

Re-imagining the Campus Health impact to society

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Presentation Outline

- ❑ Positioning - “
- ❑ Context -Turmoil
- ❑ Concepts: Health, Societal impact, (Self) Evaluation
- ❑ Questions and statement of provocation
- ❑ Students’ focus-inputs
- ❑ Concluding statements



Positioning

“Sympathetic (self) critique”
(Achille Mbembe, 2016;
Madiba 2022)



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GUEST EDITORIAL Embracing SAASSAP Scholarship Matene Madiba*

This issue was initiated as part of an effort to raise the level of scholarship within the South African Association of Senior Student Affairs Professionals (SAASSAP). It was conceptualized in the early days of the COVID-19 pandemic. As guest editor, I had a number of opportunities to engage with members and associates of the SAASSAP throughout the process of compiling and finalizing this issue. A key moment of engagement was when the association undertook an “identity check,” to reflect on who we are as SAASSAP members. The pandemic provided a time to be contemplative about our work.

The “P” at the end of the SAASSAP acronym stands for “professional” as well as “practitioner”. The Collins Dictionary defines a practitioner as “a person engaged in the practice of a profession”. A practitioner is someone who has learned about and is actively working in their field. Carpenter and Haber-Carran (2013) raise a critical question in their argument for what they call a “scholarship of practice” for student affairs professionals. They ask “What if student affairs professionals fully embraced a role as practitioner-scholars engaging in practice in a thoughtful and intentional way that is both informed by research and informs research?” (Carpenter & Haber-Carran, 2013). The point being that student affairs practitioners should fully embrace their roles as professionals, as practitioners and as scholars. For SAASSAP members, there is also a leadership component that is embedded in the role since this is an association for senior practitioners who would largely be in leadership positions in their institutions. Kemmerer et al. (2005) argues for leadership equity and an identity that is created and developed over time. It is this type of identity that SAASSAP members should assume – an identity that embraces the professional-practitioner-scholar-leader role.

If members of the association are to embrace such an identity, which includes the role of scholar, they must then ask: How do scholars work and what do they do? A related question is: Is there a difference between research and scholarship or between researchers and scholars? A CQR/University of Australia YouTube video,¹ which describes what scholars do, says that scholars work in a “systematic, rational, balanced, evidence-based way” and through “a systematic process of framing questions and providing

¹ <https://www.collinsdictionary.com/dictionary/english/practitioner>

² <https://www.youtube.com/watch?v=3QZLUniversityUKTV>

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Campus Health Context

- ❑ Campus turmoil (Madiba, 2022)
- ❑ Complex health care needs
- ❑ Mirrored medicalised health care (largely reactive than proactive)
- ❑ (Post) pandemic (s)
- ❑ Restlessness (financial-economic; socio-political)
- ❑ Siloed health models - system: fragmentation and lack of coordination among different components of the healthcare system
- ❑ Barriers to Preventive Care- (impact public health outcomes in the long term)
- ❑ Urban-Rural/ Rich poor inequities
- ❑ Absent to broken homes and families
- ❑ Limited Community Engagement initiatives



Context (focus on students)

- Fragile period in the young lives of students
- Pregnancies during studies.
- SGBV (Power dynamics: Senior students, SRC, lecturers, etc.) -choosing a suitable partner etc -how to consent to sex.
- Peer -Group pressure – the power of saying no- Students are a generation that is sensitive to stigmatisation and they are more prone to mental health issues...
- Siloed education sessions
- Acting roles than living - Anxiety disorders
- Complexities in balancing academic stress, available alcohol, substance abuse, etc.
- Mental health
- Depression and Suicide thoughts, etc.



Concepts

- Health
- Campus Health
- Self efficacy
- Societal impact
- Evaluation- Self critique



Questions and statement of provocation

- How do Campus health relate with students?
- What do campus health report on, to whom and why?
- Are campus health centres offering something more than the extension of the already troubled health system
- How do campus health programmes assist in building sustainable communities
- Fear to visit campus clinic (“this sickness is for old people only” or “this illness is dangerous”)
- Assumptions and box syndrome

What do students say?

“The first and most important thing that I can think of is everything surrounding sexual health. I’ve seen that a lot of parents don’t speak to their children about sexual health and safe sexual practices. It’s always “abstain” but in reality, a lot of kids don’t abstain. So rather we educate children how to practice safe sex than have them be reckless and deal with the consequences. Very controversial but agh, its the reality that we’re living in. Especially because (I believe) that children should not be making children” !



What do students say?

“STDs and STIs are also super prevalent in our communities as well 40-70% of sexually active South African citizens get herpes, and most don't even know that they have it so they spread it unknowingly”.

“Balancing academics, healthy lifestyle choices, is difficult- We live in the country with the highest rape stats in the world”.



What do students say?

“I think another major issue that picked up on in university was mental health - so many children were/are fighting silent battles, and it impacts every single aspect of their lives. And, for example, if someone academics are being impacted, how can we expect them to create a better life for themselves and their families if school is the only way out”?



What do students say?

“Health Professionals do not need to discredit other alternative medication that students might have used before they consult the clinic but advise”.



We do need a greater understanding of what students need and want!

- ❑ Focus on Self love- self worth
- ❑ Self directed(own responsibility) integration of health into life
- ❑ Encourage the students to make better life-style choices
- ❑ More focus on first-year students (largely 18 years or under)
 - So much happens all at once.
- ❑ Canvass health as a way of life – not just about risk antipathy
- ❑ Better understanding of depression and mental health
- ❑ Etc.

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RELEVANT PRACTICES Campus Mental Health Revisited Linda Khalil Bakhalaf & Hank Kikabali*

Abstract
This conceptual, reflective article explores recent innovations in mental health service provision at a large urban, residential university in South Africa during the COVID-19 pandemic. Prior to the pandemic, mental health services at this university were primarily offered through face-to-face consultations, with mandatory grouping in the form of writing workshops or student activities and study hours. The need for mental health support was acute during the pandemic, during quarantine on arrival provision. At the same time, however, emergency, short- to, self-help and online care seeking resources as campuses had been closed under national lockdown. In this context, it was necessary to consider innovation in mental health services while they were rapidly expanding during the various phases of lockdown and to avoid the conventional and possibly largely inactive model of mental health service provision. Innovations in the provision and practice of mental health services and practices at the university, including through remote participation and the expansion use of synchronous and asynchronous, digital to deliver student presentations and subsequent reflection to content, to facilitate, clinical consultation, to facilitate online support groups, and the sustainability of the given initiatives during this period had to be addressed. Drawing lessons from the experience of the university, it is recommended that, while there will always be a place for conventional mental health service offerings, it may be time to expand the model primarily to include remote interventions, where there is a need for a caring, community-oriented leadership, the development of resilience in the student body, and the building of personal strength in individuals.

Keywords: mental health support, pandemic, student counseling, university

Introduction

In March 2020, the South African government instituted a national lockdown in response to the global spread of COVID-19. Under this lockdown, staff and students at a large urban residential university were instructed that they should work from home wherever possible, and all campus classes were suspended for students. Over the

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Re-imagining Campus Health for societal outcomes


- Re-adjustment
- Integrated Client- Centred care systems
- Holistic approaches- e.g. Indigenous view of health
- Interconnectedness with nature
- Better-effective communication
- Collaborative practices
- Adopting health information technology solutions
- Challenging assumptions we have about health.



Re-imagining Campus Health for societal outcomes

- ❑ Health policy reforms/transformations that promote a more integrated and client-centered approach-
Policy briefs
- ❑ Curriculum transformations
- ❑ Empowerment approach (innovative, and entrepreneurial): Self directed- creation of value and solving problems of others
- ❑ More research on campus health trends, assessing the effectiveness of programs, and using data analysis to inform decision-making and improve the quality of health services



A close-up photograph of a large colony of bees on a green leaf. The bees are densely packed on the left and right sides of the frame, with several bees in flight in the center. The background is a soft, out-of-focus green. The text is overlaid in the lower right quadrant.

**Thank you
Ke a leboga
Ha kensa
Baie dankie
Ndo livhuwa**