WODONGA TAFE

Building success through learning

‘Equity in VET and mental ill health’

Bryan Winnett

Bridge & Road Construction, Bricklayer, Psychiatric Nurse, Disability Support Manager, Teacher, Stone Mason

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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.

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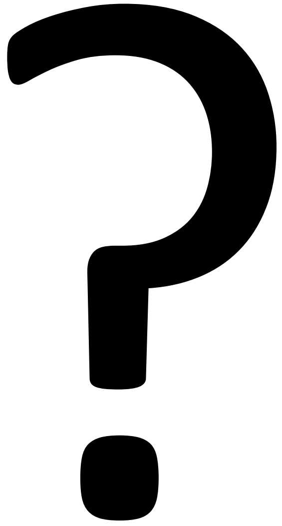
Why do we **need** to have a *stronger focus* in providing assistance for students with **mental health issues** to *participate* in education?

Inaugural Australasian Mental Health and Higher Education Conference

- 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%.

MENTAL ILLNESS WHAT SHOULD WE LOOK OUT FOR ??



- *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**.

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

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THE RIVER TO RECOVERY - AN EXAMPLE OF A STUDENT DRIVEN PROJECT
In Partnership with ABC Open. https://youtu.be/5W1exmz1w0U

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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.

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.

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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.

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.

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- 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.

- Staff experiencing stress and possible illness would also benefit from a more open approach to accepting mental illness as a 'normal part of life', just as we all express empathy for colleagues that may battle with illnesses such as cancer or road trauma. Light duties would be a valuable option during periods of crisis or stress.

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