

Adjusting tertiary mental health education during Covid-19: an Australian experience

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Abstract

Globally, tertiary education has been greatly affected by the Covid-19 crisis. In this essay we explore the impact of the pandemic on this educational sector in an Australian setting; specifically, we discuss how the Research School of Population Health at the Australian National University adjusted and adapted to the changing circumstances arising from the pandemic. In this respect, two adjustments (both described in detail in the text) in the way mental health education was delivered at the School were proposed to mitigate the impact of Covid-19 and enhance the university's capacity to provide quality public health education to students. Thus, this essay shows that it is possible to design educational interventions that surmount the challenges posed by the pandemic. In addition, educators may use the examples cited in this paper to guide them to respond appropriately to the challenges that have arisen in terms of health education due to Covid-19.

Keywords: tertiary education; public health; mental health; Covid-19; Australia

Resumen

A nivel mundial, la educación terciaria se ha visto muy afectada por la crisis de Covid-19. En este ensayo se explora el impacto de la pandemia en este sector educativo en un entorno australiano; específicamente, se discute cómo la Escuela de Investigación en Salud Poblacional de la Universidad Nacional de Australia se ajustó y adaptó a las circunstancias cambiantes que surgieron de la pandemia. En este sentido, se propusieron dos ajustes (ambos se describen con detalle en el texto) en la forma en que se brindó educación en salud mental en la Escuela con el objetivo de mitigar el impacto de Covid-19 y mejorar la capacidad de la Universidad para brindar a los estudiantes educación de calidad en salud pública. Por ende, este ensayo muestra que es posible diseñar intervenciones educativas que superen los desafíos planteados por la pandemia. Además, los educadores pueden usar los ejemplos citados en este documento como orientación para responder de manera adecuada ante los retos que se presenten en cuanto a la educación en salud durante el Covid-19.

Palabras clave: educación superior; salud pública; salud mental; Covid-19; Australia

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Universities have played significant roles in responding to the challenges presented by Covid-19, they have led vaccination development, and they have also played an increasingly prominent and public role in community education about pandemics, epidemiology, public health and safety. Here in Australia, the pandemic has given new prominence to the role of epidemiologists, some even finding themselves in unusual or unfamiliar roles as regular media commentators.¹

Perhaps more hidden has been the impact of the pandemic on the operation of universities in relation to teaching and education. In Australia, border closures and other measures have severely curtailed the capacity and willingness of foreign students to come to Australia to study. This has resulted in significant financial strictures, affecting staffing and the student experience. Our Vice Chancellor and Nobel Laureate, professor Brian Schmidt, recently set out this challenge quite clearly.²

The higher education sector has been hit hard by the Covid-19 crisis, and we have a chance to reset the status quo and make sure our system serves the Australia of the future –rather than be a patchwork of ideas quilted together from the past.

This paper outlines two adjustments to how mental health education was delivered at the Research School of Population Health, designed to respond to this challenge. The first relates to the implementation of a problem based learning (PBL) approach to teaching. Here the challenge is quite immediate, and stems from the need to productively switch from face-to-face learning to 100% online learning environment, as was the case during 2020. The second initiative concerns the Executive Career Pathway, a reconceptualization of a PhD program, as a longer-term investment in thinking about how best to bridge the gap between the “real” world of policy-making and the academic world of ideas, evidence and truth.

The pandemic has clearly renewed community appreciation and understanding of public health. The School has run numerous public seminars and discussions regarding different aspects of public health during Covid-19, including an international series of webinars focusing specifically on the implications for mental health services.³ From advertisements for handwashing through to the complicated rules that govern the movement of people and goods between jurisdictions –the public has probably never been more alert to public health issues, though the intended messages have not always been clear nor understood.⁴

From the School’s point of view, the key challenge has been to not only contribute to better community understanding about public health, especially during a pandemic, but to also ensure we were successfully attending to our core business as educators.

Problem-based learning in action

In January 2020, before the full impact of the pandemic had emerged, the School and this University more broadly was devastated by a large hailstorm, which caused very significant physical damage to buildings and facilities. Covid-19 emerged as reconstruction was really beginning. Accordingly, the campus closed, international students went home, as did many domestic students from other parts of Australia, classes switched to online, and Zoom’s profits soared. Teachers and students no longer sat shoulder to shoulder, but instead viewed each other through camera lenses.

The rapport established between teachers and students is closely associated with student academic achievement, as well as teacher satisfaction.⁵ The rushed change to online teaching not only compromised this relationship, it also exposed a fundamental challenge for many university educators: how to use technology to create safe and effective digital learning environments.

While the digital world has of course become central to life and living, much of university teaching still relied on traditional, face to face didactic methods of lecturing and tutoring. The extent to which such approaches could successfully translate to the digital realm was at issue.⁶

“Research, Treatment, Policy: Current Issues in Mental Health” is a semester-long course offered by the School as part of its post-graduate program. It normally attracts a small group of annual enrolments, around 10, drawn from neuroscience, public health, psychology, and other fields. Given the constraints being imposed on teaching face to face, the School decided in 2020 that the course should be delivered online. To encourage greater interaction with the course content, the tutorials in the course were reworked and delivered according to the PBL approach.⁷

The PBL approach is a student led pedagogy where students investigate and develop solutions to problems defined by a lecturer or tutor. PBL puts the tutors and lecturers in the back seat and asks students to facilitate discussion of the problem and take on roles that one may find in a project team to “solve” the problem. One of the aims of this learning style is to get students actively engaged in the direction of their learning, and thus have a sense of ownership and personal responsibility for their learning experience.

The School adapted the typical PBL approach by developing problems that were loosely defined and had no “right answers”, to better reflect the real-world practice and complexity of population health research. A “problem” case was presented to the student group, based on the lecture content for that week. Students nominated themselves for project roles (such as scribe

or facilitator) and pooled their knowledge around what they did and did not know, to be able to design appropriate research questions about the problem. The students allocated themselves to study some aspect of that problem independently and met again the next week to share, compare and relate what they had discovered.

The problems in this course were related to real-life situations that helped students to establish links between theory and practice. This has particular relevance for mental health and this course, which attempts to reinforce the complexity of mental illness, the impact it has on individuals, communities and economies and how contexts (social, environmental, economic) are so influential. The PBL approach we used in the course did not focus on trying to get students to provide specific responses, as might be the case in other faculties such as medicine. Due to the nature of the course being multidisciplinary and nuanced, the aim of tutorials was to get students to critically examine complex situations and determine the information they needed to learn, and the skills they needed to manage these interactions.⁸

Practically, this meant our students undertook group tutorials each week, based on the lecture topic. The tutorial had two parts: an initial tutorial where students discussed and designed the problem and research tactics, and a second tutorial held a week later, where the research and solutions were discussed. There were 10 tutorials worth 3% each, 30% of the final grade, marked on how well students participated and contributed to the discussions.

Because the weekly PBL tutorials were student led, long periods of silence, with blanked out faces and voices on mute were not possible. Instead, with some guidance from a tutor, students were responsible for identifying and agreeing on a key research topic or problem, arising from that week's lecture. Each week, a different student led and coordinated the input from all the other students. Each student then made his or her contribution to an agreed, different aspect of that problem. The student leader for the week then summarised.

Each PBL tutorial session lasted two hours and discussion were typically lively. Informal feedback from students was very positive, with a high level of engagement and enthusiasm. Some of the students were experiencing periods of Covid-19 related lockdown during the semester and they commented that the interactive PBL session was a highlight of an otherwise dull period. In comparison to previous semesters, students appeared to be more proactive, enthusiastic, and prepared for the tutorial discussions, possibly due to the onus of facilitation being placed on the students themselves. In addition, students were highly encouraging and supportive of each other, which may have been due to the shared

understanding of how challenging facilitation can be. However, the virtual format seemed to give the students a sense of freedom, as they could share openly, but have their face hidden if they chose; something which was not possible in previous semesters. Subsequently, the final essays written by the students showed a higher level of critique and consideration compared to essays written by students in previous semesters. This might be attributed to the fact that students were practicing their critical evaluation skills every week in preparation for the essay.

Our experience with PBL was also very positive, with lecturers and tutors remarking on the impressive insight and leadership shown by the students in contributing to tutorials and providing nuanced and thoughtful critique. The PBL format reduced the pressure on teaching staff to lead discussions, sharing this productively with students. Staff already had some experience teaching this course, but the PBL experience permitted new topics and fresh ideas to emerge. Discussions took unanticipated and sometimes exciting turns in which students, tutors and lecturers alike found new perspectives. The efforts of the teaching team in creating a tailored, immersive, and engaging educational experience in such a challenging period, were recognised through receipt of a Dean's Award for Teaching Excellence in December 2020.

It should be understood that the student group was small. Managing larger groups under PBL rules would pose different, but not insurmountable challenges, especially in an online environment. The increased participation in tutorials and critical evaluation skills shown in the student essays may not be an accurate representation of the learning outcomes achieved from the PBL approach, due to the non-representative nature of the students and learning environment. Despite this, PBL represents an exciting and powerful tool to enhance student leadership, autonomy, and engagement in the learning process, as well as the active development of skills in facilitation, project management, fostering collaboration, and critical thinking.

The Executive Career PhD Pathway

The School's support for this PBL experiment satisfied a short-term imperative imposed by the pandemic. A longer-term School initiative, begun just before Covid-19 but continued through it, has been designed to enhance post-graduate learning –this is the Executive Career Pathway (ECP).

The genesis of the ECP is belief in the merit of life-long learning and the need to systematically capitalise on the wisdom generated by years of senior workplace experience.⁹ Currently in mental health, it is common

for this wisdom to fail to influence academic debates. Senior leaders are busy managing services, programs or policy teams. It is not their core business to contribute to the academic discourse through traditional process like peer-reviewed journals. This makes their wisdom a fragile commodity, only available while they hold their typically executive positions in their organisations or agencies. The pandemic made it very clear that mental health cannot afford to risk losing this expertise, as people retire or move on. In response to this dilemma, the ECP was designed as a new level of structured support for senior mental health executives to undertake postgraduate study at the PhD level.

Rationale for the ECP

The rationale for the ECP can be summarised as having three key elements. The first is that there exists a pool of workplace experts interested in pursuing formal academic recognition of the expertise built over their careers. This group would: have thousands of hours of workplace experience; have more practical expertise from the field than from research; be leading professionals in their chosen fields, but their achievements have not required or resulted in organised contributions to academic learning; and be mature age.

This proposal aims to create a new, structured opportunity for this group to translate their expertise into academic qualifications.

This target student cohort may not have studied for decades. They may have visited a university to give a lecture, but not as a student. The ECP would need to be tailored to provide the support necessary for participants to shift from the role of lecturer towards the role of student. Practically this means offering ECP students assistance in areas like research methods, statistics and ethics. Also, importantly, the ECP can draw on a small group of PhD supervisors who share the experience of prospective students, in that they undertook and completed their PhD studies as mature age students, while working in senior organisational roles. This facilitates useful empathy and stronger student/supervisor communication.

The second key premise was to recognise the critical role real life practical expertise can have on academic understanding of healthcare issues and problems and on implementation research. Through greater engagement with the formal academic sector, program participants will provoke a much clearer understanding and awareness of issues in relation to translation, impact and implementation across public health, mental health and public policy systems. This is a critical element in strengthening existing academic approaches to learning and change.

The third premise was that standard PhD programs are not generally designed to fit the specific academic needs and demands of experts. Rather, most PhD programs are mainly designed for young, early career postgraduates. This program is intended to address this important gap.

The ECP received a small Vice Chancellor's grant of \$10 000 during 2018 to get started and to design an evaluation of the program. There are two current candidates, one due for completion in 2021, the other, a former mental health commissioner, just beginning. The original intention for the ECP was that it operate as pilot, with a very small intake. The School had begun to consider how the ECP could be developed and applied more broadly, beyond mental health, but the pandemic put this on hold.

The program has already received considerable interest from senior departmental officials, supported by their organisation to study at the PhD level. These developments are clearly exciting and offer the prospect of the ECP creating a new cadre of quality PhD candidates as well as a new (longer term) revenue stream.

Challenges for the ECP

However, the pandemic has highlighted the pressure to reflect on traditional methods of study. The ECP offers an opportunity to revise our thinking about executive education. Some of the prospective ECP candidates are eminent leaders in their fields but no longer holding formal positions in agencies. They are working as consultants or are semi-retired. The ECP has emphasised the relationship with the workplace as well as with the students themselves. This important sub-group of candidates needs to be considered and accommodated. They represent key parts of mental health leadership. The ECP can be developed and refined further to meet the needs of this sub-group, as well as those still working in senior roles in public (or private) agencies.

Current PhD rules suggest that candidates need to spend around six weeks on campus each year as part of their PhD enrolment. For senior staff working in key roles in agencies nationally this may be impractical and require new flexibility in our approach. Similarly, existing rules governing who is eligible to be a PhD supervisor require them to be permanent employees of the University, or at least hold one-year ongoing employment contract. The increased casualization of the workforce, as well as the impact of the pandemic, has reduced these more enduring employment opportunities for academics and poses a dilemma to ensuring the necessary stability of supervisory panels.

The range of candidates also requires us to re-think our approach the nature of the research to be undertaken as part of the PhD process. These new candidates have an extensive background on health policy and high-level decision making. This raises challenges on how to design and conduct their PhDs, the most suitable methods for gathering their prior expertise using hybrid qualitative and quantitative approaches, the Units of Study that fit their needs and the involvement of supervisors from other centres at the School and from other Colleges across the university.

This university has recently given considerations to its PhD program. We believe the ECP approach remains a worthwhile area for continued focus –aiming to ensure the gap between academic knowledge and workplace problems and experience becomes narrower, not wider. The ECP fits well into this discussion, as universities look to fashion a better approach to contemporary PhD study.

Conclusion

The PBL and ECP approaches described here represent promising responses to an environment in which providing quality educational experiences is increasingly difficult. Covid-19 has spurred new issues for educators to consider, but it is not the only reason these challenges have emerged, such as casualization of the workforce and the need to reconsider the interaction between policy, decision-making and academic research.

Beyond the two initiatives described here, the School has been very active throughout the pandemic, including through conduct of a series of international webinars exploring the impact of Covid-19 on mental health systems in different countries.¹⁰

Both the examples cited here are modest and the PBL study group was small. The application of this approach to a larger group has not been tested locally, but would require additional resources at a time when resources are particularly constrained. Even so, there is no reason the PBL approach cannot be maintained as a preferred approach in some courses, even when face to face learning becomes possible again. The ECP student intake currently includes one student who is just submitting their PhD thesis and one student just starting, though it should be noted that more than 20 people have inquired about starting a PhD under the ECP. A deliberate decision has been taken to keep the intake small, as a pilot, at this stage. The School is currently considering broader expansion of the ECP beyond mental health, particularly with a view to creating links to other existing Masters courses, such as in applied epidemiology. A key next step will be to continue to

nurture the ECP as a pilot program, including some evaluation of the experiences of the (few) students. The pandemic experience has demonstrated the fragility of mental health leadership and policy expertise, even in a wealthy country such as Australia.

The two initiatives described here represent examples of how this fragility can be addressed, both in the short and longer terms. Covid-19 made plain the intimate links between public health and mental health. Educational institutions need to be organised so that, especially at times of crisis, they can continue to contribute to better understanding these links and responding to them.

Declaration of conflict of interests. The authors declare that they have no conflict of interests.

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