‘Equity in VET and mental ill health’

## Slide 2

Presenter: Bryan Winnett

Bridge & Road Construction, Bricklayer, Psychiatric Nurse,

Disability Support Manager, Teacher, Stone Mason

## Slide 3

Facilities of higher education have an obligation to assist and educate our youth and mature aged students regarding mental health maintenance

Young people in primary and secondary schools are in the care of teachers and support staff. Social guidance and general wellbeing are key responsibilities. In our roles as educators in the tertiary sector we maintain student care on a different level that reflects our responsibility to the community.

As educators we have a ‘captive audience ’ of our most vulnerable young Australians and we also have the potential to send a positive message to other countries and cultures via international students.

## Slide 4

Why do we need to have a stronger focus in providing assistance for students with mental health issues to participate in education?

## Slide 5

* Speakers and the presented data at the Inaugural Australasian mental health and higher education conference this year (2017) highlighted the mental illness crisis within the target age group of young people undertaking study. The data presented by multiple speakers was consistent and quite alarming.
* The Australian Institute of Health and Welfare data shows more than one quarter (26 per cent) of the 16 - 24 age group experience a mental health disorder in a 12 - month period – the highest incidence of any age group.
* Statistics presented at the conference indicated, especially in rural areas drop out rates due to depression, anxiety and other disorders had increased in some areas up to almost 50%.

## Slide 6

MENTAL ILLNESS WHAT SHOULD WE LOOK OUT FOR?

## Slide 7

How can institutions provide an inclusive academic and social environment for students experiencing mental health illness?

What are the best practice standards for providing reasonable adjustments for students with mental health disabilities?

(As noted: Norton, J & Brett, M, 2011) Healthy students, healthy institutions [Discussion Paper]. 4 - 5 August, 2011. University of Melbourne.

The questions above were asked back in 2011

Our institute at Wodonga TAFE started practical environmental and academic modifications with success in 2003

## Slide 8

Practical hands on assistance at Wodonga TAFE has included 'Targeted Training’ course development for students with mental health issues:

* Student groups have varied in age, education experience, vocational experience and ability
* Building Bridges course = 5 hours for 2 days for eight weeks.
	+ First intake in 2003 as a pilot programme responding to poor student retention numbers
	+ Not long after commencement, running up to nine groups a year with in three years
	+ Government promotion and financial incentives to other institutes
* REAL Options - Longer courses Ie; - the 2 year River 2 Recovery course.
* Progressing to longer Vocational preparation Certificate II courses

## Slide 9

IMAGE: On a river, 5 canoes with people in them facing towards two motor boats.

THE RIVER TO RECOVERY - AN EXAMPLE OF A STUDENT DRIVEN PROJECT

In Partnership with ABC Open. <https://youtu.be/5W1exmz1w0U>

## Slide 10

Staged Self Directed Learning Model - Gerald O Grow

Teaching learners to be self - directed

| Stage | Student | Teacher | Examples  |
| --- | --- | --- | --- |
| Stage 1 | Dependent | Authority coach | Coaching with immediate feedback. Drills. Informal & formal lectures. Overcoming deficiencies & resistance. Directed activities that encourage confident communication. |
| Stage 2 | Interested. Comfortable with co-students. Encouraged by ‘all about me’ exercises.  | Motivator guide | Inspiring lectures plus discussion. Goal setting and learning strategies. Student exercises that foster independent thinking. |
| Stage 3 | Involved and building energy fuelled by frustration. Ready for what comes next. | Facilitator. Introduces business process. | Discussion facilitated by teacher who participates as an equal. Seminar.Introduction of Group projects process. |
| Stage 4 | Self-directed | Consultant delegator, resource  | Internship, dissertation, individual work and / or self-directed group project. Vocational pursuits. Job seeking, presentations of work, graduation, celebration.  |

## Slide 11

Recruitment. Where do students come from and why and how?

* Referral network established initially from a stake holder committee that developed into a referral network. This included disability employment agencies, rehab services, community health centres ,
* inpatient and outpatients services and community mental health services.
* Kitchen table enrolments and interviews in familiar environments.
* Non intrusive questioning in pre course interviews. Use of scenarios in ‘asking the right questions’.Partnerships with mental health agencies for specific target groups. A ‘next step’ approach for service users who feel ready to move on.
* Partnerships with community facilities, employment agencies and further education options including university.

Slide 12

Examples of Outcomes

It’s about breathing space, getting comfortable, skills renewal and development…

via self determination moving on to a vocational pathway.

* Returning to and moving on to university study.
* Engaging in university bridging course.
* Often 100% re enrolment of student group into further training.
* Part time and full time work. Including voluntary positions.
* So far, six students training and working in consumer consult positions in the mental health sector.
* Students training and working in the health sector.

Slide 13

SIDE ISSUES

* Learning, a therapeutic side effect.
* Impact on the TAFE community
* Community awareness
* Improved relations with employment agencies
* Acceptance of study groups as part of the TAFE community. NO STIGMA !
* Recognition from mental health agencies of the benefits of training.
* No incidents. Minimal need for psychiatric interventions from mental health agencies.

Slide 14

* Through targeted vocational training,students with mental health difficulties can independently move through the adult education system with limited support needs. Self-management, self-determination, combined with a vocational plan and support from health services when required , provide ongoing opportunities and negate the need for educators to have a list of ‘things to watch out for ’ in the classroom or feel that students with a mental illness history are some kind of burden requiring extra work or resources.
* Campus support staff integrated into student orientation and engaging in follow up class visits should be encouraged. A familiar face is far more approachable than an appointment with an unknown person behind a door.

Slide 15

Image: Photos of students working on the construction of a stone bridge