Improving the participation and retention rates of VET students with mental health impairments.

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Abstract

An Australian project investigated the needs of students with mental health impairments in VET and how well these needs were addressed. The research consisted of a literature survey, approximately 100 qualitative interviews, 15 focus groups, and 371 surveys of VET and higher education staff and students. Main impairments identified were in the perceptual, cognitive, affective, behavioural, and interpersonal domains. Lack of physical stamina or periods of hospitalization also interfered with academic success. Other major barriers were students' fear of stigma, and negative attitudes from staff and other students. Many students chose not to disclose their condition. Staff also identified difficulty in responding to and assisting students with complex issues. Impairments in functioning impact on learning, motivation, interpersonal relations and general well-being on campus. To comply with the Disability Discrimination Act and diversity policies of VET institutions, various assistance strategies and accommodations were proposed to overcome impairments and address barriers, such as individual case co-ordination, tailored interventions, empathic support, bridging programs, and staff training. Training, policy and system recommendations were also made.
A coordinated approach is preferable, such as supported education programs and a central resource centre.

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To be published by NCVER in August 1999:
1. Report: The learning support needs of students with psychiatric disabilities in Australian post-secondary institutions
2. Resource Kit for staff Mental health issues on campus
3. Resource kit for students Mental health issues on campus

Project aims

The aim of this study was to investigate the support needs of VET students with mental health impairments with a view to maximising student retention rates.

Introduction

The issue of mental disorders resulting in impairments, or psychiatric disability, in the VET context is extremely complex. The heterogeneous nature of psychiatric disability means that its impact on learning varies considerably. This heterogeneity must in turn be seen against a background of individual differences in learning and personality styles and inter and intra institutional differences in response to disability. The issue of stigma is also a major factor; VET institutions are in many ways a microcosm of society, reflecting society's myths and misconceptions about mental disorders.

Perhaps more than in other areas, support for students with mental health impairments crosses a number of professional boundaries. Disability support staff, counsellors, academic staff, health and rehab professionals and mental health specialists all expressed strong feelings about where they felt responsibility for the support
of students with psychiatric disability would lie. The very nature of the disability itself also compounds the
issue, in that inability to express their needs, paranoia and impaired judgement, which may be part of the
disorder, may affect student perceptions of the support they receive.

The policies relevant to VET education and mental health impairments clearly indicated that students with
mental health impairments are a part of diversity of the student population, cannot be discriminated against
and need to be supported appropriately. The diverse nature of psychiatric disability or mental health
impairment points to a complex set of needs and a challenge to VET institutions. A sophisticated set of
learning, support and systemic strategies is required to maximize the participation and retention rates of
students with mental health impairments. Both internal (educational) and external services and support
systems need to be adjusted to meet the requirements of this group for academic and vocational success.

Why should VET practitioners be interested in serving this student group?

Students with mental health impairments are already attending VET courses, although many do not disclose
or are not aware of their mental disorder or how it impairs their functioning. Others may lack the confidence
to study or participate in the educational environment. The educational outcomes of this group of students
are poor and deny them meaningful contribution to the workforce and economic independence. Social justice
is one of the key values justifying our efforts. Additionally, the benefits of serving this group of students can outweigh the costs and losses of not serving
this group adequately.

The benefits for the VET institution are: a good learning environment for all students; more productive staff;
higher retention and completion rates of students; excellent reputation of the institution may attract more
funding; fulfilling diversity policy requirements maintains government funding; greater flexibility for all
students; better participation rates of students bring in fees and funding.

Other benefits are more general and humane, such as a more diverse and productive society; more dignity
and less stigma to people with mental health impairments; greater understanding of and compassion for
human complexity; less suffering; equal opportunity and non-discrimination; and greater security for all
people, as anyone may develop a mental disorder in the future or have relatives with a mental disorder.

The costs of serving this group adequately comprise specialist staff resources, specialist training and
consultation for all staff, direct disability support services (eg tutoring), physical resources (aids, retreat
rooms), consumer consultant costs and program costs.

The losses related to inadequate service can be significant and to be avoided. These may include: disrupted
learning environments, higher non-completion rates, increased time by staff to address needs and problems,
staff stress, absenteeism, Workcover/worker's compensation claims for stress, trauma and injuries, public
liability/duty of care litigation, fines for non-compliance with government acts and policies (eg Disability
Discrimination Act, Occupational Health and Safety), damage to Institute reputation and subsequent loss of
income, more risk of suicide, violence and subsequent trauma, and greater costs to the community.

Background

One in five adults will suffer a mental disorder at some time in their lives in Australia.
A recent study (Mental health profile in Australia 1997) found that 27% of 18-24 year old people have a
mental disorder, an age group most likely to embark on post-secondary education and VET programs. It is
interesting to speculate what percentage of the VET student population have a mental disorder of some kind.
Mental disorders may have a profound effect on the learning and self-functioning capacity of a significant
number of Australian students.

Anti-Discrimination and Equal Opportunity legislation at state and federal levels have made it unlawful to
discriminate against people with disabilities, impairments and medical conditions, including those related to
mental health functioning. In response to this legislation, federal policies have set national objectives and
targets and strategies for ensuring that benefits for post-secondary education are available for all. These
strategies make the following assumptions:
1. Post-secondary students with psychiatric disabilities have identifiable additional learning and support needs.

2. The provision of support for students with psychiatric disabilities will have positive implications for the participation and success rates of these students.

3. The VET system response to the learning and support needs of students with psychiatric disabilities can be enhanced through the provision of appropriate support.

This project investigated these assumptions and provided insight into best practice support programs, by reviewing the perceptions of key stakeholders (students and prospective students, teaching staff, support staff and management) of the additional learning and support needs of students who have a psychiatric disability.

Methodology

Focus groups were set up with students, prospective students, teachers, support staff and management. A total of 15 focus groups were held; while the majority were in Victoria, one was held in Queensland, one in New South Wales and one in South Australia. In addition to the focus groups, discussions were held with staff from mental health and educational organisations and consumer groups. Additional funding from a DEETYA Co-operative Projects for Students with a Disabilities grant enabled the project to be extended to the Higher Education as well as the Vocational Education and Training sector.

While focus group data was analysed qualitatively and used to establish themes and responses, the transcribed responses were also used to inform the development of a series of three surveys (student, prospective student and staff) which were sent to consumer groups in Victoria and to every TAFE and Higher Education institution in Australia. The survey responses were analysed utilising SPSS. There were 256 respondents to the Staff Survey (49% from VET), 113 respondents to the student survey (32% from VET) and 25 respondents to the Prospective Student Survey.

All stakeholders (students, support staff, teaching staff and administrators acknowledged the need to enhance the support available in this area. Of the Counsellors and Disability Liaison Officers surveyed, 72% (n=129) noted an increase in the number of students who disclose or manifest signs of mental disorders, with 40% of these reporting clear statistical evidence of the rise.

Issues

The qualitative aspect of this research project has raised a number of issues as being significant. Perhaps not surprisingly, the conclusions drawn by different stakeholders vary markedly. The following themes were evident:

- Extent of mental health impairment in the VET student population
- Concepts of mental health, disorder and impairments
- Issues of disclosure, confidentiality and stigma
- Limited access due to absence and lower stamina
- Study and insufficient support as a stressful experience
- Effects of mental health impairments in the VET environment (staff and student perspectives)
- Resourcing (including legal and policy implications)
- Roles and responsibilities
- Implications for training
- Responding to unusual or challenging behaviours

Mental health impairments in study

Survey results indicate a perceived significant impact on study due to mental disorder. These results are shown in Table 1.
Table 1: Impacts of mental disorder on study (student and staff views)

<table>
<thead>
<tr>
<th>Study aspect</th>
<th>TAFE students (as %)</th>
<th>Staff (comb.) N=257</th>
<th>Discrepancy &gt; 20%</th>
</tr>
</thead>
<tbody>
<tr>
<td>concentration in class</td>
<td>63% 83%</td>
<td></td>
<td>d</td>
</tr>
<tr>
<td>motivation</td>
<td>51% 77%</td>
<td>d</td>
<td></td>
</tr>
<tr>
<td>reading skills</td>
<td>20% 50%</td>
<td>d</td>
<td></td>
</tr>
<tr>
<td>keeping to deadlines</td>
<td>34% 80%</td>
<td>d</td>
<td></td>
</tr>
<tr>
<td>remembering</td>
<td>60% 71%</td>
<td>d</td>
<td></td>
</tr>
<tr>
<td>regular class attendance</td>
<td>29% 66%</td>
<td>d</td>
<td></td>
</tr>
<tr>
<td>communicating</td>
<td>23% 67%</td>
<td>d</td>
<td></td>
</tr>
<tr>
<td>sitting for exams</td>
<td>46% 68%</td>
<td>d</td>
<td></td>
</tr>
<tr>
<td>confidence</td>
<td>54% 78%</td>
<td>d</td>
<td></td>
</tr>
<tr>
<td>concentration when studying</td>
<td>63% 80%</td>
<td>d</td>
<td></td>
</tr>
<tr>
<td>problem solving</td>
<td>26% 64%</td>
<td>d</td>
<td></td>
</tr>
<tr>
<td>writing skills</td>
<td>20% 52%</td>
<td>d</td>
<td></td>
</tr>
<tr>
<td>adapting to college social life</td>
<td>29% 68%</td>
<td>d</td>
<td></td>
</tr>
<tr>
<td>getting organised</td>
<td>17% 72%</td>
<td>d</td>
<td></td>
</tr>
<tr>
<td>relating to people</td>
<td>40% 73%</td>
<td>d</td>
<td></td>
</tr>
<tr>
<td>explaining your needs</td>
<td>49% 59%</td>
<td>d</td>
<td></td>
</tr>
<tr>
<td>feeling at home on campus</td>
<td>31% 60%</td>
<td>d</td>
<td></td>
</tr>
</tbody>
</table>

Major problems for most students were concentration (both when studying and when in class), confidence, motivation and memory. The cognitive aspects (concentration, memory, problem solving) are foremost, while the psychological (self) functioning aspects (motivation, confidence, relating to people, and explaining own needs) are close behind.

This indicates a variety of supports are required to service this group adequately (eg Palombo, 1996).

Staff (from VET and universities) rated most aspects of student performance as more severely impaired by their mental health condition.

Further evidence of the impairments due to mental disorders can be found in Crowe (1998).

Other issues raised in the project were stigma from both staff and other students, and dealing with inappropriate behaviour. Crisis management has been addressed elsewhere (Andrews 1998).

**Best practice support**

The research has clear implications for best practice in the provision of support for students with mental health impairments.

The research affirms that best practice is indicated when:

- Staff training includes issues such as: concepts of mental health and mental disorder, knowledge of options for assessment, information re medication and side effects, empathic skills, knowledge of 'boundaries' (avoiding taking unnecessary responsibility for a student)
- Case management and individual support of students
- Accommodations for disability/impairment are identified and implemented (see Staff Kit Appendix)
- There is clarification of confidentiality responsibilities
- The amount of time taken by this group of students is acknowledged in staff resources (that this group took a very high percentage of staff time was a factor for almost all staff participants)
- There is encouragement of a culture of diversity not difference
- Peer support programs are facilitated
- Support alternatives which don't involve disclosure are available (e.g. quiet space where student can retreat, specialist study skills support, peer support)
- Availability of Bridging Schemes which develop personal, professional and study skills
- Supported Education Programs in the United States offer a range of best practice models (eg Unger 1998)
• Safety procedures are in place for both students and staff
• Independent mediation is available
• There is sufficient flexibility in course delivery, course completion times and course structure

**Best practice policy**

Understanding and addressing the learning needs of students with mental health impairments, or psychiatric disability has a number of implications for policy both at the level of the individual institution and nationally. Regulations regarding course completion times and assessment methods need to be reviewed in light of the needs of the target group. In the light of Disability Discrimination legislation, it is desirable that there is intra-institutional and inter-institutional consistency in accommodating the needs of students with psychiatric disability. Additionally, industry plays a major role in shaping training, yet in general there is little awareness by employer groups, of either the training needs or the range of employment services and opportunities for people with disabilities. In the case of those with psychiatric disabilities these issues are compounded by the stigma of mental disorder. Effective fieldwork coordination with appropriate support may be critical to a successful work placement, which is an essential requirement in many courses.

Federal and State Disability legislation and the policies indicate the following:
• Accommodations should be provided unless unjustifiable hardship can be substantiated.
• There should be a consideration of the benefits as well as the costs of accommodations (for example, creativity in education, tolerance, affirmative action and accommodation of others in the future as well as the present).
• Course selection process should not presume an employer’s judgement of meeting the inherent requirements of the job.
• Selection cannot prescribe a level of mental health as a prerequisite, unless unjustifiable hardship can be clearly demonstrated.
• Time extensions such as double-time can be negotiated up-front.
• The disorder / illness must have on-going impact (impairment) in order to obtain accommodations.
• Institutions need to ensure that fieldwork placement should not place students where there is foreseeable risk of harm to self or others.
• In situations of threat to safety, the student need not be accommodated, however, it is advisable to avoid liability and therefore do as much as possible to accommodate the student while ensuring safety.
• Normal duty of care provisions apply in VET institutions (for example, support staff are expected to possess and utilise special skills and knowledge). Confidentiality can be broken when there is perceived threat to harm oneself or others.

The Disability Discrimination Act (1992) confers accommodations to students with disabilities unless it would constitute ‘unjustifiable hardship’. Accommodations which allow the student to meet requirements and enjoy benefits must be provided in the most dignified, appropriate and least onerous manner possible.

**Staff training needs**

It was clear from this study, that the issue of psychiatric disability among students was both serious and pressing for academic and support staff.

Survey responses and focus group discussion suggest that training for staff who work with students with psychiatric disability should include:

• guidance in identifying students and behaviours which are of concern
• Information about the possible side effects of medication
• knowledge of disability legislation and student rights
• mental health awareness issues
• knowledge of alternative assessment and accommodation options
training in empathy skills
implications for field work and employment
information on learning issues and support
guidance in determining the boundaries of appropriate relations and responsibility
strategies in handling particular situations or behaviour
confidentiality guidelines
non discriminatory selection guidelines
negotiation and mediation options

Supported Education Programs for students with mental health impairments

Supported Education Programs developed by VET institutions with advice and support from the mental health sector would enable prospective and enrolled students to develop the skills necessary for success in the VET sector. Integrated support structures that incorporate high quality best practice management in key processes and implementations will provide the most effective support.

A comprehensive Supported Education Program for students with mental health impairments could have the following specialized components:

1. Specialised bridging study skills and orientation programs
2. Sensitive vocational and educational counselling to prospective students
3. Outreach to prospective students and assistance with applications
4. Functional assessment
5. Individual Education Plan
6. Case manager/co-ordinator for students with high support needs
7. Disability Service (including identification and arrangement of accommodations in all services and facilities, policy development, curriculum modification, organisation of direct learning assistance (notetakers, participation assistants and tutors), advocacy, consultation to staff, technical aids)
8. Counselling Service (psychological, psychoeducational and psychosocial interventions and support, training and consultations to staff)
9. Learning skills assistance (study skills, cognitive rehabilitation)
10. Academic reference group on strategies
11. Financial assistance (maximal concessions and loans, extended service, advocacy and referral)
12. Housing assistance (extended service, specialist referral to supported housing)
13. Crisis management for crises related to mental health issues (including legal advice on duty of care and confidentiality)
14. Peer support and self advocacy (partly through the Student Association)
15. Awareness training for general staff and students
16. Professional development for program staff
17. Research and evaluation
18. Paid consultation with consumers
19. Collaboration with external mental health organizations and services
20. Expansion of services to flexible delivery, on-line and distance education students
21. Fieldwork and employment search support
22. Exit process

Sources of funding

Funding for effective supported education programs may come from the VET institutions themselves, or from explorations made to claim funding from other sources or to collaborate with other services. These may include: mental health treatment services, psychiatric disability support services, prevention programs (eg suicide, youth at risk), mental health organizations, drug and alcohol services, disability services, mental health promotion, employment services, philanthropic trusts, government education bodies, student services fees, and products (eg student guides, staff training programs).
**Central resource centre**

A central resource centre for students with mental health impairments and concerned staff is recommended. This centre could be web-based and funded for VET only or combined post-secondary education sectors. It could disseminate information about the nature of impairments, educational strategies (eg Al-Mahmood et al, 1998), support groups and programs, services available, and linked to other useful sites and resources. The centre could initially be Victorian and later expanded to Australia-wide.

**Summary**

The issue of support for students with mental health impairments is an important one, as a quarter of all students may have some form of mental disorder. Study and work is acknowledged as crucial to successful rehabilitation, yet the learning processes and self-management skills essential to educational success may be profoundly affected by mental disorders. On a macro level, the successful implementation of any support for students with mental health impairments will depend on the involvement and commitment of all interest groups, including the VET sector, mental health services, agencies and advocacy groups. Employer groups, as well as academic and support staff and the general student population, need to be educated about the myths and realities of mental disorders. Lack of understanding of mental disorder (generally, as well as its impact on learning) is inhibiting the VET participation and retention of a significant number of students. In addition to legislative and policy developments, there is a need to develop understanding and attitudinal change if Australia is to benefit economically and socially from the potential contribution of this group of students. A central resource centre is proposed to disseminate information in this field in Australia.

**References**


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