

Education and training

In the general community, finishing high school is one of the key predictors of vocational success, and it is no different for people with a mental illness.

Education is obviously the key to careers rather than just jobs which get you by from time to time.¹

Youth – onset of mental illness and impact on education

- 2.1 Headspace, Australia's national youth mental health foundation, stated that '75 per cent of mental health problems occur before the age of 25.'²
- 2.2 According to Headspace, mental health is the number one health issue facing young Australians and contributes to nearly 50 per cent of the burden of disease in this group. Depression and anxiety are the most common manifestations, affecting one in five and one in ten respectively.³
- 2.3 The Australian Psychological Society added:

The onset of a severe mental illness, which often creates or leads to psychiatric disability, frequently occurs between the ages of 18-25. This is the age when people are making career choices, pursuing higher education or vocational training, and establishing social networks.⁴
- 2.4 Several other witnesses, amongst them Orygen Youth Health, the Psychosocial Research Centre and the Department of Education,

1 Associate Professor Eoin Killackey, Director, Psychosocial Research, Orygen Youth Health (OYH), *Committee Hansard*, Melbourne, 13 April 2011, p. 18.

2 Headspace, *Submission 13*, p. 3.

3 Headspace, *Submission 13*, pp. 3-4.

4 Australian Psychological Society, *Submission 40*, p. 13.

Employment and Workplace Relations (DEEWR), emphasised that mental illness commonly strikes people in their youth, derailing the attainment of crucial educational qualifications and subsequent success with further study and work.⁵

- 2.5 Orygen Youth Health cited a study indicating that only about a third of their clients had obtained a post year-10 education.⁶ Orygen expanded on the impact of mental ill health on educational attainment:

A young person who has experienced psychosis is almost three times less likely to have completed secondary school than their peers and ten to twenty times more likely to be unemployed.⁷

- 2.6 The Committee received numerous submissions from individuals who provided firsthand accounts of the onset of mental illness in adolescence or young adulthood, at a time when they were in high school or studying at TAFE or university. For many of these individuals, the episodic nature of their illnesses had resulted in an interrupted or incomplete education, commensurate with a loss of self-esteem and motivation.⁸

- 2.7 The personal stories poignantly illustrate how a lack of adequate support to complete educational qualifications can lead to lower job prospects, if not unemployment and a life on the Disability Support Pension (DSP).

- 2.8 Professor Killackey of Orygen Youth Health commented that:

finishing high school is one of the key predictors of vocational success... If [young people with mental illness can get that sort of high school equivalency, there is a great deal of difference between their employment prospects.⁹

- 2.9 Inspire Foundation was but one of the not-for-profit organisations working to improve young people's mental health and wellbeing that stressed how important education was to recovery:

Increased participation in education has been shown to improve the well-being of young people.¹⁰

5 Assoc. Prof. Killackey, OYH, *Committee Hansard*, Melbourne, 13 April 2011, p. 18; Psychosocial Research Centre, *Submission 33*, p. 1; Ms Fiona Buffinton, Group Manager, Specialist Employment Services Group, DEEWR, *Committee Hansard*, 14 October 2011, p. 2.

6 Assoc. Prof. Killackey, OYH, *Committee Hansard*, Melbourne, 13 April 2011, p. 18.

7 OYH, *Submission 28*, pp. 2-3.

8 For instance, Parliamentary-in-confidence, *Submission nos. 11, 12, 14, 45*.

9 Assoc. Prof. Killackey, OYH, *Committee Hansard*, Melbourne, 13 April 2011, p. 18.

10 Inspire Foundation, *Submission 72*, p. 4.

Increasing prevalence

2.10 Mr Stephen Bailey, a student support service officer at Macquarie University, stated that he had attended an Asia Pacific Student Services Association conference in 2011 at which concerns were expressed by many attendees about the large numbers of university students with a mental illness:

At Macquarie, according to my latest figures, over 35 per cent of students with our disability service have a mental illness ... I was told by a colleague at Wollongong that it is about that figure [mid-forties].¹¹

2.11 Ms Debi Toman, one of 31 Australian Government-funded National Disability Coordination Officers, whose role is to enhance education and employment opportunities for people with disabilities, confirmed that the number of students with mental illness at university has been steadily increasing in recent years. In her experience, approximately 30 per cent of students registering with Disability Liaison Officers (DLOs) and seeking support and services would have mental illnesses.¹²

2.12 While applauding the increased participation of students with mental illness in further education, Mr Bailey claimed it is a problem about which universities do not really know what to do.¹³

2.13 Beyond Blue stated that while TAFEs and universities are confronting the larger numbers of students coming through with mental health issues:

[they] are probably where secondary schools were 10 years ago ...
They are very much in the early days [of dealing with the issue] ...
In Australia the primary school sector and secondary school sector has gone much further around this.¹⁴

2.14 Some university student services staff spoke of heavy counselling workloads, including catering for increasing numbers of lower socio-economic status students, who they say, are especially prone to stress related and anxiety conditions:

They cannot afford to go to regular GPs or counselling unless it is free. They seem to tip over into stress related conditions because

11 Mr Stephen Bailey, private capacity, *Committee Hansard*, Sydney, 17 June 2011, p. 16.

12 Personal communication by email to committee secretariat, 6 March 2012.

13 Mr Bailey, private capacity, *Committee Hansard*, Sydney, 17 June 2011, p. 16.

14 Mr Brian Graetz, Program Director, Education and Early Childcare, Beyond Blue, *Committee Hansard*, Melbourne, 19 August 2011, p. 5.

they have cars that are not reliable, multiple children with different illnesses and they are often sole parents.¹⁵

Factors inhibiting participation in and completion of education

- 2.15 Some of the barriers to participation in and completion of education for those with mental ill health may include anxiety about taking public transport to large, potentially intimidating, campus environments. Inflexible course structures can present an additional obstacle. For instance, having to attend classes that start early in the morning can be very difficult for young people waiting for their medication to take effect or for side effects such as drowsiness to wear off. Missed classes can result in falling behind in coursework and lower grades. Students may be reluctant to seek help from teachers or counsellors, or face discrimination from staff and students alike when they do disclose their illness. The practical supports they require may also not be readily available in their place of study.

Bullying

- 2.16 It is well-established that bullying at school, including cyber-bullying and students using mobile phones to harass one another can also contribute to poor education outcomes and mental ill health.
- 2.17 Mr Harry Marks from Uniting Care Wesley Port Adelaide described the huge impact bullying has had on some of the boys he works with in Whyalla:
- With a couple of my lads a lot of things that are going on now go back to bullying at school ... these lads were picked on when they were young, and it rolled over and over and over ... and that is where it starts.¹⁶
- 2.18 Mrs Marie Kuchel, a colleague from UnitingCare agreed:
- When they are at school and having trouble with bullying ... they are pushed to the side. They just go through the system and it is easier to drop out than it is to fight back.¹⁷
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15 Mrs Jean Packham, Student Counsellor Facilitator, Charles Darwin University (CDU), *Committee Hansard*, Darwin, 17 October 2011, p. 2.

16 Mr Harry Marks, Business Supervisor, Wesley Social Enterprises, UnitingCare Wesley Port Adelaide, *Committee Hansard*, Whyalla, 6 June 2011, p. 7.

17 Mrs Marie Kuchel, Program Manager, UnitingCare Wesley Port Adelaide, *Committee Hansard*, Whyalla, 6 June 2011, p. 7.

2.19 Other mental health consumers cited similar experiences:

At school it was hard because I was bullied. People can tell by looking at you [that you have a mental illness]. People's attitudes can make you feel welcome or not (Mental Health Consumer, 2011).

My mental illness developed because I was bullied a lot at my high school and the teachers etc did nothing about it...¹⁸

Uneven spread of services across the country

2.20 It is a well-established fact that there is an uneven spread of services available to people across Australia. Young people in metropolitan areas generally have better access to specialist mental health and employment services than their peers in regional and remote areas.

2.21 There is a stark contrast between the comprehensive suite of assistance able to be offered by an organisation like Orygen Youth Health, located in inner Melbourne and the regions. For instance, one carer spoke of the enormous difficulties she faced in getting help for her son in Darwin, and having to go to great lengths to obtain a place for him in a specialist clinic in Sydney.¹⁹

2.22 Miss Nicole Cox, a National Disability Coordination Officer in WA, spoke of her experience in regional and remote parts of northern Western Australia and the scarcity of services there for people:

In the Kimberley the rate of mental health issues is about 1.5 times higher than the rest of the country ... 70 per cent of hospital admissions for mental health in the Kimberley are Indigenous ... and the suicide death rate is 2.3 times higher than for the state population...

There is one disability employment service in Broome...

There are many students and young people with mental health issues who are not being identified by the schools. It is a huge issue that kids in the Kimberly go right through school with problems. Diagnosis and referrals are not happening ...

18 NSW Consumer Advisory Group, *Submission 42*, p. 19.

19 Mrs X, Carer, *Committee Hansard*, Darwin, 17 October 2011, pp. 14-15.

Schools are often serviced by a visiting psychologist ... [but access is prohibited during the wet season, some 3-4 months of the year].²⁰

Importance of early intervention and prevention

- 2.23 Throughout the inquiry, it was repeatedly put to the Committee that evidence strongly supports early intervention and prevention.²¹ This is perhaps especially true with education and identifying students who are starting to fall behind.
- 2.24 The latest OECD research calls for early intervention, especially during adolescence when the onset of mental disorders is prevalent. The OECD advocates:
- preventing mental disorders at an age when adolescents attend school or underdo an apprenticeship, with early intervention and referral to services as appropriate;
 - intervening early and assertively for pupils who display behavioural problems, and thereby, preventing school drop-out;
 - assuring better education outcomes for early school leavers who are particularly at risk of developing mental health problems, through apprenticeships and second-chance school programmes; and
 - helping youth with mental disorders in their transition from adolescence to adulthood and from mandatory to higher education and into employment.²²
- 2.25 The remainder of this chapter examines the different ways that a range of educational institutions, schools, tertiary institutions and registered training organisations assist students who are exhibiting signs of a mental illness and, moreover, promote the mental health of all students, and what more might be done in both areas.

Prevention, promotion and early intervention in schools

- 2.26 The Australian Psychological Society states how critical it is to promote good mental health from a very young age:
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20 Miss Nicole Cox, National Disability Coordination Officer, Edge Employment Solutions, *Committee Hansard*, Perth, 18 October 2011, p. 26.

21 For instance, OYH, *Submission 28*; Mental Illness Fellowship South Australia (MIFSA), *Submission 17*; Mr Bailey, private capacity, *Committee Hansard*, Sydney, 17 June 2011, p. 21.

22 OECD, *Sick on the Job? Myths and Realities about Mental Health and Work*, December 2011, pp. 207-208.

Promoting effective social and emotional competencies such as self awareness and self management will assist children to develop skills in coping, as well as being able to seek help, when necessary ... The promotion of good mental health in early childhood years will reduce risk and promote resilience in ongoing development.²³

- 2.27 DEEWR stated that the Commonwealth Government recognises this, which has been reflected in a focus on services designed to reach out to children and young people.²⁴
- 2.28 Following a successful pilot evaluation, the Australian Government will invest \$ 18.4 million over four years from 2010-2011 to roll out Kidsmatter Primary, a flagship national initiative that helps primary schools implement evidence-based mental health promotion, prevention and early intervention strategies by:
- improving the mental health and wellbeing of primary school students;
 - reducing mental health problems amongst students; and
 - achieving greater support for students experiencing mental health problems.²⁵
- 2.29 A list of the current participating schools in each state and territory (including the 101 schools who participated in the pilots from 2007-2008) is available from the website.²⁶
- 2.30 Two other Kidsmatter initiatives are being piloted at sites across Australia. Kidsmatter Early Childhood is a national early childhood mental health promotion, prevention and early intervention initiative specifically developed for early childhood services including preschools and long daycare, which is being piloted at 100 preschools and long day care centres.²⁷
- 2.31 Kidsmatter Transition to School supports the transition to primary school from preschool and long day care. It consists of four information sessions developed for school staff to deliver to parents and carers to support their child starting school.²⁸

23 Australian Psychological Society, *Submission 40*, p. 11.

24 Ms Fiona Buffinton, Group Manager, Specialist Employment Services Group, DEEWR, *Committee Hansard*, Canberra, 14 October 2011, p. 2.

25 Kidsmatter website, <http://www.kidsmatter.edu.au/primary/content/uploads/2011/10/KidsMatter-Overview-2009.pdf>

26 Kidsmatter website, <http://www.kidsmatter.edu.au/primary/kidsmatter-overview/participating-schools>

27 Kidsmatter website, <http://www.kidsmatter.edu.au/ec/>

28 Kidsmatter website, <http://www.kidsmatter.edu.au/>

- 2.32 Kidsmatter programs are characterised by collaborative partnerships with other organisations, including Early Childhood Australia, Principals Australia, the Australian Psychological Society and Beyond Blue.²⁹ Schools can make connections with community mental health and support services and establish referral pathways, through those contacts, for students experiencing mental illness.³⁰
- 2.33 Ultimately, the Kidsmatter programs are about:
Involve[ing] the people who have a significant influence on children's lives – parents, carers, families, child care professionals, teachers and community groups- in making a positive difference to children's health.³¹
- 2.34 The Australian Psychological Society endorsed Kidsmatter but expressed concern that there is neither a similar commitment in high schools, nor sufficient support to cater for the transition from high school to further education or employment.
We have the older secondary students, adolescents who are at a pretty vulnerable time, leaving school with really no support.³²
- 2.35 While high schools generally have chaplains or counsellors to help students deal with mental health issues during this time and access to external providers if necessary, there appears to be a gap and space for a follow on from Kidsmatter Primary to a Kidsmatter High Schools equivalent or complement.
- 2.36 Given that adolescence is when mental illness often first strikes, a Kidsmatter High Schools program or equivalent could be a very timely intervention tool.
- 2.37 The Committee notes the successes of the Kidsmatter Primary Program and supports the initiation of a Kidsmatter High School pilot based on similar principles. The Kidsmatter High School program could assist students' transition from primary to high school and with the very important transition from secondary school to further education, training and work. It could complement the Australian Government's new anti-

29 Kidsmatter website, <http://www.kidsmatter.edu.au/>

30 Kidsmatter website, <http://www.kidsmatter.edu.au/primary/resources/enewsletter-archive/september-news/>

31 Kidsmatter website, <http://www.kidsmatter.edu.au/>

32 Dr Rebecca Matthews, Manager, Practice Standards and Resources, Australian Psychological Society, *Committee Hansard*, Melbourne, 19 August 2011, p. 31.

bullying campaign, Bullying No Way which offers advice and an array of resources to help students, teachers and parents stop bullying.³³

Recommendation 2

The Committee recommends that the Commonwealth Government establish a Kidsmatter High School program pilot based on similar principles to the Kidsmatter Australian Primary Schools Mental Health Initiative.

Supports during high school

We need to promote mental health at grassroots level, particularly in high schools.³⁴

2.38 One witness offered high praise of her high school counsellor:

It was during high school that I started having mental health issues. I relied on my school counsellor alot. She got me through high school. ..I found [her] amazing ... really supportive and happy to see me when I was not feeling great ... She supported me through [suicidal thoughts]. She even got the school to participate in suicide awareness day. That made me feel really supported as well. Seeing all the other kids doing that was fantastic.³⁵

2.39 Some schools are making concerted efforts to promote the mental health and wellbeing of their students. The Committee visited the Rothwell Campus of the Grace Lutheran College on 9 August 2011 in order to meet staff and students from the middle and senior schools to discuss their approach.

2.40 In addition to the provision of school counselling and pastoral care services, the school held its first Healthy Minds Expos in July 2011, involving key Brisbane youth support agencies such as Kids Help Line, Life Line, Drug Arm, Eating Disorders Australia, Youth Space, Child and Youth Mental Health Services and Cruise (self-harm). The Committee was shown the students' school diaries which contain strategies for

33 See Bullying No Way website, <http://www.bullyingnoway.gov.au/>

34 Mr Jim Buultjens, Chief Executive Officer, Fairhaven Services, *Committee Hansard*, Gosford, 30 August 2011, p. 1.

35 Miss A, Ex-client of OYH, *Committee Hansard*, Melbourne, 13 April 2011, p. 21.

maintaining good mental health at the front, together with helpline contact numbers for the agencies that presented at the Expo.³⁶

- 2.41 The purpose of the Healthy Minds Expo was to host a whole-of-school event that showcases a broad range of mental health professionals and organisations to the school community. The impetus for the expo was to try and break the stigma attached to seeking out help for mental health issues. Conducted over the course of a day, each year level browsed the host's displays and had an opportunity to talk with them about their specific services. Workshops were also run by select service providers on topics such as drug and alcohol abuse, grief and loss, anxiety and depression, taking care of your mates, body image and self-esteem and building a robust resilience.³⁷
- 2.42 Ms Ruth Butler, School Principal, together with Mr Dale Dearman, the school counsellor (who was responsible for organising the Expo) and college students reported that the expo was a great success. So much so that the school envisages making it an annual fixture on the school calendar.³⁸
- 2.43 Other Grace Lutheran initiatives include seminars on teenage depression and various programs at different year levels to boost students' self esteem and, coping, communication and interpersonal skills. Support for staff is also on offer with a Burnout Seminar and plans to run courses for them in counselling and life skills.³⁹
- 2.44 Students enthusiastically articulated some of the benefits of the programs at their school. These included increased confidence in discussing their problems and knowing how to access help for themselves, their friends and other students who might be struggling with personal issues.⁴⁰
- 2.45 Central to the school's successes in these areas is the dedication and drive of the school counsellor:
- My passion lies in helping others see that good mental health is really everyone's business.⁴¹
- 2.46 Support from the principal and other staff is also integral.
- 2.47 Another example of a school's 'positive education' approach to mental health is provided by the Headmaster at Knox Grammar School. Mr John Weeks describes his school's proactive approach:
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36 Site inspection, Grace Lutheran College, 8 August 2011.

37 Mr Dale Dearman, School Counsellor, Grace Lutheran College, Brisbane, *Exhibit 25*.

38 Site inspection, Grace Lutheran College, 8 August 2011.

39 Mr Dale Dearman, Grace Lutheran College, Brisbane, *Exhibit 25*.

40 Site inspection, Grace Lutheran College, 8 August 2011.

41 Mr Dale Dearman, Grace Lutheran College, Brisbane, *Exhibit 25*.

The program [implemented with expert input from the Positive Psychology Institute in Sydney] aims to equip students with the skills for mental fitness to ensure they perform at their very best and are resilient to the stresses they may encounter as teenagers and young adults, such as relationship challenges and academic pressures.

All staff are receiving training in positive education to encourage positive culture in every aspect of school life.

...Students receive one-on-one mentoring from one of our teachers. That same mentor will stay with the student throughout their time at the school, building a close relationship with the student and his parents....The program has also helped our students identify their strengths and set their personal goals.⁴²

- 2.48 Mr Weeks said that the University of Wollongong is reviewing the program and that feedback from students and teachers alike 'so far has been encouraging.'⁴³
- 2.49 Acknowledging that Knox has the resources available to it to conduct the program that perhaps other schools may not have, Mr Weeks emphasised that this preventative program is an exemplar, which has the potential to be replicated by other schools and government.⁴⁴

Alternative high school models

...being provided with an option that works for you, 'one size does not fill all.'⁴⁵

We have very passionate staff ... it is so inclusive.⁴⁶

- 2.50 The Committee saw equally high levels of passion, dedication and drive to looking after the mental health and wellbeing of young people demonstrated in two other contexts. These were two successful alternative high school models that cater for high school-aged children who find themselves outside the mainstream education system.

42 John Weeks, 'Right programs can storm-proof kids' in *The Sydney Morning Herald*, 30 April 2012.

43 John Weeks, 'Right programs can storm-proof kids' in *The Sydney Morning Herald*, 30 April 2012.

44 John Weeks, 'Right programs can storm-proof kids' in *The Sydney Morning Herald*, 30 April 2012.

45 Respondent in Australian Youth Forum, *Submission 73*, p. 14.

46 Ms Meredith Milne, Youth Transitions Executive Officer, Youth Connections (YC), *Committee Hansard*, Gosford, 30 August 2011, p. 22.

ALESCO learning centre and Green Central

- 2.51 Funded through the DEEWR Jobs Fund,⁴⁷ to create employment opportunities for young people on the Central Coast of New South Wales (an area of high youth unemployment and disadvantage), Green Central is described as 'a new school that isn't like a school':

The site was retrofitted and refurbished using [42] apprentices and trainees under mentorship from skilled tradesmen, and became a space for social enterprises, a sustainable house, Indigenous Skills Centre, Media Centre, horticulture and classroomsIt's about chances and second chances and maybe even third [chances].⁴⁸

- 2.52 Ms Meredith Milne, from Youth Connections⁴⁹ described the way in which Green Central supports young people who have a mental health issue:

the model [provides a] a holistic centre [with up to 100 people on site each day] where you have a number of wraparound services and people supporting those young people to be successful in education, moving through to training and then employment there or future employment outside of there ... We actually have the partnership brokerage contract and the connections contract under our organisation and that also supports the model. The partnership brokerage is about getting the partners together for it and the Youth Connections program has the youth workers who support the young people and the referral systems here.⁵⁰

- 2.53 Designed for young people aged 14 to 17 years who have dropped out of mainstream schools for a host of reasons that might include criminal convictions, drug and alcohol addictions, homelessness and family breakdown, the ALESCO Learning Centre, co-located at Green Central, is an independent college for the completion of years 9 and 10. The school 's difference lies in its teaching methods and delivery of education to students:

The greatest difference between us and many other alternative education settings is our foundations lie in Adult Education philosophies. Freedom of thought, mutual respect, responsibility all have a significant role to play.

47 DEEWR, Department of Health and Ageing (DoHA) and Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA), *Submission 62*, p. 29; DEEWR website: <http://www.deewr.gov.au/employment/pages/jobsfund.aspx>

48 YC website, http://www.youthconnections.com.au/green_central.php

49 Youth Connections is an organisation that helps young people aged 13-19 on the Central Coast access education, training and recreational opportunities so that they can reach their potential.

50 Ms Milne, YC, *Committee Hansard*, Gosford, 30 August 2011, pp.20 and p. 23.

Smaller class sizes allow students greater opportunity to identify their strengths and work to improve the areas in which they lack confidence.

We also have youth support workers available to work with the students who feel extra support is needed.⁵¹

Students get to call their teachers by their first names and don't have to wear a uniform.⁵²

- 2.54 In addition to the school, there are school-based apprenticeship and trainee opportunities offered in conjunction with the automotive and other trade workshops co-located on-site. Traineeships are also available in horticulture and hospitality, with gardens, a glasshouse and cafe also located on site for students aged up to 19 years to gain practical skills.
- 2.55 The Coolamon training cafe adjoins the Indigenous Skills Centre, and employs and trains Aboriginal women and young people. Gunya Flavours Bush Tucker Catering operates out of the cafe and uses native plants from the gardens in its recipes.
- 2.56 There is also a community radio station with media production facilities.
- 2.57 Young people get paid work experience through YG Enterprises, a registered business offering services in mechanical repairs, car-washing, concreting, landscaping, shop fitting, carpentry, general maintenance and labour hire, all carried out to Australian standards.⁵³
- 2.58 The Committee spent a morning at the Green Central campus touring the different facilities and talking to the CEO, Mrs Maggie MacFie and key personnel, including the Chair, Mr David Abrahams, Indigenous Cultural Advisor and Tourism, Mr Gavi Duncan, Transitions, Ms Meredith Milne, and Social Enterprise, Mr Brendan Ritchens, and students.
- 2.59 Ms Milne from Youth Connections described the students from Green Central as having come to them completely disengaged from the traditional education system.⁵⁴
- 2.60 Staff recounted how students who had barely been able to make eye contact when they first started had, throughout the course of the year, become increasingly confident communicators. They said that not only did students turn up every day on time but they found many did not want to leave at the end of the day. The apprentices and trainees enjoy practical learning, working with their hands in the workshops and going off-site to

51 ALESCO School Prospectus, <http://www.alesco.nsw.edu.au/pdf/Student%20Prospectus.pdf>

52 ACE North Coast Community Colleges, ALESCO Learning Centre, <http://www.acecolleges.edu.au/special-programmes/alesco/p/216>

53 YC website, http://youthconnections.com.au/yg_enterprise.php

54 Ms Milne, YC, *Committee Hansard*, Gosford, 30 August 2011, p. 21.

do real jobs in the real world. Several students spoke enthusiastically about their plans for further training, getting jobs with local employers assisted through contacts made on work placements and the future in general.⁵⁵

2.61 Formerly disengaged young people provided positive reflections on their Green Central experience:

‘I really learnt how to communicate with others’ – Ashley

‘... the outcome was that most of us got full-time jobs. It gave you that experience on a job site that employees were looking for ... I wouldn’t want to change [the GC model] because I would want young guys to have the same fun that I did. Learning should be funMy mum’s heaps proud now.’ Aaron

‘It helped me learn what skills I need for a job and also skills for life ...

It made me feel like I’m working to my best ability and I’m really proud of that ...

[If GC never existed] I’d probably still be going to Centrelink getting payments ... no more, now I just get my fortnightly payment that I worked for.’ – Mark⁵⁶

I’m interested in continuing education through TAFE/OTEN, I had good experiences with ALESCO.⁵⁷

2.62 Mr Ashley McGeorge, Transitions Manger, summarised the benefits of the Green Central model:

Getting the guys engaged in the different industries gives them a purpose in their life and gives them hope at the end of the day. If you do not have hope your heart is going to be sick ... It gives the guys something to look forward to ... a pathway for their future.⁵⁸

2.63 Ms Milne described the impact the Youth Connections media program had had for Matt, one of the enthusiastic media trainees whom the Committee met at the Green Central radio station:

If you had met him two or three years ago, he had major depression. He could not leave the house very often ... So it is good

55 Site inspection, Green Central, Gosford, 30 August 2011.

56 Green Central Annual Report 2010-2011, <http://issuu.com/youthconnections.com.au/docs/annualreport20102011>

57 NSW Consumer Advisory Group, *Submission 42*, p. 19.

58 Mr Ashley McGeorge, Transitions Manager, YC, *Committee Hansard*, Gosford, 30 August 2011, p. 21.

to see what has helped him so much being in that sort of environment.⁵⁹

2.64 The inclusive atmosphere at Green Central gently encourages rather than forces interactions, not just between staff and young people but also between young people themselves. Ms Thomas recounted how she had brought in a young person recently who had anxiety so severe that they had not been able to attend school for a year but another young person in the automotive workshop had struck up a conversation with them about what they could do if they came and worked there.⁶⁰

2.65 Ms Milne summarised the wide range of factors she believes contribute to Green Central's success:

... we have very enthusiastic staff ... we already had the background of working with young people in schools, we identified the need and saw the gaps ... the vision of having a space where young people could come to and have that pathway of education and support networks ... they get hands-on experience in horticulture, in hospitality, in mechanics.

You have got people with many different levels of ability all working together with support of a lot of tradespeople and mentors and professionals doing their bit but without the young people even knowing that somebody is helping them.⁶¹

2.66 The Green Central model is but one operating on the Central Coast keeping students in school. Youth Connections outlined a range of other strategies they employ to try and keep kids in schools:

We have five youth workers who work in schools to keep kids in education ... and we work with the kids who've slipped away already [by referring them to Green Central].⁶²

School based apprenticeships or traineeships if that is possible ... looking at negotiated attendance with other community programs if that may be appropriate ... the schools are becoming a lot more flexible ... We also have another program called transition that is for kids not ready for ALESCO.⁶³

59 Ms Milne, YC, *Committee Hansard*, Gosford, 30 August 2011, p. 22.

60 Ms Linda Thomas, Team Leader YC Program, YC, *Committee Hansard*, Gosford, 30 August 2011, p. 22.

61 Ms Milne, YC, *Committee Hansard*, Gosford, 30 August 2011, p. 22.

62 Ms Milne, YC, *Committee Hansard*, Gosford, 30 August 2011, p. 20.

63 Ms Milne, YC, *Committee Hansard*, Gosford, 30 August 2011, p. 21.

Links with employment services

2.67 Ms Milne explained that youth workers in her team work together with Centrelink and JSA providers to help youth in the area who leave or are not part of Green Central and are struggling with getting employment and training.⁶⁴

2.68 Ms Linda Thomas, Team Leader, YC Program, mentioned a new partnership with the specialist employment services provider ORS Group, to assist young people with basic work readiness skills:

They are seeing that those kids who come to us and to them are not ready to go into courses. We are just setting them up to fail because they are not ready for that step. So we are sort of stepping back a bit to do a little more therapeutic stuff, do that self-esteem and life skills and those things.⁶⁵

Future scope

2.69 Youth Connections is looking to expand and intensify the nature of its operations.

2.70 According to Youth Connections, there is a need for additional services, similar to the kinds already on offer at Green Central in the wider region. Ms Milne commented: 'We are not even touching the sides on those that are living up north.'⁶⁶

2.71 She indicated that Youth Connections were looking at ways to take the Green Central concept further, similar to what is being done overseas, by also providing jobs on site:

Those young people, if they were getting paid to be there because they were doing a job to make that place even better, it would just give them so much on so many levels.⁶⁷

Australian Industry Trade College

2.72 Another non-traditional model of education that is having success with students that might not otherwise finish high school, including those suffering from a mental illness, is the Australian Industry Trade College (AITC). The Committee visited the AITC on the Gold Coast on 8 August 2011.

2.73 First established in 2008, the AITC prepares year 11 and 12 students for a career in industry with a dual emphasis on completion of their

64 Ms Milne, YC, *Committee Hansard*, Gosford, 30 August 2011, p. 20.

65 Ms Thomas, YC, *Committee Hansard*, Gosford, 30 August 2011, p. 21.

66 Ms Milne, YC, *Committee Hansard*, Gosford, 30 August 2011, p. 23.

67 Ms Milne, YC, *Committee Hansard*, Gosford, 30 August 2011, p. 22.

- Queensland Certificate of Education (QCE) and an apprenticeship/traineeship in a trade. Each year, 150 young people commence year 11 studies.⁶⁸
- 2.74 Students attend school lessons in four week blocks at the AITC campus followed by four week blocks of work in their chosen industry. The unique four week blocks allow employers to sign two apprentices in back-to-back blocks providing an apprentice on site at all times.⁶⁹
- 2.75 The school places an emphasis on preparing students for ‘the real world’ and, like Green Central, instils core values like respect. Students (also referred to as team members) call teachers (also referred to as team leaders) by their first name. They are trained to be work ready with a flexible timetable especially designed to give students a head start into an apprenticeship at the same time as completing their senior education.⁷⁰
- 2.76 Students can additionally elect to undertake a Certificate II in business and information technology and first aid certification.⁷¹
- 2.77 The AITC website states that over 480 Australian school based apprenticeships have been created in the past three years (since the school opened). Further, 100 of AITC students achieved the Queensland Certificate of Education in 2010.⁷²
- 2.78 The Committee spent a morning touring the college facilities and holding discussions with the CEO, Mr Mark Hands, Director of Education, Ms Tricia Mason-Smith, Director of Industry and Training, Mr Jason Sessarago, teachers and students.
- 2.79 The Committee learnt that dedicated employment consultants work hard to establish and maintain industry contacts.
- 2.80 A dedicated case manager also supports each student through the process of entering the workforce and becoming a school-based apprentice. The college provides networking opportunities and the student is encouraged and expected to be part of the process of seeking out their own employment.⁷³
- 2.81 Students enthused about the broad range of trades they are studying for in the following areas: automotive, hospitality, engineering, building and construction, electro-technology and hairdressing.

68 “Your teenager’s future trade career begins here,” General Information, AITC brochure, pp. 2-3.

69 “Your teenager’s future trade career begins here,” General Information, AITC brochure, p. 4.

70 “Your teenager’s future trade career begins here,” General Information, AITC brochure, p. 4.

71 “Your teenager’s future trade career begins here,” General Information, AITC brochure, p. 3.

72 AITC website, <http://www.aitc.qld.edu.au/about-australian-technical-college.php?nav=3>

73 Site inspection, AITC, Gold Coast, 8 August 2011.

- 2.82 Students clearly enjoy the dual aspects of their education and trade training, the courses' flexibility, and the fact that they are learning and getting paid to do something that they enjoy and can see a future for themselves in.⁷⁴

Finding a vocation, life-skills and holistic health

- 2.83 Green Central and AITC are two approaches to keeping students engaged in education to attain basic qualifications at the same time as encouraging them to discover a vocation, rather than just getting a job for the sake of it.
- 2.84 The Committee heard compelling evidence from Professor Peter Butterworth at the Australian National University that unsatisfactory employment is as much a risk factor for mental health as unemployment:
- In some recent analysis of data from the HILDA survey following around 7500 working-age Australians over seven years, we found that people who moved into poor-quality jobs – which we defined as being insecure jobs; those that had intense, unmanageable demands; those with low levels of autonomy, low levels of control in the workplace; and those that were paid unfairly – actually had the same or poorer mental health than people that were unemployed.
- In contrast, people who moved into better quality jobs showed significant improvement in mental health.⁷⁵
- 2.85 At both Green Central and the AITC, the Committee was struck by the visionary ways that students are supported to discover their vocation by dedicated personnel who understood teenagers, and, in some cases, brought to bear their own personal experience with youngsters with a lived experience of mental illness.
- 2.86 It was clear from the Committee's visits that both campuses believe wholeheartedly in supporting and nurturing the future aspirations and wellbeing of the individual as well as cultivating a sense of community.
- 2.87 Both Green Central and AITC pay attention to critical transition periods for students, into the school and training environments and beyond them.
- 2.88 AITC offers induction camps for incoming students⁷⁶ to help prepare them for the commencement of their studies and as an opportunity to meet other students and make friends.
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74 Site inspection, AITC, Gold Coast, 8 August 2011.

75 Associate Professor Peter Butterworth, National Health and Medical Research Council (NHMRC) Principal Research Fellow, Centre for Mental Health Research, Australian National University (ANU), *Committee Hansard*, Canberra, 13 May 2011, p. 21.

76 AITC website, <http://www.aitc.qld.edu.au/upcoming-events.php?nav=12>

- 2.89 A central premise of Green Central and AITC alike is brokering partnerships with local employers and organisations to help find and sustain job opportunities for their graduates.
- 2.90 Campus ceremonies and events that bring the student body together to celebrate students' achievements are a feature of both the AITC and Green Central. The Committee participated in an Aboriginal smoking ceremony at Green Central, one of the regular activities led by Indigenous staff for the Green Central community to keep local traditional ways alive and as a form of cleansing, healing and restoration.

TAFEs and universities – a mixed picture

I think it is really good that at my university they have a focus on mental health rather than just the physical side of things.⁷⁷

The flexibility and counselling at TAFE is helpful.⁷⁸

- 2.91 Some universities are making a real commitment to the inclusion of students with a mental illness.
- 2.92 Leadership is imperative. Mr Steven Bailey a student services officer at Macquarie University in Sydney spoke of the strong commitment from Macquarie's Vice-Chancellor, and even having a dedicated Pro Vice-Chancellor for social inclusion and equity.⁷⁹
- 2.93 The Australian National University student services recently created a position of Mental Health Advisor at its campus:
- Responsible for the development of a number of proactive mental health initiatives and processes that will be used to inform the university community and to respond more effectively to an increase in serious mental health issues ... the Mental Health Advisor will work closely with the Head of Counselling and Disability Services, other student services staff and other areas of the university to further develop these strategies.⁸⁰
- 2.94 Miss A described her experience with the senior disability liaison officer at her university:
- She is very mental health aware. She had posters with Orygen, Kids Helpline and everything in her office. I could not speak too

77 Miss A, Ex-client of OYH, *Committee Hansard*, Melbourne, 13 April 2011, p. 21.

78 NSW Consumer Advisory Group, *Submission 42*, p. 19.

79 Mr Bailey, private capacity, *Committee Hansard*, Sydney, 17 June 2011, p. 16.

80 ANU website, Current vacancies, <http://jobs.anu.edu.au/PositionDetail.aspx?p=2511>, viewed 17 January 2012.

highly of her. She helped me when I had an inpatient stage. She helped me talk to lecturers to tell them I am not going to get something in because I am in hospital or not too crash hot. She is easy to access through email and telephone.⁸¹

- 2.95 Mr David Munro, a Vocational Education Training (VCE) student at the Charles Darwin University (CDU) also reported a positive experience with student services:

My experience in going to them when I have been really stressed out has been good.⁸²

- 2.96 Other students offered more reserved assessment of support services. Ms Sarah Reece said:

I found the support at university was primarily geared for people with physical mobility issues and not so much for people with mental health problems ... without any support on site ... I withdrew.

The general attitude I encountered at university was that I should go away and get better, and then I should come back and reengage. The problem is that reengaging is part of getting better and, to a certain extent, there are some things that are not going to get better – they are things I am going to have to live with and learn to manage.⁸³

- 2.97 Miss Reece described difficulties she had encountered in finding out what services existed to help her recover from her mental illness, from either her university counsellor, or prior to that her school counsellor (she was first diagnosed aged 15). She and Mental Illness Fellowship Australia (MIFSA) suggest that her university and school could have better assisted her by linking her into local services through referral to an organisation such as MIFSA.⁸⁴

- 2.98 Another student noted that the transition for them was difficult:

At school I had support networks in place (like a school counsellor, school nurse and youth mental health worker)...when I finished school, all these support networks were cut off ...at university there are measures in place for students who are

81 Miss A, Ex-client of OYH, *Committee Hansard*, Melbourne, 13 April 2011, p. 21.

82 Mr David Munro, Student, CDU, *Committee Hansard*, Darwin, 17 October 2011, p. 2.

83 Ms Sarah Reece, Participant, PHaMs West Program, *Committee Hansard*, Adelaide, 7 June 2011, p. 3.

84 Ms Reece, Participant, PHaMs Program, *Committee Hansard*, Adelaide, 7 June 2011, p. 3.

mentally ill, but in reality, in my opinion, it wasn't very supportive. So I struggled to the point where I left university.⁸⁵

- 2.99 In relation to the vocational education sector, Mrs Michelle Bell, Assistant General Manager, Employment Services, ORS Group stated that TAFEs:
- ... are very good with physical disabilities but not as much with mental health.⁸⁶

Professional development for teaching staff and general awareness of student welfare services on campus

- 2.100 Several witnesses referred to a general lack of understanding at their schools or tertiary institutions about mental illness and, that subsequently there needs to be education of both staff and students.⁸⁷

- 2.101 At Macquarie University measures to counter stigma amongst the teaching faculty comprise the following:

We provide formal training for academics. We are putting together a series of short films. We have made a nice little film called *Jenny's Story* about anxiety, which is available on the university website...

We have a very well-run Learning and Teaching Centre where we provide information to staff. So there is some very simple information that we are giving to staff just by constantly educating and working with them.⁸⁸

- 2.102 Charles Darwin University (CDU) has no formalised activities, although that is something on the future agenda. Further, a high level committee is to be established at the university to oversee staff professional development:

And that would incorporate that awareness around health issues, whether they are mental health or other ... we are trying to take that responsibility away from the individual in that role [the disability liaison officer] and make it university wide and the responsibility of a range of people.⁸⁹

85 NSW Consumer Advisory Group, *Submission 22*, p. 19.

86 Mrs Michelle Bell, Assistant General Manager, Employment Services, The ORS Group, *Committee Hansard*, Gosford, 30 August 2011, p. 17.

87 Site inspection, MIFSA, Adelaide, 7 June 2011; Ms Reece, Participant, PHaMs West Program, *Committee Hansard*, Adelaide, 7 June 2011, p. 4.

88 Mr Bailey, private capacity, *Committee Hansard*, Sydney, 17 June 2011, p. 18.

89 Ms Kerrie Coulter, Disability Liaison Officer, CDU, *Committee Hansard*, Darwin, 17 October 2011, p. 4.

- 2.103 Ms Nita Schultz of the Victorian TAFE Association referred to some of the professional development opportunities available to the VET sector in Victoria, through the Tafe Development Centre (TDC). She said of one course on 'supporting students at risk', while not specifically mentioning students presenting with a mental illness, this would be raised in the workshop.⁹⁰
- 2.104 Mrs Packham, Student Counsellor at CDU, said that faculty staff often referred students to their services, with a phone call, and that this level of referral had remained steady or increased.⁹¹
- 2.105 Mr Bailey at Macquarie University believes that student services staff need to be more visible on campuses:

We can all use email and telephone but I encourage my staff to get out, visit and talk to people [about what we do in student services].⁹²

Stigma

- 2.106 Mr Bailey was one of many people throughout the inquiry to say that: 'The biggest issue with mental illness is stigma.'⁹³
- 2.107 While educating and informing academics and teaching staff in educational institutions about mental illness is important, in Mr Bailey's words, 'there is a lot more to do'.⁹⁴ He praised the public education campaigns rolled out in New Zealand that feature well-known figures, including young sporting personalities: 'Talking about mental illness ... destigmatising and normalising it.'⁹⁵ In Australia, by contrast, he intimated, there are fewer positive public role models for mental illness.
- 2.108 The New Zealand 'Like Minds, Like Mine' campaign was explored in chapter one of this report, with a recommendation to the Commonwealth Government to initiate a similar scheme here.
- 2.109 A 'Like Minds Like Mine' style campaign should include involvement from the university and vocational education sectors, individually or collectively through representative bodies, to run education campaigns across campuses.

90 Ms Nita Schultz, Executive Officer CEO Council, Victorian TAFE Association, *Exhibit 40*, email.

91 Mrs Packham, CDU, *Committee Hansard*, Darwin, 17 October 2011, p. 2.

92 Mr Bailey, private capacity, *Committee Hansard*, Sydney, 17 June 2011, p. 18.

93 Mr Bailey, private capacity, *Committee Hansard*, Sydney, 17 June 2011, p. 18.

94 Mr Bailey, private capacity, *Committee Hansard*, Sydney, 17 June 2011, p. 19.

95 Mr Bailey, private capacity, *Committee Hansard*, Sydney, 17 June 2011, p. 19.

Student support services

- 2.110 Student support services at universities and TAFEs comprise general counselling and disability liaison services (a Disability Liaison Officer (DLO) or Disability Advisor). A different role is performed by each, although they may work as part of a team, together to help the student.
- 2.111 Ms Debi Toman, National Disability Liaison Coordination Officer for the areas of Canterbury-Bankstown; Inner Western Sydney and Central Western Sydney, and based at the University of Western Sydney, pointed to the differences. The Student Counsellor provides personal counselling, including in relation to study access issues. The DLO is responsible for arranging reasonable adjustments for all students with disabilities which includes exam conditions, alternative assessments and support services such as note-taking and alternative formats.⁹⁶
- 2.112 Ms Julie Harrison, the Disability Operations Manager at the Australian National University described the Disability Advisor's role as appraising the impacts of mental health issues on learning and assessment in tertiary studies.⁹⁷ Ms Harrison observed that the role of a disability practitioner may also include assisting the organisation to develop and implement Disability Action Plans, policies and procedures to ensure that disability services are mainstreamed.⁹⁸
- 2.113 Ms Toman stated that the Counselling Service and Security Staff are usually the central contacts for advice and support for staff who come into contact with students they think might be at risk of harm.⁹⁹
- 2.114 She mentioned that in many situations students give permission for university staff to liaise with their DLO and/or Counsellor. Students with a mental illness often become clients of both a DLO and counsellor. She pointed to the time intensive nature of such support: often an hour long appointment with a student might necessitate hours of follow up to put the necessary services and supports in place for the student.¹⁰⁰
- 2.115 Ms Harrison noted that while counselling staff possess formal qualifications, there is no formal qualification to be a Disability Liaison Officer. She emphasised that it is not a DLO's role to diagnose mental health but to refer on to Counselling or the medical centre for that.¹⁰¹

96 Ms Debi Toman, National Disability Coordination Officer, Sydney, *Exhibit 38*, email.

97 Ms Julie Harrison, Disability Operations Manager, ANU, *Exhibit 39*. email.

98 Ms Julie Harrison, Disability Operations Manager, ANU, *Exhibit 39*. email.

99 Ms Debi Toman, National Disability Coordination Officer, Sydney, *Exhibit 38*. email.

100 Ms Debi Toman, National Disability Coordination Officer, Sydney, *Exhibit 38*. email.

101 Ms Julie Harrison, Disability Operations Manager, ANU, *Exhibit 39*. email.

- 2.116 Ms Toman said that there is no standard approach to required qualifications of DLOs. She indicated that she knew of one university that required psychology or social work degrees of their DLO and, in her experience, in addition to these two fields, DLOs tended to have qualifications in occupational therapy, speech therapy, adult education social science or leisure studies. According to Ms Toman, training of DLOs in relation to working with students with mental illness is not mandatory, but 'expected.' She indicated that in NSW, training of this nature had been provided through the Disability Education Association of NSW/ACT (DEAN).¹⁰²
- 2.117 Many disability officers come from a physical disability background. One DLO related that her experience of people with a mental illness had mostly come on the job so to speak, from practical exposure over the years.¹⁰³
- 2.118 According to Ms Harrison, most disability advisors have at least completed a Mental Health First Aid Course. Others have had training as part of formal qualifications they have obtained or through professional development. She concurred with Ms Toman regarding the expertise of most DLOs - saying that they tend to come into the job from a community/social work related background.¹⁰⁴
- 2.119 Three higher education institutions provided an overview of their student support and DLO services for students with a mental illness. These were Macquarie University in Sydney; Charles Darwin University (CDU) in Darwin and Tasmanian Polytechnic.
- 2.120 Mr Bailey from Macquarie University outlined a broad range of pro-active student counselling, disability and welfare services provided to students at Macquarie University by student services staff.
- 2.121 Macquarie University's early intervention approach attempts to quickly identify those students who are starting to fall behind. There is extra assistance around exam time which is often a peak period for students to experience anxiety and depression and helping students transition to university, coaching them one-on-one or in small groups to develop the skills to manage and organise themselves.¹⁰⁵

102 Ms Debi Toman, National Disability Coordination Officer, Sydney, *Exhibit 38*, email. Note that DEAN is a network of disability services staff in universities and TAFE colleges. See website for details: <http://deaninc.org.au/>

103 Ms Coulter, CDU, *Committee Hansard*, Darwin, 17 October 2011, p. 2.

104 Ms Julie Harrison, Disability Operations Manager, ANU, *Exhibit 39*. email.

105 Mr Bailey, private capacity, *Committee Hansard*, Sydney, 17 June 2011, p. 19.

- 2.122 Mr Bailey cited the effectiveness of basic engagement such as sitting down to have meals with groups of Indigenous students when they come onto campus to attend block courses:

They have up to four times the rate of disability of the mainstream population. Now we get large numbers of students registering with us from the Indigenous community. Just being there, being present and being available [to talk] and then providing services has made a huge difference.¹⁰⁶

- 2.123 Mr Bailey spoke about the importance of maintaining contact with students, visiting students with a mental illness in hospital and being available for them when they return to campus, as well as working in partnership with colleagues in the mental health teams and hospitals to ensure as smooth a transition for students when they return to their studies. He gave an example of one Macquarie student who had spent months in a psychiatric unit and was discharged on a drug with heavy side effects but he was able to pass two subjects with support from student services.¹⁰⁷

- 2.124 He also mentioned the one-on-one individual coaching provided to students with a mental illness. Mr Bailey emphasised the success of an intensive case-management approach, which is being expanded:

... [the one-on-one coaching] makes a huge difference. In the first semester last year of people getting that support, I had 100 per cent retention.¹⁰⁸

- 2.125 Underpinning Macquarie's student services' provision is a belief in the importance of having mental health specialists on staff. Mr Bailey said that Macquarie has actively recruited people who have significant mental health training and experience. He said, 'this is their bread and butter' and staff 'get mental illness':

There is no stigma - no having to educate and train ... [staff to understand about] memory loss, fatigue, lack of motivation and just how difficult it is to come into university every morning.¹⁰⁹

- 2.126 Mrs Judith Austin, Equity Coordinator at Charles Darwin University sketched the CDU's support services which include personal counselling,

106 Mr Bailey, private capacity, *Committee Hansard*, Sydney, 17 June 2011, p. 17.

107 Mr Bailey, private capacity, *Committee Hansard*, 17 June 2011, Sydney, pp. 17-18.

108 Mr Bailey, private capacity, *Committee Hansard*, Sydney, 17 June 2011, p. 17.

109 Mr Bailey, private capacity, *Committee Hansard*, 17 June 2011, Sydney, p. 17.

a disability liaison officer, an off-campus accommodation service, international student support and careers and employment.¹¹⁰

- 2.127 Ms Linda Glover, Disability Liaison Officer at the Tasmanian Polytechnic explained the various ways that the TAFE supports its students with mental ill health. She described support services and teaching teams working together collaboratively with the student and their other support networks, including employment services:

This can include case conferencing with their own support networks and with psychologists and psychiatrists. It could be with their mental health case-workers and also with employment services that they are already linked with.¹¹¹

- 2.128 Mr Bailey reinforced the notion of student services working together, noting that Macquarie University was also moving to 'break down silos'. He noted that the career service was co-located:

We are not just doing disability, counselling or welfare; we are doing all that and moving towards the employment focus.¹¹²

- 2.129 Tasmanian TAFE also works together with employment services, noting that they receive referrals from outside agencies like Workskills, a specialist disability employment service.¹¹³

Disability Liaison Officers

A lot of the role is allowing [students with a mental illness] flexibility.¹¹⁴

- 2.130 As indicated above, an important role of the disability liaison officer is to negotiate with lecturers alternative assessment arrangements for students with a mental illness when required. This might mean organising an exam to be sat in a small room rather than a big hall, which is less overwhelming for someone with anxiety issues, or granting extensions for assignments if someone is unwell at home or in hospital) and assisting students' with time management of their assignments.¹¹⁵

110 Mrs Judith Austin, Coordinator, Equity Services, CDU, *Committee Hansard*, Darwin, 17 October 2011, p. 1.

111 Ms Linda Glover, Disability Liaison Officer, Tasmanian Polytechnic, *Committee Hansard*, Hobart, 4 November 2011, p. 7.

112 Mr Stephen Bailey, private capacity, *Committee Hansard*, Sydney, 17 June 2011, p. 16.

113 Mr Colin Baldwin, Student Counsellor, Tasmanian Polytechnic, *Committee Hansard*, Hobart, 4 November 2011, p. 8.

114 Ms Coulter, CDU, *Committee Hansard*, Darwin, 17 October 2011, p. 1.

115 Ms Coulter, CDU, *Committee Hansard*, Darwin, 17 October 2011, p. 1; Miss A, Ex-client of OYH, *Committee Hansard*, Melbourne, 13 April 2011, p. 21; Ms Glover, Tasmanian Polytechnic, *Committee Hansard*, Hobart, 4 November 2011, p. 7.

- 2.131 Ms Edwina Grose, Director, Student Administration and Equity Services at CDU, summarised the point of her service as being to retain students:
- What we try and do in Equity Services is just make the whole rigid academic structure a little more flexible, and, hopefully that contributes to student retention.¹¹⁶
- 2.132 Ms Kerrie Coulter, Disability Liaison Officer at the Charles Darwin University, outlined her role as a spokesperson for students with a mental illness,
- We become the buffer between [the student and lecturer] ... the lecturers will refer students to us ... students have an access plan developed which talks about adjustments made for them that semester of their studies ... that is used to liaise with the lecturers. It also informs the lecturer of what their adjustments are so that they can then liaise with them without needing to depend on me.¹¹⁷
- 2.133 Ms Linda Glover, Disability Liaison Officer at the Tasmanian TAFE, provided examples of the types of modifications she had facilitated for students with a mental illness. She said one practical strategy employed for a student who was regularly half an hour late to early morning classes was to place a chair near the door for them to slip into the classroom unobtrusively, and for the lecturer to structure a bit of a recap of the lesson into the timetable for all students once that student arrived.¹¹⁸
- 2.134 In addition to negotiating adjustments for students, disability liaison support officers assist students with profound mental illness to withdraw from courses or to defer studies without incurring academic or financial penalties.¹¹⁹

There to help students with a mental illness too

- 2.135 Picking up on a point made earlier in the chapter by Ms Reece, not all disability liaison officers view themselves as being there to help students with a mental illness as much as students with a physical disability. The Psychosocial Research Centre stated the other side of the barrier, namely that students don't always see disability liaison officers as there to help them:

116 Ms Edwina Grose, Director, Student Administration and Equity Services, CDU, *Committee Hansard*, Darwin, 17 October 2011, p. 3.

117 Ms Coulter, CDU, *Committee Hansard*, Darwin, 17 October 2011, p. 1.

118 Ms Glover, Tasmanian Polytechnic, *Committee Hansard*, Hobart, 4 November 2011, p. 7.

119 Ms Coulter, CDU, *Committee Hansard*, Darwin, 17 October 2011, p. 1.

Students may not necessarily view their mental health related difficulties as fitting with notions of disability, yet accessing additional supports and adjustments to which they are entitled within educational settings typically depends upon identifying as having a 'disability'.¹²⁰

- 2.136 Miss A concurred that students often do not realise that disability liaison officers assist people with a mental illness. She said that she only realised they might be able to offer her assistance when informed by Orygen Youth Health.¹²¹
- 2.137 By contrast, Mr Munro, a Vocational Education Training (VCE) student at the Charles Darwin University (CDU) said that the role of equity support had been well promoted there, in student outlines. He observed that perhaps support had also been forthcoming because he had self-identified as someone with a mental health issue when he first enrolled in the course.¹²²

Mental health not just disability liaison officers' and student services' responsibility

- 2.138 The Committee recognises that disability liaison officers can have heavy workloads and many calls upon their time and expertise on campuses where demand from student populations is steady, if not increasing. It appears that most DLOs work together with counselling staff as part of a student services team but there is usually only one position dedicated to disability support. Traditionally disability liaison officers' role has been to help students with a physical disability and increasingly they are being called upon to assist students with mental illnesses.
- 2.139 Throughout the course of the inquiry it appeared that some disability liaison officers have more experience and expertise in mental health than others. While acknowledging that many DLOs come from extensive backgrounds in community and social work where mental health issues will have formed part of their case-loads and they may well be very experienced in this area, others coming from leisure studies and other fields may find themselves less well-qualified.
- 2.140 The Committee is of the view that all disability liaison officers should be equipped with the necessary skills and training to assist students with mental ill health, in some capacity, even if it is just recognising the symptoms and referring them on to specialist services, be it counsellors or

120 Psychosocial Research Centre, *Submission 33*, p. 2.

121 Miss A, Ex-client of OYH, *Committee Hansard*, Melbourne, 13 April 2011, p. 21.

122 Mr David Munro, Student, CDU, *Committee Hansard*, Darwin, 17 October 2011, p. 2.

clinicians. Disability liaison officers should also have access to ongoing professional development that aids them to respond effectively to students with mental ill health, and something beyond a one-off Mental Health First Aid course.

- 2.141 There may be a role for the Commonwealth to coordinate a national approach to ensure that all disability liaison officers receive the relevant professional training to assist students with mental ill health. This training should adhere to best practice and be consistent nationwide.
- 2.142 It may be appropriate to raise the profile of the student services available to students with mental health issues on campuses, including the role of the disability officer.
- 2.143 Nonetheless, the Committee is of the view that assisting students with mental illness and promoting the mental health of all students on campus is a responsibility that extends beyond disability liaison officers and the broader student services.
- 2.144 University and TAFE administrations, teaching staff and the wider educational community all have an important role to play in this regard, from setting the direction from the top and encouraging inclusivity to noticing early warning signs and encouraging students to seek help from professionals.

Recommendation 3

The Committee recommends that the Commonwealth Government work with peak bodies such as Universities Australia and TAFE Directors Australia to coordinate a national approach to ensure that teaching and other relevant staff at universities and vocational education institutions be educated about ways to support students with mental ill health, with access to staff professional development on mental health issues. Disability liaison officers and student services staff should be appropriately skilled to assist students with a mental illness and have access to ongoing professional development in this area.

Re-engagement with education, basic skills acquisition and the transition into work

2.145 In Whyalla, Mrs Marie Kuchel, Program Manager at UnitingCare Wesley Port Adelaide talked about her experience helping people back into education and work. According to her the biggest barrier is:

A gap between basic education and TAFE which is stopping a lot of consumers we deal with going on any further into the workforce... We would have 70% of our consumers in our numeracy and literacy class...¹²³

2.146 Many kids are leaving school without the basics:

When mental ill health strikes, it generally will strike in teenage years or early adulthood. The signs of it are probably seen in schools, but it is not picked up on. Now there are lots of programs that are picking it up. But they all go through the school system rather than say there is a problem.¹²⁴

2.147 Mrs Kuchel went on to describe how when consumers come onto their books, they may not have basic living and social skills:

... there is a gap between [what we can offer, basic education] and [them] being not quite ready for TAFE yet ... There is no way they

123 Mrs Marie Kuchel, UnitingCare Wesley Port Adelaide, *Committee Hansard*, Whyalla, 6 June 2011, p. 2.

124 Mrs Marie Kuchel, UnitingCare Wesley Port Adelaide, *Committee Hansard*, Whyalla, 6 June 2011, p. 2.

are going to be able to go on to further education and/or work unless we get that middle section right.¹²⁵

- 2.148 A range of programs exist to fill this gap. BoysTown referred to its Get Set for Work school to work transition program in south east Queensland.¹²⁶ The BoysTown website provided a little more information about the program for young school leavers aged 15 to 17 years who are unsure of their work futures:

[It] provides a mix of practical activities focused on social skills, literacy and numeracy training, occupational skills and work-based learning to address learning and employment needs.¹²⁷

- 2.149 Accredited training is delivered through a partnership with TAFE, Registered Training Organisations and the Aboriginal and Torres Strait Islander Independent School.¹²⁸
- 2.150 A respondent to the Australian Youth Forum consultation on mental health and workforce participation enthused about the BoysTown Get Set for Work program:
- BoysTown Get Set for Work programs in Queensland have had a great impact in getting youth who have had negative experiences of the formal education system back into training and employment through helping them see the value in themselves and their capabilities.¹²⁹
- 2.151 Ms Glover described another initiative at the Tasmanian TAFE, specifically designed to help those people with a mental illness not yet ready to enrol in mainstream courses, to reengage with their community and learning pathways and to develop their skills.
- 2.152 Participants in the 'Exploring Options', Certificate I in Access to Work and Training Program, are referred from mental health practitioners, services and community organisations. The aim of the generalist course is to support people to gain skills in confidence, self-esteem and self-worth in a supported environment and 'sow seeds for pathways for further training'.¹³⁰
- 2.153 Ms Glover pointed to the program's success by recounting one student's story. This student had been acutely unwell and spent an extended

125 Mrs Marie Kuchel, UnitingCare Wesley Port Adelaide, *Committee Hansard*, Whyalla, 6 June 2011, p. 1.

126 BoysTown, *Submission 49*, p. 5.

127 BoysTown website, <http://www.boystown.com.au/get-set-for-work.html>

128 BoysTown website, <http://www.boystown.com.au/get-set-for-work.html>

129 Respondent in Australian Youth Forum, *Submission 73*, p. 22.

130 Ms Glover, Tasmanian Polytechnic, *Committee Hansard*, Hobart, 4 November 2011, p. 11.

amount of time in hospital, however throughout the course, they had began to regain confidence and rebuild their life:

That person over time has become re-engaged with their family and re-engaged with social networks ... I understand that that student is studying at the University of Tasmania this year.¹³¹

- 2.154 Wodonga TAFE, which has higher than state average numbers of students with a disability, noted its range of general education preparation courses, including bridging options and short courses specifically designed for individuals with mental health issues.

The Foundation Studies department has up to 90 enrolments per year into various course options for students with a psychiatric disability and each year this number continues to grow.¹³²

- 2.155 The courses aim to improve language, literacy and work skills:

They are designed to help gain the confidence needed to enter or re-enter education and/or the workforce.¹³³

- 2.156 Wodonga TAFE referred to the diverse pathways that exist for course participants:

Includ[ing] enrolment in further training options (including university) and part-time and full-time employment.¹³⁴

- 2.157 Some criticism has been levelled at foundation training courses for being too generic – and not being tailored to the industry that consumers may wish to enter. The premise of this argument is that it acts as a further demotivator and adds to self-stigma.

- 2.158 Mrs Anthea Smith, Allied Health Manager, Employment Services, ORS Group described TAFE courses in NSW (specifically in the Liverpool area) that attempt to mitigate this. Some TAFEs offer courses such as a certificate I in retail or horticulture that are run specifically for clients with a mental health condition. She noted that these courses offer a more flexible service delivery model [than the mainstream courses in these areas] and are supported by a disability support worker.¹³⁵ However, Ms Smith added that ‘That is definitely not something I have seen a lot of at every TAFE.’¹³⁶

131 Ms Glover, Tasmanian Polytechnic, *Committee Hansard*, Hobart, 4 November 2011, p. 11.

132 Wodonga TAFE, *Submission 7*, p. 1.

133 Wodonga TAFE website: <http://www.wodongatafe.edu.au/organisation/about-us/teaching-departments/foundation-studies.aspx>

134 Wodonga TAFE, *Submission 7*, p. 1.

135 Mrs Anthea Smith, National Allied Health Manager, Employment Services, The ORS Group, *Committee Hansard*, Gosford, 30 August 2011, p. 17.

136 Mrs Smith, The ORS Group, *Committee Hansard*, Gosford, 30 August 2011, p. 17.

Motivation

- 2.159 People suffering from mental ill health can lose motivation to pursue education, training or employment opportunities. Beyond the stigma often associated with mental ill health, a lack of motivation can be a side effect of the medication they are prescribed.¹³⁷
- 2.160 Associate Professor Vicki Bitsika, Behaviour Management and Psychology, and Associate Dean for Teaching and Learning, Faculty of Humanities and Social Sciences, Bond University, indicated that prevocational training has been unsuccessful because it is too generic, and not tailored to the individual's needs and their employment goals.¹³⁸
- 2.161 Mr Jeff Cheverton, Chief Executive Officer, Queensland Alliance for Mental Health raised another potential disincentive to participation in generic training when people are subject to 'endlessly training ... for jobs that they never get'.¹³⁹
- 2.162 Dr Geoffrey Waghorn warned that if a person is not sufficiently self-motivated, and in the right space, to study or get into employment, there is little point in directing resources to those ends:
- You cannot help people who do not want help...A better way to do it is to say, "You are eligible for this assistance, but it is most likely to work when you really want it."¹⁴⁰
- 2.163 Other witnesses pointed to the time lags incurred in getting people the assistance they need and want. Orygen Youth Health referred to these as 'demotivation periods.'¹⁴¹
- 2.164 Ms Collister from Mental Illness Fellowship Victoria emphasised how important it was to intervene quickly and 'capture the moment somebody says they want to work':
- What happens is people lose their motivation and drive during periods [of generic prevocational training for example]...we have to act quickly...our approach is to find the right job for that person and match their skills and interests.¹⁴²

137 See for example Dr Geoffrey Waghorn, *Committee Hansard*, Brisbane, 9 August 2011, p. 14, VETE, *Submission 70*, p. 2, AYE, *Submission 73*, p. 8 Workskills, *Submission 34*, p. 3 and Mental Illness Fellowship Victoria, *Committee Hansard*, Melbourne, 13 April 2011, p. 2.

138 Associate Professor Vicki Bitsika, Behaviour Management and Psychology, and Associate Dean for Teaching and Learning, Faculty of Humanities and Social Sciences, Bond University, *Committee Hansard*, 8 August 2011, p. 7.

139 Mr Jeff Cheverton, Chief Executive Officer, Queensland Alliance for Mental Health, *Committee Hansard*, 9 August 2011, p. 18.

140 Dr Geoffrey Waghorn, *Committee Hansard*, Brisbane, 9 August 2011, p. 14.

141 Orygen Youth Health, *Submission 28*, p.3.

142 Ms Laura Collister, CEO, *Mental Illness Fellowship of Victoria*,

- 2.165 The key to the success of foundation courses, or indeed any course, is the desire and motivation of the student to complete the course and having the necessary supports around them to help them accomplish their goals. Some people may find it helpful to undertake a prevocational training course in order to build their confidence to go on to do other courses. For others, a too generic course may prove demotivating. For them, undertaking a more specialised training course, with either inbuilt supports such as those mentioned above, and/or access to the broader student support services on campuses, such as counselling and disability liaison officer support, are better approaches.

Peer supports/PHaMS

- 2.166 Mrs Kuchel from UnitingCare and others spoke to the level of ongoing support that some people with a mental illness may require once at TAFE as well as prior to commencement of their studies. She said:

They can have a really bad day at TAFE, and straight away their confidence is right back where it started. If there could be somebody in place who could monitor them ... until they finish their course that would go a long way.¹⁴³

- 2.167 Ms Reece said that if she had had access to something like the Personal Help and Mentoring Service (PHAMS) when she first went to university, that would have helped her enormously, to get through her studies.¹⁴⁴ She is now working towards re-entering university, with the support of her current PHAMS worker.¹⁴⁵

- 2.168 Ms Reece spoke about the positive impact that the program had had on her whole life, not just helping her reengage with further education:

It has given me a lot of confidence back. I have gained a lot of skills. I have a resume which looks a lot healthier than it did and spending time with people who think i have potential as well as limitations had made a really big difference.¹⁴⁶

- 2.169 One of the especially pleasing aspects of the program is that many of the participants train in turn to become peer support workers themselves. Ms Reece told of how she had since trained as a peer support worker and
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143 Mrs Kuchel, UnitingCare Wesley Port Adelaide, *Committee Hansard*, Whyalla, 6 June 2011, p. 1.

144 Ms Sarah Reece, *Submission 17.1*, p. 1.

145 Ms Sarah Reece, Participant, PHaMs West Program, *Committee Hansard*, Adelaide, 7 June 2011, p. 4.

146 Ms Sarah Reece, Participant, PHaMs West Program, *Committee Hansard*, Adelaide, 7 June 2011, p. 4.

been employed by MIFSA on a casual basis, something she described as 'wonderful'.¹⁴⁷

2.170 PHaM is a Commonwealth program that runs nationwide. The program:

provides access to early intervention support for people with persistent and/or episodic illness at crucial points in their lives to support recovery and reduce social isolation and a greater focus on employment outcomes.¹⁴⁸

2.171 Ms Fiona Johnson, Team Leader, PHaMS West Program, responsible for six sites within South Australia, Mental Illness Fellowship of South Australia added:

It is a non-clinical program, based on psychosocial rehabilitation, so the focus is really looking at the life areas for somebody where their mental illness is impacting. The majority of the program is looking at those individuals who slip between the cracks of the present mental health system. An individual does not need a diagnosis of a mental illness in order to access our support, which is wonderful. It means we capture people who may not present as sick enough or at danger.

The focus is on long-term support for individuals. It is not time-limited, which means that our program worker and a participant can work on goals at a pace that suits the individual. The design is that they connect with services that are appropriate to the participant at the participant's request. The goal setting is focusing on life areas...such as communication, interpersonal skills, education, transportation, social and community activities, accommodation, domestic routines and clinical and self-care.

We focus strongly on employment and what it means to become employed and maintain employment which the majority of our participants within the program, feel they would like to move into at some stage- and also what it means to actually goal-set towards that and to have maintainable goals that take into consideration self-care around their mental health.¹⁴⁹

2.172 The program is being expanded:

An additional 3, 400 people with severe mental illness will be assisted through the engagement by community organisations of

147 Ms Sarah Reece, Participant, PHaMS West Program, *Committee Hansard*, Adelaide, 7 June 2011, p. 4.

148 Joint department Submission 62, p. 16.

149 Ms Fiona Johnson, Team Leader, PHaMS West Program, Mental Illness Fellowship of South Australia, *Committee Hansard*, 7 June 2011, p. 2.

425 new personal helpers and mentors to provide practical, one-on-one support for people with severe mental illness to set and achieve personal goals such as finding employment, improving relationships with family and friends, and manage everyday tasks such as using public transport or housekeeping.

As part of this expansion, up to 1, 200 people with mental illness on, or claiming income support, on the DSP who are referred to employment services will also have access to PHaMS services. This service will help people with a mental illness stay engaged with employment services while they look for work, or participate in work and training.¹⁵⁰

- 2.173 The joint department Submission provides case-studies of people with a mental health condition being encouraged and supported by their PHaMS worker to commence and complete studies. The examples illustrate how work opportunities can be successfully cultivated alongside further education:

Andy*...with the help of the PHaMS worker he received a full scholarship to study graphic design...Andy now goes to school, has his own place to live and has been promoted at work [he got a job in a pub working 30 hours per week and has come off the DSP]...

Jenny*...As her 'wellness' improved the PHaMS team were able to support her in a medication reduction regime and identify some goals. These included returning to work...She also enrolled in additional tertiary education and found school exhilarating and began to blossom. At this point the PHaMS program was developing its Peer Support Worker Program that included 13 weeks of 'on-the-job' training. Jenny is now a paid employee working three days a week...and is encouraging the PHaMs service to develop this opportunity for other participants.¹⁵¹

- 2.174 Several witnesses praised the ethos of FaHCSIA's PHAMS model¹⁵², which is supporting people with a mental illness to reengage with the community.
- 2.175 Mr Evan Lewis, Group Manager, Disability and Carers, FaHCSIA talked about how the PHaMs program had evolved from its initial premise of

150 Joint department Submission 62, pp. 16-17.

151 Joint department Submission 62, pp. 23-24.

152 See website for details:

<http://www.fahcsia.gov.au/sa/mentalhealth/progserv/PersonalHelpersMentorsProgram/Pages/default.aspx#1>

social connection, to help people with a mental illness undertake studies and find work:

PHamS was not initially intended to be an employment service. It was more about social initially, but we have found that we are getting people who, with better medication nowadays, could be stabilised, could graduate...from our program and go to work. We now have a chunk of money. We have spent a lot of time before the announcement with DEEWR and DoHA talking about how that would work with employment services in thinking about the people who, with some assistance, are involved in the DSP system and who are potentially able to be employed that we can do something different for.¹⁵³

2.176 The Royal Australian and New Zealand College of Psychiatrists state that education and training programs need to incorporate support measures for students with psychiatric disorders and that the use of trained peer support should be deployed to overcome the stress and difficulties their condition may place on study.¹⁵⁴

2.177 The College of Psychiatrists refers to New Zealand's Like Minds organisation and their development of an Individual Placement and Support program called the Sentinel Project which is aimed at supporting tertiary students with a mental illness:

It is hoped that peer led recovery learning (support provided by others who have come through mental illness) plus service user leaders will be identified and trained to support students. The aim would be to put in place work plans, study schedules and mentors within tertiary education organisations.¹⁵⁵

2.178 Ms Reece indicated that a social support group comprised of her peers would have been extremely beneficial to her throughout her time at university:

... something on campus - a group for people with mental illnesses trying to study at tertiary level ... [and] some assistance to [link] up to social support would have been enormously helpful.¹⁵⁶

2.179 A respondent to the Australian Youth Forum also referred to the importance of peer support, and:

153 Mr Evan Lewis, Group Manager, Disability and Carers, FAHCSIA, *Committee Hansard*, 14 October 2011, p. 5.

154 Royal Australian and New Zealand College of Psychiatrists, *Submission 39*, pp. 8-9.

155 Royal Australian and New Zealand College of Psychiatrists, *Submission 39*, p. 8.

156 Ms Reece, Participant, PHaMs West Program, *Committee Hansard*, Adelaide, 7 June 2011, p. 7.

Having a place to go and hang out with a small group of people like a student services room.¹⁵⁷

- 2.180 Having a program, such as the one in New Zealand, operating in Australian universities could complement the services offered by disability liaison officers and other support staff, as well as those offered by PHAMS. Especially given that there is usually only one disability liaison officer at each university or TAFE and therefore only limited support that can be provided to each student.
- 2.181 The Committee watches with interest the development of the New Zealand Sentinel Project.
- 2.182 At the same time, the Committee recognises that general and specific peer mentoring programs are already a successful feature of many Australian university campuses. For instance, the University of New South Wales offers a peer mentoring program:
- Peer mentors are experienced students who provide support to new students making the transition to university...can help make the transition to uni life as smoothly as possible, by providing support, opportunities to meet new people and benefit from the experiences of other students.¹⁵⁸
- 2.183 Apart from being available to first year students, there are specific programs for international students, students coming from rural/interstate locations, mature-aged students and students transferring from other educational institutions.
- 2.184 Students' feedback on these sorts of programs is positive and the benefits for their well-being myriad:
- "I really enjoyed my mentoring sessions. The mentors have been able to answer any questions...and given me support and guidance to adjust to university life."
- "As I was part of a mentoring group for mature age students, it helped me get to know a few people in similar situations, talk about things they've done, which in turn helped me and made me feel a little less alone..."¹⁵⁹
- "I had a really excellent experience. My mentor helped me through."¹⁶⁰
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157 Respondent, Australian Youth Forum, *Submission 73*, p. 21.

158 University of New South Wales website, <http://studentlife.unsw.edu.au/services/peer-mentoring/>

159 University of New South Wales website, <http://studentlife.unsw.edu.au/services/peer-mentoring/>

160 Matt Wilkenson, in *The Sydney Morning Herald*, 8 February 2011, p. 12.

Recommendation 4

The Committee recommends that the Commonwealth Government encourage more peer support programs on Australian university and TAFE campuses, including those that specifically support students with a mental illness.

Transitioning into the workforce

2.185 The National Disability Coordination Officer (NDCO) Program exists to:

- improve transitions to help people with a disability move from school or the community into post-school education and training and subsequent employment;
- increase participation by people with disability in higher education, vocational education and training and employment;
- establish better links between schools, universities, TAFES, training providers and disability service providers so that they can work together to provide the best possible assistance for people with a disability.¹⁶¹

2.186 The Mental Health Council of Tasmania referred to a key initiative of the National Disability Coordination Officer Program, a resource titled 'Mountain climbing', prepared in Tasmania but designed to help tertiary graduates nation-wide with a lived experience of mental illness transition to employment on completion of their studies.¹⁶²

2.187 The 'Mountain Climbing' resource aims to:

Give you some of the equipment you might need to make a smooth transition into work. It's also designed to help you get through the first week of work and to stay employed once you get a job.¹⁶³

161 The National Disability Coordination Officer (NDCO) website, <http://www.deewr.gov.au/Skills/Programs/Support/NDCO/Pages/default.aspx>

162 Mental Health Council of Tasmania, *Submission 18*, p.2.

163 Mountain Climbing: A resource for tertiary graduates with lived experience of mental illness making the transition to employment, http://www.ndcotas.com.au/assets/files/UGRO3542_Mental%20Health%20booklet_Electronic.pdf, p. 7.

2.188 Throughout the informative 80-page booklet, many myths are countered. For instance, that it is better for someone with a mental illness to feel fully well before working or looking for work. In fact, the opposite is true:

Working and looking for work keep you engaged and can actually speed up the recovery process.¹⁶⁴

2.189 Similarly, there is a myth that people with a mental illness are less productive than other employees, or should only work at low stress jobs that require no interpersonal conduct. Contrary to this stereotype, the resource tells graduates that:

People with a mental illness can perform high stress jobs if they have a high stress tolerance, learn effective coping mechanisms and manage their illness well. Interpersonal contact at work can have restorative effects for people with a lived experience of mental illness.¹⁶⁵

2.190 Another key feature of the booklet, and probably its greatest strength, is the use of stories from university and TAFE graduates with a lived experience of mental illness, recounting how they have personally and practicably dealt with issues like disclosure, stigma and prejudice in a range of workplaces.

2.191 The pros and cons of disclosure are examined in some detail. Some people, it seems, choose to disclose straight away, others partially disclose or disclose further into their employment once established in their position. Others choose not to disclose at all. Both bad and good experiences are highlighted but ultimately graduates are empowered with the message that:

It's up to you if you want to tell your employer about your condition [and how you go about doing so].¹⁶⁶

2.192 The booklet also addresses one of the other main concerns that some people with a mental illness have, about whether to take on full-time or

164 Mountain Climbing: A resource for tertiary graduates with lived experience of mental illness making the transition to employment, http://www.ndcotas.com.au/assets/files/UGRO3542_Mental%20Health%20booklet_Electronic.pdf, p. 6.

165 Mountain Climbing: A resource for tertiary graduates with lived experience of mental illness making the transition to employment, http://www.ndcotas.com.au/assets/files/UGRO3542_Mental%20Health%20booklet_Electronic.pdf, p. 35.

166 Mountain Climbing: A resource for tertiary graduates with lived experience of mental illness making the transition to employment, http://www.ndcotas.com.au/assets/files/UGRO3542_Mental%20Health%20booklet_Electronic.pdf, p. 55.

- part-time employment, and strategies for negotiating flexibility on their hours with employers, including taking on more work once settled.
- 2.193 The case-study model attests to the usefulness of graduates building themselves support networks, be it utilising the careers service at university or TAFE and/or external health professionals and employment agencies.
- 2.194 Useful, practical tips on how to stay well appear throughout the resource as well. Further to this, the booklet contains information on a host of organisations from whom additional support can be sought if required, for example, Mental Illness Fellowship and Bipolar.
- 2.195 There is a section on Centrelink payments and how to apply for income support in between graduating and finding a job, and what employment service providers, including speciality employment service providers, can offer, and how to access their services.
- 2.196 At the same time, there is an emphasis on the standard job search process and busting the myth that most people with a mental illness always need specialised disability resources to get a job. In fact:
- Most people with a mental illness get jobs on their own or with standard job search assistance.¹⁶⁷
- 2.197 The booklet is characterised by positive and encouraging language and reinforcement throughout of the graduates' strengths, reminding them of the suite of skills and abilities they bring to bear having already successfully completed their studies.
- 2.198 The resource concludes with some basic information on how to access the Jobs in Jeopardy program, if that is an appropriate option for graduates who find themselves in a job that is not working out, a bibliography and website URLs for a host of helpful organisations like Beyond Blue and SANE Australia.
- 2.199 In the end, the key to success for graduates with a mental illness finding and keeping a job is the same as for any graduate:
- Success factors for people with a mental illness in employment do not necessarily relate to their skill levels or their type of mental illness but their work history and experience, their motivation to

167 Mountain Climbing: A resource for tertiary graduates with lived experience of mental illness making the transition to employment, http://www.ndcotas.com.au/assets/files/UGRO3542_Mental%20Health%20booklet_Electronic.pdf, p. 47.

work, their social skills and the quality and duration of the employment and mental health supports they receive.¹⁶⁸

- 2.200 The Mountain Climbing resource is a useful one for university graduates. It would be good to see something similar prepared to assist people who complete vocational education and training courses.

168 Mountain Climbing: A resource for tertiary graduates with lived experience of mental illness making the transition to employment, http://www.ndcotas.com.au/assets/files/UGRO3542_Mental%20Health%20booklet_Electronic.pdf, p. 73.