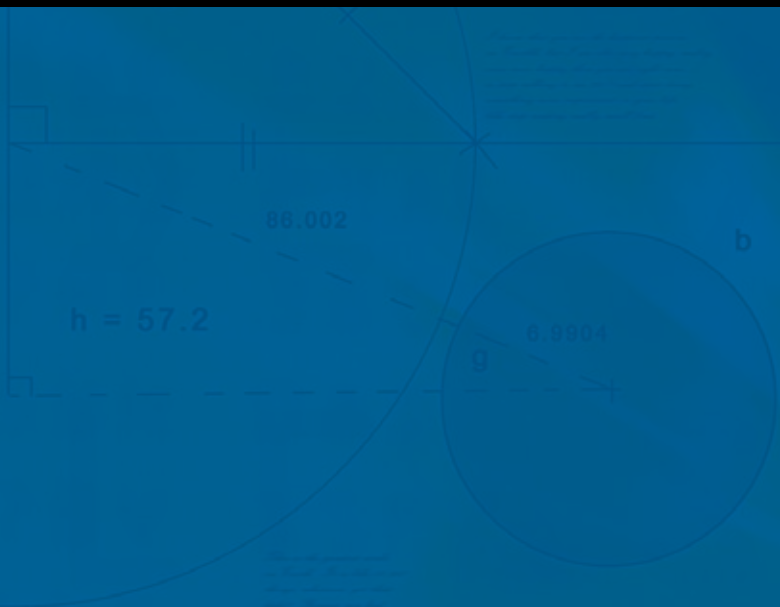


# Staying the Course—Handbook



A handbook for registered training organisations on working effectively with learners living with mental illness

*Education and Training*



## Acknowledgements

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Further information available from the VET Access Branch, VET Teaching and Learning, Department of Education and Training (tel 9264 5056).

Copies downloadable from [www.VETinfonet.det.wa.edu.au](http://www.VETinfonet.det.wa.edu.au). An alternative format will be available upon request.

### Text acknowledgements:

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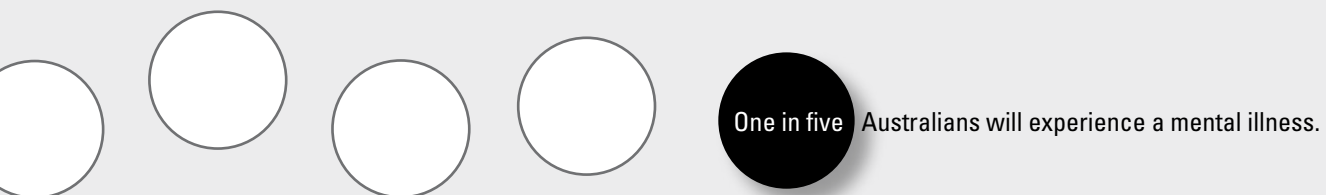
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## Did you know?

- Mental illness is common**—one in five Australians will experience a mental illness.
- Mental illness is a general term that refers to a group of illnesses**, just as the term heart disease refers to a group of illnesses affecting the heart.
- Episodes of mental illness can come and go** throughout a person's life. Some people experience only one episode while others may experience episodes of illness throughout their life.
- Most mental illnesses **can be treated effectively**.
- Many people either recover from mental illness or learn to manage it effectively** and live full and varied lives.
- The biggest hurdles for someone living with mental illness are often the negative attitudes of others** and barriers preventing them from participating in society.



## Introduction

### Why develop this handbook?

This handbook has been developed to assist staff in registered training organisations (RTOs) to work more effectively with their clients or learners who live with mental illness.




The handbook has been developed at the request of staff and learners who recognise that this is an area where there is limited information and an increasing number of learners with mental illness entering training.

It is called *Staying the Course* because it is all about providing information to support learners achieve their goals in education and training, in particular to complete their chosen course of study.

### Who should read this?

This handbook has been written for all staff working in registered training organisations in Western Australia. This includes administration staff, support staff, client service officers, trainers and assessors, lecturers, tutors and managers. Registered training organisations include TAFEWA colleges, private providers and community providers.

Sections of this handbook are targeted to particular readers:

- **Managers**—if you are a manager, senior staff member, decision maker or owner, you might like to go from this introduction to the summary sheet on  before reading other parts of the handbook.
- **Trainers**—if you are a trainer, assessor, lecturer or learning support officer, you might like to go from this introduction to the summary sheet on  before reading the rest of the handbook.
- **Administration**—if you are an administration staff member or a front of house worker, you might like to go from this introduction to the summary sheet on  before reading other parts of the handbook.

### Why read this?

The purpose of the handbook is to assist you in your current work. It provides information and resources to help you feel more comfortable in your role and to assist you in interacting effectively with the range of learners you may encounter.

### But what if I don't have any learners with mental illness in my organisation?



As an RTO you are bound to have a significant number of learners and staff living with mental illness. Around one in five adults in Australia experience an episode of mental illness during their lifetime. This means that you are already working with and teaching learners with mental illness. This handbook can help you do that more effectively and confidently.

The information in this handbook should assist you to retain more learners, plan for their success, manage crisis situations in the classroom and feel more confident in handling challenging situations.

### How should I use this handbook?

The best way to use this handbook is to flick through and become familiar with the contents and then read the sections that are particularly relevant to you. You can also keep it as a resource for future use when you need it.

This handbook comes with two other resources:

-  The facilitators' kit provides information on how the *Staying the Course* package can be used in your organisation. It is written for anyone wanting to promote the handbook and discuss mental health issues. It is available in printed and portable document formats.
-  The presentation slides are a set of Powerpoint slides for use in providing professional development within your organisation. They are available as a Powerpoint file from [www.VETinonet.det.wa.edu.au](http://www.VETinonet.det.wa.edu.au). Copies of the slides are also included in the facilitators' kit.

### What does this handbook cover?

The handbook starts with a summary sheet for each of the three key audience groups—managers, trainers and administration staff. The summary sheet will help you identify which sections you want to read next.

The handbook then covers:

- key background information about your role and responsibilities
- information about mental illness and how living with mental illness might affect learning
- how to work effectively with learners with mental illnesses
- useful resources
- appendices with further information.

A number of case studies of learners living with mental illness are used in the handbook. These are based on real situations but adapted to maintain anonymity and confidentiality.

### A note on terminology


Throughout this handbook:


- the term 'RTO' means registered training organisation and refers to all such organisations in Western Australia
- the term 'learner' is used to refer to all learners, potential learners, clients, trainees, apprentices and students
- the term 'trainer' is used to refer to all trainers, assessors, teachers, lecturers and workplace trainers
- the term 'consumer' is used to refer to someone with a mental illness receiving a service
- the term 'mental illness' is used to refer to a diagnosable illness that significantly interferes with an individual's cognitive, emotional or social abilities
- the term 'psychiatric disability' is used to refer to the impairment an individual experiences as a result of their mental illness.


## Summary sheet for managers


This section is specifically written for managers, senior staff, decision makers and owners of RTOs. It tells you the key information you need to know in summary form and suggests some ways you can fulfil your legal and AQTF requirements and help your staff work with learners living with mental illness.

### What you need to know

Over three million Australians live with mental illness: that is, around 20 per cent of the adult population and a higher percentage of the 15 to 25 year old population. See  Pg 16 .

A mental illness is a diagnosable illness that significantly interferes with an individual's cognitive, emotional or social abilities. See  Pg 16 .




RTOs must comply with national and state anti-discrimination legislation. It is the role of managers and senior staff to ensure that the RTO has appropriate policies and procedures and RTO staff are trained to understand and respond to the needs of all learners including those living with mental illness. See  Pg 12 .

Many learners living with mental illness will complete their chosen course without anyone at the RTO knowing they have an illness. Other learners, however, may experience some challenges related to their illness or its effects and therefore request and receive some support. See  Pg 20 .

Some of the ways that living with mental illness may affect learning are:

- practical issues, eg financial constraints, transport problems
- increased anxiety, low self-esteem or lack of confidence
- side-effects from medication
- limited attention span, poor organisational skills or disturbed thinking
- difficulty with group work activities
- difficulty with the transition from school education, disrupted school education
- the need for more time to digest information
- disruptive or unusual behaviour due to a relapse or the onset of an illness.


### What you can do


- 1 Ensure the RTO has appropriate policies and procedures to meet the needs of learners living with mental illness and staff working with them.
- 2 Consult your staff about issues or challenges they may be experiencing and how these can be addressed.
- 3 Provide professional development for all your staff and distribute this handbook to all staff. *See also the facilitators' kit and presentation slides that come with this package.* 
- 4 Customise this handbook by adding a page of information specific to your RTO. *See  Pg 7 of the facilitators' kit for more information.* 
- 5 Encourage discussion among staff about working effectively with learners with mental illness.
- 6 Liaise with relevant external agencies to create networks of support for learners with a mental illness and staff who work with them.


## Summary sheet for trainers


This section is specifically written for trainers, assessors, lecturers, tutors and learning support staff. It tells you the key information you need to know in summary form and suggests some ways you can make a positive contribution to ensuring learners living with mental illness succeed in your RTO.

### What you need to know

Over three million Australians live with mental illness: that is, around 20 per cent of the adult population and a higher percentage of the 15 to 25 year old population. See .

A mental illness is a diagnosable illness that significantly interferes with an individual's cognitive, emotional or social abilities. See .

RTOs must comply with national and state anti-discrimination legislation. See .









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Some of the ways that living with mental illness may affect learning are:


- practical issues, eg financial constraints, transport problems
- increased anxiety, low self-esteem or lack of confidence
- side-effects from medication
- limited attention span, poor organisational skills or disturbed thinking
- difficulty with group work activities
- difficulty with the transition from school education, disrupted school education
- the need for more time to digest information
- disruptive or unusual behaviour due to a relapse or the onset of an illness.

### Issues that may concern you

Issues that trainers have said they are most concerned about include:

- recognising signs of mental illness, see 
- encouraging disclosure, see 
- confidentiality, see 
- duty of care to learners, see 
- learners who self-harm, see 
- learners who are distressed, confused or angry, see 
- negotiating learning and assessment adjustments, see 
- providing support services, see .

### What you can do


- 1 Read this handbook and discuss the issues with your colleagues and manager.
- 2 Attend any professional development offered by your RTO.
- 3 Follow the four step approach in your work with learners who may have a mental illness. See .





## Summary sheet for administration and front of house staff


This section is specifically written for administration staff, administration support staff, receptionists and front of house staff. It tells you the key information you need to know in summary form and suggests some ways you can make a positive contribution to ensuring learners living with mental illness succeed in your RTO.

### What you need to know

Over three million Australians live with mental illness: that is, around 20 per cent of the adult population and a higher percentage of the 15 to 25 year old population. See  Pg 16.





A mental illness is a diagnosable illness that significantly interferes with an individual's cognitive, emotional or social abilities. See .

RTOs must comply with national and state anti-discrimination legislation. See .



Many learners living with mental illness will complete their chosen course without anyone at the RTO knowing they have an illness. Other learners, however, may experience some challenges related to their illness or its effects and therefore request and receive some support. See .

### Issues that may concern you

Issues that administration and front of house staff have said they are most concerned about include:

- recognising signs of mental illness, see 
- handling disclosure, see 
- learners who are distressed, confused or angry, see 
- providing support services, see .

### What you can do

- 1 Read this handbook and discuss the issues with your colleagues and manager.
- 2 Attend any professional development offered by your RTO.
- 3 Become familiar with  Appendix 1, see .



Over three million Australians live with mental illness: that is, around 20 per cent of the adult population and a higher percentage of the 15 to 25 year old population.

## Key background information about your role and responsibilities

### Vocational training and people with mental illness

We don't know how many people with mental illness are studying within the vocational education and training sector because of the difficulty of collecting accurate data.


However what we do know is:

- more than half of those students in vocational training in 2003 who disclosed that they had a mental illness were aged 30 years or older
- around one in five of these students were employed at the time of their enrolment
- students with mental illness had among the lowest subject completion rates in vocational training, that is they experienced a high attribution or drop out rate.<sup>1</sup>

This handbook outlines some of the challenges that may be experienced by learners living with mental illness and indicates some strategies to support these learners to complete their course. As an individual working in an RTO you can contribute to a learner staying the course and achieving their credential or desired outcomes.

Due to the lower participation and completion rates of people with a disability—including a mental illness—in vocational training, the Commonwealth Government developed a national strategy and implementation plan to address the issue called *Bridging Pathways* (2000). This strategy has now been revised and the focus for the next five years is on:

- progressing a whole-of-life approach
- measuring what we are achieving
- delivering on the ground
- engaging key players
- improving employment outcomes.

From time to time there are funding opportunities for RTOs to undertake pilot projects under the bridging pathways blueprint. Past projects have resulted in a number of strategies for RTOs. (See  for further information.)



The whole-of-life approach recognises that the capacity for someone with a disability or mental illness to participate in training is strongly dependent on how well all the challenges and barriers in their life are met.


The whole-of-life approach is an approach that people with a disability have been promoting for some time. The whole-of-life approach recognises that the capacity for someone with a disability or mental illness to participate in training is strongly dependent on how well all the challenges and barriers in their life are met. For example, if your medication makes you drowsy in the early mornings or if you need to catch public transport when you can use your concession card (eg after 9.00 am), then a class scheduled for 9.00 am will be a significant set-back.

A whole-of-life approach advocates working in collaboration with other organisations and services to remove structural or systemic barriers. It is also an approach that seeks to raise expectations—both personal expectations so that more people with a disability feel empowered and ready to participate fully in all aspects of life and also community expectations so that people with a disability are encouraged and receive an appropriate level of support.

### Relevant legislation and your obligations

RTOs must comply with national and state anti-discrimination legislation including:

- *Commonwealth Disability Discrimination Act 1992*
- *Commonwealth Disability Standards for Education 2005*
- *Commonwealth Human Rights and Equal Opportunity Act 1986*
- *WA Equal Opportunity Act 1986*
- *WA Disability Services Act 1993*.

Disability is generally defined very broadly in anti-discrimination legislation and the definitions include disabilities that previously existed, currently exist, may exist in the future or are imputed (eg believed by others) to exist. The *Disability Discrimination Act* includes in its definition of disability the terms: “a disorder, illness or disease that affects a person’s thought processes, perception of reality, emotions or judgement or that results in disturbed behaviour”. This is similar to the definition of mental illness in the *WA Mental Health Act 1996* (see pages ).

The term ‘psychiatric disability’ refers to the impairment an individual experiences as a result of their mental illness.

Anti-discrimination legislation in Australia aims to eliminate discrimination against people on the basis of their disability, ensure people with a disability have the same rights as others, and promote the recognition and acceptance of this within the community.

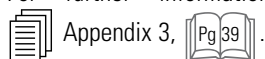


As an education provider it is unlawful for you to allow an employee to harass or victimise a learner with a disability because of their disability or its effects.

As an education provider it is unlawful for you to:

- discriminate against someone living with mental illness
- ask questions about a person's disability for the purposes of discriminating against them
- allow an employee to harass or victimise a learner with a disability because of their disability or its effects.

For further information about anti-discrimination legislation see



Appendix 3, Pg 39.

### The role of RTOs

As an RTO you have a legal obligation to prevent discrimination against people with a mental illness and ensure that any staff or learners living with mental illness do not experience harassment based on their illness or its effects.

You are also required to meet the *Australian Quality Training Framework Standards* for RTOs including *Standard 6 on Access and Equity and Client Service*.

Many RTOs also consider they have a social or community obligation to promote education to socially excluded groups, such as people with mental illness and to support and encourage members of those groups to participate and complete their training. With one in five members of the community experiencing a mental illness, it also makes good business sense to ensure your services are inclusive and flexible.



As an RTO you have a legal obligation to prevent discrimination against people with a mental illness and ensure any staff or learners living with mental illness do not experience harassment based on their illness or its effects.

### But is it my job?

Some RTO staff have questioned whether it is "their job" to work with learners with mental illnesses and suggested that they "don't have the qualification or experience to do this". These concerns are understandable. However, they can be addressed by clarifying your role and exploring your personal boundaries.

If you are a trainer in an RTO, then your role is to work with all your learners to assist them to develop skills and knowledge, and achieve the competencies you are teaching. If one or more of your learners has a mental illness and this is causing some challenges for you or the learner, then it is part of your role to consider how you can assist them to develop their skills. It is not, however, part of your role to become involved in that learner's external life, treatment or in decisions they may make about the way they conduct their life. Your role focuses on doing the best you can to provide them with educational outcomes.

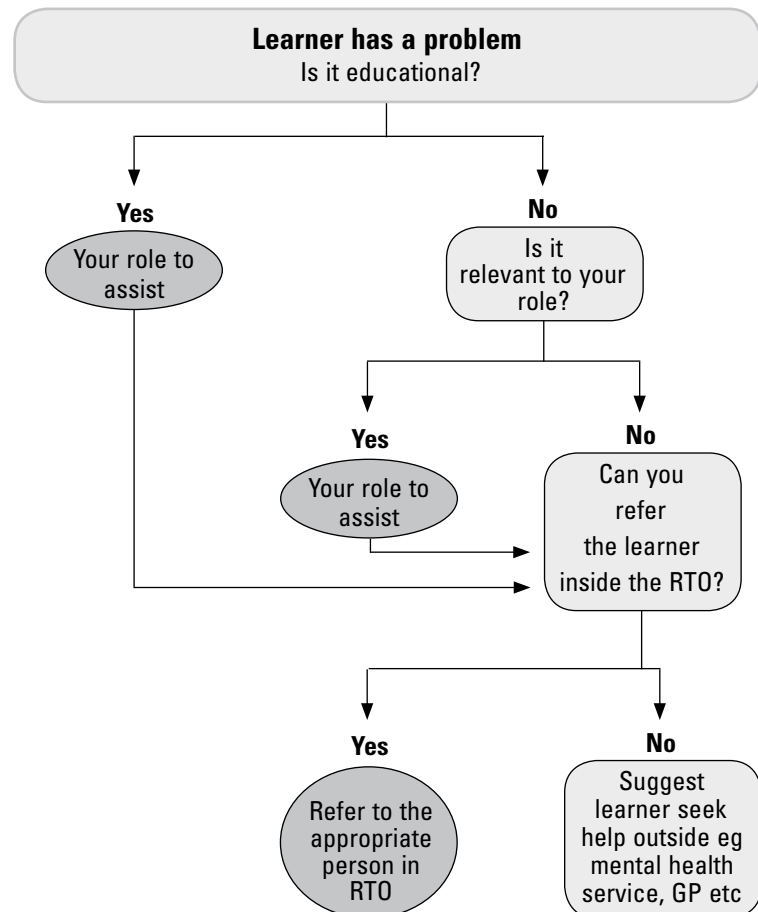


Unless you are trained to do so, do not counsel learners.

Client service and support staff have different roles and may become more involved in assisting learners to address external or personal issues that are affecting their learning, for example offering them information on study skills or stress management. However there will always be a line between your role and the role of professional staff who provide expertise in the treatment of mental illnesses. Your role is around supporting the learning process. Unless you are trained to do so, do not counsel learners.

The boundaries of your work role and your personal boundaries might be the same in your interactions with all your learners, regardless of their personal background or needs or situation. If you are clear about your role with some of your learners then you can adopt the same approach for learners who disclose they have a mental illness.

Some learners need more learning support than others but that doesn't mean you have to change your role. Similarly, providing support to a learner living with mental illness does not mean you have to be an expert in mental health. You just have to interact with the learner in a responsive and flexible way as you would with all learners. The information in the rest of this handbook aims to help you feel comfortable and confident doing that.






In all your work you have a duty of care to learners to provide the best possible teaching and learning environment for them to achieve to their greatest capacity.


### What about my duty of care?

In all your work you have a duty of care to learners to provide the best possible teaching and learning environment for them to achieve to their greatest capacity. You will use your knowledge and experience to guide your decision making about the level of the duty of care you provide in this context.

Under the *Occupational Safety and Health Act*, your RTO has broader responsibilities to provide a safe environment for learners. Each RTO will have policies and procedures on matters such as this and it is important that you are familiar with them.

Occasionally duty of care can be an area of concern for staff working with a learner with a mental illness, particularly if the person becomes unwell and mentions suicide. If a learner talks about suicide then you may wish to show concern for the learner, calmly suggest they leave the class early and encourage them to seek assistance from their GP or mental health professional. On rare occasions you may want to call for assistance from other staff or from specialist mental health staff at a government service. (See pages  32-35 ).

In the event that a person with mental illness becomes unwell and exhibits disruptive behaviour, you may become concerned for other learners as well as the person concerned. In cases such as this you may suggest the person causing the disruption take time out and encourage them to contact their GP or mental health professional. Depending on the nature of the incident it may be important to debrief the other learners and you may feel more confident if you seek assistance from other staff with more knowledge in this area. One thing to note in such cases is the need to maintain confidentiality for the person with mental illness and to take care with what might be disclosed in the debriefing session.

If this is an area which interests or concerns you, you can explore undertaking the Mental Health First Aid course, a national program for community members which equips people with first aid techniques for dealing with people with mental illness. The course assists people understand ways to recognise signs of the development of symptoms of mental illness, to intervene earlier to help people get appropriate help and what they can do in a crisis situation (see  Pg 33 ).

(1994)

*I am crouching in an alleyway. They can't see me here, so for the moment I am safe. There must be hundreds of loudspeakers projecting secret messages at me and umpteen video cameras tracking every move I make. My body feels warm, although it is a cold night, and my skin is sensitive to the breeze. The stone wall in front of me is a microcosm of conspiracies: lines, connections, synchronicities. It's also wet and glints of light on it look like whole universes... I crouch down near a bin. A cat glares at me sensing my discordancy. ...They will tie me up, soak my feet in water and have goats lick my feet down to the bone...*

(2003)

*Nowadays I say that I am recovered, not cured. I have a job as a graphic designer and illustrator, I have a band in which I do vocals and guitar, I have my friends and my family. I pay my taxes and do the dishes; I'm independent. I have achieved a sense of normality and live with the knowledge that a couple of pills a day will keep me slightly lethargic yet 'sane' at the same time. I can live with that.*

Extracts from p1 and p175 of *Recovered, not cured: a journey through schizophrenia* by Richard McLean. Published in 2003 by Allen and Unwin Australia.

## Jackie's Story

Jackie has schizophrenia and has tried several times to complete study over a period of years. Each time she attempts to study she ends up withdrawing or failing to complete her units. Some of the difficulties she experiences include having difficulty motivating herself to attend each day, trouble getting to class early in the morning because she is always drowsy and tired in the morning, and great difficulty organising her work.

At times, and when she is stressed, the symptoms of her illness can recur. She hears voices and becomes confused in her thinking. At this time she may appear vague or 'spaced out', may behave in an erratic manner and may hand in written work that is unusual or doesn't make sense.

On one occasion Jackie started 'talking to no-one' and becoming angry and abusive. The trainer recognised the anger was not personal, remained calm and asked Jackie if she would like to come outside to have a chat with her. This maintained confidentiality for Jackie and allowed her and the trainer freedom to leave the area if Jackie became more distressed. Outside the room, the trainer spoke quietly to Jackie expressing her concern and offering to seek help for her. She asked Jackie if she had someone she would feel comfortable with who could be of assistance to her at present. Jackie calmed a little with the distraction and resolved to go home and telephone her caseworker. The trainer invited her to return to class when she felt able and reiterated her concern for her wellbeing.

Later in the semester Jackie returned to class and spoke with the trainer. She disclosed her illness and agreed to meet with the disability officer for assistance with study. She attended a study skills course and revised her program to attempt one unit only each semester. Her classes are mostly late morning or afternoon, and involve extra time to complete assignments on the computer.



A mental illness is a diagnosable illness that significantly interferes with an individual's cognitive, emotional or social abilities.<sup>ii</sup>

## What is mental illness and how can it affect people?

### What is mental illness?

One in five Australians will experience a mental illness. Mental illness is a general term that refers to a group of illnesses in the same way that heart disease refers to a group of illnesses affecting the heart.

A mental illness is a diagnosable illness that significantly interferes with an individual's cognitive, emotional or social abilities.<sup>ii</sup>

Episodes of a mental illness can come and go in periods through people's lives. Some people experience their illness only once and fully recover. For others it recurs throughout their lives. Most mental illnesses can be effectively treated.

The causes of mental illness are unclear. Though we know that many mental illnesses are caused by a chemical dysfunction of the brain, we do not know exactly what triggers this. A predisposition to some mental illnesses, such as schizophrenia, can run in families. Many other factors can contribute to the onset of a mental illness, such as stress, bereavement, childhood trauma, relationship breakdown, accident, life threatening illness, illicit drug use and unemployment.

People who have a mental illness often suffer a great deal. They can be disturbed and frightened by their illness. Not only do they and their families and friends have to cope with an illness that can radically alter their lives, they often experience rejection and discrimination. People with a mental illness need the same understanding and support given to people with a physical illness. A mental illness is no different—it is not an illness for which anyone should be blamed. It is not possible for someone with a mental illness to make the symptoms go away just by strength of will. To suggest this is not helpful in any way.

### Types of mental illness

Mental illnesses can be separated into two main categories: psychotic and non-psychotic.

A psychosis is a condition caused by any one of a group of illnesses that are known, or thought, to affect the brain causing changes in thinking, emotion and behaviour. People experiencing an acute stage of a psychotic illness may lose touch with reality. Their ability to make sense of thoughts, feelings and external information is seriously affected and they may become very frightened.



### Statistics snapshot

Of the various mental illnesses, anxiety disorders and depression are the most common. Depression affects around 20 per cent of the adult population and anxiety disorders around 10 per cent at some time in their life.

Only about three per cent of adults are affected by a severe mental disorder every year. Severe mental disorders include schizophrenia, bipolar disorder and other forms of psychosis, some depression and anxiety disorders such as panic disorder and obsessive compulsive disorder.

Schizophrenia is a persistent form of mental illness that affects approximately one per cent of Australians at some stage in their lives. About 20 per cent of those diagnosed with schizophrenia have one or two episodes but then never experience symptoms again. About 60 per cent improve over time and, with support, can live independently. For about 20 per cent, symptoms are more persistent, treatments are less effective and greater support services are needed.

Bipolar disorder affects up to two per cent of Australians at some time in their lives.

*What I had begun to discover is that, mysteriously and in ways that are totally remote from normal experience, the grey drizzle of horror induced by depression takes on the quality of physical pain. ...It may be more accurate to say that despair... comes to resemble the diabolical discomfort of being imprisoned in a fiercely overheated room. And because there is no escape from this smothering confinement, it is entirely natural that the victim begins to think ceaselessly of oblivion.*

From page 49 of 2001 paperback edition of *Darkness Visible* by William Styron, first published 1990, published in UK by Jonathon Cape Ltd 1991, paperback Vintage edition 2001 published by Random House UK.

Psychotic illnesses include schizophrenia, bi-polar disorder and some other types of depression. A psychotic illness will often develop between the ages of 15 and 25—ages when people are very likely to be undertaking vocational training.


During an episode of these disorders, people perceive their world differently from normal. During an episode, what they see, hear and feel is real to them but people around them do not share their experiences. People with psychoses might develop delusions (false beliefs of persecution, guilt or grandeur) or they may experience hallucinations where they see, hear, smell, taste or feel things which are not there. They may be depressed or elated out of all proportion to their life circumstances. To those around them these episodes can be threatening and perplexing. People who are not familiar with this behaviour may find it difficult to understand the fear and confusion experienced.

The treatment for psychotic illnesses is generally medication, counselling and support from health professionals.

Non-psychotic illnesses involve strong feelings of depression, sadness, tension or fear which can be so disturbing and overwhelming that an individual has difficulty coping with daily activities such as going to work, enjoying leisure time and maintaining relationships.

These illnesses are a common experience for many people and include phobias, anxiety, some forms of depression, eating disorders, physical symptoms involving tiredness or pain, and obsessive-compulsive disorder. Though the symptoms of these disorders are often not evident to others, they cause considerable personal distress.

Most non-psychotic illnesses can be effectively treated, usually with a combination of medication and therapy, which helps the person understand their illness, manage their symptoms, and lead a satisfying life.

If you would like more detailed information about various mental illnesses, you might like to read the National Mental Health Strategy booklets on various specific mental illnesses including depression, schizophrenia, eating disorders, anxiety disorders and bipolar mood disorder. These can be viewed, downloaded or ordered (for print versions) from the Office of Mental Health in WA at [www.mental.health.wa.gov.au/one/resources.asp](http://www.mental.health.wa.gov.au/one/resources.asp). Other resources such as the excellent SANE resources, are also available (see pages  of this handbook).

## Recovery

Approaches to the treatment of mental illness have changed over the years. A primary goal is now community integration. Contemporary approaches to mental illness include three important aspects that have been lacking in former approaches:

- a focus on recovery from mental illness
- a strengths perspective
- the active participation of consumers and their carers in treatment and recovery.

Recovery has been described as “a way of living a satisfying, hopeful, and contributing life even with limitations caused by the illness.”<sup>iii</sup>


The recovery process for people living with mental illness is a personal journey that arises from their own situation and needs. It is about reclaiming the roles of a ‘healthy’ person rather than living life as a ‘sick’ person. Recovery means growing beyond the experience of having (or being labelled with) a mental illness and developing a new meaning and purpose in one’s life.<sup>iv</sup>

Recovery from mental illness is complex and occurs over a period of time. The existence of hope is essential for achieving recovery. Family, mental health professionals and the community are important in supporting this optimism.

Building on an individual’s strengths and supporting them to grow and change assists in the recovery journey. Many training providers are used to working with learners’ strengths in their training provision and so this model is consistent with the way they teach all their learners.

Like all learners, people living with mental illness expect and want to participate in decisions about how their training course is delivered and assessed. The individual learner is usually your best source of information when you are considering how best to train and assess them.

## Accessing treatment

Anyone can ring a crisis line and ask for help or information on mental health services. In a mental health emergency there are several ways to find help. During business hours a person can phone the local mental health service (listed in the phone book or see  Pg 32 of this handbook). Alternatively an individual may go to an emergency department at a public hospital for a psychiatric assessment. After business hours and at weekends, the psychiatric emergency team provide mental health services on 1300 555 788 or in the country freecall 1800 676 822.

Many people with a mental health problem consult their GP. Some people consult private psychiatrists or psychologists and some people attend their local mental health service.

Each mental health service serves the surrounding area. People can refer themselves or can be referred by GPs, the private sector or a public hospital. Mental health services are open during business hours and anyone can phone and ask to speak with the duty officer. He or she will ask questions relating to the person’s mental health, for example their past ill health, current mood and behaviour. All referrals are then taken to a meeting of mental health professionals who decide on the best action for the individual concerned. Sometimes an appointment is made for a mental health assessment by a psychiatrist at the clinic or a home visit by a mental health nurse. Sometimes the person will be best served by attending another service, for example a counselling service that specialises in relationship difficulties, or a service for young people. In these cases they are referred on to the appropriate organisation.



**Mental illness is experienced by people from all cultural backgrounds.**

### **Cultural issues**

Mental illness is experienced by people from all cultural backgrounds. However different cultures have different approaches, language use and views on mental illness. In some cultures having a mental illness or a family member with a mental illness is a matter of shame or disgrace. Acceptance of unusual behaviour by someone suffering from an episode of mental illness varies according to the culture and community. For this reason it is always useful to take your cue from the learner with the mental illness in terms of language use and discussions about mental illness and training.

For Aboriginal peoples, health is holistic. “‘Health’ to Aboriginal peoples is a matter of determining all aspects of their life including control over their physical environment, of dignity, of community self-esteem and of justice.”<sup>v</sup>

For an Aboriginal person there may be no separation between mental and physical health and these may both be related to cultural and spiritual wellbeing. In many Aboriginal communities the term ‘social and emotional wellbeing’ is preferred to the term ‘mental health’.

### **Regional issues**

Learners with mental illness living in remote, rural or regional areas of WA may experience additional pressures due to the scarcity of mental health professionals in some areas and the nature of small communities. Issues of disclosure and confidentiality can be more difficult in small, close-knit communities.

### **Living with mental illness**

One of the results of living with mental illness is often the development of certain strengths such as resilience, optimism, self-advocacy, creativity, tolerance of differences and compassion for others.

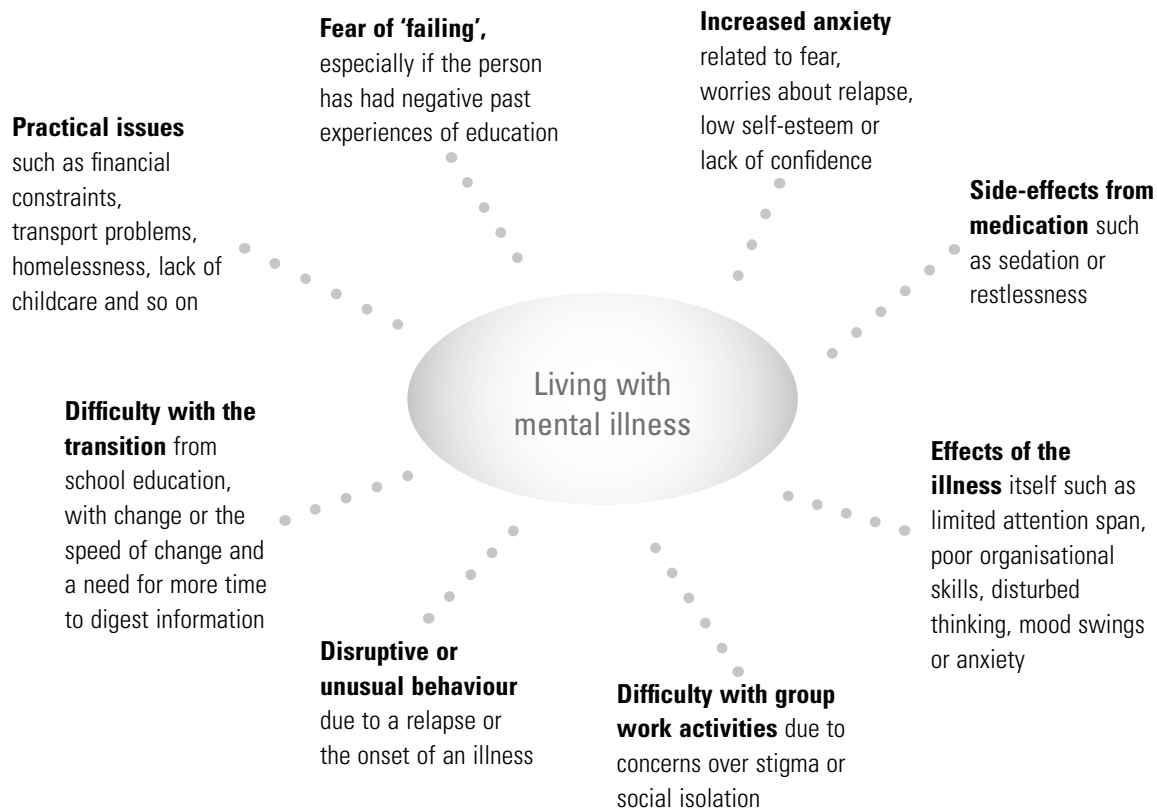
However, because of the attitudes of the wider community, people living with mental illness often experience isolation, loneliness, stigma, discrimination, low self-esteem, anxiety and stress. Some people may suffer from negative side-effects of medication and some people with mental illnesses will also have another disability or a physical illness to contend with. Many people living with mental illness will experience loss and grief due to loss of certain opportunities, relationships or experiences and the fear that they may never be ‘normal’ or ‘well’ again.

People with a mental illness are less likely to be employed than their peers and more likely to live in poverty. Education and training is therefore a key component of the recovery journey for people living with mental illness. Because many people experience their first episode of mental illness between 15 and 25 years old, it is common that their school, vocational or university training is interrupted. It can be hard to regain confidence to study again.

## How might a mental illness affect learning?

Many learners living with mental illness will complete their chosen course without anyone at the RTO knowing they have an illness. Other learners however may experience some challenges related to their illness or its effects and therefore request and receive some support.

Some of the ways that living with mental illness may affect learning are:



This demonstrates that the sorts of concerns experienced by learners with mental illnesses are not dissimilar to those raised by many other learners. For example, a learner may disclose to her trainer that she is currently going through a messy divorce, and is becoming very anxious about her course and her financial situation as a result. The trainer will need to know how to respond appropriately to the learner, how to maintain confidentiality, how to support the learner in her course if she starts showing signs of struggling with the work or her anxiety increases and possibly where to refer the learner for practical assistance, for example stress management or financial counselling.

The next section of this handbook focuses on what you can do to effectively interact with and support learners living with mental illness.

*I am a 51 year old psychiatrist. I have had social anxiety disorder for 35 years but have only realised this over the last year. For me, social anxiety meant living my life like an actor on stage, under constant scrutiny, or like a defendant in a trial, but one who knew she was guilty and about to be found out. I had to watch everything I said or the prosecuting attorneys (my colleagues and acquaintances) would pounce. I had to limit what I said to only what could be absolutely right, or it would be proof I was wrong. I could never relax, except with a few close friends or family. My mind was constantly surveying the environment for threat, like a video camera in the corner of every room. At least half of my mental energy was always being utilised for a constant process of vigilance: What were they thinking of me? What did they see when they looked at me? How could I stop them finding out how inadequate I really was? What did I need to do to fool them into thinking I was one of them?*

*I didn't even realise I was anxious. I considered myself just 'tense'. I was shocked when I realised how anxious I was and how firmly I rested all my actions on a conviction that I was pathetic and inadequate. When I had the courage and the help to look at these beliefs, their power started to diminish. It saddens me to think how much time and energy I have wasted, protecting myself from a threat that never existed, the threat of being found out as a fool. But I have also found out for the first time in my life what it is to be free, to see myself and others as we really are, just human beings doing our best.*

From *Linda's Story* from the Anxiety Network Australia at [www.anxietynetwork.com.au](http://www.anxietynetwork.com.au).

## Emma's story

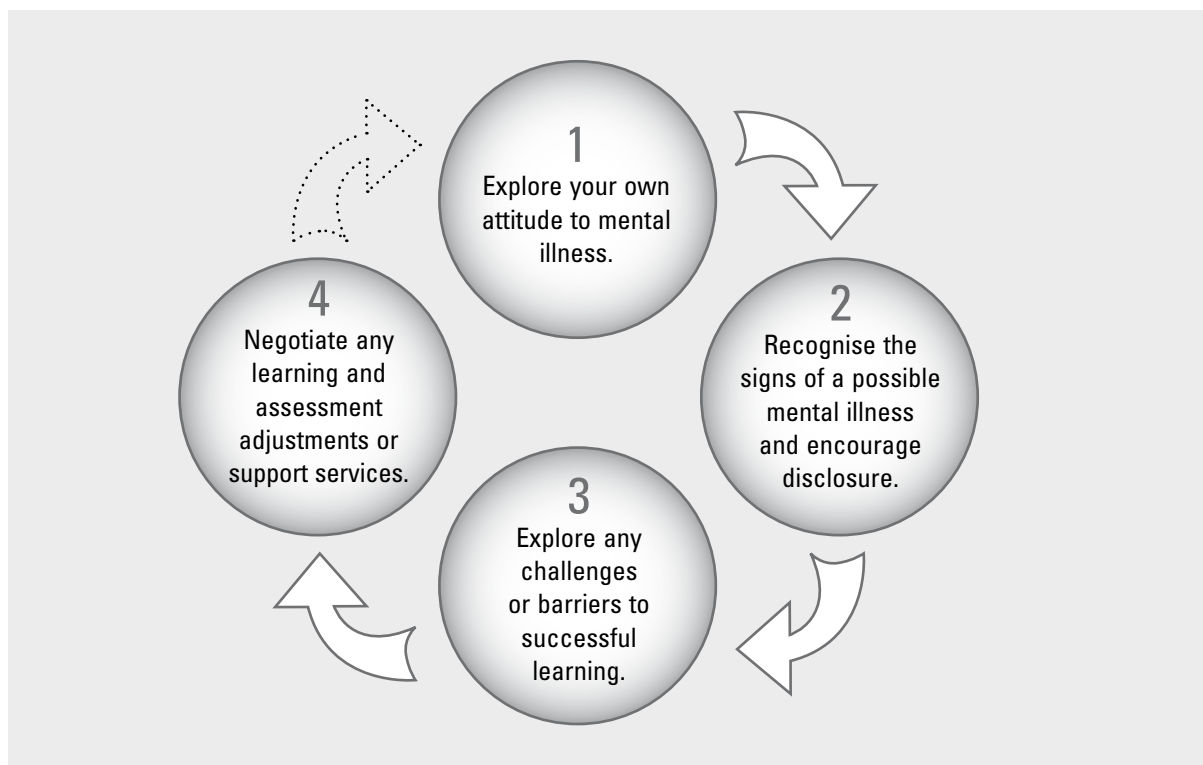
Emma has anxiety and a personality disorder and had a very troubled early life with severe childhood abuse. She is a single mother of three children living in Homeswest housing. She did not complete Year 10 at school but wants to eventually work as a carer for elderly people. She has great difficulty trusting people, especially males. She is overweight and has low self-esteem. Her difficulties with studying include anxiety about relating to people, poor problem solving ability and problems with childcare and finances. When she becomes stressed with problems at home, such as illness in the children and overdue bills, she tends to miss classes and then feels too ashamed to return to her studies.

One trainer really encouraged Emma and gave a lot of positive comments on her work. Emma began to look forward to getting her feedback and encouragement. It was the first time she had felt successful in anything and the succession of goals achieved led her to believe she could work towards her ultimate goal of obtaining work and an end to financial problems. The trainer gave her extra time for assignments when needed and extra examples for practice. She supported Emma in choosing supportive learners as partners to work with and monitored her progress.

Slowly Emma built up trust in this trainer and then one day when she had a particularly bad day Emma burst into tears and suddenly disclosed a great deal to the trainer after class. The trainer remained calm, listened and empathised. She validated the difficulties that Emma disclosed and explained that she would keep the disclosed information confidential. She encouraged Emma to seek help from a mental health practitioner or GP and asked her to telephone in the next day or so to make arrangements to discuss her assignment due dates. This way the trainer let Emma know that she was concerned for her wellbeing and also expected and wanted her to come back to class. It also set clear boundaries for both parties and was empowering for Emma.

## What you can do

This handbook adopts a four step approach to working effectively with learners living with mental illness:



### 1 Explore your own attitude to mental illness

#### Attitudes


We are all a product of our environment and the culture that we live in has only recently started to take a more enlightened approach to mental illness. Many of us fear mental illness or have unexamined beliefs about mental illness that are myths rather than reality. Recent research by SANE Australia demonstrates many people in the community hold the view that mental illnesses are not 'real' the way physical illnesses are. As a result SANE is launching a campaign to expose stigmatising attitudes such as 'people with depression just want a day off work' and 'people with schizophrenia just need to pull themselves together'.<sup>vi</sup>

Exploring your own attitude to mental illness and your own experiences of mental health can help you when it comes to working with learners with mental illness. Knowing your own mind and clarifying your role and boundaries will help you support the learner whilst also looking after yourself.

#### Looking after yourself

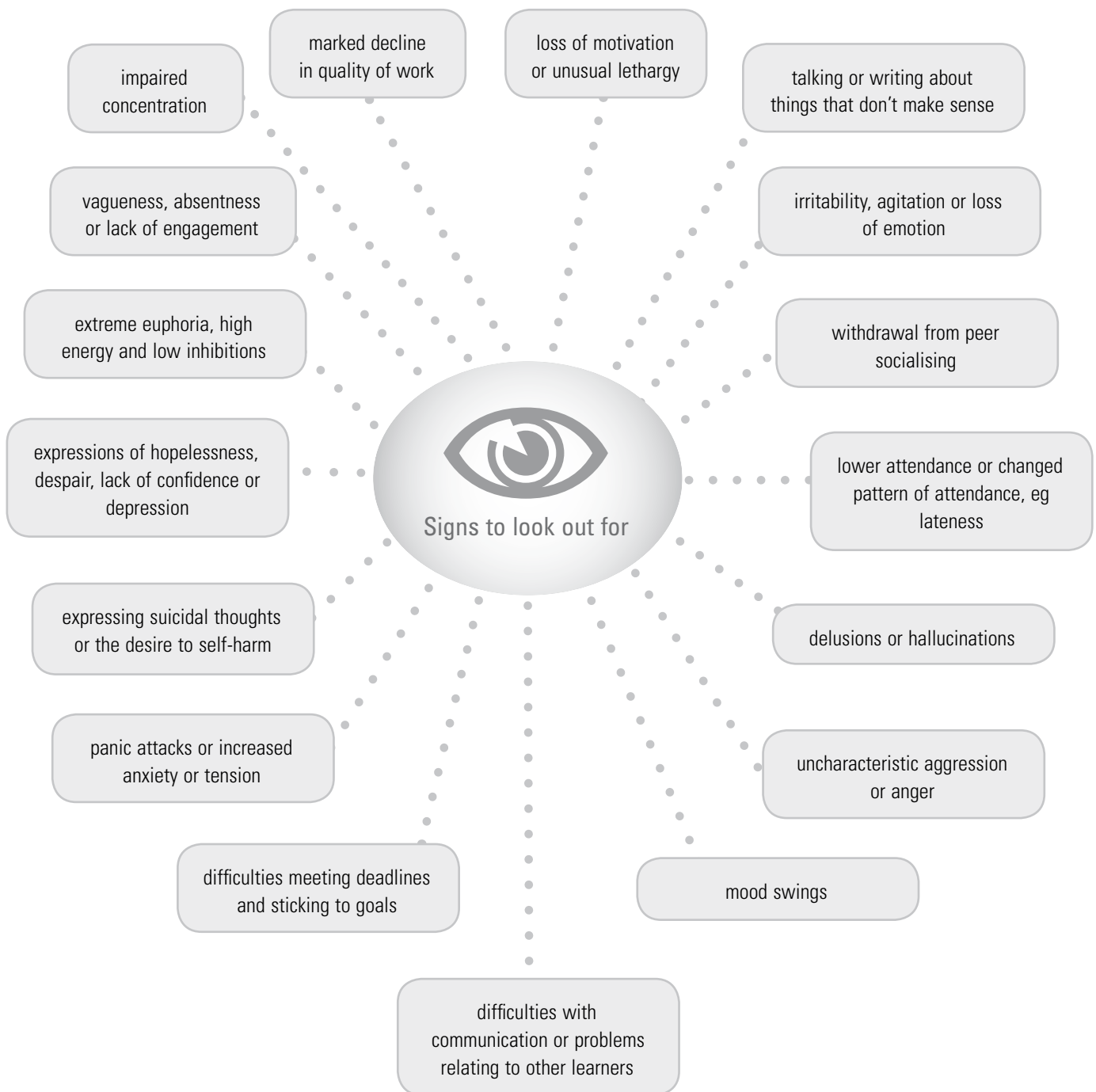
Work can be a source of stress to anybody and sometimes working with learners who are in distress can cause you to feel stressed or anxious. Be aware of the risk of becoming over-involved with a learner or feeling that it is your responsibility to sort out all the problems. These are signs you need to step back and talk to a colleague.

#### Changing attitudes through education

If you are a trainer, then you can contribute to breaking down stigma and creating a more positive understanding of mental illness among your learners generally by modelling positive behaviour and ensuring all your training material is inclusive and normalises diversity. See  Appendix 2 for some suggestions on changing attitudes through your training material.

## 2 Recognise the signs of a possible mental illness and encourage disclosure

Some of the indicators that a learner has a mental illness or may be experiencing onset or a relapse include those noted below. However, there may be other reasons why a learner responds like this, so you need to be careful about making quick assumptions.





**Remember:** disclosing that they have a mental illness can lead to both risks and benefits for a learner and they may choose not to disclose their illness but still discuss options for learning support.

### **Encouraging disclosure**

If you think a learner may be experiencing mental illness and it may be affecting their learning, the best thing to do is to ask. It can be helpful to describe in an objective and friendly manner what you have noticed about their behaviour. For example “I’ve noticed lately you have been having difficulty coming to class on time. I was wondering how things are going for you?”.

Choose a private location and ask:

- how they are feeling
- what they enjoy or are good at in the course
- what they are finding difficult
- what might make things easier
- what kind of support would be helpful.

Remember: disclosing that they have a mental illness can lead to both risks and benefits for a learner and they may choose not to disclose their illness but still discuss options for learning support. For many people being ‘labelled’ with a mental illness is traumatic and being viewed as having a disability or ‘special needs’ is also negative. Like other learners people living with mental illness want to be seen and responded to as individuals not part of a group.


**Whether, when and how an individual discloses they have a mental illness or they would like some learning support is entirely up to the individual. They may not want or need to disclose and that is their right.**

### **Confidentiality**

Any information about an individual’s illness or disability should remain confidential. Your RTO will probably have a policy on confidentiality and it is useful for you to be familiar with it. Only discuss with others information relating to a learner’s mental illness when:

- you have the individual’s permission (preferably in writing) to discuss relevant aspects with a nominated individual or organisation
- you discuss only issues relevant to the training, issue or work in question.

If you are recording information for in-house documentation (for example, for a written assessment plan), then it is not appropriate to record information about a learner’s illness. What you can record in these cases is any particular needs a learner may have, for example “Sue requires a quiet and private venue to undertake written assessments” or “John has been allocated additional time for this assessment task on the basis of reasonable adjustment”.

(See  Appendix 3 for information on reasonable adjustment.)



### Disclosure and work experience

Training providers may liaise with employers over work experience placements or provide references for learners to potential employers. In these cases it is up to the learner to decide whether they wish to disclose their illness to the employer.


Disclosure to an employer is generally appropriate if:

- the impairment is likely to diminish the individual's capacity to perform the job to a workplace standard and/or
- the impairment will require the employer to make a significant adjustment to meet the individual's needs.


If you have concerns about a learner's ability to undertake their workplace duties—for example if you don't believe they are ready for employment or if they have recently changed to a new medication and are experiencing some instability—then you should discuss this issue with the learner or encourage them to discuss the issue with a mental health professional or case worker. In some cases, insurance for work experience placements includes exemptions for 'events directly caused by' a mental illness. This does not mean learners living with mental illness can't undertake work experience; it does mean a learner in an unstable condition of health may need to delay their work experience until they feel their condition has stabilised.

### Disclosure, confidentiality and duty of care

Sometimes learners with mental illnesses will confide quite personal details about their illnesses and how they feel to you and it is important you treat their comments as confidential.

Sometimes this might present you with a challenge, particularly if learners have been talking about self-harm to you. In a situation like this you have a responsibility to respect the rights of the individuals concerned to make their own choices about the way they manage their lives. **Your role is to educate, not to treat.** Show your concern, empathise with the learner and encourage them make contact with an in-house counsellor (if you have one) or a mental health professional or GP. You could also give the learner information about help lines or other support services noted in pages  of this handbook.

It is possible, but would be unusual, that a learner may disclose to you they intend to harm themselves or someone else and you may feel they are seriously disturbed to the extent you wish to take some action to ensure their safety. In this event you can let them know your concern for them means you want to raise the issue of their safety with another person (eg a colleague, a mental health professional or the police) and for that reason you will no longer be able to maintain full confidentiality. Even in this rare event, however, you can still ensure that you pass on only the necessary and relevant information, such as your concern for them and their level of distress. Again your RTO is likely to have a policy on managing critical incidents or challenging behaviour.

See  Appendix 1 for more information on managing disturbed or disruptive behaviour.

## 3 Explore any challenges or barriers to successful learning

As an employee at an RTO—whether a trainer, manager or administration worker—it is appropriate for you to explore issues which impact on successful learning. That is, your focus is on class or study performance, on managing any behaviour that seems to cause a disruption for other learners and on the learner's attendance and achievement in the course.

The type of challenges or barriers to learning that you may explore with a learner may include:

- systemic issues such as course fees, timetabling, flexible options such as part time or self-paced training delivery
- teaching and learning styles such as preferred learning approaches and inclusive materials
- attitudinal barriers such as the attitudes and behaviour of staff or peers
- personal issues such as anxiety, concentration problems or inappropriate behaviour in the classroom.

In your conversations with the learner, you are aiming to identify what sort of support the learner needs, what flexibility is possible in relation to your administrative policies and systems and what adjustments you can make to your teaching style and assessments.

If the learner agrees then it may be helpful to include other people in these conversations, such as a disability or learning support worker if your RTO has one, or the learner's parent or carer or any mental health professional they see regularly (eg a case worker, psychiatrist or occupational therapist). A number of community based agencies work in collaboration with training providers to assist people living with mental illness complete their training.

## 4 Negotiate any learning or assessment adjustments or support services

The types of adjustments or support services that an RTO may make for a learner tend to fall under one or more of the following categories:

- administrative policies and systems
- adjustments to training and assessment and teaching styles
- provision of support services.

### **Administrative policies and systems**

Examples of administrative policies or systems that might be adjusted include:

- enrolment process, eg by having a one-to-one interview instead of standing in line; allowing advanced phone or online enrolment to avoid having to attend the training venue to enrol
- fee flexibility, eg payment of consumable costs over time not up front or refunding fees if a relapse causes a late withdrawal
- individual or small group orientation to the training venue and procedures
- flexible parking regulations or provision of free parking
- timetabling, eg avoiding early class times
- offering part time, self-paced and distance learning where possible
- space, eg providing a quiet place for recreation or rest
- flexibility in attendance requirements
- provision of some courses specifically designed for people living with mental illness.

Training Packages allow some flexibility in terms of qualification packaging and this may be useful for learners living with mental illness. Flexible packaging allows the use of elective units of competency, inclusion of specialist units as electives and the importation of units from other Training Packages. This can be helpful where a learner has some competencies from life or work experience or previous training, as will often be the case with someone with a mental illness. You may also be able to choose qualifications which have limited prerequisites and this may assist some learners.

Learners who are unable to obtain a full qualification can still complete units of competency and obtain a statement of attainment. This is an important message to communicate to learners because they may feel being unable to complete the full qualification is one more 'failure' to add to a list they have already experienced. Providing learners with information on national recognition policies is also important—they need to know that a statement of attainment gained from one RTO must be recognised and honoured by other RTOs across Australia.

Recognition of prior learning (RPL) (or recognition of current competencies) can provide learners living with mental illness with an important avenue of skills recognition. Many of these learners will be mature-aged and will have developed skills from their life, work or previous education. The episodic and chronic nature of mental illness can mean that people have very interrupted work and education experiences and so, while they have developed good skills, they may not have ever reached the point of completing a qualification. Many people in the community are unaware of the opportunity for RPL. RTOs are required both to offer RPL to all learners and to support learners through the process.

#### **Adjustments to training and assessment and teaching styles**

Examples of adjustments to training delivery and teaching styles include:

- breaking classroom tasks into small, manageable steps
- allowing alternatives to group work tasks if these are difficult for the learner
- structuring breaks into classes or allowing learners to leave the room and return
- recording or transcribing lectures
- placing handouts and other material on a website to allow remote access
- using more visual display material and less talk or reading
- demonstrating learning tasks several times not just once
- providing additional time for all tasks including take home tasks.

In many cases tailoring your delivery style for a learner with mental illness will benefit all learners. Ensuring your teaching is accessible for people who are socially marginalised is often the road to best practice.

While supporting the learner you will want to avoid any action which may highlight any differences between the learner with a mental illness and other learners in the class.

In the case of assessments it is a requirement for an assessor to provide a learner with a copy of the assessment plan so they know exactly what they are expected to do and why. For learners with mental illness it is important to negotiate the assessment with the learner so they have some input into the assessment activity and can feel confident they are not being set up to fail.

Even so many learners may experience increased stress and anxiety around assessments. Integrating assessment opportunities into the learning program (eg formative assessment) may assist here, as will offering peer and self-assessment opportunities and using these as evidence for competency.

RTOs are now less likely to use tests or exams than in the past. However these are sometimes used to assess underpinning knowledge. If a written test is difficult for a learner you can try having a structured conversation with questions and answers as an alternative format. Having privacy and more time for a test may also help.

Many learners living with mental illness will benefit from additional time for the demonstration of competency. This is perfectly valid providing there are no time-based performance criteria.

Many assessments are now structured around a workplace simulation or occur in a workplace. It is important to remember that some people living with mental illness may not have had much work experience regardless of their age. In other cases their experiences of work may have been negative and this may colour their performance in a workplace or simulated workplace assessment.

Key questions to consider around assessment:

- Is the assessment actually assessing the unit(s) of competency and not introducing additional requirements, eg higher literacy requirements?
- Does the learner understand what is required and why?
- Have they had the opportunity to negotiate aspects of the assessment?
- Have they practised the competency?
- Are they ready for assessment?
- Do they require extra time?
- Can the assessment be broken down into smaller assessment activities?
- Is the assessment likely to require any background knowledge the learner may not have due to their experiences, eg workplace experience or knowledge of Australian workplaces?
- Does the assessment require access to materials the learner may not have, eg the internet if the learner is in hospital or at home?
- Is this assessment structured to provide the learner with the best possible opportunity to demonstrate their competency?

After any assessment it is important to provide feedback to all learners. Learners living with mental illness may benefit from more detailed feedback, including positive feedback when they have achieved a competency.

If someone has been deemed not yet competent, then you will need to provide them with constructive feedback on where they were unable to demonstrate competency, support to learn those skills, an opportunity for another assessment and information about the RTO's appeals process should they feel they were not assessed fairly.



The keys to providing good support services to learners are talking to the learner about what they need and finding and using internal and external resources.

### Provision of support services

The keys to providing good support services to learners are talking to the learner about what they need and finding and using internal and external resources.

Internal resources may be disability, client services or learning support staff who can work with you and the learner to support the learner's outcomes. External resources may be community agencies, mental health professionals, the learner's family or carer or their case worker.

As many people living with mental illness do not identify as 'having a disability', you need to be sensitive about working with disability workers or agencies. There is still a lot of stigma in the community about mental illness and so, again, you need to ensure you are sensitive to people's possible feelings of exposure or shame and that you maintain confidentiality at all times.

The types of support services that learners living with mental illness may use include:

- counselling or regular discussions with a nominated individual
- information about who to contact if they feel especially stressed
- self-help groups of learners
- mentors or study buddies
- learning support programs
- programs on time management, stress management or study skills
- note-takers.

While these support services can be very valuable, often the relationship a learner has with their trainer is the most important determinant of their success or otherwise. Being open, warm, sensitive and supportive to your learners will show them that you value their contributions and support their desire to stay the course.

## Hanif's Story

Hanif, who has bipolar mood disorder, was undertaking a traineeship in a trades area. He generally related well in class, was quiet and studious and was able to manage the work with ease. However on two occasions the trainer noted that when Hanif was under pressure he became very talkative. He was over friendly, his language was crude and rude and he worked too fast for accuracy. On one occasion the trainer had suggested Hanif leave early, following which Hanif missed a few classes but then returned back with his usual behaviour. Hanif was nearing a period of work experience and his trainer was concerned about his readiness for this and alarmed about the consequences if the stress precipitated another episode of 'difficult behaviour'.

The trainer made a time to speak with Hanif and asked him about his readiness to attend the work experience given the recent absence. He gently mentioned that Hanif had 'not seemed himself' prior to the absence and enquired after his health. Hanif disclosed he had a mental health issue, however he did not want this mentioned to the work experience employer as he felt it would result in discrimination. The trainer offered referral to the disability officer but Hanif mentioned he was linked with a mental health rehabilitation service, which was providing support and assistance. The trainer suggested it could be helpful for Hanif to discuss work experience and the issue of disclosure with the caseworker. Hanif agreed to do this and to delay the work experience. With the support of the caseworker Hanif worked to develop strategies for coping with the extra stress of work experience and decided to disclose more information about his condition to the trainer, including permission for contact with the caseworker. This led to phone contact between the trainer and caseworker and a negotiated part time work experience with extra support for Hanif provided by the caseworker.

## In summary

Education can change people's lives.

Being supported, accepted and encouraged to complete the course of their choice can be an important stepping stone on the road to recovery for someone living with mental illness.

As someone working in education you can make a difference to others and in the process you will learn many things yourself.

# Bursting Out

by Anna Richards

To fly—and then to crash

That is the agony, the pain,  
the joy cut short,  
of the bipolar journey.

The manic climb—the freedom,  
delight, laughter, magic  
and soaring.

The depressive fall—spiralling down,  
inevitable,  
looking longingly back.

And then the numb—better than pain by far!  
Is it?...Are you sure?...Numb is dead, not there.  
not anywhere.

Here, as I write, a moan bursts out of me and I cover my wide mouth and stop  
writing.

Lost, bereft, knowing the 'AH HA!' of awfulness  
so I write this too, with tears in my eyes.

And, as I write, I calm,  
and remember I am writing from a well space.  
An interlude of peaceful joy, of creativity and flow,  
singing and light-footed

And this is the real pain—that I must enter again, and again, and again.  
That glorious space of flaming star. Rushing through the singing universe  
Glowing, burning, lighting the space around me

And this is the real pain—that I must enter again, and again, and again  
the space of grinding halt, of dropping, one by one, the pieces of my life.

Of me,... of the full expression of my soul

To become again entombed, cut off, surrounded  
by layers of  
who cares, stacks of washing up, drowning in  
months-of unchanged bed linen, then clothes,  
then self,  
crawling to the toilet because it's too, too hard to  
think about standing up.

Drowning.

I can't stand straight, but creep, bent like an ancient,  
till the faint spark of the tunnel light appears,  
the tiny sounds of the end of hell,  
the feel of the sun on my face.

And I look up and out and stretch my skin.

See you, see the underside of leaves

Feel the life returning, sing my song.

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## Resources

### Resources on mental health

- **WA Department of Health (Office of Mental Health web page)**

Website: [www.mental.health.wa.gov.au](http://www.mental.health.wa.gov.au)

Provides information on services, policies, resources, frequently asked questions and links to other sites. You can download brochures and other information.

The Office of Mental Health web page also has a directory called your 'local mental health service' at [www.mental.health.wa.gov.au/one/healthservices.asp](http://www.mental.health.wa.gov.au/one/healthservices.asp).

- **Indigenous Service**

Derbarl Yerrigan Health Service

156 Wittenoon Street, East Perth

Tel: 9421 3888

Fax: 9421 3884

Website: [www.derbarlyerrigan.com.au](http://www.derbarlyerrigan.com.au)

Assists with accessing mental health services for Aboriginal people. Also has links to Transcultural Mental Health Service.

- **Transcultural Service**

WA Transcultural Mental Health Service

C/o Inner City Mental Health Service

74 Murray Street, Perth

Tel: 9224 1760

Fax: 9224 1733.

Website: [www.mmha.org.au/watmhc](http://www.mmha.org.au/watmhc)

A statewide specialist mental health service for people from culturally and linguistically diverse (CALD) backgrounds. Also provides services to Derbarl Yerrigan Health Service.

### Mental health telephone helplines

Useful if the learner wants to talk with someone in a crisis or the trainer wants to contact a mental health professional.

Local Mental Health Services are listed in the phone book and also on Office of Mental Health web page.

- Lifeline 13 11 14 (24 hour telephone crisis service)
- **Psychiatric Emergencies**  
After hours telephone number: **1300 555 788**  
Rural freecall: **1800 676 822**
- Rurallink operates after hours for Midwest and Gascoyne residents  
Freecall: **1800 552 002**
- SouthWest 24  
Freecall: **1800 555 336**  
A 24 hour service for residents in the South West Health Region



**Non-government organisations**○ **WA Association for Mental Health (WAAMH)**

2 Delhi St, West Perth, 6005

Tel: 9420 7277

Website: [www.waamh.org.au](http://www.waamh.org.au)

Email: [waamh@waamh.org.au](mailto:waamh@waamh.org.au)

WA mental health peak organisation, extensive mental health networks.

○ **ARAFMI Mental Health Carers and Friends Association**

1st Floor, 275 Stirling Street, Perth WA 6000

Tel: 9228 0577

Website: [www.arafmi.asn.au](http://www.arafmi.asn.au)

Email: [arafmi@arafmi.asn.au](mailto:arafmi@arafmi.asn.au)

Peak body for carers of people living with mental illness; produce a directory of WA mental health services, extensive networks in mental health.

○ **Mental Health Council of Australia**

Website: [www.mhca.org.au](http://www.mhca.org.au)

National mental health peak body; website has useful links and publications.

○ **Beyond Blue: the national depression initiative**

Website: [www.beyondblue.org.au](http://www.beyondblue.org.au)

Provides useful information about depression.

○ **SANE Australia website**

Website: [www.sane.org](http://www.sane.org)

Useful information about mental illness with downloadable fact sheets.

○ **Children of Parents with a Mental Illness Website (COPMI)**

Website: [www.copmi.net.au](http://www.copmi.net.au)

Lots of useful information for people working with families of people with a mental illness, including education workers.

○ **Auseinet website**

Website: [www.auseinet.flinders.edu.au](http://www.auseinet.flinders.edu.au)

Auseinet works with governments and organisations across many sectors to support change in Australia's mental health policy and practice. Provides information on promotion, prevention and early intervention approaches to mental health.

**Training program**○ **Mental Health First Aid program**

Website: [www.mhfa.com.au](http://www.mhfa.com.au)

This program provides training for members of the community to help them interact appropriately in a mental health emergency situation.

## Resources on vocational training and mental health

### Publications

- **Bridging Pathways:** Revised Blueprint, published by Australian National Training Authority (ANTA) in 2004 and now available from Department of Education, Science and Training.  
Website: [www.dest.gov.au](http://www.dest.gov.au)  
This is the national strategy and blueprint for promoting access to vocational education and training by people with a disability.
- **CommunityMindEd**  
A new resource to assist VET teachers to train future and current workers in the community services industry to understand and respond appropriately to mental health and suicide issues that may arise in their work. The resource consists of a CD Rom, Teacher Manual and a Learner Activity Workbook and is free from the Community Services and Health Industry Skills Council.  
Website: [www.cshisc.com.au](http://www.cshisc.com.au)  
Tel: (02) 9263 3589  
Fax: (02) 9263 3599  
Email: [admin@cshisc.com.au](mailto:admin@cshisc.com.au)
- **Mental health issues on campus:** a resource kit for students and for staff, published by National Centre for Vocational Education Research (NCVER) 1999 and available from this organisation.  
Website: [www.ncver.edu.au](http://www.ncver.edu.au)  
This is a kit for staff and students on maximising outcomes for students with mental illness.
- **MindMatters**  
A set of mental health promotion tools for secondary schools, available online at <http://cms.curriculum.edu.au/mindmatters>.  
These teaching materials are free online and, although targeted at upper school students, may be useful in vocational training.

### Websites

- **Human Rights and Equal Opportunity Commission Disability Rights**  
Website: [www.hreoc.gov.au/disability\\_rights/index.html](http://www.hreoc.gov.au/disability_rights/index.html)  
Has information and links to disability organisations and includes information on the Disability Discrimination Act Education Standards at:  
Website: [www.hreoc.gov.au/disability\\_rights/education/education.html](http://www.hreoc.gov.au/disability_rights/education/education.html).
- **WA Department of Education and Training**  
Website: [www.det.wa.edu.au](http://www.det.wa.edu.au)  
Has information on WA policies on school education and disability and on post-compulsory education and disability.
- **Commonwealth Department of Education, Science and Training**  
Website: [www.dest.gov.au](http://www.dest.gov.au)  
The federal agency responsible for vocational training (formerly the Australian National Training Authority was responsible for vocational training).

- **Australian Disability Clearinghouse on Education and Training**  
Website: [www.adcet.edu.au](http://www.adcet.edu.au)  
Website to provide up to date information about inclusive teaching, learning and assessment strategies, accommodations and support services for people with disabilities in post-secondary education and training. Includes information on mental health issues.
- **Reframing the Future**  
Website: [www.reframingthefuture.net](http://www.reframingthefuture.net)  
A website for vocational training practitioners with information on Reframing the Future projects, including those on disability and psychiatric disability.
- **National Centre for Vocational Education and Research**  
Website: [www.ncver.edu.au](http://www.ncver.edu.au)  
Website of the Centre for Research in Vocational Training. Includes resources on a range of topics and links to VOCED website.
- **VOCED website**  
Website: [www.voced.edu.au](http://www.voced.edu.au)  
A search facility for looking for publications and resources on vocational training, hosted by NCVER.

### Good books and videos

- *I had a black dog: his name was depression* by Matthew Johnstone. Sydney, Pan Macmillan, 2005.  
Appealing and gently amusing pictures and words about the depression experienced by the author.
- *Recovered, not cured: a journey through schizophrenia* by Richard McLean. Sydney, Allen & Unwin, 2003.  
Personal story about schizophrenia and recovery including some interesting drawings by the author.
- *Darkness Visible* by William Styron. London, Random House, 1990, reprinted 2001.  
Literary book about the author's bout of serious depression.
- *Malignant Sadness: The Anatomy of Depression* by Lewis Wolpert. London, Faber & Faber, 1999, second edition 2001.  
Book for the lay person on depression and its causes and treatments by a scientist and television presenter who also experienced severe depression himself.
- *Tell Me I'm Here* by Anne Deveson. Ringwood, Penguin Books, 1991, updated edition 1998.  
Award winning book about the author's son and the family's experience of schizophrenia.
- *One in Five: Living with a Mental Illness* video produced as part of the National Mental Health Strategy for the Mental Health Branch of the Commonwealth Department of Human Services and Health.  
In this 24 minute video Steve tells about his experience of mental illness and how the attitudes of friends, professions and the community can affect his health and his quality of life. The video particularly focuses on Steve's experiences at university and returning to study after the onset of his illness.

## Appendix 1

### Managing disturbed or disruptive behaviour

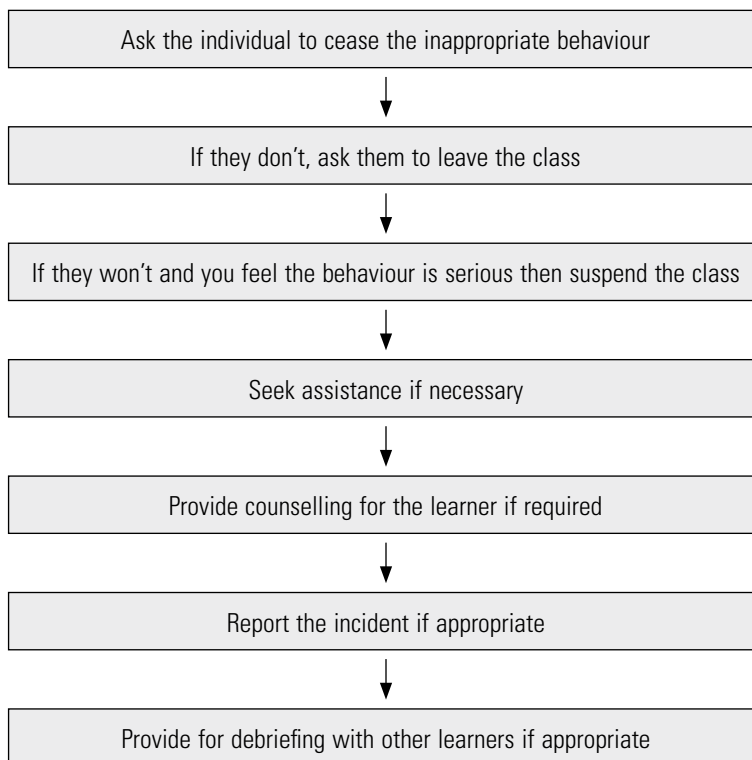
Occasionally a learner may present in a very disturbed state of mind or become disruptive to others, aggressive or threatening. Most RTOs will have policies on managing challenging behaviour and being familiar with the policy is important. The action that you take—if you need to take action—will probably be the same for any learner presenting challenging behaviour, regardless of the reason for their behaviour.

When communicating with a learner who is in a **disturbed** state of mind, eg saying things that don't make sense or speaking very erratically:

- assume a neutral, respectful attitude
- allow the learner to express how they feel within limits
- acknowledge their emotions and empathise with them
- don't take any negative comments personally
- try to follow up the learner when they are okay again and treat them with warmth, matter-of-factness and acceptance to encourage them to put the incident behind them and stay the course.

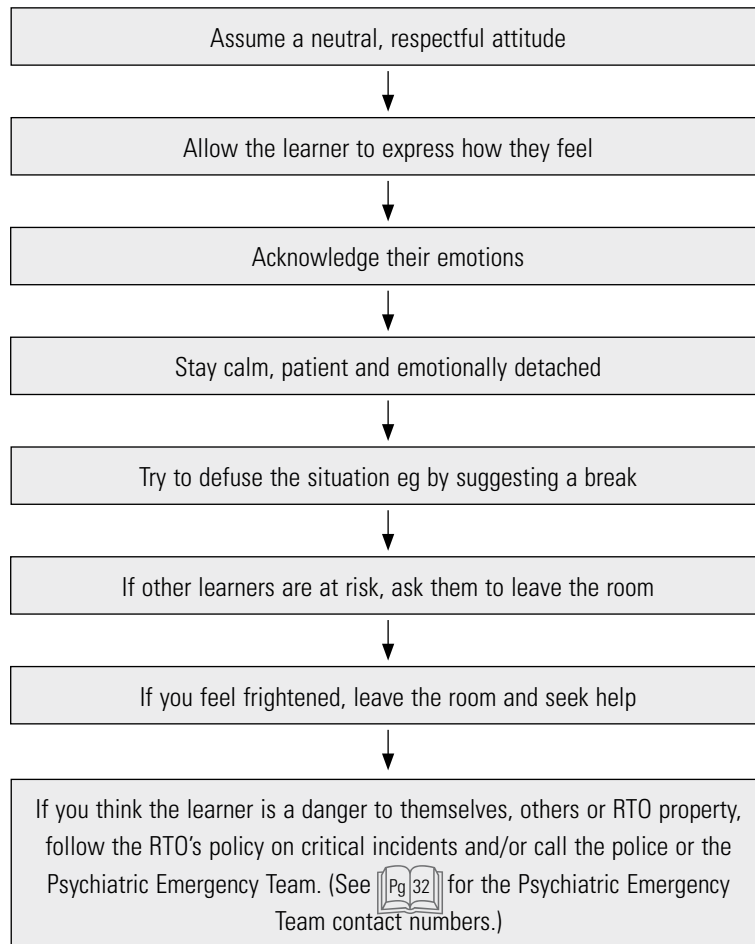
If a learner with mental illness becomes **disruptive** in class, then generally you interact with them as you would any other learner, based on your RTO policy.

You will want to:



Remember that someone living with a mental illness may behave in a disruptive or aggressive way at one time but behave completely acceptably at other times. It is important that your attitude to the learner remains positive and supportive, even though they may have behaved disruptively in the past.

When communicating with a learner who appears **aggressive or threatening**:



## Appendix 2

### Changing attitudes through education

Here are some suggestions about how you can change attitudes to mental illness among your learners and colleagues:

- Be a good role model for learners.
- Check course materials for inaccuracies, stereotypical or patronising attitudes and presentations of disability and difference that are negative or insulting. Use other, more inclusive materials or discuss the material with your learners in a way that addresses the issues critically.
- Use resources that take difference for granted and include stories and case studies of marginalised groups, including people with mental illness. Make up your own case studies if appropriate.
- If relevant use media stories or current events and the way people with mental illnesses are described as part of your work (eg if you are teaching media studies, English, community services or similar areas). Historical or celebrity figures can also be used (eg Churchill suffered from depression; many sporting figures talk publicly about their mental health issues).
- Treat difference and mental illness in a matter of fact way, not as something special or exotic, whilst still recognising the challenges that mental illness may cause learners.
- Try not to make assumptions about learners based on their illness or your belief about an illness.

## Appendix 3

### Anti-discrimination legislation

Under anti-discrimination legislation, discrimination is treating a person with a disability less favourably in the same or similar circumstance than you would treat a person without that disability. Discrimination can be direct or indirect.

An example of direct discrimination might be a person with a mental illness being denied entry to a course with a training provider despite meeting all the selection requirements.

Indirect discrimination is where a condition or requirement is imposed which may appear the same for everyone but which unfairly excludes or disadvantages someone with a disability and is unreasonable in the circumstances. An example of indirect discrimination might be when a training provider fails to be flexible with regard to the amount of time allocated to learners for them to undertake an assessment, where the psychiatric disability (or mental illness) imposes a slower working rate and the performance criteria do not include time limitations.

The *Disability Discrimination Act* uses the principle of reasonable adjustment (sometimes called reasonable accommodation) to ensure equity of treatment for people with disabilities. This means wherever possible 'reasonable' adjustments must be made to meet the individual needs of a person with a disability.

Reasonable adjustments should be based upon the individual's needs and abilities. Adjustments are considered 'reasonable' if they do not impose an unjustifiable hardship upon a training provider or employer.

In March 2005 the Commonwealth Government introduced the *Disability Standards for Education 2005*. These standards are supplementary to the *Disability Discrimination Act*. The Standards provide clarification of the obligations of education providers, including RTOs, to ensure that learners with a disability are treated on the same basis as other learners. They cover:

- enrolment
- participation
- curriculum development, accreditation and delivery
- student support services
- elimination of harassment and victimisation.

In each area the standard includes:


- a statement of the rights, or entitlements, of students with disabilities in relation to education and training, consistent with the rights of the rest of the community.
- the legal obligations, or responsibilities, of educational authorities, institutions and other education providers. These are the standards with which education providers must comply.
- the measures that, if implemented, will be evidence of compliance with the legal obligation. The measures are examples of compliant actions and are performance based. However the measures may not cover the needs of all students with disabilities or all educational levels and contexts and full compliance with the Standards may require additional or alternative actions.

Because these Standards have been introduced only recently, RTOs will need to obtain a copy and ensure that they meet the Standards for each section. You need to remember that the term 'student' under the Standards includes prospective students, who are any students interested in approaching the RTO for education or training.

A final piece of legislation in WA is the *Mental Health Act 1996*. This replaced earlier legislation and represented an attempt on the part of the State to introduce a more community-based approach to the support for and treatment of people with a mental illness. The objects of the new Act include ensuring that persons having a mental illness receive the best care and treatment with the least restriction of their freedom and the least interference with their rights and dignity. The Act mainly deals with the role of psychiatrists, treatment of involuntary patients and the rights of involuntary patients and, while not directly relevant to RTOs, sets the basis for the management of people with mental illness in Western Australia.

Mental illness is defined in the Act as follows: 'For the purposes of the Act, a person has a mental illness if the person suffers from a disturbance of thought, mood, volition, perception, orientation or memory that impairs judgment or behaviour to a significant extent.'

A review of the *Mental Health Act 1996* was undertaken in 2003/2004 and the Government is currently considering the recommendations of this review.

See the organisations on pages  for more information on anti-discrimination legislation and the *Disability Discrimination Act Education Standards*.

## Endnotes

- <sup>i</sup> Cavallaro et al (2005), *People with a disability in vocational education and training: A statistical compendium*. Adelaide: NCVET.
- <sup>ii</sup> Definition of mental disorder from the WA Office of Mental Health, WA Department of Health
- <sup>iii</sup> Anthony, WA (1993), *Recovery from mental illness: the guiding vision of the mental health system in the 1990s*, Psychosocial Rehabilitation Journal, 16 (4), pp 11-23.
- <sup>iv</sup> *ibid*
- <sup>v</sup> National Aboriginal Health Strategy Working Party 1989, p ix.
- <sup>vi</sup> SANE Australia website, media release 3 October 2005











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