

Regimen



Striving for global health

Edition 8
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Space and Sustainability

Chang Huang links architectural design to public health, urging inclusive, healthy, and sustainable spaces

Revitalising Third Places: Addressing Loneliness

Elim Tai calls for reviving communal “third places” to combat loneliness and strengthen social bonds

Between Equity and Access: Policy Gaps in Australia’s Medicare

Maya Bose critiques Medicare’s gaps and inequities, urging reforms for true universal access

Caffeine, Sugar, Crash-out, Repeat: Fuelling Your Brain for Academic Success

Michaela Gostencnik warns students about the short-lived benefits and inevitable crashes from sugar and caffeine reliance, offering practical nutrition tips to sustain energy and focus during study sessions

Burnt Out But Still Spinning Through Our Twenties

Xingting Wang reflects on navigating early adulthood’s mental health pressures, emphasising the importance of social support, reducing stigma, and embracing small acts of self-care

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INTRODUCTION

Welcome to the 8th edition of Regimen: Striving for Global Health.

I want to begin by acknowledging that the land we are learning on is the unceded land of the Wurundjeri Woi-wurrung people of the Kulin Nation. I pay my respects to their Elders, past and present.

This year's collection brings together powerful voices from across disciplines including psychology, architecture, public policy, and student wellbeing to explore what health truly means in the spaces we live, the systems we rely on, and the habits we carry.

In this edition, we explore how the spaces we live in shape our health, how the loss of third places deepens loneliness, and whether Medicare truly serves all. From student burnout to quiet mental health struggles, these stories highlight the systems behind our wellbeing. Public health is not just about treatment but about justice, connection, and care. We hope these articles inspire you to see health differently and consider how you, too, can be part of the change.



About us

Strive are a student-led, not-for-profit publichealth organisation who aims to improveaccessibility to healthcare for those most in needand empower them through health education. Another key aspect of Strive's vision is toempower the future generation of healthcareprofessionals towards creating a more equitablefuture. As a result, Strive gathers students from manydisciplines who share a passion for learning aboutand advocating for issues associated withhealthcare accessibility andW equity.

Space and Sustainability

Chang Huang

Public health

In recent years, the conversation about public health has expanded from hospitals and clinics to parks, streets, schools, and most importantly, the buildings we use every day. As an architecture student, I often focus on aesthetics, structure, or sustainability, but we are increasingly responsible for understanding how the spaces we create directly affect physical and mental health.

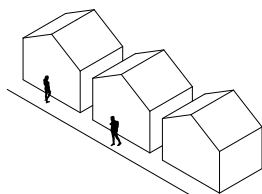
Public health and architecture are closely connected. Urban design influences access to clean air, natural light, green spaces, and walkability—crucial factors for long-term health. Poorly ventilated apartments can cause respiratory illnesses. Insufficient shading and lack of insulation can raise heat-related risks, especially for vulnerable groups.

In my last studio, sustainability was explored from environmental, economic, and social perspectives. Our architectural design approach focuses on reducing whole-life carbon emissions to lessen environmental impact and support long-term ecological resilience.



Reimagining suburban

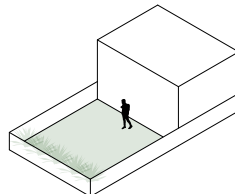
Suburbs homogenization



Slow response, emotional numbness

Urban homogenization processes lower people's affective bounds to places and ultimately their intentions to engage with their neighbourhoods.¹

Social isolation



Loneliness, low sense of belonging

People living in those countries where social cohesion is higher have been found to be more satisfied, happier and have an higher psychological well-being.²

Most individuals spend about 90% of their time indoors, with retirees often exceeding this. Research indicates that the homogeneity of suburban environments reduces emotional feedback and place attachment, while isolated living spaces exacerbate social isolation and loneliness.

My project is addressing these issues by incorporating design elements that evoke emotional responses, reimagining suburban housing models to transform homes from mere shelters into spaces that nurture the spirit and provide avenues for emotional healing. Users can engage with these spaces to experience ongoing emotional connections.

Social sustainability

Experience itself has become subject to commodification, with modern cities becoming more homogenised in scale, function and potential. More disarmingly, this has been accompanied by a stealthy privatisation and reframing of the public realm, thereby dictating what kinds of activities and interactions are permissible in an increasingly contested and controlled terrain.³ It is presumed that the presence of strong social cohesion and consequently a strong sense of identity will lead to environmentally altruistic behavior. Therefore, the route to sustainability is one of social cohesion leading to place-related social identity, which in turn leads to pro-environmental behavior. Such a model requires social cohesion processes—place identification in itself is insufficient to encourage environmentally sustainable behaviors.⁴

Social sustainability focuses on inclusiveness and long-term well-being in response to challenges like urban sprawl and ageing populations. Urban sprawl often worsens social inequalities, housing shortages, and infrastructure issues, while ageing societies lead to labour shortages, higher healthcare demands, and social isolation among older adults. To tackle these issues, promoting social cohesion and stability through sustainable urban planning, accessible design, age-friendly policies, and stronger community support networks is essential to ensure equal access to opportunities and resources for people of all ages and income levels.



References

1. Grêt-Regamey, Adrienne, and Marcelo Galleguillos-Torres. 2022. "Global Urban Homogenization and the Loss of Emotions." *Scientific Reports* 12 (1): 22515. <https://doi.org/10.1038/s41598-022-27141-7>.
2. Bottoni, Gianmaria, and Felice Addeo. 2024. "The Effect of Social Cohesion on Subjective Individual Quality of Life in European Countries." *Social Indicators Research*, January. <https://doi.org/10.1007/s11205-023-03284-6>.
3. Slessor, Catherine. 2018. "Pleasure Principles: On the Homogenisation of the Modern City." *Architectural Review*, April 27, 2018. <https://www.architectural-review.com/essays/pleasure-principles-on-the-homogenisation-of-the-modern-city>.
4. Uzzell, David, Enric Pol, and David Badenas. 2002. "Place Identification, Social Cohesion, and Environmental Sustainability." *Environment and Behavior* 34 (1): 26–53. <https://doi.org/10.1177/0013916502034001003>.

Render image: Chang Huang



Revitalising Third Places: Addressing Loneliness

Elim Tai

If you've ever watched Friends, you'll know the iconic Central

Perk café. It was the set where the main characters were always hanging out and chatting on the couch. It offered a "third place", outside of home and work, where they could just hang out. The concept of third places didn't arise from Friends – although it is a very well-known depiction of it – it was coined in 1989 by sociologist Ray Oldenburg. He proposed that these third places facilitate social cohesion. They are distinctive public places for informal, spontaneous, voluntary and enjoyable gatherings (Oldenburg, 1989). Think bars or cafes or parks or gyms or libraries, I'd say the list could go on, but I've run out of ideas. Half of these options cost too much nowadays, and the other half aren't the most ideal places to just hang around. Unfortunately we're losing these third places.

Decline in third places

There isn't one clear reason for the decline in third places. It could be due to the rising costs of living or the costs of maintaining and providing third places. It could also be the changes in urban zoning laws or antiloitering laws (Not Just Bikes, 2023). I am sure however, that it is a combination of these reasons as well as the impacts of COVID-19 that accelerated the decline in these third places. Social distancing measures meant that even if you were in a third place (like a dog park), social interactions would be kept to a minimum. Everything became accessible from home – takeaway food, work from home and home entertainment – and there was no need to go out (Chon Digital, 2025). While this was necessary and well-intended to prevent the spread of COVID, it perhaps exacerbated the social isolation that was experienced by many.

Loneliness and Social Isolation

In 2023, the World Health Organisation declared loneliness as a "global public health concern" (WHO, 2023). Prolonged periods of social isolation and loneliness can worsen both physical and mental health (Holt-Lunstad et al., 2015; Shankar et al., 2015). It is correlated to a decrease general feelings of wellbeing and poor health behaviours such as poor sleep or physical inactivity (Cacciopo & Hawkey, 2003). Around 15% of Australians experience loneliness and there are increased calls on the government to do more to address this problem (Gregory, 2024). One way to tackle this is to revitalise third places and promote their use and development. Third places can serve as a powerful antidote to poor mental health and social isolation.

Benefits of third places

A notable feature of third places is the ability to connect with people who are demographically different to you and to build "weak-tie" relationships like acquaintances or people you are familiar with but don't actually know. Despite being "weak", these relationships serve as bridges between separate networks and have been crucial in bridging the gap between migrant communities with locals (Zhuang & Lok, 2023). Previous studies have found that individuals experiencing weak-tie relationships would report higher self-rated health and decelerated cognitive decline (Pan & Chee, 2020; Sandstrom & Dunn, 2014). Third places provide a neutral ground where social class and status hold little to no relevance and individuals simply connect over playful conversation (Oldenburg, 2007). Despite providing this opportunity, third places do not force individuals to connect with each other, people can come and go as they please and there is a no or low barrier to entry (Oldenburg, 2007). I find that these are great spaces to go with friends – since no one has to host – to just sit and chat for as long as you like (shout out to my local 24hr Maccas, although I'm not sure if it's the healthiest third place out there). But if I'm ever at a third place like a dog park or a café alone, I shy away from the opportunity to connect with others and go straight to my phone. Even if I have nothing to do on it, I just look at it to avoid talking to a stranger. Perhaps because there is a digital third place I can jump right into, or simply because I don't feel like interacting with the people around me.

Argument for the digital third place

There is merit in considering digital third places, where individuals can seek out online communities that align most with their interests. Markiewicz (2020) argues that digital third places fully fit the criteria for third places that was set by Oldenburg in 1989 and her article is definitely one to read if you're interested. However, I would argue that building weak-tie relationships through these digital communities is less common, especially considering the fact that you already know that your interests are aligned.

Bringing physical third places back

As social beings, we have a desire to connect with others, and the convenience of our devices means that we no longer need to do this in person. However, by avoiding physical interaction with others by relying on devices, we may be eroding the very benefit that third places bring. These third places are vital areas in the community that provide a sense of belonging and enhance social wellbeing, especially for the marginalised or those that don't have the digital literacy to navigate digital third places (Jeffres et al., 2009; Littman, 2021). The loss of physical public spaces where individuals can freely interact may widen social disparities and detrimentally impact the health of those who need these connections the most.

I'm wondering whether you - as you've been reading my rambling - can think of a place that you go to, or a place you used to go to, that can be described as a third place. Somewhere that you could call a second home, that isn't work and your house. For many of us, the busyness of life and our other commitments crowd out the need to pop by to these local places. Perhaps that's another reason why there are less and less of these third places. There isn't much that is being done to bring these third places back as they aren't the most pressing policy issue for local governments. For some, the cost of maintaining these places can arguably be a waste of our taxpayer dollars. But with the growing concern for social isolation and loneliness, the importance of reviving and engaging with third places is more important than ever. While we continue to advocate for change at a policy and upstream level, we can start revitalising third places ourselves. It's time to embrace the awkwardness of just being present and observing our surroundings, to find and commit to a home outside home, and reach out to our neighbours when we're there. Here's a little challenge (which I hope in the future wouldn't be challenging), next time you're at a third place, take a look around and see if you could lend a helping hand, or a random compliment, or a sincere thanks to the barista who makes your coffee.

Let's make
the first move
towards bringing
these third places
back for our
friends now, and
the friends we
are yet to meet.

References

1. Cacioppo, J. T., & Hawkley, L. C. (2003). Social Isolation and Health, with an Emphasis on Underlying Mechanisms. *Perspectives in Biology and Medicine*, 46(3x), S39–S52. <https://doi.org/10.1353/pbm.2003.0063>
 2. Chon Digital. (2025, February 8). The Disappearance of Third Places. YouTube. https://www.youtube.com/watch?v=NGw_IDEx1jg
 3. Gregory, X. (2024, February 11). A "life-changing" run club is helping Australians tackle loneliness. ABC News. <https://www.abc.net.au/news/2024-02-12/loneliness-australia-federal-government-urged-to-do-more/103441076>
 4. Holt-Lunstad, J., Smith, T. B., Baker, M., Harris, T., & Stephenson, D. (2015). Loneliness and social isolation as risk factors for mortality: A meta-analytic review. *Perspectives on Psychological Science*, 10(2), 227–237. <https://doi.org/10.1177/1745691614568352>
 5. Jeffres, L. W., Bracken, C. C., Jian, G., & Casey, M. F. (2009). The Impact of Third Places on Community Quality of Life. *Applied Research in Quality of Life*, 4(4), 333–345. <https://doi.org/10.1007/s11482-009-9084-8>
 6. Littman, D. M. (2021). Third Places, Social Capital, and Sense of Community as Mechanisms of Adaptive Responding for Young People Who Experience Social Marginalization. *American Journal of Community Psychology*, 69(3-4). <https://doi.org/10.1002/ajcp.12531>
 7. Markiewicz, E. (2020). Third Places in the Era of Virtual Communities. *Studia Periegetica* 28, 4(4). <https://doi.org/10.26349/st.per.0028.01>
 8. Not Just Bikes. (2022, November 21). The Great Places Erased by Suburbia (the Third Place). [www.youtube.com. https://www.youtube.com/watch?v=VvdQ381K5xg](https://www.youtube.com/watch?v=VvdQ381K5xg)
 9. Oldenburg, R. (2007). The Character of Third Places. In *Urban Design Reader* (pp. 20–42). Routledge.
 10. Oldenburg, R. (2023). The Great Good Place. *Berkshire*. <https://doi.org/10.2307/jj.9561417>
 11. Sandstrom, G. M., & Dunn, E. W. (2014). Social Interactions and Well-Being: The Surprising Power of Weak Ties. *Personality and Social Psychology Bulletin*, 40(7), 910–922. <https://doi.org/10.1177/0146167214529799>
 12. Shankar, A., Rafnsson, S. B., & Steptoe, A. (2014). Longitudinal associations between social connections and subjective wellbeing in the English Longitudinal Study of Ageing. *Psychology & Health*, 30(6), 686–698. <https://doi.org/10.1080/08870446.2014.979823>
 13. Verhaeghe, P.-P., Pattyn, E., Bracke, P., Verhaeghe, M., & Van De Putte, B. (2012). The association between network social capital and self-rated health: Pouring old wine in new bottles? *Health & Place*, 18(2), 358–365. <https://doi.org/10.1016/j.healthplace.2011.11.005>
 14. World Health Organization. (2025). Social Isolation and Loneliness. World Health Organization. <https://www.who.int/teams/social-determinants-of-health/demographic-change-and-healthy-ageing/social-isolation-and-loneliness>
 15. Zhuang, Dr. Z. C., & Lok, R. T. (2023). Exploring the wellbeing of migrants in third places: An empirical study of smaller Canadian cities. *Wellbeing, Space and Society*, 4, 100146. <https://doi.org/10.1016/j.wss.2023.100146>
- Fig. Bahamondes, Bianca. 2018. "'Central Perk' Coffee Shops May Finally Become an NYC Reality!" *Secret NYC*. February 2018. <https://secretnyc.co/central-perk-coffee-shops-may-finally-become-nyc-reality/>.

Between Equity and Access: Policy gaps in Australia's Medicare

Maya Bose

Australia's Medicare is often regarded as a world-leading health system¹. Recent ranking by the Commonwealth fund found that Australia was the top performing country in 2024 however, public perception about Medicare in Australia remains mixed^{2,3}. According to the World Health Organisation, universal health coverage is defined by "all people having access to the full range of quality health services they need, when and where they need them, without financial hardship"⁴. Since its inception in 1984, the system has undergone drastic reform and political shifts that have significantly shaped its performance⁵.

Gaps in Coverage

Medicare provides broad and general healthcare coverage, primarily for services by doctors and specialists⁶. However, major gaps remain. Despite the broad scope of Medicare, certain areas of healthcare remain under-covered or not covered at all⁷. One of the most notable areas is dental care where most Australians are left to pay out-of-pocket or rely on private health insurance⁸. While some public dental programs are available for specific groups like children or low-income earners, the majority of Australians are left to bear the full cost of routine appointments and complex dental procedures⁹. Oral health is closely interlinked with numerous chronic diseases including cardiovascular disease and dementia and so the importance of dental care cannot be understated.¹⁰.



Out-of-Pocket Costs and Inequality

A significant barrier to the universality of Medicare is the increasing prevalence of out-of-pocket costs⁸. Bulk-billing has been on the decline for years primarily related to the growing gap between Medicare rebates and the rising cost of providing healthcare services¹¹. Essentially, over the years, fees have not been indexed in line with inflation making it less economically viable for doctors to bulk bill – making the gap fee a common compensatory necessity^{7,12,13}. New data has shown the triple bulk billing incentive since the 1st of November 2023 has improved the bulk billing rate each month however, rates have not recovered fully¹⁴. This problem is compounded by geographic and socioeconomic inequalities. Bulk billing varies significantly depending on location, with rural and regional areas experiencing significant barriers to healthcare access¹⁵⁻¹⁷. With longer waiting times and fewer healthcare professionals, this is a clear indication that Medicare's promise of universal coverage does not always extend equally to all Australians.

Private Health Insurance

While Medicare is the supposed universal healthcare coverage for Australians, private health insurance has become a necessary supplement for many Australians. Additionally, government incentives like the Medicare Levy surcharge and the Private Health Insurance Rebate, encourage Australians to take out private health insurance^{18,19}. This allows those who have the supplemental income to afford private healthcare to access services not fully covered by Medicare such as elective surgeries, dental care and physiotherapy while avoiding long public hospital waiting lists^{7,8}. This has created a two-tiered healthcare system divided by class with those who can and cannot afford private healthcare. This is not consistent with the universal healthcare coverage that Medicare promises to provide.

Is Medicare Truly Universal?

Australia's Medicare system requires ongoing reform for sustainable access and future development. With an aging population, the cost of healthcare is steadily, further increasing our structural gap²⁰. Investments in preventative healthcare should also be strongly considered to reduce the need for increased healthcare demands in the future, starting with better quality health literacy – as Australia ranks disproportionately low compared to other developed countries in this aspect^{21,22}. Furthermore, expanding coverage by integrating under-serviced areas, like dental and allied healthcare services, into Medicare could help bridge the gap to equal access and equity. Ultimately, while Medicare offers essential healthcare services to millions of Australians, the system is not as universally accessible as it could be. In conclusion, while Medicare remains a cornerstone of Australia's healthcare system, significant reforms are needed to ensure its sustainability and to provide truly universal access.

References

1. Ministers Department of Health and Aged Care. Medicare top performing health system in the world [Internet]. AustralianGovernment. 2024 [cited 2024 Oct 10]. Available from: <https://www.health.gov.au/ministers/the-hon-mark-butler-mp/media/medicare-top-performing-health-system-in-the-world>
 2. Blumenthal D, Gumas E, Shah A, Gunja M, Williams R. Mirror, Mirror 2024: A Portrait of the Failing U.S. Health System [Internet]. TheCommonwealthFund. 2024 [cited 2024 Oct 10]. Available from: <https://www.commonwealthfund.org/publications/fund-reports/2024/sep/mirror-mirror-2024>
 3. Ellis LA, Pomare C, Gillespie JA, Root J, Ansell J, Holt J, et al. Changes in public perceptions and experiences of the Australian health - care system: A decade of change. *Health Expectations*. 2021 Feb 20;24(1):95–110.
 4. World Health Organisation. Universal health coverage [Internet]. WHO. 2023 [cited 2024 Sep 20]. Available from: https://www.who.int/health-topics/universal-health-coverage#tab=tab_1
 5. Biggs A. Medicare: a quick guide [Internet]. ParliamentofAustralia. 2016 [cited 2024 Sep 19]. Available from: https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/rp/rp1617/Quick_Guides/Medicare
 6. Tikkanen R, Osborn R, Mossialos E, Djordjevic A, Wharton G. International Health Care System Profiles, Australia [Internet]. TheCommonwealthFund. 2020 [cited 2024 Sep 19]. Available from: <https://www.commonwealthfund.org/international-health-policy-center/countries/australia#universal-coverage>
 7. Angeles MR, Crosland P, Hensher M. Challenges for Medicare and universal health care in Australia since 2000. *Medical Journal of Australia*. 2023 Apr 17;218(7):322–9.
 8. Callander EJ. Out - of - pocket fees for health care in Australia: implications for equity. *Medical Journal of Australia*. 2023 Apr 17;218(7):294–7.
 9. Breadon P, Griffiths K. Why isn't dental included in Medicare? It's time to change this – here's how [Internet]. TheConversation. 2024 [cited 2024 Oct 10]. Available from: <https://theconversation.com/why-isnt-dental-included-in-medicare-its-time-to-change-this-heres-how-239086>
 10. Dental Health Services Victoria. Links between oral health and general health, the case for action [Internet]. Melbourne: 2011 Sep [cited 2024 Oct 10]. Available from: https://www.dhsv.org.au/_data/assets/pdf_file/0013/2515/links-between-oral-health-and-general-health-the-case-for-action.pdf
 11. Liu D, Yu S, Webster SB, Moradi B, Haywood P, Hall J, et al. Geographic variation in out - of - pocket costs for radiation oncology services. *Medical Journal of Australia*. 2023 Apr 17;218(7):315–9.
 12. Zurynski Y, Ansell J, Ellis LA, Pomare C, Smith CL, Holt J, et al. Accessible and affordable healthcare? Views of Australians with and without chronic conditions. *Intern Med J*. 2021 Jul 24;51(7):1060–7.
 13. Zuccala E. What is the future of universal health coverage in Australia? *Medical Journal of Australia*. 2023 Apr 17;218(7):287–287.
 14. Butler M. New data shows bulk billing improves each month [Internet]. MinisterDepartmentofHealthandAgedCare. 2024 [cited 2024 Oct 10]. Available from: <https://www.health.gov.au/ministers/the-hon-mark-butler-mp/media/new-data-shows-bulk-billing-improves-each-month>
 15. Longman J, Kornelsen J, Pilcher J, Kildea S, Kruske S, Grzybowski S, et al. Maternity services for rural and remote Australia: barriers to operationalising national policy. *Health Policy (New York)*. 2017 Nov;121(11):161–8.
 16. Baazeem M, Kruger E, Tennant M. Current status of tertiary healthcare services and its accessibility in rural and remote Australia: A systematic review. *Health Sciences Review*. 2024 Jun;11:100158.
 17. Leach MJ, Gunn K, Muyambi K. The determinants of healthcare utilisation in regional, rural and remote South Australia: A cross-sectional study. *Health Soc Care Community*. 2022 Nov;30(6):e4850–63.
 18. Australian Taxation Office. Medicare levy [Internet]. ATO. 2024 [cited 2024 Oct 10]. Available from: <https://www.ato.gov.au/individuals-and-families/medicare-and-private-health-insurance/medicare-levy>
 19. Australian Taxation Office. Private health insurance rebate [Internet]. ATO. 2024 [cited 2024 Oct 10]. Available from: <https://www.ato.gov.au/individuals-and-families/medicare-and-private-health-insurance/private-health-insurance-rebate>
 20. Australian Government Department of Finance. Budget 2024-25 [Internet]. CommonwealthofAustralia. 2024 [cited 2024 Oct 10]. Available from: <https://budget.gov.au/>
 21. Jayasinghe UW, Harris MF, Parker SM, Litt J, van Driel M, Mazza D, et al. The impact of health literacy and life style risk factors on health-related quality of life of Australian patients. *Health Qual Life Outcomes*. 2016 May 4;14:68.
 22. Choudhry FR, Ming LC, Munawar K, Zaidi STR, Patel RP, Khan TM, et al. Health Literacy Studies Conducted in Australia: A Scoping Review. *Int J Environ Res Public Health*. 2019 Mar 28;16(7).
- Fig. "NewsGP - What Do GPs Really Think of the \$8.5b Medicare Investment?" 2025. NewsGP. 2025. <https://www1.racgp.org.au/newsgp/professional/what-dogs-really-think-of-the-8-5b-medicare-inve>

Caffeine, Sugar, Crash-out, Repeat: Fuelling Your Brain for Academic Success

Michaela Gostencnik

We've all been there, underprepared for tomorrow's exam or

feel like we are racing the clock to finish an essay (probably one we haven't even started) due at 11:59 pm, or worse yet, 8am. It's the universal student experience – a rite of passage, even. The only way to make it through the cram session is to arm yourself with the holy trinity of university survival: an energy drink, a bag of lollies, and 2-minute noodles. It's the perfect formula for success ... right?

While this combo may feel like a good idea in the moment, you are setting yourself up to crash-out, and it's your brain and grades that pay the price.

While sugar and caffeine might feel like they're doing God's work by saving your arse, they're nothing more than quick fixes which are sure to be followed by a dramatic crash leaving you high and dry feeling foggy, irritable, and lacking in motivation and focus. It's like putting a Band-Aid on a bullet wound. And if you compound this with sleep deprivation and general stress, your brain is running on empty and it's your grades that are sure to suffer.

I'm sorry if this has left you confused on how you're supposed to survive the next round of assignments or exams. But here are 3 simple tips to keep in mind to prevent that crash and brain-fog feelings:



Use caffeine with caution:

Caffeine can be great for a short burst of alertness, making you feel more productive, but it does come with its negatives too. Consumption in the afternoon (especially after 2pm) has been shown to disrupt sleep quality, and poor sleep quality is directly linked to decreased.

Cognitive function and memory consolidation. While I do highly recommend skipping the all-nighters, if it really is necessary, try switching to herbal teas or decaf to get you through.

Choose your snacks more wisely:

Sugar is by no means the enemy. I love lollies and chocolate as much as the next person. And while they are good for a quick energy boost, if you are relying on them to survive, they will lead to a big crash, resulting in you feeling even more tired than you started. To avoid this, try opting for a more balanced snack or meals. Pair your sweets with protein, fats and fibre to stabilise your energy levels (hummus and crackers or fruit and yogurt are always great options).

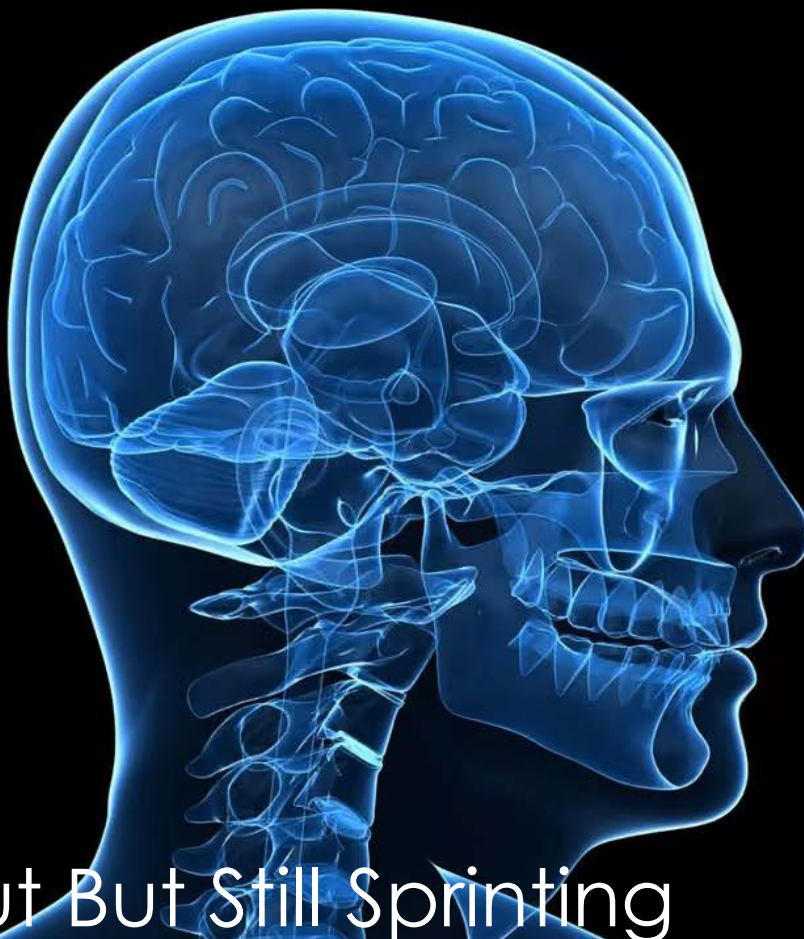
Eat Real Meals:

I hate to break it to you, but that packet of 2-minute noodles is not a real meal, no matter how convenient they may be. I'm not saying you need to turn into Gordon Ramsey, you don't even need to know how to cook, but you should try to aim for balance. Eating regularly helps to stabilise blood sugar – preventing crashes – and ensures that you are consuming the nutrients that your brain needs (include vitamin B, vitamin D, and antioxidants, among others). My go to is the old faithful sandwich. A great way to include proteins, carbs, fats, and micronutrients, it's nearly impossible to mess up, and done in under five minutes so it's not even a study break.

You don't need to be perfect with your diet or have a nutrition degree (I have that one covered), to be able to make some simple and smarter choices to fuel yourself for your next cram session. So, the next time you are gearing up for a long and arduous day, or night, of studying, keep these tips in mind, and I promise your brain and grades will thank you.

Reference

Fig, MD, Austin Perlmutter. 2024. "What Coffee Does to Your Brain," Austin Perlmutter MD. November 8, 2024. <https://www.austinerlmutter.com/post/what-coffee-does-to-your-brain>.



Burnt Out But Still Sprinting Through Our Twenties

Xingting Wang

Introduction

I had never left home before university, not just China, but also

my parents. Coming to Melbourne to study Psychology was the 1st time I had to figure things out on my own. I was living in a share house, cooking every meal, and constantly asking myself what I actually wanted in life. It was messy, emotional, and often overwhelming. But looking back, those “1sts” pushed me to grow in ways I couldn’t have imagined.

One of the most important turning points came when I started volunteering as a digital crisis supporter at Lifeline. It opened my eyes to a different side of psychology, one that isn’t just academic, but deeply human. It made me realise that mental health is not only a personal journey, but a pressing public health concern. Nearly one in eight people worldwide lives with a mental disorder (World Health Organization, 2022). I may still be training, but I’ve seen just how much the everyday mind quietly carries.

“Meaning Anxiety” in Our Twenties

There’s a unique kind of pressure that shows up in your twenties. A quiet, constant question: Am I doing enough? Am I becoming who I’m supposed to be? This meaning-driven anxiety isn’t just personal; it’s structural. Around this age, many of us are trying to balance studies, part-time jobs, relationships, and family expectations, all while quietly figuring out what kind of life we want. I’ve noticed that some of the most “high-achieving” people I know can’t seem to stop. They chase one milestone after another, driven more by fear than joy. They’re burnt out but still sprinting. At the same time, others feel stuck between wanting to give up completely and wanting to fight their way forward. The truth is, both responses are valid. You are allowed to rest. You are allowed to be confused.

But part of the pressure comes from outside of us. Rising living costs, competitive job markets, and a world that feels harder to navigate than it did just a few years ago. It is no wonder so many of us feel lost. Sometimes, we blame ourselves for not keeping up, when really, the world has changed, and it is okay if we are still figuring things out. According to Arnett (2000), the twenties are a time of identity exploration and instability. When left unsupported, this uncertainty can spiral into anxiety or even depression. Mental health is not just about diagnosis; it is about how environments and expectations quietly shape how we cope.

Why Social Support Matters

Mental health conversations often focus on self-care and personal responsibility. But what if the real issue is that we expect people to suffer silently and fix themselves in private? I've seen how this belief hurts those who are more reserved or self-contained. Their struggles often go unnoticed, not because they aren't serious, but because they don't speak up. And when they finally do, it's often at a breaking point.

From my experience at Lifeline, a free and confidential support service in Australia, I can't share specific stories, but I've seen patterns. Many help-seekers know they are struggling, yet still hesitate to reach out to people around them. In that sense, Lifeline plays a crucial role, it provides a space where you don't have to explain everything, where even a total stranger can be a gentle, caring listener. Sometimes that's exactly what we need.

But still, many people never make that call. And I get it. There are so many reasons why reaching out feels impossible, shame, fear of judgment, not wanting to "burden" others. From my very first psychology class, I remember our lecturers always talked about stigma as one of the greatest barriers to help-seeking. According to Corrigan (2004), stigma not only reduces the likelihood of people accessing mental health services, but also increases feelings of isolation and self-blame.

The truth is, normal sadness can grow into something much more serious when it is left unheard. That's why building systems of care and removing shame around using them is a public health priority. The Social Ecological Model (McLeroy et al., 1988) reminds us that health is shaped not just by individual choices, but by the relationships, systems, and culture we live in. If we want change, we need to act on all of those levels.

Even Psychologist Get Anxious

Education is one of the most powerful tools we have in improving mental health outcomes. Research shows that mental health literacy can reduce stigma, increase help-seeking behavior, and even lower suicide risk (Yap et al., 2010). As psychology students, as digital crisis supporters, and as future mental health professionals, we are trained to understand how thoughts and emotions work. But knowledge alone does not make us immune. I still get anxious. I still overthink. I still have stretches of time where everything feels too heavy. Knowing what is happening helps, but it does not always stop the feelings from coming.

One thing I have learned, both in class and through my time at Lifeline, is that reaching out is only the beginning. Talking to a professional is incredibly valuable, but it is not a shortcut to feeling better. Mental health is a process that takes time and effort. You cannot expect yourself to recover instantly, just like you did not fall into distress all at once. Real change comes from being involved in your own healing, asking hard questions, showing up to sessions, and being patient when things get worse before they get better.

There are going to be setbacks. You might take two steps forward and one step back. That does not mean you are failing. It means you are human. What matters is staying connected to the process and giving yourself permission to change slowly, even imperfectly.

Small Acts of Self-Care Matter Too

Learning about mental health has helped me understand pain more deeply, but it hasn't erased it. I'm still figuring out how to care for myself, and most days, it's not a perfect process. Sometimes self-care means going for a walk. Sometimes it just means closing my laptop on time, replying to a friend's message, or eating something warm. These are small things, but they remind me that I am still here, still trying.

We don't need to wait for a breakdown to start being kind to ourselves. We don't need to earn rest or prove we're struggling enough to deserve support. Every person you meet is carrying more than you can see, including you. So if you're looking for a place to begin, maybe start with one small habit that says, "I want to take care of myself." And maybe look around and ask one person how they're really doing. That, too, is part of healing.

References

1. Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist*, 55(5), 469–480. <https://doi.org/10.1037/0003-066X.55.5.469>
 2. Corrigan, P. W. (2004). How stigma interferes with mental health care. *American Psychologist*, 59(7), 614–625. <https://doi.org/10.1037/0003-066X.59.7.614>
 3. McLeroy, K. R., Bibeau, D., Steckler, A., & Glanz, K. (1988). An ecological perspective on health promotion programs. *Health Education Quarterly*, 15(4), 351–377. <https://doi.org/10.1177/109019818801500401>
 4. World Health Organization. (2022, June 16). World mental health report: Transforming mental health for all. <https://www.who.int/publications/i/item/9789240049338>
 5. Yap, M. B. H., Wright, A., & Jorm, A. F. (2010). The influence of stigma on young people's help-seeking intentions and beliefs about the helpfulness of various sources of help. *Social Psychiatry and Psychiatric Epidemiology*, 46(12), 1257–1265. <https://doi.org/10.1007/s00127-010-0300-5>
- Fig. Chambers, Chris. 2014. "The Changing Face of Psychology." *The Guardian*, January 24, 2014, sec. Science. <https://www.theguardian.com/science/head-quarters/2014/jan/24/the-changing-face-of-psychology>.

CONCLUDING REMARKS

That's it! You have reached the end of the 2025 mid-year Edition of Regimen.

Thank you for taking the time to read this Edition of Regimen. We hope you enjoyed reading about important public health topics and hearing a range of insightful perspectives. Ultimately, we hope that we have sparked a new public health interest and that you are now empowered to contribute to social and global public health change.

I'd like to thank our Publication Team and all the contributing Strive members. It has been fantastic to hear your voices in this edition. A special thanks to our talented designer Chang Huang for bringing this publication to life with your creativity.

Here at Strive, we are always welcoming new members. If you are looking to contribute to positive social change and advocate for important health issues, please reach out to the team. We have a range of activities and initiatives such as teaching children about nutrition or leading mental health workshops for young people, assisting at our affiliated health clinics, and even writing articles for Regimen. For more information, or to join our team, please check out our website: <https://strivehealth.org.au/>

Thank you again for reading this 2025 Edition of Regimen. We look forward to sharing our second release with you later this year.

Warm regards,
Xingting(Cindy) Wang
2025 Health Promotion Manager

