Mind the Gap! A University-Wide Approach to Finding Opportunities to Support Mental Health and Wellbeing in New Zealand Tertiary Institutions

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Abstract

The Education (Pastoral Care of Tertiary and International Learners) Code of Practice 2021 (the Code) recognises the challenges our student population can face (New Zealand Qualifications Authority [NZQA], 2021). It is in place to support the wellbeing and safety of learners studying with a New Zealand education provider. In line with the Code, universities across New Zealand are looking at ways to support the mental health and wellbeing of our tertiary students. This article provides an overview of some of the mental health challenges experienced in New Zealand, and how the Code supports the wellbeing and safety of students. After reviewing literature on the mental health and addiction challenges in New Zealand and collaborating with directors and leaders of student services/wellbeing, a series of recommendations were devised. This article shares the recommendations, which focus on taking a holistic approach to support both our domestic and international students. The recommendations focus on breaking down barriers preventing students from seeking mental health support; normalising help-seeking behaviours; and working together with staff, students, and support services to make a positive difference to the mental health of our students.

Keywords

Student wellbeing, Mental health, Mental wellbeing, Help-seeking, Collaboration

Introduction

Universities are communities to our tertiary student population as they provide knowledge and opportunities for individuals to connect, explore interests, and develop their identity and academic and social skills. In 2024, approximately 177,000 students were enrolled across eight universities in New Zealand and approximately 17% of these were international students (Education Counts, n.d.; Universities New Zealand, n.d.b).

Going to university is an exciting opportunity for students. However, for some, the transition from high school to university can bring a great deal of change, which can be stressful (Palmer & Puri, 2006). Students transitioning from secondary school can potentially go from being at the top of their school class to competing against similar minds at university. These students can also be at the stage of their life where they are gaining independence and autonomy and are strengthening their identity. They may also experience challenges relating to moving away from home, adapting to different teaching styles, needing to be proactive with their studies, and juggling their social life and financial independence (Palmer & Puri, 2006).

International students coming to New Zealand may have additional areas to navigate. These may include a foreign language, difference in culture, high family expectations for their educational achievement, and being away from family for the first time. The health care system in New Zealand may also be very different to the student's home health care system. For example, some medications may not be approved for use in New Zealand. Additionally, some restrictions or conditions may apply regarding who can supply, prescribe, or administer the medication (e.g., a psychiatrist may be the only person approved to do this) (Medsafe, 2024; New Zealand Universal List of Medicines [NZULM], n.d.). International students will also need to make sure that their insurance will cover the cost of managing any pre-existing condition they may have.

International students are also restricted with the number of hours they can work when they have a student visa (New Zealand Immigration, n.d.). This can potentially limit opportunities to increase

their earning capacity if, for example, they find themselves in situations where their insurance will not cover unexpected financial costs.

To support students during their time at university, all universities provide a range of holistic support services. These can range from academic support to sport and recreational activities, health and counselling, faith support, career advice, peer mentoring programmes, leadership opportunities, accommodation services, and social spaces and events.

Mental health challenges in New Zealand

Over the last decade, feelings of distress have increased in many developed nations (Fleming et al., 2020). Societal issues—such as the impact of social media, poverty and social inequity, cost of living, intergenerational trauma, racism and discrimination, increased exposure to violence, and challenges relating to finances and employment—have been thought to play a part in this (Fleming et al., 2020).

In New Zealand, the cost-of-living crisis, for example, has impacted students' ability to pay for food, bills, healthcare, and clothing (Swarbrick et al., 2022). Students are also a population group who are likely to be renting and spending, on average, 56% of their weekly income on rent (Swarbrick et al., 2022). These challenges have seen students working more hours and sacrificing health care, hygiene products, and food, and living in cold, damp homes in need of maintenance (Swarbrick et al., 2022). Unhealthy eating patterns, such as regularly skipping meals, can be a common predictor of mental health problems, and financial difficulties can increase students' levels of anxiety and depression (Andrews & Wilding, 2010; Farhangi et al., 2018; Patton et al., 1997).

New Zealand has also had its own unique challenges. These have included some of the highest reported incidents of school bullying and rates of teenage suicide (aged 15–19) among countries within the OECD (Organisation for Economic Co-operation and Development [OECD], 2019; OECD Family Database, 2017). New Zealand is also known to have more risks from natural disasters than most high-income countries (The Treasury, 2022). In 2011, the city of Christchurch experienced a magnitude 6.3 earthquake which caused severe damage, injured several thousand people and resulted in 185 deaths (Ministry for Culture and Heritage, 2023). A study of Christchurch secondary students after the earthquake found that students reported elevated rates of stress. Symptoms included nightmares, constantly being watchful, and feeling numb or detached (Fleming et al., 2013). The study predicted Christchurch students would face increased challenges in the future, compared to other New Zealand students (Fleming et al., 2013).

In 2019, tragedy struck in Christchurch again, with a terror attack resulting in 51 deaths (Every-Palmer et al., 2021). Mass shootings can have mental health consequences, such as PTSD, depression, and other psychological symptoms, both for victims and community members (Lowe & Galea, 2015).

Due to the onset of COVID-19 towards the conclusion of 2019, New Zealand closed its border and went into lockdown to prevent the spread of the virus. During this time, a study found that one-third of participants reported moderate or high psychosocial distress, with young people (aged 18–24) reporting more anxiety and psychological distress (Every-Palmer et al., 2020).

In 2023, New Zealand had various parts of the country in states of emergency due to extreme weather events including flooding. A study exploring the effects of extreme weather on New Zealand youth found that, due to the unpredictability of extreme weather events, individuals were afraid for their safety, other people's safety, and of a recurrence (Youthline, 2023).

Supporting the wellbeing and safety of our students

The Education (Pastoral Care of Tertiary and International Learners) Code of Practice 2021 (the Code) recognises the unique needs of the student population (NZQA, 2021). It is in place to ensure students enrolled with a New Zealand education provider are safe and supported. The Code took effect from 1 January 2022 and has a strong emphasis on systems and processes being in place to support student wellbeing. The Code expects the adoption of a university-wide approach and focuses on areas such as learner voice, safe and inclusive practices, and responding to wellbeing and safety needs.

The Code recognises a number of issues within society, such as racism, discrimination, sexual harm, and physical violence. The Code expects the culture and environment at university to be proactive and responsive to support students in coming forward and disclosing information. This requires established systems for students to receive support and initiatives to raise awareness and prevent harmful behaviour from occurring.

Whilst universities are equipped to support students, like many complex organisations, they can find themselves operating in silos within individual teams, departments, services, or faculties. As universities are large, complex institutions, staff and students can often find them difficult to navigate. The Code has enabled traditional norms, such as operating in silos, to be challenged by emphasising taking on a whole-of-provider approach to support student wellbeing. This approach increases the visibility of support services and processes, so that everyone can work together to support student wellbeing. The Code also incorporates student voice, engagement, and participation which offers opportunities for the student experience to be understood and for student partnerships to be developed to support student wellbeing needs.

The Code is monitored by the Committee on University Student Pastoral Care (CUSPaC). The CUSPaC use evidence-based assessments and support universities to undertake annual self-reviews, which are evaluated to ensure compliance (Universities New Zealand, n.d.a). The CUSPaC can also make recommendations to support the improvement of pastoral care outcomes (Universities New Zealand, n.d.a). Directors of student services/wellbeing across New Zealand formed a subcommittee of the CUSPaC, to explore opportunities to further support the mental health and wellbeing of our student populations.

Opportunities to normalise help-seeking behaviour and break down barriers

The author conducted a review of literature on the mental health and addiction challenges within New Zealand and collaborated with directors and leaders of student services/wellbeing, so that recommendations could be devised.

The recommendations relate to awareness raising, breaking down barriers to accessing support, normalising help-seeking behaviours, learning and understanding from those directly impacted, and working together to share the responsibility of supporting our students' wellbeing.

Recommendations have been categorised into two areas:

1. Education, awareness, and early intervention.
2. Collaboration and connection.

The topics relating to these key areas are outlined in Table 1 and discussed in further detail below.

Table 1

Key Focal Areas to Normalise Help-Seeking Behaviour, Raise Awareness, and Break Down Potential Barriers

Education, awareness, and early intervention	Collaboration and connection
Monitor and highlight gaps and challenges	Student voice in design and delivery of services
International student pre-arrival information	Support for lived experience roles/ambassadors
Engagement with secondary school students	Collaboration with community services
Consistent messaging across the university	Opportunities for whānau connection
Education pedagogy	Postvention support
Hardship funding	
Alcohol and drug campus culture	

Monitor and highlight gaps and challenges

Universities are looking to work together to capture and utilise data to understand, inform, and support intervention practices. This means continuing to connect with each other and participating in communities of practice to share challenges and best practice, as well as learn from each other and understand any gaps. It also means capturing data in areas such as the prevalence of mental health and addiction issues and understanding student mental health needs at university. Data help identify patterns, inform practice, and support advocacy for additional resourcing. Data collection and analysis promotes collaboration to identify and close gaps, and to find solutions to support students in need.

International students

International students are a unique cohort who bring with them a diverse range of experiences, cultural beliefs, traditions, and religious and spiritual norms. Universities can help inform students about available supports and the New Zealand health care system before they arrive in the country. This may include the provision of pre-arrival information detailing health services, health promotion programmes, and any medication restrictions.

Self-reflective questions and a self-care template to formulate a self-care plan can also help students problem-solve and consider their individual health and wellbeing needs. This can also assist them in understanding the various support services available. Such exercises normalise early conversations so that individuals understand the positive steps they can take to support their health and wellbeing before potential issues arise.

Normalising help-seeking behaviour can also help reduce stigma stemming from inaccurate information, which can lead to negative beliefs, shame, or guilt about mental health (Ran et al., 2021; SANE, 2023; Office of the Surgeon General (US) et al., 2001).

Secondary school students

Universities have access to knowledge, research, and best practice as well as connection opportunities with secondary school students. It has been estimated that half of all lifetime mental disorder cases start by the age of 14, and three-quarters of cases by 24 years old (Kessler et al., 2005). Universities can incorporate consistent wellbeing messages into programmes, communications, and presentations targeted at secondary school students and their families to support the promotion of help-seeking behaviours and normalise self-care.

Providing information, self-reflective questions, and a self-care template to formulate a self-care plan can further encourage conversations. Throughout the year and during the orientation

programme, staff can also encourage students to revisit their self-care plan and remind them of its importance, particularly if they are experiencing academic pressures or life stresses.

Consistent messaging

Consistency in communications is critical to ensure students are aware of available support services. To support this, communication and visibility plans can be written into strategic plans, and information or online modules can be provided during training and inductions. Other ways to provide consistent messaging include keeping staff informed of wellbeing initiatives and campaigns so that messages can be reinforced and reiterated. News stories can also be used to promote best practice and celebrate success.

Feedback is also important. This can be sought from regular huis (social gatherings) to share, learn, and gain knowledge from staff and students. Universities can also look to understand the needs of front-facing teams who are likely to deal with complex situations. Universities can also support whānau (family/extended family groups) to be aware of the support services by providing communication and feedback opportunities. When feedback is received, it is important the information and data are used in continuous improvement processes.

Ensuring staff (including those in health centres, counselling, and support services) are providing inclusive, supportive, and positive experiences and services for our LGBTQIA+ students is also an important area of focus. LGBTQIA+ communities are a population group who can face stigma relating to their identity. This can create barriers in accessing mental health services, or in receiving gender-related care, due to their identity being misunderstood as a mental health problem (Oranga Tāngata, Oranga Whānau, n.d.). Research conducted in 2018 also found that medical schools in New Zealand were not including sexuality and gender-related topics within the clinical curriculum, potentially limiting opportunities to educate and raise awareness on trans clinical and cultural competency (Taylor et al., 2018).

Education pedagogy

Academic pressures are a part of university life; however, universities can work with students to understand areas that may be causing unnecessary stress. Reviewing course design, the frequency and necessity of assessments, and how unnecessary stress can be reduced is recommended. This may include identifying inconsistencies and gaps in practice and communication methods, and evaluating policies and processes to see if relevant changes can be made to support any gaps. Communicating any changes to staff and students also supports the consistency of messaging.

Hardship funding

Universities offer a range of initiatives to support student hardship needs, including funding grants and support initiatives, such as food parcels and free sanitary products. To help support students, it is important to understand hardship needs, gauge any gaps, and promote how information and support can be accessed.

University initiatives and considerations could include working with students to understand and support their hardship needs (such as food, transport costs, health costs, and emergency costs). Other opportunities include educating and raising awareness on ways to manage money and eat healthily on a budget. It is also important to understand the range of financial hardship support available to domestic and international students and to support students to know what is available to them.

Targeted health promotion

Tertiary institutions often have structures in place for communications and marketing initiatives, which can sometimes be steered by staff rather than students. It is important for those responsible for health promotion initiatives to work with diverse student population groups to learn and understand unique needs and circumstances. This will ensure impactful and relevant messaging.

Ensuring students with mental health needs are aware of, and can access, available support services is also important. Continuous collaboration and learning are required to understand how we can reach students and work together to find solutions that support their needs.

Alcohol and drug campus culture

Another key focal area is within the space of campus culture around alcohol and drugs. In 2018, a National Mental Health and Addiction Inquiry found well over half of youth suicides in New Zealand involved alcohol or exposure to an illicit drug (Patterson et al., 2018).

Drugs and alcohol can also impact a person's behaviour and alter their state of mind. This can lead to an increased risk of non-consensual sexual experiences (Burke et al., 2023; Howard et al., 2008; Kaysen et al., 2006). People aged between 15 and 24 are at the highest risk of experiencing sexual violence, compared to any other age group (Woodley et al., 2013).

Opportunities to positively influence alcohol and drug-related social cultures can include raising awareness among club leaders and university bars of peer pressure and the risks involved at events. Universities can support the promotion of non-alcoholic drinks and put safety precautions in place at events to support students to make informed decisions. Universities can also collaborate with community-based organisations who specialise in drug testing, safety, and raising awareness on mixing alcohol and drugs, and have them do their *mahi* (work) onsite. Other ways to influence a positive social culture is by having policies and processes in place to support the management of intervention strategies. Professional development opportunities can also be provided for staff and students to safely support the de-escalation of situations if they arise.

Student voice

Students are at the heart of universities and their voices need to be included in the design and delivery of services so that existing pathways can be enhanced and guided by their needs. Students have opportunities to voice their views and experiences, often complete surveys, and are represented on committees. However, it is important that their voices are heard and that feedback loops are closed. Providing training to student representatives supports them in raising concerns and discussing matters effectively. Further, opportunities may be opened for wider discussions, with relevant resourcing in place to support changes based upon student feedback. Resourcing can include having a position in place to follow up, find solutions, champion change, and report back to students on the progress that has been made.

Support lived experience

Additional insight, knowledge, and perspectives are obtained when individuals share their lived experiences of mental health and addiction challenges. It is important that those who choose to share their lived experiences are supported via training. Training can equip students with strategies to support their boundaries regarding information sharing, provide them with an awareness of the support they can provide, and inform them of the student supports available. Universities may also consider instating a role for a person with lived experience to be present and participate in discussions to further support students who are sharing their lived experiences.

Community collaboration

Universities have links and connections with specialist services, including mental health service providers with insight into the complex challenges faced by tertiary students. Building relationships with specialist mental health support services at a local level is critical to strengthen support and opportunities for collaboration. These may include one-to-one relationships; sharing of best practice; and opportunities to work together via huis, networking opportunities, and events.

Whānau connection

Within New Zealand, a recognised barrier to seeking help for mental health challenges has been the traditional delivery of services to model individualistic approaches. This is as opposed to collectivist, whānau-focused approaches that support the needs of the individual in a whānau context (Te Pou, 2022). Individualistic approaches limit opportunities for whānau to be informed and involved as support. Whilst students are adults who are protected by privacy laws and do not have to disclose their information to anyone, universities can support the collectivist approach for those who would like to engage this way. This means opening opportunities for chosen/self-identified whānau connections to take place, for example, allowing a student to bring a support person.

Postvention support

Postvention refers to the activities that take place after a suicide has occurred, to reduce the risk of suicide occurring amongst those who were closely affected and to support the bereaved to heal (Suicide Prevention Resource Center, n.d.). Universities provide wellbeing initiatives and support within the broad space of suicide prevention. This includes providing opportunities for students to make connections and feel a sense of belonging, as well as communicating, providing, and making accessible the support that is available. Universities also have intervention initiatives. Sadly, suicides do occur at universities across New Zealand and there is room for more postvention support to be in place to support staff and students.

To support staff within this space, universities are considering developing a suicide postvention guide and guidelines for practical support, and establishing a central national suicide case information database. Universities are also considering conducting a study of university student suicides that have occurred in the last 20 years, by reviewing coronial records and university reviews.

Conclusion

This article has provided an overview of recommendations that have been made to support the mental health and wellbeing of students enrolled in New Zealand universities. At the time of writing this article, the recommendations have been endorsed by the CUSPaC and were tabled for discussion and approval at the New Zealand Vice-Chancellor's Committee meeting. Universities are currently at varying stages of implementing the recommendations, and some have been completed. The Directors of Student Services are collectively working on the postvention recommendations and progress updates will continue to be given at upcoming CUSPaC meetings.

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