



Australian
National
University

ANU Mental Health and Wellbeing Strategy 2025-30

Overview

For feedback

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TEQSA Provider ID: PRV12002 (Australian University)
CRICOS Provider Code: 00120C

Acknowledgement of Country

Acknowledgement of History

The Australian National University (ANU) acknowledges the Ngunnawal and Ngambri people, who are the Traditional Owners of the land upon which the University's Acton campus is located.

This Ngunnawal-Ngambri land supports students and staff throughout their time at ANU. It will continue to hold a space for future generations to come together and learn from Country and one another.

We pay our respects to all Aboriginal and Torres Strait Islander peoples, Indigenous peoples, past, present and future, and acknowledge that this land from which we benefit has an ancient history that is both rich and sacred.

The ANU community makes a commitment to always respect the land upon which we stand and ensure that the voices of this land's Indigenous peoples are both heard and listened to so that we may move towards a future marked by cooperation and mutual respect.

Professor Stan Grant, a proud Wiradjuri/Gamiloroi man, delivered a considered and nuanced description of the aftermath of the referendum where a majority of Australians in a majority of States voted against recognising Australia's First Peoples in the Australian Constitution. In his 2023 ANU Reconciliation Oration, to live with that aftermath, Professor Grant invites us to think about the Wiradjuri concept of Yindyamarra, which broadly means –

to go slow, to take responsibility. It is a way of being. To live with respect. To walk softly. To sit in the silence. To seek to understand, not to be understood.

Acknowledging our history is about our mental health and wellbeing.

Through our consultations and from the research evidence we heard about the psychological distress of people experiencing interpersonal discrimination, particularly First Nations staff and students. The health and social inequities we see today between Aboriginal and Torres Strait Islander peoples and non-Indigenous peoples are not due to biology or race – these are clear, direct consequences of Australia's settle-colonial history and ongoing racism. In our consultations with First Nations staff and students, it was stated that: *"Unless the [new mental health] strategy takes on the functions of how racism affects us, it is actually harmful."; "... inequities are driving the problem. There is an opportunity to make this work.'; '[there needs to be] ... braveness in the strategy.'; "There is a need to relinquish power and breaking down of the colonial systems that support systemic racism and systemic misogyny. There is burnout from this for us."*

Foreword by the Vice Chancellor

It is with a sense of pride that I commend the 2024-2029 Mental Health and Wellbeing Report to you. Over the past year, the Taskforce has engaged with students, staff, and stakeholders from across the ANU community, undertaking the ambitious task of co-creating a strategy that will guide us over the next five years. This document is the culmination of those efforts, and it is as bold as it is thoughtful.

The aim was clear: to develop a vision for ANU that aligns with our community's aspirations. What we heard was a call for psychological safety, kindness, and cultural safety to form the very bedrock of wellbeing and performance at our university. This resonates deeply with me. A university, after all, should not merely be a place of learning but a space where we care for one another, where we foster an environment that allows everyone to thrive.

What truly sets this Strategy apart is its focus on both systems and people. It challenges us to weave wellbeing into the fabric of everything we do—our policies, our practices, and our interactions with one another. This is as it should be.

As we move forward, we must acknowledge that the challenges before us are many and varied. Not every ambition can be realised overnight. In this context, the Strategy must be both achievable and brave. We must be brave, and we must be kind. Kindness to ourselves and to each other will be critical as we navigate the road ahead.

The report draws on the Wiradyuri concept of Yindyamarra. Yindyamarra teaches us to go slow, to take responsibility, to live with respect. It reminds us to walk softly, to sit in silence, to seek to understand, not to be understood. This wisdom offers a powerful framework as we embark on this journey together.

One student's reflection particularly stayed with me: *I absolutely believe if there is any organisation capable of this, the people at ANU are best placed to model such a breakthrough.* This speaks to the unique potential of our community, and it is a sentiment that fills me with optimism.

So, how do we begin embedding this Strategy into the very culture of ANU? A good place to start is by reading this document—really reading it. The full report captures the voices of the 275 individuals who shared their stories with courage and kindness. Their contributions have shaped this Strategy, and their experiences should inform our path forward.

Of course, this is just the beginning. I tasked the Taskforce with delivering a five-year strategy, with tangible actions for the first year. But that's not where it ends. I will be asking them to develop a roadmap for the next three and five years, continuing to engage with the campus community—listening, learning, and refining as we move forward.

This is a shared vision, and it will take all of us to bring it to life. I invite you to join me in this important work. Together, we can build the future our community deserves.

The Taskforce – who are we?

We are a diverse group of people who came together to work on the ANU Mental Health Strategy 2025-2029. Collectively, we have many years of experience working and creating in the student, research, policy and/or advocacy spaces.

We see our strengths as emanating from different histories and our shared histories, including that we come from: First Nations, settler-colonial and/or immigrant backgrounds; student, staff, academic, and/or professional backgrounds; neurodiverse and neurotypical, gender fluid and gender specific; abled and disabled backgrounds, some of us with lived experience of mental health challenges ourselves or experienced vicariously through family members or loved ones.

The Taskforce also workshopped how to approach the review with Mithaka man Scott Gorringe using an Engoori process. This helped us to reflect on assumptions and ways of working. Scott encouraged us to move beyond habits of thinking about mental health and wellbeing, what it looks like and what should be done about it. To ask questions.

About this Strategy

The ANU published its last Mental Health Strategy in 2016. Since then, the mental health and wellbeing of our staff and students have been challenged by pandemics, financial pressures, economic, climatic and social change. The 2023 Referendum results has had profound implications for our First Nations staff and students. There is widespread acknowledgment of the health harms of sexism, racism, homophobia, abuse, harassment and discrimination in all forms. The surge in distress and disorders accompanying the pandemic has also created more awareness of, and insight into, the social and cultural determinants of mental health and wellbeing, as well as awareness of the need for action. Recent legislative changes underscores that protecting staff and student wellbeing is our legal responsibility.

Our university - like all universities - is facing a mental health challenge that is complex, driven by external and internal circumstances, and placing more demands on our services and WHS safety infrastructure.

The 2024 -2029 Mental Health and Wellbeing Strategy is based on consultations and conversations with 275 staff and students. We thought about prevention, ways to build a kind, strong and equal culture, systems or processes that improve wellbeing, and what services and support might be needed, either on or off campus. Following the 2016 strategy, the new 2024-2029 strategy considered the whole ANU community - staff and students - while recognising that there are differing needs. Our reputation and achieving our mission depend on how we invest in staff and student mental health and wellbeing. It's our learning and performance asset.

What is mental health and wellbeing?

Mental health is a state of mental wellbeing that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community (WHO, 2022). Mental health and wellbeing can best be thought about as a continuum, it changes and is contextual. It is relational, that is, bound to the quality of relationships, belonging, connection and sense of meaning, and among our First Nation colleagues it is bound to Country, culture and community.

Mental health problems can carry with them a stigma, that is, the feeling of being judged, deficient or shamed. In a diverse society – and on a diverse campus – there are differences in what mental health looks like, and what supports it.

An intersectional approach to mental health and wellbeing is essential. Many of our staff and students are experiencing multiple and compounding disadvantages, that ‘weathered’ their wellbeing. We were asked to *“Focus more on addressing issues of ableism, racism, sexism, homophobia, and transphobia, which involves services, structural, and institutional changes [undergraduate student].”*

An Accessibility Perspective on Mental Health

The below Case Study submitted to the Taskforce illustrates what the connection to mental health can look and feel like for people living with a disability at ANU. It raises a need for the university to reimagine how systems work, and decisions are made using an intersectional, wellbeing lens.

This case study is a composite of several ANU students who are part of the Disability and Queer community on campus: it takes an intersectionality lens.

Because of the overwhelming pervasiveness of ableism, it can be difficult for disabled students to know, in advance, how accessible particular spaces are going to be. It usually takes a visit to that space before any given lecture or event to get a feel for how easy or difficult (usually difficult) it is going to be on the day.

In recent years, we’re being told that ‘hail remediation’ takes precedence - which means ANU can’t do anything to address accessibility issues for the Disability Community. But - something else will always take precedence. But if you think about it, it’s always more cost-effective to design things from a disability standpoint from the outset rather than try and retrofit them anyway.

Could it be mandated that any new building planning goes through the Accessibility Advisory Committee? Plus an audit of existing spaces? For existing spaces what might be helpful is a ‘scale of accessibility’, where the question gets asked: does this building meet say, 2 of 5 elements of a building that is accessible? That way, the Disability Community would have the information early so they could make an informed decision about whether to attend an event at any particular existing building.

More specifically, as an example, there are no automatic doors on any of the buildings in the Kambri Precinct. This issue keeps being pushed into the background and it could have been avoided. If the ANU Executive were to do anything for the Disability Community, they should stick to their commitments in the Disability Action Plan.

There’s a lot of distress related to the fact that, constantly, if I’m trying to navigate ANU buildings and meeting other expectations, if I disclose my disability needs, I have to weigh that up against will I be written off as a burden?

There are certain mental health stressors for me because of my disability. These can be the uncertainty and stress around not having a diagnosis, plus when I receive a new diagnosis; feeling like I never have stability in my health; feeling like I’ve been failed by

my body, my brain, my genetics. I have to advocate for myself repeatedly at doctors, at Uni, with some friends; sometimes it can be feeling 'not disabled enough' for help, but also not able to participate in society and Uni how I did before; there's grief around losing that 'normal'; never getting a break from medical stuff; stress of maintaining and complying with 'doctor's orders'.

There's isolation and alienation associated with having a disability; there's casual ableism – where the person often doesn't know that a comment they've made includes people like me, because they don't know I'm disabled.

Access Fatigue

This comes about because of the six-monthly renewal of EAPs at ANU and there's a two-year expiry on all medical documents. We're constantly grappling with disclosure vs. disclosure in any given situation. We're the ones who have to initiate contract with lecturers, and we have to self-advocate when things are not good. We have to cope with the attitudes from teaching staff. We're always having to ask for extra, remind for extra, and then your accommodations are still poorly implemented.

Discrimination/microaggressions

These can be slurs and ignorant beliefs – can be in the form of inspiration porn, infantilisation and saviour complex; they have the effect of subverting a 'normal' student lifestyle and cause alienation. They can be perpetrated by individuals or institutions.

Wishy-Washy Overlap

Mental illness can manifest with physical symptoms; stress can worsen many physical symptoms. Misattributing the symptoms either way means people don't get the care they need!

The model needs to be holistic. We should be using a bio-psycho-social model, as opposed to a purely medical or social model of disability.

There's 'helpful' rhetoric that can be very non-helpful, for example, we're often told that a typical model for improving mental health (sleep/food/exercise) might be difficult or impossible for some disabled people and have the opposite effect. Some the 'system' needs to have an understanding of the constraints in accessing services and systems that some disabled people experience.

Tensions and dialectics

We heard tensions and dialectics about how to respond to this challenge and what approaches and choices we should take to address it. For example, we heard differing views about how to balance supports for unique needs of staff and students with the needs of the whole community. Some felt our primary job is to teach or do research and this is where most investment should go, others described the essential link to world-class learning and productivity and recommended more investment in mental health and wellbeing.

There are tensions between what supports we provide on campus, and what Government and non-Government health care systems provide, as well as the need to think about responsibility for mental health and wellbeing at the institutional level as well as individual. We list these because they are helpful to understand as dialectical views to engage with, and because they informed the vision, ambition and areas of action that emerged from the consultations.

A new paradigm

It became evident through the consultation that there is excellent work happening across diverse areas of the University, and a deep commitment to the wellbeing of our staff and students. Many strengths were identified (described in the full Review Report). Without fail staff and students mentioned helpful initiatives at the ANU and showed a great deal of gratitude for them.

“There is a clear message from high levels of leadership that mental health and wellbeing, both of students and staff members, is important. The fact that some wellbeing time off is now available is a concrete sign of this commitment. [Staff]”

An issue that concerned us was that some at the ANU have been working and existing in varying forms of moral distress. Moral distress occurs when a person knows the ethically correct action to take but feels powerless to take that action. This inability to set things right or do better ranges from ways to get a task done, to how people are treated and the fairness of systems. The underlying drivers are systems and practices that are unresponsive to who people are or what they need.

“The University handles problems by creating a policy but then not changing behaviour. This means there are covert policies that everyone accepts that they govern how we operate. For example, people working well beyond what they’re paid for is seen as normal and acceptable and there is no policy or procedure to address it. Furthermore, these informal policies drive rewards and progression.” [senior staff member].

Repeatedly, staff and students talked about *how* we do things and *how* we treat each other as key to their mental health and wellbeing, from setting curricula, managing workloads, making good decisions, how services are designed, and the quality of everyday interactions. Feeling considered, safe, having a voice, being heard, being backed when raising a problem, and a visible valuing of different histories, cultures, stances, and lifeworlds (also different mental health and wellbeing dynamics) were raised by staff and students across all areas and levels.

“Tolerance for high levels of conflict rather than addressing it affects everybody’s sense of safety. There is a general culture of dismissing new ideas, or unwillingness to try new things or find solutions.” [staff]

“Build trust between students and the ANU. This is done by listening to students and actioning feedback provided by students.” [student]

So too was the close link between wellbeing, agility and performing at their best in jobs or studies. We heard that the calibre, supportiveness and goodwill of our staff and students is one of the university's most important strengths. Staff drew a direct link between morale and performance.

"When staff morale is low, work ethic is low, and low quality work is getting done." [staff]

This awareness and attention to process – how we treat each other – is understood by First Nations peoples and backed by organizational science. In the core vision of the future strategy, we therefore centred psychological safety, kindness and cultural safety as foundations for both wellbeing and performance.

We also heard that to achieve that vision and give more attention to the how as well as the what, a new paradigm is needed and wanted: one that looks towards a decolonised and collective way of viewing mental health through a healing and wellbeing lens; one that critically examines organisational systems and structures; one that looks beyond the individual as being solely responsible for their own mental health and wellbeing, where the focus is not only on treatment, but starts and ends with prevention.

"Focus more on addressing issues of ableism, racism, sexism, homophobia, and transphobia, which involves services, structural, and institutional changes [student]."

We want this strategy to be brave. And we agree with the postgraduate student who said;

"I absolutely believe if there is any organisation that is capable of it, the people at ANU would be the best to model such a breakthrough."

2025-2029 ANU Mental Health and Wellbeing Strategy

Vision and Ambition

Acknowledging that ANU is situated on unceded Ngunnawal and Ngambri lands, our Vision and Ambition for the 2024-2029 ANU Mental Health and Wellbeing Strategy is set out below as both Wiradyuri and English words.

We thank Paul Girrawah House, senior Ngambri-Ngunnawal custodian of the Canberra region with Wiradyuri, Walgalu and Ngunnawal ancestry, who interpreted the English words and concepts as Wiradyuri words and concepts.¹

¹ Reference: A New Wiradyuri Dictionary completed by Uncle Dr Stan Grant and Dr John Rudder. 2010

Vision

Wiradjuri: Ngiiyanhingu miilu bala ANU gudyigangu dhagu ngaiyiny marradambirra marrambang manhang waluwun dumbanha.

Interpretation: Ngiiyanhingu (our) miilu (vision) bala (be) ANU gudyigangu (whites mans building) dhagu (where at) ngaiyiny (thought/the mind) marradambirra (secure/makefast) marrambang (kindness) manhang (ground/foundation) waluwun (well, good) dumbanha (point, show).

English: Our vision is for the ANU to be a university where psychological safety, kindness and cultural safety are the foundations for our wellbeing and performance.

Ambition

Wiradjuri: Murrubangu winhanganhagu yambuwan bangalngarrangarra.

Interpretation: Murrubangu (first to/towards) winhanganhagu (know, think, remember) yambuwan (anything/everything) bangalngaarrangarra (everyplace/all over the world/nature).

English: First, to know the nature of things.

Our motto is first, to know the nature of things and because of this we welcome candour and transparency, learning from error is routine. We recognise that creativity, quality conversations and collaboration rests on the ability to hear from and listen to every person, staff or student involved.

Along with candour and safety to contribute, we need to be a university that recognises the centrality of connection and kindness. A willingness to show empathy and be considerate will define our community, because these relational actions make possible almost all other things — and they enable wellbeing.

We question our assumptions and work to set things right. We will be a culturally safe University, respecting and responding to the wealth of cultures, histories, identities and knowledges of our staff and students in how we work, learn and engage with each other.

We will get there by

1. **Set things right, kindly.** Accountability, recognition and reward for psychologically safe, kind and culturally safe actions.
2. **Invest in easier, simpler.** Responsive systems that are simpler, clearer, easy, and more connecting, to reduce time burdens and enable our curricula design to support well-being.

3. **Strength in connection.** A connecting community which creates opportunities to promote belonging and interaction, trust and dialogue among all staff and students.
4. **More care in more ways.** Partnerships in place where on-campus services and supports draw in diverse, culturally competent care that complements and deepens ANU offerings.
5. **Listen more, learn more.** Capacity building and reflective evaluation where we develop staff, student and organisation emotional intelligence, leadership, mental health and wellbeing literacy.

Psychological safety, kindness and cultural safety – the foundation for wellbeing and performance

Psychological safety describes a work or a learning place where candour, transparency and learning from error is welcomed and routine. It's a concept that recognises that innovation and collaboration rest on the ability to hear and share information, opinions, questions and concerns from every person involved. There is a large and established literature on organisational performance that shows strong connections between psychological safety and diversity, innovation, creativity, learning, performance and effective teamwork. An additional benefit is it promotes voice, listening and inclusion and this also improves mental health and well-being.

It is a Western concept, most often applied to firm performance and presupposes a particular cultural frame. To acknowledge our history means psychological safety is not enough by itself and will need to include cultural safety. Cultural safety centres self-determination, justice and equity, partnerships and dialogue. It further requires staff, students, and leadership to engage in a process of continual self-reflection, question assumptions, question the impact and limits of our own culture and ways of understanding, and a willingness to welcome difference.

A recurring and frequent theme in the consultations was the importance of kindness. Kindness has been a policy principle in some countries notably Scotland. Kindness reflects the relational basis of mental health and well-being, the need for connection, consideration, respect and willingness to work together to achieve common goals. It is a relational building block for communities that supports quality relationships and quality conversations.

Kindness can also be a property of places and systems — are they welcoming to all?

Building psychological safety, kindness and cultural safety into our systems, how we do things and treat each other could kick multiple goals for the University. It connects mental health and wellbeing with achieving world class research, teaching and learning performance.

Accountability, recognition and reward

5-year goal: Established systems and processes to ensure accountability, recognition and reward for psychologically safe, kind and culturally safe actions.

Accountability is part of workplace democracy (along with voice and representation) and can be understood as the practice of holding people to account for their actions. It requires systems which gather data or observations of behaviours, and systems of contingent consequences to these actions (or their lack). This includes rewarding behaviour that is expected. The University already has legal accountability processes, for example Work, Health Safety legislation and guidelines on duty of care for student wellbeing. The University has public accountability for diversity and hiring practices (for example annually reporting on gender gaps in pay to the Workplace Gender Equality Agency).

Our internal accountability, alignment with policies and procedures, transparency in decision making and problems of bias and favouritism was what most staff or students wanted strengthening. Weak or ineffective accountability becomes evident when staff or students do not believe that the rules apply to them and fail to follow right behaviours or policies without consequences.

“The University handles problems by creating a policy but then not changing behaviour. This means there are covert policies that everyone accepts that they govern how we operate. For example, people working well beyond what they’re paid for is seen as normal and acceptable and there is no policy or procedure to address it. Furthermore, these informal policies drive rewards and progression.”
[senior staff member].

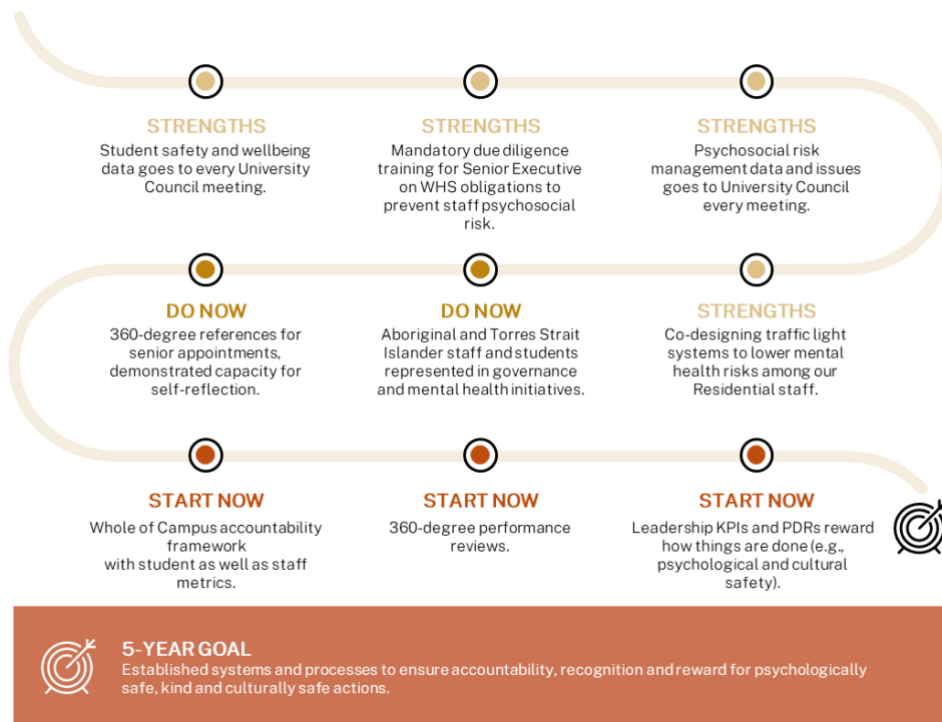
Staff and students emphasized the importance of leadership listening to their feedback as part of the process of transparency and accountability. As one staff member said, *“Start actually listening to staff, and taking their concerns seriously.”* They want the university to listen to their feedback and to show,

“Receptiveness, not just openness, to feedback from a lived experience lens”.
[Postgraduate student]

“A priority is to bring staff into the conversation about how to improve the budget situation and help redesign the ANU. Increasing staff control and input would give more agency and boost morale and probably deliver better solutions. This will align people to the recovery plan.” [staff]

Students emphasized the importance of being transparent about the performance of mental health support services. They stressed the need to collect feedback from students to improve mental health services, and to act on this information.

Set things right, kindly



Responsive systems

5-year goal: ANU systems and services are responsive and human-centric. They are simpler, clearer, easy, and more connecting, to reduce time burdens and enable our curricula design to support well-being.

Systems express how the institution interacts with its staff and students, they encompass the processes and services that enable students to enrol, learn and navigate the campus as well as access services to support them. For staff, the University systems are fundamental to their work role performance and success, from recruitment to teaching, publishing, engagement with stakeholders and winning grants.

In our consultations we heard repeated commentary regarding the emotional impact and time burdens of complex, repetitive and sometimes obstructive processes. Both staff and students alike described confusion and anguish at the way systems responded (or did not respond) to their requests.

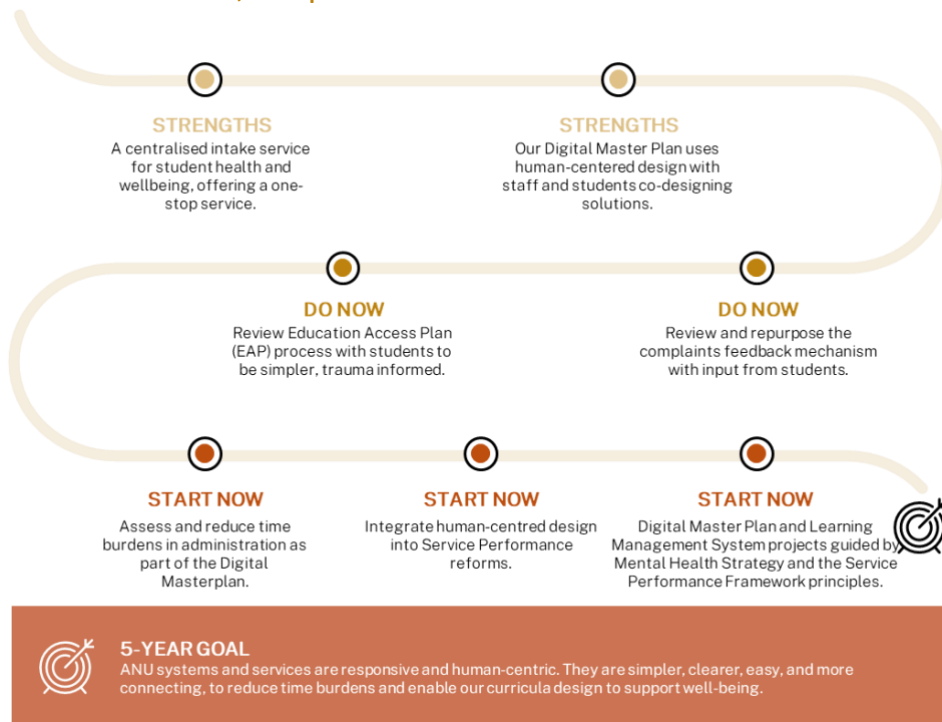
"Simplify processes and procedures. Job design for academics and professionals alike can be complex and demanding, so reduce unnecessary complexity in systems designs and processes. Give academics more time to do CORE business (i.e. teaching and research). All the additional administrative burdens just take time away from CORE business." [staff]

"Build trust between students and the ANU. This is done by listening to students and actioning feedback provided by students." [undergraduate student]

We use the term responsive to characterise this interactive, interface - it borrows from the ideas of ANU scholars such as Val Braithwaite on relational regulation. At its simplest, it means our systems have a focus not only on delivering services or

processing tasks but understand that there is a human interface and experience that needs to be in-built. All the way through.

Invest in easier, simpler



A connecting community

5-year goal: Established initiatives to ensure our community is connecting, creating opportunities to promote belonging and interaction, trust and dialogue among all staff and students.

A connecting community takes kind and safe culture a step further. It refers to actions that create opportunities to connect with others on the campus for all staff and students, building a sense of welcome, 'we' and 'us' that forms a respectful, sustaining collective culture. The link between belonging, strong social relationships and mental health is as established as the link between smoking and lung cancer yet the potency of such 'social cures' for mental health remains underestimated.

Our high number of students living on campus means that that ANU is not just a workplace and a learning space but also a home. Although important for everybody, efforts to create a sense of connection and belonging was raised by many international students who have moved to the ANU to study.

"There can be no student mental health and wellbeing without these [financial, accommodation] basic needs being met."

"Accommodation for new students has improved, but the risk of homelessness to undergrads appears to still be an issue."

For our staff and students, shared spaces and the campus "country town vibe" were identified as place-based strengths bringing groups together and fostering a sense of community. Students repeatedly told us that the student-led clubs, student advocates, and the BIPOC representatives at colleges contribute to a strong sense of community, as do the safe spaces maintained for BIPOC and queer.

"[The] development of more student spaces like the BKSS building."

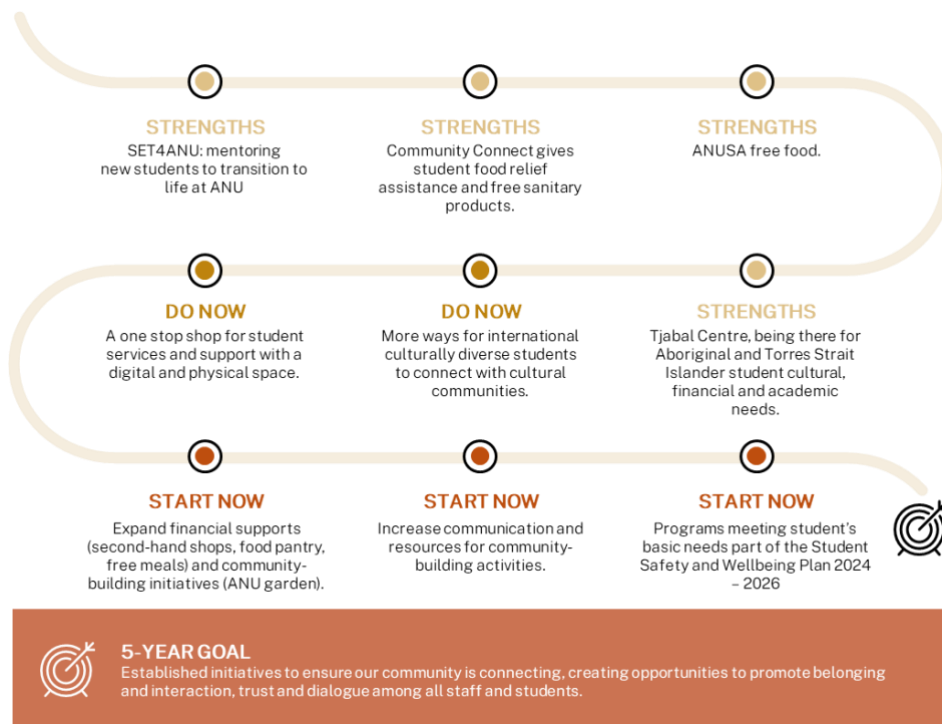
"Support [for] clubs and societies."

"A physical place to retreat, a room, a venue a location where we can all drop in to just take a breather. Somewhere central where we can drop at any time during the week to sit, calm down with someone available if help is required on the moment."

The Tjabal Centre offers a model of support across multiple needs that was highly valued and viewed by many as an exemplar. The Centre's support was described as "outstanding" and "exemplary", with one student adding that "all the team there are incredibly helpful". (for more on the Tjabal Centre approach see the review report).

[in answer to what is ANU doing now that is working?] "Utilizing successful models like the Tjabal Centre for quick service access." [Staff consultation]

Strength in connection



Partnerships-in-place

5-year Goal. Established partnerships in place where on-campus services and supports draw in diverse, culturally competent care that complements and deepens ANU offerings.

Throughout our consultations we heard repeated requests for more mental health and counselling services from staff and students. This reflects the rising need on-campus and the problem of accessing healthcare off-campus. It raises questions about how much the ANU should provide in terms of mental health care to its staff and students, what ACT services should provide, and what else can we do to create more accessible and affordable care on and off campus.

"The gaps exist in three places: initial contact with services (e.g. people reaching out to ANU counselling), long wait times after reaching out to services, and the capped number of sessions." [Student]

This is critical issue for the University community to discuss and grapple with. What is the appropriate balance, and how can the University help staff and students navigate the ACT healthcare system as well as provide the right sorts of help on-campus?

Partnerships in services and supports are one future direction to help address the mental health need of our staff and students. Exploring the options for creating new and different partnerships on or near campus are one way to create more accessible care, especially for more serious mental health conditions which counselling staff are not supported to provide.

"Accessibility of help in the ACT is very challenging - maybe we can have an interstate collaboration with institutes to provide access to psychologist and psychiatrist?" [Student]

A more culturally specific lens is critical to addressing the need on campus. The Multifaith Chaplaincy Program is an exemplar. Indigenous-led services must also be part of this mix and exploring partnerships with local agencies such as Winnunga Nimmityjah is a necessary step.

"Ongoing cultural sensitivity training for counselling and support staff to ensure effective and culturally competent services" [student]

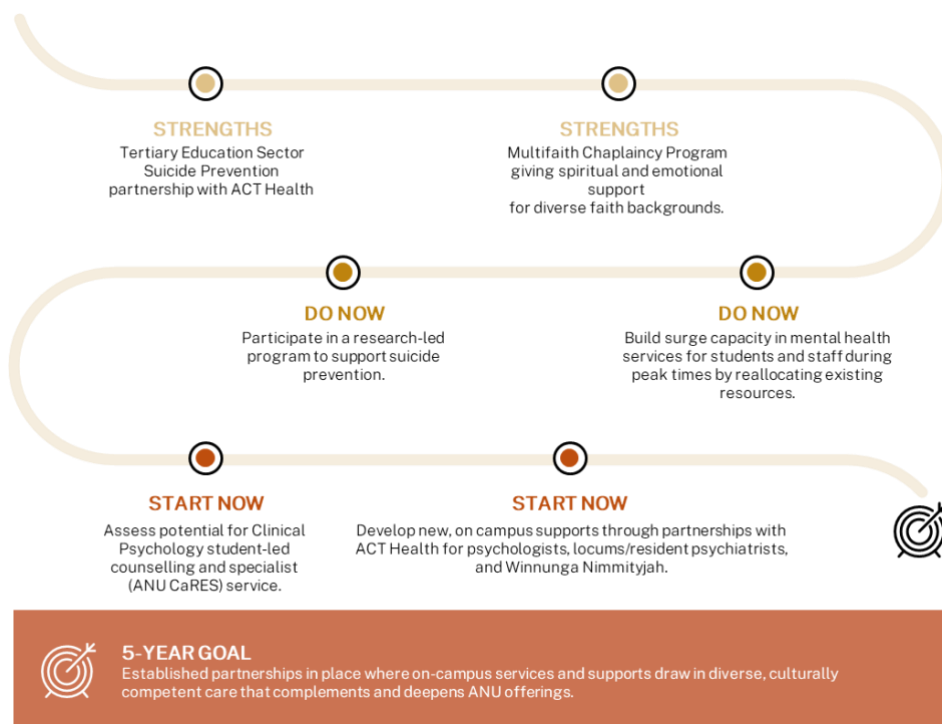
"Better support systems for Indigenous students, who carry a high cultural load." [student]

"Enhanced support systems for international students to help them deal with cultural barriers, homesickness, and racism" [staff]

"Hiring BIPOC counsellors at ANU counselling and residential halls." [student]

"Engaging students in co-designing mental health initiatives and services could help ensure that they are relevant, accessible, and culturally sensitive." [student]

More care in more ways



Capacity building and reflective evaluation

5-year goal: Roll out of capacity building and reflective evaluation offerings and skills-building workshops where we develop personal and organisation emotional intelligence, leadership, mental health and wellbeing literacy.

Capacity building is the 'how to get there'. It's about helping, training and developing ANU leadership, staff and students to have the emotional intelligence, leadership (self and other), mental health literacy to support optimal well-being. A widespread uplift in skills is essential to support our culture to become more psychologically and culturally safe and kind.

"Building supervisor capability to pick up cues and address potential issues: Enhancing the ability of leaders to recognize and respond to mental health concerns." [staff]

"Psychosocial hazard training: Providing leaders with the tools to understand and mitigate mental health risks in the workplace." [staff]

Emotional or social intelligence refers to the ability to become aware of feelings in the self and others, regulate feelings, have empathy and be able to support respectful and safe behaviour. It is a concept that has both individual and organisational dimensions — psychological safety can be thought about as a form of collective emotional intelligence.

"People should receive training before they are permitted to supervise others. They should learn how to work with people and what negative impact it can have on individual and team performance when mental health pressures are ignored or insufficiently or insincerely dealt with." [staff]

"Include a mental health & academic skills (together) workshop in o-week for every residential hall. University life can provide new academic challenges that can have a big impact on mental health." [student]

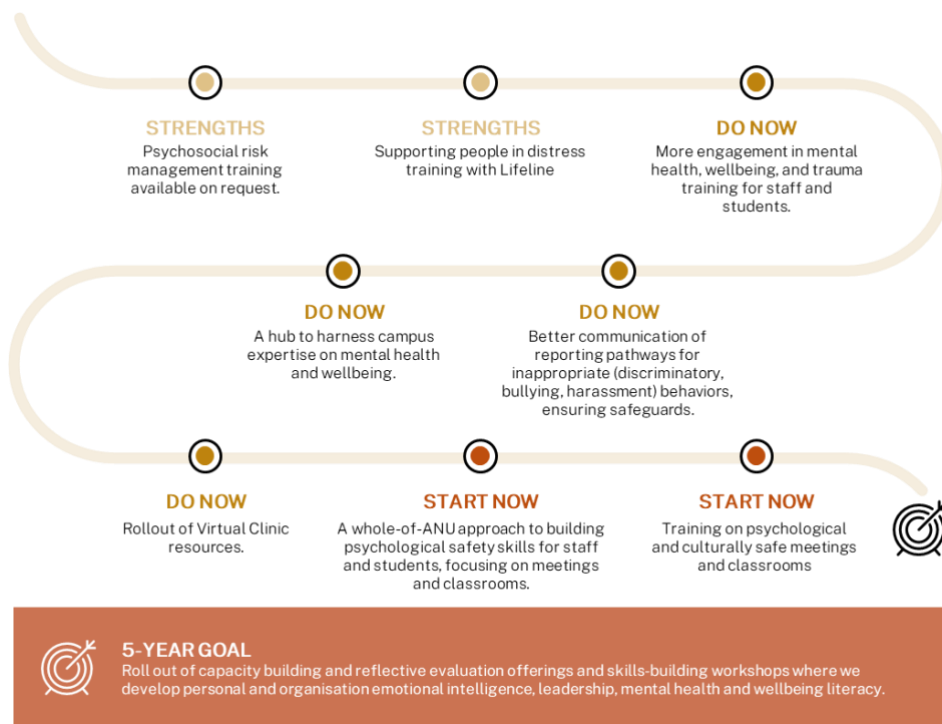
"Front line staff need to know what mental health is and how to behave if someone has a mental health problem." [staff]

Self-reflexivity is a skill set that is fundamental to cultural safety. Like emotional intelligence and mental health literacy, self-reflexivity boils down to self- and other awareness, including awareness of feelings, ideas and actions such as privileged assumptions and bias. It's critically important for cultural safety because it enables questioning of different viewpoints, and so helps organizations (and individuals) to move away from asserting there is one way to do things, or one way think about mental health and how to treat people.

"Implement programs and resources specifically tailored for neurodiverse individuals, including staff recently diagnosed with ADHD or autism spectrum disorders." [staff]

"Helping ND students understand their brain. Developing with ND students the kinds of hacks and adjustments that enable our unique brains to thrive. Supporting our advocacy across the uni and society." [student]

Listen more, learn more



Next Steps

The Taskforce recognises this Strategy and the paradigm shift it requires is complex and will need to be collaborative to succeed. It will also need to be iterative and

reflective. We have therefore organised the Mental Health Strategy Action roadmap into three phases based on:

- Feedback received
- Feasible timeframe for implementation
- Resourcing required for development and implementation

NEXT 12 MONTHS. For Phase 1 our focus is on *immediate actions* that are needed. These emerged from the co-design process in the consultations (what are staff and students asked for). We also selected those which seemed most feasible to do or start now and with the potential to achieve multiple goals. We defined immediate actions as ones that can be completed (*do now*) or demonstrate progress within a twelve-month period (*start now*). These actions are part of this report.

We will launch the report in September 2025. In the meantime, we have been working with portfolios and Colleges on ways they can implement some of the immediate actions in ways that are not costly financially.

Before we formally launch the strategy, we will pre-release it to the campus and seek feedback. Mental health and wellbeing are paramount issues for students and for staff, and this will help us refine the strategy, use what we heard and learnt to support the university community now as well as over the next five years.

Acknowledgements and thank you

This report has been proudly developed in partnership with a wide range of stakeholders across the Australian National University.

We acknowledge and thank all who have been part of this process through their engagement in consultations, expert input, and generous sharing of their lived experiences. We trust the report has captured your creative ideas and commitment to make ANU a community that values and enables good mental health and wellbeing for all our students and staff.

We are incredibly grateful to the DVCA Grady Venville who supported the way we approached the project. We are also indebted to Paul Girrawah House, he is a senior Ngambri-Ngunnawal custodian of the Canberra region with Wiradjuri, Walgalu and Ngunnawal ancestry and First Nations Portfolio Vice President Peter Yu (Yawuru).

We especially want to thank Jill Guthrie (Wiradjuri), Lou Farrer, Mira Robson, Ed Briedis, Alicia Saiz and Larissa Siliezar Mendoza who drafted parts of this report, and Christine LaBond whose expertise enabled the analysis and writeup of our (immense) consultation data. We also thank Ian Anderson and Margaret Murphy for instigating the review.

Many staff and students helped us along the way, we are grateful to all of you, with a special shout out to Ingrid Krauss and her initiatives on psychosocial hazards, Susan Hanson and the DMP human-centred design team. We learnt a lot from you. The Inclusive and Respectful Communities team (Ed Briedis, Alicia Saiz, Susannah French and Larissa Siliezar Mendoza) have worked enormously hard and have been the backbone and engine for the review.



Who we consulted

We based our consultation process on the [Orygen youth codesign framework](#), giving equal value to lived experience and professional expertise, using a human centred design-led process, and using different formats and venues to reach out. Consultations in the latter part of 2023 were a mix of online written submissions, emails, individual interviews, and group consultations with University support staff, University Leadership Group and the Student Forum. In 2024 further staff and student consultations were with ANUSA Leads, the Interhall Council, undergraduate, postgraduate, and HDR students, along with professional and academic staff.

By the end of May 2024, a total of 275 ANU staff or students had given their views, insights and solutions. The breakdown of numbers are presented below.

Face to face (F2F) and online consultations

Cohort type	Event	Participants
Students (Undergraduate)	Student Forum	7
Students (Undergraduate)	Inter Hall Council	8
Students (Undergraduate)	ANUSA Leads	11
Students (Undergraduate)	Individual (online)	5
Students (Undergraduate)	Student Voice F2F	6
Students (Undergraduate)	Residential F2F (Ursula Hall)	19
Students (Undergraduate)	Residential F2F (Yukeembruk)	5
		Total
		61
Students (Postgraduate)	Student Voice	3
Students (Higher Degree Research)	Individual (online)	2
Students (Postgraduate)	Individual (online)	3
Students (Postgraduate)	Student Voice F2F	5
Students (Postgraduate)	Residential F2F (Ursula Hall)	3

Students (Postgraduate)	Residential F2F (Graduate House)	10
Students (Undergraduate)	Residential F2F (Toad Hall)	15
	Total	41
	Total	102
ANU Leadership	University Leadership Group	>30
Staff (Professional)	Mental Health First Aid	14
Professional (Support) Staff	Focus Groups (3)	26
Staff Academic and Professional	College and Portfolio Forum	10
Staff Academic and Professional	Interview	4
Staff Professional	Interview	2
Staff Academic	Interview	3
Staff Academic and Professional	Online	2
Staff Professional	Individual (online)	13
Staff Academic	Individual (online)	6
	Total	110
First Nations (Students)	Interview	2
First Nations (Staff)	Interview	8
First Nations (Staff)	Focus Group	7
	Total	17
	Total F2F and Online Consulted (Staff and Students)	229

Table 7a. Mental Health and Wellbeing Strategy Review Consultation Cohorts

Written submissions

Cohort type	Participants
Professional Staff	24
Academic Staff	9
Undergraduate Students	5
Postgraduate Students	5
Higher Degree Research Students	2
Other	1
Total	46

Table 7a. (Continued) Mental Health and Wellbeing Strategy Review Consultation Cohorts