# Managing complex and challenging mental health situations

## Slide 1: Managing complex and challenging mental health situations

Presented by: Brandon Taylor, Mental Health and Wellbeing Strategy Manager, TAFE Queensland

## Slide 2: Content

1. Concerning behaviour: enquiry, start of study and in conversation with the student
2. Abilities and Limitations
3. Goals and reasonable adjustment
4. The student perspective
5. How to manage conversations, emails and Student Intervention Plan or Misconduct meetings
6. Policies and procedures
7. Potential outcomes
8. Urban myths
9. Educator support
10. Q&A

## Slide 3: The context of tertiary training and study

Across the tertiary sector there are many students who will experience mental ill health at some time during their studies.

In the vast majority of cases, despite the personal impacts, students can receive treatment and support that enables them to maintain their studies (e.g. GP, MH practitioner, treatment plan, medication, counselling, etc). Some may require reasonable adjustment/s in their course.

However, the context of today’s session focuses on the small number of instances where a student’s ill health is so disruptive to their thinking, thoughts and/or behaviours that they are unable to engage and participate in their chosen program.

## Slide 4: What do we mean by Mental Health?

“a state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.” World Health Organisation 2007

The focus here is on ‘ability to cope with the normal stresses and be productive (in VET training and/or Higher Education).

What do you typically see?

* Anxiety, depression, bi-polar
* Personality disorder, schizophrenia, PTSD

## Slide 5: What do we mean – challenging behaviour?

* Beyond or outside the ‘norms’ of mental ill health that is commonly seen in the student population.

Despite reasonable adjustment/s and inclusive teaching there is an inability to conform to expected behaviour, participation and engagement that is required to be successful in the program.

## Slide 6: Observations – enquiry / enrolment stage

* Repeated phone, email and/or admin counter / contact centre enquiries / demands
* Repeated enrolment & withdraw
* Can often be contradictory in requests
* Multiple enrolments / meeting requests
* A history of enrolment with very little attendance/ completion
* Submits an application in the morning and phones several times that day to know if the application has been accepted

## Slide 7: Observations - during study

* Attends sporadically but doesn’t participate
* Disruptive in-class behaviour or behaviour that becomes a ‘performance’
* Little awareness as to the impacts of their behaviour
* Minimal attendance but numerous emails
* Lengthy late night emails (demanding / aggressive / fixated on a historical issue)
* Demanding behaviour – why won’t you help me or re-visit content (challenges to your integrity)
* Lack of reasoning or ability to engage in rational discussion
* Intense or heightened emotions
* Impulsive and appear to lead chaotic lives
* Rigid / inflexible

## Slide 8: Observations - informal / formal intervention

* Little insight or recognition of the concerns being raised
* Denial of any issues or concerns, e.g. you haven’t attended any of the classes – yes I have
* Dismissive of the teachers concerns – that was dealt with, I did that, it was resolved, why do you keep bringing that back up?
* May state they will continue with the course (or re-enrol) despite all the concerns presented to them
* Can appear angry towards the organisation or individual staff

## Slide 9: Observations – abilities and limitations

Often able to:

* Live independently / participate in activities of daily living
* Travel and access services in the local community
* Make appointments / navigate short processes / including enrolment / registration / interviews
* Can appear confused and frustrated or have difficulty understanding straightforward information / instruction
* Can be articulate, intelligent and factual

Remember: Mental ill health does not discriminate

## Slide 10: Observations – limitations in study

Often fall down when personal application is required:

* Unable to apply themselves to the activities of study
* Unable to commence, let alone, maintain focus and attention
* Unable to follow through on instructions
* Unable to engage with others and ‘conform’

High levels of stamina and persistence for complaints / grievances (historic) but very little ability, if any, to apply themselves to study.

## Slide 11: Context - reminders for ourselves

* We are not here to address, correct or right the wrongs in people’s lives
* We are not here to endure on-going unacceptable behaviour
* We are not here to diagnose mental ill health
* We will likely never know the full-story about a person or their challenges
* Based on our experience, it is understandable, to fully expect the person to fail

## Slide 12: What we need to do

* Be consistent and calm
* Do not become dragged into irrelevant side issues
* Keep the message on track – study tasks and goals
* Address the concerns sooner rather than later because behaviour that is unacceptable will not go away, it will continue and impact more people
* All normal Reasonable Adjustment should be applied as per any other student with support needs or difficulty participating
* Maintain clear boundaries individually and as a team – be aware of ‘splitting behaviours’
* Do advise that behaviour is unacceptable – when it occurs

## Slide 13: The student perspective – What it can feel like?

Think of a time when you have felt particularly aggrieved. Perhaps you were treated unfairly, were ripped-off or had a complaint that was handled badly or ignored.

What were your emotions?

* Just get on with it / OMG what’s the problem!
* Why don’t they understand this?
* This is not difficult!
* Why is everything / everyone so difficult?
* Why can’t they just get on with it?

## Slide 14: The student perspective – continued

* Often the individual is not in a position to see the reasoning
* They may have very black and white thinking
* Difficulty compromising
* Desire to do what everyone is else is doing – their peers are studying, getting jobs, having relationships
* Not able to influence their mental ill health
	+ It disrupt a person’s life, interferes with their thoughts, emotions, behaviours, relationships, and day-to-day functioning
* Exhausting – physically and mentally
* Often results in confusion, fear, causes additional anxiety and wider health impacts

## Slide 15: How do we manage informal conversations?

1. Be explicit with instructions / actions required and stipulate a timeframe
2. Bring the conversation back to the here and now
3. Avoid statements that are not required
4. Trying to demonstrate that you see things from their perspective can fail (and be interpreted differently)
* I can understand how you feel
* I’m sorry this is causing you stress
1. Keep copies / notes of all communication, incidents, and concerns raised

## Slide 16: How do we manage emails?

* We do not have to respond to rants / or outpouring of emotions
	+ except, where a threat is implied or
	+ explicit, or there is a request for information / action
* Keep copies of all communication received
* Do not get pulled into justifying the teaching and learning process
* Written communication needs to be brief and factual

## Slide 17: How do we manage meetings?

Before the meeting:

* Be prepared, have copies of emails, incidents, reports, attendance records, assessment results
* Have a documented timeline to talk to
* Set an agreed time (with a colleague)
* Controlling – I can’t attend that day/ time

At the meeting:

* Set the scene – reason for the meeting
* Be prepared for deflection / deviation and keep bringing the conversation back to the issue (firm but fair)
* Address false or inaccurate statements
* Clearly state expectations re behaviour – clarify what it is that is not acceptable
* Clearly state the actions / outcomes from the meeting and follow this up in writing

## Slide 18: Post-meeting

* Discharge your own stress
* De-brief with a colleague / manager
* ‘Step back from the student’s storm’
* Give yourself some credit for managing the situation
* Action the outcomes ASAP

Reflect - were you fair?

1. Have adjustments been provided?
2. Has the student had ample opportunity to be successful?
3. Are there any relevant unaddressed concerns?

## Slide 19: Policies, procedures and resources

* How do staff locate them?
* Policies and Procedures
* Academic Governance
* Student Intervention Plan (SIP)
* Student Misconduct

## Slide 20: Resources

This slide has images of an example Student Intervention Plan document.

## Slide 21: The Range of Mental Disorders

* Neurodevelopmental Disorders
* Schizophrenia Spectrum and Other Psychotic Disorders
* Bipolar and Related Disorders
* Depressive Disorders
* Anxiety Disorders
* Obsessive-Compulsive and Related Disorders
* Trauma and Stressor-Related Disorders
* Dissociative Disorders
* Somatic Symptom Disorders
* Feeding and Eating Disorders
* Elimination Disorders
* Sleep-Wake Disorders
* Sexual Dysfunctions
* Gender Dysphoria
* Disruptive, Impulse Control and Conduct Disorders
* Substance Use and Addictive Disorders
* Neurocognitive Disorders
* Personality Disorders
* Paraphilic Disorders
* Other Disorders

## Slide 22: Moving forward

* Reduce the number of people involved
* Likely options:
* is able to maintain reduced study load in same or alternative
course
	+ defer / withdraws
	+ is withdrawn due to lack of attendance and/or participation
* Records /notes must be maintained

In a very small number of cases an indicator can be applied to the students account to stop the processing of further applications\* requiring them to meet with the Faculty Director or Student Support Manager to assess enrolment options

\*Requires GM approval and only where all fair and applicable processes have been followed.

## Slide 23: Facts and urban myths

1. People experiencing chronic mental ill health are more likely to be victims of crime
2. The lead factor in violence in Australia is alcohol
3. Media headlines are often dramatic, sensational and unhelpful
4. Some of these behaviours can occur in all people not just those experiencing mental ill health.

Further reading:

Fact vs myth: mental health issues & violence
<https://www.sane.org/information-and-resources/facts-and-guides/fvm-mental-illness-and-violence>

Mental illness and violence: Debunking myths, addressing realities
<https://www.apa.org/monitor/2021/04/ce-mental-illness>

Mental illness and violence – article
<https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/mental-illness-and-violence#bhc-content>

## Slide 24: Training and support for teachers and TAFE Services staff

* Mindarma is an award winning evidence-based e-learning program, proven to enhance psychological resilience and protect mental health
* Accidental Counsellor
* MHFA (Mental Health First Aid)
* Benestar – Employee Assistance Program and support services
* Colleagues / Manager

## Slide 25: Q&A