attitude people had towards them when their syndrome was diagnosed and disclosed. They don't feel there's anything shameful or bad about being AS. And there isn't. Don't feel there is, or worry that A&B feel there is. Be open and accepting about difference.
- Both of them want to be included and to connect, just like other people.
- You may feel it is wrong to talk to Adam or Ben because you may think they will assume you are only talking to them because you feel sorry for them, or because there is something different about them, and you don't want to embarrass them, or act as if anything is wrong. Well, do talk to them - just connect, just smile, just be friendly and caring - the worst thing you can do is ignore the signs of anxiety and alienation out of a sense of manners (although I understand why it happens - I do it myself).
- Adam and Ben are not going to become clingy and dependent on you just because you show them some ordinary human warmth and friendliness - don't be scared of that. They have never done that before.
- Change is hard. The start of a new semester, coming back after a holiday, change in routines of living, all these will cause some unsettling. They won't realise that a lot of their stress is just because of the changes, they will just know how distressed they feel. **Remind them, and they will admit it probably will get better.**
- Both brothers want to help others and are not competitive. Competition will not motivate them, but cooperation with others to achieve something good will.
- They both respond well to having some responsibility (in a relevant area - they would not be able to organise a sports event!). They do their best and are generally capable, but they may take a long time and do things in unexpected ways.

Adam

- Adam has suffered from anxiety a lot, and it is a serious issue for him. It really hurts him and he can find it very difficult to pull out of it by himself. He may get anxious for reasons that we might not understand.
- When anxious, he really does need people to intervene and talk to him - don't leave him alone because you feel you don't want to embarrass him by drawing attention to him. You may need to get someone to assist him (See Appendix C).

- Adam feels other people do not want him to talk to them. So he doesn't start communication. He feels too wary that it would be forcing himself on someone when they really don't want it. It's a sense of propriety - that it would not be polite or kind to force his unpopular self on someone who is nice and alright.
- But he actually really wishes he could connect. It means as much to him as it does to anyone. He has a lot of ideas and things to share and really regrets it that he doesn't get the chance to do that much.
- He finds decision-making really hard and anxiety producing. He feels every decision is very important, and it is very hard to help him through this. When he's making decisions, he forgets to talk to people, look at people, and so on because he gets so tied up in the pressure of his dilemma. He loses perspective and can get out of touch with how he is acting in context. He does not realise he may seem to be doing unusual things like walking around in circles or clenching his fists and teeth. Don't feel scared of him, he's not mad at you.
- Adam reads widely, and loves to discuss literature and narrative in general.
- He has great admiration for people who he regards as well-meaning and kind.

Tips that assist Adam if he is distressed:

- It is important that the person speaking to him stays calm.
- If he is in a very emotional state, be direct and tell him calmly that he will need to go to his room (if he is in a public space), sit on his bed, take some deep breaths and remind him to call his mother or Isobel.
- He has been taught that breathing deeply or even just remembering to breathe when he is distressed is helpful and calming - remind him to do this. Say to him 'Breathe more deeply', or 'Take deeper breaths'.
- Reassurance is helpful - Tell him he will be able to think better when he is calm.
- If you are able and willing to talk with him about what the problem is, he most likely will calm down once he knows you understand. **Being understood seems to be the key.**
- The list of people to contact is as follows and Adam will decide who to call unless he cannot reach the person he needs:
    1. His mother, Catherine T: ……./ M …….
    2. Isobel T (participatory assistant DSC), M …. (till 8.00pm for now)
    3. SR on duty who is able to call the sub deans if required
    4. Sub Deans
    5. Deputy Head (who will be coming in mid May)
    6. Head of Hall

Ben

- Ben often feels anxious about where to put his eyes or how to arrange his facial muscles in social situations. He's trying to be "normal" and "relaxed".
- a sign of anxiety building is his nervous or changed hand gestures.
- another sign is he may make high pitched humming noises.
- He may stop mid-walk because his anxiety distracts him from even walking
- When he gets anxious he feels everything needs to be rushed, even if it doesn't really - **so it is great to remind him that there is really time to calm down and work around problems.**
- Ben tries to hide his anxiety but he would like the SRs to know about it so he doesn't feel he has to hide it so much.
- He does like to talk about his ideas about categories and orders. If you cannot understand what he is talking about, consider it might have something to do with this - that might help it make sense. Then you can comment on the ordering system if you have any ideas about it.

Tips that assist Ben if he is distressed:

- If Ben asks a question late at night that is college related or something that can only be answered in office hours, recommend that he go to bed and see the office in the morning - he will be grateful for that solution.
- Be direct with him if you don't know the answer.
- If it's a complex question and you don't have time to answer just let him know that.
- The same list of contacts applies to Ben.

Approaches that help both Adam and Ben

- Both Adam and Ben enjoy being involved with others and with the community but don't feel that they are good at it or know what to do.
- Be encouraging and give instructions if they don't seem to know what to do, for example, if they are hovering at dinner just say, 'have a seat'. They are just not sure whether they are intruding on a conversation.
- Things get worse for them when they feel isolated.
- It helps if students and staff in the community acknowledge them - say hi and make eye contact - this helps them feel less isolated.
- Both really enjoy the intellectual stimulation of university.
- Disclosure and open communication seems really helpful, no need to feel there's any stigma about AS.
- Things get worse when Adam or Ben become isolated for too long, although some peace and quiet is good too.
- When dealing with a highly anxious Adam or Ben, I've always found "it's not over until it's over" - that is, they need to know logically that the dilemma or inconsistency in their minds that is causing so much stress is resolved. Helping them to calm down may not make it better. Maybe only for a minute. They have to get that inner conflict sorted out somehow - **contact someone on the list who can help.**
- Talking it through with someone is good, but there's no magic solution about what to say. Adam and Ben are very intelligent and logical and the solution will be too.

General background on Asperger's Syndrome (Comments by Catherine- mother of the two brothers)

There are plenty of good sources for detailed info on AS - Tony Attwood seems to be the most frequently referenced source. Here are a few dot points, on what seems to characterise it to me, particularly as it is relevant to Adam and Ben (it is different for each person - it's a spectrum). The points are all sort of connected.

- AS people are not aware of, or interested in, social hierarchies or norms that groups develop to help moderate and control social relationships.
- So, they do not really see or care about fashion, and they do not realise why anyone might say things just for social reasons ("small talk" for example) and they cannot do that sort of talk very well.
- They are highly abstract thinkers and like to categorise and order ideas and concepts, so they feel comfortable talking about things in that way.
- They are very logical and reasonable.
- They can become pedantically interested in the ordering and classification of concepts. This can be great in some academic areas, but it can turn some people away socially.
- They are not good initiators socially and can lack initiative - indeed they can spend long periods of time focussed on an area of interest, and find it hard or upsetting to move on.
- Change is hard for them.

- They can get sensory overload - lights too bright, noise too loud, environment too chaotic, can cause distress and exhaustion.
- Decision-making is extremely difficult as they feel they really have to be logical and consider all possibilities.
- They find time management challenging.
- They don't adopt culturally determined judgemental value systems, so they are very open minded. This is generally great, but it might mean they find some culturally determined practices inexplicable or indeed wrong. Sexist or racist jokes for example, they feel to be highly offensive. On the problematic side, it can mean practices like formal dressing for some occasions, or celebrating something like ANZAC day might be hard for them to "get".
- On the other hand, they really try to do everything right. They are overly perfectionist.
- They can be highly confused by ambiguity in instruction, as they are really trying to do as instructed. For example; Adam suffered terrible anxiety catching busy trams around Melbourne because he was told by someone to take his bag off his back - but then was told by someone else not to put it on the floor.
- They also tend to take instruction very seriously, and assume that they must do as asked, but they may not pick up that some instructions are not really as important as others - ie: maybe they'll stress over getting referencing protocol correct, but miss the submission deadline.
- Anxiety is probably the most serious consequence of all of this for Adam and Ben. Because of trying to do the best they can, but always coming up against some unclearness somewhere (it is inevitable really), they are always finding something makes them anxious.
- Anxiety is inside their minds - it's caused by some point of logical discord in their thinking - ie: if there are conflicting instructions they are trying to follow, or if there is a decision with no logical way of figuring out which way to go.
- Social isolation and ostracism are big problems for them.
- They really cannot help it if they seem to act unusually. They do not mean to.

Appendix B

Expectations of Adam and Ben* at Hall X*

Hall X and the ANU are committed to assisting students with specific needs under the equity policies of the institution (See Equal Opportunity for Students p.14 in Hall X Handbook and equity policies ANU).

Hall X with input from ANU Counselling Centre, DSC, Senior Residents at Hall X and the Y family including the brothers have put together some guidelines which will hopefully assist them in their adjustment to university residential life. (See Appendix C)

Isobel T - participation assistant with the DSC with supervision from Rebecca Ryan (DSC) will ensure that both brothers have access to the guidelines and understand the process of who to call if they are distressed or unsure about a particular situation.

In addition, it is important that Adam and Ben understand that the residence has limited capacity to manage certain behaviours without disturbing the rest of the residents.

Behaviours that might be construed as affecting others include:

- Emotional outbursts in public areas of the residence such as screaming, loud crying, banging on walls or other residents' doors.
- Throwing objects.

Adam and Ben understand that they have a list of people who they can call on should they need assistance with coping with a particular situation. This list is also available to SR's and staff at Hall X to call on their behalf if necessary.

The list of people to contact is as follows and Adam and Ben will decide who to call at the time:

1. Their mother, Catherine T: …… M ……..
2. Isobel Turner (participatory assistant DSC), 041… (till 8pm for now)
3. SR on duty who is able to call the sub deans if required
4. Sub deans at Hall X
5. Deputy Head (who will be coming in mid May)
6. Head of Hall

Appendix C

*Suggestions for assistance to Adam and Ben**

Adam and Ben have Asperger's Syndrome (AS). They have given their permission for students at Hall X to know about this with a view to understanding some of their reactions and for the community to learn from them.

'Students who reach university level with this syndrome usually have above average intelligence and may become very focussed on an activity or subject area that they enjoy. They can also experience difficulties with flexibility of thought, social and emotional interaction and language and communication.

"It is important to remember that people with AS should be treated as individuals with unique personalities. Each person has their own individual set of strengths and weaknesses; the key to supporting someone with AS is finding out how best to reduce the impact of the difficulties" (Hughes M., Milne V., McCall, A. & Pepper, S., 2010, p.6).

To this end suggestions have been sought from various people including their mother, Catherine*, which will hopefully assist the Hall community in understanding and helping with some of these difficulties when they arise.

Adam

Adam may get anxious for reasons that we might not understand. Anxiety can happen for a range of reasons.

His mother has said that once she understands the reason he is upset, she is always able to calm him down. When she has figured out what the problem is, they can sort it. **Being understood seems to be the key.**

Tips that assist Adam:

- He has been taught that breathing deeply or even just remembering to breathe when he is distressed is helpful and calming - remind him to do this. Say to him 'Breathe more deeply', or 'Take deeper breaths'.
- Reassurance is helpful - Tell him he will be able to think better when he is calm.
- Tell him the problem will be ok and will be sorted.
- Be firm and tell him calmly that he will need to go to his room (if he is in a public space), and remind him to call one of the contact people on his list. It is important that the person speaking to him stays calm.
- This list is as follows and Adam will decide who to call unless he cannot reach the person he needs:
    1. His mother, Catherine T: ……
    2. Isobel T (participatory assistant DSC) T: …..
    3. Sub deans
    4. Deputy Head (who will be coming in mid May)
    5. Head of Hall

Ben

Ben may ask a lot of questions that are either very difficult to answer or seem out of context.

Tips that assist Ben:

- Be direct with him if you don't know the answer.
- If it is a complex question and you don't have the time to answer, just say that you are not able to answer the question right now.
- The same list applies if Ben needs to talk to someone.
- Same list of people apply to Ben if he needs to talk to someone.

Things that help both Adam and Ben

- Both A&B enjoy being involved with others and with the community but don't feel that they are good at it or know what to do.
- Things get worse for them when they feel isolated.
- It helps if students and staff in the community acknowledge them - say hi and make eye contact - this helps them feel less isolated.
- Both really enjoy the intellectual stimulation of university.

* Names have been changed to protect the privacy of the individuals.

Reference:

Hughes M., Milne V., McCall, A. and Pepper, S. (2010). *Supporting students with Asperger's syndrome - A physical sciences practice guide.* University of Hull, UK.

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Reports

Reflections from the Global Summit on Student Affairs and Services: An Australian Perspective

Christie White
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Director, Student Services & Social Justice
University of Southern Queensland

Abstract

In 2012, the inaugural Global Summit on Student Affairs and Services was held in Washington, D.C., USA. The Summit was jointly hosted by the IASAS and NASPA, two well-respected associations with interests in the student affairs and student services profession. It aimed to share ideas regarding student services' role in bettering opportunities for students, consider the changing nature of higher education, discuss common issues and best practice, as well as consider current and future research. The Summit brought together 47 delegates from more than 20 different countries. It resulted in a validation of common challenges, a commitment to common solutions, and a shared understanding of the student services' context globally. This is a narrative of my experience and my learnings as a representative of the Australia and New Zealand Student Services Association Inc.

The context

What an honour to be part of higher education history when Student Services and Student Affairs professionals from varying corners of the globe came together in one place to discuss commonalities, differences, and opportunities. With thanks to NASPA, the USA association for Student Affairs Administrators in Higher Education, and the newly formed IASAS, the International Association for Student Affairs and Services, we came together as one to venture into unchartered territory. And they came. With 47 delegates from over 20 different countries, representatives from student services and student affairs associations were invited to attend the inaugural Global Summit on Student Affairs and Services in Washington, D.C., USA in September 2012. I had the fortunate pleasure of being selected by the Australia and New Zealand Student Services Association Inc. (ANZSSA) as the Australian and New Zealand representative, jointly funded by my own institution, the University of Southern Queensland.

The Summit took the format of a keynote presentation and multiple facilitated group discussions and group work. Together we shared, debated, and rationalised trends, global issues and common threads. Allow me to share my learnings.

Who we are

The Summit brought about a collegial debate about who we are in higher education and what we are known as. Most commonly in Australia, the activities we refer to would be known as 'student services' but in the USA the term 'student affairs' is well renowned. 'Student affairs' was certainly a new concept in some countries for the work that we do and at times in Australia it reflects student administration type services. While no common definition for student affairs or student services exists globally, we are primarily referring to non-academic services that support the transition and progression of students studying in higher education. For the purposes herein, I will be referring to the term 'student services' unless specified otherwise due to my Australian context. ANZSSA, which partly funded my participation, is the professional association in Australia and New Zealand that is established for people with an interest in the role of support services in post-secondary education. Such support services focus on the quality of the student experience, supporting and empowering students to achieve their educational and life goals, enhancing student wellbeing and development, improving student success and persistence, providing outreach to students at-risk and raising institutional student retention rates.

Interestingly, but in hindsight not surprisingly, was the discovery that student services' departments are structured differently, resourced differently, and funded differently across the globe. Student services can exist in a centralised model with a central unit governing the delivery of services or it can exist in a decentralised model that permits student services professionals to be embedded within faculty. Staff to student ratios differed as did organisational structures. Some student services were outsourced providers servicing a range of higher education institutions, while many were consistent with the Australian and New Zealand approach of being owned and operated by the institution itself. Some countries had associations to support the profession nationally, such as ANZSSA and some lacked a professional association at all. Some countries had specific training and career development programs in the field of 'student affairs' while others merely drew together multidisciplinary teams to drive forth the agenda of student support. It would appear from my observations that Australia and New Zealand's most similar comparators are those student services that exist in Canada and Ireland. While such similarities and differences existed, there appeared to be common threads to challenges and core issues across the globe. The richness of this discussion was invaluable.

Key take-home messages

Over the two days of the Summit, there were multiple messages and discoveries that allowed me to feel validated and normalised in the work that we do. In addition, I was exposed to material and discussion that has allowed me to challenge the status quo in Australia or, at the very least, encouraged me to look 'outside the box'. I have selected a few key points to share here.

Our keynote speaker, Dr Phillip Altbach from the Center for International Education at Boston College started our proceedings with sharing global issues and trends in higher education. It was a great introduction to the climate and context within which we were all working. He drew our attention to the issue of massification whereby increasing access to higher education was occurring worldwide and the impacts it is having on the institutions. He highlighted that the battle of state funding is a common matter experienced across the globe and he emphasised that our students have changed. Our students can no longer be regarded as 'elite' and are no longer fully committed to their studies due to competing priorities. Our students are now a more diverse group of people than ever before. Dr Altbach announced that the challenge has moved beyond simply access and widening participation but rather our emphasis needed to be about enabling our students to exit the system successfully; that is, our focus now is about progression and success. We were challenged to consider that our historical structures and methods were no longer catering to this diverse group of students and we needed to change to succeed in our endeavours. In comparing programs and processes, a plug for Australian higher education was made when Dr Altbach referred to the Australian student loan system as one of the better systems globally. He suggested that the choice to study by distance is increasing and the increasing use of technology is a growing challenge, as well as an opportunity for both the learner and the institution themselves. Amongst many other pertinent points, Dr Altbach argued that the mere nature of massification and the change in the student cohort are resulting in the role of student services becoming increasingly significant and we can expect that we will be seen more valuable by academia in time to come.

Our group discussions were also insightful. What was striking to me was the consistency in challenges we are facing across different countries - staff retention, engaging non-traditional students, HIV/AIDS issues, mental health issues, alcohol issues, financial concerns and affordability, engagement with Indigenous students, employability and graduate outcomes, campus security and safety, access to technology or more so lack thereof, attrition rates, student preparedness for university, language barriers, and our constant battle with integrating into the curriculum, just to name a few. Sound familiar?

There were plenty who could relate to the dilemma and ongoing tension for student services in whether to work in the best interests of the student or the institution. The best outcome for the student in terms of their choices for deferring from study or taking a reduced study load is not

necessarily a good outcome for the institution when we are considering student load or headcount summaries. Sound familiar?

There appeared to be a common theme whereby student services in higher education are always placed last on the agenda and we are constantly striving to prove our worth. This resulted in a great discussion about how we evaluate our effectiveness and subsequently raise our profile and worth across the institution. What is our data? How do we assess what value we add to the institution or the student experience? Are we adequately addressing student needs? Sound familiar?

What we delivered

What we delivered was a commitment to the ongoing conversation that came out of the Summit but the challenge of returning to our busy workplaces was always going to be an issue. Time will tell if this is the case but the energy appeared electric to carry the momentum forward. We discussed topics of mutual interest, established meaningful global relationships, and established action plans for future opportunities.

There were seven key actions that we committed to achieving after we returned to our home countries. We agreed to work collaboratively to maintain the summit network, develop academic partnerships, construct shared learning outcomes and assessment instruments, explore the role and use of technologies across our different institutions, create a shared repository of pertinent information and data, form an overarching philosophy of student affairs and write a summary of the Global Summit. I foresee opportunity in future collaborations in joint publications, a global network, sharing global resources, joint research projects, and joint evaluation strategies and I challenge all of us to take advantage of this invitation. After all it was my job to come back and share this detail.

Throughout the Summit, I was able to share my journey in part via Twitter and LinkedIn. ANZSSA is a wonderful platform for us to venture further on this journey together and create solid foundations, share best practice, and create common solutions, even at the local level. There is so much we could achieve if we worked more closely together here at home.

To be acknowledged are two shortcomings of the Summit. A glaring omission from the debate and discussion was representation from under-privileged countries. Are my observations and opinions around ‘global’ and ‘common’ not so ‘global’ and ‘common’ if we had the voice of our colleagues who were not fortunate to join us? In addition to this shortcoming, is my admission that I question how well I represented the interests of New Zealand given that I am yet to visit our reportedly beautiful neighbour. Whilst my attendance at the upcoming ANZSSA conference in late 2013 to be held in Wellington, New Zealand should provide insights for me, I do hope my limited yet growing understanding of higher education in New Zealand represented your interests in the Summit to a satisfactory degree.

Closing statement

All in all, it was a fantastic Summit and who would report on a conference and not report on the great food and fabulous dinner. The informal interactions were just as valuable because of the shared conversations with like-minded individuals - although they thought *I* had the funny accent! In the words of my colleagues - “the world is a little smaller now” and I feel privileged, like many of my newfound colleagues, to have been part of higher education history. Thank you ANZSSA and USQ for providing my opportunity but thanks to the NASPA Board and IASAS executives for creating the opportunity in the first place. Let the conversations continue…

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Book reviews

Transformations and Self Discovery: Stories of Women Returning to Education

By Cathy Stone and Sarah O'Shea published 2012 by Common Ground Publications

Reviews by:

Professor Marcia Devlin
Associate Professor Josephine May

Review by
Professor Marcia Devlin
Learning Enhancement
University of Ballarat, Victoria

The book is a result of the combination of two separate pieces of research by Cathy Stone and Sarah O'Shea for their doctoral studies. They combined their findings and chose the stories of seven mature-age female to share. The stories are about their experiences of being at university. Each woman has a unique story but there are also common themes across the seven. As Cathy and Sarah say in their preface, the challenges and triumphs that are part of the lives of so many mature-age women are represented within the stories.

The book is based on sound theoretical frameworks. These include feminism and post-modern feminism. These perspectives legitimise women's knowledge and prioritise women as 'knowers'. Post-modern feminism in particular, as Cathy and Sarah explain, is a deconstructive orientation where subjugated voices are privileged.

The book also identifies important gender constraints on women as students. As Cathy and Sarah say in their introductory chapter, "...males are... more likely to receive privileged time for their studies within their work, family and social situations. For females, time for study is not privileged in the same way, but is fitted in with their caring responsibilities of home, family, and in many cases, also paid work to supplement the family income" (p.8).

The book then tells the stories, using the women's own words and unique experiences. The reader learns that the impact of higher education on mature age women is profound, yet confusing, perhaps particularly so for those who are the first in their family and among their friends to go to university. The ways in which seven women manage the transition to university life, the anxiety the transition brings and how they cope, and the reactions of others to what they are doing are all explored.

One of the stories is about Katrina. Katrina's husband has recently died and she has two young children. She has an oral presentation to give to her class the following morning but a seven year old who is in counselling over her father's death, and who this particular evening is upset and needs her mum to spend time with her. Katrina of course provides comfort to her daughter, who eventually falls asleep on the couch exhausted. Katrina's feelings are highlighted here, "...inside, I just wanted to get things done, but she just wanted to be near me... It is a big conflict for me". She says "Some nights I could be up to two or three in the morning".

The next morning she helps her two children get ready for and get to school. In relation to her assignment, she explains, "... I didn't end up finishing my presentation until ten past ten in the morning at home and I was supposed to be giving the presentation at ten in class. I hopped in the car as soon as I was finished and I rushed in and I opened the door. The lecturer said, 'What an honour' when I came in late. I felt terrible..."

The reality of mature-age women's lives and the impact of their lives on their experiences as students are artfully explored through the stories Cathy and Sarah have chosen and the way in

which they have written them. The writing is sublime - it's the kind of book you read and you don't realise you are reading - you just absorb the information and stories.

Themes of losses and sacrifices, changes in and the ending of some relationships, persistence and determination and the women's changing views of themselves and new ways of looking at the world, emerge.

One example from Fiona's story emphasises some of these themes. Fiona is thirty-five, single, with a seven year old son and living with her parents. She had worked as a clerical assistant up until having her son. Having completed an enabling course, she is now in the second year of a Bachelor of Social Science. Fiona says,

> *Since starting here I've definitely got more confidence and, I don't know how to say this really, but just being able to say "No", and to have an opinion and be able to back it up. I'm more sure of my own opinions and I'm able to express myself more… Sometimes though it can be really difficult; just when I've got too many things on at once, and as well as being a single mum.*

What also emerges from this book is a strong message about the transformative power of education and the value in facilitating, encouraging and supporting mature-age women to participate in education, discover their academic potential and achieve their goals.

I gave copies of the book to each of two mature age women students I have the privilege to mentor. Both emailed me afterwards - one to say that reading the book was like reading stories about herself and how comforting she found that and the other to say that she had started reading the book on the train on the way home from our meeting and was so absorbed that she missed her station.

This book will be of interest to: mature age students; the families and friends of mature age students; academics teaching these students; professional and support staff assisting these students; and institutional policy makers.

If you know someone in one of these categories, I suggest you buy them a copy or perhaps two copies - they will almost certainly want to keep one for themselves and will probably know someone who would benefit from and enjoy a copy. **'**Transformations and Self Discovery: Stories of Women Returning to Education' by Dr Cathy Stone and Dr Sarah O'Shea is moving and educational reading and I recommend it highly to you.

Review by
Associate Professor Jo May
Deputy Director, English Language and Foundation Studies Centre,
University of Newcastle

The topics that Cathy and Sarah's wonderful book traverses have been central to my own experience as a low SES, first in my immediate family, woman returner to higher education who balanced 'the full catastrophe', as Zorba called it, of spouse, house and children with study. I also work in the University of Newcastle's enabling programs and share Cathy and Sarah's advocacy on behalf of such programs. But let me tell you all a bit more about this book.

While a short book in terms of its 110 pages, Transformations and Self-Discovery is an important and ambitious book. As well as providing an excellent scholarly introduction to both method and theory utilised in the research (which would be very useful as a model in upper level undergraduate and postgraduate teaching), it discusses the ways in which the experience of higher education leads to personal and wider transformations and self discoveries for the women returners. The authors wisely have chosen to foreground the separate journeys of seven mature age women as they negotiated their way into higher education in their own powerful words. The women's unique voices resound in this text and convey their experiences in often poetic words.

Examples include Simone, who explains the vast distance she traversed in one short year of her enabling program and what it has meant to her on a personal level.

> *Over the years you just sort of dwindle as a person, and this year has just been a very big boost for my confidence. I can actually go and read a book and I can do an essay, which I had never done before. I was happy with the 70 I got for the first essay, and then the last one I got 83, and I was just "Wow! This is what it is all about!" Keep trying these new things, you know, and getting the rewards. So yeah, I am not as dumb as I thought I was.*

Her strength, resolve and new found confidence are palpable.

The effect on gender relations of women's empowerment through higher education is clearly reflected in the stories, such as by Mandy, studying civil engineering, when she says:

> *All of a sudden there is common ground that a man can talk to me about … my opinion counts.*

Now hear Barbara on the distance she travelled in her higher education journey:

> *Overall I found it to be a very big self-discovery, not just learning about subjects and things, but you are learning about yourself - what you are capable of, what you can actually do, that you can get through it, and that all the hard times are worth it 'cause you just feel proud of yourself for doing it really.*

Indeed each story highlights how higher education transforms internalised and external gender regimes in sometimes subtle but ultimately radical ways.

There is no doubt in my mind that Transformations and Self-Discovery is a timely book since it comes in an era when Universities all over the world are reaching out to prospective 'non-traditional' cohorts of university students through expansion of equity and access programs and pathways. The recommendations the authors make on the basis of their research into the experiences and effects of mature women accessing higher education I hope will influence policy-makers at all levels not only to implement the concrete strategies recommended but also through the women's stories to expand their consciousness beyond the economic considerations that so de-value and are reductive of our endeavours, to embrace the truly transformative and empowering effects of higher education on the lives of these women students and by extension, on the lives of their families, their communities, and our nation, ultimately our world.

Through the stories of the women this book is in its way a hymn to the benefits of higher education. It is also a wonderful gift to and for those women out there contemplating returning because while it does not guild the lily - indeed late nights, rice bubbles under foot, arguments with partners, children's needs, parents' needs, lack of money and time are all vividly canvassed - it does make clear that higher education, embraced with courage, persistence and openness to change, can stimulate the possible shifts in a woman's being from heeding external drivers to listening to internal ones, from having materialist conceptions of success to seeking the excitement of the life of the mind, from living a nameless yearning to being embarked on the named quest for knowledge and a better life. The stories here affirm the words of African-American female poet, Ann Plato writing in 1841: ". . . a good education is another name for happiness."

Conversation Piece

A Handwritten Note - A Thing of the Past?

Stuart Brown
Director of Student Services
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The announcement by the United States Postal Service of ending Saturday delivery of first class mail has been met, it seems, with a sense of indifference and apathy. Why? For most people in this country Saturday is just another day of the week to receive a collection of bills, circulars, catalogues, and other assorted junk. Good riddance, I say, about the discontinuance.

My attitude would be much different if there was something to look forward to in the mailman's bag. A handwritten letter, for example. Yet, with the surge in email, texting, and social media a handcrafted piece of correspondence is as elusive as the 1924 inverted "Jenny" stamp. We always hope, when we peer into our mailbox or rifle through a stack of just delivered envelopes, there will be an actual letter among the grouping. But disappointment, rather then elation, is more the norm. In May 2012 I decided, in my own little way, to change the prevalent dynamics.

A colleague had recommended the book, 365 Thank Yous: The Year a Simple Act of Daily Gratitude Changed My Life, by John Kralik, now a Superior Court judge in Los Angeles. I became intrigued with his self-challenge to handwrite a thank you card each day during a calendar year. The notion intrigued me and I decided to reconfigure his idea. Simply, I would write a letter or card a day for one year. As I state in my blog (http://studentaffairs22.blogspot.com) these could be thank you cards, a congratulatory note, a holiday card, a lengthy letter, or an appreciative acknowledgement. Recipients might be family members, professional colleagues, student employees or volunteers, friends—both current and long lost ones, and even complete strangers whose stories may have touched me.

I have now been sending out pieces of correspondence for almost nine months, averaging one letter or card every day. The reaction from recipients has been met with a wide swath of emotions and responses. They have ranged from the heartfelt to the amusing. Some individuals have returned the gesture by sending me their own handwritten note or card. Many others have acknowledged my action with an appreciative email. At my fall professional conference a number of the people in attendance had received my missives. Upon seeing me at the proceedings every one of them were effusive in their thanks. One-by-one I was told how the card sat in a place of honour on their desk, almost like a newly won trophy. One person called me over for a big hug, while another was almost in tears for being on the receiving end.

My writing project has educated me about our relationship with handcrafted pieces of correspondence. First, we do not take the time to sit down with a writing implement to compose a handwritten letter or notecard. When we do, the person at the receiving end will be grinning from ear to ear. Second, we labour and struggle through our daily lives, but few people may acknowledge our efforts. A straightforward, from the heart, note, no matter how short or long, can be incredibly uplifting to one's spirits. People realize someone out there acknowledges and validates their role in society. Lastly, the therapeutic powers of receiving a handwritten letter or card in the mail are immeasurable. They can, almost literally, save someone's life.

Maybe if we eschewed the new forms of communication for the old style methods we would not be lamenting the end of first class Saturday mail delivery. We might be talking about the need to expand to Sunday.

The author may be contacted
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JANZSSA Submission Guidelines 2013

Word Processing platform

All articles should be submitted electronically using Microsoft Word or in another commonly used word processing format able to be converted to an MS Word document.

Language and spelling

JANZSSA uses Australian English so please adjust your spell check in word to ensure compliance.

Journal format

JANZSSA is published in an A4 format.

Article Length:

Articles would normally be less than 6,000 words to be accepted.

Articles longer than 6,000 words may be returned to authors to be shortened.

Abstract is required:

All articles submitted must include a brief (<250 words) abstract.

Page layout required:

Articles for inclusion in JANZSSA in either the referred or non-refereed suctions need to be submitted electronically using the following layout instructions.

The following is a normal page layout in MS Word:

Top: 5.5	Bottom: 5.5	
Left: 2.54	Right: 2.54	
Gutter = 0	Header = 1	Footer = 6

Font type:

Times New Roman

Font pitch:

Article Title:	14 point **BOLD**
Author/s Name, Role, Institution:	12 point
Abstract header:	12 point **BOLD**
Abstract body:	10 point *italics*
Body text:	12 point
Header within body of the text:	12 point **BOLD**
Footnotes:	9 point

Diagrams tables and drawings:

Any diagrams and tables included in the text must be no larger than 21 cm in depth x 17 cms wide.

Any drawings included are inserted with **Paste Special** function so that the drawing is stable in the body of the text.

Text within a table is preferred as centred or left margin aligned.

Use of colour:

JANZSSA is published in black and white so use of colour in graphs, diagrams and drawings may mean that the nuanced meaning in the various components of the chart, graph etc lost. Please ensure that the differences in charts, diagrams and graphs etc are clearly defined using variations of colour within a grey scale.

Use of References:

Referencing protocol is the APA Referencing System. Examples of the APA Referencing system are easily found using an internet search. Below are two examples from Australian Universities.

http://www.lc.unsw.edu.au/onlib/ref_apa.html
http://www.lib.monash.edu.au/tutorials/citing/apa.html

Suitable content for articles submitted for publication in JANZSSA:

Articles may include comment and debate on current issues, reports of student services in practice, policy matters, research projects, and reviews of relevant books. The guiding editorial policy is that articles are of interest to student service staff, and are of a high standard.

JANZSSA publishes both refereed and non-referred articles:

Authors who wish to submit an item to be published as a refereed article must include a written note to that effect at the time of submission. If an author does not specify for inclusion in the refereed section the editors will consider the article for publication in the non-refereed section.

Refereed Articles:

The Research Programmes and Policy Unit, Higher Education Group, Department of Education, Employment and Workplace Relations (DEEWR) advise that JANZSSA is recognized by DEEWR for publication of refereed articles. The register of such journals is to be found at

http://www.dest.gov.au/sectors/higher_education/publications_resources/

Non-Refereed Articles:

Articles submitted for publication without being peer-refereed will be published at the discretion of the editors.

Best Practice and Strategies to Show Case:

JANZSSA includes in its non-refereed section examples of best practice and innovation emerging in Student Services.

Contributions for this section are invited.

Contributions to this section would normally be descriptive and not evaluative.

Length of submissions can vary but the upper word limit will normally be 1500 words. Contributions of longer length may be returned to the author for editing.

A Showcase Best Practice Report Template is available from the Editors. See contact details below. Use of the template is not compulsory and is offered simply to assist if required.

Reports and Reviews:

Reports on aspects of policy and practice within Student Services and the Post-Secondary Education sector are invited. Short reviews of books, articles, journals, reports which would be of general interest to JANZSSA readers are also very welcome.

Quality Submissions:

All submissions for publication are required to comply with the layout requirements, and edited for grammar, punctuation and spelling accuracy prior to submission to the JANZSSA co-editors. Articles will be returned to authors for corrections, if required, prior to consideration for publication or distributed for peer review.

Submission Deadlines:

JANZSSA publishes issues: in April and October each year.

Deadline for submission of non-refereed articles, reports or reviews, and contributions to the section, Best Practice and Strategies to Show Case:

- February 14 for the April issue
- August 15 for the October issue.

Deadline for submission of refereed articles:

- October 30 for the April issue
- April 30 for the October issue.

Referee Process:

The editor of JANZSSA will consult with the Editorial Board to identify at least two expert referees (who may not necessarily be members of ANZSSA).

Each referee will be unaware of the identity of the other referee/s.

Each of the referees will be provided with an electronic copy of the article from which the author's name has been removed.

As author/s you should also remove other identifying information, and replace any such words or sentence with "words removed for purposes of author anonymity" so that you are not identifiable as the author/s once the author names have been removed.

Referees will submit a report back to the editor that contains one of four recommendations. These are:

1. That the article be published without amendment
2. That the article be published with minor amendment, to be approved by the Editor of JANZSSA
3. That the article be published with amendments to be approved by the referees
4. That the article not be published as a refereed article

Referees will also return the electronic copy of the article, which may contain annotations and suggested amendments to the paper. Referees will be asked to ensure that their identities are not revealed in the track changes or annotations made.

At least two referees must be in agreement for an article to be published as a refereed paper.

Enquiries:

Any queries regarding submission format should be directed to either of the co-editors. See contact details below.

JANZSSA Co-editors (2012-2013)

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Before submitting your article:

Please refer to the following check list and complete these actions prior to submission of the article.

Please check:

- JANZSSA page layout has been used
- JANZSSA font type and font size requirements have been used
- JANZSSA referencing system (APA style) has been used throughout and that all references are included in full.
- Spelling, grammar and punctuation reviewed.
- All diagram and table contents are position and text correct (i.e. text abbreviations used are consistent throughout diagram or table and that text is centred or left margin aligned.).
- Drawings included are inserted with Paste Special function so that the drawing is stable in the text.
- Do print and read for final corrections.
- De-identified version of paper as reviewer copy completed and attached (if the article is for submission for the referred section of JANZSSA).

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This group also functions as the Editorial Board of JANZSSA

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Information about ANZSSA

The Australia and New Zealand Student Services Association provides development opportunities and sector representation for professional staff working in post secondary student engagement, student participation, student wellbeing and student development throughout Australia and New Zealand. Through meetings, seminars, workshops and conferences, experienced practitioners share information, ideas and research within their areas of expertise.

ANZSSA is focused on:

- The quality of the student experience
- Supporting and empowering students to achieve their educational and life goals
- Enhancing student wellbeing and development Improving student success and persistence
- Providing outreach to students at-risk
- Raising institutional student retention rates

Membership

Whilst ANZSSA is based in Australia and New Zealand, anyone is welcome to join us, no matter where you may be located. Full details of current membership categories and registration costs are available via the ANZSSA website members' page at www.anzssa.org.

Belonging to ANZSSA will connect you to a community of professionals across many institutions and support areas - including:

International offices - Counselling - Health services - Housing services - Student guild advocates - Learning support - Grievance/Conflict Resolution officers - Chaplaincy and other faith officers - Careers - Academic advisors - Recreation services - First year experience and transition services - Mentor programs - Equity staff - Financial advisers - Student advisors - Disability support - Welfare advisors - Volunteer and leadership program coordinators - Directors and Heads of operational areas.

Professional Development Activities

The *ANZSSA Biennial Conference* attracts international participants as well as delegates from across Australia and New Zealand.

Regional and State meetings range from informal workshops to visiting speakers and annual conferences.

Members Discussion Board located on the ANZSSA web site at *ww.anzssa.org* provides opportunities for members to share information and collaborate on programs and issues.

Publications

JANZSSA, the Journal of ANZSSA, is published and distributed to members twice per year. Members are encouraged to contribute a variety of material: scholarly articles, information communications, comments, book reviews, and items of interest to the general membership can all be accommodated.

Website

http://www.anzssa.org

The ANZZSA web site is a comprehensive resource offering a broad range of information to professionals working in student support and student services' roles.