

DEBUNKING COMMON MYTHS ABOUT MENTAL ILL-HEALTH

Supporting vocational education and training (VET) student mental health and wellbeing

FOR ALL STAFF IN THE VET SECTOR
EMPLOYERS HOSTING VET STUDENTS

Mental ill-health is often misunderstood and the subject of a number of common myths. These myths can lead to unhelpful stereotypes and sometimes harmful responses.

We all need support at times. If students experiencing poor mental health have supportive and understanding people around them, they are much more likely to be able to ask for help when they need it and recover more quickly.

On the other hand, responses driven by the myths described below can stop people seeking help, withdraw and hide their issues from others. This can lead to both short and long-term negative consequences.

By debunking these myths and building our understanding of mental health, we can better support vocational education and training (VET) students who are experiencing mental ill-health.

MYTH 1 PEOPLE WITH MENTAL HEALTH PROBLEMS ARE JUST WEAK

FACT Mental ill-health is not a character flaw. It is not caused by personal weakness, but by a complex interplay of genetic, biological, social and environmental factors (1). Mental ill-health cannot be cured by 'toughening up'.

Seeking and accepting help is a sign of resilience and strength (1), and many people with mental ill-health demonstrate resourcefulness, determination and creativity in managing their difficulties while getting on with their lives.

Why it is harmful for a student to believe this myth

A student believing that they are just being 'soft' or 'weak' will have a negative impact on how they feel about themselves and their sense of hope, which then acts as a barrier to help-seeking. All of which can have negative long-term consequences.

Why it is harmful for other people to believe this myth

Believing this myth could mean other people think negatively of the student, which has several harmful consequences:

- it misses an opportunity to assist them to get the support they need
- it can make the student feel even worse about themselves
- it can further isolate them from others due to fear of judgement or shame
- it can lead to an unconscious bias toward that student.

There is no single cause of mental ill-health. Research tells us that several overlapping factors may increase the risk of a person developing a mental health concern, such as:

- biological factors, such as family history of mental ill-health
- adverse life experiences – abuse, neglect, significant loss or trauma;
- individual psychological factors self-esteem, perfectionism, coping skills or thinking style
- current circumstances such as stress from work or school, money issues, difficult personal relationships, challenges within the family
- serious illness or physical injury
- alcohol and other drug use and experimentation (2).

“Mental health challenges can really happen to anyone.”

VET STUDENT WITH LIVED EXPERIENCE OF MENTAL ILL-HEALTH

MYTH 2 PEOPLE USE ‘MENTAL ILL-HEALTH’ AS AN EXCUSE, AND THEY SHOULD JUST GET ON WITH THEIR LIVES

FACT VET Students with mental ill-health are much more likely *not* to disclose a mental health concern due to stigma and fear they won’t receive help or support (4).

Mental ill-health has real and challenging impacts on people’s lives, including on their mood, sleep, energy, thinking skills and self-esteem, which are outside their control. It also impacts on broader aspects of their lives, such as employment, physical health, homelessness, substance use and suicide risk (3,5,6). Issues in all these areas can make it even more difficult for a student to participate in education and training.

“Housing, domestic violence, alcohol and other drugs all are often involved. It’s not just mental health.”

VET STUDENT WITH LIVED EXPERIENCE OF MENTAL ILL-HEALTH

Why it is harmful for a student to believe this myth

Believing this myth could prevent a student reaching out for help, particularly when they might be struggling to submit assignments or complete tasks for their work, and require consideration and strategies to help them through. This can increase the likelihood of further stress, failing in their studies and leaving courses early.

Why it is harmful for other people to believe this myth

Stigma and discrimination are barriers to people seeking help. If those around them discount their difficulties and imply their difficulties are an excuse, students are likely to avoid help-seeking and miss out on timely assistance.

MYTH 3 TALKING ABOUT SUICIDE MIGHT PUT THE IDEA IN A STUDENT’S HEAD

FACT There is no evidence that talking to someone about suicidal thoughts or behaviour is harmful or will ‘plant the idea in their head’. Decades of experience and school-based prevention programs have failed to document any cases of stimulating suicidal behaviour through the discussion of the topic.

Evidence of a ‘suicide contagion’ effect may have contributed to the fear of talking about suicide. However, it is exposure to certain styles of inappropriate media reporting such as sensationalist or glamourising stories, (stories that make suicide appear desirable in some way), that are associated with an increased risk of suicidal behaviour, rather than exposure to responsible discussion of suicide more generally (7).

Why it is harmful for other people to believe this myth

The only way to know about suicide risk is to ask a student directly whether they are experiencing suicidal thoughts. Believing this myth is likely to result in avoidance of asking this question, which could contribute to failing to identify students at risk (7).

Many students won’t disclose they are thinking of suicide until asked directly. They may be relieved to be asked, as keeping these thoughts private can be lonely, stressful and frightening. You might be the first person who has provided a space to talk about how they are feeling. Beginning a conversation and asking in a caring way if someone is thinking about suicide is an important first step toward assisting them to get support.

MYTH 4 SOMEONE WHO HAS MADE A PREVIOUS SUICIDE ATTEMPT IS JUST ATTENTION-SEEKING

FACT A previous suicide attempt has been shown to be a strong predictor of future death by suicide (7,8). This does not necessarily mean someone who has attempted suicide will attempt again, but that people who have died by suicide have usually made more than one attempt (8). It is very important to take all suicide attempts seriously.

Why it is harmful for a student to believe this myth

Believing this myth could lead a student to feel that others don't understand or care about their distress which could increase feelings of loneliness and hopelessness. We know both hopelessness and a previous suicide attempt are risk factors for dying by suicide (7,8,9). Feeling that they won't be taken seriously can also be a barrier to help-seeking.

Why it is harmful for other people to believe this myth

If a student has attempted suicide and their distress is not taken seriously, this can make their mental health even worse. It could contribute to a sense of hopelessness (for example, "No one even cares that I feel so bad I tried to kill myself."), and we know hopelessness is a risk factor for suicide (9). Believing this myth could therefore increase risk. It is also likely to mean that other people don't offer support or assist the student to find support, and we know that help-seeking and getting support assists recovery.

MYTH 5 ONCE SOMEONE DECIDES TO SUICIDE, THERE IS NOTHING YOU CAN DO TO STOP THEM

FACT If a person discloses suicidal thoughts, it is a valuable opportunity to help them access the right support. Most people who die by suicide are experiencing mental ill-health at the time of their death (whether diagnosed or not) (10,11). We know that mental ill-health *can* be treated and early intervention gives people the best chance of recovery (3).

We also know that when someone is suicidal or experiencing mental ill-health, their thinking, emotions, functioning and problem-solving can be affected. This can mean they can't see their way out of a difficult situation. Some suicides happen impulsively in moments of crisis, with a breakdown in the ability to deal with life stresses such as financial problems, relationship break-up, or chronic pain and illness. People who are thinking about suicide are often wanting to stop experiencing emotional pain rather than wanting to die (12). Having a conversation is an important first step to exploring other ways to stop emotional pain and share hope for the future with the student.

Why it is harmful for other people to believe this myth

If other people believe this myth, they may also feel helpless and hopeless, which can lead to giving up on attempts to help or engage the student. This means they will miss important opportunities to link the student with appropriate support.



MYTH 6 DEPRESSION IS JUST ABOUT FEELING SAD

FACT We all feel down from time to time. It's a part of being human. But depression is different to sadness. Sadness is a feeling that lasts for only a short time after a difficult experience, like following a breakup, or an argument with someone. With depression, this feeling of sadness doesn't go away (13).

Depression is a real, debilitating disease. VET students who are experiencing depression may struggle to concentrate, remember and problem-solve. Depression can lead to significant difficulties with friendships, family relationships, performance at school or work, substance use or dependence, and in some people, suicidal behaviour.

“ We all have different experiences. Yeah, we have the same classification of mental health sometimes, but the experiences will be really different.”

VET STUDENT WITH LIVED EXPERIENCE OF MENTAL ILL-HEALTH

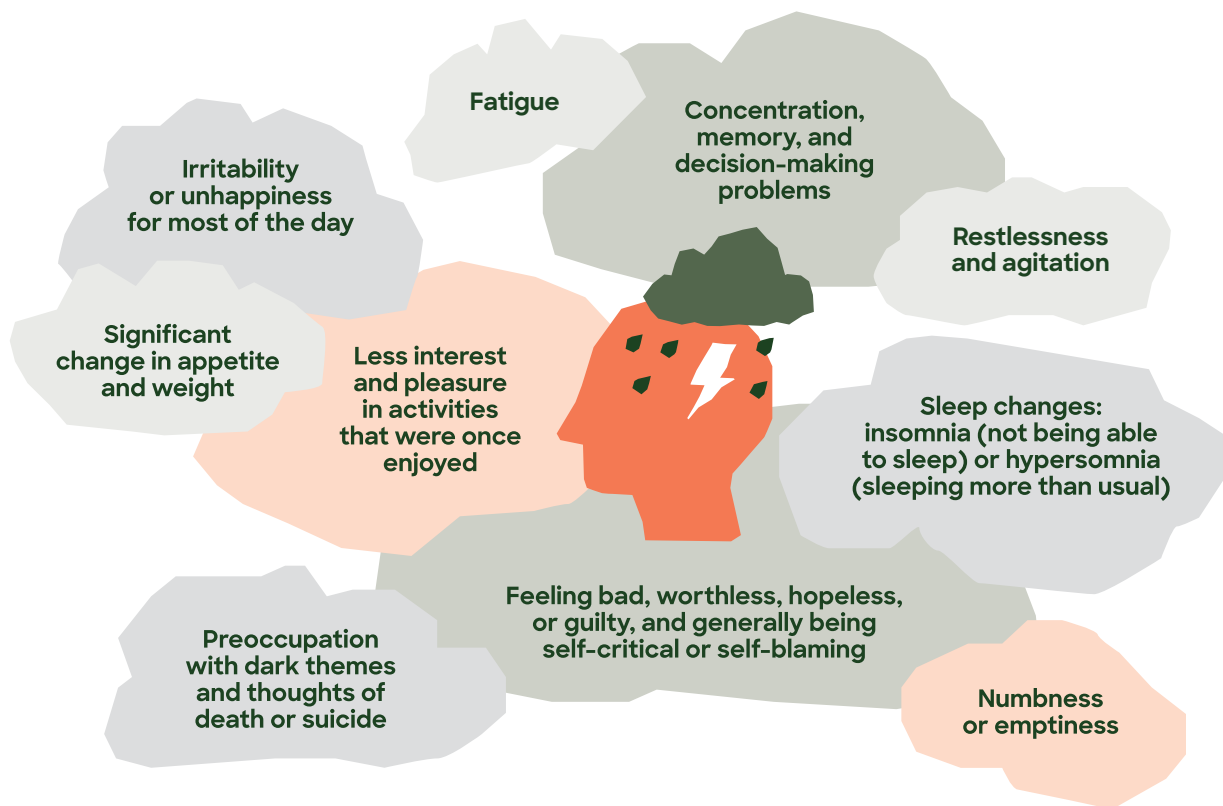
Why it is harmful for a student to believe this myth

Instead of spending energy on their recovery, a student who believes this myth may blame themselves for not being able to cope with 'sadness' like others. This can create a vicious cycle, making them feel more hopeless and worthless, which is coupled with an inability to problem-solve like they normally would. These can all impact their capacity to seek help and practice self-care, prolonging the illness.

Why it is harmful for other people to believe this myth

This myth may lead others to minimise the experience of depression and think the student should be able to 'snap out of it', when in fact it is outside their control and requires support. It can lead to making assumptions or becoming judgmental, which acts as a barrier to the student seeking or accepting help.

FIGURE 1: SYMPTOMS OF DEPRESSION MAY INCLUDE: (ADAPTED FROM ORYGEN) (13)



MYTH 7 SELF-HARM IS JUST ATTENTION-SEEKING

FACT Self-harm is often undertaken in secret and has complex psychological and pharmacological drivers (14). Most people who self-harm go to great lengths to draw as little attention as possible to their behaviour by self-harming in private and by harming parts of the body that are not visible to others (14). Even those closest to the person are often unaware of it. One study found that rates of self-harm reported by young people were three times higher than estimated by parents (14).

Health professionals prefer to talk about self-harm as attention *needing* rather than attention seeking. The person will often be experiencing significant emotional pain and needs support, not judgement.

Why it is harmful for a student to believe this myth

Stigma about mental ill-health is already a barrier to help-seeking, but if students believe this myth it could lead them to discounting their own experience, increasing their distress, and avoiding seeking help.

Why it is harmful for other people to believe this myth

This feeds into stigma and creates a barrier to help-seeking, meaning the student may not reach out and miss out on getting the support they need.

MYTH 8 SELF-HARM IS A SUICIDE ATTEMPT

FACT In the vast majority of cases, self-harm is a coping mechanism, not a suicide attempt (5). It may seem counter-intuitive, but in many cases people use self-harm to stay alive, rather than end their life (14). However, sometimes people injure themselves more seriously than they intend to, and this can put their life at risk (14). That said, people who self-harm are also at a much higher risk of attempting suicide at some time in the future than people who don't self-harm. It is important to encourage anyone who is self-harming to seek help from a health professional (14).

Why it is harmful for other people to believe this myth

Self-harm and suicide are related, but require specific supports tailored to each student's experiences. Believing this myth could lead people to inadvertently provide unhelpful support to a student who is at risk. Feeling misunderstood might increase barriers to the student's help-seeking in the future.



MYTH 9 TRAUMA IS AN EXTREME EXPERIENCE WHICH WILL ALWAYS LEAD TO MENTAL ILL-HEALTH

FACT Traumatic experiences take many forms and there does not have to be one defining event that makes something traumatic. Ongoing exposure to experiences such as abuse, neglect and bullying, as well as single life-threatening events, can all be traumatic (15). People can also experience trauma vicariously through encountering another person's traumatic experiences, and trauma can be passed down through generations, for example through the Stolen Generations (15).

It is common for people to experience great distress after a traumatic event, but most people who experience trauma do not develop mental ill-health as a consequence. Many factors influence whether or not a person develops mental ill-health after experiencing trauma. These include the severity and type of trauma, the support available, how easily they can access this support, past traumatic experiences, family history, and physical health (15).

Why it is harmful for a student to believe this myth

A student who has experienced trauma and believes this myth may experience increased anxiety as a result of assuming subsequent mental health difficulties are inevitable. This can add to their distress after the traumatic event and may lead to a sense of hopelessness rather than believing in their own resilience.

Why it is harmful for other people to believe this myth

It leads them to overlook a student's resilience. Although it can be useful to be aware of possible mental health risks associated with trauma, expecting mental ill-health as a given could lead to unhelpfully influencing a student's outcomes.

“ Certain parts of my experience I don't share—I don't share the trauma which triggered these problems and I don't share my diagnosis ... You don't have to share all the ins and outs. ”

VET STUDENT WITH LIVED EXPERIENCE OF MENTAL ILL-HEALTH

MYTH 10 STUDENTS WITH MENTAL HEALTH DIFFICULTIES WILL BE LESS CAPABLE

FACT Students will have varied capacity for many reasons, and everyone struggles with their capacity to work or study from time to time. Many individuals with mental ill-health also have strengths and skills to engage well with their studies.

Mental ill-health can impact some student's cognition (thinking skills) and vice versa, but not all students and it certainly doesn't impair these skills permanently (16). In fact, the impact on thinking skills is likely to fluctuate. Additionally, there are evidence-based strategies to assist students to manage their studies if they are affected. These can be as simple as providing reading content early, so the student has time to process the information, and providing instructions both verbally and in writing.

“ They were understanding of my situation and there were times it was difficult to concentrate on tasks and they were empathic towards that. ”

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Why it is harmful for a student to believe this myth

Believing this myth might contribute to a sense of hopelessness on the part of a student. They may experience self-stigma which could become a barrier to them persisting in their studies and prevent them from learning and applying new skills and workarounds to manage any issues with their studies.

Why it is harmful for other people to believe this myth

It could lead to them lowering expectations despite a student's real capacity to achieve. It could also lead to them offering fewer opportunities for challenge and growth, based on the assumption that the student won't be capable.

“ I feel like there is a difference between being temporarily incapacitated and just straight up not being capable and that sometimes there is a tendency to mix that up, hence my initial hesitation to reveal my experience to others. ”

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Disclaimer The 'supporting VET student mental health and wellbeing' resources (the Resources) are designed to assist registered training organisations (RTOs) to understand relevant legislation and policy, as well as the application of that legislation/policy to the provision of vocational education and training to support student mental health and wellbeing.

The information contained in the Resources is intended only as a guide to relevant legislation and policy and does not constitute legal advice, impose additional legal obligations on RTOs or purport to provide binding interpretations of legislative obligations (for example, those under the *2025 Standards for Registered Training Organisation (RTOs) (Commonwealth)*, the *Disability Discrimination Act 1992 (Commonwealth)*, and the *Disability Standards for Education 2005 (Commonwealth)*).

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Orygen acknowledges the Traditional Owners of the lands we are on and pays respect to their Elders past and present. Orygen recognises and respects their cultural heritage, beliefs and relationships to Country, which continue to be important to the First Nations people living today.



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