Who's supporting us?
TAFE staff perspectives
on supporting students
with mental illnesses

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National Centre for
Vocational Education Research

research

Informing **policy** and **practice**
in Australia's **training system**

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NCVER

Foreword

This research was undertaken by the National Centre for Vocational Education Research (NCVER) as part of its own research program.

The number of students reporting mental illnesses in the public vocational education and training (VET) sector was just over 9800 in 2005. Those reporting mental illnesses achieve poorer educational outcomes compared with other disability groups and the general VET student body, and this is a challenge to the sector. Teachers and support staff in technical and further education (TAFE) institutes are at the frontline in responding to the needs of these students; this research explored staff perspectives on how TAFE institutes in Australia are supporting students with mental illnesses.

During the course of this research we identified a number of approaches of potential use in meeting the needs of these students; we also identified the major issues facing the sector in making VET a real option for students with mental illnesses. This report suggests consideration by TAFE institute directors and state and territory governments of those approaches and issues.

Anyone who is involved in the delivery of vocational education and training to people with a disability is also likely to find the report of interest.

Tom Karmel
Managing Director, NCVER

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Key messages

This report examines the perceptions of technical and further education (TAFE) staff in relation to supporting students with mental illnesses.

✧ A major issue for TAFE institutes is responding to the needs of students who do not disclose a mental illness. Mental health promotion needs to address this lack of disclosure.

✧ Staff felt that there was a lack of clarity about the extent of their roles in supporting students with mental illnesses. Staff acknowledge their responsibility to provide duty of care but agree that their roles should not cross over to actual provision of personal support.

✧ Staff require appropriate skills and collegiate support to respond confidently to the diverse needs of students with mental illnesses. This includes more opportunities for discussion and debriefing sessions with experienced staff.

✧ The vocational education and training (VET) sector should be concerned with education, not therapy. Staff felt that community health services see VET as a therapeutic option for their clients, rather than as education in its own right.

Executive summary

Students reporting a mental illness generally have lower subject and course completions than most other disability groups and the vocational education and training (VET) population as a whole (Cavallaro et al. 2005). This raises a challenge for the VET sector.

The question we aim to explore is how technical and further education (TAFE) providers in Australia are responding to the needs of students with mental illnesses. Teachers and support staff at TAFE institutes are in the frontline of support for all students. This research explores their perspectives on supporting students with mental illnesses in TAFE.

How we undertook the research

Through interviews and group discussions, views were obtained from 113 TAFE staff spread across six TAFE institutes in Australia.

Our research explored the following key issues from the perspective of TAFE staff at all levels:

✧ what impacts mental illnesses have on students' learning and their lives

✧ what processes staff follow when they become aware a student has mental health difficulties

✧ what support services staff are aware of for students, both on campus and externally

✧ what support mechanisms staff have available to them, including professional development

✧ what mental health promotion activities are available on campus.

TAFE staff face significant issues in supporting students with mental illnesses. These issues were found to be common across all levels of TAFE and across jurisdictions.

Key findings

> … I think that while there's a lack of knowledge you focus on the exceptional behaviour rather than the day to day. So you know, it's kind of tackling the whole thing more holistically, so it's about our specialist support staff, it's about our general staff, it's about our physical infrastructure and it's about the learning options that are available and learner management …   (Chief executive officer)

Issues and impacts of mental illnesses on learning

There is almost complete agreement that the most significant issue for TAFE is responding to the needs of students who do not disclose their mental illness. The main impact for students of their not disclosing their mental illness is that they cannot access disability support services.

Teachers in particular are most concerned for students who may be undertaking their vocational education and training during the early stages of their mental illness. These students are often not yet connected to community mental health services and may experience episodes and interruptions to their learning that impact significantly on themselves, TAFE staff and other students. While it

can be assumed that a substantial proportion of people with mental illnesses studying at TAFE institutes are managing well enough to need only limited support, the remainder are experiencing significant difficulties with issues associated with learning, such that their capacity to successfully participate in training is affected.

The impacts of mental illnesses on students are diverse and significantly affect learning and completion of subjects and courses. Staff were clearly aware of this and cited some of the most common. These include: sporadic attendance, difficulties maintaining concentration and retaining information, and participation in group work. Staff also acknowledged that a student's medication affected their learning.

There is an increasing awareness amongst staff that they are legally responsible for ensuring they provide reasonable adjustments across TAFE for students with a disability. However, there are some concerns that certain approaches to reasonable adjustment might 'water down' the curriculum for particular students. Other teachers find it hard to make reasonable adjustments for particular courses that require work placements as part of the assessment, knowing that some students are not well enough to undertake the work placement or that it has the potential to trigger an episode.

Support available for students

The main issue that staff have is a lack of clarity about the extent of their roles in supporting students with mental illnesses. Staff acknowledged their responsibility to provide duty of care but agreed that their roles should not cross over to actual provision of personal support. This is particularly the case for teachers, including those who have a professional background in psychology, counselling or youth work.

Most staff indicated the need to have clear protocols and processes in place in TAFE institutes to ensure they are doing all they can to support students with mental illnesses.

All TAFE institutes have disability support services on campus; however, the way these services are structured varies between jurisdictions and institutes. The majority of staff were aware of the support available for students and readily referred students to these services. Nevertheless, some staff felt there was a greater need for support services than is currently recognised and that increased services need to be made available. For example, support services for an entire institute may be located on one campus, creating access issues for students on other campuses. Improving the awareness of new and casual staff about what support is available for students with mental illnesses was also a concern for staff.

Support available for staff

To be able to respond confidently to the diverse needs of students with mental illnesses, staff require appropriate skills or support. Teachers from mainstream programs were likely to feel more overwhelmed than their colleagues from specialist program[1] areas. Specialist teachers often relied on the advice and support from their immediate colleagues, who in many instances had professional backgrounds in psychology, social work or counselling. There were some concerns that other teaching areas lacked the support of experienced colleagues to enable regular discussion of mental health issues. Increased opportunities to discuss these issues with colleagues across different teaching areas is likely to assist staff to more successfully support students suffering from mental health difficulties.

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[1] Specialist teachers: coordinators and teachers in specific programs for students with mental illnesses, as well as courses that attract higher numbers of students with mental health difficulties, such as general access and preparatory programs, community services, mental health work, alcohol and other drugs programs and some English as a second language programs; mainstream teachers: coordinators and teachers in general TAFE programs such as horticulture, information technology, media, hospitality, engineering and other trades.

Professional development remains an important response by TAFE institutes to ensure that teaching and support staff feel confident in providing support and adjustments for students with mental illnesses. However, staff raised issues about the kinds of professional development available in the area of mental health and how it is structured. There was a call for more practical and accessible ongoing professional development; it was reported that many opportunities were missed due to scheduling. These issues can be more problematic for casual staff.

Staff were concerned about the lack of resources available to adequately fund and staff mental health care and services in the community, particularly when TAFE institutes rely heavily on outside organisations to treat and support students with mental illnesses. The greatest concern of teachers and support staff is the capacity of external services to provide critical response and treatment for students when needed. Institutes are caught between being providers of education and training and, in a number of cases, filling the gaps that exist in community health care. Developing partnerships between institutes and key mental health services may help to improve support for students.

Mental health promotion

Mental health promotion is underdeveloped in the TAFE environment. In all the institutes we visited, almost all staff agreed that on their campuses there is very little overt promotion of positive mental health, and in some cases limited promotion of the support services available to students with mental health difficulties. Positive promotion of mental health may help to remove the stigma attached to mental illnesses and to dispel misconceptions about them.

Some staff believed that case workers and officers in various health-related organisations view and promote TAFE as a therapeutic option for their clients. Mental health providers can also promote TAFE in this way, believing that extensive support services are available for students on campus. Staff acknowledged that people attend TAFE for a variety of reasons, and positive personal outcomes are often sought and obtained. However, many agreed that TAFE should be concerned with delivering education and training, not therapy. TAFE institutes are not equipped with the resources or skills to provide intensive therapeutic support.

Introduction

An estimated 6.8% of the general population reported a mental illness in 2003.[2] The number of people reporting mental illness has increased from 7663 in 2003 to 9835 in 2005 and now accounts for over 10% of people studying vocational education and training (VET) courses reporting a disability (NCVER unpublished 2006 data). The proportion of people reporting a mental illness is likely to comprise those who have a long-term, diagnosed or existing condition, and the overall proportion of people experiencing mental health difficulties is likely to be under-reported in the general population, as well as in the VET system.

Students reporting a mental illness generally have lower subject and course completions than most other disability groups and the VET population as a whole (Cavallaro et al. 2005). As a cohort, they are more likely to be unemployed or out of the labour force than the rest of general population, and even the overall disability population in VET (see table 1). They are also generally more likely to access lower-level qualifications (certificate II or lower) in the areas of mixed field programs.

Students reporting a mental illness were the least likely to complete a qualification, with the lowest award completion rate by comparison with the whole disability group. In addition, these students reported the lowest subject completion rate.

Table 1   Training profile of students reporting mental illness in the public VET system 2005 (%)

	Students reporting mental Illness[1]	Total students reporting a disability[1]	Total VET population[1]
Labour force status before training			
Unemployed	34	26	12
Not in the labour force	34	26	10
Prior education level			
Completed Year 12	31	29	34
Qualification in VET			
Certificates II & I	33	32	21
Field of education			
Mixed field programs	32	24	12
Study outcomes			
Proportion completed an AQF qualification	12	15	18
Subject completion rate*	68	76	83

Notes: (1) The columns refer to the relevant population base. For example, 34% of students reporting a mental illness are unemployed.

Subject completion rate = Pass + Recognition of prior learning + Non-assessable satisfactorily completed divided by Pass + Fail + Withdraw + RPL + NA satisfactorily completed + NA not satisfactorily completed.
AQF = Australian Qualifications Framework.

Source: NCVER unpublished data

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[2] Derived from Disability, Aging and Carers' Survey cofidentialised unit record files (Australian Bureau of Statistics cat. no. 4430.0.00.001, 2004).

Clearly, there are many factors contributing to the poor educational outcomes of people reporting a mental illness in VET. This presents a challenge to the VET sector.

The question we aim to explore is how staff at all levels in technical and further education (TAFE) institutes in Australia are responding to the needs of students with mental illnesses. The data and research indicate that more effort is required to ensure that these students have access to flexible learning options, study, health, income and accommodation support, and to staff who understand and accommodate their diverse backgrounds and needs.

This research

Through interviews and structured group discussions, views were obtained from 113 TAFE staff, spread across six TAFE institutes. This included TAFE institutes in Western Australia, South Australia, Victoria and the Australian Capital Territory. Table A1 (appendix A) summarises the cross-section of this sample. We did not include students as part of the case study sample.

The report focuses on the following research questions:

✧ What are the attitudes and awareness of VET practitioners (teachers, support staff and managers) towards students with mental health issues?

✧ What are the skills and support needed by VET staff at all levels regarding the mental health of their students? How can these be improved (for example, through specific professional development)?

For the purposes of this research, we define the staff groupings as:

✧ managers—chief executive officers and institute directors; divisional and faculty directors; learner/client services managers; and disability managers

✧ mainstream teachers—coordinators and teachers in general TAFE programs such as horticulture, information technology, media, hospitality, engineering and other trades

✧ specialist teachers—coordinators and teachers in specific programs for students with mental illnesses, as well as courses that attract higher numbers of students with mental health difficulties, such as general access and preparatory programs, community services, mental health work, alcohol and other drugs programs and some English as a second language programs

✧ support staff—educational counsellors; personal (psychological) counsellors; youth workers and pathways coordinators; disability liaison officers; Indigenous centre staff; librarians; and note-takers.

We also consulted with other organisations, including Reframing the Future, the Equity Research Centre and all state and territory training authorities, about any current mental health policies, projects and research.

Based on the national data and interview questions, our analysis and discussion focuses on five main issues which are written as separate chapters: mental illnesses in VET; issues and impacts of mental illnesses in study and learning; supporting students with mental health difficulties; supporting staff to assist students; and mental health promotion.

Issues and impacts of mental illnesses in study and learning

> … a lot of people don't see mental health as a disability—well, it may be not. A lot of people function very effectively, but it's when it causes disability that it then becomes an issue for students. And it just seems the additional pressure and stress of the course is often enough to tip that balance …   (Portfolio manager/specialist teacher)

To explore the awareness and attitudes of TAFE staff towards students with mental illnesses, we asked a series of questions about what they perceive the impacts of mental illnesses to be on students and their learning, and what experiences they have had with students who disclose a mental illness and with those whom they suspect might have mental health difficulties.

There are significant numbers of commonalities in the awareness of and issues faced by the various staff groups we spoke to in relation to the mental health of students, particularly amongst the specialist teachers. This could be because of their backgrounds and teaching in areas that may attract higher numbers of students with mental health difficulties.

Some issues are shared between particular groups—the mainstream and specialist teachers share a lot of responses because they are in class with students, while the specialist teachers and support staff (such as counsellors) also have similar perspectives, given their often common professional backgrounds. Other groups were more diverse in their perspectives, such as amongst managers or amongst support staff. This largely reflects the diversity of the roles of people we spoke to across the various institutes.

Anecdotal prevalence of mental illnesses in TAFE

All staff we spoke to agreed that mental health and mental illnesses in the TAFE student population are amongst the most substantial issues the sector is currently dealing with. There is some variation in perceptions amongst TAFE staff over whether mental ill health is increasing, or whether more people are willing to identify their mental illnesses, or a combination of both factors.

> … is there more of it or do we just recognise it now?   (Mainstream teacher)

A large proportion of respondents suggested that the number of students with a mental illness in TAFE institutes is likely to reflect prevalence in the community, while equal numbers firmly believed that the incidence is increasing in the community and in TAFE. A factor contributing to this is suggested to be the recent welfare to work measures and general efforts to have the majority of working-age people in either employment or education and training.

Staff we spoke to generally agreed that there is a higher prevalence of people with mental illnesses in courses like community services, alcohol and other drugs, and mental health work, as well as in youth, access and other preparatory programs. While higher participation in enabling courses (within mixed field programs) is supported by the data cited above, there is no clear reflection in national statistics of significantly higher participation in any other fields of study. Anecdotally, specialist teachers often cite a figure of around 80% of students with mental illnesses in their classes. The main reasons attributed by staff to the higher prevalence in such courses are that students with consumer experience in the mental health and community care sectors want to 'give

something back' and help other people going through the same process, and that some people want to gain more personal insight into and understanding of their own condition.

Students who disclose a mental illness

Most staff we spoke to emphasised that a significant number of people with mental illnesses manage their condition well, with combinations of strategies, support and/or medication. Staff acknowledge that, in such cases, they are likely to remain unaware of a number of their students who have mental health difficulties.

> … there's a large proportion of people who can be identified who actually have very limited support needs and successfully go through the system … (Student services manager)

Students more willing to disclose their illnesses seem to do so to teachers or support staff at or soon after enrolment. Staff mentioned that some students are more comfortable with their condition and even disclose it during class. In these cases, teachers and support staff will talk to the students about what support or adjustments they need, if any, and where they can go to access services on campus. Specialist teachers and counsellors will also refer students to external mental health and community services if they do not already have support outside TAFE. Generally speaking, however, staff find that those students willing to disclose their disability are likely to be supported in the community already, and have a good idea of the kinds of supports they need specifically at TAFE.

A number of staff identified another group of students who were only likely to disclose mental health difficulties when course and assessment demands overwhelmed them. Some students decide to seek help, while others may drop out of the system. These students may manage to a point during the year until financial pressures and academic concerns related to tertiary study might exacerbate pre-existing mental health difficulties or precipitate disorders (Royal College of Psychiatrists 2003).

However, students experiencing mental health difficulties who do seek help may only disclose their illness to those they feel 'need to know' (Bathurst & Grove 2000b). Support staff, particularly counsellors and disability officers, raised the issue of students reluctant about teachers knowing of their condition. In these cases, the disability officer is generally responsible for advising teachers of the kinds of adjustments and accommodations they might need to make, without referring to the particular condition the student has. However, most of the teachers we spoke to want to know if a student has reported a disability or condition, as well as its likely impacts on learning, in order to make the appropriate and reasonable adjustments to assist the student to get through the course.

Staff also talked about issues associated with having more than one student in a class disclosing a mental illness. In some contexts this is seen as positive, because it means that people open up and they share experiences with their classmates—and they generally get good support and understanding from their peers and can feel less isolated. However, having more than one student in the class who has openly disclosed a mental illness could result in 'inappropriate interactions' between students and this was often difficult to manage.

Students who do not disclose a mental illness

There is almost complete agreement that the biggest issue for TAFE institutes is responding to the needs of students who do not disclose a mental illness. This has a number of implications that make achieving in TAFE difficult for these students.

Reasons why people may not disclose

Staff believe one major reason why students do not disclose their condition is that many people, especially young students, have not been diagnosed with a mental illness or do not even recognise they have a condition or a problem. These students were described as the most challenging for teachers, as it is difficult to know what practices or events in their classes might trigger an episode or crisis for the students.

The majority of teachers and support staff perceived that many people do not want to disclose a mental illness because there is still a stigma associated with having a condition, and that students believe they will be treated differently if other people become aware of it. Staff told us a number of stories about students who had disclosed their illness to one teacher, who then told the rest of the class or other teachers, which more often than not caused the person to drop out of TAFE. Confidentiality is a significant issue that is difficult to balance—between providing support for students and breaching their privacy, and students know this.

> They're in a 'damned if we do and damned if we don't tell' position—if they do disclose to the lecturers that they have a mental illness, they risk being treated differently by the lecturer. And if they don't and try to struggle on, then there's no accommodation for their needs. So I think for a lot of them it's like caught between a rock and hard place. (Specialist lecturer)

Closely linked to the stigma students still experience are the kinds of terminology and labels used in the TAFE environment around student support, such as 'disability', 'mental illness' and 'counselling'. These terms carry many negative connotations with them, which have implications from people's experiences outside TAFE, often associated with negative experiences. Some staff suggest that people want to come to TAFE to 'get away' from the medical model.

> When you get here and go through the enrolment process and it says 'disability', for a start, a lot of people don't identify their issue as a disability. And it says 'psychiatric', no I don't have schizophrenia or bipolar or anything like that. I have long-term depression. You know, it doesn't fit. (Disability manager)

Effects of non-disclosure on students, statistics and funding

The main impact non-disclosure has on students is that, unless their condition is disclosed, they cannot access a number of TAFE support services available to people with a disability. This is particularly the case for accessing the support mechanisms provided by disability services, such as tutorial and financial support, but also for external community agencies. As suggested above, many of these students will get to a certain point in the course, when the demands of assessment may overwhelm them and then they drop out of the system altogether without having accessed available support on campus. A study by Bathurst and Grove (2000a) estimated that one in three students with mental illnesses requires academic support in order to successfully complete a course of study.

Linked directly to this issue is the impact on institute-level and national statistics. If a larger proportion of students do not disclose their mental illness, as is suggested by many of the staff we spoke to, the reported numbers do not reflect the reality of the student population. As such, the participation and outcomes measures are not accurately recording the experiences of all students with a mental illness and it is therefore harder to target support to the areas of most need. One of the senior managers we spoke to recommended that the collection of data through the Australian Vocational Education and Training Management Information Statistical Standard (AVETMISS) and consequently all TAFE institutes should be made more 'contemporary' to reflect students' perceptions of themselves and their conditions.

These issues extend to the funding of student support positions and services, and indicate that the resources available at TAFE institutes for supporting students with a mental illness are not commensurate with the scope and size of the cohort. Generally, funding for support services is based on per-capita formulae; however, in some cases TAFE institutes need to take a proactive stance. For example, Wodonga TAFE, in accordance with its strategic directions statement,

undertook an analysis of the numbers of students with disabilities who are registered with the Disability Unit and performed a comparison across a number of other TAFE institutes in Victoria. This found that, although the institute had similar numbers of students as the larger institutes, it did not have the same number of disability staff to manage the case load (0.4 full-time equivalent staff to 2.5 full-time equivalent staff at a larger institute). Since our visit in November 2006, the Wodonga Institute has funded additional staff numbers through its own resources to increase the services available through the Disability Unit.

Impacts on study and learning

> There's such a small proportion of people with mental health issues who create any danger to anybody—for the most part almost all of it is around supporting people in their learning, so supporting them in working through what they need to work through, you know, to be good learners. And I think that's where we need to make the focus …   (Mainstream teacher)

The main point of agreement amongst the staff we spoke to is that the impacts of mental illnesses on individual students are very diverse and can be significant. As discussed above, many people successfully manage the effects of mental health difficulties and get through courses without much, if any, additional support.

The literature suggests that the impacts on learning vary between individuals and conditions, and how well the conditions are managed with support and medication. While this general point was discussed by participants, in most cases there was no real distinction made between specific conditions.

Most staff groups at all TAFE institutes we visited stated that the main impact of mental illnesses on students is their attendance, which can be sporadic, and the related interruptions to learning. Sometimes attendance can cease because of minor or major episodes for a student, including periods of hospitalisation. Other key impacts on learning cited by several staff groups across the institutes include:

✧ concentration—focus in class, attentiveness

✧ lower self-esteem and confidence

✧ relationships with other people and working in groups—some staff suggest that students with mental illnesses do less well in TAFE because many courses rely on group situations and a high level of social and communication skills. Others suggest that encouraging participation in group work is a good way to build the confidence of students in such situations

✧ higher anxiety and stress associated with coming to TAFE and undertaking assessments—episodes can be triggered by institute and course demands

✧ time issues—students can take longer and are less likely to complete courses, especially due to breaks in learning

✧ potentially aggressive or threatening behaviours towards themselves, other students and staff.

As the quote from a chief executive officer in the executive summary indicates, exceptional behaviours tend to be highlighted, rather than those that are 'normal' for students with mental illnesses. Most staff we spoke to emphasised that, while there are some issues that can arise with students who have mental illnesses that are not well managed, major crises are actually rare events. One of the most obvious concerns, however, relates to the potential for some students to display violence and aggression towards staff and other students, in addition to themselves; for example, self-harming or attempting suicide.

> I had that lady trying to slit her wrists last year on me and I fell to pieces. I had no idea how to handle the situation, it frightened the hell out of me and I told her never to do it again.
>
> (Specialist teacher)

Co-morbidity with other conditions

Another significant factor raised by many staff is that mental illnesses are sometimes present with other conditions, and often with drug and alcohol use, especially in younger people. Drug and alcohol misuse is classified as a mental illness by the Australian Bureau of Statistics (ABS), and for staff it is difficult in a lot of cases to know whether issues presenting in students are the result of substance misuse or their mental illness. Staff who mentioned the impact of illicit drugs on students with mental illnesses generally referred to students' reduced ability to absorb and retain information from classes.

The effects of medication

Almost all groups discussed the impacts of medication for mental illnesses on students' learning. The main impacts of medications are sleepiness, inattention and reduced attendance, especially at morning classes; and fluctuations in taking medication, from being on the wrong kind to going off medication altogether. In addition, many students are unsure of what the effects of the medication are and what the effects of the mental illness are.

> … often when [students] start to feel well they decide they'll return to study and they know that the medication impacts on their abilities so often they'll drop their medication to be able to return to study; and then after about 3 to 4 weeks you start to see them falling in a hole again.   (Disability coordinator)

Issues in particular courses

Many of the specialist teachers face particular problems in courses such as community services, alcohol and other drugs, and aged care. A number of programs reach certificate III and IV and diploma levels and require work placements as part of the assessment. Due to their personal experiences and circumstances many students are often unable to undertake their work placements and therefore they don't complete their assessment. Teachers struggle with making reasonable adjustments and balancing the demands of Australian Quality Training Framework requirements for the course, knowing that some students are not well enough to undertake the work placement or that it has the potential to trigger an episode. Some felt that this was 'setting people up to fail'.

In these same courses, many staff are concerned that admissions centres and mental health services are referring people with mental illnesses to these kinds of TAFE courses without being fully aware of the course requirements, and their appropriateness for some students. This issue is further discussed in the chapter on mental health promotion.

Similarly, other potential issues related to occupational health and safety in areas like horticulture and some trades cause concern that something might trigger an episode for a student while they are using tools that could harm themselves or other students.

Issues for particular groups of students

Staff raised a number of specific issues related to student groups within TAFE, suggesting that there are several other levels of diversity above the differences between particular conditions and illnesses:

✦ *Young people*: this group is generally not aware or open about their condition, and young people are often faced with the challenges associated with major transitions between school, TAFE and work; staff suggested that a large number of young people seem to have mental illnesses co-existing with drug and alcohol misuse.

✦ *Older people*: this group is generally more aware of the impacts their conditions might have on learning; older people are likely to have made the choice to be there; some staff suggested that older students with detailed knowledge of their rights under legislation can be challenging, especially when they are being taught advocacy in certain courses (for example, community services).

♢ *Indigenous students*: specific cultural issues are generally not addressed or understood by counsellors and psychologists, including ways in which Indigenous knowledge, family and spirituality interact with mental health and wellbeing.

♢ *International students*: cross-cultural issues can also be a barrier for these students, particularly different expectations and ways of dealing with mental illnesses; these students have the added issue of isolation from family and friends.

♢ *Refugee students*: a number of these students are survivors of torture and trauma from war zones and civil conflicts, and it is difficult for teachers and support staff in TAFE institutes to fully understand and respond to the factors affecting these students' mental health.

Summary of issues

Awareness and disclosure of mental illnesses is clearly one of the most significant issues for TAFE, particularly as it relates to stigma, student access to support, statistics and funding for services and staff.

Teachers in particular are most affected by students who may be beginning their vocational education and training just at the outset of their mental illness. These students are often not yet connected to community mental health services and may experience episodes and interruptions to their learning that impact significantly on themselves, staff and other students.

While it can be assumed that a substantial proportion of people with mental illnesses studying at TAFE are managing well enough to need limited support, the remainder are experiencing significant impacts and issues related to learning that affect their capacity to successfully participate in training.

Specific courses for students with a mental illness

Challenger TAFE, Fremantle, Western Australia

Connections to living and learning—accredited training for people with schizophrenia and bipolar disorder

This course has been running at Challenger TAFE since 2004, as a result of the 2003 community of practice involving the TAFE and several external services, including the main partner, the Fremantle Hospital Alma Street Centre. In 2005 and 2006 it received funding from Australians Working Together, with a view to developing the sustainability and delivery of the course from internal TAFE funds from 2007 onwards.

The course focuses on re-integrating people with significant mental health disorders into social and work environments, based primarily on building relationships with others. Competencies are offered in music and hospitality, as well as in communication and employment-related skills. Where possible, work placements are organised to provide on-the-job experience, for example, at local coffee shops, and each group produces a CD at the end of the course of songs they write and perform.

The model is founded on a combination of educational and therapeutic approaches and is based on the elements of:
◇ collaboration
◇ transparency and authenticity
◇ holistic practices.

The most recent group of students had the chance to work with previous students, who acted as mentors, and the course has also extended into the Graylands Frankland Centre, a high-security mental health institution. The course coordinator organises initial interviews with students, works through an agreed individual learning and support program with each student and has clear procedures for staff and students to follow in the event of minor and major problems.

The course has built-in evaluation to enable the refinement of the model to better suit the various needs of students who participate. All staff who are part of the program receive specialised training delivered by the Alma Street Centre.

Wodonga TAFE, regional Victoria

Real Options and Building Bridges—offering choices for people returning to education

Real Options is a course designed specifically for people with mental health difficulties in the Albury/Wodonga region on the Victoria and New South Wales border, similar to the *Connections* course delivered at Challenger TAFE.

This program offers students the chance to direct what modules and competencies are offered each year, and students have an individual vocational plan that sets out their goals, shows where they are at currently and where they want to be in the future. Students can choose from modules in communication, hospitality, horticulture, office administration and information technology, which contribute to a Certificate I in Transition Education.

> The outcome is your choice; it's your call as to how much or how little you do. It's like a smorgasbord timetable.   (Learner services manager)

Building Bridges is a similar course designed for a wider range of people wanting to access TAFE and sample course offerings and the support available before they move into mainstream courses. Like Real Options, it allows flexibility for people who have a mental illness or other issues to attend as regularly as they can, and return to the learning program if they have a period of absence.

The combination of programs is designed to provide different levels of engagement with TAFE for people with mental health difficulties, to ensure they can maintain their learning activity and build up to the level of entering mainstream TAFE programs at Wodonga Institute.

Supporting students with mental health difficulties

> Assessment shouldn't be about who can handle the stress best, it should be about enabling students to show what they know rather than seeing whether or not they can survive an exam or an assessment, and if there's an alternative way they can do, then why not? And that's part of inclusive design, why not for everybody, not just because you have a mental illness that you have this special assignment—why not the whole class do it that way? (Specialist teacher)

This chapter explores some of the support available to students with mental health difficulties. We are particularly interested in knowing the services that teachers and support staff are aware of and use on campus and externally, whether they think the services meet students' needs and what could be done to improve support for students with mental illnesses. We also want to know what processes, if any, staff follow when they become aware that a student has an issue that is impacting on their study and learning.

What do staff do when a student is having problems?

There are some major similarities between how teachers and support staff deal with situations where students with mental health difficulties are experiencing difficulties with their TAFE participation and learning. This is relevant to those students who have disclosed a mental illness and often have support plans in place, and also to those who are beginning to experience mental health episodes and effects, but are still largely unaware of their condition.

Staff generally follow institute policies and procedures, such as behaviour management, student codes of conduct, drug and alcohol policies, and access and equity guidelines. Apart from some faculties and courses, there were no specific institute procedures for supporting students with mental illnesses at the TAFE institutes we visited. There is an increasing awareness amongst staff we spoke to that they are responsible for ensuring that they provide reasonable adjustments across TAFE for students as part of the *Disability Discrimination Act* education standards.

Be pre-emptive

Almost all teachers and support staff stated that a significant way of supporting students is to let the whole class know at orientation and in the first few weeks of the course about the services and assistance available to students who have disabilities and learning problems, including mental illnesses. In most cases, counsellors and other support staff deliver sessions during student orientation that include a description of the services provided, and information about coping with stress and maintaining their wellbeing. Some institutes highlighted particular concerns over mid-year intakes, when there is less focus on induction of students because staff are preoccupied with other work.

At most institutes, for those students who 'tick the box' on their enrolment form, disability services will send information to them and attempt to make a time for the student to come in and talk about what supports they might need.

Treat people as individuals and build relationships

It is critical to establish a rapport with individual students and build strong and trusting relationships across all the personal interactions a student has at TAFE. Teachers in particular suggest that the best practice is to have a quiet talk with students who appear to be having difficulties—whether it is related to concentration and attention in class, sporadic attendance, or signs that a student is becoming agitated or threatening. All staff who have contact with students find that the most effective approach is to ask privately if a person is okay, how things are going for them at TAFE and outside, and whether there is anything they can do to help. This includes asking what kinds of support might have helped students in the past.

Ensure safety is maintained for all people

Most teachers keep the safety of all students in their classes at the forefront of their minds. Staff will attempt to calm any critical situation and, if necessary, call the police or an ambulance during a crisis. Teachers stated that they would prefer to have someone on campus who could respond immediately at all times, thus removing the need to involve emergency services.

Talk to colleagues about how to assist students

Despite privacy and confidentiality issues, most staff we spoke to will talk to their colleagues about whether they have noticed any issues with a particular student. This provides teachers with the opportunity to make certain they are not overreacting to a situation and to seek advice from other teachers about the best ways to approach the support of particular students.

Refer students to on-campus or external support

All TAFE institutes we visited have disability and student support officers (in some cases personal counsellors) to whom teachers and other staff can refer students when they need assistance, generally, and at times of crisis. This includes teachers simply seeking advice about providing in-class assistance and for directly referring students to further support. Student support services can only provide specific assistance if students themselves approach the service and disclose a condition. Teachers cannot ask support services to approach a student.

In a number of specific campuses, however, there is not always someone immediately available to respond to student needs. In some cases students need to make appointments a week ahead to see someone, and by the time the appointment comes around the immediate problem has passed and either been dealt with or escalated.

> … [at our campus] we have one day a fortnight [for] each venue that they can come to, and it's very limited, and you have to be able to book weeks ahead unless there's a crisis, in which case you really push buttons. (Specialist teacher)

Some teachers will mediate between students and support services, and sometimes this will occur the other way around. Many teachers call and/or walk with students over to the counselling or student support unit where they can sit and talk with the relevant people available on campus. Students tend to feel comfortable with particular people and rely on those relationships to approach other people and services.

Be as flexible as possible

Within the standards of the Australian Quality Training Framework, most staff make every effort to be flexible when students are clearly working through issues, for example, providing alternative assessment methods, extensions on deadlines and more opportunities for class breaks to enable students to get out for a bit without needing to disclose a condition to their classmates.

Some courses have more built-in flexibility, such as preparatory programs and many community services courses. Other areas may not have the same flexibility, particularly those with strict

industry standards to adhere to and with larger class sizes. Consequently, some teachers remain concerned about balancing the requirements of the Australian Quality Training Framework with adjustments that do not 'water down' the curriculum, offer advantage to students over their classmates or take large amounts of time and attention away from the whole class.

Ensure clarity of your role

Emphasis is also placed on the need to ensure that all staff are clear about their roles and what they can and cannot do for students who are experiencing problems—this is relevant for systems to ensure consistency, as well as for staff themselves. Almost without exception, there is a strong view that no one at TAFE should be a primary health care worker. This includes trained personal counsellors where they are employed as such. There is an expectation that students are either already supported outside TAFE, or that if they have an emerging condition the most TAFE staff can do is provide learning support and refer them to external services for treatment and management of their condition. It is commonly understood that teachers and support staff should generally not try to provide counselling or other therapeutic support.

> … the lecturers are educators, that's their prime role, they're not counsellors or social workers … They should have the knowledge to be able to identify when it becomes an issue that they should worry about, and then they should have appropriate people to be able to refer those students to. (Specialist teacher)

Accept that you cannot help everyone

While acknowledging the importance of clear professional boundaries, there also needs to be an acceptance that TAFE staff cannot support every person through their course to completion, particularly when there are significant factors outside the TAFE environment impacting on students' capacity and desire to attend and participate in the course.

> … people haven't got homes to go to, nowhere to stay, shooting up, no money.
> (Specialist teacher)

When teachers and support staff become aware of an issue, they can only offer pastoral support and referral, but cannot force people to seek help. Some teachers in particular state that this makes them feel powerless or helpless and as if they are failing the students, when it is mostly systems beyond their control not operating effectively.

> … if this person has a psychosis that's poorly managed, if they don't have much insight, it doesn't matter what I do, it's not gonna make any difference. Do you know what I mean? I form supportive lecturer relationships with them, and that's what I do, and I let them know about disability services … There's nothing more I can do. (Specialist teacher)

There should be recognition in the system and personally for teachers that sometimes the most intensive and appropriate support will not work for everyone. A lot of teachers expressed frustration that it can often be too late to help someone by the time a crisis has occurred—particularly if the person has not disclosed an illness earlier.

Support for students on TAFE campuses

Support services offered on TAFE campuses vary substantially across states and territories, and between institutes. In this section we explore the differences between staff groups, in terms of what roles they have in supporting students, what their primary concerns are for providing that support, and how they consider services could be improved. This is not intended to be an exhaustive summary of actual support available to students at the TAFE institutes we visited; rather, we discuss what staff are aware of in terms of availability of services and support for students, and what roles they have in providing that support.

The physical environment

While not specifically a support mechanism, some managers in particular talked about the physical environment and how it can positively impact on students. Respondents at one campus emphasised the importance of the 'green' space they have for students to 'escape to' during lectures. Another institute has a building that houses the Indigenous art and support areas, along with the staff who deliver specialist programs. This is viewed as a critical aspect of establishing a holistic approach to student support at the institute.

Staff at other institutes talked about potentially negative environmental factors such as close proximity of campuses to shopping malls and rivers. Teachers may suggest to students that they go for a walk if they need to get out of class; if however they are experiencing a more severe episode or they are in a night class, there was concern that such environmental factors might impact adversely on their mental health and safety.

Another important aspect of support linked to the environment is ensuring that classes are held in the same room each week, when possible, and recognising that changing class times and locations at the last minute can create significant disruption and anxiety for students with some mental illnesses.

The skills and concerns of teachers

The biggest concern amongst teachers we spoke to is that there is little recognition of how much time it takes to provide pastoral care for students—in addition to their teaching, coordination and professional development responsibilities. Most suggest that time should be set aside in their schedules to ensure they have the opportunity to follow up with students who require assistance.

Many mainstream teachers acknowledge that they feel out of their depth trying to deal with the effects of mental illnesses on their students, although it seems most of them follow similar processes to other staff with skills in the area. Some specialist teachers and support staff believe that many trade and other mainstream teachers do not have the background, and in some cases do not have the understanding or interest to adequately support students with mental illnesses. However, in mainstream programs the main pressure is to get students through courses to a consistent industry standard within a certain timeframe. The teachers often have larger class sizes and, without neglecting the learning needs of all other students in their classes, find it difficult to provide individual attention to students who need it.

Conversely, specialist teachers often have a professional background and/or years of experience in working with people who have mental illnesses and poor mental health. Again, this is supported by their mainstream peers and support staff who believe that teachers in programs such as community services and access tend to respond well to students who present with mental health difficulties. They perceive that most specialist teachers know how to adapt the curriculum and their approach to working with individual students, and to providing the flexibility and adjustments they need. In a number of these courses there is also the capacity to build in flexibility in course duration and in the assessments required for students with mental illnesses to ensure that these students have an increased chance of successful completion.

Even with their established networks and knowledge, however, specialist teachers experience anxiety when responding to students in crisis and worry about the capacity of on-campus services to provide adequate responses when required. They share the concern with mainstream teachers that support services may not respond immediately or at all when they are called, and in some cases calls remain unanswered. Teachers express frustration that most staff and services are only available from 9 to 5 and 'they don't want to know you' if the crisis occurs outside those hours or on a Friday afternoon.

> As a teacher, you feel like you've busted your gut to help this person. You've taken the
> scissors off them, you've called who you've been told to call; I've called the counsellors here

and they've said 'yes, you're calling the right people'—they'll come and they'll do something. Nobody came, they said they were coming, 'we will be there in half an hour'—they just didn't show. In the end we had to say 'bye, bye' and I went home thinking, what if she walks in front of a bus tonight, how would we feel as a team the next day when we … you know, you might think we tried everything we could and maybe there was something else we could have done.   (Specialist teacher)

A number of mainstream and specialist teachers are concerned that skilled personal counsellors have been phased out of the system in a number of jurisdictions, and students now rely on gaining access to external services when they are having minor difficulties or major crises. Teachers also express concern that they are sometimes left as the primary source of support on campus, and that they are ill equipped to deal with significant events if they come up.

> … let's be basic about this—the reality is a huge number of students have [a] mental illness. You've got to have staff who can work with them. You can't just make Harry Bloggs down there in engineering suddenly become aware and confident enough.
>   (Learner services manager)

Most teachers we spoke to identified the need for someone on campus whom they can approach at times of crisis, and also the need for preventative measures in their classes to support students who may not have disclosed a mental illness. A number suggested that someone should be employed to specifically maintain close liaison with students' case managers, although some support staff already undertake this role. In some cases teachers felt they have the support they need from disability and student services, including counsellors and other teachers they happen to know with a background in psychology or social work. In these instances, despite the stress associated with severe events when they do occur, the teachers generally feel very well supported and believe that the services work effectively for students.

More concern is expressed, however, over the fact that a number of teachers are employed as casual or sessional staff, and they are generally unlikely to have an interest in or time to provide more intensive pastoral support to students, given that they are not paid to do so. Many of the teachers we spoke to indicated that they are worried about casual staff not having an awareness of what processes to follow when crises occur, particularly because they do not generally get the same access to professional development opportunities as contract and permanent staff.

The skills and concerns of support staff

There are substantial differences in the roles and responsibilities of support staff employed by TAFE institutes. This section summarises the support they provide to students and the key issues they face in providing that support.

Educational counsellors and personal counsellors

Most TAFE institutes we visited have moved to a model of employing staff as educational counsellors who offer career and learning support rather than personal support. However, amongst staff who are considered educational counsellors and student support officers, there are a number who come from psychology and social work backgrounds. In most cases, counsellors tend to fill more than one role, even though the responsibilities of personal counsellor may not be in their position description. Some respondents suggest, however, that the two functions are closely related.

> … it does integrate quite well because people come in with study issues that are mental health problems—anxiety or depression—so it does overlap.   (Educational counsellor)

Those counsellors who fill both personal and educational support roles indicated that they can find it difficult to balance the two roles, particularly in the time they have available. One counsellor suggested that they be allowed to work more flexible hours—to have more breaks throughout the day but leave later in the evening—so that they can offer support to those students, such as evening students, who require it outside core working hours.

In two institutes we visited, psychologists are purposefully employed as personal counsellors on campus. This enables them to focus on offering professional counselling support to students and staff. Many of the counsellors and support staff we spoke to undertake risk assessments when students approach them. This often assists in the collaborative development of individual learning and safety plans with students to determine the most appropriate forms of support.

Disability liaison officers and support units

Disability services are generally responsible for providing learning assistance, such as tutors, in-class support (note-takers) and financial and welfare support for all students who disclose a disability. Staff in these units, such as disability liaison officers, have primary responsibility for ensuring that institutes meet the education standards as part of the *Disability Discrimination Act* amendments. At most of the institutes we visited, disability coordinators and staff have to provide assistance across an entire institute, which can include up to seven campuses of various sizes, and hundreds of students. There is a significant issue, identified by all staff, that resources to employ disability officers and other support staff are insufficient to cope with demand.

In all TAFE institutes we visited, the disability officers tend to provide general advice to teachers about reasonable adjustments when information is requested; however, to directly support students with mental illnesses, students must disclose their mental illness to them. This is a particular problem for students who do not recognise their condition or who do not want to disclose it, in terms of accessing valuable support to help them stay in the course.

Youth workers and residential staff

Some institutes we visited have residential facilities particularly for young people from regional areas to live in while in town studying. These facilities and other programs with high youth enrolments tend to have youth workers directly involved in the delivery of courses; these youth workers become an integral part of the program, enabling students to discuss issues without attracting the stigma of consulting counsellors.

Library, administrative and other support staff

Library and other support staff consulted share issues with teachers, particularly as they tend to be on the 'frontline' of interacting with students when they might be experiencing difficulties. The note-takers we spoke to in particular commented that some teachers do not have an understanding of their role in the class and often rely on them to provide support. The note-takers believe the pastoral care role should remain with the teacher.

Student associations

A few of the TAFE institutes we visited still have student associations that fulfil a critical role in providing support to students, particularly peer and social support. At some of the other TAFE institutes, staff suggested the return of a student association to enable students to have some authority over their own support.

Box Hill Institute, metropolitan Victoria

In response to younger learners especially, Box Hill Institute has been using a new approach to reach students across the institute: E-counselling.

E-counselling provides students with the opportunity to seek assistance and advice without physically having to go to student services on campus. Links are provided on the student website. Clicking on these links brings up a message box where they can type their issues. The counsellors then reply within three working days, and the online messaging may continue until the issue is resolved. The messages are encrypted for confidentiality and privacy reasons.

The benefits of E-counselling are that students can access the service from anywhere and at any time, meaning that they don't have to go through the anxiety of physically approaching the counselling office. This service also gives students a chance to go away and think about the responses they receive from the counsellors; they don't need to participate in an immediate one-on-one interaction and this takes some pressure off them.

This is a function fulfilled by the campus-based personal counsellors at Box Hill Institute, as they have the structure, training and resources to enable it. Personal/educational counsellors are registered psychologists, and careers counselling is a separate service.

In addition to the E-counselling service, Student Support Services staff are also able to use a web-based SMS system to contact the students, and vice versa. So when a student isn't attending classes, or a follow-up after a counselling session is needed, or a change of appointment time is required, staff are able to contact the student through SMS, with their upfront permission. Users of this system are finding this is a much less confrontational way of encouraging students with mental health or other issues to stay engaged in their learning or stay connected to support staff.

Support services in the community

All staff we spoke to were unanimous about the lack of resources for adequately funding and staffing mental health care and services in the community, particularly when TAFE relies heavily on outside organisations to treat and support students with mental illnesses. This was the case in the metropolitan and regional TAFE institutes we visited. A substantial concern of teachers and support staff is the capacity of external services to provide critical response and treatment for students when needed.

In some locations there can be a poor response from mental health crisis teams, which leads to a reliance on the police and ambulance services to provide immediate assistance in crisis situations. Many staff cited instances when they've had to take students to hospital accident and emergency wards to receive care, as community mental health services have extremely long waiting times to gain access to support. Because of under-resourcing and established protocols, some external services will not attend an incident at a TAFE campus. A number of staff were troubled by the treatment students sometimes receive in these events, which can put both staff and the students themselves at significant risk.

Despite underfunding and resource shortfalls in the mental health sector, specialist teachers and on-campus support staff tend to have strong links and networks with community service providers, which enables collaborative approaches to program development and referral. Staff most often rely on being able to refer students back to their case managers or to appropriate services if they are not already connected in the community. There is no doubt that the collective knowledge, awareness and networks of staff in TAFE are adequate; it is just a question of linking them up, sharing them with other staff and using them to best effect.

Some managers express the need for their institutes to formalise partnerships and agreements with local mental health services, with a view to ensuring that there is no duplication of services and that staff at their TAFE know exactly who to approach to provide support for students. Some organisations with which institutes have and are seeking partnerships include Centrelink, local general practitioners, mental health and community services, hospitals and targeted employment providers. One manager expressed the need for interagency protocols so that all partners understand their responsibilities and know the processes to follow when incidents occur. This

approach is supported by Figgis et al. (2007) who identify the need for partnerships that are based on the utilisation of financial and knowledge resources in the community.

Some specific programs already have formal agreements in place with external service providers, particularly in courses with a deliberate intake of students with mental illnesses. This relies on the program coordinators having a close relationship with organisations that refer their clients to TAFE. Similarly, teachers and support staff who provide assistance to Indigenous students often prefer to link these students into specific Indigenous health services in the community, where they are available. Staff primarily attribute this practice to the limited skills and experience that most counsellors and psychologists in the TAFE system have in providing culturally appropriate support to Indigenous students with mental illnesses.

Summary of issues

The main issue identified by staff in providing support for students with a mental illness is that of role clarity, in terms of awareness of what they should and should not do, and in terms of improving the awareness of other staff and students of what support is available from particular staff. Directly linked to this is the need expressed by most staff in all roles for clear protocols and processes in TAFE institutes which allow them to identify and support students with mental illnesses. In addition, there is a need for someone at each TAFE institute whose main role is the provision of direct liaison between teachers, students and their case managers or other supports in the community.

Staffing and financial resources

Funding and resourcing are primary issues for all TAFE institutes for different reasons. Some staff claim that the funding formula based on hours delivered does not take account of how much effort is required to get a number of students through their courses successfully.

> Everything boils down to money through the system doesn't it, hours and money, not looking at who we are every day.   (Specialist teacher)

Small institutes may struggle because they do not have the total student numbers to justify increases in support staff and services according to existing funding models of per capita demand. Larger institutes may have the problem that, no matter how many resources they put towards student support, it is still likely be insufficient to deal with the demand on services if all students with a mental illness disclosed their condition or received assessment and treatment for the first time while at TAFE.

Individual learner management: merging 'bottom up' and 'top down' approaches

Wodonga Institute of TAFE, regional Victoria

> I think with the chief executive officer's direction and her vision and her whole-of-organisation approach, I love that because it means everyone takes on some sort of responsibility and learning around issues.
> (Disability coordinator)

Wodonga TAFE is an example where a committed disability coordinator and her team are developing an institute-wide approach to supporting all students, with the close involvement and endorsement of the institute director. The current focus at Wodonga TAFE is on implementing a system of *individual learner management*, which will follow each student from the time they enrol (and sometimes before), through to brokering employment, and everything in between.

The principles of individual learner management are embedded in the Wodonga TAFE Strategic Plan, 2006–12:

✧ engaging individuals for work

✧ building individual ability

✧ growing industry and enterprise capability

✧ strengthening community capacity

✧ increasing Wodonga TAFE's capability, performance and reputation

✧ improving Wodonga TAFE's commercial performance to strengthen its independence.

In implementing this approach, the institute expects that it will be better positioned to respond immediately and appropriately to the needs of all its students, including those with a mental illness. A critical aspect of the system relies on the strong and highly active Disability Support and Equity Unit.

Wodonga TAFE benefits from its size, which is relatively small compared with many other TAFE institutes, so staff at all levels are able to establish trust and relationships with individual students and at the same time with their managers. Some limitations include funding based on per capita formulae, which for a small institute can impact significantly on staffing and other resources. Wodonga TAFE has found its way around this problem by undertaking a comparative analysis of this institute and other institutes and has successfully funded additional staff numbers through its own resources to increase the services available through its disability unit.

Another limitation of Wodonga TAFE and common to many institutes is its location—as a rural education provider, the institute encounters the same issues of referral and response times as other organisations in areas where community mental health services are underfunded and understaffed (Mental Health Council of Australia 2005).

Supporting staff to assist students

> There's unconscious incompetence, where you don't know what you don't know. And then there's conscious incompetence, where you start to realise what you don't know, and I would say our staff are at that level. They know what they don't know and they are constantly seeking more information. I would suspect that other people aren't even aware that there are issues in the class.　　　　　　　　　　　　　　　　　　　(Specialist teacher)

This chapter explores the support available for staff in TAFE institutes in terms of having the skills and knowledge to assist students with mental illnesses and the opportunities to ensure their own mental health is maintained and encouraged. Most staff recognise that their mental health is often overlooked when they are expected to teach, coordinate and support students.

Professional development

Managers and most other staff agree that more professional development opportunities are required to provide the TAFE workforce with skills to adequately and appropriately support students with mental illnesses. The main focus is on new and mainstream teachers, with an emphasis on ongoing development rather than one-off blocks of training for those who want to attend out of personal interest. In some cases professional development has been provided, some is planned and underway, and in many instances more is needed.

What is available?

Mental health first aid is one of the main professional development available in this area, but it is not specific to the VET sector. Although it is a nationally developed course, it has not been consistently offered across all TAFE institutes. Most of the staff who are aware of or have attended mental health first-aid training are in community services and health areas and often initiate the training themselves as a group. Some institutes and systems have provided the training more broadly for staff who want to attend.

Professional development in the areas of mental health, and specifically that facilitating the recognition of signs of mental illnesses, is sometimes offered to staff by student support staff, for example, counsellors, although in many instances external agencies deliver training for teachers.

Almost all those who have participated in mental health awareness training found the information invaluable, in terms of having some knowledge about what to look for and what to do for students who might be experiencing mental health difficulties. Staff place particular importance on having strategies they can apply in class and processes they can follow to refer students to available support services.

Various institutes

The mental health first-aid course was developed in 2000 by Tony Jorm and Betty Kitchener to enable people in the community to learn key aspects of assisting people with mental illnesses, particularly at times of crisis.

> Mental Health First Aid is the help provided to a person developing a mental health problem or in a mental health crisis. The first aid is given until appropriate professional treatment is received or until the crisis resolves. The aims of Mental Health First Aid are to:
>
> ✧ preserve life where a person may be a danger to themselves or others
>
> ✧ provide help to prevent the mental health problem developing into a more serious state
>
> ✧ promote recovery of good mental health
>
> ✧ provide comfort to a person suffering a mental illness.
>
> Mental Health First Aid does **not** teach people to be therapists. Rather, it teaches how to recognise the symptoms of mental health problems, how to provide initial help and how to go about guiding a person towards appropriate professional help.

The course runs for 12 hours over two days and is available in all Australian states and territories. More recently the program has been implemented internationally, in Canada, England, Scotland, Finland, Hong Kong and Singapore. In addition, there is a five-day instructor's training course that some participants in our research had undertaken.

The main course has been refined over the last seven years and is now available for specific groups such as Croatian, Vietnamese, Italian and Indigenous communities and young people.

The courses are auspiced by the ORYGEN research centre at the University of Melbourne. More information can be found on the organisation's website at <www.mhfa.com.au>.

What are the issues?

Mental health first aid and other generic courses may not be appropriate for all staff, especially support staff who already have a background in the area and have other ways of maintaining currency in their skills and knowledge. Some staff suggested that professional development in the area of student mental health should be tailored to the needs of individuals and/or teaching centres where staff will be dealing with different issues. For example, substance misuse may be higher in certain courses and thus require training that incorporates co-morbidity and responses to other issues a particular group of students might have.

In most cases, especially for mainstream and casual teachers, there is an identified need for more professional development opportunities to enable support of students with mental illnesses. The issue of greatest concern is that teachers do not have time to attend training sessions, especially those held off campus, as they often conflict with teaching schedules. Teachers expressed significant frustration about the difficulties of finding someone to backfill their classes while they attend professional development; because of this, many opportunities are missed. Some staff also suggested that those attending mental health training have a personal interest or experience in the area, and that the courses are 'preaching to the converted'. They expressed concern that professional development opportunities are not reaching or being taken up by those staff who most need the relevant strategies and information, such as mainstream and casual teachers.

For casual staff this can be difficult to overcome, as many do not have access to the same professional development opportunities as contract staff, and indeed often have to pay for any training themselves and attend it outside their paid hours at TAFE. Staff we spoke to consider that casual teachers at least need to know whom on campus to refer students to if they are experiencing problems in their classes.

New teachers

Some TAFE institutes have already moved towards incorporating mental health support for students as part of the Certificate IV in Training and Assessment for new teachers (or those upgrading their qualifications). Staff felt that this strategy was a good way to orient new teachers to the services available at their particular TAFE institute and what they need to do to refer students to those support services.

What is required?

Most teachers and administrative staff we spoke to want professional development or practical sessions that give them some idea of what to look for in terms of recognising when students might be experiencing issues or an episode; they also want to be given strategies to deal with specific situations, and to understand the diversity of effects of different mental illnesses and medications.

Staff recommended that specific times be quarantined for professional development in mental health for teachers. A number of mainstream teachers suggested that such professional development should be committed to and signed off by every teaching centre. However, a note of caution is expressed: that teachers should not feel compelled to attend the training as this may deter some from wanting to understand mental illnesses and how to respond to students in their classes.

Peer support and debriefing

> If staff can look after themselves, they can look after their students.   (Specialist lecturer)

Peer support and debriefing is the most critical form of support that staff have, and many seek the advice of other staff in the institute whom they know have a professional background in the area. Teachers and support staff all referred to this support from colleagues as invaluable and expressed the need for more time to debrief with their teams and colleagues. 'Debriefings' mean that knowledge, experiences and networks are shared, thus strengthening the capacity of staff across the board to respond to the needs of students with mental illnesses.

At two institutes communities of practice dedicated to student and staff mental wellbeing have been set up. Based on the evidence collected from these TAFE institutes, this research recommends establishing mental health communities of practices at other institutes.

As with professional development discussed earlier, there is significant concern for mainstream and casual teachers who may not have time to spend discussing mental health incidents and coping strategies with their peers.

> … practitioners working with disadvantaged learners themselves need to be supported and
> one of the most effective resources for this is one another, but they need time and
> opportunities for sustained conversation and trust building.   (Figgis et al. 2007, p.9)

Most staff in counselling roles, including those with an educational focus, tend to be approachable when teachers need personal support themselves, although this is often an informal and limited option. In two institutes we visited, the role of secondary consultation for staff who have dealt with incidents has been written into counsellor duty specifications. In most cases, however, the counsellor will refer staff to external assistance.

Counsellors themselves identify the need for professional supervision in psychology from skilled peers—some already have formal networks in place to receive such supervision, while others would like professional supervision from managers, but find that the latter generally do not have the background to provide such support.

External support

All institutes we visited have established arrangements for staff counselling outside the TAFE institute, generally referred to as 'employee assistance programs'. While most people we spoke to instantly mentioned it as a potential source of support for staff, the extent to which the service is used is patchy. Most staff suggested that it should be promoted more as a preventative service rather than one which is utilised post-crisis; the issue of privacy was also perceived as limiting staff access to the service. A number of participants suggest that staff experience similar hesitation in openly disclosing mental health issues. They are concerned that, by accessing the service and having

to gain approval to seek the assistance through a manager or human resources department, they are 'showing signs of weakness' and that they are not coping and therefore may be treated differently.

Counsellors in particular rely on their external networks to seek advice and to have the chance to get things 'off their chest'. Some are involved in networks with other education providers, such as counsellors who meet regularly with their colleagues in universities, in online forums and in meetings of disability liaison officers.

Summary of issues

The evidence suggests that even sessions similar to those we held for this research can provide a valuable opportunity for people to get together and discuss specific incidents and associated issues, and that more occasions like this are required on an ongoing basis. Cross-faculty sessions are also useful as they promote a broader sharing of information and strategies and the knowledge that no staff are alone in dealing with this issue.

Professional development remains a key necessary response in TAFE institutes to ensure that more teaching and support staff feel confident in providing support and adjustments for students with mental illnesses. Training should be focused on giving staff an understanding and awareness of the diversity of mental illnesses, what to look for in their students as signs of potential problems, some initial strategies to assist those students, and a knowledge of whom to approach to refer the student to additional services if necessary.

Mental health promotion

> Most health care resources are spent on the specialised treatment and care of the mentally ill, and to a lesser extent on community treatment and rehabilitation services. Even less funding is available for promoting mental health. (World Health Organisation 2001)

In all of the institutes we visited the majority of staff stated that there is very little overt promotion of positive mental health on their campuses and in some cases limited promotion of the support services available to students with mental health difficulties. This is largely attributable to a lack of specific funding for promotion; unfortunately, if there were an increase in promotion, there would be an increase in people wanting to access services, which are not resourced to deal with the demand.

Promotion plays an integral role in improving awareness of mental health services on TAFE campuses and may increase access to on-campus support. Access to support services makes a difference to educational outcomes, with over a third of students with mental illnesses estimated to require academic support in order to successfully complete their course of study (Bathurst & Grove 2000a). Positive promotion is also an important part of raising student and staff awareness of mental health and may help to dispel the misconceptions and stigma attached to mental illnesses. Previous research suggests that 'continuing education and anti-stigma campaigns are needed to improve the perceptions of mental health issues' (Royal College of Psychiatrists 2003).

Promotion of student support services on campus

A number of institutes we visited have various printed materials about their programs and services, such as pamphlets, A4-sized flyers and some posters. At one institute there are television screens located at various points around the campus, such as the library and cafeteria, that promote the counsellors and other educational support services available, listing phone numbers and contacts.

In many instances, student support officers and services are located near canteens or other high-access areas to ensure high visibility of presence. However, some staff suggested that this can be a problem if students who do not want to disclose a mental illness perceive others watching them.

Most promotion of support services occurs during student orientation and induction at the beginning of the year. In some institutes support staff continue to visit classes throughout the year, particularly at the request of teachers who want to keep their students aware of available support as study and assessment pressures increase. Generally, there is less promotion of services as the year goes on, however, and accessing them often relies on students 'hitting the wall' or experiencing a crisis.

Most teachers and support staff are aware that campus services are promoted in student handbooks and diaries, although there is some concern that a number of students may not use the diaries. Some institutes also promote their services on student and staff websites, while others are aiming to improve this kind of marketing during 2007.

While most staff would like to see more promotion of available support services on TAFE campuses, there is a concern that this would result in an increased demand for services not equipped to deal with a larger caseload.

Promotion of mental health on campus

Most institutes have very little promotion of positive mental health, although we identified the availability of sessions on related topics, such as 'coping with stress', during orientation periods for staff and students. Students in courses such as community services sometimes organise events on campus, particularly around mental health week and faculty expos. At institutes where there is a student association, teachers and support staff note that this organisation has a substantial role in promoting student wellbeing and mental health.

The findings of this research suggest that the ongoing concerns of staff related to supporting students with mental illnesses and helping them to increase their success in learning are related to the limited promotion of positive mental health in TAFE. Staff suggested that ideally someone on campus needs to take responsibility for promoting mental health, although they also noted that this relies on existing resources in most cases, as there is very little funding available to develop institute-specific materials.

Promotion of TAFE options in the community

A number of staff claimed that many mental health workers and organisations in the community are not sufficiently aware of the TAFE environment and course offerings, which means they often refer their clients to inappropriate courses. A number of respondents suggested that some people may not be prepared for a structured learning environment, although the specific courses for people with more severe mental illnesses described previously provide gateways into education and training to overcome these issues.

Staff are concerned, however, that where people are unable to cope with or are or ill-prepared for a TAFE learning environment, this often results in failure and a negative view of education. Some respondents believe that case workers and officers in various organisations view and promote TAFE as a therapeutic option for their clients. Mental health providers can also promote TAFE in this way, believing that there are extensive support services available for students on campus. As highlighted above, many TAFE institutes are not equipped with the resources or skills to provide intensive therapeutic support and should not be expected to do so.

Linked to the development of partnerships to ensure that services meet the needs of students with mental illnesses, there should be more integration and communication between key services and TAFE as part of any partnership agreement.

Summary of issues

This chapter of our report is notably short. This reflects the fact that staff in TAFE institutes are focusing more on providing in-class and pastoral support, as expected, but that the fundamental principle underpinning improvements in staff and student awareness of mental illnesses remains neglected—that of mental health promotion.

While exemplary services and external networks might exist within a particular institute, these will not be effective unless students feel comfortable disclosing their mental illness, therefore enabling them to access these support services. Mental health promotion needs to address this lack of disclosure.

Conclusions

One of the most substantial challenges for TAFE institutes is identifying the best approach to the provision of the kinds of support that students with mental illnesses need in order to succeed in their learning.

The major issues identified by TAFE staff were significant and common across different institutes and across different jurisdictions in Australia. Nevertheless, we must keep in mind that participants are largely a self-selecting group of people with experience and interest in the area. The sample covered four jurisdictions in Australia but institutes in other jurisdictions may have other significant concerns in supporting students with mental illnesses in TAFE.

Non-disclosure of mental illness

The proportion of students reporting a mental illness has increased to account for over 10% of those reporting a disability in VET in 2005 but still only represents less than 1% of the student population. This is well below the 6.8% estimate in the ABS 2003 Disability Ageing and Carers Survey, suggesting that either this student group is relatively under-represented in the VET sector—perhaps because of inadequate support—due to the fact that students are unwilling to disclose.

According to staff, a substantial number of students do not disclose their mental illness. The main impact for students of not disclosing their mental illness is that they cannot access disability support services. Teachers are especially concerned for students still coming to terms with their mental illness. These students are often not yet connected with community health services and are at risk of dropping out of the system.

Under-reporting of mental illness has implications for the funding of student support positions and services in TAFE. The resources available at TAFE institutes for supporting these students may not match the size of the cohort, particularly if the funding for support services is provided on a per-capita basis.

Responsibility and duty of care

All staff acknowledged that they have a duty of care to ensure that the wellbeing and safety of all students is maintained, including students with mental illnesses. They equally acknowledged that they must provide pastoral care for students, but that their role should not cross over into counselling or to the actual provision of personal support. This is particularly relevant to teachers, including those who have a professional background in psychology, counselling or youth work.

The development of a set of guidelines or protocols for all staff at institutes to follow when they become aware of a student with a mental illness who needs support would ensure that all staff are aware of their roles. Special provisions for staff at campuses without full-time student support officers or counsellors will need to be considered.

There is an increasing awareness amongst staff that they are legally responsible for ensuring they provide reasonable adjustments across TAFE for students with a disability. However, there are

some concerns that certain approaches to reasonable adjustment might 'water down' the curriculum for particular students. Teachers need to be fair and consistent in their application of the quality framework to all students, with one teacher suggesting that the kinds of adjustments that are made for students with mental illnesses and other disabilities should be the standard for all students. Other teachers find it hard to make reasonable adjustments for particular courses that require work placements as part of the assessment, knowing that some students are not well enough to undertake the work placement or that it has the potential to trigger an episode. Some felt that this was 'setting people up to fail'.

More guidance and clarity is needed for teachers to provide appropriate reasonable adjustments to help students with mental illnesses get through their course. Some disability services units in TAFE institutes provide succinct written information on the kinds of responsibilities teachers have under the *Disability Discrimination Act* legislation, as well as strategies for flexibility which could be used in other institutes.

Supporting staff to support students

The provision of professional development for staff in the area of mental health remains crucial to ensuring that staff at all levels have the confidence to respond appropriately to students with mental illnesses. However, the structure, location and timing of sessions may need to take account of the different needs, awareness and employment status of staff. Undertaking an evaluation of the professional development currently offered by TAFE institutes would give an indication of the types of training that are appropriate.

Providing the time and opportunities for staff to establish strong relationships and an institute-wide team approach to mental health issues is critical to ensuring that staff know they have adequate support when students present with mental health difficulties. The development of a strategy to encompass these objectives could draw on the expertise and knowledge of people with mental health and psychology backgrounds from across various areas of the institute. Ways in which mainstream teaching areas and other administrative parts of the institute (for example, library and administration staff) could make use of these resources when needed, for example, through peer support sessions, could also be explored as part of the strategy-development process. People with existing skills and experience in this area need to be willing, and to have adequate time to assist their colleagues—and perhaps be paid commensurate with the work. Alternatively, appointing staff who can be key contacts for their colleagues and who have an appropriate background in mental health care and support as well as education and training could be considered.

Available resources such as handbooks and tool kits have been developed specifically for staff as practical guides to enable them to respond appropriately to students with mental illnesses; these could be made available more widely (for example, *Staying the course* by the Western Australian Department of Education and Training or the *Mental health resource kit for staff* by Andrews and McLean).

'TAFE is about education, not therapy'

Many staff stressed that TAFE's primary role should be the provision of vocational education, and that it should not be viewed as a therapeutic option for people with mental illness, particularly by community health services who may lack adequate knowledge of the TAFE environment. The same staff acknowledged, however, that people attend TAFE for a variety of reasons, and positive personal outcomes are often equally sought and obtained. Institutes are caught between being providers of vocational education and training and, in a number of cases, filling the gaps that exist in community mental health care. They are under pressure to better respond to the needs of these students by relying more heavily on external service providers, while these providers themselves are struggling to

cope with existing demand. Building stronger partnerships with external health care organisations, particularly mental health care providers within the community, may help to increase the awareness of the TAFE environment and course options available and therefore avoid inappropriate referral from professionals to courses. Furthermore, with these types of arrangements, the awareness of mental health within TAFE can be improved.

Mental health promotion

Positive promotion of mental health may help to dispel the misconceptions and stigma associated with mental illnesses. However, the area of mental health promotion is underutilised in the TAFE environment. There were some suggestions that mental health promotion in TAFE institutes should focus on a holistic approach to promoting positive mental health, rather than on mental illnesses. At some of the institutes we visited, mental health communities of practice and individual learner management approaches are models that were adopted in order to be more responsive to the needs of students. These models are worth exploring more extensively in the TAFE environment as the student population continues to diversify and meeting student needs becomes more challenging, especially for staff.

Ultimately, improving the level, quality and success of VET participation for people with mental health difficulties and mental illnesses will result in better access to social and employment opportunities for a significant proportion of the Australian population. Teachers and support staff in TAFE institutes are at the frontline in responding to the needs of these students and perceive there to be major issues still facing the sector in making VET a real option for people with mental illnesses.

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Appendix A: Research sample

Table A1   Sample of respondents in interviews and discussion groups

Staff	Site 1[a]	Site 2	Site 3	Site 4	Site 5	Site 6	Total
Senior managers	1	1		1	2		**5**
Disability & student services managers		1	2	1	2	1	**7**
Counsellors, disability & students services	1		3	7	5[b]	10	**26**
Mainstream teachers & coordinators		7		6	8	4	**25**
Specialist teachers & coordinators	5	4	11[c, d]	10	9	1	**40**
Library staff & note-takers		4		5		1	**10**
Total	**7**	**17**	**16**	**30**	**26**	**17**	**113**

Notes: a Site 1 was used as a trial case study to test our questions and research approach. As no questions changed following this case study, the data collected have been included in this report.

b This does not include a disability coordinator who was included as a disability manager in this column. The participant was involved in both groups.

c We spoke separately to heads of programs and portfolio managers, and the specialist teachers (all from community services, health and access areas). Here they are counted as the same group as they were asked the same questions. Counted here was one person we spoke to from another TAFE institute on the day of the case study visit.

d Two portfolio managers in this group were asked some manager questions, but most responses were valid for teaching.

Appendix B: Case study questions

A literature review was conducted using a limited systematic review approach to assess the quality and relevance of studies. The literature review informed the development of the following separate sets of questions for the case studies for managers, teachers and support staff.

Discussion guide – managers

Section one: introduction and background   5 minutes

Objectives: to collect information from managers on mental health issues in the student population and support services (available and desired)

The key issues we want to explore in this discussion group will focus on the following:
  ➢ the impact on learning of various mental illnesses
  ➢ student disclosure of mental health difficulties
  ➢ the types of currently available support services
  ➢ mental health promotion
  ➢ legislation and human rights
  ➢ existing and future issues around professional development, and
  ➢ fitting VET into the whole-of-life approach.

If you have any questions or would like clarification, please just ask.

Section two: manager perspectives   25 minutes

Aim: to understand the perspectives of managers in providing access and support for students with mental health difficulties

1. What do you think mental illnesses mean for students in the context of their learning and their lives?

    - prompt with what impact it has on learning, attendance, the institute

2. How prevalent do you think mental illnesses are in the student population?

3. How is mental health incorporated in the institute's organisation and practices?

    - prompt with specific strategies/policies/guidelines, target area, general disability support, mental health promotion

4. Are there (other) activities/strategies in this area that you are planning or are underway?

Thanks for your participation in this session/interview; we really appreciate your time and valuable contribution to this project.

Discussion guide – teachers

Objectives: to collect information from teachers in mainstream and preparatory courses on your experiences and awareness of mental health issues in the student population.

➢ This will be an informal conversation, there are no right or wrong answers, we want to make sure everyone gets a chance to share their views, and feel free to disagree

➢ To help us accurately record your views, we ask that only one person speaks at a time

➢ Don't forget to fill in the participation form – if we have any questions about your responses, we would like to be able to get in contact. We also need this information if you want to provide feedback on the draft case study or receive notification of the final report

The key issues we want to explore in this discussion group will focus on the following:

➢ the impact on learning of various mental illnesses (and vice versa)
➢ student disclosure of mental health difficulties
➢ the types of currently available support services
➢ mental health promotion
➢ legislation and human rights
➢ existing and future issues around professional development, and
➢ fitting VET into the whole-of-life approach.

If you have any questions or would like clarification, please just ask.

Section two: awareness and attitudes   20 minutes

Aim: to understand the experiences and awareness of teachers in supporting students with mental health difficulties

1. What do you think mental illnesses mean for your students in the context of their learning and their lives?

   - prompt with some indicators of mental health issues, e.g. poor attendance and concentration, withdrawn in class, late for assignments

   - include issues for students with MI and other students

2. What experiences have you had with students who have disclosed their mental illness to you?

   a. what process did you follow (e.g. support offered, referral)?

   b. did this alter your teaching practices, e.g. assessment?

3. What experiences have you had where students have not told you, but you suspect they might be having mental health difficulties?

   a. how did you approach the situation?

   b. did this alter your teaching practices?

Section three: skills, support and PD   25 minutes

Aim: to explore the skills and support needed for teachers and students

4. What support services are you aware of that are available to students with
    mental health difficulties?

    - includes internal and external support services, actual availability

5. Do you think existing support services and mechanisms meet the needs of
    these students?

6. If needed, how could support services be improved?

Additional skills and services required

7. Is there any support specifically for teachers already available in this area?

    - prompt with discussion about PD, timetable flexibility, information

8. What kind of additional skills and support do you think are needed for
    teachers?

    - prompt with discussion of better materials and knowledge of referral
      services, presentations by Access & Equity staff, more counsellors

9. What do you think are the best ways to obtain these skills and support?

Mental health promotion

10. Is mental health promoted on campus at all times?

    - mental health generally, availability of services

    - not just around enrolment times or mental health week

11. What could be done to improve promotion?

Section four: discussion and any further comments   10 minutes

12. After all we've discussed here, we'd like to ask you what you think the key
    issues are in supporting students with mental health difficulties.

    - prompt with 'top three' if needed

Now we'd just like to take about 5 minutes for you to let us know if there's
anything we missed, or things we should look at differently. This is our first case
study and we want to make sure we're asking the best questions we can, so that
the results will be most useful for you at the end of the project.

In addition, there may not have been enough time for everyone to contribute all
they wanted to. If you have any further comments or information that comes to
mind, please feel welcome to email or phone us when we're back in the office.

Thank you for your participation in this session, we really appreciate your time and
valuable contribution to this project.

Discussion guide – support staff

Objectives: to collect information from support staff on mental health issues in the student population and support services (available and desired)
- ➢ This will be an informal conversation, there are no right or wrong answers, we want to make sure everyone gets a chance to share their views, and feel free to disagree
- ➢ To help us accurately record your views, we ask that only one person speaks at a time
- ➢ Don't forget to fill in the participation form – if we have any questions about your responses, we would like to be able to get in contact. We also need this information if you want to provide feedback on the draft case study or receive notification of the final report

The key issues we want to explore in this discussion group will focus on the following:
- ➢ the impact on learning of various mental illnesses
- ➢ student disclosure of mental health difficulties
- ➢ the types of currently available support services
- ➢ mental health promotion
- ➢ legislation and human rights
- ➢ existing and future issues around professional development, and
- ➢ fitting VET into the whole-of-life approach.

If you have any questions or would like clarification, please just ask.

Section two: awareness and attitudes   15 minutes

Aim: to understand the experiences of support staff in supporting students with mental health difficulties

1. What do you think mental illnesses mean for students in the context of their learning and their lives?

    - prompt with what impact it has on learning, attendance

2. What experiences have you had with students who have disclosed their mental illness?

    a. is there a formal process or approach (e.g. guidelines) that is followed in these cases? If so, what is it? Note that this is not yet a discussion about available support services, see Q 9–11 below.

3. What experiences have you had where students have accessed support and you suspect they might be having mental health difficulties?

    a. what process did you follow?

Section three: skills, support and PD   30 minutes

Aim: to explore the skills and services needed to support students and teachers

4. What support services are available to students with mental health difficulties?

    a. what are the campus-based services available?

    b. are there any links or partnerships with external organisations?

    c. how do you interact with teachers in the institute?

5.   Do you think existing support services and mechanisms meet the needs of these students?

6.   If needed, how could support services be improved?

Additional skills or services required

7.   Is there any support specifically for staff already available in this area?

   -   prompt with discussion about PD, timetable flexibility, information

8.   What kind of additional skills do you think are needed for support staff and teachers in this area?

9.   What do you think are the best ways to obtain these skills?

   -   prompt with professional development, more resources, institute guidelines/strategies

Mental health promotion

10. Is mental health promoted on campus? If so, how?

   -   mental health generally, availability of support services

   -   not just around enrolment times, mental health week

11. What do you think could be done to improve promotion?

Section four: discussion and any further comments   10 minutes

12. After all we've discussed here, we'd like to ask you what you think the key issues are in supporting students with mental health difficulties.

   -   prompt with 'top three' if needed

We'd just like to take about 5 minutes for you to let us know if there's anything we missed, or things we should look at differently. This is our first case study and we want to make sure we're asking the best questions we can, so that the results will be most useful for you at the end of the project.

In addition, there may not have been enough time for everyone to contribute all they wanted to. If you have any further comments or information, please feel welcome to email or phone us when we're back in the office.

Thanks for your participation in this session/interview, we really appreciate your time and valuable contribution to this project.