Mental Health Program for HDR Candidates

Graduate Research School
James Cook University
Australia and Singapore

Cairns
Singapore
Townsville

Mental Health Program for HDR Candidates and Advisors

The health and wellbeing of students should be a priority when designing university programs. Yet, the prevalence of mental health difficulties in university students is higher than in the general population. In particular, higher degree by research (HDR) candidates have been reported to have a higher prevalence of mental health difficulties compared to the highly educated general population and higher education students in general[1]. Some reports suggest that one in two PhD candidates experience psychological distress and one in three is at risk of developing a psychiatric disorder.

There is widespread ignorance and stigma surrounding mental health difficulties, a situation which make it harder to recognise and treat them. Lack of knowledge and stigmatising attitudes about mental illness may prevent people from seeking help early, seeking the best sort of help, and providing appropriate support to colleagues and family members, simply because they do not know how.

Mental health difficulties in HDR candidates often lead to withdrawal from university life, long completion times, or failure to complete. Consequently, this Mental Health Program for HDR candidates at JCU aims to inform students and advisors about mental health and provide tools, resources, and services for prevention and help at an individual, university, and community level.

Link to Resources:

Mental Illness – What you see/ What you don't see

How to ruin your Mental Health as a PhD student

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[1] In the interest of readability, this text does cite the relevant literature. A list of references is at the end of the document.

What is Mental Health?

Mental health is broadly understood as a state of wellbeing. According to the World Health Organization achieving wellbeing involves searching for individual abilities and striving to reach potential through study or work. The journey to wellbeing is often filled with stresses and occupational demands that can start to influence daily life. Wellbeing is a measure of how individuals cope with stresses and produce fruitful contributions to their own lives and the lives of others in the wider community. Overall, it is important to understand that although individuals' experiences might vary within a spectrum between wellness and illness, mental health should be referred to as a state of wellness, not illness.

Signs of Good Mental Health

- The individual can study and/or work effectively and to their full potential.
- The individual actively connects and participates with family, friends, and the community.
- The individual undertakes enjoyable activities outside of study and work.
- The individual feels that they are coping with everyday stressors.
- The individual feels that they can deal with unexpected challenges and changes.

Link to Resources:

- [Tips for Optimum Wellbeing](#)

Mental Health Difficulties

Mental health difficulties are common. Although some people may have a genetic pre-disposition to mental difficulties, anyone can be affected regardless of their age, social background, ethnicity, gender, or intelligence. It is also important to understand that mental health difficulties are highly contextual and affect individuals differently. Individuals will vary in how they present mental health distress from low to high intensity.

Low Intensity Mental Health Difficulties: Low intensity mental health difficulties interfere with how the individual feels about their own state of wellbeing and their ability to cope with stressors in their life. Those difficulties are common and often affected by issues such as sickness, financial troubles, relationship breakdowns, bereavement, conflict, unemployment, drugs, trauma, and stress. Low mental health difficulties can often be overcome by the individual's own coping mechanisms and resilience.

High Intensity Mental Health Difficulties: High intensity mental health difficulty can significantly impair the individual's ability to function in their daily lives. Such difficulties can initially be a result of common issues impacting the individual's lives but will usually require external support from friends and family, and mental health professionals.

Risks for Mental Health Difficulties

Certain risk factors can inhibit a person's capacity to cope with study or work-related stress and can increase the likelihood for developing various types of mental difficulties. Determinants of health and wellbeing are commonly divided into individual, social, and environmental factors. Individual factors include biological factors, early life experiences, and personal characteristics. Social factors include current circumstances and environmental factors include the wider sociocultural and geopolitical context.

Individual Factors

- **Biological factors:** Genetics and family history can be important in determining a person's predisposition to mental health difficulties.
  - Family History of Mental Health Difficulties.

- **Early life experiences:** People have different histories and experiences that impact on how they function in their current life.
  - Physical or Psychological Trauma.

- **Personal characteristics:** Each person thinks, feels, and copes differently, particularly when faced with challenges and change. Some personal characteristics have been found to contribute to poor mental health outcomes in the research environment.
  - Gender – Males and females may experience mental health difficulties differently.
  - Age – In adulthood, a key determinant to wellbeing is work-life balance. Also, unemployment, debt, or impoverishment are significant predictors of mental illness in this age group.
  - Disability – Psychological and physical disabilities can contribute to mental health difficulties.
  - Minority status – Cultural or refugee minority status can add hardship and place individuals at higher risk for poor mental health outcomes.
  - Personality Traits – Personality traits such as perfectionism, low self-esteem, and confidence difficulties can increase the risk for poor mental health. Overall, lack of confidence in one's ability to perform is a major contributor to poor mental health.

Social Factors

- **Current circumstances:** Everyone has different stressors impacting on them at any one time, including family, work, study, personal, health and financial difficulties. An accumulation of stressors or an unexpected challenge can increase the need for additional support. Some examples are:

  - Family and relationship conflict
  - Bereavement
  - Poor social support
  - Study or occupational workload and demands
  - Long-term unemployment
  - Prolonged exposure to stress
  - Drug & alcohol misuse
  - Chronic physical disorder
  - Chronic mental health disorder
  - Financial stressors

Environmental Factors

- **Sociocultural and Geopolitical context:** The broad environmental context will also influence the individual's mental health. These include:

  - Quality of basic services (e.g., water, electricity, healthcare)
  - Contextual cultural and religious beliefs
  - Government policies at the national and international levels
  - Inequality and discrimination (e.g., social and gender inequality)
  - Social conflicts or war

When does Stress become a Mental Health Difficulty?

High levels of psychological stress are observed in the academic context. Stress is a typical response to increase in the demands and pressures in our lives. Although a certain amount of stress can be motivating (e.g., to complete a task or perform well), prolonged and excessive stress can take its toll and impact a person's psychological, social, educational (or occupational) functioning. It is important to recognise that stress affects people in different ways and what causes one person to become stressed may not have the same effect on someone else. Prolonged and/or excessive stress can have a range of consequences for a person's mental health. Symptoms of unhealthy stress can manifest psychologically or physically, as detailed below:

Psychological

- Feeling irritable and/or easy to anger
- Feeling overwhelmed
- Feeling anxious
- Feeling unusually moody and/or frustrated
- Feeling unhappy and/or depressed
- Unusual crying
- Low self-esteem and/or reduced confidence
- Feeling indecisive

Physical

- Sleep disturbance (i.e., insomnia and hypersomnia)
- Fatigue
- Chest pain and/or pounding heart
- High blood pressure
- Reduced interest in enjoyable activities
- Muscle tension, body aches and pains
- Weakened immune system
- Stomach complaints (nausea, diarrhoea or constipation)
- Change in appetite
- Fast, shallow breathing, and sweating excessively

Excessive and/or prolonged stress can also impact the way a person behaves and functions.

Signs that someone may be experiencing unhealthy stress include:

Behaviours

- Avoiding people or responsibilities
- Impaired ability to concentrate and reduced motivation
- Withdrawal from social activities or other enjoyable activities
- Missing deadlines and not completing tasks
- Increased use of alcohol or other substances
- Nervous habits (biting nails, grinding teeth, hand wringing)

Without recognition and appropriate management, experiences of prolonged and/or excessive stress can place a person at increased risk for developing mental health difficulties.

Assessing the Candidate's Mental Health

How you are doing? The Kessler Psychological Distress Scale (K10)

These questions concern how you have been feeling over the past 30 days. Tick a box below for each question that best represents how you have been.

		None of the time (1)	A little of the time (2)	Some of the time (3)	Most of the time (4)	All of the time (5)
1	During the last 30 days, about how often did you feel tired out for no good reason?					
2	During the last 30 days, about how often did you feel nervous?					
3	During the last 30 days, about how often did you feel so nervous that nothing could calm you down?					
4	During the last 30 days, about how often did you feel hopeless?					
5	During the last 30 days, about how often did you feel restless or fidgety?					
6	During the last 30 days, about how often did you feel so restless you could not sit still?					
7	During the last 30 days, about how often did you feel depressed?					
8	During the last 30 days, about how often did you feel that everything was an effort?					
9	During the last 30 days, about how often did you feel so sad that nothing could cheer you up?					
10	During the last 30 days, about how often did you feel worthless?					

How to score:
- Add your scores depending on which box you ticked for each question. Scores will range from 10 to 50.
- Score under 20 means that you are likely to be well.
- Scores between 20-24 means that you are likely to have a mild mental disorder.
- Scores between 25-29 means you are likely to have a moderate mental disorder.
- Scores of 30 and over means you are likely to have a severe mental disorder.

Use these scores as a guide to ask for help. This self-test is not intended to be a substitute for professional clinical advice. While the results of the self-test may be of assistance to you, users should always seek the advice of a qualified health provider with any questions they have regarding their health.

Common Mental Health Difficulties

It is important to understand what mental health is and how it may affect individuals so to be more effective when responding appropriately, competently, and age and gender specific to issues that may arise.

Common mental health illnesses include depression, anxiety, and substance abuse.

Depression

Depression is one of the most common mental health difficulties. Although it may be typical for some people to report feeling "depressed", "down", or "blue", on occasions such feelings may not reflect clinical depression. Clinical depression is indicated by a persistent low mood (for more than two weeks) and a loss of interest in daily life, which notably impacts on the person's ability to function. In some cases, there may not be a clear reason for the person's depressed mood. Quite often depression does not develop from one single event, but rather an accumulation of events or factors.

Indicators that a candidate may be experiencing depression include:

- Difficulty concentrating or "staying on task"
- Turning up late for meetings and other commitments
- Looking tired and fatigued
- Easily angered or frustrated with tasks or other people
- Avoiding being with other people or withdrawing socially
- Finding it difficult to meet reasonable deadlines
- Difficulty accepting constructive and well delivered feedback
- Difficulty managing multiple tasks or demands
- Unexplained absences
- Increased use of alcohol to cope with other symptoms of depression
- Making statements about their sense of worthlessness, such as:
  - *"I am useless"*
  - *"I can't do it"*
  - *"I am a failure"*

Some of these symptoms might be characteristic of the individual's personality. When identifying signs for depression it is important to consider changes in the individual's attitude and behaviour.

Link to Resources:

BlackDog Institute

Depression in Graduate Studies – What are the signs?

What causes Anxiety and Depression? – Inside Out

Anxiety

Many individuals will experience an anxiety disorder at some point of their life. Anxiety disorders differ from the typical anxiety we all experience occasionally in response to a stressful situation, such as public speaking, beginning a new job, or dealing with the death of a loved one. Anxiety disorders are longer lasting and severely impact a person's ability to function; thereby affecting their work and relationships. Types of anxiety disorders include: Generalised Anxiety Disorder, Panic Disorder, Obsessive Compulsive Disorder, Social Anxiety Disorder and Post Traumatic Stress Disorder.

Indicators that a candidate may be experiencing a form of anxiety include:

- Increase irritability
- Difficulty getting along with people
- Excessive worrying
- Concern about study, workload, and the ability to meet deadlines and expectations
- Difficulty concentrating and 'staying on task'
- Avoiding tasks relating to their work
- Inability to carry out reasonable and achievable tasks
- Being unusually 'on edge' and restless
- Experience of anxiety attacks characterised by physical symptoms such as:
  - Trembling
  - Heart palpitations
  - Sweating
  - Shortness of breath
  - Hyperventilation

Some of these symptoms might be characteristic of the individual's personality. When identifying signs for anxiety it is important to consider changes in the individual's attitude and behaviour.

Link to Resources:

BlackDog Institute

Dealing with Stress and Anxiety

What causes Anxiety and Depression? – Inside Out

Substance Abuse

Sometimes substance abuse may be a trigger for symptoms of other mental health difficulties. For example, if a person has a predisposition to a psychotic illness, drug use may trigger a psychotic episode. Conversely, for other people, having a mental illness such as depression or anxiety may make them more likely to abuse drugs. Drug use or 'self-medicating' can alleviate the experience of some symptoms in the short term. However, over time, substance use can increase symptoms severity and led to the development of addition symptoms – ultimately prolonging the illness.

Any type of substance use, including alcohol, illegal drugs, and prescription medications, can be a problem if it:

1. Changes the way a person acts (e.g., less motivated, anxious, irritable, aggressive);
2. Impacts on their way of life (e.g., not getting on with people, difficulties functioning at work or study, trouble with the law); and
3. Changes the person's appearance (e.g., changes in weight, poor self-care, appearing intoxicated).

Link to Resources:

Black Dog Institute

Beyondblue

Suicide

Suicide is one of the leading causes of death globally. In Australia, suicide is the leading cause of death for individuals aged between 15 and 44, with around 3,000 people dying by suicide every year; around eight people every day. Suicide does not happen without warning and research highlights key risk factors.

Indicators that a candidate may be experiencing suicide ideation include:

- Previous suicide attempt
- Verbal suicide threats/ Talk of wanting to die
- Risk-taking behaviour/ Reckless behaviour
- Final arrangements (e.g., giving away prized possessions, making peace, tying up loose ends
- Neglect of academic work and/or personal appearance
- Separation from loved ones or significant others
- Loss of connectedness from family, friends, and the wider community
- Themes in writing or art about death, depression, or suicide
- Chronic depression/ Prolonged grief after a loss
- Unusual purchases (e.g., gun, rope, medications, poisons)
- Unusual sadness, discouragement, and loneliness
- Unexpected happiness (e.g., following prolonged depression)
- Physical complaints, hyperactivity, substance abuse, and aggressiveness

Although there are risk factors for suicide, there are also protective factors that can balance or help reduce individual's experiences of suicide behaviour, those include:

- Positive relationships
- Feeling of connectedness (e.g., with family, friends, and the wider community)
- Feeling of safety (e.g., at home, in the community, at work, at university, or at school)
- Feeling a sense of belonging (e.g., in the community, within a culture, in a religion, and in a sporting team or in other activity groups)
- Personal and professional achievement
- Coping mechanisms and skills in dealing with challenging events
- Awareness of and access to local health services for support and clinical interventions

Note to HDR Advisors and University Staff:

HDR advisors and university staff should always pay attention to warning signs for suicide ideation in students and colleagues. They should be aware of common risks and protective factors to suicide to be careful not to make assumptions that a student is ok. Reasons for living are not always strong enough to overcome the suicidal urge. Always ask the "Are you OK?" question. Asking the question does not make a person decide to suicide, on the contrary, it can often help someone recognise that others in their lives care for them. Also, HDR advisors and university staff should be aware that gender diverse and Aboriginal and Torres Strait Islander individuals are at higher risk for suicide. For instance, loss of connectedness is a significant problem in risk escalation for all people, but particularly for Aboriginal and Torres Strait Islander students. This is also the case for many international students, particularly if they are coping with unseen pressures from home.

Link to Resources:

Dealing with Suicide Thoughts

Lifeline: Lifeline is a national charity providing all Australians experiencing a personal crisis with access to 24 hour crisis support and suicide prevention services.
Phone: 13 11 14

Suicide Call Back Service: Suicide Call Back Service provides free phone, video & online counselling for anyone affected by suicide.
Phone: 1300 659 467

Samaritans of Singapore (SOS): SOS is a suicide prevention service in Singapore.
Phone: 1800 221 4444

R U OK?: R U OK is a suicide prevention charity that aims to start life-changing conversations.
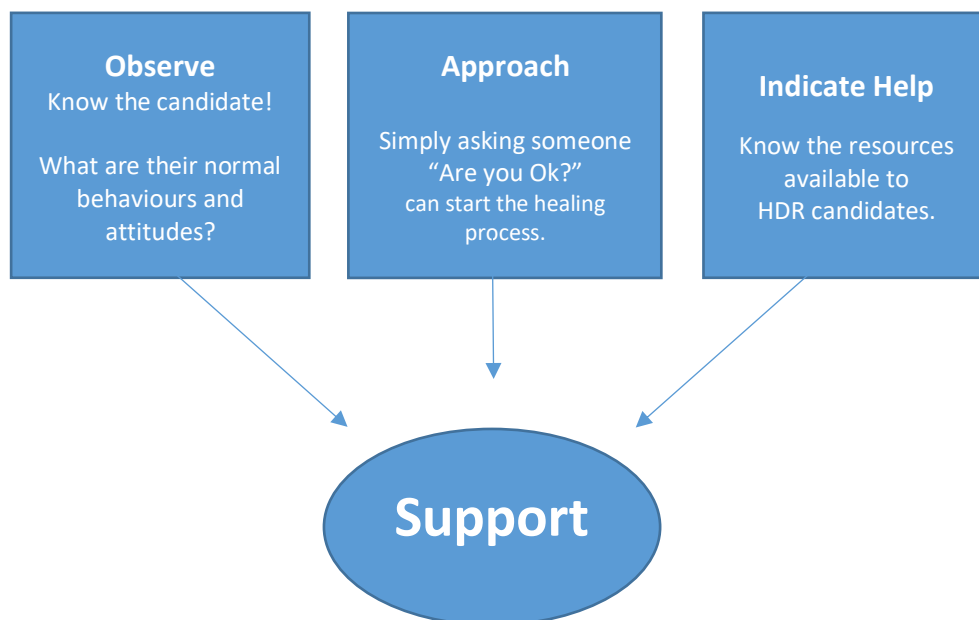
Supporting a HDR Candidate with a Mental Health Difficulty

An Integrated Approach to Mental Health in the Research Environment

Ask the question: Are you OK?

An integrated approach to dealing with mental health in the research environment can be achieved with three steps:

1. **Observe the Candidate:** Mental health difficulties can be prevented by knowing the people around us. HDR Advisors, university staff, and peers should observe the candidates' attitudes and behaviours and notice sudden and significant changes. Harm can be prevented with knowledge and information. The first sign of decreased mental health is often an unusual change.

2. **Approach the Candidate:** The first step to preventing an illness from developing or promoting healing and positive changes is approaching the person at risk. A simple "Are you Ok?" can change the way someone feels about themselves. Feeling supported can provide the individual with courage to open-up about mental health difficulties and seek help.

3. **Indicate Help to the Candidate:** An important step to helping someone at risk is guidance. HDR Advisors, university staff, and peers should know the resources available to candidates. Depending on the individual situation and circumstance, help might be reached at an individual, university or community level.

Observe
Know the candidate!

What are their normal behaviours and attitudes?

Approach

Simply asking someone "Are you Ok?" can start the healing process.

Indicate Help

Know the resources available to HDR candidates.

Support

Other Common Difficulties Experienced by HDR Candidates

Life, educational, and work satisfaction are important contributors to physical and mental wellbeing. Research has identified common difficulties interfering with HDR candidature satisfaction.

The Imposter Syndrome

As a research candidate, it is easy to feel like an impostor - waiting to be found out and expelled from the academic program. HDR candidates often feel this way, particularly closer to milestone deadlines and thesis examination. The Impostor Syndrome, commonly manifests as a negative pattern of thoughts that result in the experience of intellectual and academic phoniness, is especially prominent in higher degree by research (HDR) candidates.
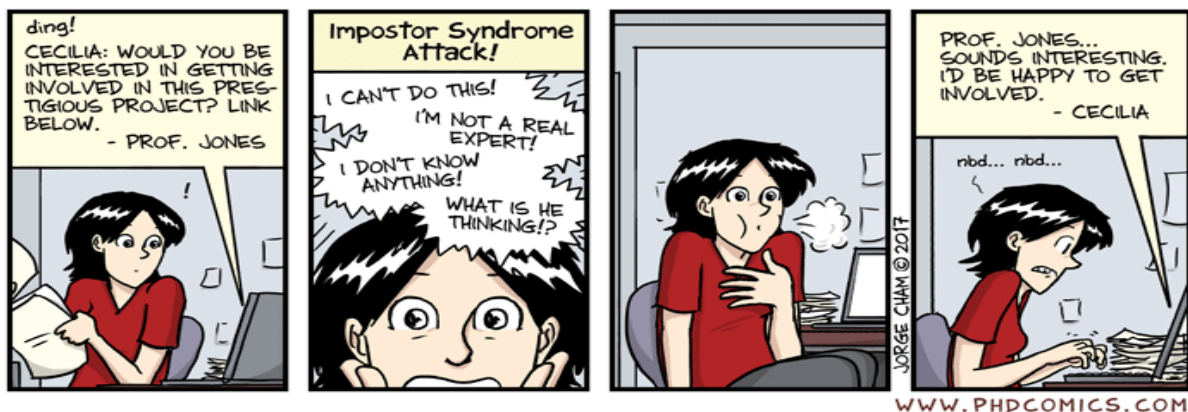
Link to Resources:

The Imposter Syndrome ThinkWell

The Imposter Syndrome

Study and Workplace Issues

The research environment can also influence the candidate's mental health. Organisational contexts are significant predictors of poor mental health. Conflict in the research or workplace can be very stressful. Conflict can contribute to a feeling of being vulnerable and powerless. HDR candidates typically hare a space with other HDR candidates, academics, and advisors. Therefore, effectively managing a research and working relationship is important to maximise the candidate's experience as positive, prevent attrition, and finished the project on time. Study and workplace issues can include:

- Conflict with other HDR candidates, Academics, and Advisors
  - Student Conflict Resolution

- Bullying and Harassment
  - Dealing with Bullying and Harassment
  - Heads Up - Bullying
  - Cyberbullying

- Sexual Harassment and Sexual Assault
  - Bullying and Harassment
  - Sexual Harassment and Sexual Assault

Burnout and Work-Life Balance

The term burnout is defined as a pattern of responses to a stressful organisational environment. This phenomenon often manifests as emotional and physical exhaustion that can occur after a long period of excessive or stressful study or work. Burnout costs individuals and their workplace a great deal. This phenomenon is no different in university settings and explains similar issues for HDR candidatures. Considerable research has been conducted to explore the incidence and prevalence of burnout in the workplace and the negative consequences to individuals and organizations. A direct consequence of burn-out is increased mental health difficulties. The main contributors to workplace burnout are:

- Office Politics
- Workplace Toxicity
- Workload Demands
- Increased Workload
- Individual Perception of Stress

Research on burnout has highlighted some warnings signs and symptoms regarding changes in work performance, physical and psychological changes, and behavioural changes.

- Work Performance Changes:
  - Detachment from work
  - Decreased work performance
  - Increased mistakes and errors
  - Reduced efficiency
  - Reduced energy

- Physical and Psychological Changes:
  - Physical exhaustion
  - Fatigue
  - Headaches
  - Sleepiness
  - Emotional exhaustion
  - Reduced motivation

- Behavioural Changes:
  - Irritability
  - Anger
  - Frustration
  - Suspiciousness
  - Negative responses to stress
  - Cynicism
  - Lowered self-esteem and serious self-doubt
  - Lacking sense of achievement

Some of these symptoms might be characteristic of the individual's personality. When identifying signs for burn-out it is important to consider changes in attitude and behaviour.

Link to Resources:

Understanding, Preventing, and Recovering from Burn-Out

Burnout Syndrome

Prevention or early intervention is most effective when dealing with burnout. Ensuring a work-life balance is a good way to combat burnout. A good work-life balance is characterised by harmoniously dedicating time and effort to different aspects of the individual's work and personal life, including relationship outside work and hobbies. The benefits gained from each area of interest can support and strengthen the others.

- Both the absence and/or presence of an HDR candidate at the university can be a sign of burn-out and poor mental health. While some individuals might stop attending university due to poor mental health (absenteeism), others will continue to attend university or work with reduced motivation and productivity (presentism). Either scenario can place the individual at risk and perpetuate their illness.

Link to Resources:

Tips to achieve Work-Life Balance

Lack of Control over Candidature and Career Uncertainty

A lack of control over the research project and concerns about career uncertainty can also contribute to poor mental health. Research has shown that HDR candidates experience high levels of uncertainty during their candidature regarding research outcomes and the prospect of a career after graduation. Conversations with advisors, as well as personal and professional development workshops can be positive encourages to raise the candidate's confidence in their work and their prospects.

Financial Difficulties

HDR candidates are under significant pressure to meet project deadlines. Consequently, working part-time to maintain lifestyle or supplement income can be challenging and bring extra stressors to the candidature experience. There are several financial support options available to JCU students. These range from student loan programs to help with tuition fees, to grants or scholarships that award money to help pay for living, project and conference costs.

Link to Resources:

Financial Support

Financial Problems

Isolation

Healthy personal and workplace relationships can be important to combat isolation. Research candidates spend long periods of time in the office or a laboratory. Research collaboration and workplace collegiality can increase confidence in the work and decrease feelings of isolation. Also, fostering relationship outside of the study and work environment is important decreasing feelings of isolation and develop wellbeing.

How to deal with isolation

Increasing Satisfaction in Research Candidates

While there are many contributors to poor mental health in the research environment, studies have highlighted some ways to increase satisfaction during research higher degree candidature and potentially decrease poor mental health outcomes.

- **Research Confidence** – Increasing candidate's confidence in their ability to undertake research and meet the expectations of HDR candidature can increase satisfaction. Personal and professional development can make a difference here.

- **Research Recognition** – Believing in the capacity of a research project to contribute to change and future careers can increase candidature satisfaction. Being awarded a stipend scholarship, research grant, or other awards can increase confidence. Furthermore, facilitating and encouraging research publications can also encourage candidates by valuing and recognizing their research.

- **Research Collaborations** – Fostering relationships with other research candidates can increase a sense of belongings and potentially decrease poor mental health outcomes.

- **Research Control** – having a supportive advisory team can increase confidence in the research project, decrease feelings of isolations, and increase perceived control over the project.

- **Research Outcomes** – Having a belief and understanding of prospective career opportunities can increase the candidate's confidence in their work and in themselves. This can be fostered through workshops and opportunities for work experience during the candidature.

Personal and Professional Development Opportunities

Opportunities for networking and fostering relationships with other HDR candidaes and researchers

Work Experience workshops and Opportunities

HDR Candidature Satisfaction

Supportive Advisory Team

Research Schorlaship, Grants, and Awards

Research Outputs
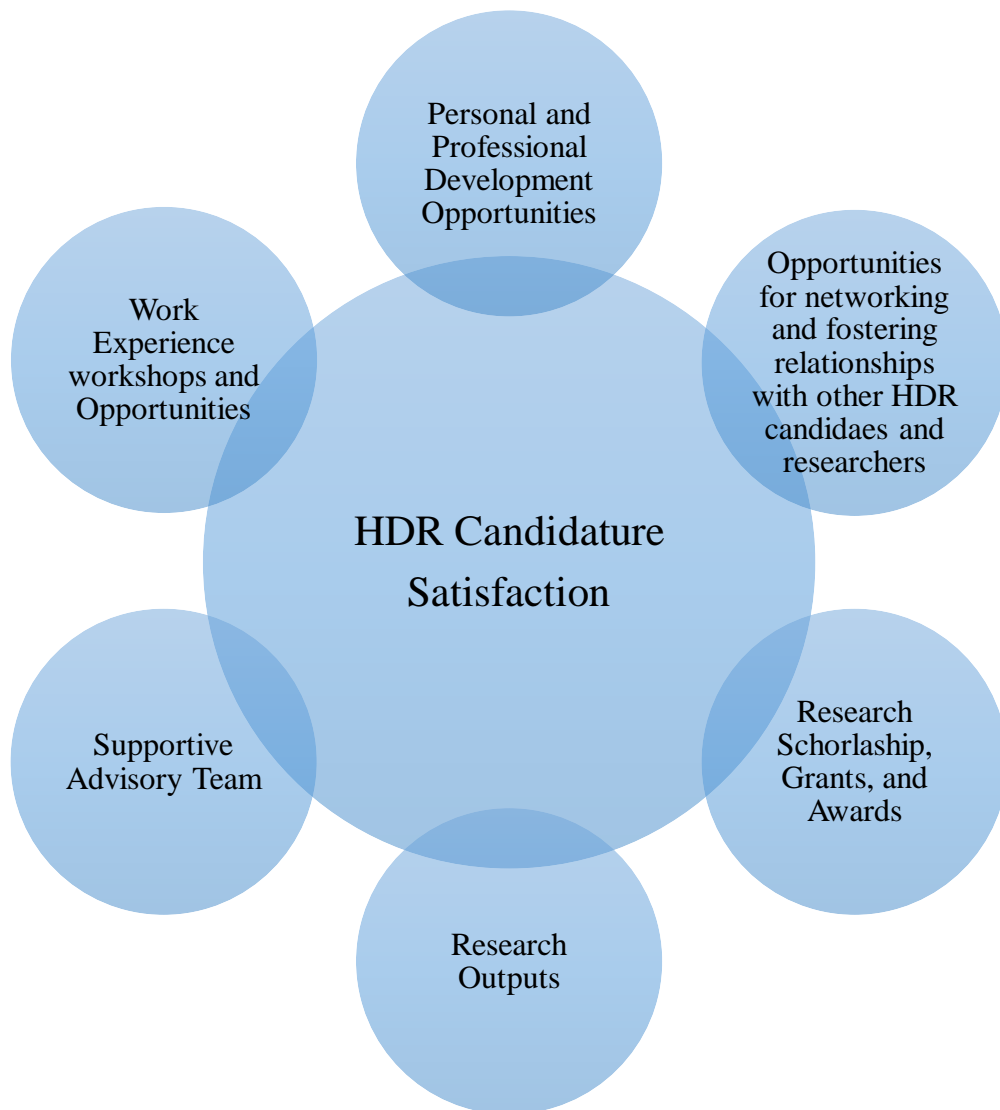
An Assessment Poll for HDR Advisors to gauge their HDR Candidate's Progress

(Based on material developed for JCU by Dr Carey Denholm AM, a clinical psychologist and former graduate dean at the University of Tasmania)

The purpose of this poll is to provide the advisors of Higher Degree by Research candidates with indicators of progress (or lack of progress) in HDR candidature. These indicators are designed to assist advisors recognise candidates at risk so that they can help them through increased awareness of their performance.

The indicators are in no particular order. All you need to do is circle the letter next to the statement you think best fits the candidate at this point in time and sum up the overall score.

1. **Monthly goals and deadlines**

   a. The candidate is meeting the majority of their monthly outcomes and their work is of graduate level quality.
   b. The candidate is meeting only some of their monthly outcomes and is struggling to produce work of graduate level quality.
   c. The candidate is meeting almost none of their monthly outcomes and the Advisory Panel questions the quality of their work.

2. **Research Plan**

   a. The candidate is able to work independently within a strong conceptual structure and research plan and their research questions are being refined as appropriate.
   b. The candidate frequently checks with their Advisory Panel about the research direction and occasionally modifies the key questions after reading published research.
   c. The candidate shows reluctance to come to meetings with their Advisory Panel and their issues seem to be circular and repetitive.

3. **Research Direction**

   a. The candidate has clear expectations and positive relationships with their Advisory Panel, meets with them regularly as agreed and distributes quality notes after each advisory meeting.
   b. The candidate is struggling to build a working relationship with their Advisory Panel.
   c. The candidate-Advisory Panel relationship is deteriorating, meetings are tense and unproductive and the candidate is achieving little compared with other candidates.

4. **Writing**

   a. The candidate willingly incorporates their advisors' verbal and written comments into their written work and learns from their mistakes.
   b. The candidate struggles to incorporate verbal and written comments and extensive re-correction is always required of their written work.
   c. The candidate appears uncertain about the research direction and is struggling to communicate their own ideas and shows little progress in writing about their research.

5. **Student Growth**

   a. The candidate occasionally talks about the research process and its impact upon their thinking, skills and professional competencies.
   b. The candidate has some difficulties in understanding the research process and the ways in which their thinking and skill level is growing and changing.
   c. The candidate demonstrates anxiety and hesitance at candidature milestones and appears unable to see ways in which their thinking and written skills are developing

6. **Raising Issues**

a. The candidate is confident and professionally appropriate in raising academic, personal and/or career related research issues with their Advisory Panel.
b. The candidate rarely raises academic, personal and/or career related research issues with their Advisory Panel.
c. The candidate never raises academic, personal and/or career related research issues with their Advisory Panel.

7. **Contact with Peers**

a. The candidate maintains regular and positive contact with other members of their research group.
b. The candidate tends to keep to themselves and is a passive member of the research group.
c. The candidate is becoming an isolate, avoids coming to campus and may admit they feel stressed every time they enter their building at JCU.

8. **Work-Life Balance**

a. The candidate shows evidence of work-life balance.
b. The candidate indicates there are personal issues that are causing them some anxiety, intruding upon their daily thinking and consuming some of their emotional energy.
c. The candidate is showing signs that personal, family and/or cultural issues are causing considerable anxiety and preventing them from devoting appropriate time to their research.

9. **Personality**

a. The candidate is passionate about their research and brings enthusiasm to the research group.
b. The candidate appears to be struggling to maintain motivation for the research and indicates they are concerned that they do not have the technical background to complete the research.
c. The candidate is spending so much time on other activities that they are not devoting enough time to their research.

10. **Progressing towards their goals**

a. The candidate regularly informs their advisors of their progress.
b. The candidate is starting to avoid their advisors and is behind in the submission of progress reports.
c. The candidate never initiates contact with their advisors and has to be chased to submit every progress report.

11. **Distractions**

a. The candidate is able to manage distractions and frustrations and shows emotional balance.
b. The candidate is finding it difficult to manage distractions (i.e., internet, reading articles, external activities) and frustrations emerge to affect their emotional balance.
c. The candidate is totally preoccupied with daily distractions (i.e., internet, reading articles, gambling, fitness, gardening, external activities).

12. **Health**

a. The candidate appears to be coping well with the pressures of study.
b. The candidate has an increasing number of sick days and a change is starting to appear in their physical and mental well-being.
c. The candidate repeatedly requests suspensions and is not managing their physical and mental well-being.

Warning signs include: inappropriate dress, poor diet, breaking appointments at the last minute, lack of punctuality, appearing emotionally flat, long periods of silence, disengagement, withdrawal and lack of eye contract, unusually soft voice).

13. Working towards completion

a. The candidate is actively involved in the dissemination of their research (i.e., publications conference presentations, seminars).
b. The candidate needs a high level of encouragement and support to prepare publications and/or deliver research seminars relative to their peers.
c. The candidate is not attempting to prepare publications and/or deliver research seminars.

How did the candidate do?

Count up the number of circled 'A's, 'B's and 'C's and complete the following scoresheet:

	Weighting	Weighted Number
# A's	3	
# B's	2	
# C's	1	
Total Score		

What does the Total Score indicate?

Total Score 28-39: The candidate is showing the indicators required for a timely and successful completion.

Total Score 20-27: The candidate is showing indicators that suggest they may be struggling at the moment. Every HDR candidate will experience some of these indicators for brief periods at some time during candidature. It is important is that these indicators do not keep occurring at a moderately high level for more than a few weeks. If the candidate is evidencing these key indicators for a prolonged period you should talk with them and suggest that they seek external assistance as soon as possible. Suggest they talk with the Associate Dean Research Education in your college; the Dean or Deputy-Dean, Graduate Research or the JCU Counselling Centre

Total Score 13-19: The candidate is showing indicators that suggest they are in danger of non-completion. You must talk with them and suggest they seek additional help from the Associate Dean Research Education in your college; the Dean or Deputy-Dean, Graduate Research or the JCU Counselling Centre as soon as possible. Experience shows that candidates scoring in this range are not likely to have a successful progress review and will be required to withdraw from candidature or be placed 'Under Review'.

How are you doing? A poll for candidates to check their Academic Progress

(Based on material developed for JCU by Dr Carey Denholm AM, a clinical psychologist and former graduate dean at the University of Tasmania)

This survey is designed to assist HDR candidates to take control of their candidature through increased awareness of performance. The purpose of this poll is to provide indicators of progress (or lack of progress) and to serve as a 'rule of thumb' during candidature. The indicators are in no particular order. All you need to do is select the letter in the drop-down box relating to the relevant statement you think best fits you at this point in time. Once you have completed the quiz, calculate your scores.

Questions

1. Monthly goals and deadlines
- A. I am meeting most of my monthly goals and hand most work in on time to my advisors.
- B. I am starting to slip in meeting my monthly goals and am struggling to hand work to my advisors when expected.
- **C.** I am not meeting my monthly goals and rarely hand work to my advisors on time.

2. Meeting the expectations of my Advisory Panel
- A. I have clear expectations about what is expected from my Advisory Panel. I meet them on a regular basis and keep effective notes of meetings.
- B. I have reasonable relationships with my advisors but struggle to understand their expectations.
- C. I do not look forward to supervision sessions — my relationship with my advisors is on a 'knife-edge' and supervision sessions are unproductive as I often have little progress about which to discuss.

3. Research Activity
- A. I am actively engaged with my research and am committed to its completion.
- B. I am spending most of my time reading journal articles and books and struggling to develop my own ideas.
- C. I seem to be reading with little purpose or focus.

4. Writing
- A. I do some writing relevant to my thesis every week.
- B. I work on my thesis by binge-writing every few months.
- C. I have not done any academic writing for more than six months.

5. Obtaining feedback
- A. I show my work to my advisors every one or two months.
- B. I show my work to my advisors every 3-6 Months.
- C. I rarely show my work to my advisors.

6. Incorporating feedback

    A. I am able to incorporate feedback and to integrate changing directions within my research.

    B. I am struggling to 'nail down' my research area and do not seem to have a manageable plan.

    C. I am starting to lose confidence in my ability to think and write.

7. Feedback timeliness

    A. I receive timely feedback on my work.

    B. I have been left waiting for extended periods for detailed written feedback on my work.

    C. I have to wait so long for feedback that it is no longer useful to me.

8. Contact with peers

    A. I maintain regular and positive contact with my peers.

    B. I tend to withdraw from my research group and don't socialize with peers.

    C. I am finding it difficult to leave the house each day and avoid attending university graduate research seminars.

9. Issues with research

    A. I am confident in raising issues with my advisors and my concerns and struggles are taken seriously.

    B. There are some technical aspects of the research I don't understand and I may not have sufficient background.

    C. I have serious doubts as to whether I have the academic background to complete this research.

10. Work-life balance

    A. I plan times away from my research and consider I have a good 'work-life' balance.

    B. I have things in my personal life (e.g., relationships, finances) that are beginning to worry me and regularly intrude in my daily thinking.

    C. I have a complex personal life that is requiring more time each week to sort out a number of problems.

11. Part-time work

    A. Financial pressures and/or demands of part-time work are not unduly influencing my research progress.

    B. Due to financial pressures I have to increase my part-time hours.

    C. I am in a serious financial position that is adversely impacting my capacity to work on my project

12. Personal growth and future

    A. I occasionally talk with my advisors about the impact of the research process on my thinking and personal growth.

    B. I am starting to struggle with motivation and sometimes wonder why I am doing this.

    C. I am not sure exactly where my research is headed and how it will relate to my future career.

13. Progress towards goals

    A. I have specific research goals and timelines for outcomes and regularly keep track of progress.
    B. I sometimes thinking that I am not achieving very much as compared to other candidates.
    C. I feel I have come to a stand-still.

14. Distractions

    A. I am able to manage daily distractions and frustrations and do not let them interfere with my research progress.
    B. Daily distractions are starting to intrude on my work.
    C. I give into pleasant distractions (e.g., internet, socializing, gaming on line, gardening, fitness) rather than doing my research.

15. Health

    A. I am monitoring and taking care of my health (i.e., diet, exercise, sleep).
    B. I am become concerned about my health (i.e., lack of sleep, inadequate diet).
    C. I feel stressed when I enter my work space and it takes me a long time to calm down and focus on my work.

Scoring

Count up the number of circled 'A's, 'B's and 'C's and complete the following scoresheet:

	Weighting	Number of circled Letter	Total
A	3		
B	2		
C	1		
		Your Score	
WHAT DOES YOUR SCORE INDICATE?			

Total Score 28-39: You are showing the indicators required for a timely and successful completion.

Total Score 20-27: You are showing indicators that suggest you may be struggling at the moment. Every HDR candidate will experience some of these indicators for brief periods at some time during candidature. It is important is that these indicators do not keep occurring at a moderately high level for more than a few weeks. If you are evidencing these key indicators for a prolonged period you should seek external assistance as soon as possible from the JCU Counselling Centre, the Associate Dean Research Education in your college, the Dean or Deputy-Dean, Graduate Research or your advisors.

Total Score 13-19: You are showing indicators that suggest you are in danger of non-completion. You should seek additional help from the JCU Counselling Centre, the Associate Dean Research Education in your college, the Dean or Deputy-Dean, Graduate Research or your advisors as soon as possible. Experience shows that candidates scoring in this range are not likely to have a successful progress review and will be required to withdraw from candidature or be placed 'Under Review'.

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Visit Townsville: Level 1, JCU Library (Building 18)
Visit Cairns: Level 1, JCU Library (Building B1)

JCU Psychology Clinic Townsville

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Living, Studying, and Working in the Tropics

Living, studying, and working in the Tropics comes with unique experiences. A defining feature of JCU is its tropical location and its research excellence in disciplines of relevance to the tropics. Students at JCU come from many backgrounds, promoting a rich cultural and experiential diversity on each of the various campuses.

Cultural Diversity

Of strategic importance is the research undertaken on issues of importance to industry, government and the broader community in northern Queensland and more broadly in tropical Australia and the global tropics. The role of JCU research is central to the region's future, and its importance is acknowledged by both State and Federal Government and by businesses and organisations across Queensland.

The Indigenous Education and Research Centre is committed to research which seeks to understand and address priority areas; advance Aboriginal Australian and Torres Strait Islander knowledge; and enhance the wellbeing of Australian Aboriginal and Torres Strait Islander Peoples, and Indigenous Peoples internationally, with a focus on Indigenous peoples in the tropics.

Link to Resources:

Indigenous Education and Research Centre

International Candidates

International candidates come from a wide range of cultural, ethnic and religious backgrounds. It is important to be aware of the challenges that they may face when adjusting to living and studying abroad when considering candidate mental health. Some aspects to consider area:

- International Candidates face similar stressors to domestic candidates, including adjusting to postgraduate academic expectations and pressures; however in many cases they do this with limited social and family support.

- Approximately 50% of international candidates are self-financed and in many cases are financially dependent on their families. Accordingly, international candidates and their families make considerable financial sacrifices to enable the candidate to complete post-graduate studies in Australia. Invariably, this can increase the pressure to succeed and fear of failure. In addition, many may come to Australia with high expectations of success and prestige when they return to their home country, which may further heighten feelings of pressure.

- Part-time employment to supplement their income may be difficult to attain if the candidate does not have high level English language skills. Thera are also visa restrictions on how much they can work. Consequently, some international candidates may have limited financial means and be less able than their fellow students to obtain satisfactory accommodation or maintain satisfactory standards of living (e.g., economise on food and other necessities).

- Some international candidates may experience difficulties integrating or assimilating with the Australian culture. Religious and cultural factors may prevent involvement in some social and recreational activities, particularly activities involving the use of alcohol. Consequently, some international candidates may find it difficult to be involved in student associations; thereby increasing feelings of social isolation.

- Some international candidates may be subject to very severe financial penalties if they don't complete their research higher degree in a timely manner. Thus the consequences of failure or protracted candidature are much more serious than for domestic candidates.

In addition to recognising factors which may heighten the risk for international candidates to develop mental health difficulties while studying abroad, it is also important to be aware that international candidates may hold different perceptions and attitudes towards mental health and help seeking. In some cultures, there is a high level of stigmatisation associated with mental health. Consequently, candidates from some cultures and religious backgrounds may be reluctant to disclose concerns about their mental help or to accept offers of assistance.

International candidates may have limited knowledge of mental health services in Australia and the roles of various mental health professionals (e.g., psychiatrists, psychologists, counsellors). There may also be limited understanding about how to obtain access to appropriate services for support.

The James Cook University employs International Student Support Officers at both the Townsville and Cairns campus to aid and support to International Candidates and help them to manage challenges that they may encounter while studying abroad.

Link to Resources:

JCU Internal Student Support Services and Officers
JCU International
International Student Guide

North Queensland Climate

The climate of North Queensland may be very different from what you are used to. This can be both a great experience and a challenge for HDR candidates living in Townsville or Cairns.

Link to Resources:

Climate of Townsville

Climate of Cairns

Natural Disasters

Some North Queensland areas are vulnerable to natural disasters such as floods and cyclones. Being informed and prepared is very important to keep safe and enjoy the beauty the tropical life has to offer.

Link to Resources:

Cyclone and Other Disasters in Townsville

Natural Disaster in Cairns

Moving to North Queensland

Choosing to come to North Queensland to undertake a HDR degree might take some adjustments. It is important to keep informed and reach out and connect with others as part of this process.

Link to Resources:

Adjustment, homesickness, and Loneliness

Moving to Singapore

Singapore is a vibrant city and a multi-cultural society. The stresses inherent within the pace of city living as well as academic stress may affect the mental health of local and overseas students studying in Singapore. Choosing to come to Singapore to undertake a HDR degree might take some adjustments. It is important to keep informed and reach out and connect with others as part of this process.

Link to Resources:

Adjustment, homesickness, and Loneliness

JCUS Psychology Clinic

JCUS Counselling and Student Support Services

Talking about Mental Health with HDR Candidates

It is essential to recognise that people cannot 'snap out' of a mental illness and that people are unlikely to 'get over it' without help and support. If ignored and left untreated, mental health illness can continue and most likely worsen. Recognition and treatment are essential to helping people manage their depression and return to their studies.

Although some candidates may choose to disclose their mental health difficulties with their advisor(s), others may not as they may not fully acknowledge the difficulties they are experiencing or they may fear an adverse reaction if they do disclose their difficulties.

As an advisor, you may be able to offer information and support to candidates which encourage them to seek professional supports and serves that increases their capacity to function effectively.

To do this effectively it is important to be informed of mental health illness and understand:

- Effective communication strategies.
- How to manage performance concerns.
- Where and when to refer for professional support.

Preparing to have a Conversation about Mental Health

As an advisor you may feel uncomfortable or find it difficult to talk about mental health difficulties with candidates. The following tips may help you in planning to have initial discussions with a candidate you suspect may be experiencing a mental health problem.

- Become familiar with terms and words that best describe mental illness. Such familiarity will allow you to effectively discuss mental health difficulties, negotiate reasonable adjustments to candidature, and obtain further advice from professional support services. See the links below for suggestions of helpful terms to use when discussing mental illness.

- Make a time to discuss the issues with the candidate and plan for this discussion. In planning for this meeting consider where the best place to have the discussion as well as the timing of the meeting.

- Think about what you would like to discuss with the candidate. This might include:
  - Raising concerns you have relating to the candidate's current performance and progress;
  - Identifying potential causes to problems you have observed;
  - Identifying potential reasonable adjustments that can be made to candidature to enable them to become a productive candidate again; and
  - Developing a plan of action and follow-up.

Having the Conversation about Mental Health

- Focus on candidature-related problems that you have observed. For example: *"I am concerned about you. You are very competent, but lately I have noticed that you are struggling to meet our agreed deadlines…"*

- Asking open ended questions can help start the conversation – e.g. *"What do you think the problems are?"* and *"What would be helpful for you?"*

- It is important to remember that it is reasonable to ask questions or discuss the candidate's possible mental health difficulties with them to identify reasonable adjustments that can be made to the candidature.

- However, it is **_not OK_** to ask questions that are humiliating, discriminatory, personal, or in any way unrelated to determining whether the candidate can continue with their candidature, and if not, what adjustments can be made and supports put in place to assist them further.

- Respect the candidate's confidentiality. It is a big decision for a person to disclose a mental health issue, particularly if they have concerns regarding the impact this conversation will have on other's opinion of them and the future of their studies and working career.

- Make it clear that the only time information would need to be disclosed is if there was a serious and/or imminent threat to the candidate's safety or another person's safety.

- Be aware of your body language. Try not to have a barrier (e.g., desk, laptop) between you and the candidate. Sit in a relaxed manner, with legs and arms uncrossed and show that you are engaged with the candidate by giving eye contact.

- Prepare yourself in case the meeting becomes uncomfortable or does not go in the direction you planned. Some people may feel threatened when an attempt is made to discuss mental health and aid. It is important to remain calm, firm, and fair.

Link to Resources:

The following link provides useful suggestions and videos for having a conversation with someone you are concerned about; promoting help-seeking and professional support; and self-care strategies for advisors.

While these resources have been developed for the workplace, many of the principles can be applied in the HDR candidate/advisor context.

[Having the Conversation about Mental Health](#)

[Multicultural Issues and Mental Health](#)

[Mental Health in Multicultural Australia](#)

Possible Outcomes

Two possible outcomes are likely to result from the discussion:

1. The candidate acknowledges their difficulties and an action plan can be developed to seek additional support (if needed) and make any necessary reasonable adjustments to the candidate's candidature.

2. The candidate denies that they are experiencing difficulties and declines offers of assistance or reasonable adjustments to their candidature.

If the candidate chooses not to accept further assistance finish the meeting by letting them know that they can come and talk with you any time in the future if they do need assistance. Additionally, provide information about other support services they may wish prefer to engage if needed, in the future.

If you feel that the candidate's performance-related issues remain unresolved and that it is unlikely that the candidate will progress to completion in the required time frame without further action – then it may be appropriate to seek further guidance from your College ADRE or the GRS (without identifying the candidate).

Self-Care for Advisors

Advisors should also seek help where necessary. Trying to help a candidate who is not coping and not progressing is typically very stressful for an Advisory Panel.

Link to Resources:

Heads Up
Heads up is a beyond blue resource for better health in the workplace.

Employee Assistance Program (EPA) with Davidson Trahaire
EAP is available to permanent (continuing and fixed term) full-time and part-time staff at JCU.

Managing the Candidature

Reasonable adjustments to candidature may be necessary so to support the candidate and increase the likelihood for them to achieve their research goals and timely completion. Reasonable adjustments are described as changes to the candidature arrangement which allow the candidate to perform their duties effectively. In identifying potential reasonable adjustments, several factors need to be taken into consideration:

1. Identify the core (essential) requirements of the candidate at the current stage of their candidature (e.g., candidature's milestones)

2. Objectively assess the candidate's current skills and abilities. If the candidate is willing to share recommendations provided by treating health professionals (e.g., individual learning plans; medical certificates) with you, these materials may be of assistance in determining the candidate's current capabilities and potential adjustments that may be required.

3. Identify reasonable adjustments in discussion with the candidate. In identifying reasonable adjustment try to be flexible, 'think outside the square', and seek good ideas (e.g., What strategies have other advisors and candidate adopted in similar situations?)

4. Check that the candidate can meet the current core requirements of the candidature when reasonable adjustments have been identified.

5. Especially in the case of international candidates, check if there are scholarship, or visa restrictions on the adjustments that can be made.

Examples of reasonable adjustments to candidature include:

- Studying from home
- Reducing candidature to part-time (**NOTE:** international candidates are not permitted to reduce their candidature to part-time)
- Taking a period of leave
- Readdress the candidature goals and priorities (e.g., changing timeframes)

If the candidate is experiencing specific difficulties with memory and concentration discuss and encourage adjustments such as:

- Taking notes of meetings and documenting "action points" arising from meeting
- Using an electronic diary to diarise work tasks and deadlines
- Using diagrams and models to document tasks to help the candidate visualise what is required
- Develop a written plan of action, outlining tasks that need to be achieved and by when (e.g., Gantt charts and colour coding priorities may help)

- Encourage the candidate to take regular breaks throughout their day and have time away from study during their week
- Explain complex ideas clearly and simply – repeat and rephrase information where necessary
- Try to link the candidate with other candidates for additional peer support
- Provide informal email reminders of important deadlines
- Have regular meetings to check in with the candidate and review progress
- Provide regular, clear feedback, and encouragement to the candidate about their progress
- Provide information for additional support services

It is suggested that candidates and their advisors document any agreed courses of action and adjustments to the candidate's candidature and include a review of progress following the implementation of the adjustments.

Making Reasonable Adjustments to Candidature

It may be necessary for a university to provide adjustments for candidates with a mental health illness, enabling them to be able to participate fully in their studies. Such adjustments may include providing more time to complete work, reducing stress by revising and prioritising goals, and offering flexible candidature options (e.g., part time candidature).

Sections 3.4 of *Disability Standards for Education (2005)* outlines that an adjustment is reasonable in relation to a student with disabilities if it balances the interests of all parties, and includes the:

a. Student's disability;
b. Views of the student;
c. Effect of the adjustment on the student, including the effect on the student's:
d. Ability to achieve learning outcomes; and
e. Ability to participate in courses or programs; and
f. Independence;
g. Effect of the proposed adjustment on anyone else affected, including the education provider, staff and other students;
h. Costs and benefits of making the adjustment.

These legal obligations are reflected in the University's Discrimination, Bullying, and Harassment Policy.

Managing Leave

Not everyone with a mental illness will require time away from their work or study. In some cases, remaining at work can actually play a very important role in a person's recovery – as it can provide a daily structure and routine and give the candidate a sense of purpose, along with social contact and financial security. However, as with physical illness, some candidates may need periods of leave to enable them to seek appropriate treatment and self-care:

- Taking a period of leave may be recommended by the treating health professional involved in the candidate's care, or it may be identified as a reasonable adjustment in discussion with the candidate about their mental health problem and difficulties with the candidature.

- There are no fixed rules about how much leave should be taken for a mental health illness and the appropriate length of leave will vary depending on a range of factors. When the candidate does opt to take a period of leave the University will require that the reason for this leave be communicated (via medical certificate) and when known, how long the period of absence will be.

- During a period of leave, it might be helpful to have some regular contact with candidate, providing that they are well enough and agree to this. Such contact can help the candidate to remain feeling 'connected' to the University and their research and can aid in the return to candidature. Early,

regular and sensitive contact may be particularly beneficial in helping the candidate return to their studies. However, of course the level and type of communication will vary depending on the circumstances and should be discussed with the candidate.

- Some candidates may be reluctant to communicate directly with their advisors about their illness and leave conditions as they might feel embarrassed, anxious or ashamed about their circumstances. It is therefore important that any communications you do have with the candidate are conducted sympathetically and sensitively. You might want to say something like *"I have been thinking of you and thought I would contact you to see how you are. I hope you don't mind me contacting you to see how you are?"*

- In circumstances where the candidate is too unwell to be contacted directly, they may provide permission for you as the advisor to liaise with a next of kin. However, in other cases, the candidate may prefer not to be contacted by their advisors; preferring instead to have communications about their illness and leave conditions with intermediaries at the University (e.g., Graduate Research School).

Link to Resources:

[Going Back to Work](#)

Graduate Research School Policies and Procedures

Advisors also need to have an awareness of the HDR Variation and Extension of Candidature Procedure, which outlines policies and procedures regarding variation of candidature and periods of leave of absence. Specifically, procedure 3 (Take a Break) deals with the circumstances under which a suspension of candidature, for illness or other reasons, would result in more than 6 months of total suspension over the course of the maximum degree period, and sets out the process to be followed. Also, note different rules and procedures for international candidates.

[HDR Variation and Extension of Candidature Procedure](#)

For further information regarding reasonable adjustments, see the Human Rights Commission document [Workers with Mental Illness: A Practical Guide for Managers](#)

Legal Obligations for HDR Candidatures

While advisors are not required to have detailed knowledge of the legal frameworks which guide these obligations, it is important have a general awareness and understanding of the legislation relevant to the management of mental health difficulties at James Cook University. These include both federal and state legislation, as well as Standards specific to educational institutions.

The Queensland Mental Health Services Act 1974-1991

This act contains no definition of mental illness or mentally ill person but extends its coverage "to drug dependence and intellectual handicap as if each of these conditions were a mental illness".

Anti-Discrimination Act 1991 (Queensland)

Mental health is covered in this Act as an 'Impairment' under the definition of "a condition, illness or disease that impairs a person's thought processes, perception of reality, emotions or judgement or that results in disturbed behaviour".

The Act identifies that Discrimination is explained in two different ways:

- ▪ *Direct Discrimination:* When a person treats another person less favourably because of any prescribed attribute or characteristic – this includes disability.

- ▪ *Indirect Discrimination:* This will take place where a person imposes a condition, requirement or practice which is unreasonable in the circumstances and has the effect of disadvantaging a person who has a prescribed attribute or characteristic.

Under the Division 3 (Education Area - Subdivision 1 Prohibitions in Education Area – Item 39 Discrimination by Educational Authority in Student Area), the act states that an educational authority must not discriminate:

a) In any variation of the terms of a student's enrolment; or

b) By denying or limiting access to any benefit arising from

c) The enrolment that is supplied by the authority; or

d) By excluding a student; or

e) By treating a student unfavourably in any way in connection with the student's training or instruction.

Federal Discrimination Law

Under Section 22 (Discrimination in Education - Federal), the act similarly defines mental health and discrimination as outlined above and states that is unlawful for an educational authority to discriminate against a person on the ground of their disability by:

a) Refusing or failing to accept the person's application for admission as a student; or
b) In the terms or conditions on which it is prepared to admit the person as a student.

It is also unlawful for an educational authority to discriminate against a student because of their disability by:

a) Denying the student access or limiting access to any benefits provided by the authority;
b) Expelling a student, or;
c) Subjecting the student to any other detriment.

AND

a) By developing curricula or training courses having a content that will either exclude the person from participation, or subject the person to any other detriment; or
b) By accrediting curricula or training courses having such a content.

Disability Standards for Education 2005

These Standards clarify the obligations of education and training service providers under the DDA and the rights of people with disabilities in relation to education and training.

HDR Students' Testimonials

"I struggled with social anxiety for the first year in my PhD degree. Surprisingly for me, I was more intimidated by my HDR peers than other experienced academics. After experiencing a death in the family and additional stressors regarding the PhD workload, this anxiety grew to the point where I was unable to study or work for two months. Fortunately, I learnt how to manage my anxiety with the help of a psychologist, family and friends. The psychologist (from the university counselling service) offered some incredible help for me. Acceptance Commitment Therapy (ACT) was particularly quite effective. I learnt to acknowledge the emotions I had and accept them, rather than continuously wrestling with them. Finally, once I felt stronger in myself I began attending HDR networking events. To my surprise I discovered that a lot of HDR students struggle with 'imposter syndrome'. I think this is something that should be discussed within this educational community more often".
_ PhD Candidate, JCU

"I started my PhD journey with the wind in my sails thinking I was going to take on the world and make a difference with my research. I started with one supervisor and before I knew it my supervisory panel grew to five as I supposedly needed certain people with expertise in different areas. I thought this would be good, but It proved to be the opposite. Not only did these supervisors have expertise in different areas, but they also had different ideas and personalities that did not align. My supervisory panel turned into a circle of doom and my work would go around this circle and would change according to their feedback. By the time my work had done a full circle the first supervisor would not be happy with the changes and we would go around again. Before too long the work changed so much that it began to make no sense to me. One of my supervisors had nothing but critical feedback about everything I did, and it seemed like it was a bit of a sport for him to do this. He has done little to help me complete my PhD studies but done more to adversely affect my mental health. These experiences led me to seek help and eventually diagnosed with depression. I felt like a failure and embarrassed to talk to others about it, especially my supervisors. I have taken a little holiday which has helped me clear my mind and eased the pressure I feel".
_ PhD Candidate, JCU

"I moved to Townsville specifically to do my PhD, and completing the entire project was probably one of the more difficult things that I've done in my life. At the same time though, it was very enriching in a number of different ways. While at times there was a lot of stress for me in terms of deadlines and workloads, I would not say that it affected my mental health overall (although it did place strain on my relationship with my partner). My project was risky in many ways, and while failure would have been disappointing, I could have lived with it. I never really thought that much about the outcome and focused more on the process itself, which perhaps made it easier for me".
_ PhD Candidate, JCU

"My stressor of being a HDR candidate is writing task. Writing the chapters and writing papers for publication. Writing is fun. However, as English is my second language, writing in English is sometimes painful especially when dealing with English expression, grammar and prepositions. My lovely supervisor and JCU learning advisors help me to reduce this stressor. Besides, to achieve my weekly writing tasks (writing chapters and papers) and to enhance my writing skill, I usually use my two hour morning time to write with full concentration for at least 500 words. When I achieve that mini milestone, I usually reward myself for example with reading news; Facebooking; or even just eating a bar of chocolate. When achieving the medium milestone such as finishing the draft, I usually cook some delicious food for me and my family. Recently, when my paper was accepted in a journal, which I consider as achieving a big milestone, I bought take away food for me and my family. I usually give myself rewards when achieving something good or when progressing well. I think rewarding myself on every tiny little achievement can invigorate my energy and my motivation to achieve bigger milestones. Another thing that (for me) can minimize the stressor of being HDR student is always doing my PhD task at the campus (my office). I try to avoid doing my task at home because when I go home from the campus, the time there is for my family as a wife and a mother. Therefore, I effectively use my morning to afternoon hours to do PHD task at the campus daily (on weekdays) unless something urgent must be done. So far, as long as I manage my time well, I've never done the task in urgent".
_ PhD Candidate, JCU

"A strong personal confidence and conceptual clarity about the fact that if we deal with new subjects, testing things for the first time, of course, many problems will occur, not only for doctoral students but for any researcher. So, having a greater personal confidence and maturity is important to handle it".
_ PhD Candidate, JCU

"For me the main stressors were related to juggling my role as a full time academic, with the part-time PhD, and trying to keep fit and healthy and manage a normal lifestyle with friends and family. It felt like 6 years of constantly being a millstone around my shoulders. However, I only felt that there was little support for one brief time during the process, and chatting to the doctoral cohort staff really helped. Despite this I don't think I coped well with the stressors, I just kept pushing on until breaking point. Most support came via the doctoral cohort. my advisors did not really fit the role of emotional support at all. So I didn't ask them or confide in them. I was really enjoying the project/process but it was overwhelming. You never felt able to put it out of your head. I don't think I had a single break/holiday/weekend in 6.5 yrs where I wasn't contemplating what had to be done next. I felt guilty most of the time if I failed to be thinking and actively involved with it. I think had I not taken 6 months off from my job I might have either given up or suffered a serious mental health breakdown. Although this appears very negative in fact now I am about to submit I can look back and acknowledge the negative impact on my mental health but I also acknowledge that I have thoroughly enjoyed the study and there is such a feeling of achievement".
_ PhD Candidate, JCU

Mental Health Services

JCU Australia Mental Health Services

Student Equity and Wellbeing

Professional, confidential and responsive service to assist students while at University, and to succeed at JCU.

Email: studentwellbeing@jcu.edu.au

Townsville
Located at Level 1, Room 103, JCU Library, Building 18
Phone: 07 4781 4711

Cairns
Located at Level 1, JCU Library, Building B1
Phone: 07 4232 1150

JCU Psychology Clinic (Townsville)

Located in the Clinical Practice Building (CPB) on Townsville campus, Level 1
Phone: 07 4781 5893

James Cook Medical Centre (Cairns)

Located at 3/ 8 Maisel Cl, Smithfield, Cairns, Qld 4878
Walking distance from the Cairns campus.
Phone: 07 4057 8977

Student Conflict Support Services (SCSS)

The SCSS' mission is to provide JCU students with a range of free support services to assist them to constructively manage conflict

Phone: 4781 6052
Email: scss@jcu.edu.au

Other Australian Mental Health Services

beyondblue

Provides information and support to help everyone in Australia achieve their best possible mental health, whatever their age and wherever they live.

Phone: 1300 224 636

Black Dog Institute

The Black Dog Institute is a translational research institute that aims to reduce the incidence of mental illness and the stigma around it, to actively reduce suicide rates and empower everyone to live the most mentally healthy lives possible.

headspace

headspace is a national youth mental health foundation dedicated to improving the wellbeing of young Australians aged 12–25.

Human Rights Commission

The Commission works closely with other national human rights institutions, particularly through the Asia Pacific Forum of National Human Rights Institutions, to address major human rights issues in the region.

Phone: 1300 656 419

Lifeline

Lifeline is a national charity providing all Australians experiencing a personal crisis with access to 24-hour crisis support for issues including suicide ideation, domestic violence, and financial issues.

Phone: 13 11 14

Financial Counselling Helpline

Financial Counselling Helpline is a free service offered by community organisations, community legal centres and some government agencies to help inviduals with their money problems.

Phone: 1800 007 007

MensLine

DVConnect MensLine is a telephone and online counselling service for men experiencing domestic or family violence. This service is from 9am to midnight, 7 days a week.

Phone: 1800 600 636

NQ Domestic Violence Resource Service (NQDVRS)

NQDVRS aims to provide a range of crisis intervention, face to face assistance and group programs for victims and perpetrators of domestic and family violence.

Townsville Phone: 07 4721 2888
Mount Isa Phone: 07 4743 0946

Sexual Assault Helpline

DVConnect Sexual Assult Helpline is a telephone and online counselling service for men, women and young people who have been sexually assaulted or abused and for anyone who is concerned or suspects someone they care about might have been assaulted or abused. This service is from 9am to midnight, 7 days a week.

Phone: 1800 010 120

Suicide Call Back Service

Suicide Call Back Service provides free phone, video & online counselling for anyone affected by suicide.
Phone: 1300 659 467

Phone: 1800 650 890

Youth Beyond Blue

Youth Beyond Blue provides information about anxiety, depression and suicide to young people in Australia aged 12–25.
Phone: 1300 22 4636

WomensLine

DVConnect Womensline is a telephone and online counselling service for women experiencing domestic or family violence 24 hours a day 7 days a week.

Phone: 1800 811 81

JCU Singapore Mental Health Services

JCUS Psychology Clinic

Located at 149 Sims Drive, S(387380)
Phone: 6709 3762
E-mail: psychclinic-singapore@jcu.edu.au

JCUS Counselling and Student Support Services

Pastoral Counselling Framework

Other Singapore Mental Health Services

Singapore Association for Counselling

Located at 93 Toa Payoh Central, #05-01 Toa Payoh Community Building, S(319194)
Phone: 6251-7040
Fax: 6252-4533
Email: admin@sacsingapore.org

Clarity Singapore Limited

Phone: 6757 7990
Email: ask@clarity-singapore.org

Yishun
Located at Block 854 Yishun Ring Road, #01-3511, S(760854)
Phone: 6757 7990

Agape Village

Located at 7A Lorong 8 Toa Payoh #04-01, S(319264)
Phone: 6801 7467

Singapore Association of Mental Health (SAMH)

Phone: 1800 283 7019
Email: enquiry@samhealth.org.sg

Corporate Office

Located at Blk 69 Lorong 4 Toa Payoh, #01-365, S(310069)
Phone: 6255 3222
Fax: 6252 6834

Silver Ribbon

Located at C/O Tze Hng Wellness Studio, Blk 616 Hougang Ave 8, #01-386, S(530616)

Phone: 6386 1928
Email: info@silverribbonsingapore.com

Samaritans of Singapore (SOS)

Located at Block 10 Cantonment Close, #01-01 (HDB Multi-Storey Carpark), S (080010)

Phone: 1800 221 4444
Fax: 6220 7758

* The SOS is a suicide prevention service.

Care Corner Counselling Centre

Phone: 6353 1180

Head Office
Care Corner Singapore Ltd
Located at 8 New Industrial Road, #06-03 LHK3 Building, S(536200)
Phone: 6250 6813
Fax: 6288 6833
Email: ccs@carecorner.org.sg

* This service is for Mandarin speaking clients.

Shan You Counselling Centre

Located at Blk 5 Upper Boon Keng Road, #02-15, S(380005)
Phone: 6741 9293
Email: shanyou@shanyou.org.sg

Fei Yue Community Services

Phone: 1800 6123 123

Youth Services
Contact: Ms Iris Lin
Email: irislin@fycs.org

Elderly Services
Contact: Ms Daphne Chong
Email: daphnechong@fycs.org

Institute of Mental Health

Located at Buangkok Green Medical Park, 10 Buangkok View, S(539747)
Phone: 6389 2000 (24 hours enquiries and hotline)

Services Include:
- Mood Disorders Services
- Early Psychosis Intervention Programme (EPIP)
- Adult Neurodevelopmental Service
- Addictions Management
- Community Mental Health

MindCare

Located at Block 223D, Compassvale Walk, #01-673, S(544223)
Phone: 6553 6643
Email: contact@amkfsc.org.sg

Eastern Community Health Centre

Located at 1 Tampines Walk, #03-33, S(528523)
Phone: 6782 6885
Email: eastern.chc@easternhealth.sg

   * This by service is provided by the Changi General Hospital

Sexual Assault Care Centre

Located at 5 Dover Crescent #01-22, S(130005)
Phone: 6779 0282
email: sacc@aware.org.sg

Credit Counselling Singapore

Located at 210 Middle Road, #05-04 Singapore Pools Building, S(188994)
Phone: 6225 5227
Fax: 6338 6586
Email: enquiry@ccs.org.sg

Mental Health Apps

Smiling Mind

Cost: Free –iOS; Android

Smiling Mind is modern meditation app. Current research shows that the regular practice of mediation or mindfulness can help individuals feel better and more energised to engage with their daily activities.

ReachOut Breath

Cost: Free – iOS

ReachOut Breathe is an app designed by Reach Out Australia to help individuals reduce the physical symptoms of stress and anxiety by helping them slow down breathing and heart rate.

ReachOut Worry Time

Cost: Free – iOS; Android

ReachOut Worry is an app designed by Reach Out Australia to help individuals with constant worry. The app tracks individuals' worries to help them become aware of patterns of unhelpful thinking and recurring thoughts.

Andrew Johnson

Cost: $3.79 – iOS; $3.03 – Android

Andrew Johnson is an app designed to help individuals achieve a restful sleep. The app provides guided meditation exercises designed to help individuals relax, unwind, and get the rest they need at night.

Black Dog Snapshot

Cost: Free – iOS; Android

Black Dog Snapshot is an app created by The Black Dog Institute to help individuals monitor their mood and wellbeing. This app is a great first step to looking after one's mental health. It provides individuals with a snapshot of their own health compared with Australian standards and it also contains a range of resources and professional support services.

MoodKit

Cost: $6.49 – iOS

MoodKit is an app designed with exercises similar to the ones used by trained psychologists to enhance individual's mental health treatments. The activities in the app are designed to help individuals change the way they feel about themselves by changing the way they think. This app can be used in combination with therapy or on its own.

MindShift

Cost: Free – iOS; Android

MindShift is an app designed to help individuals face their mental health difficulties. The app helps individuals relax and develop strategies to combat unhelpful thinking styles, and take active steps to control stress and anxiety.

iMoodJournal

Cost: $2.49 – iOS; $1.31 – Android

iMoodJournal is an app designed to help individuals monitor their own mood by understanding and recognising patterns and situations or events that might trigger different feelings.

**The Check-in**

Cost: Free – iOS; Android

The Check-in app was created by beyondblue to help young people help each other. The app guides individuals through how to approach the topic of mental health with questions they can ask, how to respond, and what they can do to best offer support to others. Also, the app contains a range of resources and professional support services.

Virtual Hope Box

Cost: Free – iOS; Android

The Virtual Hope Box is an app designed to help individuals with coping, relaxation, distraction, and positive thinking. Individuals can work with their health providers to personalize the content in this app to suit specific needs.

Mental Health Interventions
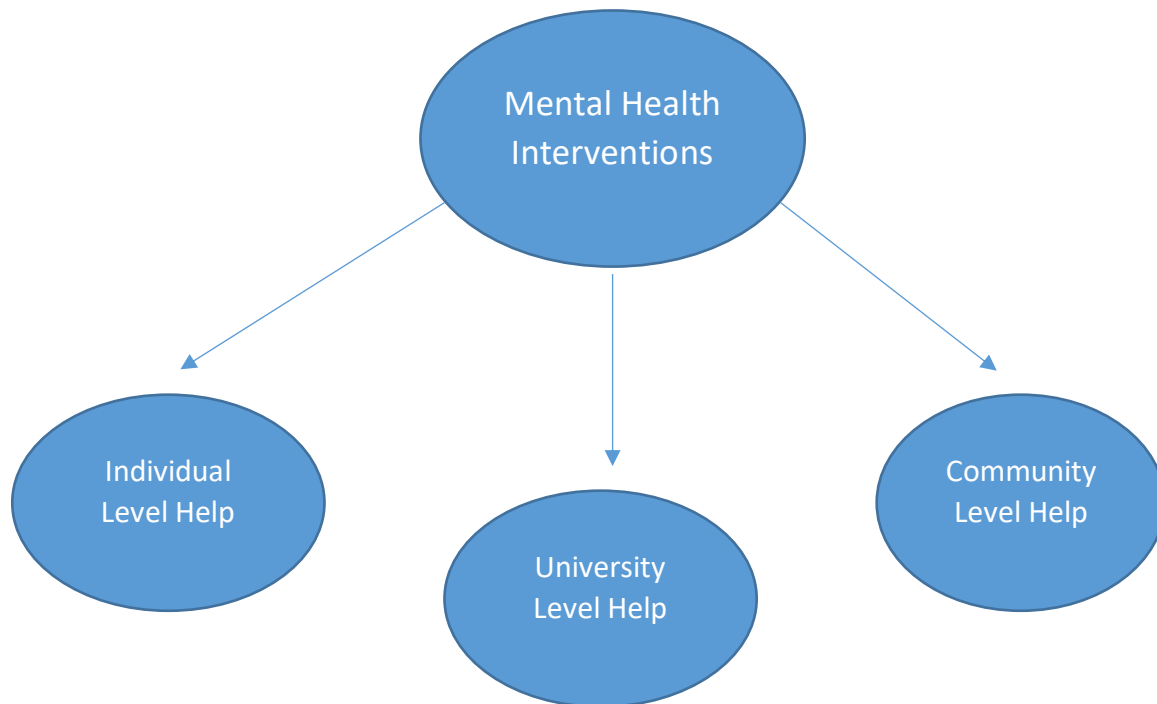
Suggested Mental Health Interventions for HDR Candidates

Individual level

- Facilitate help-seeking behaviours by promoting resources and self-assessment tools to be used by the individual as the first level of help.

University Level

- Mental Health Awareness – Promote positive attitudes about mental health through flyers/posters around the university and social media platform.

- Mental Health Literacy – Increasing candidates' and advisors' knowledge of mental health through training.

- Promoting Wellness – Promote wellness with workshops (e.g., mindfulness and yoga) and fitness (e.g., gym) packages.

- Engagement Recognition – Distribute awards (or some form of recognition) to candidates who engage in training and promotion of mental health in the university setting, contributing to a more positive environment.

Community Level

- Mental Health Service Providers – Promote and encourage the use of services outside of university settings for ease access should the candidate need it.

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