

MENTAL HEALTH 101

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

FOR
RTO LEADERSHIP,
TRAINERS AND
ASSESSORS AND
ADMINISTRATIVE STAFF
EMPLOYERS HOSTING
VET STUDENTS

PURPOSE:

To understand:

- why you should engage with this topic
- statistics and facts: mental ill-health in the VET sector
- mental health
- talking about mental health.

WHY ENGAGE WITH THIS TOPIC?

Mental ill-health can affect all areas of a person's life. It impacts students, staff, the broader community, and the economy.

Mental health plays a critical role in a VET student's ability to engage with and complete education and training. Disrupted education can result in lower paying jobs, unemployment, and financial insecurity, which in turn can lead to disadvantage and poor mental health outcomes (1, 2).

Providing mental health supports to students can help them to stay in education or transition to employment. It improves their future economic and health prospects. Good mental health is linked to greater productivity, better physical health and increased life expectancy (1).



Responses to mental health across RTOs will vary considerably largely based on provider type and size.

However, all VET providers have an important role to play in supporting students to experience good mental health and wellbeing. In practice, this means not only responding to students who are struggling, but actively promoting a positive culture and good mental health. Prevention is a key component of mental health promotion.

Host employers also have an important role to play in supporting VET student mental health and wellbeing. For many VET students (for example, apprentices), day-to-day relationships may be with these employers, rather than educators. Host employers also have an important role to play in supporting VET student mental health and wellbeing. **Statistics and facts: mental health and the VET Sector**

Mental ill-health affects one in five Australians every year (3) and, in most instances, will first emerge before the age of 25 (4,5).

In 2022, among younger Australians:

- almost two in five people aged 16-24 years reported a mental health condition over the previous twelve months
- one in five people aged 16-34 experienced high or very high levels of psychological distress⁶.
- Women across all age groups were more likely to report high levels of psychological distress compared to men (6).

Mental ill-health is associated with poorer academic outcomes, unemployment, poor social supports, substance use, and increased risk of thinking about dying by suicide (1).

Students at VET institutions in Australia have been found to experience mental health distress at higher rates than the general population (7, 8). A significant proportion of VET students (72 per cent) are aged 15-24 years (9), an age group with particularly high rates of mental ill-health. Those students experiencing difficult financial, family, social and/or housing situations may be at higher risk of mental ill-health (10).

Due to perceived stigma and concerns about future job prospects, many VET students are reluctant to disclose mental ill-health concerns to their education provider and seek support (11). This especially relates to trainees and apprentices who largely undertake training with an employer (12). These students may face distinct challenges (for example, balancing work and study with other commitments, and workplace challenges such as bullying and harassment).

“It’s frightening to be diagnosed and frightening to have to tell people.”

VET STUDENT WITH LIVED EXPERIENCE OF MENTAL ILL-HEALTH

IN 2022, AMONG YOUNGER AUSTRALIANS:



Almost **2 IN 5 PEOPLE** aged 16-24 years reported a mental health condition over the previous 12 months



1 IN 5 PEOPLE people aged 16-34 experienced high or very high levels of psychological distress⁶.



WOMEN ACROSS ALL AGE GROUPS were more likely to report high levels of psychological distress compared to men (Australian Bureau of Statistics, 2022).



WHY RTO STAFF ARE WELL POSITIONED TO SUPPORT STUDENTS

RTO staff are often in regular contact with students and may be the first to identify mental ill-health, especially when making reasonable adjustments to training and assessment tasks or supporting student extension requests.

It's important to remember it is not a trainer and assessor or administrative staff member's job to diagnose or treat mental ill-health. But noticing changes (for example, in student relationships, behaviour, and participation in their learning) and responding as early as possible, can make an enormous difference to their mental health and educational outcomes (13).

There is a lot staff can do to ensure students:

- feel listened to, cared about, and reassured that help is available
- have access to information on how to get the support they need.

To do this, staff need to be supported by RTO leadership to:

- develop the skills and confidence to have these conversations, which may at first seem difficult and unfamiliar
- understand the next steps, such as where to appropriately direct the student for support.

One of the biggest hurdles to timely recognition and support of mental ill-health is the stigma associated with it. People can feel shame and confusion about their experience and may not want to share, or they may want to share but not know who to talk to. This often means they miss early opportunities for support, and early support offers the best chances for recovery. All RTO staff can break down mental health stigma by building their own understanding about mental health and encouraging open communication about mental health with others.

UNDERSTANDING MENTAL HEALTH

A person's mental health isn't fixed. It can change and fluctuate depending on life circumstances.

We can all shift back and forth along the mental health continuum shown in Figure 1 not just over our lifetimes, but even in the space of a day or a week, in response to different stressors and experiences.

There are many factors that affect where someone sits on the continuum at any given point in time.

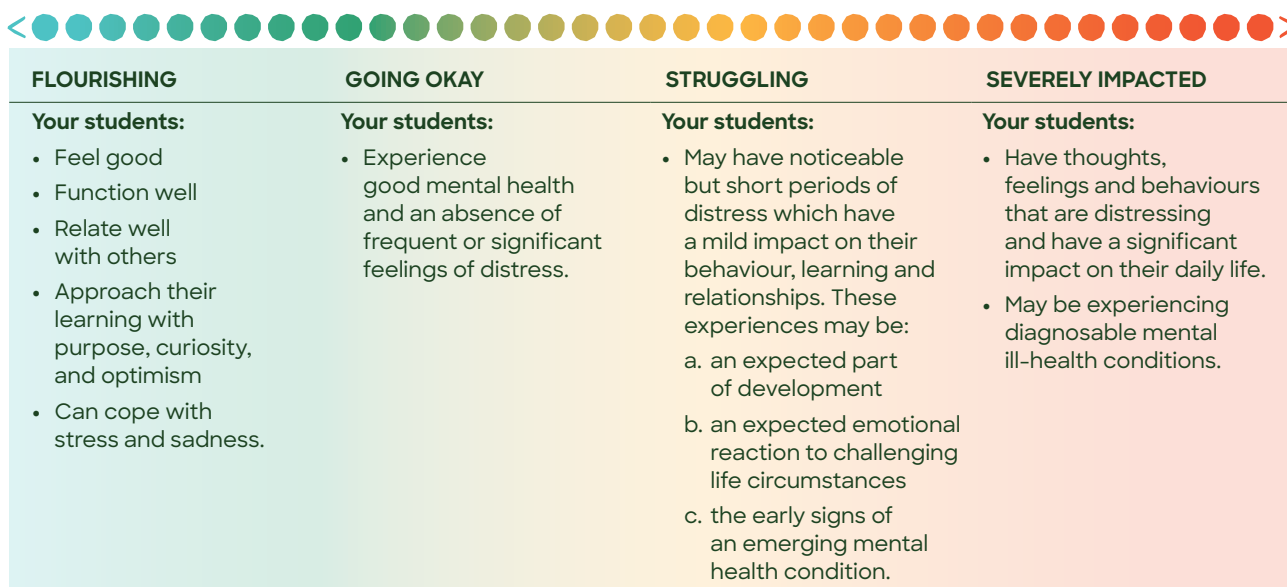
Most people sit toward the flourishing end of the continuum, most of the time. Noticing changes that suggest a shift to the other end of the continuum, and responding appropriately and as early as possible, can be critical to supporting students to maintain good mental health.

Even a diagnosis of mental ill-health does not mean the student does not have capacity to engage in learning. Capacity can fluctuate, and it is important to support the student to remain engaged in learning wherever possible.

“ 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.”

VET STUDENT WITH LIVED EXPERIENCE OF MENTAL ILL-HEALTH

FIGURE 1: THE MENTAL HEALTH CONTINUUM



TALKING ABOUT MENTAL HEALTH

The way we talk about mental health matters.

The language we use to talk about mental health can empower and convey hope and empathy. But it can also divide, promote stereotypes and myths, stigmatise, exclude and label.

Language is particularly important when talking about suicide. Talking about suicide won't put the idea in someone's head. Using clear and accurate information about suicide, mental ill-health, coping strategies and help-seeking can influence access to supports and recovery.

Reproduced from the Victorian Government's Department of Health (online) Terminology and Language <https://www.health.vic.gov.au/mental-health-reform/terminology-and-language>

It is important that you avoid using stigmatising/ problematic language when discussing mental ill-health. Figure 2 will help you to think about the language you use when engaging with students on the topic of mental health.

Remember that language and words have different meanings for different people (14). This is especially important when working with diverse student groups with different cultural understandings of mental health and wellbeing. These guidelines will help you to think about your language. If a student wishes to be referred to in a specific way, it's okay to listen to them and use their preferred language, so long as it is role modelling destigmatising language and promoting help-seeking.

FIGURE 2: STIGMATISING OR PROBLEMATIC LANGUAGE AND ALTERNATIVES

STIGMATISING/PROBLEMATIC LANGUAGE	WHY IS IT PROBLEMATIC?	APPROPRIATE ALTERNATIVES
Terms such as 'mental patient', 'nutter', 'lunatic', 'psycho', 'schizo', 'deranged', and/or 'mad'	It sensationalises mental ill-health and reinforces stigma.	A person is 'living with' or 'has a diagnosis of' mental ill-health.
Referring to someone with mental ill-health as a 'victim', 'suffering from' or 'afflicted with' mental ill-health	Suggests a lack of quality of life for people with mental ill-health, which can foster hopelessness.	A person is 'being treated for' or 'someone with' mental ill-health.
A person is a 'schizophrenic', or 'an anorexic'	Labelling a person by their diagnosis risks reducing them to their mental ill-health.	A person 'has a diagnosis of' or 'is being treated for' schizophrenia.
Using words such as 'crazed', 'deranged', 'mad', 'psychotic' to describe behaviour	Descriptions of behaviour that imply the existence of mental ill-health are inaccurate and can promote stereotypes and myths about mental ill-health.	The person's behaviour was unusual or erratic.
Using words such as 'happy pills', 'shrinks', 'mental institution'	Appears to undervalue mental ill-health treatment, which can undermine people's willingness to seek help.	Accurate terminology for treatments e.g. antidepressants, psychiatrists or psychologists, mental health hospital.
Committed suicide	The word 'commit' is used for criminal offences such as homicide and assault, and the incarceration of people in institutions against their will.	Died by suicide, death by suicide, suicided, ended their own life, took their own life.
Successful suicide	Implies a positive result when every suicide is a tragic outcome.	As above.
Completed suicide	Implies a successful result when every suicide is a tragic outcome.	As above.
Failed attempt at suicide/ unsuccessful suicide	Implies a lack of achievement, and can further embed feelings of hopelessness (e.g. "I can't even do that right.").	Non-fatal suicide attempt, attempted suicide.

Adapted from Mindframe: Communicating about mental ill-health, Mindframe language guide, 2021. Available from: <https://mindframe.org.au/mental-health/communicating-about-mental-ill-health/language> and Mindframe: A guide for speaking publicly about suicide. Available from: <https://mindframemedia.imgix.net/assets/src/uploads/A-Guide-for-Speaking-Publicly-About-Suicide.pdf>

“ I had to overcome a lot of self-stigma before openly sharing my experiences of mental health challenges and recovery.”

VET STUDENT WITH LIVED EXPERIENCE OF MENTAL ILL-HEALTH

MORE INFORMATION

This resource has hopefully given you a good introduction to supporting the mental health and wellbeing of students in the VET sector. You can find more information in the supporting resources, including:

- A Guide for RTO Leadership
- Checklist for RTO Leadership
- Trainer and Assessor Guide
- Administrative Staff Guide
- Mythbusters
- Case Studies
- Useful contacts

REFERENCES

1. McGorry PD, Purcell R, Hickie IB, Jorm AF. (2007) Investing in youth mental health is a best buy. *Medical Journal of Australia*. 2007;187(7):S5
2. McVicar D & Tobasso D. (2016) *The impact of disadvantage on VET completion and employment gaps*. Adelaide: NCVET.
3. Kessler RC, Angermeyer M, Anthony JC, et al. (2007) Lifetime Prevalence and Age-of-Onset Distributions of Mental Disorders in the World Health Organization's World Mental Health Survey Initiative. *World Psychiatry*. 6(3): 168-176.
4. Commonwealth of Australia (2021) Department of Health, *National Mental Health and Suicide Prevention Plan*
5. Erskine H, Moffitt TE, Copeland W, Costello E, Ferrari A, Patton G, et al. (2015) A heavy burden on young minds: the global burden of mental and substance use disorders in children and youth. *Psychological medicine*. 45(7):1551-1563.
6. Australian Bureau of Statistics (2022) National Study of Mental Health and Wellbeing, 2020-21. Available from: <https://www.abs.gov.au/statistics/health/mental-health/national-study-mental-health-and-wellbeing/2020-21>
7. Rice K, Rock AJ, Murrell E, Tyson GA. (2021) The prevalence of psychological distress in an Australian TAFE sample and the relationships between psychological distress, emotion-focused coping and academic success. *Australian Journal of Psychology*. 73(2):231-42.
8. National Union of Students & headspace (2016) *National Tertiary Student Wellbeing Survey*. Available from: <https://headspace.org.au/assets/Uploads/headspace-NUS-Publication-Digital.pdf>
9. NCVET (2020) *Total VET students and courses 2020*. Available from: <https://www.ncvet.edu.au/research-and-statistics/publications/all-publications/total-vet-students-and-courses-2020>. Accessed 21st July 2022.

10. Productivity Commission (2020) *Mental Health: Productivity Commission Inquiry Report Volume 1*. Report no 95. 2020.
11. Venville A. (2010) Risky business: mental illness, disclosure and the TAFE Student. *International Journal of Training Research*. 8(2):128-40.
12. Einboden R, Choi I, Ryan R, Petrie K, Johnston D, Harvey SB, et al. (2021) 'Having a thick skin is essential': mental health challenges for young apprentices in Australia. *Journal of Youth Studies*. 24(3):355-71.
13. Beyond Blue (2018) Be You evidence summary. Melbourne: Beyond Blue.
14. State of Victoria (2020) *Royal Commission into Victoria's Mental Health System, Final Report, Summary and recommendations*, Parl Paper No. 202, Session 2018-21. Available from: <https://www.health.vic.gov.au/mental-health-reform/terminology-and-language>.

This product/publication is funded by the Australian Government Department of Employment and Workplace Relations through the Enhance RTO capability to support VET student mental health and wellbeing project.

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)*).

The information contained in the Resources is accurate as at the date of publication. RTOs should seek legal advice specific to their individual circumstances to understand their legal obligations. For any questions about the Resources, please contact the [Department of Employment and Workplace Relations](#).

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.



Australian Government

dandolopartners

