Australian National University

# ANU Mental Health and Wellbeing: Our Forward-Looking Strategy

## What we did, what we heard.

2025-2030

# 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.

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This report contains information about mental health and wellbeing and this includes accounts of discrimination, bullying, sexual harassment and suicide. If you are a student and need support, please contact the Student Safety and Wellbeing team (students) on student.wellbeing@anu.edu.au. For staff please contact the Employee Assistance Program (EAP), visit the ANU wellbeing webpage or contact Staff Advisers on staff.adviser@anu.edu.au. Our ANU staff respect consultant can support and advise staff members experiencing workplace issues such as racism, harassment, bullying and discrimination, email staffrespect@anu.edu.au, call 02 6125 6763.

For time-critical assistance, please call emergency services on 000.

The following services are available for support:

- ANU Advisor to Staff- https://services.anu.edu.au/human-resources/wellbeing/employee-assistance-program
- Converge EAP services -
- ANU Staff Respect Consultant - staffrespect@anu.edu.au or call extension 56763
- ANU Counselling Centre, available 9am – 4.45pm: (02) 6125 2442
- ANU Crisis Support Line 5pm-9am weekdays, 24/7 weekends and public holidays: 1300 050 327; SMS text message service 0488 884 170
- ANU Student and Safety Wellbeing Team- (02) 6125 2211 - https://www.anu.edu.au/students/contacts/student-safety-and-wellbeing
- Lifeline available 24/7: 13 11 14
- Kids Helpline (5-25yr olds 24/7): 1800 55 1800
- QLife Phone and Online Chat available 3pm – midnight: 1800 184 527 https://www.qlife.org.au/
- Headspace (12-25yr olds); 1-3 Torrens Street Braddon; counselling 02 61135700 or 1800 650 890 or online chat https://www.eheadspace.org.au/
- Mindmap ACT Youth Portal – 1800 862 111
- Winnunga AHCCS mental Health Services (Aboriginal and Torres Strait Islander students) https://winnunga.org.au/services/clinical-services/mental-health/ 63 Boolimba Crescent Narrabundah – (02) 6284 6222
- 13YARN https://www.13yarn.org.au/ - 139276
- Access Mental Health https://www.canberrahealthservices.act.gov.au/services-and-clinics/services/access-mental-health - 1800 629 354
- Medicare Mental Health Centre - support for young people – 1800 595 212- https://canberrammhc.com.au/


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# Executive Summary

The Australian National University (ANU) has undertaken a comprehensive review of the 2016 Mental Health Strategy, culminating in the ***Mental Health and Wellbeing Strategy Overview Report 2025-2030*** and the ***ANU Mental Health and Wellbeing: Our Forward Looking Strategy 2025-2030***. These reports build on the previous strategy that guided the University from 2016 to 2024, recognising the evolving mental health and wellbeing needs of both students and staff. The new strategy emphasises a holistic, preventative approach that addresses systemic issues in the way we work and learn, fosters psychological and cultural safety, and aims to leverage the unique strengths of the community. Our intention is to create an ANU community that enables mental wellbeing and academic excellence for all.

We recognise that since our review was undertaken, the University has faced a period of intense pressure on its finances and its people, with changes in academic structure, course offerings and service alignment. ANU is also responding to the Review into matters of gender and culture in the College of Health and Medicine and its constituent Schools, the John Curtin School of Medical Research, the School of Medicine and Psychology, and the National Centre for Epidemiology and Population Health (Nixon, 2025; henceforth the Nixon Review) and the way we, as an institution, respond to harmful behaviours. These are important, new contexts for this Strategy and the actions it recommends. In May 2025, we invited the ANU community to share their feedback on the draft strategy and key actions we recommended. Staff and students were honest, thoughtful and deeply constructive. Your feedback helped us identify what needed to be strengthened, clarified, or re-imagined. A summary of those changes, and how we addressed the issues you raised, is available on the new ANU Mental Health and Wellbeing website.

We also heard feedback that some actions in the Strategy need to be dovetailed with the Nixon Review outcomes and built into organisational change. In response, we are working with ANU leadership to connect this Strategy with the Nixon Review outcomes and have a coherent approach to change and culture as an institution.

The Strategy was informed by extensive consultation with 275 staff and students and from the feedback received in May 2025, revealing critical insights into the current state of mental health at ANU. Stakeholders emphasised the need for transparent, responsive leadership and the importance of building a supportive community that values diversity and inclusion. The consultations highlighted the challenges faced by various groups, including Indigenous and Torres Strait Islander people, those with disabilities, LGBTIQA+, and international students, and underscored the necessity of addressing these challenges through tailored support and systemic changes.

Central to the strategy is the vision of ANU as a place where psychological safety, kindness, and cultural safety are foundational to wellbeing and performance. The strategy outlines five areas to focus our action: (1) accountability, recognition and reward; (2) responsive systems; (3) connecting community; (4) partnerships in place; and (5) capacity building and reflective evaluation. These areas are designed to promote belonging, enhance mental health literacy and ensure that the University's systems and services are human-centric and easy to navigate. Immediate actions within these areas are set to commence between December 2025 and December 2026. Some are short term actions, while others are likely to need three to five years to fully implement.

Acknowledging that ANU is situated on unceded Ngunnawal and Ngambri lands, our Vision and Ambition for the ***ANU Mental Health and Wellbeing Strategy 2025-2030*** are 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]

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[1] Uncle Dr Stan Grant and Dr John Rudder compiled the following dictionary:
Grant, S., & Rudder, J. (Comps.). (2010). ***A new Wiradjuri dictionary***. Restoration House.
https://aiatsis.gov.au/collections/item/i9780869421505


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## ANU Mental Health and Wellbeing 2025-2030 Vision

Wiradyuri: Ngiyanhigingu miilu bala ANU gudyigangu dhagu ngaiyiny marradambirra marrambang manhang waluwin dumbanha.

***Interpretation: Ngiyanhigingu (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) waluwin (well, good) dumbanha (point, show).***

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

## Ambition

Wiradyuri: Murrubangu winhanganhagu yambuwan bangalngarrangarra.

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

Our motto is “First, to know the nature of things”. 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.


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## 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.


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# Acknowledgement of Country

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.

# Incorporating Yindyamarra into policies and practices at ANU

We remain in the wake of the 2023 referendum, where a majority of Australians in a majority of States voted against recognising Australia's First Peoples in the Australian Constitution. This result holds within it two lesser acknowledged truths: first, that the majority of Aboriginal and Torres Strait Islander community across the whole nation voted Yes; second, that in the ACT—on unceded Ngunnawal and Ngambri lands—the majority of citizens voted Yes.

The Referendum results have profound implications for Aboriginal and Torres Strait Islander people seeking to live and thrive in this nation. For Aboriginal and Torres Strait Islander members of our ANU community, here in the ACT and on our campus, these outcomes shape experiences of wellbeing, belonging and safety at work, study and in daily life.

In November 2023, one month after the referendum, the ANU was honoured to host Professor Stan Grant, a proud Wiradjuri/Gamiloroi man, who delivered a considered and nuanced description of the aftermath of the referendum results 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."***

Dr Stan Grant Senior AM (Professor Grant's father) also invites us to think deeply about Yindyamarra:

> ***"When the seed of Yindyamarra germinates and grows, it can be seen in people acting respectfully, listening, observing, being patient, being thoughtful, and being deliberate in thought and action. Although people's actions have some consequences that are good, and some that are bad, Yindyamarra teaches us that we need to pursue the good and do what we can to avoid or prevent the bad. Yindyamarra also recognises that no one acts alone. We are always living parts of the community of life on Wiradyuri Country, among places that are bursting and brimming with significance—some made significant by the Ancestor-creators of Wiradyuri Country, and some in the many thousands of***


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> ***years of history since the Ancestors travelled our Country, naming the world and giving us the law by which Wiradyuri people should live."***

Professor Grant also invites us to think about the Wiradjuri concept of Yindyamarra winhanganha, which calls us to ***build a world of respect grounded in our knowledge and being in a world worth living in.***

This strategy could help set the University onto a different pathway.

Incorporating the concept of Yindyamarra into policies and practices at ANU requires us to think deeply and broadly about how we think about the systems that enable racism, discrimination, sexism, misogyny and other inequities. It further asks us to reflect on how we work with each other to ensure we show respect, go slow, take the time to listen, and seek to understand rather than seek to be understood, so that we can live in a world worth living in.

# Background to the review

## The Taskforce — who are we?

We would like to introduce the Mental Health and Wellbeing Strategy Review Taskforce (see Appendices for the Taskforce's Terms of Reference and composition) and say a little about our approach.

We are a diverse group of people who came together to work on the ***ANU Mental Health and Wellbeing Strategy 2025-2030***. 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 Aboriginal and Torres Strait Islander, settler-colonial and/or immigrant backgrounds; student, staff, academic, and/or professional backgrounds; neurodivergent and neurotypical, gender fluid and gender specific; abled and disabled backgrounds. Some of us have lived experience of mental health challenges ourselves or experienced these vicariously through family members or loved ones.

We started the review with defining principles to guide our process and decisions (see Consultation approach). It was important to us to take the time to work closely with as many stakeholders and community members as we could, seeking a collaborative, co-design way of working. We experimented in how we did things, had doubts, changed ideas, and went through slow patches. 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, what should be done about it, and to ask questions.

## Next steps for the Strategy

This Strategy is based on consultations and conversations with 275 staff and students, as well as feedback received in May 2025. From these we have developed a future Vision and Ambition and identified five key areas for action to help ANU achieve its goals. The Strategy and its Vision was endorsed by ANU Council in October 2024, and we will report back to Council regularly on progress.

We have articulated a set of 23 ***Immediate Actions*** to be enacted now or started within the next twelve months. There are many other actions and possibilities that emerged from the

consultations, and we are now costing actions and developing an evaluation plan. Almost half of the recommendations were started or built into forward plans during 2025.

We received candid feedback from the community in May 2025, drawing our attention to shortcomings in the actions and the need to address the current institutional context of change and restructure. We were told that the Strategy is needed now, and that there is work and effort to make this a reality. We acknowledge this.

> ***"While there may be a pressing need to address budgetary pressures on the institution, the approach has appeared to many staff to be top-down and capricious, done 'to' rather than 'with' staff and students. Without a sense of community and kindness that is prioritised and nurtured by the leadership of the University, there will be insufficient trust to create 'responsive systems' or 'a connecting community' that are integral to the Mental Health and Wellbeing Strategy. Providing more services will not lead to improved mental health if the institutional and social determinants of mental health are not considered, within a work environment that continues to seem inconsistent with supporting staff well-being."***
> — ANU staff member

This report and its actions are not an endpoint. Some actions are longer term (Start Now), and we are aware that when the context changes, so should the Strategy and its approach. Almost all the feedback we received affirmed the longer-term actions proposed, which will require further development, co-design, and phased implementation over the next three to five years.

## What is mental health? (and why it matters)

Mental health is a state of mental wellbeing that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community (WHO, 2025). There is "no health without mental health" (Prince et al., 2007) and the dynamics and dimensionality of mental health, as well as its connections to almost all aspects of lives, are increasingly apparent.

Mental health can best be thought about as a continuum: it changes and is contextual. It is also relational, that is, bound to the quality of relationships, belonging, connection and sense of meaning. Among our First Nation colleagues, it is bound to Country. At one end of the continuum is wellbeing, or positive mental health – we use these terms to describe optimal states of mind which are highly individual and context dependent. Similarly, at another end is the experience of psychological distress, mental health problems and in some instances mental illness. Mental health problems can carry with them a stigma, that is, the feeling of being judged, deficient or shamed. Both population and clinical approaches recognise the importance of lived experience and that a diverse society means there are differences in what mental health looks like and what supports it.

For staff and students at ANU, mental health and wellbeing underpins the quality of engagement and performance in all aspects of teaching, learning, creating and discovering. Mental health supports why our students and staff come here because it is a learning and work performance asset.

Since the pandemic, awareness of mental health has grown within schools, workplaces and communities, helping to reduce stigma. Our consultations showed that ANU staff and students value this:

> ***"Mental health [now] frequently features in campus-wide communications and has been normalised as a topic for discussion."***
> — ANU staff member

> ***"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."***
> — ANU staff member

Greater awareness is also partly due to the scale of distress and its impact. Two in five (42.9 per cent) of Australians have experienced a mental health problem or condition at some point in their lifetime (Australian Bureau of Statistics [ABS], 2023). Not only do mental health problems touch the lives of almost everybody on campus in some way, but they are costly. In Australia, the current spend on treatment is over $12 billion per annum, and rising (Australian Institute of Health and Welfare [AIHW], 2025). There is an enormous cost to individuals, families and organisations, in terms of relationships and the capabilities to be productive, that goes well beyond this figure.

Workplaces are the second most important influence on mental health (second to family relationships; (McDaid et al., 2019). Burnout has emerged as a major workplace issue. In 2023, two thirds of Australian workers reported burnout, just under one third said they experienced regular harassment and one third were bullied regularly (SafeWork NSW, 2023). A recurring theme from our staff during the consultation was that many were feeling burnt-out:

> ***"To be frank, people I see are struggling to keep their heads above water. . . they enjoy their work, their colleagues and ANU, but a lot of people seem to be burnt out. . . I don't think that is necessary reflective of something ANU is doing wrong, but after COVID, increasing uncertainty around cost-of-living, international events, I think people are really tired. . . University has to keep going, but I do wonder if many transformational activities are going to push some people over the edge. I know three people from various parts of the University who have taken unexpected leave over the last couple of months, because things seem to be getting on top of them. Hard working, successful people who coped well during COVID, but they've reached their limit."***
> — ANU staff member

Mental health conditions also account for a rising proportion of serious workers compensation claims. They are also, by an order of magnitude, the costliest in terms of days lost and treatment (SafeWork Australia, 2024). In the education and training industry (which includes universities), four out of ten serious mental health claims were due to overwork and work pressure, almost three out of ten were work-related harassment or bullying, and two out of ten exposed to violence or trauma (SafeWork Australia, 2024). All these causes are preventable.

Amongst the student community, rates of distress and mental health problems have not returned to pre-pandemic levels. In Australia, nearly one third of young men and nearly half of young women aged 16-24 years had experienced a mental disorder at some time in their life and had clinically significant symptoms in the past 12 months, as do just over one quarter (27 per cent) of adults aged 25-34 (ABS, 2023). The 2020 Orygen Australian University Mental Health Framework (Orygen, 2020) reports even higher rates of distress among tertiary students than the general population, with the following students at greater risk: women; LGBTIQA+; PhD students and those studying medicine or law; those from International, regional, or remote backgrounds; Aboriginal and Torres Strait Islander students; those from low-income backgrounds; and students living with any form of disability.

Orygen (2020) also notes the role social and cultural determinants play, especially financial stress and time stress from combining work with study, lack of sleep, and future uncertainty. Universities Australia (2022) found that the top three reasons why students did not complete their degree were health or stress, study and life balance, and workload difficulties.

## Intersectionality: How systems that enable racism, misogyny and inequity undermine mental health and wellbeing

As the consultation progressed, it became clear that taking an intersectional approach to mental health and wellbeing would be essential. ***Intersectionality*** is a term used to describe the intersecting effects of race, class, gender, disability, and other marginalised characteristics that contribute to individual and social identity (Seng et al., 2012).

It was apparent from our campus conversations that many of our staff and students are experiencing multiple and compounding disadvantages. These take different shapes and play out in different ways. They create a 'social weathering' of constant stress that harms health (Geronimus et al., 2006). 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

ANU is committed to addressing disadvantage, discrimination, and exclusion and is implementing actions to redress this and improve equity. The review highlighted how these processes of marginalisation and exclusion can significantly harm staff and student mental health and wellbeing. Below are four stories we heard.

### *A story about structural racism.*

The University has a stated strategic commitment to improving the numbers of First Nations staff and students. We heard how, when a team was seeking to recruit Aboriginal and Torres Strait Islander only staff, they were required to write extra justifications for why these positions were not open to everybody. It added to the administrative burden, the cultural burden, and moral distress.

### *A story about everyday sexism and harassment.*

One female international student described being part of a community dance club. During a meeting, as partners lined up, she described how an older, male academic positioned himself in front of her and proceeded openly to stare at her chest, lowering his face closer. The student felt embarrassed, vulnerable, unsafe and violated. She did not return.

### *A story about being a target.*

One international student described how her walks off campus into Civic "run the gauntlet" of racial and sexual slurs yelled at her from cars. She cried as she told the story.

### *A story about unkind systems.*

One student living with mental illness described the process of applying for an assessment extension under her Education Access Plan (EAP) due to trauma related anxiety and distress. To do so, she was required to attend and pay for a medical appointment, complete a detailed application form, and submit the request electronically. The process was difficult, costly and time consuming, and ultimately resulted in an automated response advising that her extension had been rejected.

These connections between marginalisation and poor mental and physical health are well documented in the literature (e.g., Krieger, 2005). They were highlighted in almost all consultations, as were ideas on how to redress this, exemplified by the following comments:

> ***"Address the need for a deeper understanding of student lives, including issues like the cost of living and the rental crisis, which spans across leadership, relationship and institutional aspects."***


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> — Undergraduate student
>
> ***"Cultural safety and sensitivity to promote issues impacting on Indigenous communities."***
> — Undergraduate student

One postgraduate student described hearing other students responding to the question "How can you ask for consent?" at a sexual consent workshop with "suck it" and "do it squirt". They drew the link between violence and safety on campus (their own and others) with the social acceptance of harmful approaches to gender, power, and sex. They asked, "***how do you reconcile the myriad of different backgrounds . . . that people bring with them to ANU? It's a massive undertaking.***"

## 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 ensure decisions are made using an intersectional and wellbeing lens.

This case study is a composite of several ANU students experiences who are part of the Disability and Queer community on campus, taking an intersectional 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. 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 whether I will 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'.


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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 also 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 of the 'system' needs to have an understanding of the constraints in accessing services and systems that some disabled people experience.

ANU has several plans and strategies in place: a Gender Equity Strategy, Disability Action Plan, Reconciliation Action Plan, Student Safety and Wellbeing Plan, Sexual Violence Prevention Strategy and an Anti-Racism Recommendations Report. The themes and recommendations across all these strategies are significant to the Mental Health Strategy Review, because they are seeking to address intersectionality. They also address major sources of harm to mental health and wellbeing. One task in developing the Implementation Plan of this strategy, therefore, will be to cross reference and align actions from these other ANU strategies against their capacity to improve mental health and wellbeing.

## The legal imperative

As well as a moral, performance, and equity obligation there is a compelling legal mandate to take more action. University Leadership, our managers, and everyone who supervises staff or students has a legal obligation to protect their mental health and wellbeing. This legal imperative brings with it mandatory reporting and accountability.

Under Work Health and Safety (WHS) laws, workplaces must eliminate psychosocial risk as far as is reasonably practicable (Safe Work Australia, 2022). In April 2023, important changes to Commonwealth WHS laws came into effect. For the first time, the ***Work Health and Safety Regulations 2011*** prescribe how employers must identify, prevent and manage hazards and risks to workers' psychological health and safety. The amended regulations prescribe how duty holders must identify and manage those hazards and risks.

This legal requirement includes preventing harms such as bullying and harassment, harms relating to an individual's job (such as job demands, low job control, lack of role clarity,

inadequate reward and recognition), or systemic issues such as poor organisational change management, physical environments, or organisational justice (Safe Work Australia, 2023). Student safety and wellbeing is another legal responsibility, with high rates of sexual assault and harassment reported on many campuses (Heywood et al., 2022), along with repeated concerns from students about needing more support for their mental health and wellbeing.

In response, the ***University Accord 2025*** has recommended a new Code to underpin the rights of all students and protect their wellbeing. Universities must ensure all students are physically, socially and mentally safe, and are required to report on actions that they take (Universities Accord National Higher Education Code to Prevent and Respond to Gender-based Violence Act 2025).

Preventing student suicide also has a legal mandate for action. In February 2023 the Coroner's Court of the ACT issued a report into the death of an ANU student living in a Residential Hall on campus (Coroner's Court of the Australian Capital Territory, 2023). They noted that many students do not reach out for help and support, and this was partially due to the stigma of seeking help. They also noted that workloads and academic demands, financial stress, and separation from families and support networks place pressure on students' mental health. The report called for a greater recognition of the connection between mental health, courseloads and assessment difficulties and requested that ANU update its review of its Mental Health Strategy and report to the Coroner's Court.

We intend the Strategy to help us meet this moral, equity, performance and legal imperative.


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# A new paradigm

It became evident through the consultation that there is excellent work happening across diverse areas of the University, and that there is a deep commitment to the wellbeing of our staff and students. Without fail staff and students mentioned strengths and helpful initiatives at the ANU and expressed their gratitude for them. We also saw the goodwill, effort, and dedication to set things right, which came through time and time again.

Repeatedly, staff and students talked about ***how*** we do things and ***how*** we treat each other as key to mental health, from setting curricula, managing workloads, making good decisions, services design 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 life worlds (also different mental health and wellbeing dynamics) were raised by staff and students across all areas and levels. So too was the close link between their wellbeing 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.

There is a win-win therefore for the University in making these connections and understanding that how we do things, set things right, and treat each other is fundamental to what we can achieve, and it is fundamental for supporting mental health and wellbeing.

### Moral distress is about our mental health and wellbeing

An issue that concerned us was that some at 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. Moral distress raised by staff and students pushed us towards a strategy that encourages an ongoing questioning of assumptions about how we do things, elevates the role of systems in driving mental health as well as performance, and the centrality of accountability, capacity-building, and backing organisational aspirations with actions.

This awareness and attention to process — how we treat each other — is understood by Aboriginal and Torres Strait Islander peoples and backed by organisational science (Edmondson & Bransby, 2023; Maher et al., 2021). 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.

### Acknowledging our history is about our mental health and wellbeing

Through our consultations and from the research evidence, we learnt about the psychological distress of people experiencing interpersonal discrimination, particularly Aboriginal and Torres Strait Islander 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 settler-colonial history and


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ongoing racism. In our consultations with Aboriginal and Torres Strait Islander 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."***

While supports and services are essential to individual psychological and cultural safety and wellbeing, there are systemic changes required. The Taskforce recognises that without a clear understanding of Australia's colonial history or the importance of Country, including the Country that supports and nurtures ANU, it is impossible to support the mental health and functioning of this University. This raises the following questions: What does it mean to acknowledge history? How does acknowledging our history improve us, personally, collectively and institutionally?

We heard the desire from our community to address systematic and structural issues, hold ourselves to account to address moral distress, pay close attention to how we do things, and build the necessary empathy and capability for a more collective stance on wellbeing. Our University is by no means the only institution in this country facing this problem. Our community believes we can lead in learning how to solve it. As one postgraduate student told us:

> ***"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."***
> — Postgraduate student


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# Current state

This section introduces the starting place for the review. We describe the previous Mental Health Strategy and the current state of the University drawn from existing institutional data. We note there was no direct measurement of staff or student mental health or wellbeing on campus. We therefore used the data we had to triangulate with consultation data.

## 2016 – 2024 Mental Health Strategy

Our review began with the current ANU Mental Health Strategy, developed by a Mental Health Advisory Group (MHAG) in 2016. The MHAG was formed by the Pro Vice-Chancellor (University Experience) and was composed of staff representatives from academic colleges and relevant service divisions (Student Life, Dean of Students, Human Resources), academic experts with relevant field knowledge/expertise, and student representatives from ANUSA and PARSA.

The 2016 strategy recognised the need for a holistic, institution-wide approach to mental health at ANU. The strategy focused on creating a community that promotes the mental health and wellbeing of staff and students, provides a range of services and supports that are responsive to changing mental health and wellbeing needs, and breaks down stigma.

The strategy outlined a set of key principles for promoting positive mental health for both students and staff. Each principle included an overarching goal, proposed activities to achieve that goal, and measures of success.

Three key principles were developed for students:

1. Improve the institutional and campus climate to promote wellbeing.
2. Support students experiencing mental health difficulties and mental illness.
3. Support students assisting others with mental health difficulties.

Five key principles were developed for staff:

1. Demonstrated management commitment to managing psychological injury.
2. Understand the causes of psychological injury in the workplace.
3. Destigmatise psychological injury in the workplace.
4. Clearly define policies and procedures and ensure that they are consistently applied.
5. Improve training and awareness of mental health and psychological injury management.

**Strengths:** The 2016 strategy had notable strengths that our review aimed to build on. It was developed with input and expertise from key University stakeholders and detailed a range of feasible and practical actions that could be readily implemented. The student principles were informed by the Framework for Post-Secondary Student Mental Health (Canadian Association of College & University Student Services and Canadian Mental Health Association, 2013). The strategy focused on both staff and students, was values-based, viewed mental health as a continuum, and took a 'whole-of-person' approach to wellbeing. The strategy considered support for carers, friends and colleagues, as well as individual ANU staff and students. It used

a settings lens that focused on the community and social determinants and included a focus on improving mental health literacy, including for leaders.

**Gaps:** While the strategy emphasised early identification of mental health problems and improving literacy, activities focused largely on responding to the need for mental health support, rather than prevention. The activities contained in the strategy, while practical and feasible, did not highlight current examples of excellence, strength and best practice across campus, and thus did not effectively leverage existing capacity and expertise within ANU. A critical gap was the lack of Aboriginal and Torres Strait Islander focus or involvement. Finally, the strategy encountered significant challenges in implementation. Problematically, the strategy lacked a detailed implementation plan.

Our Taskforce was impressed by and grateful to the work, insight, and vision of the 2016 strategy. We have incorporated and built on many of its principles and ambitions. We have also learnt that to be successful, a future strategy must be paired with a detailed implementation roadmap that includes responsibilities, resources and evaluates actions.

## What we know: Student and staff wellbeing at ANU

We used 2024 data from the University Experience Division Including Student Services and Residential Experience) to gather information on student safety and wellbeing, and service use.

For staff, we mainly used 2024 and 2025 data from the ANYou survey and Staff Psychosocial Hazards Workshops. We are extremely grateful to all the areas within ANU who supplied data to the Review.

### Residential Experience

Figure 1 below illustrates the number of incidents reported across ANU student residences between January and September 2025. A total of 1,305 reports were recorded, reflecting a broad spectrum of situations experienced by residents.

Mental health-related incidents were the fourth highest concern recorded among student residences following noise, other and unauthorised entry/security concerns. Many of the remaining concerns represent likely stresses and potential sources of harm. These include disputes, offensive language and behaviour, experiencing racist, sexist or other derogatory and targeting behaviours. Relative to other Australian universities, ANU has the highest proportion of students living on campus.


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Figure 1: Number of incidents reported across ANU student residences between Jan and Sep 2025

## Student Safety and Wellbeing Team

The Student Safety and Wellbeing team (SSWT) was established in late 2021 to support students following a disclosure of sexual misconduct. The team's remit expanded in early 2022 to support student wellbeing more broadly and to create a central space for students to be supported and referred to other services within the University and in the community.

Co-located with ANU Counselling, Accessibility and the ANU Medical Centre, SSWT work closely with these services for the case management of students. In 2024, SSWT and the Accessibility Team reported that mental health presentations represented a leading reason for accessing case management support and reasonable adjustment requests.

Figure 2 below shows that students seek support for academic difficulties as their number one problem. However, second to academic difficulties is a range of mental health related issues, which if they were added together would be by far and away the major reason for support. At one end of the continuum student seek help for diagnosed disorders, but there are large numbers of students presenting with anxiety stress depression financial distress, family issues grief or loss, isolation, and loneliness — all important to address.

Figure 2: Frequency of presenting issues in the Student Safety Wellbeing Team 2024

## ANU Counselling

Figure 3 below Counselling appointments by month shows how the need for counselling surges prior to exams and assessment periods. It also gives a sense of the volume and scale of demand for counselling, with up to 500 appointments in August. The chart also indicates the effort and workload on our counselling services, who work hard to respond throughout the year and through the surge periods.

Figure 3: ANU Counselling appointments and ANU Afterhours Student Wellbeing line calls by month (2024)

## Student Safety and Wellbeing Team (SSWT) and Accessibility

Figure 4 and Figure 5 below present 2024 data on SSWT and Accessibility appointments by month. Accessibility provides case management support and responds to reasonable adjustment requests from students living with disability or diagnosed mental health condition. As in previous years, SSWT see a peak supports request in the pre-exams period in May. As with counselling, the large number of appointments, especially in May (with appointments peaking to 200 for both services), underscore the high level of demand and surge periods in workload for our SSWT and Accessibility support staff.

Figure 4: 2024 SSWT appointments (total n=1213)

Figure 5: 2024 Accessibility appointments (total n=1415)

## ANU Medical Centre

The ANU Medical Centre offers 15-minute doctor appointments. In 2024, up to 28 appointments were available per doctor per working day. The medical centre also has a nurse and two nurse practitioners to provide care. In 2024 a new nurse practitioner commenced and there was a doubling of nurse practitioner appointments in that month and the following.

Over 2024, there were over 10,000 appointments made at the medical centre. Peak periods and surges were less marked relative to the student services. The demand for General Practitioner (GP) consultations typically increases as the semester progresses and peaks when exam time approaches. This increased demand is a mix of people with illnesses, primary care needs and people with requests for support letters. The very large volume of appointments points to the need and value of our health and wellbeing services for the campus community, and to the workloads and demand on the staff who provide them.

Figure 6: Clinic wait times

## Student wellbeing (Personal Wellbeing Index)

In Semester 1, 2023, the Personal Wellbeing Index (PWI) module was piloted to assess students' wellbeing experiences. Drawn from the QILT ANU Student Experience Survey (SES), the module prompts students to reflect on their personal lives and overall life satisfaction. It is available to all ANU coursework students on a voluntary basis. Some respondents were enrolled in multiple or double degrees and as a result, the 2023 and 2024 PWI summaries include double counting for these students.

Table 1: Personal Wellbeing Index (PWI) Module outcomes for 2023 and 2024

| | | ANU |
|---|---|---|
| **2023** | **PWI score** | **69.6** |
| | Standard of living | 74.4 |
| | Health | 68.6 |
| | Achievement in life | 66.2 |
| | Personal relationships | 68.4 |
| | Safety | 79.8 |
| | Feeling part of a community | 64.1 |
| | Future security | 65.7 |
| | Life overall | 69.2 |
| **2024** | **PWI score** | **69.7** |
| | Standard of living | 74.7 |
| | Health | 68.9 |
| | Achievement in life | 66.2 |
| | Personal relationships | 68.6 |
| | Safety | 79.4 |
| | Feeling part of a community | 64.6 |
| | Future security | 65.0 |
| | Life overall | 69.7 |

In 2023, 4,719 coursework students (28 per cent of 17,145 invited) completed the PWI within the SES, compared with 5,303 students (30 per cent of 17,554) in 2024. As participation was voluntary, the results may not represent all ANU coursework students. The overall PWI score remained stable, 69.6 in 2023 and 69.7 in 2024, indicating consistent wellbeing across years. Wellbeing levels were steady across domains, with ***Future Security*** and ***Feeling Part of a Community*** continuing as the lowest-rated areas, though the latter showed slight improvement. These domains may benefit from targeted initiatives to strengthen students' sense of belonging and confidence in their future.

## Access and Inclusion Education Action Plans (EAP)

Under the Disability Discrimination Act 1992 (Cth) and the Disability Standards for Education 2005, people with a documented disability, illness, or health condition can register to have reasonable education adjustments. At ANU, these are documented in an Education Access Plan (EAP). In 2024, 3499 students registered with Accessibility services, of these more than 44 per cent were due to a mental health condition. As well as disability (of any form) being linked with mental health, the numbers of students seeking supports and adjustments are rising in the whole sector. Mental health presentations represented the biggest reason for accessing case management support and reasonable adjustments requests (see Figure 7).

Figure 7: Disability conditions of students with Accessibility (EAP) Plans

## Staff Work Health and Safety (WHS)

Since April 2023, with changes made to the Commonwealth WHS regulations and increased guidance in the risk management of psychosocial hazards in the workplace, employers have conducted consultation and implemented proactive interventions to identify and control these hazards. Psychosocial hazards are aspects of job design or workplace behaviour established in the literature as contributors to psychological harm. Common psychosocial hazards identified by Safe Work Australia (n.d.) are:

- job demands
- low job control
- poor support
- lack of role clarity
- poor organisational change management
- inadequate reward and recognition
- poor organisational justice
- traumatic events or material
- remote or isolated work
- poor physical environment
- violence and aggression
- bullying
- harassment, including sexual and gender-based harassment, and
- conflict or poor workplace relationships and interactions

In response, the Safety and Wellbeing Team in the People and Culture Division have been running collaborative workshops to identify and then address psychosocial hazards. To date, commonly reported psychosocial issues are presented in Table 2. Community rankings show that workloads and excessive demands are the number one psychosocial hazard facing ANU staff. Lack of control over tasks or work hours is the second most commonly reported hazard followed by lack of support from supervisors and lack of role clarity. Traumatic events appear to be also ranked as a priority hazard as well as conflicting or poor workplace relationships.

Table 2: Community ranked psychosocial hazards from Workshops 2023 - 2024

| Hazard | Number |
|---|---|
| Job Demands | 43 |
| Low Job Control | 29 |
| Poor Support | 23 |
| Lack of Role Clarity | 22 |
| Traumatic Events and Materials | 19 |
| Conflict or Poor Workplace Relationships and Interactions | 16 |
| Inadequate Reward and Recognition | 15 |
| Poor Physical Environment | 13 |
| Violence and Aggression | 12 |
| Poor Organisational Change Management | 9 |
| Poor Organisational Justice | 9 |
| Bullying | 2 |
| Remote or Isolated Work | 2 |
| Harassment including Sexual Harassment | 1 |

Like other work health and safety hazards or incidences, staff and students are encouraged to formally report a psychosocial incident through Figtree. During the reporting period 1 January – 31 December 2024, there were 93 Figtree incident notifications submitted by staff, detailing exposure to a range of psychosocial hazards[2]. Of these incidents, 68 (73 per cent) have been submitted as confidential incidents, with 56 incidents (60 per cent) resulting in psychological injury. Some incidents identified multiple causal factors as per summarised in Table 3:

Table 3: Psychosocial Hazard Incidents reported via Figtree 2024

| Psychosocial hazard | Number of causal analysis factors as identified in in incidents submitted [3] |
|---|---|
| Conflict or poor workplace relationships and interactions | 25 |
| Harassment including sexual harassment | 24 |
| Poor support | 22 |
| Job demands | 18 |
| Poor organisational change management | 18 |
| Bullying | 12 |

[2] Incident notifications may be submitted using Figtree coding for an individual wellbeing matter (mental stress factor) or a hazard affecting a work group (psychosocial hazard).

[3] There may be multiple causal factors that are reported per each incident submitted.

| | |
|---|---|
| Traumatic events or material | 11 |
| Lack of role clarity | 9 |
| Violence an aggression | 9 |
| Poor organisational justice | 9 |
| Low job control | 9 |
| Inadequate reward and recognition | 3 |
| Poor physical environment | 2 |

During the reporting period 1 January – 30 September 2025, there were 104 Figtree incident notifications submitted by staff, detailing exposure to mental stress factors or psychosocial hazards4. Of these incidents, 74 (71 per cent) have been submitted as confidential incidents, with 74 incidents (71 per cent) resulting in psychological injury. Some incidents identified multiple causal factors as per summarised in Table 4.

Table 4: People and Culture - Psychosocial Hazard Incidents reported via Figtree 1 January – 30 September 2025

| **Psychosocial hazard** | **Number of causal factors in incidents submitted** |
|---|---|
| Poor organisations change management | 42 |
| Poor organisational justice | 32 |
| Conflict of poor workplace relationships and interactions | 24 |
| Lack of role clarity | 19 |
| Poor support | 19 |
| Job insecurity | 18 |
| Bullying | 10 |
| Job demands | 7 |
| Bullying | 10 |
| Harassment including sexual harassment | 6 |
| Traumatic events or material | 5 |
| Low job control | 5 |
| Inadequate reward and recognition | 3 |
| Violence and aggression | 2 |
| Fatigue | 2 |

[4] Incident notifications may be submitted using Figtree coding for an individual wellbeing matter (mental stress factor) or a hazard affecting a work group (psychosocial hazard).

## Staff sentiment and wellbeing

The ANYOU staff engagement survey is coordinated by the People and Culture Division. It measures employee experience and engagement against a series of factors including leadership, management, teamwork, wellbeing and learning and development. The last ANYOU staff engagement survey was held in September 2024. Prior to that, this type of survey last took place at ANU in 2018 using the Voice Project.

Figure 8: ANU staff responses showing range (variability) across Colleges and Portfolios 2023

The response rate for the ANYOU 2023 staff engagement survey in March 2023 was 58 per cent (excluding casual staff responses). There are wide ranges on some dimensions, indicating that there are areas on campus where engagement and staff sentiment is positive and areas where they are not. The variability across campus indicates differences across colleges and portfolios of staff experiences. In general, satisfaction with work-life blend and enablement are overall highest, satisfaction is lower and variability greater with feedback and recognition, collaboration, communication, accountability and action — indicating these should be targets for action.


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Since our consultation, the ANYOU 2024 pulse survey (from September 2024) was released in July 2025. Some changes in questions have occurred which make it hard to directly compare results, however the broad dimensions of wellbeing and sentiment remain. We summarise the key results below.

Figure 9: ANU staff responses showing overall percentage score across key engagement and sentiment factors 2024

The data from the September 2024 pulse survey reveal the following about the state of staff wellbeing and sentiment 18 months after the March 2023 full engagement survey results:

- Teamwork is relatively healthy (71 per cent), however Culture scores show respect (57 per cent) and belonging (49 per cent) are challenges, while authenticity (65 per cent) is relatively positive.
- Psychosocial health is mixed: high autonomy (84 per cent) is a major strength, but openness in leadership (39 per cent) and access to resources (57 per cent) are weaker. Comfort in reporting inappropriate behaviour (62 per cent) reflects the findings in the Nixon review.
- Management at the supervisor level is a strong point (77–79 per cent), with clarity and role modelling highly rated.
- Leadership is a key weakness. Local leaders are viewed more positively (68 per cent), but university-level leadership (SLG) scores are very low (23–26 per cent), suggesting disconnection and lack of trust between staff and top leadership. Communication and valuing people are especially weak at the strategic level.
- Engagement scores are generally low–moderate, with pride in working at the university (65 per cent) being the strongest. However, intent to stay (51 per cent) and job-searching mindset (40 per cent) indicate retention risks. Motivation (38 per cent) is also concerning.

In summary, support for supervisors and local leaders is strong, but university-level leadership and overall culture are major concerns driving low motivation, belonging, and retention risks.

## Staff counselling

ANU has three (at 1.6 FTE) staff advisors on campus who provide counselling and support. The total number of sessions delivered by them to staff members by staff advisors decreased from 1,448 sessions in 2022 to 1,336 sessions in 2023. Despite this, there was an increase in the

number of staff members attending one-to-one counselling sessions, rising from 306 staff members in 2022 to 348 in 2023.

ANU employees are also entitled to six sessions with employee assistance providers Assure and Relationships Australia. In 2023, Assure delivered 821 sessions to 364 individual staff members in 2023, up from 696 sessions in 2022, indicating an increased uptake of their services. Relationships Australia also saw growth, delivering 194 sessions to 106 staff members and their families in 2023, compared to 169 sessions in 2022. In September 2025, the University changed EAP provider to Converge and we could not report any data from them at time of publishing. We note that the EAP provider for the ANU changed in September 2025. Converge offers both coaching (performance, goals and career supports) and counselling (focussed on wellbeing, psychological health and relationship concerns).

### Data gaps

We were unable to obtain data on case numbers of ANU student engaging with ACT health care services, numbers of suicides or attempted suicides among staff or students, or prevalence of student or staff mental health disorders and psychological distress.

# Consultation approach

## What we did

Consultations with staff or students opened with questions about what is working now at the University to support their mental health and wellbeing. We then asked staff and students to reflect on what else they thought was needed, and where the gaps were. They were asked to identify the three most important things the University could do to make a difference to students and staff mental health and wellbeing actions, including addressing inequities, and then what the University might need to learn or do differently to get there.

We adapted questions, depending on who we were consulting with. There were consultations with ANU leadership, ANU staff who were providing services or supports on-campus, and tailored conversations with students living in residences. Some consultations focused on listening to and learning from Aboriginal and Torres Strait Islander staff and students, making sure their views shaped the discussion. Where possible these sessions were co-led with staff or students from those areas.

Among Aboriginal and Torres Strait Islander staff and students we asked what they wanted to see come out of the Strategy and whether (and, if so how) they wanted Aboriginal and Torres Strait Islander perspectives, services, and supports to be included in this strategy. Among ANU leaders we asked about risks, as well as pros or cons for investing in mental health. For frontline staff and service providers we additionally asked what they needed to succeed. A full list of questions is available in Appendix C.

The Taskforce adopted the following principles to guide our approach to the review, consultation, and decisions:

- investment in prevention and supports
- co-design and co-review
- human centred from lived experiences
- strength-based
- culturally humble
- incorporating Aboriginal and Torres Strait Islander wisdom
- centring wellbeing in curricula, culture and work design
- addressing equity
- leadership enabled
- build partnerships on and off campus.

## Who we consulted

We based our consultation process on the Co-designing with young people: The fundamentals (Orygen, n.d.), 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 Portfolio Forum, a space where the Academic Portfolio team and student leaders come together to talk about big-picture topics related to inclusion, diversity, equity, and accessibility. 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 is presented in Table 5.

### Face to face (F2F) and online consultations

Table 5: Mental Health and Wellbeing Strategy Review Consultation Cohorts (Face to face or in person)

| 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** |
| 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 |


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| | | |
|---|---|---|
| Staff Academic and Professional | Online | 2 |
| Staff Professional | Individual (online) | 13 |
| Staff Academic | Individual (online) | 6 |
| | **Total** | **110** |
| Aboriginal and Torres Strait Islander students | Interview | 2 |
| Aboriginal and Torres Strait Islander staff | Interview | 8 |
| Aboriginal and Torres Strait Islander staff | Focus Group | 7 |
| | **Total** | **17** |
| **Total F2F and Online Consulted (Staff and Students)** | | **229** |

## Written submissions

Table 6: Written submissions from Staff and Students

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

## May 2025 feedback on the draft Strategy

We undertook a second round of feedback about one year after the original consultations, in May 2025. We released the draft Mental Health and Wellbeing Strategy Overview to the ANU community, asking for feedback via an anonymous web-based form. During the five-week feedback period, we received 42 written responses from staff, three from people who were both staff and students and four from students. We also received a detailed, written response from a staff team.

This feedback was in response to the actions we first published. We heard strong support for the strategy balance by scepticism that it could be achieved. Staff emphasised the need to incorporate the approach of the strategy into how we address change at the University, there was emphasis given to the harm from the change process itself, and that for the strategy to be successful it needs to have alignment with the Nixon Review. Staff and students wanted to see clarity on implementation (with demonstrated commitment from University Leadership). We also received feedback that one of the major actions was not feasible, we returned to the drawing board on how we might build student led capacity to manage mental health and well-being. We have refocused this action to recommend a student led space to be codesigned in 2026.

A full account of the feedback received and responses to it is published on the Mental Health and Wellbeing Strategy website.

# 2025 – 2030 ANU Mental Health and Wellbeing Strategy

## Overview

It became clear to us from the consultations and our review of current data that our University — like all universities — is facing a mental health challenge that is complex, driven by external and internal circumstances, and places more demands on our services and WHS safety infrastructure.

It was also clear that as a result, our staff and students' capacity to work or learn to their potential was also affected. We heard tensions and dialectics about how to respond to this challenge and what approaches 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, while others described the essential link between world class learning and productivity and recommended investing in mental health. We list these because they are helpful to understand as dialectical points of view to engage with, and because they informed the vision, ambition, and areas of action that emerged from the consultations.

Figure 10: Visual representation of the tensions and dialectics surrounding responses to the challenge and the approaches considered to address it.

The 2025 – 2030 ANU Mental Health and Wellbeing Strategy has therefore aimed to engage with these dialectics in what we heard. Below we outline a vision, ambition, and five areas for action that form the framework for the next five-year plan. We then report in more detail on the ideas and insights from ANU staff and students which led us to them, as well as highlight some of the strengths on campus we heard about. Note that the vision and the areas of action are overlapping, and ***psychological safety***, kindness, and cultural safety are threads running through all areas of action. Four out of five areas of action are preventative in focus, reflecting our emphasis on systemic change. ***Partnerships in place***, however, has a strong focus on finding creative ways to increase mental health support, better awareness and better access to treatment.


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## Vision and Ambition

In the following section we want to articulate what we heard from ANU staff and students, and how what they told us and their priorities for action informed the vision and focus of the Strategy. Each section builds on qualitative data from the consultations and submission, alongside current research evidence that supports the recommendations made. A full list of the ideas, and concerns raised by staff and students (and frequency) is published in Appendices on the Mental Health and Wellbeing Strategy website.

Acknowledging that ANU is situated on unceded Ngunnawal and Ngambri lands — and incorporating the aforementioned concept of Yindyamarra into ANU culture — our Vision and Ambition for the 2025-2030 ANU Mental Health and Wellbeing Strategy are set out below as both Wiradyuri and English words.

We remain grateful to 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.[5]

### Vision

Wiradyuri: Ngiyanhigingu miilu bala ANU gudyigangu dhagu ngaiyiny marradambirra marrambang manhang waluwin dumbanha.

***Interpretation: Ngiyanhigingu (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) waluwin (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) bangalngaarrangaarra (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.

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

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.


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## 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.

Below we describe what we heard and research evidence underpinning the Strategy, its vision and areas of action. We also show case best practice on Campus and highlight the work and exemplary efforts of staff and students - our strengths. Underneath each section we then present a summary of the actions to do immediately or start that we have therefore recommended.

At the end of the document a detailed table with all Immediate actions and the KPIs against them is presented.

# Psychological safety, kindness and cultural safety at ANU

**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.**

The vision we set out brings together principles for how we treat each other into everyday working and learning on-campus. Kindness and consideration, openness and honouring of difference, honesty and cultural humility can be thought of as types of well-being 'antidotes' to the experiences of stigma exclusion denigration and moral distress raised. A vision is a higher order construct, it's an end-state, a guide, and also a signal. Below we set out what people told us, and the science behind this vision for a well-being and performance culture that can help prevent harm as well as repair it.

We then go on to talk about the five areas where institutional actions could move us towards this vision.

***What is psychological safety?***

Psychological safety describes a workplace or a learning space where candour, transparency, and learning from error is welcomed and routine. It's a concept that recognises 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 body of literature on organisational performance that shows strong positive connections between psychological safety and diversity, innovation, creativity, learning, performance, and effective teamwork. Psychological safety encourages experimentation seeking feedback, providing honest feedback, and a willingness to take risks, all of which are drivers of both individual and organisational learning, so it also applies to classrooms and teaching. Several studies have identified psychological safety as the number one characteristic of successful high performing teams and it appears to be particularly valuable for creatively navigating complexity, change, and implementation of new technology (Edmondson & Bransby, 2023; Newman, Donohue, & Eva, 2017). An additional benefit is that it promotes voice, listening, and inclusion and this is related to improved mental health and wellbeing. Psychological safety is thus a powerful interactional intervention for mental health in organisational settings. Building psychological safety into how we do things and treat each other could kick multiple goals for the University and positions mental health as integral to achieving world class performance.

Psychological safety in meetings or classrooms is where people at all levels are able to say they have made a mistake, don't know something, or have doubts, and they are not punished but learnt from. It is where leaders say they don't know the answer or solution and ask what others think. It shows up when people ask if they have missed something, or if anyone disagrees with them or has a different view, and where effort is made to draw out other viewpoints as valid and as welcomed.

Psychological safety is a relationship and process-based concept, and it is particularly enabling for marginalised and diverse groups. It therefore has the potential to reduce discrimination and exclusion, conscious or unconscious, and can support the University's diversity and performance goals. It is a Western concept however, most often applied to firm performance and presupposes a particular cultural frame. Consultations here at ANU revealed a major problem of systemic inequality and racism which is embedded in our systems and operations, as well as day-to-day interactions.

***The role of cultural safety***

In our context, foregrounding Aboriginal and Torres Strait Islander experience and knowledge is central to acknowledging our history. The request to do so has been a recurring theme, as has the experience of racism for many cultural groups. To acknowledge our history indicates 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 wellbeing, and a willingness to welcome difference (Hook et al., 2016). This requires listening to, respecting, and engaging with Aboriginal and Torres Strait Islander knowledges and rights as well as with other cultures (NATSIHWA, 2013). We heard about the cultural load of navigating our systems here at ANU and of being judged against standards that don't acknowledge cultural differences and penalise because of it. This experience was particularly apparent for our Aboriginal and Torres Strait Islander staff and students, for many of our international staff and students, for those with non-binary or non-hetero identities, and for anyone living with a disability. Actions to address this and to create culturally and psychologically safe systems and ways of working and learning are therefore important parts of the future strategy.

VicHealth (2020) has published guidelines which provide concrete examples of what needs to be in place for organisations to move towards cultural safety. At the organisational level, actions need to focus on monitoring, accountability, and training to end racism and discrimination; clear commitments and targets on First Nation employment and students;

and designing workplaces and learning spaces to be culturally welcoming via artwork and messaging. At its most basic, it is acknowledging our history and the impact of colonisation and making the effort to ensure decisions and ways of working and relating are aware of and reduce power differences, enable agency and self-determination (VicHealth 2020).

***Kindness***

A recurring and frequent theme in the consultations was the importance of kindness. Kindness has been a policy principle in some countries — notably Scotland. As Simon Anderson and Julie Brownlie (2019) write, "Like the roads we walk on and the electricity we use, small acts of help, support and recognition are fundamental: they make possible other things" (p. 6). They termed this the "infrastructure of kindness" (Anderson & Brownlie, 2019). Kindness reflects the relational basis of mental health and wellbeing, the need for connection, respect, and willingness to work together and achieve common goals. Kindness has been shown to reduce social isolation and loneliness and improve wellbeing. It is a relational building block for communities that supports quality relationships and quality conversations. Kindness can also be a property of places: Are they welcoming to all? Kindness is not about lack of accountability or lack of candour, but reflects a willingness to care and be considerate in the way we engage, work, learn, lead, and give input.

In a recent Harvard Business Review article Macklin, Lee and Edmondson (2025) describe how kindness is essential for a healthy organisation. They give some helpful, straightforward examples of kindness as integral to organisational success and culture, from how people are addressed (by name, with effort to pronounce), actively listening in meetings and conversations, giving full attention (phones are put away), expressing gratitude and thanking others for their contributions, giving feedback, including difficult feedback in ways that are prompt, open, respectful, and consider the other person and care for their dignity, wellbeing, and success. A final example is when unkind behaviour is occurring, it is called out and people are held accountable for it.

### What we heard

***Strengths*:** **Student** feedback on psychological safety, cultural safety, and kindness centred on safe spaces on campus (and residences, in particular), and student led clubs. They repeatedly praised BIPOC representatives' work in residential colleges to create and foster a sense of psychological safety and community. There was strong positive feedback about the Senior Residents system, which includes personal initiatives from Senior Residents who reach out to struggling students.

The Tjabal Centre's support was described as ***"outstanding"*** and ***"exemplary***," with one student adding that "***all the team there are incredibly helpful***." **Staff** told us that the university community had become more aware of mental health, that it was now "***okay to not be okay***," and that this awareness and sharing about mental health by leaders fostered a sense of psychological safety.

### ANU Strength Students: Supporting Aboriginal and Torres Strait Islander students – The ANU Tjabal Indigenous Higher Education Centre

The Tjabal Centre tailors support services to student cultural and academic needs and seeks to address high attrition rates and feelings of alienation and disconnection from the broader university community. The Centre was founded in response to direct feedback from Indigenous students and staff, as well as regulatory directives and academic


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performance data. Students had often reported feeling isolated and underrepresented within the University, which affected their overall wellbeing and academic success. The Centre was established to provide a dedicated space where Indigenous students could find cultural affirmation, academic support, and a sense of community. The Centre's approach of connection, empowerment, direct engagement with students, and active support has led to improvements in:

- High retention and completion rates for Indigenous students, above national levels;
- Positive feedback from students and staff, particularly around fostering a supportive and inclusive community, and;
- National recognition for innovative and effective support programs, setting a benchmark for other institutions.

***Needs and gaps:*** **Student** insights about needs and gaps focused on the lack of psychological safety, kindness, and cultural safety brought about by both lack of awareness and deliberate discrimination. One student described a lecturer's lack of understanding of accessibility needs, covering up the microphone to prevent the recording of their lectures. Other students described:

> ***"Blatant acts of racism, targeting specific groups, but also implicit biases against international students and generalisations. International students are disregarded and not valued as members of the community. This is often in the form of sly comments."*** Undergraduate student
>
> ***"Double standards for white and non-white students at residential halls. One example is using the kitchen, when international students are cooking there is more judgement regarding mess, smells and noise. Another example is playing music: it is seen as a problem when international students are loud but not when white domestic students are."*** Undergraduate student

Some **students and staff** thought the University was largely performative in the way it approaches cultural safety. Some **staff** noted the lack of recognition for the high cultural load carried by Aboriginal and Torres Strait Islander staff and students. One Aboriginal and Torres Strait Islander student gave an example of lack of cultural safety in the classroom, where staff and students fail to recognise the traumatising effect on Aboriginal and Torres Strait Islander students of assignments that take as their focal point the systemic violence towards members of Aboriginal and Torres Strait Islander communities.

Some **staff** spoke of the discrimination they experience in the workplace. One staff member explained that in their workplace:

> ***"Cultural sensitivity is lacking. Australia prides itself in being 'multicultural', but we need to redefine what this means and should mean in the context of respect and consideration for what may be perceived as 'cultural abnormalities' by others, but they may be genuine hurdles for someone who isn't Australian from birth."***

**ANU Strength Staff: Co-design to prevent psychosocial risks for staff**

The Residential Experience Division, in collaboration with the ANU WHS team, led a Psychosocial Safety Workshop Pilot, a three-year initiative focussing on addressing psychosocial hazards. This project differentiates itself by concentrating on psychosocial risks separate from traditional Work Health and Safety issues, aiming to improve workplace mental health.

The project adopted a consultative and co-design approach, engaging a wide range of stakeholders, including administration staff, community coordinators, halls of residence staff, and the senior management team. Those affected by psychosocial hazards were the people identifying risks and developing measures to address them. The introduction of a Health Risk Assessment (HRA) with a 'traffic light' system facilitated the monitoring of risk controls, ensuring accountability and transparency in the pilot phase.

A feedback mechanism enabled senior management to review, accept, reject, or modify proposed controls. Assigned senior managers took responsibility for the implementation of accepted controls, with an annual review process to assess their effectiveness and relevance embedding accountability for psychological safety into the pilot.

**International students** also told us of the cultural barriers, homesickness, racism, and pressures they experience while studying abroad. Noting that approaches to mental health and treatment are culturally situated, some students come with an approach to mental health predicated on relationships within faith, family and community that does not translate directly to a medicalised model of mental health. They added that their cultural context may not encourage explicit reflection or action on mental health, nor furnish them with the language to discuss their mental health needs, making accessing and engaging with the services and supports provided at the ANU challenging and asynchronistic. They spoke of gaps in the provision of mental health services to international students and students from diverse backgrounds. These include language barriers and lack of cultural competence training amongst counsellors, leading to "***misunderstandings and ineffective counselling sessions,"*** which some students noted could deter future engagement with these services.

We also heard that there is a gap in meeting the needs of **neurodivergent students**. Some felt unsure about disclosing their neurodivergent status for fear of being stigmatised, while others experienced autistic and/or ADHD burnout — the result of having to navigate and perform in an environment designed with neurotypical norms and expectations. As one student explained, ***"it can be scary disclosing this stuff and knowing what's reasonable to ask for, and also how to frame/express these needs in a way that we get support but don't have stigma too much***".

***Priority actions and what we need to do differently to get there.*** **Students and staff** explained that they want the University to be more than just performative in its efforts to provide a psychologically safe, kind, and culturally safe environment. It can do this by incorporating more diversity in leadership and the way the University operates. As one student noted, ***"it's great to see more women, but now there needs to be other diversity built into the decision-making process."***

They also wanted the University to listen to the lived experience of staff and students to inform actions. For example, they asked that the University better understand trauma, and how it may affect students in class, especially Aboriginal and Torres Strait Islander students. This requires rethinking the curriculum to offer alternate themes for assignments when they may touch on personally or culturally confronting histories and experiences. They also asked for greater awareness, understanding, and support of the needs of neurodivergent students, including ***"developing with ND students the kinds of hacks and adjustments that enable our unique brains to thrive,"*** support to prevent ADHD- and autistic burnout, and removal of the expiration on EAP documentation for lifelong conditions, including those related to neurodivergence.

There were many recommendations from students about how to better support international students' mental health needs. These included targeted advertisement of campus services, hiring counsellors who reflect the diverse backgrounds of students,

providing ***"the option to choose the person who will provide counselling — oftentimes there could be gender/cultural biases that could result in the breakdown of the support process,"*** and "***ongoing cultural sensitivity training for counselling and support staff***".

Agency, co-design, and being brought in to solve problems were also raised by **staff** as important ways to protect their mental health. Staff described their commitment to the University; how much they had to offer but the problem was they were not being asked. One staff reflected on the untapped potential of staff as a resource to help find solutions to address the University's financial deficits:

> "***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."***
> — ANU staff member

Another staff member observed:

> ***"[A] 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."***
> — ANU staff member


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## 1. Set things right, kindly

### Action Area 1: 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.**

A lack of accountability was a major theme in the consultations. Staff reported that psychologically harmful or unjust behaviours did not always incur consequences "***There are evidences of bullying incidents being raised but nothing really happening to the perpetuator and instead staff who got bullied having enough and leaving, thereby instilling lack of trust in system for everyone around."*** The gap between ANU values and addressing behaviour or processes that violate them is a contributor to the moral distress we heard:

> "***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

Accountability is one of three essential elements of workplace democracy (the other two are voice and representation) and can be understood as the relational practice of holding people to account for their actions (Goncharenko, 2023). It requires ANU to have systems in place which gather data or observations of behaviours, as well as systems of contingent consequences to these actions (or their lack) (Han & Hong, 2019). This includes rewarding behaviour that is expected. The University already has legal accountability processes to protect staff and student mental health and wellbeing through the Work Health and Safety legislation and guidelines on duty of care for student wellbeing. The University also adheres to public accountability by reporting on diversity and hiring practices (for example annually report on the gender-balance of staff and gender gaps in pay to the Workplace Gender Equality Agency).

The internal accountability processes in terms of alignment with stated policies and procedures, transparency in decision making and problems of bias, lack of impartiality, and favouritism was what most staff or students referred to as needing 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. As one staff member observed,

> "***There are areas where the system accepts Captain's picks and very often the Captain's picks are by men for men. I've watched the leading women in [my discipline] disappear and be replaced by white blokes."***

Workplace behaviours such as bullying, harassment, having no say into or control over decisions or tasks, and heavy workloads can all create psychological harm. So too can lack of attention to these behaviours, including lack of justice and fair process. Organisational justice and procedural fairness are psychosocial hazards which can be redressed by strong accountability systems, reinforced by organisational rewards (WorkSafe Victoria, 2025).

Accountability systems for psychologically safe, kind, and culturally safe behaviours were viewed by staff and students as a necessary manifestation of commitment to mental


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health and wellbeing. Lack of accountability systems were also a focal concern and area for action in the Nixon review released in 2025.

### The Australian Public Service Commission Accountability Framework (2023)

Good data drives accountability but so does what is done with it. The Taskforce invited a presentation from the Australian Public Service Commission (APSC) on March 13, 2024, to discuss their new Accountability Framework (ratified November 29, 2023). For the past five years, the APSC has published department statistics on performance on key diversity and equity objectives (e.g., pay gaps, employment of Aboriginal and Torres Strait Islander staff, gender and diversity employment statistics) as well as employee outcomes such as engagement, trust, perceptions of leadership, bullying and harassment behaviours (see agency benchmarking section of the State of the Service Report). The APSC took an enabling approach, helping agencies prepare and opt in over a five-year period so that they had maximum buy-in and motivation. The 2023 legislation now means it is a required activity for all APS agencies. The Accountability Framework objective is to increase transparency and accountability of people management within the APS, improve employee perceptions of being heard, and contribute to a stronger culture of acting on results.

Within the APS the framework backs up interventions to improve performance across gender equality, diversity, bullying and harassment, psychosocial hazards, as well as employment and recruitment of Aboriginal and Torres Strait Islander and other marginalised staff. It involves supporting each area reporting on their current state which is publicly available and presented in Senate estimates. We understand it has been a powerful catalyst for concrete action across many public service departments.

This framework provides an exemplar that aligns well with ambitions and activities in the University Experience Division, including Health and Wellbeing, and the People and Culture portfolios. The Taskforce recommends that the APSC Framework be adapted and refined in the ANU context to address our contextual differences to the APS as well as be suitable to track performance on student wellbeing.

## What we heard

***Strengths:*** Many **staff** told us that leadership approaches and attitudes to mental health showed an increased awareness and normalisation of mental health needs with new polices and services in place. They saw leave entitlements for wellbeing and flexible work arrangements as a tangible manifestation of this. As noted by one staff member,

> ***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.***
> — ANU staff member

***Needs and gaps:*** **Students** identified gaps and needs in accountability, recognition, and reward that centred on the need to feel heard, transparency of processes, and acting on information provided by students. As one student put it, the University needs to,

> ***"Build trust between students and the ANU. This is done by listening to students and actioning feedback provided by students."***
> — ANU student

**One** student described a lack of accountability surrounding some of the University's policies, in this context the Sexual Misconduct policy:


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> "***[The] SASH [Sexual Assault Sexual Harrassment] policy does nothing for anyone, which means that it has to be dealt w informally. A formal mediation/punishment earlier on in the process (i.e. before 3+ disclosures etc have to be made) would be better for everyone.***"
> — ANU student

Accountability, recognition, and reward for right behaviour were very strong themes amongst **staff**. They repeatedly emphasised that there are gaps in accountability for unacceptable behaviour, commenting that senior staff ***"direct bad behaviour at people who have less power"***, and that there was a pattern of ***"blaming from below"***. They felt there was no clear accountability for this, or guidance on what is required to repair or remedy unacceptable behaviour, as evidenced in this feedback:

> ***"We have limited channels to really report activities such as staff being exploited by senior members by being pushed to work that is well above their pay grades for without recognition and compensation but instead using fear and dominance. Staff in lower level have no avenue to challenge as this would reflect on potential promotions or biases in recruitment rounds. Just because a staff is able to perform over and beyond their potential, they should not be pushed to act above their pay grade."***
> — ANU staff member
>
> ***"ANU has a culture of not dealing with bullies at workplace especially ones in senior positions who mentally harass their staff."***
> — ANU staff member

***Priority actions and what we need to do differently to get there.*** **Staff and students** emphasised 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."*** A recurrent theme was the desire for the University to listen to feedback and, as expressed by a postgraduate student, to show, ***"Receptiveness, not just openness, to feedback from a lived experience lens"***.

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

**Staff** were emphatic that bad behaviour needs to be called out and action taken, and that executive leadership must also be subject to this level of transparency and accountability. Equally, good behaviour needs to be rewarded:

> ***"Bad behaviour from leadership must be addressed: emphasize the need for accountability and consequences for inappropriate actions by executive members."***
> — ANU staff member
>
> ***"Taking corrective actions against perpetuators would go a long way in building a sense of trust within community, especially in staff space."***
> — ANU staff member

### *Set things right, kindly Action Plan*

Below we summarise our action plan for accountability, recognition, and reward. The plan builds from current strengths, detailing actions that could be done now, as well is actions that require more development and codesign, and these are to be started now.
Our ***do now*** actions refer to changes in who sits at the table for governance and decision-making and ensuring that our recruitment and processes for leadership take a 360 lens.

There are three ***start now*** recommendations to build a whole of campus accountability framework, to build into performance review systems ways of rewarding and monitoring behaviour that is value based, kind and safe. These are actions that will require co-design to develop and there is time needed to build readiness and monitoring.

Figure 11: Action Plan: Accountability, recognition and reward

## 2. Invest in easier, simpler

### Action area 2: 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 wellbeing.**

Along with the relational infrastructure of how we treat each other, there is another type of infrastructure important for staff and student wellbeing, which is the infrastructure of systems and services. 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, University systems are fundamental to their work 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. This includes, for example, being required to give multiple written justifications for targeted recruitment to address discrimination, which multiplied cultural load (an example given by First Nations staff). Students talked about their distress navigating the EAP system when seeking extensions due to mental health. The process often required them to repeatedly explain or justify their circumstances, which were sometimes linked to trauma. Lack of awareness of supports and services that were available (including those for mental health and wellbeing), confusion, and real difficulty navigating ANU services and processes were a repeated theme, with stories of fragmentation and processes that seemed at odds with other parts of the campus:

> ***"Systems are broken or at best non-functional or not fit for purpose. Also, the range of different 'systems' that we have to engage with is overwhelming… CMS, EFORMS, ERMS, Figtree, finance, HORUS, Identity Manager, ISIS, WATTLE, PURE, then increasing reliance on OneDrive, SharePoint, etc… it just gets overwhelming. Which system? Where? and search policies/procedures is a nightmare, often with conflicting content."***
> — [ANU staff member]

Simpler, clearer, kinder, more connected and connecting, responsive, and easy systems would create win-wins for workloads, student retention, and wellbeing. We use the term ***responsive*** to characterise this interactive, interface process. It borrows from the ideas of ANU scholars such as Val Braithewaite on relational regulation[6]. At its simplest, it means our systems have a focus not only on delivering services or processing tasks but understanding that there is a human interface and experience that needs to be in-built throughout. This human centred lens is built into design and delivery, but also into the ongoing dialogue of feedback where problems and issues are raised and requests and solutions responded to, iteratively. Staff and students repeatedly raised the pressures and distress caused by time consuming, opaque and unresponsive experiences and the lack of awareness of or accountability for the cumulative impact of our services and systems. We heard about the stress and cognitive load of managing multiple and ineffective systems. Professional staff indicated that there was a lack of clear and integrated systems across IT, HR, and interdepartmental systems, which impacted their ability to do their job well. Academic staff echoed the overwhelm and frustration resulting from trying to navigate the multiple "***poorly designed, burdensome"*** systems their work requires.

A responsive, human centred design approach aligns with two other ANU strategies: the human-centred design approach outlined in the Digital Master Plan and the six principles underpinning the ANU Service Performance Framework — easy, connecting, responsive, kind, where needed, and outstanding (Australian National University, 2020).

### ANU Strength: The Digital Master Plan — Human-centred approaches to improving digital experience

The development of the Digital Master Plan (DMP) started by exploring what "digital" means within the ANU context and identifying the needs and expectations of staff and students. The ambition was to co-design solutions with the community to uplift digital experiences at ANU. At the heart of the DMP is a human-centred design approach of engaging, asking, reflecting, and designing with the people who use our services.

In 2020, the ***Art of the Possible*** report was published which provided a detailed assessment of ANU systems and identified areas for improvement. This process

[6] See https://www.health.gov.au/resources/videos/valerie-braithwaite-on-relational-regulation-video?language=en, 2023

demonstrated a deep commitment to engagement and reflective feedback, setting an example of system redesign and reform. Feedback from consultations revealed considerable emotions of disconnection, confusion, and frustration when interacting with difficult or unresponsive systems, validating the need for accessible and user-friendly systems and support services.

DMP human-centred design and digital accessibility teams were tasked with collaborating to better understand the spectrum of lived experiences in our community to inform the design of inclusive digital experiences. Participatory approaches, which include contextual interviews and co-design workshops, are helping us understand what problems need to be addressed and how to address them. Throughout this process, students and staff reported feeling valued by being able to contribute their needs. By connecting people to these changes, we can improve staff and student wellbeing, while also gaining invaluable insights to continually develop solutions that meet evolving needs at ANU.

### What we heard

***Needs and Gaps:*** **Students** provided multiple insights into gaps in systems designed to support learning. While thankful for the Education Access Plan (EAP) system, they noted that the EAP portal was confusing, and that not all lecturers acknowledged or respected EAPs. They noted that in many ways its current iteration was inflexible, counterproductive, and inconsistently applied across the University. One student praised one College's ability to support EAPs but found that in another College there was "***no support, no implementation of EAPs"***. This student told us how her EAP requirements for sitting an exam could not be met, leading to the exam being deferred by five months and leaving her feeling penalised. Another student told us of their frustration at needing to renew their EAP every six months, despite the lifelong nature of their condition. They noted that the renewal process can be time consuming and costly for some students, unnecessarily onerous, and itself a source of stress and anxiety. These comments were echoed across the various consultation forums. One postgraduate student explained, while discussing the "***repetitive business processes***" required for the renewal of their EAP:

> ***Many disabilities, be it physical, psychological or learning do not expire yet the process excludes this fact and in itself becomes an extra to-do for someone who already has some level of impairment.***
> — Postgraduate student

**Students** also noted unkind academic systems exacerbated stress amongst students. This echoes the Coroner's Court of the ACT report asking for reform at ANU. Most notable was the impact of assessment deadlines clustered at the same time in the semester. Students repeatedly emphasised that this makes it difficult to balance academic workloads with wellbeing. They told us that the scheduling of major assignments at the same time in the academic cycle is a source of stress and anxiety, as indicated by one student:

> "***Clashing assignment due dates DO NOT help at all. It creates a lot of anxiety, which in turn affects performance".***
> — ANU student

**ANU Strength: No wrong door — easy, simple, faster access to student support services**
In Semester 2, 2023, the University Experience Division piloted a new method for reducing wait times and run-arounds for students asking for support. The pilot trialled a process to:

Fast-track triage so that urgent referrals get the help needed, quickly.
Connect to the right services, minimising internal and external cross-referrals.
Simple, easy intake with a brief online intake form, accessible 24/7.

Prompt reach out from an intake clinician within three working days
Holding supports to give students information while they await appointment.

Pilot Metrics
Intakes: 821
Referrals: ANU Counselling: 532 students, Student Safety and Wellbeing: 304 students.
Issues Resolved: 96 students had their concerns addressed during the intake consultation.

Student Feedback
***"Connecting with support was really easy."***
***"Great to find out there are other supports at ANU; I had no idea."***
***"I found it really great, easy to use, and being able to complete the form at night was easy."***
***"As an international student, it was good for me because I didn't have to make the first phone call."***
***Clinicians:***
***"The process reduces barriers to accessing services and provides students with comprehensive information."***
***"It allows for the prioritization of students based on their specific needs and circumstances."***

Now a permanent intake team has been set up, and students can access them by visiting Health, Safety & Wellbeing | Australian National University.

**A recurrent theme among professional and academic staff, including Aboriginal and Torres Strait Islander staff** related to gaps in the practices and systems governing employment contracts, staffing, and workloads. They noted that job insecurity and practices around contract renewals were often distressing, exemplified by the following comments:

> ***"Staff morale is very low when contracts are not being renewed and staff turnover is extremely high."***
> — ANU staff member
>
> ***"We are essentially being treated like our presence is a drain on money, and the university would rather spend that money on resources other than people. On paper, that may look good, but people are what run this university and things are done quite inefficiently because nobody gets to be here long enough to implement long-term solutions."***
> — ANU staff member
>
> ***"When staff morale is low, work ethic is low, and low quality work is getting done."***
> — ANU staff member

Related to staff concerns about job security and contract renewals, staff also identified gaps in the ways that workloads are managed. They explained that reductions in staff inevitably lead to overwork for remaining staff, which negatively impacts mental health:

> ***"We rely on people overworking and risking their mental health for performance: We need to acknowledge the unhealthy relationship dynamics between workload and mental health, and the need for change."***
> — ANU staff member
>
> ***"We are overworked, overwhelmed, underappreciated and often unacknowledged. It is unfair and unacceptable that every time the university puts itself in financial strain due to poor governance, staff pay the price with increased workloads and fewer opportunities for growth."***
> — ANU staff member

> ***"Last year, I did 150 hours of teaching. In the last month of 2023, I worked 75 hours a week, answering emails, texts and phone calls 20 hours a day from other women who were working similar hours. I marked 600 essays, 600 exam questions, 1400 feedback forms and two theses. I felt myself going under, got a medical certificate and nothing changed."***
> — ANU staff member

**Staff and students** alike repeatedly indicated that lack of parking or adequate public transport into campus was a significant and systemic source of stress. In some cases, students missed class, with one student telling us, "***Parking on campus as an off-campus student is quite stress inducing as I have been in many situations where parking is unavailable and missing class. Additionally, I often have trouble with the app accepting my payments."*** Staff also indicated that parking was a significant driver of anxiety, and made balancing work and caring responsibilities difficult, as indicated by this feedback:

> ***"Parking is a major issue, in the sense of actually triggering mental health challenges."***
> — ANU staff member

> ***"The poor servicing of public transport to the uni and the parking situation in the mornings is also extremely anxiety inducing and makes it extremely stressful to go to work."***
> — ANU staff member
>
> ***"It's 2024, I can't believe the parking situation hasn't improved. . . When I first started 15+ years ago, I could do school drop off and be sure I could get one of the last spaces around 9am. Then 10 years ago it was 8.45am, now it's 8.20/30. . . Makes balancing work/home demands difficult and stressful."***
> — ANU staff member

***Priority actions & What we need to do differently to get there.*** **Students** repeatedly called for the EAP system to be improved. This includes better awareness of the need for EAPs across schools and ensuring that all schools are able to implement them. Students also recommended the removal of the expiration on EAP documentation for lifelong conditions and that accessibility aids like PowerPoint slides and lecture recordings not be barred. To enable the ability to maintain wellbeing during assessment periods, they recommended, ***"Making sure there are at least a few days between major assignments for the courses any student is enrolled."*** They also repeatedly asked for a no-questions asked system for extensions that does not require documentation and limiting assessment weightings (e.g. to no more than 50%) to reduce academic pressure.

**Staff** priorities were centred on better processes to manage contracts, staffing, and workloads. The following comments about the importance of job security were echoed throughout the consultations, "***Job security is a must"*** and ***"Stop making people wait until their contract is void before renewing it, and don't make people continuously re-apply for their roles." Another staff member made a point of highlighting the stress caused by short notice periods, stating:***

> ***"Notice for extension of fixed term contracts needs to be revised. Telling people a few days/ weeks before their end date creates stress - to find new jobs takes 2-3 months, so we need to prepare early if we need to move on."***
> — ANU staff member


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What we heard from staff mirrored work health and safety consultation data — workload and overwork is a major driver of poor mental health. We heard repeated requests for clarity and direction on workload management. Staff talked about burnout and exhaustion, needing more direction on things to stop doing in order to manage workloads and deliver. The following comments illustrate this emphasis staff gave to workloads as a driver of their mental health and productivity:

> ***"Commit to mandatory staff minimums for areas like HR, ITS, Finance."***
> — ANU staff member
>
> ***"To improve the mental health of academic and professional staff, workloads need to be seriously reconsidered. Many staff are at or nearing burn-out, especially those on non-continuing contracts."***
> — ANU staff member
>
> ***"Reduce work demand so people are able to do fewer things better - at the moment I know very few people who feel satisfied with their work because they have little control over the demands placed on them and professional staff especially feel that they spend a lot of time on work that gets shelved or ignored leading to low satisfaction. Better role clarity and programmatic and end to end planning of work would massively improve my mental health."***
> — ANU staff member
>
> ***"When recruitment freezes occur - ensuring that the vacant positions responsibilities are not expected to be passed on to lower-level team members who are not paid accordingly to take on these responsibilities. And if they are passed on to equal or higher team members, ensuring they have the capacity to do so. Reduce the required quality or scope of projects or responsibilities according to team numbers and capacities. Too many staff are leaving due to poor workplace culture which is affecting their mental health and wellbeing."***
> — ANU staff member

**Staff** also called on the University to simplify complex systems, itself an intervention that would reduce workloads:

> ***"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."***
> — ANU staff member
>
> ***"Providing more efficient service support to academic staff and supporting professional staff with better systems would help significantly to improve the situation."***
> — ANU staff member
>
> ***"The policies are defensive they focus on not getting things wrong rather than what we need to do to get things right and get good work happening."***
> — ANU staff member


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**Staff** and **students** called for better public transportation to campus, a free shuttle bus on campus, and more information on accessing parking on campus. The following are some examples of the feedback clustered around parking:

> ***"I would love more instruction on parking permits, where parking can be found, and where it is acceptable to park be released in addition to the maps."***
>
> ***"Free transport around campus. This is great for accessibility, but also creates opportunities to meet people"***
>
> ***"For people with disabilities, injuries or hindrances like driving anxiety, workplace/remote working flexibility is essential. Not sure if it is feasible but measures like resuming the ANU shuttles on campus from point A to point B would be really useful."***

## Invest in simpler, easier Action plan

Below we summarise our recommended actions to build responsive systems that reduce workloads and are connecting. Our services and systems are part of the way the university relates to staff and students — they form the everyday infrastructure for working or learning.

We have capabilities on campus to build from. Our ***do now*** actions reflect urgent priorities which were also raised under the Nixon review. The ***start now*** actions seek to tackle the way systems and services are designed including time accountability for the service and system ecosystem, ensuring that our service performance reforms are human centred, and that our major digital initiatives are guided by the Mental Health and Wellbeing Strategy and the service performance principles.

Figure 12: Action Plan: Responsive Systems


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## 3. Strength in connection

### Action Area 3: A connecting community

**5-year goal: Established initiatives 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 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 (Haslam et al., 2018; Haslam et al., 2022). A sense of belonging, and being welcomed and accepted as part of a valued group shifts the campus cultural paradigm towards a more collective understanding of mental health where collaboration and community are intrinsic to the business and activities of the University, not an add-on.

Since COVID-19, reports of loneliness have risen, especially among university students. This is in part driven by disruption to social interactions and community life from lockdowns, and the suspension of travel. Online learning has also played a part: While it offers flexibility and accessibility, for mental health and wellbeing to flourish, online environments need to be complemented with extra efforts to build social interaction and community (Dingle, Han, & Carlyle, 2022). Building community could also help with preventative strategies that reduce the social and economic determinants of mental health, especially acute as students navigate cost of living stresses.

Example projects are the ANUSA Student Bites, which delivers quality excess food from supermarkets to students and the ANU Community Connect service where students connect with peers as well as supports through the free supply of food and other essentials.

Our high number of students living on campus means 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 were raised by many international students who have moved to the ANU to study. For any student who has moved, either from another country or from regional and remote Australia, tertiary education is coupled with a loss of familial, peer, and cultural supports. These students are at increased risk of poor mental health outcomes from the extra cultural loads they face in adjusting to a new academic system such as unfamiliar methods of teaching, learning, and teacher-student interactions (Orygen, 2020; Forbes-Mewett & Sawyer, 2016). This further amplifies problems in seeking help, as many are unlikely to know where to go for help or how to access appropriate services (Orygen, 2020). ANU students scored lower on belonging and feeling part of the community in the GO8 benchmarked personal wellbeing index data, underlining this as an area of need. Building the collective capacity to make ANU a welcoming, supportive home for students and staff from different countries, cultures, identities, histories, and opportunities is also a win-win for wellbeing and our reputation for a world class university experience.

## What we heard

***Strengths:*** For both **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. They also told us that the shared green spaces on campus encouraged physical activity, social interaction and connection. **Students** repeatedly told us that the student-led clubs, student advocates, and the BIPOC representatives at residences contribute to a strong sense of community, as do the safe spaces maintained for BIPOC and queer students. Being able to engage in cultural activities, and the presence of culturally specific support centres like the Tjabal Centre, were valued for fostering a sense of community and support. Initiatives such as the provision of free food and sanitary supplies at the Brian Kenyon Student Space were praised for being welcoming and for providing a sense of connection on campus.

### ANU Strength: Building community through empathy and practical solutions — ANUSA Services

The Australian National University Students Association (ANUSA) is the primary representative body for ANU students, undergraduate and postgraduate. ANUSA services aim to create opportunities and facilitate processes so any student who accesses an ANUSA service or space feels supported and backed to succeed. What this looks like takes many forms; it can range from emotional support to practical problem focused resources such as legal aid, financial assistance, academic support or food. ANUSA emphasises collaboration between staff and students to generate insight into student issues, the emphasis is on combining empathy and a willingness to help with practical solutions.

ANUSA is a major engine for a connected and collective ANU community. Through subsidies and supports for local clubs and societies, to organising major campus events such as O week and Bush week they build connecting opportunities and infrastructure that helps academic outcomes as well as wellbeing. Here's a summary of their key functions and services:

***1. Welfare and Wellbeing Services***

- Academic Support: guidance and assistance with extenuating circumstances applications, misconduct issues, and course-related grievances.
- Financial Assistance: grants and bursaries for students facing economic hardships. This includes emergency financial aid and support for essential study materials.
- Accommodation Help: advice and support for students struggling to find suitable accommodation or dealing with tenancy issues.
- Physical and Mental Health: mental health resources and referrals to counselling services. They also manage the Brian Kenyon Student Space, providing a quiet place for students to relax and access free meals.

***2. Advocacy, Representation and Autonomous Departments***

- ANUSA represents students on university committees who provide a student voice.
- Specific officers and departments focusing on various student groups, including but not limited to the Disabilities Student Association, Queer* Department, International Students Department and Indigenous Department, each providing tailored support and advocacy for these communities.

***3. Legal and Administrative Services***

- Free legal advice on issues including tenancy disputes, employment rights, discrimination law, and visa issues.
- AV equipment hire, bus hire for student activities, and the Student Extracurricular Enrichment Fund (SEEF) which funds student-led activities.


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*Needs and gaps:* A high proportion of ANU students live on campus. Where they live is inherent in how they interact, their sense of belonging, and opportunities to connect. For students, a key theme in the needs and gaps surrounding community at the ANU was the role of providing affordable housing, as well as supporting those students experiencing financial hardship and food insecurity. Students noted that meeting basic needs for food and shelter had a significant impact on their mental health. They cited a lack of affordable housing, risk of homelessness, and the high cost of food as significant sources of stress. As two students explained:

> ***"There can be no student mental health and wellbeing without these basic needs being met."***
> — ANU student
>
> ***"Accommodation for new students has improved, but the risk of homelessness to undergrads appears to still be an issue."***
> — ANU student

*Priority actions and what we need to do differently to get there.* **Students** were clear that they want more of what is already working to help connect members of the community — such as provision of free food and other essentials, more support for student clubs and societies, and cost-of-living support, including affordable housing. They called for expansion and increased resources for these initiatives, alongside practical help from the University with basic needs like housing. Prioritising these needs is practical, but also an expression of kindness, and an essential way in which the University can fulfill the priority of a kind culture and community. In their words, students would like the following:

> ***"[The] development of more student spaces like the BKSS building."***
>
> ***"Support [for] clubs and societies."***
>
> ***"Reducing rent costs, which heavily impact students financially."***
>
> ***"[Look] at cost of living at ANU. Rent at on-campus accommodation too high for students who are not being supported by family. Not all students can rely on scholarships."***
>
> ***"Address the need for a deeper understanding of student lives, including issues like the cost of living and the rental crisis..."***

**Staff** suggestions surrounding connecting to community centred on ***"increasing friendly social events between teams,"*** more physical spaces to socialise ***("warm and welcoming with games, laughter and noise"***), and even the opportunity to connect with others on shuttle buses:

> ***"Free transport around campus. This is great for accessibility but also creates opportunities to meet people."***

*Practical help and community connection — ANU Student Life team*

The ANU Student Life team identified multiple challenges impacting student experience and wellbeing. These challenges ranged from navigating confusing university websites, inconsistent information from staff about available support, to addressing social isolation


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among students. In response, the team embarked on creating and improving programs and initiatives aimed at enhancing student engagement and wellbeing.

The team implemented the Kitchen Garden and Community Connect programs through partnerships, external funding (e.g., ACT health grants), and internal funding mechanisms like the Student Services and Amenities Fee (SSAF).

Initiatives like the Kitchen Garden and Community Connect have helped students find information and support, addressing social isolation, promoting healthy behaviours, and improving student wellbeing. These initiatives address connection, loneliness, financial distress and time poverty, helping with some of the wider social and economic determinants of mental health. Our consultation data evidenced they are valued and appreciated by our students.

### Strength in connection Action Plan

Our action plan to build more connection recognises the exceptional work already underway especially through student led initiatives and the community connect program. The Tjabal Centre is a gold standard, a place where students can feel safe and heard — combining a 'kitchen table' kindness with advocacy and help. Building from these strengths are actions focusing on our international students and their connections with cultural communities on campus and beyond, as well as making it simpler and easier for all students to access the services and supports they want in one place. Our start now projects and actions require time to codesign and resource to ensure they meet need and are feasible. They include more supports for the social determinants of mental health and well-being especially for students including financial hardship and access to food.

Figure 13: Action Plan: Connecting Community


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## 4. More care in more ways

### Action Area 4: 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.**

The University is part of a larger mental health care ecosystem in the Australian Capital Territory (ACT). In the ACT, like the rest of Australia, Australian citizens, permanent residents, and New Zealand citizens can access mental health care and supports through Medicare supported referrals. Theoretically, ANU staff and students who are Australian citizens are entitled to receive mental health treatment from ACT health care services or through GP referrals to private psychologists or psychiatrists. This access is more complicated for international students, who must have health insurance. Health insurance currently covers Medicare-based services; however, there appears to be a grey zone in what is or isn't included (for example, some insurance schemes only pay for acute (hospital or psychiatric ward) services, whereas others will pay for all out-of-hospital medical services.

For both international and domestic staff and students, however, there are issues around the cost of off-campus mental health services, as fees are usually much higher than the Medicare rebate (for example, the Australian Psychological Society recommends $311 per session, Medicare reimbursements are $84-124). There is also a problem with wait times in the ACT, with a lack of psychiatrists and many psychologists having lengthy wait times of up to four months before they can take on new referrals.

Following the 2024 Accord, universities will face more responsibilities for student safety and wellbeing but are unlikely to receive any additional funding to meet them. Universities also have a legislated responsibility for staff mental health and wellbeing under recent 2023 psychosocial safety legislation. 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.

This is critical issue for the ANU 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? We don't think the review can give a definitive answer, but we do think there are potential options worth considering. Few of them are cost free, some may be more affordable than others, and so efforts will also need to be devoted to developing funding models that are viable.

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 and individual level. 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.

We would also like to shout out the efforts of our campus health and wellbeing services. It was clear to us that the demands on these services are growing, as is the need for supports ranging from day-to-day stresses on campus, to help for acute psychiatric illness including


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self-harm. The campus support services must manage a difficult balancing act. They are designed to support students maintain wellbeing so they can thrive academically and personally, and are mostly focused on early intervention, health promotion, and accessible support. The teams also help connect students to services and supports where they can, when more specialised or sustained care is required. But they can't do it all.

We observed that our health and wellbeing services are struggling too, and their own needs have sometimes been invisible. They told us they were working to ground their care in compassion and inclusion, while meeting the rising demands as best they can. They are often the first point of contact for very distressed students — there is a risk here for our support staff, who told us they can face incivility when they are seen to be helping too slowly or not in the right way. Staff and students who care for others are the lifeblood of this strategy and of wellbeing in any community. They too are part of this strategy and ensuring they are visible and enabled is a core priority.

Developing partnerships in services and supports offers a promising path for addressing the mental health needs of both staff and students. Leveraging internal expertise to design new resources and strengthen connections between on-campus services, the university community, and off-campus specialists, including providers of diverse, culturally grounded care, will ensure that support is both comprehensive and inclusive. The Multifaith Chaplaincy Program is an exemplar. We also emphasise that Indigenous-led services are critical to this mix and exploring partnerships with local agencies such as Winnunga Nimmityjah is a necessary step.

Student led initiatives are another type of partnership we recommend. Working with students on ways to support mental health and well-being enables ownership and self-determination within the student community. Conversations about mental health more are vital for all of us, to understand and support ourselves and each other, as well as figure out how to navigate supports and systems. Student led initiatives can enable these conversations and collective knowledge, they also provide an opportunity to build more diversity into support systems, by drawing on the student body for peer led projects and help. There are examples of student led mental health initiatives in other universities. For example, in 2021 The University of western Australian piloted a student led Living Room. This was designed as a 'safe space' for peer-to-peer support for students who are struggling with their mental health.

Peers were drawn from the diversity of the student body, so that students fetl they could connect with others who have similar lived experience. This model appears to be successful and valued, reducing stigma, building more diversity into supports and creating a different campuswide wellbeing culture among students (Cole & Reid, 2024). Such capability building models are ones that the University could adapt.

**ANU Strength: Meeting spiritual needs and wellbeing among diverse faith communities**

The ANU Multifaith Chaplaincy Program provides spiritual and emotional support for students of diverse faith backgrounds. The program recognises that students often face stress, loneliness, and cultural adjustment, requiring more than just academic or psychological support. It seeks to provide a space where students can explore their spirituality, find community, and receive guidance from chaplains representing various faith traditions. The need for the Chaplaincy Program was evident through consultations with students and staff, who highlighted the importance of faith-based support to their overall wellbeing. The high demand for services like pastoral care, interfaith dialogue, and spiritual counselling indicated a gap that the Chaplaincy Program fills.

The program hosts various interfaith and spiritual activities and has received positive feedback from students and staff about the impact that the chaplaincy has had on their well-being and university experience.

There are also potential partnerships on campus, harnessing our on-campus research and clinical expertise in the Clinical Psychology Program at the School of Medicine and Psychology and the Centre for Mental Health Research. ANU has demonstrated significant research capacity and expertise in the development and evaluation of novel approaches to preventing and treating mental health problems on campus, such as the digital Uni Virtual Clinic developed by researchers at the Centre for Mental Health Research (CMHR). CMHR has also led staff and student mental health and wellbeing surveys. Researchers and students in the School of Medicine and Psychology further lead research to improve social connectedness and mental health among students. These scalable, low-intensity approaches have the potential to prevent the onset of mental health problems and may assist students experiencing mild mental health difficulties.

### What we heard

***Strengths*:** **Students** told us repeatedly that they value counselling and wellbeing services that are free, saying this provided peace of mind and was a "***huge asset to health accessibility"***. They appreciate the straightforward process for initial access to counselling and wellbeing services, particularly through online systems. They also told us they value the breadth of support systems available, including the ANU after hours Student Wellbeing Line. As one student stated, "***I think the text hotline is really great***." The work of Student Life and Community Connect team, workshops focusing on mental health, and the presence of senior residents and community coordinators were also praised. One student acknowledged, "***SRs do amazing work."*** Pastoral care by specific areas was highlighted for its effectiveness in providing support, particularly at Burgmann College and the Tjabal Centre. The Student Safety and Wellbeing team were commended for their responsive and supportive approach to students, especially in offering guidance and action plans for those reporting grievances or facing challenges.

**Staff** repeatedly emphasised the importance of the two services available to them: the Employee Assistance Program (EAP) and Advisors to Staff, telling us:

> ***"Access to the Advisors to Staff has been a lifesaver for me."***
>
> ***"Advisors to staff are extremely good. They are absolutely the lynchpins underpinning good wellbeing amongst staff at the ANU."***
>
> ***"[The] EAP is a great program that has work[ed] for many of my colleagues."***

**ANU Strength: Partnering to prevent student suicide and self-harm — the ACT Tertiary Education Providers (TEP) Suicide Prevention Partnership Group**

In late 2023, the ANU and the ACT Office for Mental Health and Wellbeing facilitated a new ACT Tertiary Education Providers (TEP) Suicide Prevention Partnership Group. The group is chaired by ANU academics Dr Lou Farrer and Professor Alison Calear who are experts in young people's mental health and suicide prevention. The Group has representation from ACU, UC, UNSW, CSU, CIT, ANU Centre for Mental Health Research, Canberra Health Services, the Youth Coalition, amongst others. The aim was to improve care, and transitions of care for students at risk of suicide or self-harm, between ACT Health and Tertiary education settings.


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The partnership will:
- Identify opportunities for collaboration to address drivers of mental health and wellbeing among students and strengthen suicide prevention activities,
- Provide a forum for proactive sharing of ideas and actions including existing models and approaches in the ACT and non-ACT evidence-based interventions and programs, and
- Report annually to the ACT Suicide Prevention Coordinating Committee on activities and outcomes.

The TEP will work to address the following issues over the coming year:
- Communication between services and where appropriate, joint care planning,
- Articulation of the ACT mental health system to support referrals,
- Clarification of respective roles and responsibilities between ANU and ACT Health,
- Greater awareness and response to the needs of international and students that have relocated to the ACT who are a high-risk group (also LGBTQI+ students, FN students), and
- Share approaches to suicide prevention.

***Needs and gaps:*** A recurring theme for **students** was needing better coordination and responsiveness of mental health support systems. Many felt that the counselling services provided are insufficient for severe mental health conditions and major incidents. Some also felt that there was poor communication and visibility of mental health and support services. They noted gaps in awareness, and confusion about which services they could use, hindering easy access to these supports:

> ***"Without actively searching for it, it doesn't feel easy to know what is available and to whom it is available."***
>
> ***"HDR students, in particular, have problems as it is rarely clear (and inconsistent in the wider uni) where we fit, i.e. are we students, staff, or our own category?"***

High demand for the counselling centre on campus indicates how essential and valuable this service is to students. However, there was consensus amongst undergraduate, postgraduate, and HDR students that the availability of counselling services provided did not match student needs or expectations, with long wait times and insufficient numbers of counselling sessions. Very few students mentioned ACT or off campus services as alternatives.

> ***"There desperately need to be more counsellors at the Health Centre. The general wait time to get an appointment can be a month, if not more."***
>
> ***"The wait times for a counselling appointment being 2+ months is absurd. There needs to be more counsellors to keep up with the demand."***
>
> ***"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."***

While many were grateful for the services provided by the University, others noted that there were limits to what could be provided, and to whom, as this student explains:

> ***"I have met many students with complex needs and little financial capacity to access long-term psychological support. I know that the ANU Psychology Clinic and ANU Counselling are available for students; however, these both have issues. Understandably, the Clinic has strict eligibility guidelines (e.g., have low risk) and,***

> ***because it is a training clinic, the provisional psychologists cannot address many of the common mental health issues experienced by students (e.g., trauma - current or historical, high suicide risk); the type of therapy offered is also limited and this may not suit all students. ANU Counselling, as far as I am aware, still has very long wait times between sessions which means that students who need free/low-cost, regular, and ongoing mental health support are left vulnerable to worsening mental health compared to if they were able to access appropriate mental health support that is tailored to their individuals needs and at the appropriate intensity and duration."***
> — Undergraduate student

**Staff** also identified gaps in the provision of mental health services and supports. These were clustered around the Employee Assistance Program, in terms of accessibility and the number of sessions provided, as well as difficulty in accessing support outside the ANU:

> ***"The EAP is ridiculous. 4 sessions a year would not help you. Most therapists ask to see you once a week to achieve results. The staff wellbeing site is patronising and full of broken links."***
>
> ***"[I] tried to get mental health support through the EAP. However, the system for booking an appointment required making a phone call which felt absolutely impossible."***
>
> ***"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?"***

***The needs of our mental health providers.*** Students overwhelmingly called for more from the University's mental health providers (shorter wait times, more sessions, etc.), but asking our staff to do more with current resourcing constrains is not a solution. Our consultations with **staff mental health service providers** — those who provide mental health support to students, such as counsellors, raised concerns about their risk of burnout and fatigue. Staff concerns mirrored those of students regarding the need for more counsellors and more appropriate support for severe mental health conditions. However, ANU counsellors told us that they are burnt out from the high demand for their service: ***"Leadership should recognise and address the high burnout rates among support staff."*** They are not trained to provide the sorts of care and help required for many student issues, like eating disorders, trauma, and suicidal ideation or actions. While they are adept at linking students with these sorts of issues to outside services (e.g. those available through ACT Health), staff knew that these have long wait times, and significant gap payments, making them hard to access and creating a moral dilemma. This problem with accessing off-campus supports meant that students face delays and costs to access appropriate help. At the same time, ANU service providers are unable to support them beyond referrals and are themselves feeling stressed and unsupported.

***Designated quiet spaces on campus.*** **Staff and students** identified a need for more physical private and quiet spaces, both on and off campus. Staff said this was necessary to be able to support those in their teams:

> ***"At the moment physical private space that is safe for both myself and the staff member is something I am having some troubles with as more staff are preferring face to face conversations."***
> — ANU staff member


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They also noted that while there had been an improvement in the provision of safe spaces for students, there was still a need for more safe spaces for staff.

**Students** echoed this call, noting it would be another way in which they could actively manage their mental health needs when other services seemed out of reach. They said it would also be helpful to have more such spaces for students based off campus:

> ***"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. When in crisis the last thing I would like to do is to fill a form or follow a link or be provided with a guide. You just want to calm down with some soft music, a comfy couch and if someone was there to provide support it will be perfect. Our buildings are so spread out and busy all the times. There is current place (that I am aware off) that can provide a bit of stress relief on the spot."***
> — ANU student

> ***"As an off-campus student, having more accessible, quiet, and private spaces for study and eating would be a big improvement to my experience. Alternatively, some guidance as to where these areas can be found, especially for new students, would be appreciated."***
> — ANU student

***Priority actions and what we need to do differently to get there.*** In response to the need to help students with serious or life-threatening mental health conditions, **staff**, such as counsellors, asked for more support in the form of complementary services and better linking with expert psychologists and psychiatrists. They asked for, as articulated by one staff member:

> ***"Increased working relationships with ACT Health and other Mental Health providers: Strengthen institutional partnerships for broader and more integrated support."***
> — ANU staff member

**Professional and academic staff** overwhelmingly called for the support and expansion of Advisors to Staff, and the Employee Assistance Program. When telling us how to get there, they asked that the university ***"enhance", "increase,"*** and ***"invest"*** in the resourcing and numbers of Staff Advisors:

> ***"Provide more services. There is currently a higher demand for advisor to staff services than they are able to meet."***
> — ANU staff member

Staff also suggested increasing awareness and access to Employee Assistance Programs, providing more counsellors familiar with the ANU context, making more sessions and in-person sessions available, and providing an online booking system:

> ***"I think implementing an online booking system needs to be done, especially with the amount of anxiety about making phone calls most younger people experience."***
> — ANU staff member

**Students** called for better access to, and an expansion of, existing mental health services. They repeatedly asked for reduced wait times to see counsellors and more sessions. They also noted the importance of being able to respond to urgent mental health needs:

> ***"Reduce extensive wait times for ANU counselling which, despite being quite a simple measure, would have an enormous impact. These wait times leave students floundering and actually mean their mental health is likely to be worse by the time they receive treatment."***
>
> ***"Make the system of who can access additional sessions beyond the 6 offered by ANU counselling more transparent."***
>
> ***"Develop a fast-track system for students needing urgent mental health services."***
>
> ***"More accessibility to students who are not based on Acton campus."***
>
> ***"Have hubs in areas where need is perceived to be high e.g. on the Canberra Hospital and North Canberra hospital campuses, targeting medical students."***

### More care in more ways Action Plan

Our action plan is focused on deepening the types of care we offer, especially for students. We note there are projects underway such as the partnership with ACT Health to prevent suicide and the multifaith chaplaincy program. Our ***do now*** actions focus on clarity of data and evidence, and to address the surges in need, especially around peak times such as exams. We recommend two longer term projects that will need codesign and development, as well as resourcing. These are to develop student led resources and support in place and on campus. We also need to design methods (not just websites) to help connect staff and students to diverse, culturally based care, and off-campus supports.

Figure 14: Action Plan: Partnerships in Place


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## 5. Listen more, learn more

### Action area 5: Capacity building and reflective evaluation

**5-year goal: Roll out of capacity building, reflective evaluation offerings and skill-building workshops where we develop personal and organisational 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), and mental health literacy to support optimal wellbeing. A widespread uplift in skills is essential to support our culture to become more psychologically and culturally safe and kind.

Increasingly, universities are rolling out mental health literacy training. Such training seeks to develop basic skills for students and for staff around what mental health is, and how to recognise symptoms (Reis et al., 2022). Many of these programs (e.g., mental health first aid) also build skills for supporting someone who is distressed or experiencing a mental health condition. Evaluation to date indicates that student and staff views, beliefs, and knowledge about mental health is improving. However, impacts on actual help seeking behaviour is less clear-cut. It's important to note that most mental health literacy programs focus on Western views and ideas of mental health only; for mental health literacy to be culturally safe we need to adapt them.

Similarly, 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. The extent to which these skills constitute 'intelligence' is debated, they are sometimes termed 'soft skills' or 'people skills'. Whatever the term, they are generally recognised as valuable for mental health and for academic performance (e.g., Mancini et al., 2022). They are also highly desirable skills for employers, listed by the World Economic Forum (2020) as one of the key skills needed to navigate the future of work.

Finally, self-reflexivity is a skill set that is fundamental to cultural safety. It describes the ability to reflect on what's happening in the self in terms of feelings, assumptions, and behaviours. It is a form of self-observation, an internal conversation that is insightful. Like emotional intelligence and mental health literacy, self-reflexivity boils down to skills of self-awareness, including awareness of difficult and uncomfortable feelings, and 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 organisations (or individuals) to move away from asserting there is only one 'right' way to do things, or only one way think about mental health, or care, or how to treat people.

These skills are examples of the sorts of capabilities that can help build our staff, students, and leadership capability to support mental health and wellbeing, and improve work and learning performance. There are already many training initiatives underway on campus that are building these sorts of skills. The Taskforce is seeking to highlight the types of skills that the University could enhance or commence. We also encourage offerings to be workshop-based and interactive as well as online module (see Brijnath et al., 2016) because of the opportunities to build Communities of Practice and to connect with and learn from each other.

## What we heard

***Strengths:*** Many of the strengths in capacity and implementation are what allow for the strengths identified in the previous areas of action. For example, **students** repeatedly praised the BIPOC residents, Senior Residents, and the support staff at Burgmann College and the Tjabal Centre for supporting and responding to the needs of students. Specific workshops were singled out as effective, such as the Skill Development Workshop, which was noted for providing new students with tools required to manage academic demands and to acclimatise to a new social environment. **Staff** were overwhelmingly positive and thankful for the ability of Staff Advisors to support them.

***Needs and gaps:*** **Students** identified gaps in the diversity of our mental health services. In addition to stressing the need for more counsellors, they also expressed a need for capacity building amongst existing service providers. For example, they told us of a lack of cultural and linguistic diversity amongst counselling staff, affecting their ability to provide more culturally sensitive support for the diverse student body and international students. They had valuable insights into gaps in existing programs, with one student saying, "***I think the mandatory consent education is fantastic, but I feel the content is ineffective and tokenistic***."

**Staff** identified organisational gaps in the capacity of staff and supervisors to support and prioritise mental health needs, as well as the need for greater training across the University. Some felt that more was needed, with one staff member highlighting the "***inadequate number of mental health first aid training sessions***." Others were unsure what options were being offered (we note that the ANU offers 10-12 Mental Health First Aid courses each year). There was agreement that "***Front line staff need to know what mental health is and how to behave if someone has a mental health problem."***

**Staff and students** alike told us about the need for specific training and support systems for those exposed to vicarious trauma while helping others, citing a need for "***More training and support for staff facing disclosures from students and to prevent vicarious trauma."*** **Staff and students** also noted gaps in organisational capacity to support and accommodate the needs of neurodivergent students, as shown with this comment from staff, "***Address neurodiversity, specifically the need for more supportive environments for staff and students with ADHD and other neurodiverse conditions.***" One student told us, "***It'd also be really helpful to get a better sense of how to advocate for things that can help us succeed (e.g. for me I've just had to ask for a week to slow down in my PhD to avoid a little crash).***"

***Priority actions & what we need to do differently to get there.*** **Students** prioritised organisational level capacity building to better reflect and support the diverse student body. To get there, they recommended improving cultural competence and representation by hiring counsellors from diverse backgrounds. For existing staff, they asked for "***ongoing cultural sensitivity training for counselling and support staff to ensure effective and culturally competent services***", as well as "***Better support systems for Indigenous students, who carry a high cultural load***." They also asked for "***enhanced support systems for international students to help them deal with cultural barriers, homesickness, and racism***", and "***Hiring BIPOC counsellors at ANU counselling and residential halls***."

**Students** prioritised organisational capacity building through the improvement of existing policies and programs, stating that the University should: "***Improve and expand the intersectional consent program***", "***Improve procedural support for reporting incidents of racism,***" and "***Improve awareness and honouring of EAPs amongst teaching staff.***" They also called for new initiatives to build on what already exists, saying that the University should, "***Include a mental health & academic skills (together) workshop in o-week for every***


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***residential hall. University life can provide new academic challenges that can have a big impact on mental health.***"

Students had a wealth of specific insights and suggestions for how to improve and design effective programs. For example, one postgraduate student recommended the following to improve consent education seminars:

> ***"Separate sessions for male-identifying and female-identifying students, non-binary students welcome at both. For initial discussions of consent, it is not safe for female-identifying students to be in a space with male-identifying students, some of whom may never have had consent education and may make insensitive comments***."
> — Postgraduate student

The above student's comments illustrate the depth of insight available from students and the logic and value in students' calls to co-design programs and initiatives that are targeted to them. In explaining 'how to get there', one student told us that:

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

**Staff and students** alike saw as a priority improved training and support for student leaders and staff who often serve as first points of contact for students making disclosures, repeatedly calling for "***post-incident support***" and "***debriefing sessions for staff handling distressing situations."*** **Staff and students** also prioritised enhanced support for neurodiversity of staff and students. Staff told us they wanted the university to, "***implement programs and resources specifically tailored for neurodiverse individuals, including staff recently diagnosed with ADHD or autism spectrum disorders.***" Students provided the following insights into how the University can get there, including, again, the value of co-designing these supports, and increasing organisational awareness of their needs:

> ***"I think more support - both for students to understand what can help them study when they're neurodivergent (like emerging knowledge from OT etc on dopamine menus, task stacking, body doubling etc) would really help avoid autistic burnout etc."***
> — ANU student
>
> ***"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."***
> — ANU student

**Staff** stressed the importance of building organisational capacity by actively integrating priority areas of action into the university culture, and the design and delivery of policies and programs. For example, they stressed that cultural competence should be improved and integrated across the University:

> "***Diversity and inclusivity training should not be a tick-box exercise but be part of the culture***."

Staff also thought wellbeing and prevention should be integrated into curriculum design, stressing the importance of


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> ***"Preventative measures and education included [in] the design and delivery of students' curriculum: Integrate wellbeing education and preventive strategies into academic structures."***

Staff saw integrating lived experience as another way to increase organisational capacity for mental health support on campus:

> ***"Invest in a peer workforce (i.e. workers with a lived experience of mental illness and recovery who are trained to share their lived experience) and a safe haven cafe (see example in Belconnen)."***

Another key priority for **staff** was improved staff training to support mental health, but with an important emphasis on the requirement of leadership to develop their mental health literacy skills to improve organisational capacity to support staff mental health and wellbeing. The following comments reflect the call for more mental health training, in general, amongst staff:

> ***"Provide more training for handling difficult conversations."***
>
> ***"Please increase the number of sessions of Mental Health First Aid that are offered over the course of the year, to ensure that as many staff as possible engage with this valuable training as possible. It is currently very challenging to maintain currency for this, due to the lack of offerings (also, all on the same day of the week/time). There are currently ca. 4 training sessions offered per year, compared to 20+ that are offered for First Aid."***

Staff consistently emphasised that these capabilities must extend beyond general training and become a core expectation for supervisors and those in leadership roles. Their feedback underscores the need for leaders to model and embed these practices across the organisation, as reflected in the following comments:

> ***"Mandate additional training for leaders, including Mental Health First Aid and Sexual Harassment awareness."***
>
> ***"Mandatory mental health training (mental health first aid) for supervisors."***
>
> ***"Building supervisor capability to pick up cues and address potential issues: Enhancing the ability of leaders to recognize and respond to mental health concerns."***
>
> ***"Psychosocial hazard training: Providing leaders with the tools to understand and mitigate mental health risks in the workplace."***
>
> ***"Rather than being reactive and training managers, people who manage other 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."***

### Listen more, learn more Action Plan

There is exceptional expertise on-campus, we have in house experts in mental health and well-being, prevention and organisational processes and a key ***do now*** action is to harness it. While we have mechanisms to report behaviours that are harmful, awareness of them is weak, addressing this lack of awareness is our second ***do now*** action. A third ***do now*** is to roll out a virtual clinic for students - a digital wellbeing resource, that has grown from


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expertise at the Centre for Mental Health Research. The two ***start now*** initiatives address the need to build and invest in skills and mindsets for psychological and cultural safety. Running meetings, holding discussions, creating curricula, leading classes in ways that enable honesty, where staff and students feel skilled enough to openly and respectfully draw in diverse and differing viewpoints and experiences, invite feedback and be able to question our assumptions, especially those that are culturally, class and gender based and often culturally, class and gender blind. There is effort in this work, it's skilled, and it requires training, self-reflection, practice and time to uplift. We believe this requires a period of codesign and consultation to set up a program that can evolve and be feasible for our staff and students to undertake.

Figure 15: Action Plan: Capacity and Reflective Evaluation

# Actions with KPIs and Status

The Mental Health and Wellbeing Strategy outlines a long-term, whole-of-University approach to strengthening psychological safety, wellbeing and culture at ANU. The Taskforce recognises that this work is complex and will require a sustained collaboration, adequate resources and an iterative and reflective approach across central, local, and College levels.

Despite a challenging year of significant change and financial pressure, there has been strong goodwill and genuine commitment across the University to improving mental health and wellbeing. Due to the goodwill and efforts of the Inclusive and Respectful Communities team and many local areas, of the 23 recommendation actions, almost half have been completed or are in progress (green) and the remainder are now being costed and considered with the Nixon response.

The Nixon Review – though unanticipated during the Strategy's design – has strongly supported the direction of the Strategy. Many of the needs we heard and the actions we recommended have mirrored the concerns raised by Professor Nixon and the responses co-designed with the working groups.

Given this alignment, the Taskforce recommends a formal launch of the Strategy in 2026, with that year serving as a foundational year for planning and building the major initiatives. These will be considered in the context of the recommendations and actions under the Nixon review as part of a broader University culture rebuild.

To support transparency and engagement, this report and the action table are being released now, ahead of the formal launch, for community consideration. We also want to celebrate and acknowledge the work that has been happening, often quietly, and with enormous goodwill. Throughout 2025 strategy actions have been discussed, debated and in some instances, they have been built into or shaped other initiatives already.

We are grateful for the efforts and collaboration that has been taken place already, in a difficult year.

Some actions, though, will require more development, careful design and resources. The action table below summarises the actions we recommended, and we have coloured in green all those underway already or completed as part of area business usual. The rest of the actions are coloured in blue and will be considered as part of the broader cultural rebuild program.

***Accountability, evaluation and reporting.***
The mental health and well-being strategy will report to Council, through the Community Safety and Wellbeing Committee.

The accountability framework proposed in our actions will be modified and developed in collaboration with the Nixon implementation. This framework serves as a way to track, respond and improve university performance across staff and student engagement well-being equity and diversity. It also will serve as our evaluation instrument, using it to monitor progress and inform new or different actions. What this data looks like and how to gather it, the processes needed to support transparency and action plans is part of the forward work in 2026. We have designed a Padlet interactive process on the website to help ensure community feedback, concerns and inputs can continue.

## Immediate Actions table notes


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Please note: Timelines to be consulted with leads regarding appropriate due dates.

Do now: Actions that can be completed within 12-18 months.
Start now: Actions that require codesign and development, with a progress milestone at six months.


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Australian National University

# Draft: Mental Health and Wellbeing Strategy Immediate (12 month) Actions

## 1. Set things right, kindly

**Action area 1: 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.

| Immediate action | Lead | Suggested KPI | Status |
|---|---|---|---|
| DO NOW | | | |
| Embed Aboriginal and Torres Strait Islander staff and students' perspectives into governance and mental health initiatives | VC | • Two Aboriginal and Torres Strait Islander representatives sit on ANU Executive Governance Committees | Referred to Nixon Steering Committee for consideration and action |
| | VC | • ANU Participation in the RAP Workplace Barometer | Completed (Dec 2024) |
| Recruitment: 360-degree references for senior appointments. Recruitment checks on demonstrated capacity for self-reflection | People & Culture | • Percentage of senior appointments using 360-degree references<br>• Percentage of successful candidates with high self-reflection capacity | in progress |
| VC Awards recognise leadership that demonstrates psychologically safe, kind, & culturally safe actions to achieve results | VC/Provost | • New criteria added to an Annual VC award and new awards being considered | Referred to Nixon Steering Committee for consideration and action |
| START NOW | | | |
| Focus (PDR): 360-degree performance reviews of leaders, supervisors, and managers. Leadership KPIs give equal weighting to what and how they do things (e.g, considers process metrics such as psychologically and culturally safe processes). Staff Focus (PDR) gives more weighting to process factors, (e.g., psychologically and culturally safe actions) | People & Culture | • Completion rate of 360-degree performance reviews amongst strategic Senior Leadership Group.<br>• Balance of KPIs reflecting values-based approach<br>• Staff satisfaction as part of the FOCUS process<br>• Broader staff population received training and capacity building in preparation to the roll out. | in progress |

| | | | |
|---|---|---|---|
| Whole of Campus accountability framework: Adapt APSC (Australian Public Service Commission) Accountability Framework to ANU context, include student focussed metrics. This will also serve as the evaluation data for the strategy. | COO/People & Culture | • Adapt the APSC Accountability Framework to suit the ANU context | Referred to Nixon Steering Committee for consideration and action |

## 2. Invest in easier, simpler

**Action area 2: 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.

| Immediate action | Lead | Suggested KPI | Status |
|---|---|---|---|
| **DO NOW** | | | |
| Review and repurpose the existing complaints feedback mechanism in consultation with student bodies. | DVC(A) | • Complaints processes reviewed annual. Timely feedback is provided to the student community on actions taken | in Progress / Student Disciplinary Framework review report to be released end 2025 |
| Review, in consultation with students, the Education Access Plan process to align with legislative requirements and assist a positive student experience | DUE | • New EAP process meets legislative requirements and students' needs. Communication on diverse relevant formats and platforms including drop-in sessions.<br>• Students' satisfaction with EAP process assessed & reported yearly | Completed / implementation from 2026 |
| | DSASS | • Improvement of the Extenuating Circumstances Application (ECA) process, with improvement to follow trauma-informed principles | In progress - work throughout 2026 to align with the National Code for GBV |
| Kinder, clearer and consistent communications to students about resources they can access to apply for EAPs and ECAs | DSASS | • Develop a communication campaign with student body (for the start of each semester) to clarify processes to students, including legislative drivers related to supportive documentation needs. Include face to face and drop-in sessions. | In progress |
| **START NOW** | | | |
| As part of the Digital Master Plan, investigate time efficiencies in university administrative processes and develop cost effective and streamlined solutions. | COO | • Effective systems implemented and time costs to users assessed after consultation with Digital Master Plan and ITS. Commencement of a staged rollout of digital solutions with time captures for electronic forms. Regular updates to staff and students on changes and benefits. | Referred to Nixon Steering Committee for consideration and action |

| | | | |
|---|---|---|---|
| Build human-centred design processes into Service Performance reforms. This means embedding end-user (student and staff) as well as service provider inputs and insights into design changes and solutions. | COO | • Number of co-design processes completed involving opt-in service areas, utilising human-centred design approaches for student and staff-facing services. Develop at least one co-design process that incorporates time accountability. Publish findings and solutions campus wide. | Referred to Nixon Steering Committee for consideration and action |
| Develop a mechanism to ensure the implementation of the Digital Master Plan and new Learning Management System is underpinned by the principles of the Mental Health Strategy and the Service Performance Framework. | COO | • DMP and LMS projects guided by Mental Health Strategy and the Service Performance Framework principles. Explain to users how these principles have been embedded in the design. Contracts and off the shelf platforms must be as closely aligned as possible. | Referred to Nixon Steering Committee for consideration and action |

## 3. Strength in connection

Action area 3: 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.

| Immediate action | Lead | Suggested KPI | Status |
|---|---|---|---|
| **DO NOW** | | | |
| Support international and culturally diverse students connect with their cultural communities. | DUE / RED | • Assess and enhance opportunities for international and culturally diverse students to engage with cultural and community networks (e.g., completion of needs assessment and number of new engagement initiatives introduced) | In progress |
| Develop a one-stop-shop for student services and help with both a digital and physical space. | DVC(A) | • Student Hub in Kambri completed and opened<br>• Reinstatement of the Student Advisory Forum - to enhance communication and sharing activities with the student community | Completed as part of BAU |
| | | • Mapping of mental health and wellbeing services on website and in physical forms (e.g., posters) | Referred to Nixon Steering Committee for consideration and action |
| • Offer learning experiences that support student wellbeing and a positive student experience. | PVC(L&T) | • Demonstrated measurable progress toward Goal 2 of the Learning and Teaching Strategy through the design and implementation of a reporting mechanisms that captures student feedback across all phases of their course of study, supporting continuous improvement in learning and teaching practices. | In progress |
| **START NOW** | | | |
| Expand community financial supports (e.g., second hand shops, food pantry, free meals) and community building initiatives (ANU Kitchen Garden). Increase resources for and promotion of community-building activities such as | DUE | • Develop a communication campaign (for the start of each semester) to promote existing financial, food, and community engagement programs and support available for students. Explore ability to put links on Canvas to reinforce orientation information.<br>• Deliver programs that meet student's basic needs as part of the Student Safety and Wellbeing Plan 2024 – 2026, | In progress |

| | | |
|---|---|---|
| sports clubs, recognising their role in mental health and wellbeing. | e.g., coordinated financial support, incorporating financial and accommodation distress in clinical intake process.<br>• Positive staff and student feedback on implementation of the Active ANU Strategy. | |

## 4. More care in more ways

**Action area 4: 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.

| Immediate action | Lead | Suggested KPI | Status |
|---|---|---|---|
| **DO NOW** | | | |
| Build surge capacity in mental health services for both students and staff, especially during peak times (e.g., reallocating existing resources rather than adding new staff). | DUE | • Recruitment of two to three staff who have the qualifications and training to provide extra support to the counselling team during peak periods.<br>• Pilot a drop-in service with Student Safety and Wellbeing during peak periods (pre-census and pre-exams). Use multiple digital platforms to maximise awareness. | Completed |
| Participate, pending ANU Ethics approval, in COMPAS-S — a Curtin University program to support suicide prevention. | | • Participate in COMPAS-S pilot | In progress |
| **START NOW** | | | |
| 'Living Room' model. A student-led environment designed to provide a compassionate, peer-supported referral service, staffed by paid peer facilitators under the guidance of a coordinator r | ANUSA / DUE / RED/Dean of Students | • Student-staff codesign workshops S1 -S2; Pilot model to start by Q3 2026.. | Development and design in 2026 |
| Develop new resources and processes to connect on-campus services, students, and staff off-campus specialist support, including diverse, culturally based care. | DUE | • Make it easier for students to access complete, coordinated care by building new resources and connections between on-campus services and off-campus specialists. At least 3 new resources or connection methods (e.g., digital referral system, partnership directory, outreach materials) are developed and launched. | Development and design in 2026 |

## 5. Listen more, learn more

**Action area 5: 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 organisational emotional intelligence, leadership, mental health, and wellbeing literacy.

| Immediate action | Lead | Suggested KPI | Status |
|---|---|---|---|
| DO NOW | | | |
| Incentivise and increase engagement for staff and student training on mental health and wellbeing literacy, trauma informed practices, managing difficult conversations and supporting staff or students facing mental health challenges or vicarious trauma. Leverage existing partnerships with providers. | DUE (for students) | • Design and deliver at least one workshop during Orientation Week to new students on preventative wellbeing actions and support resources available to them. | Development and design in 2026 |
| | People & Culture (for staff) | • Provide at least two mental health and wellbeing-related training programs to staff; these could include how to support people in distress and avoiding vicarious trauma. | Completed as part of BAU |
| | DUE (for students) | • Resourcing clinical supervision or de-briefing opportunities for students exposed to potentially harmful information as part of their roles. | Completed as part of BAU |
| | People & Culture (for staff) | • Resourcing clinical supervision or de-briefing opportunities for staff exposed to potentially harmful information as part of their roles. | Completed as part of BAU |
| | People & Culture | • Providing opportunities for staff to connect and increase social connection at work. Regular staff sentiment and wellbeing surveys to track trends of engagement. Results reported to local areas for action plans. | Referred to Nixon Steering Committee for consideration and action |
| Strengthen communication around the existing pathways for disclosures and reporting inappropriate behaviours, bully and harassment, including cultural concerns. This involves ensuring that everyone knows what is already available, the steps to take and the safeguards in place. | DUE | • Run two awareness campaigns each semester to promote relevant policies, disclosure, reporting, and support pathways. | Referred to Nixon Steering Committee for consideration and action |
| | People & Culture | • Review of staff complaints processes to assess alignment with trauma-informed practices. | Referred to Nixon Steering Committee for consideration and action |
| | | • Quarterly review of Figtree confidential incidents submitted, process followed, and issues identified. | Completed as part of BAU |

| | | | |
|---|---|---|---|
| Establish a community of practice or Hub that highlights and harnesses internal research and practitioner expertise in staff and student mental health and wellbeing. Review and critically integrate the Mental Health and Wellbeing Strategy. | COO & DVC(A) | • Terms of Reference for a Community of Practice established. Group meets bi-annually to critically progress of the Mental Health and Wellbeing Strategy and iterate it.<br>• Project Officer employed to support and manage the Community of Practice and report to the Safety and Wellbeing Committee of Council. | Referred to Nixon Steering Committee for consideration and action |
| | Centre for Mental Health Research | • Roll-out/launch of Uni Virtual Clinic video modules for students – providing brief psychoeducation and strategies. | Completed / Virtual Clinic launched end 2024 |
| **START NOW** | | | |
| Develop a whole-of-ANU approach to building psychological safety skills and actions for staff and students (with a focus on meetings and psychologically safe classrooms). Highlight connections between performance and psychological and cultural safety. | DUE (for students)<br>People & Culture (for staff) | • Explore partnership with APSC on psychological safety training. | Referred to Nixon Steering Committee for consideration and action |
| | People & Culture and PVC (L&T) | • Offer training on psychologically safe meetings and classrooms/tutorials. | Referred to Nixon Steering Committee for consideration and action |

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