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Australian Government

Department of Education, Employment
and Workplace Relations



National Disability Coordination Officer Program



Inquiry into mental health and workforce participation 2011

Submission by Foundation Studies Department, Wodonga Institute of TAFE
and National Disability Coordination Officer program Region 17. April 2011

Wodonga Institute of TAFE is a Vocational Education and Training (VET) provider located in the twin cities of Albury Wodonga on the border of Victoria and New South Wales. This area is one of the fastest-growing economies in regional Australia. Wodonga Institute of TAFE provides practical, hands-on training and education from certificate I to advanced diploma level in a range of industry areas. Learners who identify as having a disability, medical or psychiatric condition are represented in the student population across all teaching areas of the Institute. Wodonga TAFE also delivers a range of preparation programs such as general education and programs for students with additional learning needs in preparation for higher level studies.

Wodonga TAFE has traditionally had higher than state average numbers of students with disabilities enrolled, in March 2011, 8.6 percent of the student population at Wodonga TAFE represented students identifying on enrolment as having a disability, with the Victorian State average for VET participation by people with disabilities estimated to be closer to five per cent.

Wodonga TAFE is proud of the inclusive practices it has developed to ensure that the further education it provides is accessible for all members of our community. Included in our range of courses are bridging options and short courses specifically designed for individuals with mental health issues.

Over more than ten years, options for student groups with psychiatric disability continue to grow. The success of these programs is evident in the pathway creation for their participants which include enrolment in further training options (including university) and part time and full time employment. Individual students improved self esteem, assertiveness and motivation to pursue vocational and personal goals.

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

Barriers and Recommendations:

1. **Increased costs in education despite health care card status.** State and National agendas currently promote moving people with a disability through higher level studies and yet with the new Victorian Training Guarantee there is no concession for people on a Disability Support Pensions at Diploma and advanced Diploma level. The stress of accruing VET Fee Help debt is extremely burdensome for students with mental illness. Concession rates are also not widely discussed or promoted, thus students with mental health issues often see an advertised price and assume options are not affordable.

Recommendation: *The leniency of funding in relation to people on the Disability Support Pension needs to be raised with the State government to ensure that it's funding and fee structure better supports its agenda for the engagement of and pathway creation for people with a disability in education and for moving those people through higher level studies.*

2. **Mental Health professionals holding low expectations of clients.** Clinicians and support services often do not see work or education as a priority in a client's recovery plan. Despite proof of the benefits of training and work to individuals' mental health, often the low expectations held by professionals has posed a barrier to gaining referrals of prospective students with mental illness. This has improved locally in recent years, with referrals often coming direct from acute admission units and rehab centres, however is still a pervasive issue across the board.

Recommendation: *There needs to be a broad scope of professional development for practitioners working with clients with mental illness with examples of success in education and employment which examines what the factors were in that success.*

Students have also suggested that both clinical and non clinical support services and employment agencies would benefit from closer funding body supervision to determine if provision of service on the ground matches funding submissions and service agreements.

3. **Poor rural public transport and prohibitive transport costs.** In rural and regional areas lack of or poor provision of public transport can also pose a barrier for people with mental illness wanting to participate in education. Where public transport does exist, its provision often does not coincide with course times requiring the use of taxi's which most cannot afford.

Recommendation: *The inclusion of a transport fund within the Disability Support Pension which is higher for those in rural or regional areas would assist in reducing this barrier.*

4. **Inappropriate practices around Disclosure.** Intrusive questioning can be a barrier for students with mental illness to some training options. Staff who handle student interviews have often had no training around disability awareness and disclosure and use inappropriate questioning techniques and questioning about symptoms, treatments and other personal matters. There is no legal obligation for a student to disclose their mental health condition unless it is likely to affect their performance to meet the requirements of the course. Once a disclosure has been made, however, the staff member needs to consider appropriate responses including limiting their questions to those which relate to education-related adjustments required to support the person with mental illness.

Recommendation: *Widespread training around disclosure and asking sensitive questions would assist in overcoming this barrier. An approach that offers support for individual needs and provides choice in education pathways without the need for questioning about symptoms, treatments and other personal matters needs to be promoted. With students given respect as experts regarding their own capability and the opportunity to manage their own learning pathway.*

5. **Anxiety during initial engagement.** Students with mental illness require support in introduction to study and vocational pathways. One of the main concerns preventing engagement reported by students is the anxiety generated by thoughts of failure. For some this makes the initial appointment at the education venue itself a barrier. Employment agencies do provide 'travel training' but this does not address the stress issues relating to work and training.

For some people with mental illness medication impacts on concentration and comprehension in these situations repetition of modules needs to be recognised as a part of the process to success.

Recommendation: *Flexibility during initial engagement of students with mental illness needs to be promoted to education providers, workers involved in rehabilitation and employment agencies. This flexibility needs to include holding initial meetings in a safe and non-threatening environment for the prospective student such as their home or a familiar cafe and flexibility in appointment times. There also needs to be flexibility in recognising that repetition of modules may be required as part of the process to success and this repetition should not be seen as a negative in reporting.*

6. **Lack of mental health specific options in vocational training.** Students have reported the need for more mental health specific options in vocational training as part of the rehabilitation and recovery process. The acute phase of illness is dominated by medication and treatment options with very little focus on recovery and what will happen in the future such as work. Vocational training needs to be 'Psych specific' with trainers having a good broad knowledge of the concerns and barriers to recovery, i.e. 'How do I cope if the voices are bothering me at work?' Students have also requested further bridging options into employment and training including personal development, self esteem training and self-advocacy training. This may be a reflection on the very social nature of rehabilitation services programmes and the limited clinical input into self development and management of one's own illness i.e. psychosocial rehabilitation.

Recommendation: *Education providers need to be exposed to successful mental health specific models of practice for bridging programs and encouraged to source trainers who have experience in mental health who can effectively support and guide students through transition into higher level studies and employment.*

7. ***Lack of Work Placement and Traineeship Opportunities***. Students have requested 'more opportunities to test the water'. Work placements and sponsored traineeships specifically for this client group and incentives and funding arrangements for agencies to implement work programmes would have a significant impact of people with Mental illness being confident in their abilities to manage their illness in a workplace and to know whether a particular field of employment was suitable.

Recommendation: *Incentives and funding arrangements need to be established to support work placement for people experiencing mental illness. This will support employers to provide flexible work arrangements to trial potential employees and to provide experience for this group. It would also assist with on the job support during the placement. This could be further supported by mental health specific training for workplace managers, HR professionals and staff.*

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