GABRIELLE O’BRIEN: Hello, everyone. Thank you for joining us today. My name is Gabrielle O'Brien. I'm the Senior Project Officer for ADCET, or the Australian Disability Clearinghouse on Education and Training. This webinar is being live captioned. To activate the captions, click on the CC button in the tool bar that is located at the top or bottom of your screen. We also have captions available via the browser and Jane will add that to the chat box now. ADCET is based on Lutruwita Tasmania Aboriginal land, and in the spirit of reconciliation, ADCET respectfully acknowledges the Lutruwita nations. I'm on Turrbul and Yugerra land in Meanjin, Brisbane. I acknowledge the Aboriginal and Torres Strait Islander history and culture of the land and I pay respects to elders, past, present, and emerging. I acknowledge all Aboriginal and Torres Strait Islander people participating in this meeting today and acknowledge their elders and ancestors as their legacy to us. Please feel free to add your country in your chat box. Today is the International Day for the Elimination of Racial Discrimination and so it is even more important for us to reflect on Australia's history and hopefully the progression towards a reconciliation voice and greater inclusion for all. Racial discrimination has a big impact on mental health so today is a good day to talk about this important topic. I'm pleased to present today's webinar, Mental Ill-health in the Student Population and the Impacts for Educators, presented by Brandon Taylor, who is the Mental Health and Wellbeing Strategy Manager for TAFE Queensland. Student mental health and wellbeing is a topic that we are asked to present on often, and Brandon is a seasoned presenter on this topic. And we welcome him today. Before we begin, just a few housekeeping details. As I said, this webinar is live captioned by Aimee from Bradley Reporting, and the webinar will be recorded, and we'll add the recording slides and transcripts to the ADCET website in the coming days. If you have technology difficulties, please e‑mail admin@adcet.edu.au. The presentation will run for about 40 to 50 minutes or so and at the end we'll have 10 minutes or so for questions. Throughout the presentation, feel free to use the chat box to discuss the topic as it is going through. Brandon will be happy to answer questions at the end of the presentation. Please make sure that you put your questions in the Q&A box rather than the chat box. So over to you, Brandon.

BRANDON TAYLOR: Excellent. Thank you very much, Gabrielle. And good morning, good afternoon, depending on where you are. I'm just looking at all the hellos in the chat box from across the country. Great to see so many of you joining today. Yes, we are going to run for about 45 minutes or so. And if we can do any Q&A, I'm more than happy to try and give you my responses as a practitioner and as a manager. And thank you very much for the acknowledgment of country as well. I would like to share the TAFE Queensland acknowledgment of country, which comes from our Reconciliation Action Plan, and particularly there is a wonderful line that I really like in here, which is about we recognise that teaching and learning has taken place on country for over 60,000 years, and two-way learning is an important part of our reconciliation journey. I love the fact that we have that line now in our acknowledgment of country. So I just like to mention whenever I can. Yes, mental ill-health in student population impacts for educators. I'm sure you'll appreciate that we can have many, many conversations in this space. So to be clear, I am – and I always consider myself to be an operational manager. I'm not a researcher. I don't provide research. But with all the challenges of the busyness of life, it is really good to have an opportunity to look at some of the reports and maybe draw some conclusions and get some insight from things such as Mission Australia, the Black Dog Institute, of which I'm going to talk to today on what they have published. We are going to look at a few key questions. We are going to answer these questions and probably some more along the way, some of which may seem obvious to start with but there's a reason for that. So if we actually jump straight in, the question about are more students disclosing and displaying mental health problems? I'm sure many of you will say, well, that is fairly obvious. But look, the overwhelming response from teachers - and when I say “teachers”, I use that word to encompass lecturers, industry trainers, right across the tertiary sector – it’s an overwhelming answer of yes. And I always like to acknowledge we've always had students with mental health challenges in tertiary education. That is nothing new. But alongside the observations, it does appear to be, for a good number of years now, that the increases as well in not just the numbers but the complexity, increasing numbers of those with diagnosis and those without diagnosis, and it really has been the case for about 10 years or so in my experience in my observation. And I only make that point because it is pre‑COVID and maybe those that aren't within the tertiary sector might assume that it is all to do with COVID when it, quite clearly for me, has long been in place. We have been talking about the mental health challenges in the tertiary sector for many years. So I do like to make that point. And we know that from previous research three quarters of all lifetime mental health disorders will have emerged by the age of 25. Well, in my organisation, it is approximately 50 percent of our students are 25 or younger. And it may well be in your organisation that that’s a higher number of students in that age bracket. So it really tells us loud and clear that we should absolutely expect a significant number of our students to experience a mental illness for the first time whilst they are a student with our relevant organisations. And for many years, people have been talking about the growing concerns around mental health. Indeed, we can go back to the early 2000s when the World Health Organisation stated that by 2030, depression would be the leading cause of disease burden globally. And incredibly, time is marching on. We are very much approaching that point. So let's have a little look about, well, what is the evidence that is available, what does it actually tell us? Well, for those who don't know, Mission Australia for the last 21 years now, they have been conducting the largest annual survey of Australian 15 to 19-year‑olds. It is anywhere between 20 and 25,000 15 to 19-year‑olds each year. That encompasses all states and territories in Australia. And it captures a wealth of information about how these young people are feeling, what their current concerns are, at both a personal level and also at a much wider community national level. And because these reports have been running for a number of years, of course we are now able to start getting some insight as to what the trends may be. And it is interesting that since 2012, the Mission Australia survey has included the Kessler 6, or the K6 that you may know of. That is a measure of nonspecific psychological distress. And that is widely used, and it is an accepted measure. And the K6 asks these 15 to 19-year‑olds how frequently in the past four weeks - so obviously dependent on when they are doing the survey - how frequently in the previous four weeks these young people have either felt nervous, hopeless, restless, so depressed that nothing could cheer them up, that everything was an effort, or indeed worthless, which is quite a question. And I think it is worth having a look at what that trend over recent years. And this comes from the reports which the links are all available for you. We are trying to pull out a few key findings. So since that K6 was introduced back in 2012, we can see that year on year, from 2012 to 2020, those rates are increasing year on year. Noting that for young females, they do experience considerably higher rates of psychological distress compared to young males, although for young males it is increasing as well. But we notice there for the young females, the rate of increase is greater. So we have a trend.  Of all the other data, I think it is important that we pull out our young people Aboriginal and Torres Strait Islanders and see how that compares to our non-indigenous young people. What you will actually see here is a higher proportion, and it is on average at about 8 percent of Aboriginal and Torres Strait Islander young people who report experiencing psychological distress. So higher, as you can see. And there is further information in these reports and findings that show it is at a higher rate for those who have disability. It is at a higher rate for those who identify as nonbinary. So we certainly get some insight and some evidence. If we look at some of the top issues of personal concern, and if I look just at the previous year, 2022, we can see that coping with stress, school of study problems -maybe not surprisingly for the age group - mental health and body image are the top 4. And these have been the top 4 for a number of years. In fact, coping with stress was number one not just in 2022, but in ’21, and, interestingly, mental health became the top 3 - one of the top 3 about five years ago and is consistently in that top 3. So we start to get some insight. Of those who report psychological distress, what we can see is that they also had a higher percentage of screen time. That is that they are spending 9 or more hours a day on their devices. Not surprisingly, they are the individuals who have the lowest amount of sleep, and they are telling us that they take part in no exercise. Now, the Black Dog Institute will tell us that this does not suggest that excessive screen time causes mental health problems, but rather those with mental health concerns spend longer on their devices. And what we all know, of course, is that most young people who require help and support for their mental health actually remain undiagnosed and, therefore, untreated. So as we move along, of course, the key question really is why is this happening and what's changed? And we'll all have opinions on this question. And as teachers and student services, we can all put forward our ideas based on our experience and what we actually see. Well, of course, it is complicated, a bit like people's Facebook status. But I'm going to direct you to a very recent report which came out - I believe in November at the end of last year. And this is interesting not just from an educator's point of view, but if you are a parent, whether your children are very young primary school age, high school age, or indeed in their early 20s, you will find this report very interesting. Turning the tide on depression. Because this starts to put forward some ideas as to what may actually be happening. And it asks a number of questions, particularly are young Australians experiencing higher rates of depression than in the past, and that is compared to the previous two decades. And if so, why is that? And it looks at childhood adolescence and how that young adulthood has changed, and how the social factors, if you like, may be increasing young people's risks for depression, and really importantly, it also examines our Aboriginal and Torres Strait Islander experiences of depression particularly as well. So for the purposes of this adolescence, we are talking about that period between the ages of 10 and 19. And we know that, of course, this is a time of significant physical, psychological, and social development. It is also a time that's marked by a sharp rise in the onset of depression. We know that when depression occurs, particularly in the teenage years, it can have a host of adverse consequences that frankly derail a young person's academic, social, and emotional development. For example, young people, adolescents who experience depression will miss up to 20 days of school each year. They’re more likely to have poor quality friendships compared to those without depression. So we can say that adolescence has changed in the last couple of decades. And this is not just from Australian research but some international research. So let's have a little look. You may be surprised to know that in Australia, fewer Australian adolescents are obtaining their driver's licence these days relative to the previous decades. And this kind of change has actually occurred alongside some other declines. We are seeing a decline in the number of our adolescents who are working in paid roles, who are going out of the family home without their parents, a decline in the numbers who are having romantic relationships, and those drinking alcohol. And alongside a slower progression through these adult milestones, there's been a concurrent rise in adolescence exposure to adult, or at least what we call developmentally inappropriate content through digital media, particularly with the ongoing growth and the absolute explosion of social media platforms which seems to just increase and increase. We also know that from other reports almost two-thirds of adolescents are reporting exposure to online content that depicts suicide, self‑harm, drug taking, pornographic content, or violent material. So the report suggests to us that these factors, therefore, paint a picture of modern adolescence. As a time of fewer opportunities to practise maturity and independence, coupled with increasing exposure to mature content in a digital world. Now, I have to say, of course, you may well know exceptions to this. I can think of plenty of young people who've got their driver's licence and are working in paid roles. But across the board, there does seem to be a decline in the number of adolescents reaching those milestones, as I say, compared to the previous two decades, particularly. So it kind of leads us into how can we support and refer students who are experiencing mental ill health? And for me, in our roles as teachers, as support services, we are supporting an individual to complete their academic study, their education, or their training course that they are actually enrolled in. We, I would like to think, are supportive, we’re a reliable source of information, but at the same time we can't actually case manage people's lives. We have a full-time job delivering what we have to deliver. We also know that virtually all young people will need to hear key messages several times before they are likely to act or take up the offer of support. And in amongst a wealth of somewhat negative messaging, we shouldn't overlook the fact that sometimes we do just need to communicate genuinely and sincerely to a young person and give them encouragement and belief. And I think that can be extremely powerful. We can do that as educators. And we shouldn't also forget all the predictable and expected transitions, the developments, the interactions that young people will experience just as we did when we were teenagers. And also when we made mistakes and when we made poor choices, and when many of us, at some point, will have said something quite stupid that we would look at now and think, “Wow, really? Was that me?” So I think what we've got to remember as well that finding the boundaries, whether it is in relationships, humour, responsibilities, expectations, work and study, it is difficult enough as an adolescent. But our young people are doing it in this age when every conceivable message, contradiction, dare I say fake news, and disturbing content, unqualified opinion from friends, the community or celebrities is continuously presented to them through their screens and devices on every platform. And, of course, we actively encourage our young people to use their devices and for lots of different purposes. So there are some challenges for sure. When we look at what young people are actually saying through the surveys, the three most commonly cited barriers that prevent young people from seeking help are that they feel scared or anxious to get help. They feel embarrassed. Or they have a feeling that “I should actually be able to deal with this myself.” And if we look at the latest 2022 National Youth Survey, a significant proportion of young people actually stated that they needed help in how to study effectively, how to balance a study plan and work at home, and how to create a study plan. So for me, I think just knowing how we can refer a young person to relevant supports within our organisations is something that we absolutely have to be completely across. And we know that access to mental health services is essential if rates of mental health are to be reduced - mental ill-health, that is – because early engagement is absolutely key. Moving on from that, we know that young people are also saying that not knowing where to go is a problem. And not knowing what help they need, because of course we don't know what we don't know, and still it is a factor that people are concerned about judgment, stigma, and confidentiality. So what I would say is if a young person approaches you right now, do you know how you can assess them? Can you enable them to access the services within your organisation in a very clear, practical way when they are not necessarily in the best position to help themselves? How easy is it going to be for you to direct them to a service or to guide them to a service? And I've had some conversations recently with teachers where we've said, “Frankly, directing someone to go online is a little bit like saying can you go and find me a stone at the bottom of the ocean.” Because what's online? Every distraction that I've already got and all of that misinformation and unreliable sources and every notification that we can think of. So it might seem a little surprising, but despite having all of this information in our learning management systems, in our student support services, in our websites, in our management systems, our unit schedules, our orientation information, it is, of course, about do I have it when I actually need it? And what I'm showing you on the screen is something that I would say is a little old school, but it is a complement to all the online information. What we've actually done is put all of this into a very small postcard. Now, there is a reason for this. Students like these because they can pick them up in libraries, in student support, in faculty admin areas, and they are very discreet. You can fold it up and put it in your pocket. Educators really like these. We had a virtual summit for TAFE Queensland in January, and we quite literally had dozens and dozens of teachers asking for these. Teachers now carry half a dozen with them. As we know, the students disclose their mental health challenges more often than not to their teacher. Yes, lots go to student support but it’s the teacher that has this conversation. And in the moment, for a teacher to be able to give something so practical and put it into somebody's hand and say, “Look, what you are experiencing is very common”, this leads to an action, and I think we have to bear in mind with all the other competing things online, we can't just say go online now. Teachers love these. And our feedback several times a week is this worked in a given situation. So we are finding these very useful. As I say, it is nothing new in terms of these services, but we are making sure we can give somebody in the moment something that they can hold onto because it leads to an action. It is already in every platform we have. Moving on from there – and this is what we wanted to touch on in this session – is, well, what about us? What about us as teachers? What about us as student support services? What about us as faculty administration? If you don't recognise this picture, this is the singer, Pink. She released a song called What about us. I don’t know if Pink is a qualified teacher, but I imagine there she is in a staff room and all the teachers have just been told there is a new intake, or we are changing semester dates. What about us? Because this is really important. So for me, values and purpose are very, very important. We've experienced all the challenges of what is now three years of COVID and the impacts of COVID. We've got our own mental health challenges. We as individuals are connected online more than ever before. Our pace of life seems to be increasing. And we've certainly experienced that blurring between what is work and what is home life, and all those other family and ongoing priorities that we have. I think this applies particularly in the tertiary sector. We are individuals who have high values, and we have high purpose. Now, they will be personal and professional values. They will be academic values. They will be industry required standards. And of course we have an inner drive for what we do in tertiary education. But that itself takes a level of energy. And we need to be mindful, regardless of our role, where do we get our energy resources from. Because if we don't consider and are active about where we get our energy from, it is not a great stretch to understand that we may well start to lean towards some of the symptoms of burnout. Now, I don't need to go through all of those for you. But what I'll say is this: you don't need to exhibit all the symptoms of burnout to be experiencing burnout. And, conversely, if you are experiencing some of these symptoms, it doesn't necessarily mean that you are burned out. But what we know is this usually occurs, or you have some of these symptoms in combination of feeling emotionally overloaded, and I think high purpose and high values is as applicable to the roles that we have in tertiary education as anywhere else. But while some of these symptoms can feel overwhelming and they are very real, the good news is they are also highly manageable. And, in fact, this comes back to self‑care for me, and that is the activities that we can do without the need for medical intervention as self‑care is a very good starting point to responding to the symptoms of burnout. And if you are feeling overwhelmed, it is important to be proactive about your emotional wellbeing rather than hoping that things will just improve. Heads down, I'll just get through the semester. It is not really the best way to go. Now you are very, very experienced practitioners through ADCET, and it is not really for me to insult anyone's intelligence. However, when we are so busy, it is the case that we sometimes lose sight of the basics. If we think about what young people are telling us from their perspective, they need help putting a study plan together, they need help with the basics of how to approach their studies. So I'll just touch on something as simple as the boundaries. Boundaries are not just good for us, but they are good for the people around us. It is as much about ensuring that people are aware of what our limits are and what we are not actually okay with, because boundaries enables us to consider our own self‑care and our own wellbeing, and if there's one thing I'll say is sometimes having boundaries is actually not about saying yes to something that you don't have all the information on, and then walking away realising you've just committed yourself to another obligation or to another project. So boundaries are important for me. And, of course, it doesn't mean being inflexible. It doesn't mean being unapproachable. But I'm going to share some personal observation. For many years in different student support roles and related roles and as a manager, I've advocated for reasonable adjustment and inclusive teaching and assessment. And I hope that over the years I've managed to balance the interests of all the different stakeholders along the way. But it is interesting, in my own personal observation, particularly in recent years, I think that some teachers are being too flexible and are going beyond what I would actually consider to be reasonable adjustments. And that might sound strange in this forum, if you like. But I think this is actually problematic because the boundaries in some instances I think have become very unclear, which actually is not useful for either student or teacher, and worse still can create stress for both. So we are actually revisiting a lot of our reasonable adjustment training because I want to be very confident that we're still able to apply reasonable adjustment for those who actually genuinely need it, as opposed to teachers feeling under significant pressure to give extensions, or whatever it may be, on a much wider scale that actually creates work for themselves and might not actually be required. So I've probably opened a little can of worms there, but given the time that we've got, again, you are very experienced people. But for some simple proactive self‑care measures, this is the kind of thing that we've been doing in our organisation. We have a program for all staff called Mindarma. Mindarma is essentially an eLearning program, and it is absolutely at the core of mindfulness. This is available to every staff member in our organisation. We've got well over one and a half thousand staff that utilise this program in their own time. They can have it on their phones, their own devices. They don't have to log into it in the work system, so it is quite separate, and our uptake increases month on month. That is to do with resilience and wellbeing.  That is going along and been very well received, and we just extended it for another 12 months. We are seeing our staff who use that program, on average report an 8 percent increase in their self‑reported adaptive resilience through the surveys in that program. Mental health first aid, as I'm sure many of you know, has been around for over 20 years. So why am I mentioning this? I've never seen so many teachers and managers expressing an interest and wanting to complete their mental health first aid. We have trained up a dozen staff across our organisation across the state. So we've got staff in each region who are teachers, some of them are counsellors, and a couple of times a semester, they will actually run mental health first aid training for their colleagues, the standard mental health first aid course. So we are revisiting that. Every course that we advertise is full, whether it is managers or teachers. So it is important that we actually look at that. Of course, that is a wonderful evidence-based program. In addition to that, earlier I've said we've gone a bit old school with the postcards to get the conversation out there in a very hands-on, practical way about the services for students. What about the staff? So we've simply put the same format together in a slightly different coloured version for our staff. So there is a QR code on there and staff can scan and go straight to the Mindarma program. We've got our EAP and some other key services because we all need to just be aware that sometimes we need some help and assistance. More than ever when we seem to be this incredibly competing demands that we appear to be in our sector. I appreciate that there's only so much I'm going to be able to talk to. And there is only so much that I can show you from my perspective, some of which was my own personal opinion, some of it is what we do as an organisation, and I've teased out a few of the key findings and surmising from a couple of the key reports that we'll share the links to. I'm more than happy to take any questions, or if you've got a comment that you'd like to share. I can see there is plenty of web chat taking place, Gabby.

GABRIELLE: Yes, people have been busy. And I'll just ask people if they've got specific questions for Brandon to put them in the Q&A chat and I see that is starting to populate. So we might throw to some of those questions. The first one is can we, as educators, RTO managers, ask those students who we believe are struggling with mental health to complete a K6, or do you need to be trained as a psychologist to run this test?

BRANDON: I can only tell you that is within the Mission Australia survey. I am not in a position to tell you whether that is something you can run yourselves, although, I'd be happy to look into that. I think what you are touching on, though, is as soon as you become aware that a student may be struggling academically, this is where an early intervention conversation is really, really key. And it is ensuring that it is communicated as just a normal conversation that we have with our students. And it is about how we put that forward, whether it is to an individual or to an entire group of students, that study is hard, and study can be challenging with all of the life challenges, family, at work, whatever it may be. So I'll happy come back to you on the K6 because I can't give you a specific, but if you identified your students are struggling, there is an early intervention opportunity and a conversation that's available.

GABRIELLE: I agree, Brandon, and I think the K6 is something that psychologists or GPs generally do as part of their practice. But as you said, you can ask some relevant questions for people. The next question is about “I'm interested to know what language is preferred or appropriate in this space to describe mental illness. I hear it described as mental health issues, mental health concerns, mental health conditions, and then psychological stress. It seems to vary depending on the context of the academic discipline, but I'd like to know what the appropriate descriptor is in this space?”

BRANDON: I guess if I asked 100 people, we'll probably get 50 to 60 different answers, won’t we, because the language around mental health is evolving and changing, and it depends on your perspective.  I know that for mental health first aid - and please correct me if I'm wrong - the term “mental illness” is used where a mental illness has been diagnosed. And mental health first aid, a mental health problem where there are signs and observations that there may be a mental health challenge.  I think “mental health issues” doesn't quite sit with me. I don't think that is something we refer to. I know that we've often used “mental ill-health”, and that was probably in response to the fact that, of course, we would only have to go back 10 or 15 years and “mental health” was quite a negative term where in actual fact now mental health is about your wellbeing and is a much more positive description. So it is changing. Mental health issues would not be something that I would be using.

GABRIELLE: I think it is all about connotations, isn't it? So ADCET is working on an inclusive language guide at the moment. So I'll add a bit of research around that and try to improve what we say in that respect. The next question is around: can you please give some examples of clear boundaries when working with students with mental illness? I have been having difficulties knowing what boundaries I need to be setting for myself and for my student, especially in relation to reasonable adjustments and supporting my students’ capabilities. I've recently done a first aid course myself.

BRANDON: Excellent. So for me, particularly, that would be about I would want to sit down with the individual and I would be wanting to ask them what they feel is reasonable or required within their studies. And what they feel is reasonable and required in addition to what I am already providing as the teacher. And the reason for that is that gives me some insight into how they see their studies and my role. And once I get that from them in their own words, it doesn't necessarily mean I'm going to meet all of their wish list, if they are coming to me with a whole list of things I can't achieve, but it enables me to have a conversation with them about what my role is, what my time availability is - not just for that student, but for all the students in the course - and it also enables me to clarify with the individual their obligations and responsibilities and how I need them to progress and some timeframes. Because I think for all students, if we are not explicitly clear on the schedules and the timeframes, that gets a bit grey and that just adds anxiety. So that explicit conversation I think is very useful. It also then enables me to have a conversation of do I think this person has got hold of the basics in terms of are they organised? Do they actually know where anything is in our learning management system? I have to say, learning management systems aren't always intuitive as we think they are. And some of the time, many of us have been working with that system for many years, and boy, we've had a lot more exposure than our students ever will have. So we need to remember to go back and walk them through some of the basics. I could probably talk to that a lot more but that is probably where I'd start.

GABRIELLE: Thanks, Brandon. Bernie askes: mental health first aid, do you find it sufficient in terms of enabling staff to actually hold conversations with students and other staff in distress? Are there other options that are more skills based? And someone's answered that question “with a head space real talk framework”. Do you have any other suggestions?

BRANDON: We find in mental health first aid - and let me say I did my mental health first aid – I’m going to say 10 or 15 years ago. We are definitely revisiting it. And we are very confident with that because it is a proven evidence-based program. If I went back a couple of years - and you may have heard me talk about this in different forums - prior to COVID, we actually essentially created our own version of an accidental counsellor course because we wanted it absolutely contextualised with TAFE Queensland language and as contextualised as possible. Here is one of the challenges: getting time for teachers and managers into a piece of training and getting them to see the value for the time commit that they need to put to it. That in-house piece of training we did as a half-day workshop, and it was a lot of pressure put on people. “Could you deliver this in two hours? Could you deliver this in an hour? Actually, could we do a 30-minute webinar?” You could see the challenge that people had. At least with an evidence-based program like mental health first aid, I can confidently say you are in for a two‑day training course. And if this is not the time for you, no problem. Let's look at another time. But it is valuable. And because of the shift in the appetite we are getting the numbers. But I know there are other programs out there. I'm always interested to know what is out there because I don't think there is one course that will meet the needs of 5,000 staff.

GABRIELLE: I'll put that on my research list as well. Thanks, Brandon. The next question is: Brandon, can you provide information on reasonable adjustments? This is a blanket term used whereby it is expected from a teacher to make adjustments to accommodate the student needs. However, what can a teacher do when every student needs a reasonable adjustment? I have 20 in my class.

BRANDON: Okay. So this is clearly a common observation across tertiary that we are seeing more and more students. So I think there is a number of things here. First of all, I'd be wanting to have a conversation not only within my own faculty and team, but what actually is changing? And that may well need to be a collaborative conversation with the local student support team. Because I've no doubt that we are seeing more individuals with expectations of reasonable adjustment. We do need to go back to the basics about what the purpose and intent of reasonable adjustment is, which is to enable a person with disability to participate on the same basis as somebody without disability. And as a – I’m going to say a long-term disability practitioner, it does concern me that for whatever reason - and it is not just students; sometimes it is parents, and even other agencies - are maybe pushing the boundaries on what reasonable adjustment is. The challenge is, of course, each new student that is coming to us is coming to us for the first time, and it may well be that it needs a team level conversation about what is actually reasonable in the context of this course or this training package. Because it is a challenge. And it is a big challenge if you've got 20 different students in a class of 30. I wouldn't expect it is the case that you are going to have a dozen or more different types of adjustment, but it makes me think there's possibly a better way of getting that information and working with that class and considering the assessments. But it is not always about continuously adjusting assessments. Sometimes our assessments are absolutely fine, and we need to have a conversation with people about how they prepare for the assessment. How are they studying? And actually going back rather than waiting until the final day when it is deadline day. I know that is a fairly generic response, but -‑‑

GABRIELLE: No, that's great, Brandon, and I've put in the chat reference to ADCET's inclusive teaching resources because that is exactly what that looks like and we have universal design for learning strategies and an eLearning package and a community of practice. So we definitely encourage people to dip into some of those options as well because it is about also preparing the student.

BRANDON: It absolutely is. And I know there's other questions in there as well, but I think we just… I understand how students and parents and agencies who have had to battle like hell to get a diagnosis, as an example, are ready to go into battle with us. And sometimes we have to say, “Actually, you can work with us, but I am going to talk to you about how you approach your study to get you ready.” And I think that is part of maybe a bigger societal issue about simply wanting to have an answer but there is a level of effort required as well. I think there is a whole other webinar there.

GABRIELLE: Agree, and we do have some information again on our website about how students can prepare themselves as well, including specific information about students who might have an NDIS package, or who might be first in family to come to university and don't know how to prepare for university. So I agree. You know, meet us halfway. And the next question kind of carries on from that. Someone said: how do we push back a little on some of the more extreme accommodations that we have to make? How do we go about this without having the legislation thrown back at us?

BRANDON: My answer to that is, is the reasonable adjustment warranted? Is it required? Or is the request that you are actually - that you are receiving reasonable adjustment request that you don't feel are justified? And if that is the case, this, again, comes back to a bit of an education piece. Definitely from my experience, collaboration with the student support team because I know that sometimes student support can get played off against teachers and teachers can get played off a little about student support. And we sometimes have to, for want of a better term, nail the student down a little bit about what is actually required. What worries me in the bigger picture is that with so many demands and requests, those who absolutely most genuinely require reasonable adjustment are actually going to miss out. That is my concern. And that is another one of our challenges.

GABRIELLE: Great. And someone just said is it a matter of paying educators more or giving them more time specifically to spend with their students? That’s a tricky question.

BRANDON: Well, look, this is the challenge, isn't it? Because we are seeing more and more ‑ I can only speak from my observation/experience, we are tending to see bigger classes, we are tending to see bigger course intakes, we are tending to see more intakes. There you go.

GABRIELLE: And another question. This will probably have to be our final question. This person has 25 percent of her students in a class of 100 have accommodations that range from paper copy exams to time adjustments, security blankets, fidget spinners, room with no windows, et cetera. When we as a college try to negotiate the team setting the adjustments, we don't get a lot of collaboration with the student support, and this makes it very unreasonable for staff to deliver. My question is other than ADCET guidelines, where can we get advice on what is reasonable?

BRANDON: Look, there is a very practical problem which is about how many hours in the day do I have to go about this? If we are assuming that all of those reasonable adjustments are absolutely required, then it is something that we have to put in place. And I would be extending an opportunity or creating an opportunity, either with my manager and with the student support team, to discuss how this can be done. Because frankly, it sounds like an unachievable objective. I think we’ve just got to have those very honest conversations about whether this is practical or not. If the reasonable adjustment is required, then it is required.

GABRIELLE: Well, thank you for that. There was a last question about where do we get those mental health postcards. Maybe we can get an example that we can share with everybody that was here today, but rally organisations would want to produce something that is relevant to their own institution.

BRANDON: Yeah, we are happy to share just the examples of what we've put together. As I say, it is funny, we seem to have gone a little bit old school in how we are getting that information out there, but it is as much about normalising the conversations as much as anything else.

GABRIELLE: I agree. That's great. Well, that's all we have time for today. I've never had so many questions and so much time for the questions. So the fact that we answered all of them was fabulous. So just before we finish today, I just want to flag our next webinars. There's one on the 30th of March on disability discrimination and some of the questions that people asked today would be relevant in that context. If you are unfamiliar with the discrimination and disability standards legislation, then that would be a great one for you. And then on the 20th of April, another webinar on mental health with Head Space on their new university support program. So we encourage you to register for both of those. If you type in webinar on the ADCET website, you'll find those coming thick and fast. We rely on suggestions and feedback from practitioners across the sector about what webinars they would like to see. If you could take a quick minute to complete the short survey that Jane is going to put into the chat box today, that would be greatly appreciated. Once again, Brandon, thank you so much for sharing your knowledge and expertise with us today. Thank you for all our participants today. We had over 250 people. And thank you to Aimee from Bradley Reporting. We'll have that information coming up in a few days on the website if people missed it or want to share it with their colleagues. So thank you very much.

BRANDON: Thanks, guys. Appreciate it. I know sometimes we open a bit of a can of worms in a very short space of time and we have to give some fairly general responses, but it is important that we have the conversation if it leads to other conversations.