



Youth Mental Health Policy Briefing

Vocational Education and Training (VET) Student Mental Health

Issue/s

Young people with mental ill-health are engaging in VET

At least one in four young people will have experienced mental ill-health in the past year. VET students have been found to be more likely to experience mild-moderate levels of psychological distress than non-students. There are also a significant number of VET students who, due to adverse fiscal, familial, social and housing situations, may be at higher risk of mental ill-health. Many VET settings provide the flexible learning environment needed for these young people to develop work-ready skills. Increasingly, youth mental health services are facilitating vocational pathways within a recovery-focused model of care.

Many of these students do not disclose their mental health issues

VET provider survey data has indicated that only one per cent of students in VET identify that they are experiencing a mental illness. This is a significant underrepresentation compared to the known prevalence of mental ill-health among the general population of young people. Further,

VET providers have reported they face significant issues responding to the needs of students who do not disclose a mental illness, particularly where their condition impacts attendance, performance and behaviours.

VET providers are struggling to provide support

Students with identified mental illness have low subject completion rates in VET. At present, VET providers, both public and private, report limited capacity to provide effective support for these students. In some states and territories, funding changes to the public VET system have threatened the capacity of even larger Technical and Further Education (TAFE) providers to maintain levels of student support services, such as counselling. Meanwhile, smaller private providers and Registered Training Organisations (RTOs) lack the size and infrastructure needed to deliver student supports and, therefore, rely on strong connections and links with community-based mental health services.

Background

VET at a glance

Where previously states and territories had responsibility for VET, the system has become increasingly centralised with more involvement from the Australian Government (Atkinson and Stanwick, 2016). The Council of Australian Governments (COAG) now provides the national framework for policy, regulation, and products, which is then implemented based on the local priorities of states and territories.

In 2017, a total of 1.01 million students were enrolled in the government-funded VET system. Almost 42 per cent of students were aged under 24 years (NCVER, 2017).

The number of students (all ages) undertaking VET studies had been steadily growing from approximately 700,000 in 1981 to almost 2 million in 2011 (National Commission of Audit, 2014). More recently, however, there has been a decline including:

- a 6.6 per cent decrease across all provider types of students enrolled in government-funded VET between 2016 and 2017 (NCVER, 2017)
- a drop from 18.8 per cent in 2011 to 16.4 per cent in 2013 among all young people aged 15–19 years enrolled in VET (Foundation for Young Australians, 2014)
- a 3.8 per cent decrease in students with a disability in 2015 compared to 2014 (NCVER, 2017).

The only area of VET delivery to not have seen a decrease in student enrolments is VET in schools. In 2016, almost one in five (19 per cent or 156,300 people) aged 15–24 years who were enrolled in school were undertaking VET subjects (Australian Bureau of Statistics, 2016).

The delivery of VET is complex and there are myriad providers – government, community and private – with significantly varied sizes and course delivery models. In 2017, 40 TAFE institutes and 10 government providers had a 57.6 per cent share of all government funded VET students, while 1478 other registered providers had 35.5 per cent and community education providers 5.2 per cent (NCVER, 2017).

Prevalence of mental ill-health among Australian VET students

Due to a paucity of published research and data there are significant gaps in our understanding of the prevalence and experience of mental ill-health among VET students in Australia.

Using national survey data, we know at least one in four young people will have had an experience of mental ill-health in the past year (Australian Bureau of Statistics, 2008). Cvetkovski (2012) found that among all tertiary education students (VET and higher education) there was a higher prevalence of moderate distress than among non-students. For VET students, there was a particular link between financial concerns and psychological distress. Further, due to the adverse fiscal, familial, social and housing backgrounds experienced by many of these young people, they are a group who we could reasonably assume are at a higher risk of experiencing mental ill-health (Myconos et al., 2016, YACVIC, 2013).

VET provider survey results, published in 2011, indicated that of all VET students who reported a disability, 11.7 per cent identified a mental illness (NCVER, 2011). This translates approximately to only one per cent of all students in VET. Given one in four young people are likely to experience mental ill-health, this low rate suggests significant underreporting of mental health issues by VET students (Venville and Street, 2012, Griffin and Nechvoglad, 2008).

Disclosure

Many VET staff expect students to disclose a mental health condition in taking responsibility for their own academic success (Venville and Street, 2012). However, Griffin and Nechvoglad (2008) and Venville and Street (2012) highlighted that mental health issues are under-reported among students due to perceived stigma, uncertainty regarding the consequences of disclosure and a desire not to fail (Venville, 2010, Venville and Street, 2012).

Some students experiencing mental ill-health have reported negative reactions to disclosure and requests for adjustments. They 'expressed dissatisfaction with the reasonable adjustments offered to them, reporting that these neither outweighed the risks to their reputation and integrity, nor made substantial differences to their course outcomes' (Venville and Street, 2012).

It is also possible that many students studying in VET programs may not have levels of health literacy that would enable them to identify that they were experiencing mental health issues and seek support.

Impact

For many young people, mental ill-health can have a negative impact on their educational pathways (Orygen Youth Research Centre, 2014). However, vocational attainment, as a realistic and appropriate goal, has been shown to be an effective facilitator of recovery from mental illness (Lloyd and Waghorn, 2007).

Impact of VET participation on mental health outcomes

The strong links between educational attainment and future work outcomes (as a component of recovery) for young people with mental illness are well known (Waghorn et al., 2012, Orygen Youth Research Centre, 2014).

Stanwick et al. (2006) also identified that individuals with higher-level VET attainment (e.g. diplomas and advanced diplomas) were more likely to have better physical and mental health than those whose highest level of educational attainment was Year 11. However, the effect was not found between Year 11 and certificate level

qualifications. In undertaking qualitative interviews with practitioners in education and training services, the authors found many had observed psychological wellbeing benefits among students, including increased confidence and self-esteem.

Impact of mental ill-health on VET outcomes

A recent headspace evaluation found 20.2 per cent of clients were disengaged from study or work, compared to 10.7 per cent in the general population of young people (Hilferty et al., 2015) indicating that for many young people with experiences of mental ill-health, participation in education and work can be challenging.

Students with an identified mental illness have low subject completion rates in VET (67 per cent), and the lowest award rate of all the major disability groups, considerably lower than the total VET population (Cavallaro et al., 2005, Karmel and Nguyen, 2008, Polidano and Mavromaras, 2010). They are also more likely to enrol in lower-level qualifications (Miller and Nguyen, 2008) which may be less likely to have an effect on mental health and wellbeing outcomes.

Hartley (2010) describes a number of reasons why students experiencing mental ill-health do not complete VET courses including:

- cognitive or attention difficulties associated with illness symptoms and/or effects of medication
- stigma, discrimination, fear of failure and lowered perception of academic aptitude (particularly when past educational experiences have been negative)
- disruptions to participation due to exacerbations in the illness
- other life issues such as financial pressures, housing and family relationships which may also be related to experiences of mental ill-health.

Myconos et al. (2016) describes the important role of student wellbeing support in increasing the likelihood of successful learning outcomes for vulnerable learners. It is important that those working within the VET system are able to identify and connect these students into support and specialist supports (including mental health), while also making course and study adjustments where appropriate and necessary.

Impact on VET providers

Successive government policies have put increasing pressure on VET institutions to play their role in increasing workforce participation among people with a mental illness (Venville, 2010).

Staff in TAFEs have reported that students' mental health is a substantial issue for the sector and that, due to the 'earn or learn' paradigm in welfare policies, the number of students experiencing mental ill-health was increasing (Miller and Nguyen, 2008). In particular they identified:

- a need for greater awareness, stigma reduction and mental health promotion (including promotion of services) to support disclosure and help-seeking
- a need for appropriate skills, supervision and support among staff and managers to respond confidently to the diverse needs of students with mental illnesses
- a lack of clarity concerning their role in supporting students with mental illness, in particular their duty of care as educators (as opposed to personal support providers)
- that mental health providers promote TAFE as a therapeutic option for their clients but incorrectly assume there are extensive support services on campus available for them.

An increasing number of young people who are experiencing mental health issues are enrolling in private VET provider courses. Many of these students are early school leavers for whom the smaller scale and flexible learning environments are advantageous (Myconos et al., 2016). These private providers:

- believe that it is unrealistic to expect they have a range of welfare services at hand; however, they could, and should, work more closely and communicate with external agencies regarding individual student's needs
- perceive that access to youth mental health services such as headspace is difficult
- are aware of the range of challenges faced by students; however, they are less likely to identify mental health issues.

Economic impact

An economic benefits study on the impact of supporting students' mental health in the Australian VET sector was not identified in the grey or peer literature review undertaken for this briefing. Internationally, a US economic study on the benefits of investing in student mental health across higher education and community colleges found a net benefit of \$6.49 for every dollar invested due to increased expected lifetime earnings. The report highlighted that for the community college students (where we can draw the closest parallels with Australian TAFEs) the net benefits were estimated to be even higher at \$11.39 for each dollar invested (Ashwood et al., 2015).

Another study in the United Kingdom which investigated the retention, achievement and success outcomes of actively supporting students with mental health issues in mainstream further education courses found that among these students: 85 per cent remained in their course of which 75 per cent achieved the requirements of the course (of those retained), 5 per cent progressed to university and 12 per cent into employment. The authors concluded that supported education in further education is effective in promoting educational and mental health outcomes which, in turn, indicated a high level of cost-effectiveness (Morrison et al., 2010).

Government policy responses

VET policies

Across a number of government reviews, policies and strategies for VET, six themes relating to supporting students with mental ill-health emerge (predominantly in responses for students with a disability). These are described with examples in Table 1. Consistent through many of these themes is the need to develop partnerships with community service providers.

TABLE 1 – KEY THEMES FOR SUPPORTING STUDENTS WITH MENTAL ILL-HEALTH IN VET POLICIES

Theme	Examples
Guidelines/ obligations of RTOs.	<p>In order to be compliant with the <i>Commonwealth Standards for Registered Training Organisations (RTOs) 2015</i>, organisations are required to provide educational and support services to meet the needs of learner cohort/s undertaking the training and assessment. This includes flexible scheduling and delivery of training and assessment, as well as counselling services or referrals to these services (Australian Government, 2014).</p> <p>The Tasmanian Government's <i>Policies and Guidelines for Traineeships and Apprenticeships</i> also requires that training plans contain, as a minimum, 'support services' although no further detail is provided (Tasmanian Government, 2017).</p>
Additional funding	<p>The NSW Department of Industry, Skills and Regional Development's <i>Directions Statement for Vocational Education and Training</i> identifies the role of, and need for, targeted and increased funding attached to individual students experiencing a disability (including mental illness). It acknowledges that, where disability loadings currently exist, they are fixed and determined at point of enrolment. They do not take into account varying support needs or that illness may onset during the course of study (NSW Department of Industry Skills and Regional Development, 2016).</p>
Student support	<p>Multiple policies (including the Northern Territory's <i>Learner Support Policy, 2016</i> and Queensland's <i>2016-17 Annual VET Investment Plan</i>) include developing and implementing assistance and support services for disadvantaged students and students with a disability (Northern Territory Government Department of Trade, Business and Innovation, 2016; Queensland Government Department of Education and Training, 2016).</p> <p>The <i>Victorian VET review</i> in 2015 described the need for partnerships between RTOs and community service providers to ensure students are provided with appropriate and high quality specialised support (Mackenzie and Coulson, 2015).</p> <p><i>TAFE SA Disability Access and Inclusion Plan 2015-2020</i> requires the establishment of a strong disability support system internally, which includes: provision of counselling; the development and implementation of access plans for students with a disability; and ensuring students with a disability are provided with professional and appropriate student support services (TAFE SA, 2015).</p>
Promotion of diversity/ inclusive learning culture	<p>A small number of strategies promote diversity and inclusive learning cultures. In the <i>TAFE SA (Disability Access and Inclusion Plan 2015-2020)</i> this is to be delivered through staff professional development and active promotion of a supportive environment to disclose disabilities (improving chances of student success) (TAFE SA, 2015).</p> <p>The Tasmanian Government's <i>Ministerial Priorities for Training and Workforce Development 2016</i> identified connection to other training providers, community support organisations and local industry as important in achieving this goal (Skills Tasmania, 2016).</p>
Equity and protection of rights	<p><i>TAFE SA Disability Access and Inclusion Plan 2015-2020</i> requires that policies are in place and reviewed regularly to address issues relating to the safety and rights of students with a disability. Additionally, staff are to be trained on legislative requirements of their work and guides regarding disability rights and support for both students and staff are to be easily accessible (TAFE SA, 2015).</p>
Increased intake of underrepresented groups (i.e. people with a disability)	<p>Western Australia's <i>State Training Plan 2014-2017</i> acknowledges youth employment outcomes can be influenced by a number of factors, including mental health, and supports access to models of alternative education and training. A flexible approach to learning could be delivered through partnerships between training providers and community-based organisations (State Training Board, 2014).</p>

Other government policies

A number of government mental health and/or social services policies focus on supporting young people with mental health issues into employment and education opportunities. The *Fifth National Mental Health Plan* identifies the need to connect mental health into areas of education and employment although there is little detail on the specific actions to achieve this.

The Australian Government is also undertaking a trial through June 2019 of specialised employment support, funded through the Department of Social Services, to assist young people with mental illness achieve their educational and/or vocational goals. Through this program, employment specialists are integrated into youth mental health services under an Individual Placement and Support (IPS) model (discussed in more detail on page 9) to better integrate employment and educational support with mental health services.

The *Queensland Plan for Mental Health 2007-2017* also describes initiatives to foster the increased involvement of people with mental illness in training, education and employment readiness, and incorporate employment specialists within mental health services (Queensland Health, 2008). The NSW Ministry of Health's *School-Link Strategy 2014-2017* includes a range of actions for providing TAFE students with access to evidence-informed mental health early intervention programs (NSW Ministry of Health, 2014). However, generally the reflection of tertiary education settings (including VET) as areas for mental health program delivery are limited across all state and territory mental health plans.

Current Australian approaches and evidence

VET setting and/or focused approaches

VET guideline development

Staying the course: A guide to working with students with mental illness was developed by the Western Australian Government at the request of VET staff and students who recognised there had been an increase in numbers of students with mental illness entering training and a lack of information and advice on how to respond appropriately within this learning environment (Department of Training and Workforce Development, 2012).

Based on their research at the time, the National Centre of Vocational Education and Research (NCVER) also published a brochure for TAFE staff on helping students with mental illness. It provides an overview of mental health, outlines the ways it impacts on learning and provides some suggestions for steps staff can take, along with suggested resources (NCVER, 2008).

Currently, the impact of these guidelines on improving responses and supporting students in VET is unknown. However, given VET providers nationally have identified a need for further support on this issue, the development and evaluation of a set of national guidelines for VET providers should be considered. This guidance should also reflect: a) the breadth and diversity of VET provider type and capacity, and b) the obligations and requirements of providers described in government policies.

VET provider or industry-focused programs and services

There are a number of other VET setting-based approaches to supporting students with mental health issues as described in Table 2.

TABLE 2 – VET SERVICES AND PROGRAMS

Service/activity	Evidence for effectiveness
Student support services	<p>Many larger government providers of VET, such as TAFE colleges, provide student support services, guidance and counselling. In some states and territories, funding cuts for TAFE have reportedly put these services at risk of being depleted or scaled back (Lead West, 2012). We know from research in higher education environments that brief counselling can improve student achievement, particularly of academic outcomes (Connell et al., 2008, Murray et al., 2016).</p>
Mental health training for staff	<p>Many VET providers have signalled the need for improved mental health literacy in staff and among students (Miller and Nguyen, 2008). While there are a number of mental health literacy and training programs available in Australia, VET providers (both government and private) will have varying capacity to prioritise and release staff to attend this training.</p> <p><i>Promoting mental wellbeing in VET</i> was a partnership project between Netherlands, Finland, Spain, Lithuania and Denmark. The project, which concluded in 2016, aimed to share tools, materials and methods to promote students mental health skills in vocational education and training and to develop professional competence of teachers, directors and trainers in promoting mental health in VET. Unfortunately, no evaluation of this project has been published to date.</p>
Mentoring	<p>There have been a number of industry-led activities to develop formal and informal mentoring and social support for younger trainees and apprentices. A recent research report on these programs found the most effective to be informal and peer-based mentoring. The report recommended the need for an organisational culture which builds informal support structures into the core business, valuing and promoting these support structures and providing access to these and wider support networks (Buchanan et al., 2016).</p> <p>More formal mentoring programs have been established by governments. For example, the Victorian Apprenticeship Support Officers based in TAFEs assist young apprentices with family, work and training issues that could affect their apprenticeship. These support officers help apprentices access drug and alcohol counselling or mental health practitioners (where needed), to keep them on track and safe through their trades training.</p>

VET-Community partnerships

Historically, community or social partnerships had featured strongly in VET research and delivery (Balatti et al., 2009). These partnerships have been developed across a range of goals and purposes, including the provision of support for disengaged or disadvantaged young people to engage and remain in VET education pathways.

One example are the Local Learning and Employment Networks (LLENs) which operate in 31 locations across Victoria. LLENs have been funded by the Victorian State Government since 2001 and co-funded by the Australian Governments since 2010. LLENs link education

providers (including VET), health and community services, industry, local government and state government. They have been successful over a number of years in the delivery of coordinated responses for young people aged 10-19 years who are at risk based on community resources, needs and identified local service gaps (Victorian Council of Social Services, 2017). As Balatti et al. (2009) identified, it can take several years for partnerships to be established in such a way that they can be sustained. Therefore, secure and consistent funding from governments during this establishment phase increases the likelihood of success.

Mental health services and programs

headspace vocational services

headspace centres provide an integrated platform of primary mental health care for young people which includes vocational and education support. headspace vocational services are provided through the direct employment of a youth vocational specialist within the headspace team and/or through engaging in a consortia with a local vocational service provider. Another vocational support model currently being implemented at two headspace centres in north-western Melbourne is the employment of young people as Vocational Youth Peer Workers. These positions provide support and information to young people receiving vocational support through the service. Fourteen headspace centres across Australia are also currently trial sites for the IPS program model.

The recent headspace evaluation found only one per cent of young people presenting to headspace did so primarily to seek vocational assistance (Hilferty et al., 2015) although more, presumably, would be connected into these supports through the course of their mental health care. At present there are limited data and/or detail publically available to understand the variety of different vocational service models delivered across headspace centres, or to determine their impact and effectiveness.

Evidence: vocational outcomes in mental health services

An Australian study by Sommer (2012) investigated the impact of employing a vocational coordinator on attitudes and practices in NSW mental health service. It found these positions were effective in raising awareness of education and training issues among clients and improving the provision of vocational education and training support, particularly as part of routine clinical practice.

A 2009 evaluation of headspace found that approximately 50 per cent of young people believed headspace had improved their ability to go to school, TAFE or university, or to work or find work. However, this 'improved willingness to engage with work or education was largely attributed to psychological support received through headspace, rather than support from the vocational service providers' (Muir et al., 2009. p.xii).

A subsequent evaluation in 2015 also found that among young people attending headspace with significant psychological distress, the improvements in their mental health had positive benefits on their social and economic participation, with days out of role (in study or work) dropping from 7.6 days per month to 3.1 days per month. (Hilferty et al., 2015).

Individual Placement and Support (IPS)

The Australian Government through the Department of Social Services is trialling the IPS program model, an evidence-based vocational support program for young people with mental ill-health (Orygen, 2015). The trial will run for three years up to mid-2019, for young people with mental illness up to 25 years of age, and will be integrated into clinically focused youth mental health services in 14 headspace sites across Australia. The Australian Government has specifically tasked IPS providers to support young people achieve both their education and work goals.

Evidence: IPS in education settings

While there is strong evidence for IPS in regards to employment outcomes (Modini et al., 2016, Killackey et al., 2017, Lloyd and Waghorn, 2007), there is less evidence to support IPS in improving educational outcomes for young people with early psychosis (Orygen, 2015). It has been acknowledged that the short duration of treatment in some trials (e.g. 6 months) could have limited the educational outcomes.

A recently published study evaluating the feasibility and effectiveness of adapting the IPS model to focus on education for young people with mental illness found that 95 per cent of participants who completed the intervention achieved positive education results (Killackey et al., 2017).

A review of the literature on young people experiencing first episode psychosis and employment noted several studies which have adapted the IPS model to include support into education, recognising for many young people completion of education is of equal priority to gaining employment (Rinaldi et al., 2010a). Many of these studies have found positive effects, particularly when supported education and employment through an IPS model were provided together (Rinaldi et al., 2010b, Robson et al., 2010).

Supported education

Supported education programs assist people with experiences of mental ill-health and illness to attain a post-secondary education qualification. The approach extends the IPS model to include elements to achieve educational outcomes including:

- Participation in mainstream education (rather than segregated settings).
- Based on individual circumstances and preferences (to maximise retention and goal achievement).
- Quick commencement of education and established channels of communication between mental health services and nominated support at the educational institution.
- The provision of ongoing support for education as well as employment goals (Robson et al., 2010).

Evidence: supported education

A systematic review of the literature on supported education for people with severe mental illness (many of whom were young people) found some evidence that these models can assist individuals to identify educational goals and respond to barriers in completing their education. There were also preliminary evidence (albeit insufficient) that supported education could increase educational attainment (Rogers et al., 2010).

Another review identified limitations in the current literature and suggested a need to further develop and rigorously test specific supported education models with clearly defined outcomes. The authors also suggested the need to develop a better understanding of supported education and supported employment as dual goals for many young people (Luciano et al., 2014).

Online support

Through the Empowering YOUth Initiatives, the Australian Government has recently funded the headspace Digital Work and Study Service to provide professional online employment and education assistance combined with mental health support. The online nature of the assistance is intended to increase acceptability and accessibility under the premise that a digital interface is a less threatening and more acceptable alternative for young people who may not seek face-to-face services.

Orygen has also commenced development and trials of the Youth Online Training and Employment System (YOTES). This is a comprehensive web-based employment support package for Victorian young people aged 15-24 experiencing barriers to obtaining and remaining in work due to mental ill-health. It features moderated social interaction with other young people and targeted career support provided by online vocational specialists and peer motivators in real time.

Evidence: online vocational education support

There is emerging evidence available for the efficacy of providing online vocational education assistance for young people with mental ill-health, with some research conducted on the inclusion of online, peer support networks in an enhanced IPS model (Luciano et al., 2014).

Ensuring these systems are integrated and complimentary to the reporting and day-to-day role of the IPS worker and service will be important if they are not to result in an additional layer of administration (and therefore a barrier to use). As Luciano et al (2014) identifies, researchers will need to demonstrate the effectiveness, cost-effectiveness, and feasibility of implementing technology-based IPS enhancements in routine settings with limited resources.

Implications and recommendations

The following section outlines a number of implications and recommendations for action in VET, mental health and social services-related ministries and portfolios across all Australian governments.

VET policy and education providers

Personal barriers, such as mental illness, can impact on students' capacity to engage with and complete their training. Student wellbeing support is a key factor in achieving successful learning outcomes, particularly for vulnerable and high needs learners. As such, the VET system must be able to connect these young people to the necessary specialist supports.

All Australian governments should also acknowledge that for a number of young people with mental ill-health, VET is an educational pathway into future employment and provides significant opportunities for improving mental health outcomes. Therefore, VET policies need to clearly identify the requirements and obligations for VET providers in supporting these students. Monitoring adherence to these obligations is also needed across this diverse and complex sector. These requirements may include:

- providing information to all students about mental health, study supports and reasonable adjustments (not dependent upon the disclosure of mental ill-health)
- monitoring student attendance, accountability and academic performance, and ensuring offers of study assistance are made repeatedly and in a timely manner
- collecting information on the numbers of students reporting mental ill-health to support the planning and provision of student support services and community partnerships.

For both TAFE and private providers, there is a need for nationally endorsed guidance to increase awareness among staff and students of how mental health issues can present in this learning context and to advise managers and educators on appropriate steps and reasonable adjustments to support these students (including those who do not disclose a mental health issue).

For larger institutions, the delivery of student support services must be protected through targeted funding provided by governments, rather than placing TAFE managers in the position of deprioritising these services within constricting budgets. While the provision of support services

‘in-house’ is unrealistic for many smaller RTOs, there is a need for training and improved mental health literacy among staff and students, as well as improved connections and coordination with the community-based mental health system.

Recommendations	Action required
Develop a coordinated policy response for VET student mental health	Given the shared responsibilities of the VET system across governments, there is a need for the first Ministers responsible, through COAG, to determine reasonable and appropriate responses for supporting VET student mental health across the system. VET providers should be provided with clear and consistent direction on their obligations and requirements to support the additional needs for young people to achieve educational and employment pathway outcomes.
Support VET and community service partnerships	All governments should co-invest in supporting community-based VET-mental health partnerships. This could include establishing local brokerage bodies, such as Victoria’s Local Learning and Employment Networks, to foster strong relationships between students, VET providers, and community support and health services.
Develop national guidance and resources	Develop nationally consistent guidance and training to support VET providers to: 1) identify mental health issues 2) respond with reasonable adjustments and 3) facilitate connections into appropriate supports available both within the institution and in the community. This guidance will need to recognise and be implementable across the diversity of VET providers.
Increase mental health awareness and literacy among staff, students and vocational service providers.	The Australian Government should develop and fund resources and training to increase awareness of mental health issues in VET for both staff and students. For students, these should be developed and delivered in partnership with young people engaged in VET to ensure the materials are accessible and appropriate for their peers. A package of mental health training should also be developed specifically for career counsellors and vocational service practitioners across Australia to support them to work effectively with young people experiencing mental ill-health and re-engage them in education and work pathways.

Mental health policy and service providers

The headspace integrated primary care platform recognises the need to support vocational outcomes among young people experiencing mental ill-health. Currently, this is delivered through a range of service delivery models and agreements although little has been published to provide a national picture on the various approaches to implementation.

Resources are required to support mental health services in the provision of enhanced individualised support for young people within VET settings, particularly for those whose participation is compromised by more severe and complex experiences of mental ill-health. This should include the development of stronger relationships and partnerships at a regional level between mental health services and VET providers and should extend the reach of current mental health promotion and education programs into VET settings.

Recommendations	Action required
Understand the delivery and effectiveness of vocational support in headspace	The Australian Government should fund a research project to better understand the range of delivery approaches, impact and effectiveness of vocational services provided as a part of the headspace platform. This should include identifying how these services directly support young people to engage and participate in VET.
Mental health services to deliver support to VET providers in their local area	headspace centres should be tasked with, and supported to, identify and link into VET providers within their catchment and provide training, advice and support on responding to mental health issues for young people. This should include promotion and raising awareness of local services (including online).
Extend delivery of school-based mental health education programs into the VET sector	Current government-funded mental health education programs should be extended beyond secondary schools and into tertiary education settings (including VET). Consideration should be given to the online delivery of specific modules which support these education providers to respond to the mental health needs of students, in what is a diverse range of learning settings.

Social services policy and services

While the IPS model has strong evidence regarding its efficacy in supporting employment outcomes among young people experiencing mental ill-health, at present there is limited evidence available on the impact of the IPS model on educational outcomes. Given the Australian

Government is trialling and evaluating the IPS model in headspace centres up to mid-2019, it is important to understand the impact this model may have on supporting vocational education and training outcomes for young people (both as a stand-alone goal and as a dual goal with supported employment).

Recommendations	Action required
Understand the impact of the IPS model on supporting education outcomes	The evaluation of the IPS roll out in headspace centres should include outcome measures relating to the effectiveness, appropriateness and impact of this model for young people who have been supported to participate in further education environments such as VET.

Research

There is very little known about the prevalence, experience and disclosure of mental health among students studying in the VET system in Australia. Much of the research into Australian VET student mental health had been commissioned by NCVET and is now between five and 10 years old, predating recent policy, funding and structural changes across the VET system. Further, given the increasing focus on mental health awareness and stigma reduction in the broader community, it is important that VET student mental health remain on the research agenda of NCVET, supported by direction and investment from the Australian Government.

There is also a need for more research regarding the most effective interventions and approaches to supporting young people experiencing mental ill-health to participate, remain and succeed within VET courses and settings. In particular, there is a need to better understand how/whether IPS can be used or augmented to support young people within their educational pathways into work.

There is also a need to better understand the role technology and online services can play in supporting VET students who are experiencing mental ill-health, particularly those studying with smaller private providers where there are limited resources 'in-house' for supporting students' mental health and wellbeing.

Recommendations	Action required
Prioritise research within VET sector	Through VET policy and research priorities, the Australian Government should prioritise further research into the: <ul style="list-style-type: none"> • Prevalence and experience of mental ill-health among VET students. • Experiences of help-seeking in these settings. • Experiences of VET providers in responding. • Effective interventions for mental ill-health in VET settings.
Prioritise research within the mental health sector	Further Australian research is required into specific models which support young people with mental ill-health to engage and participate in VET. This should include gaining a better understanding of supported education and supported employment as dual goals for many young people and trialing novel online platforms and interventions which support young people with mental ill-health to participate in work or further study.

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This policy briefing was prepared in June 2017 and updated for online publishing in May 2018.