DARLENE MCLENNAN: Good afternoon, everyone. I'm Darlene McLennan, I'm the Manager of the Australian Disability Clearinghouse on Education and Training and I'd like to welcome you to this Webinar, which is on Collaboration for Improved Career and Development Decisions for Students with Mental Health Conditions. First thing before I start I would like to pay respect to the traditional owners, traditional and original custodians of the land where I am today, the palawa people and pay respect to the Elders past and present and emerging and I would also like to acknowledge the Tasmanian Aboriginal community, who continue to maintain their identity, culture and Aboriginal rights. It's a great pleasure to host Julie Rogan from Griffith University to present this Webinar today. Julie might be a bit rattled like I am, because we've been running around for the last half an hour trying to troubleshoot some issues in the background. Julie's going to discuss with us the way that Griffith has actually collaborated to support students with disabilities and mental health to improve their employment outcomes. For those who this is the first time you're joining us, we do have this event captioned, if you'd like to access the captions, you can actually click on the caption button, which is in the toolbar which is either located at the top, or bottom of your screen. You can also increase the number of lines appearing in the caption box by clicking on the small arrow in the top right-hand side of the caption box. If you have any technological issues or difficulties please contact us, or don't, because we're having them as well. No, you can contact us at admin at ADCET dot edu dot au. Julie said she’s probably going to talk for around 40 or 50 minutes and then we'll have some questions at the end. We encourage you to actually put your questions into the chat pod or the question pod at any time through the presentation and then I'll ask them at the end. You have a choice there to actually click on just a panellist, or to panellists and all participants. So if you wanted to have a conversation between each other, which has been great because sometimes people answer questions before we even get to them. So now I'm going to hand over to Julie. Thank you for your patience with us today with our technology issues. We look forward to hearing your presentation. So over to you.

JULIE ROGAN: Thank you so much, Darlene, and good afternoon, everybody. Welcome, and just as a bit of a start, as the title suggests I'm a great advocate for career development and I think it's especially crucial for students with disabilities or any type of health condition or injury to really have some good career development knowledge. Now, particularly in this day and age, I don't think it actually needs to be so much what am I going to do, because three years or four years at university is a long time to make decisions, to see different things happening and to have a look at what's available. But it is about how to make that decision, how to understand who they are and how to understand the job market, which I'm sure that you'll all agree has changed a lot over the last 10 years. We continue to hear about this change, but I think the most that we can ask for is that students understand what they need to ask at the stage when they come in and I've often said to students back in my career days, or as a disability adviser, is about where they're going to go, what helped them to reach their decision, and have they made any decision? I wanted to go straight into two case studies at the start and we'll come back to those during the presentation, but first of all we've got student number one. First year of nursing, trimester 2, has just completed a placement. She's been referred by the School of Nursing and Midwifery placement coordinator. Presented with depression, generalised anxiety disorder. Her triggers are stress, lack of sleep, seasonal, so definitely she described she's worse on dark, dreary days or during the night. Now the impact for her, she explained as being on her own for a lengthy period of time, making poor decisions, difficulty speaking to people, absolutely needs 8-10 hours of sleep per night. And, her medication means that she couldn't sleep during the day. The placement coordinator was concerned when we spoke. Although this placement went well, he said "warning bells were ringing" as the student had written on her placement form that she could never do night shift and that's what she also said to me in the registration. Now I presume people may be surprised at that, or maybe not surprised, that this young lady had got to trimester 2 of her first year of nursing and it hadn't occurred to her that she would have to probably do some night shift, at least in her placement during her studies. But, more than likely as a graduate in a hospital setting where most graduates do some of their first year. Now if we can just leave you thinking about that and go onto student two. Student two had completed an undergraduate degree in IT. He had yet to enrol in his Masters to be a secondary school teacher, but was thinking about it and wanted to see what sort of help he could get from disabilities assistance and reasonable adjustments with his condition. All his family were teachers. He felt that teaching was something that he knew about because it was talked about at home a lot and a necessary thing where he could take his IT degree into. So he presented with social anxiety, performance phobia, PTSD and Asperger’s. His triggers were speaking to groups of people, no structure, panic attacks when he feels threatened or singled out and the impact for him was not being able to complete tasks if they weren't well-structured, panics when someone asks him a question. He explained that he profusely sweats and sometimes has panic attacks if required to present to any group. Again, I'm wondering if that's already setting off alarm bells with people or they've heard about it. Again, this young man thought he knew about teaching. He'd heard lots of talk around the family dinner table, he had seen his mothers and father marking, doing other preparation for school and he thought he could handle that. Obviously, without going into it too much further, at this stage he hadn't been to a classroom. It didn't occur to him that getting up and talking to teenagers in a high school would be like a presentation and that, obviously, when you're working with people, high school students, teenagers, it's not always structured. You can't plan something and know it will definitely turn out. Obviously, his subject choice of IT made that a bit easier because of the prescriptive nature. Anyhow, let's just move on. If you can think about those two case studies. Hold those thoughts. We'll keep coming back to the case study, but neither of those students had had any career advice or, even much of a career conversation with anybody. So, I'm asking would it have made a difference knowing what you know of the case studies, would it have made a difference? Now, this is where, I guess, a Webinar differs from speaking to people in person, where I might have got some replies back already so please, write down or think about those...

DARLENE: Julie, its Darlene here. So people can use the chat box if they’d like just to put their thoughts in place. So we probably should have actually set a poll up so... But if people want to say in the chat box "Do you think it would have made a difference if those students had an opportunity to receive career advice?" Thanks, Julie.

JULIE: No, thank you. So, let's go on a bit. I just wanted to think about how important is the career conversation? Certainly, as a team at Griffith we've been discussing this lately and how much as a DSO, disability adviser, disability consultant, whatever you may be called, how important is it for us? It's someone that the student may know quite well over their three years. So thinking about the fact that we know, anecdotally and through research, that many students haven't had a lot of career guidance or career development in schools, and when you talk to many guidance officers, career practitioners in schools, particularly guidance officers in public schools are just so incredibly busy with social and emotional issues with students that they feel when talking to a lot of them, that they're only really giving out information. So they're giving out information that a student has asked for, not necessarily discussing what they may want to do. And, does the student know anything about the industry that they may go into from doing this degree? How aware are they of their condition and its impact on the type of work that they may have? And, I guess, often, we say, I hear colleagues say and parents say if you like, "Anybody can do anything. With any disability you should be able to do anything". And I'm not saying you can't do anything, or someone can’t do anything, but it can be restrictions depending on some disabilities. So, all I want to know is that a student is well-informed of what they might be and I can think of quite a few examples, but we had a student with cerebral palsy in a chair who enrolled and studied for a year in medical laboratories science, and he was pretty sure that's what he wanted to do. Because of going into labs and the health and safety issues around that, there was a lot of discussion. He was a very, very independent young man. He really wanted to come to university without any help. It was his mother who decided that he should make an appointment and register with disability services. So, he was quite surprised at the issues around in the lab, health and safety, keeping things germ-free I guess, and also because of issues with his hands and fingers and his fine motor skills, things like using a microscope. This young man thought, "Oh, there'll be plenty of people around to help, that won't be an issue" or "I won't have to do that very often". Well he quickly learnt with meeting with academics, which he was involved in, and actually being in labs, just how much help he would need. Obviously we put lots of things in place for him. Pretty much against his will, because he wanted to do it on his own, but he said the first thing he came across was he realised he couldn't put a lab coat on. Also, they couldn't take their bags into the lab and he wasn't able to take his bag off his wheelchair by himself. So already a few issues right at the start. Unfortunately, even with the best of our intentions and abilities, we just couldn't make this work very well, or as well as he wanted. After trimester 2, he came in for an interview with my colleague and myself and said, apart from the fact he hadn't done very well, it wasn't at all what he thought it would be. And while he had talked at some length to some people in the industry and found out there would be able to be some help for him in a lab, having another staff member or someone come in and help him with the things he couldn't do, he was very independent and he didn't want that. So, that's when he thought, I need to change, this is not what I want to do now that I've found out what it's about. And he'd had a miserable year by the end of it. Again, this leads to the next questions - how resourceful and resilient are the students to put in new strategies, or strategies that will help them get to be where they want to? And, resilience is really important. As far as I've noticed with some students coming into uni, their parents have been resilient right up until then. It's a big shock not only going to a course of studying they thought they wanted to do but also realising the difficulties. Unfortunately, sometimes the throwback from academic staff, whether it's right or not, had to do more work than sometimes they felt they should. I guess another good question is, what's the purpose of study? Maybe only solely for interest and means to another end. Obviously that can also still have difficulties, because in the course there might be practical placements, internships, sorts of things that they have to study to get their degree. But sometimes there's not, so a student wants to go through and do they actually want a career as an analyst when they get through? Maybe they do, or maybe they just want the degree. You've probably all, like us, had some terminal patients who are just doing the degree because they want to have that piece of paper. Now, when we think of the DSO, how much do we know about the world of work? And if we don't, which is fine because I'm sure you all think you’ve got enough to do as it is, do we collaborate with the careers team? How strong is our relationship with the student which, there's a lot of research shows that the disability adviser or support staff will, in fact, have the biggest relationship out of any student services staff. That person may well be who the student wants to speak to. And, have we got strong relationships internally and externally that we can call upon when we need to, and this comes again to the title, talking about mental health issues, because there's a lot of help out there in the community which brings me onto the next slide. I'm sorry if you're seeing all the notes to the side that might have been part of our technical issues. At this stage I just wanted to talk a little bit about Griffith. Please note that these are 2017 statistics, so there has been changes since then. But we had 47,260 students, 4,489 full-time staff over, at that time, five campuses. Now, that's changed to six campuses and our online students are now our sixth campus. In 2016 about 5% of enrolments were students with disability and about 50% of those registered for support. We offer appointments through the calendar year, up to 45 minutes face-to-face, phone. We often chat over emails or Skype. We present at orientations on invitation by the academic schools. This, we hope, is growing because it's great to get in there and talk about, I think, a really important thing being called a "disability service", just what it does cover. Because I'm sure, like me, you've had many students who don't think they've got a disability and they haven't, they've got a condition which impacts on their study. So, we try to shout that loud and proud from the rooftops, but orientations is often the best way to do it and obviously we get an influx of students after those orientations, a lot with mental health issues who are incredibly relieved that they can get some support. We collaborate with academics and the academic schools. Often, obviously, this collaboration is what leads to us being able to present to orientations. We collaborate with other student services teams like student welfare, careers, counselling and I suppose, in a way my title about careers, I think because "careers" is the whole part of your life, that it doesn't actually only refer to the job, it refers to the whole life, where counselling and psychologists come into it. On the Gold Coast we've started having a meeting once a week, or trying to set it up, whereas many of us can meet for coffee first thing in the morning, which is a great way to get other staff there, of course, having a nice, warm coffee particularly at this time of year. With students permissions we have talked about students we have in common but we also talk about what's happening with that team, new things that are happening, how we can help each other and how we can collaborate better to make a better journey for the student. I just know from my own collaboration on campuses, including now mental health nurses and much more, that I have no doubt it makes the student experience much better and more successful for the student. We also have relationships with outside agencies like Headspace, external psychologists, hospital mental health teams. We attend, when we can, interagency meetings and try to meet up with TAFE staff as well. We offer disability awareness training to other staff and. as I was saying. the student case meetings that we are already having amongst our own teams, but also with academic staff as and when we can. Two other programs at Griffith that have been really helpful with our students looking at work, careers and part-time work and there is also a lot of study and I'm happy to send information to anybody who wants it, how important trying things out is for students with disabilities, more than many other cohorts. If they can have a go, go to the physical place and so this can happen through Unitemps and they are paid placements which are on campus or around South East Queensland businesses. It's a bit like a recruitment agency, but Unitemps Griffith offer the flexibility of work assignments from casual to full-time roles and everything in between. This has been great, again where collaborating a lot with the Unitemps who come under our career service, and advising each other really about information about what the student is looking at. And we’ve also, which I’m sure a lot of people already know about and some of the universities have it, is the University Specialist Employment Partnerships which is a trial local on-campus employment service that’s been developed with and for graduates with a disability in Australia, with the idea of improving rates of employment for students after university. For us, it's a collaboration between Griffith University and Mylestones Disability Employment Service, as well as the National Disability Coordination Officer Program. So that has been great again, because usually students have to wait until they've completed study to connect with a Disability Employment Service (a DES). And this way, we have someone coming in twice a week to campus from Mylestones to work with students in their third year. I suppose, it brings about another point as well. What we've been finding is that if students wait till that third year, their graduation year, if that's it, they're often realising then when they get down to the discussion about employment that perhaps they haven't chosen as well as they could have. So, I think again importantly, is referring or discussing their career aspiration early on can really help in a student's journey. So, I just wanted to make it clear again, because I would hate anyone to think that we would say it's not possible to study that course, but, I guess, its students understanding the inherent requirements of the course, what our reasonable adjustments can do. But also it's not only us, how are they going to make it possible? How are they going to learn what they need to know? So, our office is thinking about questions that we can add to our registration, just to alert us to if students have an idea of what they're going to do, have an idea of the job market. Is that going to fit in the job market? Or the aspects of the job, and can they with their disability manage them how they want if they want to be independent? In my years as a careers adviser, I've found not only with students with disabilities, but any student, that when we talk about aspects of work - so they may have decided yes, I like blood and gooey things so I really want to get into some sort of medical or science thing, but have they thought of other aspects of that work? Have they thought that they might, as a scientist, just be a clog, so people who want to have a start and an ending, for instance. So know a project from start to end and realise that in their part they will never know the outcome of something. It might be years away and, believe it or not, these can really make or break a person in a job. For us living in Brisbane, if it's something that a student or anybody looking at a career transition, ‘I don't want to shift away from Brisbane’, or ‘I can't’, well that job isn't available in Brisbane. So, everybody I guess, the point I'm making, has to think about aspects of a career and the career they’ve chosen so that they can see what's available, see the aspects and make sure that they want to do those things. I would suggest researching into the sector, talking to people, asking questions and I think that's really important to start that right at the start of their study even if at that stage they're only asking academics or other students who may be further along from them. So, considering the impact of their condition on their choice of career and strategies to overcome those difficulties. How are they going to get around that, like I was talking about my young man, or our young man, in med lab science. He chose that he didn't want to overcome those. He wanted to change to a career where he could be independent and he, as little as possible, had to rely on somebody else. Now, again, I'm not suggesting we become the career adviser, but those alerts might be a good time to refer to careers. So, building that relationship with the careers team is really important. We have found here on the Gold Coast that we have lots of questions for each other about courses and they come into us when the students come to them to ask questions about their condition, and we might be asking them questions about various courses, prerequisites, all those sort of things. So, as I said - and I did write those four pathways last year and I’m embarrassed to say that I believe I was tasked with developing those simple questions. I haven't done that yet, but any suggestions or ideas that others have, I would love to hear. So, the questions we have to consider... actually, I'm just going to take you back now to the case studies of those students and just tell you what happened with those students. As I mentioned, this young lady, it didn't occur to her that night shift or different shifts or being out of her normal patterns would happen as a nurse. She spent quite some time with career practitioners understanding and developing a plan for her career and actually decided with the support of counsellors at uni and her own medical team to continue her nursing studies with the idea that she would either continue her studies and go into research, or see if she could find work in a medical practice from 9 to 5. That was fine and again, it was just about her researching and understanding and then putting some strategies in place to manage the placements she would have. As I said, that included her own medical team, and also counsellors and disability services on campus. Student number two, so this young man as I said thought he knew all about teaching from his parents. So, when he went to careers they organised him to go out to have a look at a local high school and he, after half an hour, said he was absolutely sure that he did not want to be a teacher. And again, I suppose I, to some degree, thought he would have made that connection about having to present if you would, in front of students, but he hadn't at all. He'd seen his parents marking, and he'd seen them talking and planning things and he thought "I can handle that". So shock, horror when he got in and watched, and also I'm told in a class where the students were a little bit difficult, his structure, as he said, would go out the window. He decided to do some post-grad continuing in an IT area which really suited his personality and condition, but certainly nothing where he would be having to present to others. As he said, he wanted to be in the backroom, not front and centre. They were two quite different, but really good, outcomes once those students went into really have a look at their options and their choices. I just wanted to leave you with some questions to consider around careers and mainly students with mental health. But I'm sure you'll agree it can cover any students and their challenges with other conditions, as well. And, how do we make that time? Because I'm talking about adding to a very full registration of people, if they have a lot of adjustments that need to be made already, and also, being able to collaborate closely with careers and then counselling and others. And the questions of, how do we know what to ask? We don't know about careers. I mean I'm sure a lot of you do, but if we don't, do we need to know more or, is it enough to refer and make sure the students are getting the knowledge they need? How do we make it easier for the students? Do we -- I know for instance for some students that I've referred to careers, I've suggested they have a checklist of things to research and understand. Or, if it's possible, can get out and see where they may want to work in the sector and really find out firsthand what would they be like. I guess, how do we make it easier for that DSO, how do we make it easier for ourselves when we have so many other things to cover? But in the end, I feel... and I've seen it happen when students come to us, I guess it’s the ambulance at the bottom of the cliff, because things have fallen over from choices of career they've made. Is it easier if we put those things in place earlier on? Have that career discussion, lead them in the right direction and make sure that they're making good choices for the whole of their body and soul. And that brings me to the end.

DARLENE: Great, thank you, that was wonderful Julie. And I just think you've asked some really great questions and I think the questions of the ethics around people not having those good career conversations prior to starting with the cost of our degrees these days.

JULIE: Yes.

DARLENE: It can be a costly expense. I think one of our people on the chat box identified that as well. If people have questions, they can put it into the chat box or we're actually going to try, because we've got a small number today, we're going to try, if you want, to put your hand up and you have a headset we could actually even get you to ask the questions instead of me. So thank you for commenting on some of Julie's questions. Somebody has asked, are school liaison teams running disability services enough? So I suppose that's your recruitment teams and so forth. Do you think people having those discussions around the impact of their disability prior to starting universities or TAFE, do you think those conversations are happening, Julie?

JULIE: Don’t start me, that's certainly one of my bandwagons is that no, they're not. How do we prepare school students for not only career choices at university, but for university? And, from what I understand, while we've got some really good programs at Griffith, they're certainly not tailored to students with disabilities. I would love to be able to get out to schools and if not, to at least have more discussion with disability or career staff at the schools over what sort of things to talk to the students about. We've kind of thrown lots of things around of how to manage that with limited time, but haven't had much success in involving other teams that are already going out to schools.

DARLENE: Okay, just going back to the case study where the student was nursing. How did you go around making the adjustments to the placement? Like, the fact that often placements within nursing, you have to go across the gamut of placements including like the night shift and so forth. How did the negotiation go with the faculty around that, or school?

JULIE: Okay, good question. So I think after going through the course profile it was absolutely listed as an inherent requirement to cover the gamut of shifts so we managed to, for the student to have a much shorter night-time placement. During that time - it was quite a rigmarole for everybody really because she had to -- her medical team off campus needed to adjust her medication and she was debriefing for those, I think she ended up doing four days night shift. She spoke to a counsellor after each of those night shifts, because the biggest concern was going into a major depressive episode. Which I think, and I'm certainly not an expert, but I think that many more, and it would have become really difficult and I think it was four days and she had a day off in the middle, so a night off if you like in the middle.

DARLENE: Yes, it's even an interesting thing though to think that's inherent isn’t it. That's quite interesting. It would be a nice one to test in law, really.

JULIE: I suppose in the end because we certainly questioned that as an inherent requirement, like others, if they’re actually ever going to work doing that. But the student actually pulled the plug on not... She wanted to go ahead. She felt that she might be disadvantaged in other ways if she didn't agree to do some.

DARLENE: Okay, very interesting. Alright, just one final chance if anybody has got any other questions. We had a couple of questions prior but they weren't kind of related to the topic. You were aware of those Julie around -- there was questions around students of parents with intellectual disability. I don’t know if you’ve got any experience with that at all or...

JULIE: So again, because I haven’t -- my screen isn’t showing any...

DARLENE: So it was students of parents with an intellectual disability. I don't quite know what the question was related to.

JULIE: Okay, look, and I'll just take it from my experience I think with an intellectual -- because we, and I should have mentioned this before, but it's not really big enough. We do run a tertiary experience day where students with a disability can come on campus. They go to one of our campuses and we have talks and different things. They can have a look at the assistive technology and what have you. However, I think at most, we can take 30 to 40 students. As you can imagine, with the number of students we've got, that doesn't cover many. But we have had students, particularly in the arts schools, where students may be very good. They have got intellectual disabilities, but they may be excellent in painting and drawing or doing moulding or any of those things. What the difficulty was, was students and we --I think in the end we had about three all-up who I think didn't realise that at university there has to be theory. So for each of these students with intellectual disabilities, their writing skills and comprehension skills were not at a tertiary level and probably never would be. However, the parents were hoping that they could do the practical part, but no theory.

DARLENE: Yep.

JULIE: And unfortunately, you know, there had to be that hard discussion at that stage about perhaps different types of courses.

DARLENE: Yeah, it's quite challenging. So no one else has asked any other questions, so what we might do is, I just want to thank you Julie for your time. Some really great food for thought there for all of us, I think we might be able to keep the conversation going on, and hopefully, we might even chat to you about your outcomes and pathways and how we can support you to do those. Just a quick plug for our next Webinar. It's on Echo360. There's been a bit of discussion around the new automatic, automat..., no I can’t even say it, automated, that’s it, speech recognition that's coming on. I think that's been a hot topic this week on the List Serve that we have. In your chat pod there's a link to provide more information on that, and also we'll ask at the end of this to fill in a survey. And as part of that survey, we're also keen to hear other topics that you might like and future Webinars that we can organise with people so please fill in the survey and provide further advice. And also the survey link is in the chat panel as well. So once again Julie, thank you and thank you for everybody else who attended and thank you to the captioner today. Have a great week everybody.

JULIE: Thank you.

DARLENE: It's only Monday, it's got to get better, Julie!

JULIE: I know.

DARLENE: Okay, take care, everybody.

JULIE: You too, bye bye.