

**Managing
the Health and Well Being of
Millennial Students by building
and integrating student
Health and Wellbeing into
Health-Related
University Programs.**

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The aim of this presentation is to share:

- current research with millennials, primarily university students

Consider how a health professional program can:

- build capacity to foster student mental health and well-being
- resilience discourse.

MILLENNIALS refers to People born between the years 1985 and 2000 (exact dates differ between sources), also referred to as **'Generation Y'**

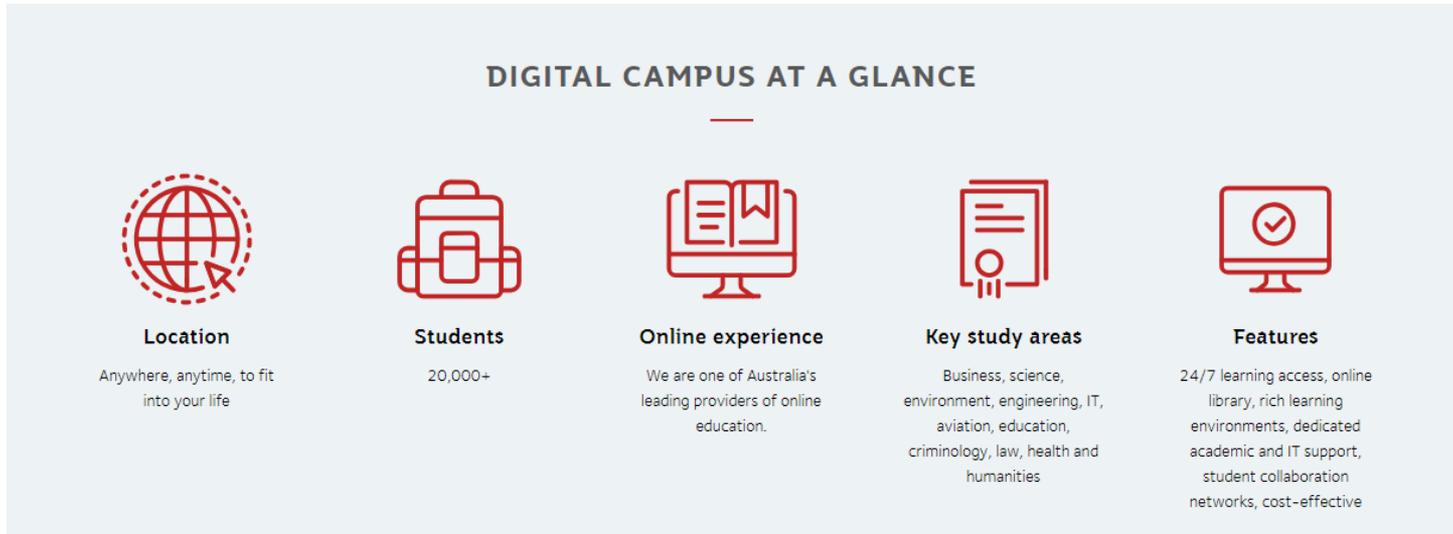


Described as ¹:

- **technologically competent “Digital Natives” understanding and comfort with technology**
- **achievement focused,**
- **confident,**
- **conventional,**
- **pressured,**
- **sheltered,**
- **special,**
- **team-oriented, and**
- **multi-taskers.**



“21st Century university described with greater diversity of students, technological advances, and generational differences²”



"Australia has one of the highest rates of international students attending university which has resulted in a high level of diversity in language, culture, and learning (Denman, 2005; OECD, 2017)".

Who are we?

Typical new entry university student profile:

- Early age entry – high school, **no life experience**
- **Recency of doting, indulgent parental care**
- **Minimal earning capacity** – work experience
- **Tech savvy** with lifestyle and communication through on-line platforms
- **Budget limitations**, Centrelink restrictions under 22yo, typically lower credit scores
- = SPECIAL



Practicum Experience Staff profile:

- **Varying technology ability** – Limited use of on-line platforms
- Social media usually kept separate
- **35% University UG/PG** ⁴
- 60% work intensity worse in last 2 years⁴
- >30% stressed⁴
- Gender/ Age?

Mental Health and Well Being – what are we dealing with?

- **Mental illnesses affect 45% of Australians** (Australian Bureau of Statistics [ABS], 2010)
 - anxiety disorders most prevalent mental illness.
- **75% of mental health problems emerge before the age of 25⁶**
- **Regular exposure to pain, suffering and death, ‘caring’ role increases risk.** Doctors, Paramedics, Nurses etc
- **Evidence also suggests health professionals are at greater risk of experiencing anxiety, depression and suicide³** with risk factors in the workplace including heavy workloads, long working hours, shift work, bullying, harassment, occupational violence and home vs work stress.
- Findings also suggest the rate of suicide among women employed in health professions, is markedly higher than that for women in other, non-health care occupations.
- Only one in seven millennials identify as ‘workcentric’ compared to one in four baby boomers (Sandeen, 2008). However, millennials have also been described as feeling pressured and being hyperfocused on achievement (Howe & Strauss 2007), often expressing feelings of stress, anxiety, and being overwhelmed (Much, 2014, p. 38).

Student Health and Wellbeing

Universities Australia National Financial Survey 2017 - students struggling

- Lack of sleep, Poor diet, Away from family, Feelings of isolation (international)
- Academic Stress
- Graduate Employment prospects
- Financial Stress

Media reports

- 1 in 3 HE students think of suicide and self harm

Backed up by Helen Stallman key researcher in student mental health and resilience in Australia reported elevated levels

- Distress 48-84% Compared to age matched peers of general population⁸.
- Burnout 63% Vulnerable, Medical students increased levels.
- Depression 33%
- Stress 62%
- Low level literacy among health professional students regarding bullying, sexual harassment and discrimination reporting pathways. Causes distress.
- AHPRA requirements on student reporting. Students more likely to discuss their exposure, feelings and other issues with peers or family but rarely self-report



Majority undiagnosed and not accessing professional services⁶.

Placement can be a time of multiple stressors

- **Placement demands** (shift work), long hours, new environment, in placement assessment deadlines, University demands
- Budget blow out
 - **Additional \$\$\$**, extra rent – managing unstable accom / rental relationships
 - Travel/Petrol/Public Transport costs
 - **Work commitments.** Maintaining or loss of work income-placement timing
- Reduced support
 - If away from family, partners, friends



Key Issue: High numbers of students experiencing financial and other emotional stress related to work-based placements.

Key Findings:

- the median annual income for full-time students is \$18,300;
- **1/7 students** regularly **go without food** and other **necessities**, this rises to **1/4 Indigenous students** and almost **1/5 students** from **poorer** backgrounds;
- **1/3 students** have **estimated living expenses exceeding their income**;
- **3/5** university students say their finances are a source of worry, with low SES students (63 per cent) and regional students (64 per cent) even more likely to be worried;
- 1/10 students deferred their studies because they could not afford to continue, while 1/5 reduced their course load for financial reasons;
- **4/5 students** have a **job while studying** and **nearly a third of full-time students** work **more than 20 hours a week**;
- 2/5 students say that their paid work has little value to them apart from money;
- **2/5 students** said their paid work **adversely affects their university performance**; and
- **1/3** regularly missed uni lectures or classes because they had to work.



Student Health and Wellbeing

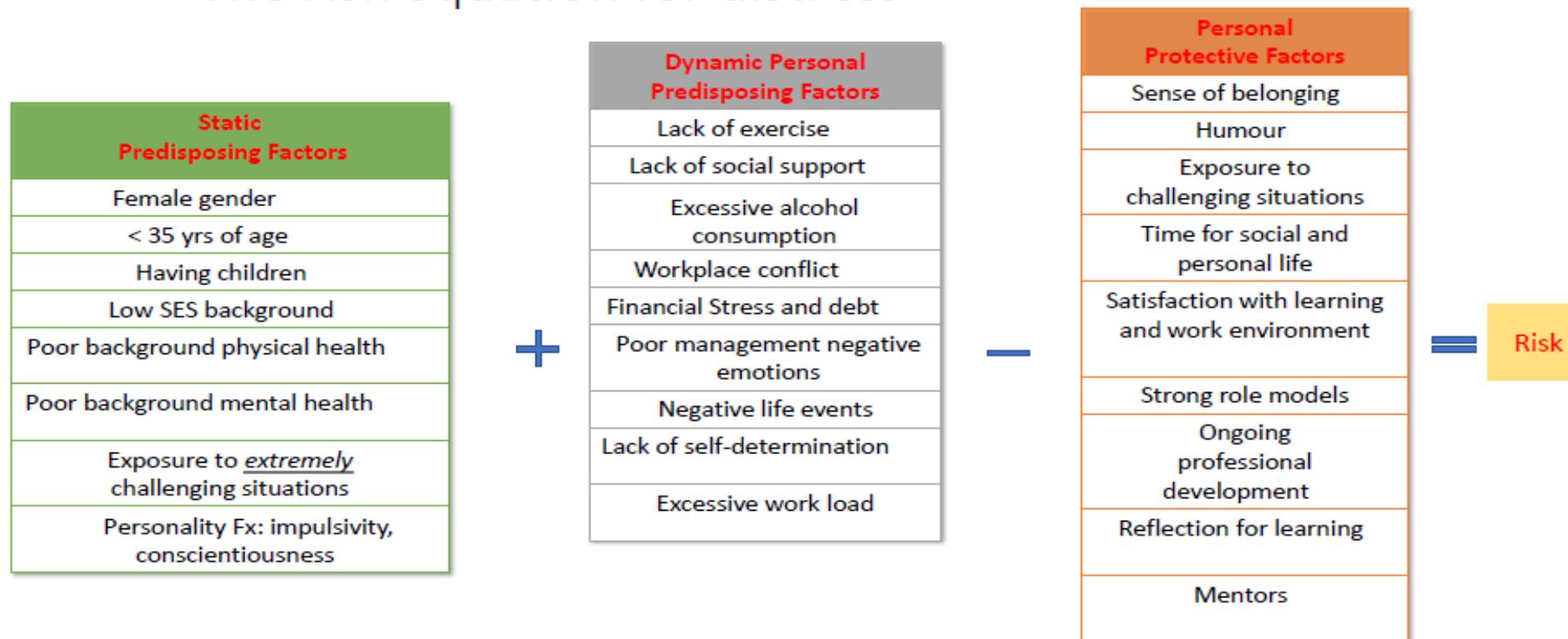
From this evidence, together with evidence that health professionals such as nurses, doctors and paramedics, health and well being are negatively impacted by:

- mental health challenges
- burnout
- high rates of suicide



The challenge for the Universities teaching health related programs is that students will require elucidation of clinical knowledge and competence but they also need the capacity to identify and manage their health and wellbeing.

The risk equation for distress



Barriers

Seeking treatment for mental health problems:

- Stigmatising attitudes regarding health professionals- they can't be seen to be unwell
- Lack of confidentiality and privacy – future career progression
- Embarrassed, peer pressure do not want to be seen as weak or incapable
- Internal pressure “I am a high achieving student this cannot be happening to me!”
- Rates of seeking medical help for doctors is less than that of the homeless (Vogan, 2014)



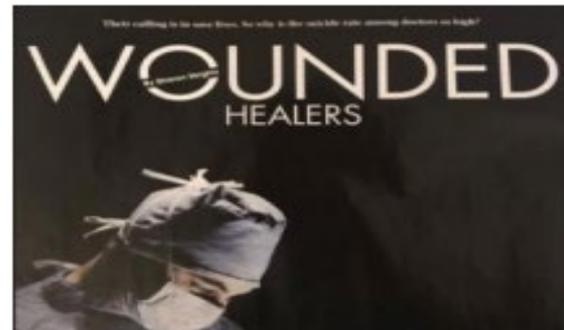
What is needed in our programs?

- Promotion and education regarding the importance of maintaining good mental wellbeing and dealing with negative mental health symptoms
- Provision of education and training in positive coping strategies and stress minimisation as part of the university curriculum could build the resilience of students
- May involve the development of pilot programs to test methodology and the effectiveness of these education programs within the university setting
- The importance of identifying early warning signs and seeking early intervention.
- Delany et al (2015) developed a program that helped students understand their own stress triggers and responses, and to plan and implement specific and targeted behavioural changes. Included effective relaxation techniques, focusing on successes and strengths and teaching specific positive coping strategies

Griffith University Medicine Students

Teaching in preclinical years prior to students embarking on year long placements in the final two years of the program;

- Symposium on Mental Health and Wellbeing
- Mental Health First Aid
- Reflective and Gratitude Journals
- Inter Professional Learning sessions on Managing personal burnout and spotting it in colleagues
- Resilience workshops and online videos



What else is available?

- Central University Counselling Services
- On Campus GP or local GP services
- School based, Bullying, Harassment Contact Officer and Student Support (not connected to any assessment)
- Hospital site services (ie – Ramsay Health service for students)
- Australian Medical Students Association (AMSA) Wellness Guide
- The online Wellness Bundle



The Wellness Bundle

- Includes information and links to information on;
 - Welfare
 - Selfcare
 - Community
 - Living Well

[Short Videos](#)



Wellness



- Health and Welfare Services
- Disability Services
- Student Guild – Student Only Services (academic, financial, legal, personal and wellness support.)

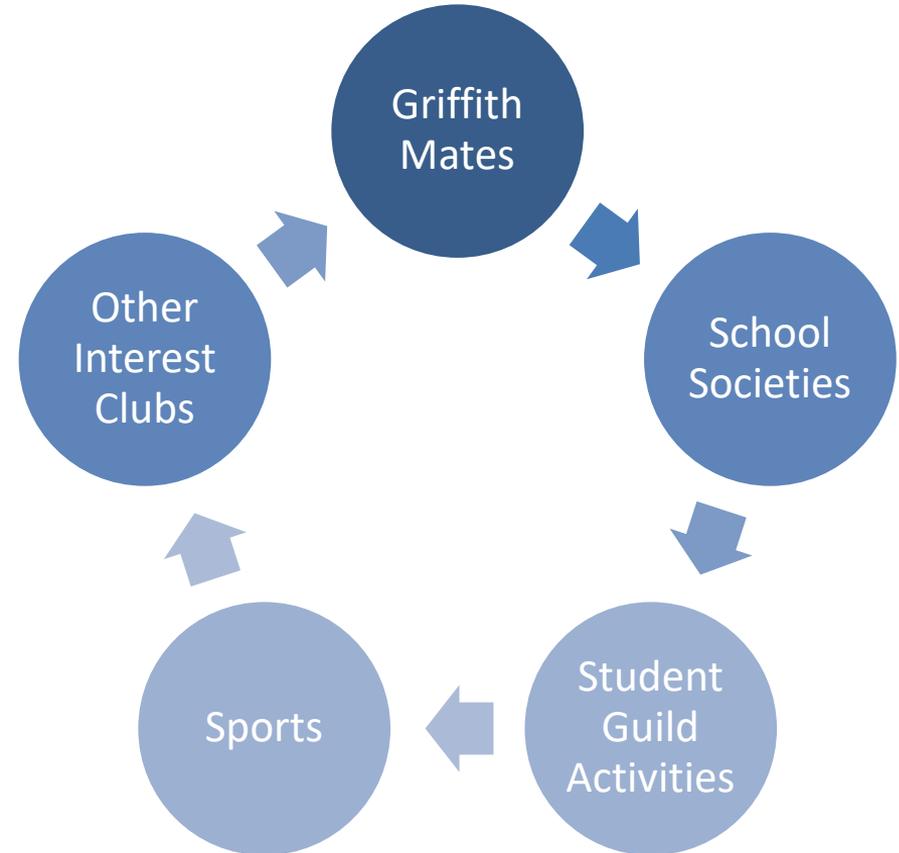
Selfcare

- Journaling Tools
- Online Modules
- Resilience Videos
- Goal Setting
- Links to student group specific support





Community



Living Well



Opportunities to
hear other
students stories

Tools for Living and
Eating better and
fun ways to exercise

What Paramedicine have embedded...

1. Griffith University Paramedic Student Welfare Document
2. Compulsory Mental Health First Aid Course for all paramedicine students
3. Ongoing support through the GU Paramedic Peer Support Contact
4. Pre-Clinical Placement workshops
5. Post Placement Debrief Sessions

Griffith University Paramedic Student Welfare Document

This document outlines the welfare and support services available to paramedic students within the Paramedic Discipline at Griffith University.

Three key principles:

1. Acknowledgement – challenges may affect student H&WB
2. Commitment to support and advocacy
3. Reliability of Services and access. On-line counselling whilst on placement

Mental Health First Aid Course

Students are enrolled in the Nationally accredited Mental Health First Aid (MHFA) Course



Approach, assess and assist with any crisis
Listen and communicate non-judgmentally
Give support and information
Encourage appropriate professional help
Encourage other supports

- Compulsory
- Nationally funded
- Pre, Post and Follow Up surveys contribute toward further research

Feedback from students and the counselling service indicated enduring impact of the program and significant improvement in knowledge and practical skills.

Bond et al study (2015) found that a MHFA course:

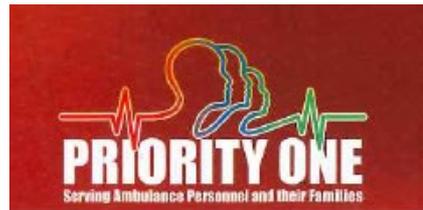
- improved the quality of first aid intentions towards a person experiencing depression
- **increased mental health literacy and confidence in providing help for medical and nursing students**
- **decreased stigmatising attitudes and desire for social distance from a person with depression**

“MHFAhave generated positive results with staff attitudinal alterations.” Carter, Goldie (2017)

Pre- Clinical Placement workshops

These workshops consist of:

- ✓ Ambulance/Paramedic specific health and wellbeing topics
 - ✓ Sleep and diet plans
 - ✓ Self care, gratitude, spirituality and resilience
- ✓ Professional and Organisational focuses (incl. WPV Session).
 - ✓ QAS Priority One



GU Paramedic Peer Support

Students are encouraged to contact in any of the following circumstances:

- **Concerns of study load and/or work-life imbalance**
- **Any sense of depression or isolation** either at university or on clinical placements.
- **Any ambulance case attended** that may require further discussion to process the issues arising.
- Challenging interactions with Health Professionals and Emergency Services Workers.
- Any **perceived Work Place Violence incidence**
- Any Occupational Health and Safety Concern
- **Any concerns for student peers** within the Paramedic Discipline

Phone: 0466 480 352

Email: paramedicwellbeing@griffith.edu.au



Post Clinical Placement Debrief Sessions

Students are invited to attend a debrief session to discuss.

- Cases
- Workload
- Experiences
- Concerns
- Actively seek feedback and recommendations to better support our students.

Qualitative Surveys are also handed out here.

Quantitative measures are gathered on aspects including:

- Post-Pre Clinical Placement Workshop questionnaire
- WPV during Clinical Placement questionnaire
- Clinical Teacher Evaluation questionnaire

Results - Post-Pre Clinical Placement Workshop questionnaire

Of the 40 students eligible in the 2016 cohort, n=36 completed the self-reporting survey (90% response rate).

- 86 percent of the students (n=31) either strongly agreed or agreed that after the pre-clinical placement workshops they **felt better prepared for clinical placement**
- While 72.2 percent of students strongly agreed (n=26) and 25 percent agreed (n=9) that they will be **better prepared to avoid the pitfalls by better understanding the health and wellbeing challenges faced by paramedics on road.**
- While 54.1 percent of students strongly agreed (n=20) and 27 percent agreed (n=10) that they **felt supported to the paramedic wellbeing university contact whilst on clinical placement.**
- The 2018 iteration of this project welcomes the formalisation of groups interviews.

As key administrators in the WIL process it is important to think about how we engage with millennial students to ensure important information is acted upon and support for our future health care professionals is capably provided where required.

HOW?

- Increasing our awareness,
- reflect and understand our own resilience
- fostering acceptance of new age students

This could, in turn, help students enhance their capacity for resilience.

Resilience

Resilience is a dynamic process of positive adaptation in the face of adversity or challenge. This process involves the capacity to negotiate for and draw upon personal, social, cultural and environmental resources.

Based on the perceptions of the individual!



McLafferty, Mallett, and McCauley's (2012) research identifies resilience as a significant predictor of coping at university.

Reflect on our own resilience

Ovan (2015) study – managing difficult people / office politics then stress from over work draw most on resilience reserves

Access employment opportunities to enhance your resilience? Workshops or training on building and enhancing your own resilience. GU staff development program eg: From Surviving to Thriving.

Strategies of self care, mindfulness, gratitude, humour

Use of exercise, yoga and meditation activities on campus

Use of peer networks and social opportunities

Resilience

(How can) professional staff play a role in enhancing student resilience from an interpersonal and organisation perspective.

- **Interactions between domestic & international students**
- **Effective social connections - community**
- **Positive role modelling –own resilience**
- **Peer networks**
- **Decrease online communication**



Resilience Tips

At the **interpersonal** level focus on increasing social support. Strategies can include:

- sponsoring student organisations –eg: GPS
- organising interactive social events for students – sausage sizzles
- give opportunities for service eg: Open Day (provide recognition – certificates), video of placement international experiences
- Embed/ provide access to mindfulness, gratitude, mental fitness programs. **E-Mental Health** Heads Up and My Compass

“the millennial students’ perception of the level of personalisation of their placement experience has been strongly associated with their overall satisfaction with the placement” (Berntsen & Bjørk, 2010; Brown et al., 2011; Shivers, Hasson, & Slater 2017).

Resilience Tips

Organisational level strategies could include.

- Helping students set realistic goals if financial issues align with placement allocation.
 - Assist student with goal setting and working towards longer-term goals for example **next placement to be further afield**.
 - SDL links to budget management, student loans, scholarships, **use accom buddies** for paired placements.
 - **Manage perceptions**. Consider setting scene of placement locations from previous years allocations - #preferences for local (or superior) placement vs #allocated. Likewise, for placements less popular or outside of local area. Obtain student views-NAFEA recipients.
- Giving students some choice and control over aspects of their learning (placement) can help engender a belief in their ability to influence the system.
 - Allow students to preference for a placement rather than allocate.
 - If you can't give most students, one of their preferences – consider increasing the number of preferences to give a perception of influence.
- [Final Year Resilience Video](#)

Use of Special Consideration

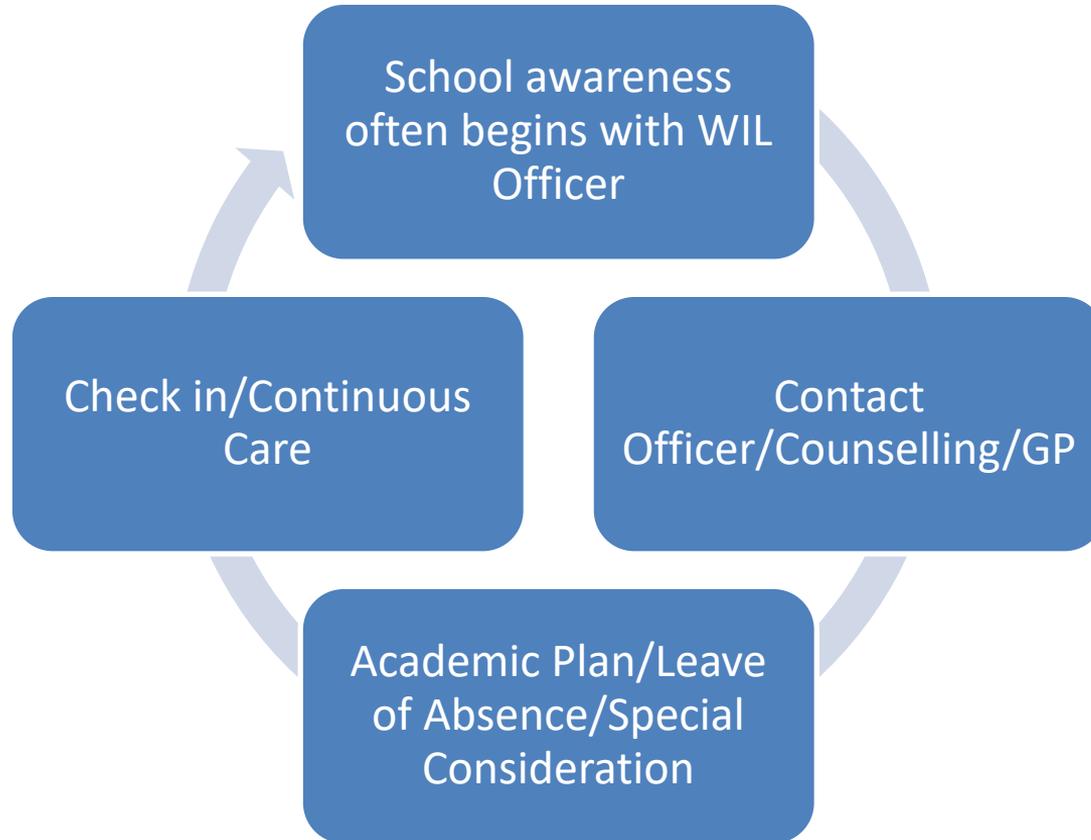
Special Consideration (current grounds)

- Students acting as a primary carer for dependent children
- Students acting as a primary carer for an adult with a disability
- Students has a medical condition or disability that requires regular appointments with a medical specialist in a set location

Should we also consider and if so, how would these be assessed?

- Assessing financial hardship?
- Personal complications? H&WB? Socio economic? Grief?

Include a good special reconsideration policy for allowing swaps and reallocations





Questions?



References and Further Reading

1. Holt, Marques & Wray, 2012; Howe & Strauss, 2007; Johanson, 2012; Monaco & Martin, 2007; Pardue & Morgan, 2008; Venne & Coleman, 2010.
2. *Curtin University* MILLENNIAL STUDENTS IN FIELDWORK: GUIDELINES TO SUCCESS : A guide for allied health students and clinical educators involved in fieldwork.
3. Milner A.J., Maheen H., Bismark M.M. & Spittal M.J. (2016). Suicide by health professionals: a retrospective mortality study in Australia, 2001-2012.. <https://www.headsup.org.au/training-and-resources/statistics-and-references#sec-health-services>
4. Cooley, D., Wheeldon, A, Pedersen, S., Tunny, R. NAFEA Conference 2017
5. Margaret Anne Carter & Donna Goldie, JCU Educational Media: Potential impacts on tertiary students' mental health
6. Laura Kampel, Jan Orman and Bridianne O'Dea, UNSW. E-mental health for psychological distress in University students: A narrative synthesis on current evidence and practice
7. Universities Australia, AT A GLANCE:THE 2017 UNIVERSITIES AUSTRALIA STUDENT FINANCES SURVEY.
8. Stallman, Helen. (2010). Psychological distress in university students: A comparison with general population data. *Australian Psychologist*. 45. 10

[Digitised Mindfulness Project](#) Exploring the potential of digital mindfulness for improving the mental health in university students

<https://www.orygen.org.au/> Orygen, the National Centre of Excellence in Youth Mental Health

[The Heads Up – Better mental health in the workplace](#) resources by beyondblue and the Mental Health Workplace Alliance

<https://www.mycompass.org.au/YoungAdults> is a free internet and smartphone-based program for people with mild-to-moderate depression, anxiety and stress developed by Black Dog Institute to help people better self-manage mild-to-moderate symptoms of depression, anxiety and stress.