

TRANSCRIPT

LEGISLATIVE ASSEMBLY ECONOMY AND INFRASTRUCTURE COMMITTEE

Inquiry into Access to TAFE for Learners with Disability

Melbourne—Tuesday, 11 May 2021

(via videoconference)

MEMBERS

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Mr Gary Blackwood—Deputy Chair

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WITNESS

Ms Gina Chinnery, Associate Director, Employment and Education Partnerships, Orygen.

The CHAIR: Welcome to the public hearings for the Legislative Assembly Economy and Infrastructure Committee's Inquiry into Access to TAFE for Learners with Disability. All mobile phones should now be turned to silent.

All evidence taken by this committee is protected by parliamentary privilege. Therefore you are protected against any action for what you say here today, but if you repeat the same things outside this hearing, including on social media, those comments may not be protected by this privilege.

All evidence given today is being recorded by Hansard. You will be provided with a proof version of the transcript for you to check. Verified transcripts, PowerPoint presentations and handouts will be placed on the Committee's website as soon as possible. I remind members and witnesses to please mute their microphones when not speaking to minimise interference.

I invite you to make a brief 10 minute opening statement to the Committee, which will be followed by questions from us. Thank you, Gina.

Ms CHINNERY: Thank you. Good morning, everybody. I will do a quick introduction. Hopefully it will not be longer than 10 minutes. I am Gina Chinnery, and I am the Associate Director of Employment and Education Partnerships at Orygen. For those of you that might not know, Orygen is Australia's largest youth mental health research centre, and we also deliver clinical youth mental health services across the west and north-west of Melbourne to approximately 6,000 young people per year through our five Headspace centres and our tertiary youth mental health service. So my team collaborates with Orygen's researchers, the clinicians and our workforce development team on a range of employment- and education-related projects.

I thought it might be helpful to kind of provide an overview of some of those projects and programs that are most relevant to this discussion today, if that is all right. One of them is individual placement support. This is the most evidence-based employment and education support program available for people with mental ill health. So that involves co-locating vocational career support specialists with clinical mental health teams. They work collaboratively to support young people with mental ill health with finding work or completing study, and this is currently being rolled out in 50 Headspace centres across Australia. Many of those IPS workers actually support young people to enrol in and complete TAFE and VET courses.

We have an international student COVID response project at the moment. That is funded by the Victorian Department of Health. One component of that project is that Orygen has created a mental health advice line to support education providers across Victoria who are supporting international students, just with this particular funding, but that includes TAFE providers across Victoria. That one has been really well received actually by wellbeing staff across the sector as a place to seek out secondary consultation on any mental health related issues with that cohort of students, so we have had really good feedback on that advice line.

We have a project we have partnered with VTAC on, and our research team is exploring the impact of mental ill health on the completion of secondary school and then admission to post-secondary education, so including that higher ed part of TAFE—diplomas and advanced diplomas. So we have partnered with VTAC. We are looking at the application data particularly around the SEAS, the special entry access scheme, and the special consideration component of that, just to understand the proportion and distribution of mental ill health among Victorian students and its impact on educational outcomes, and some of that will help inform the design and development of future support programs, we hope, for students enrolling in further study.

We also have some youth peer work programs, including vocational peer workers. Peer work in the mental health sector is young people with lived experience of mental ill health supporting and advocating for other young people experiencing those challenges. So these are paid employees that work as youth peer workers. We did trial vocational peer workers as well alongside our IPS programs, which was quite successful. So that is peer workers that are specifically supporting young people to either find work or study or re-engage with work or study. I guess off the back of the Royal Commission into Victoria's Mental Health System we are expecting quite significant growth in the youth peer work and lived experience workforce, and in relation to this we see there is quite an opportunity for the peer work to potentially enhance student support services in education settings. We were very pleased to see that the Victorian Government has added the Certificate IV in Mental Health peer work to the list of free TAFE courses that are on offer, so that is really fantastic. We do an introductory peer work training package, but we developed one specifically for international students as well

recently with some funding from Study Melbourne. What we have found is that a lot of particularly international students seek support around their mental health from their peers first.

So that is some of the work that we have got going on in my sort of area, I guess, in relation to this. I hope that provides a little bit of background.

The CHAIR: Thank you very much. Can I just ask in relation to the most common barriers that young people with mental ill health face when they try to access the TAFE system: what is the most common barrier?

Ms CHINNERY: I would say it is probably a mixture of stigma, discrimination and not feeling comfortable about disclosing their mental ill health—so, if that is not done up-front, not being able to potentially tap into some of the resources and the supports that might be available to them through the TAFE provider. Obviously in terms of completing courses and things like that there may be some cognitive—or difficulties with side effects from medication that might make it difficult to complete courses. It could be disruptive. You know, mental health can go up and down, so there might be disruptions along the term of their studies that may make it really difficult to complete studies—all those kinds of things.

The CHAIR: Just to follow up on that, does the TAFE system sufficiently have the opportunity to make sure that they carry on with their education in terms of TAFE? What are some of the things that state government can do to better provide this service?

Ms CHINNERY: I think TAFE, with the resources that they have, are doing a reasonable job of supporting young people with mental ill health—or students with mental ill health, sorry. Our policy team did a briefing on the VET sector in 2017, and there was really an under-representation of young people with mental illness, or that were identified with mental illness, in that sector. So it feels like potentially they do not feel like they can be up-front. And we might not understand how many students might actually be needing that support around their mental health. I guess from my perspective there is the language use. I mean even saying ‘disability services’ or ‘disability support’—a lot of young people particularly with mental ill health might not associate mental illness with having a disability. You know, you have got a disability support service potentially, but young people that have mental illness might feel like that is not somewhere that is for them as well, so they might not feel that that is a space that they can access. So I guess it is about: how do you normalise discussions around mental health in a TAFE setting?

Things that you could do: you could introduce students—all students—to mental health or mental ill health and the supports available through the student orientation process. My thoughts are that you could engage peer workers, mental health care workers—not peer workers of a more mentor kind of style but actual mental health peer workers—and have that additional workforce built into the student wellbeing services at the TAFEs so they are working alongside the counselling teams. It is one of those things: if you are a young person and you can see another young person who is quite open about their mental health, it just normalises that experience but also can help provide a bit of an advocacy piece for those students that might not know how to talk about that to their support service or to their teacher or whoever. And I guess TAFEs are offering cert IV in mental health care work—or a couple of the TAFEs across Victoria are—so I guess there is an opportunity within their existing structures and training to potentially tap into those resources.

I did a consultation project last year talking to a whole range of education providers across the country. There were some providers that were tapping into their social work students, for example, and getting those guys to work and support people in the student service—and get their placement hours up through the student services component of the universities and so forth. I am just wondering if something like that could be arranged through some of the TAFEs that are training peer workers essentially—mental health peer workers.

The CHAIR: Thank you. Questions? Steph?

Ms RYAN: Thanks so much, Gina. I suppose my question to you is: do you guys have any visibility on the number of students who are falling out of the education system because they cannot get the support they need? I suppose my question goes to that obviously there is a role for wellbeing services through TAFE and all the rest of it. How much of that is tinkering at edges when we have had an Auditor-General’s report say that Victoria has got the lowest per capita funding for mental health of any state in Australia and we have had the report on government services from the Productivity Commission show that beds in specialised mental health units have declined? So how much is it actually a need to resource the mental health sector? I know speaking as a rural MP I have young people coming through my door all the time who just cannot get any support, not even

through TAFE. They cannot access a psychologist, there are no mental health intake beds in regional Victoria—there is just this yawning chasm. So I suppose if we are talking about supporting young people to get back into education, how much of that is TAFE's responsibility versus a proper resourcing of our mental health system?

Ms CHINNERY: Yes. I mean, it is a good question. You know, the royal commission has really obviously highlighted the deficits in the system in Victoria, and it is actually really a great opportunity right now to look at this and see what needs to be done, because we hear this often, that young people cannot get in to see somebody. There are waitlists, there are not enough clinicians, but then on the other end the TAFEs do not have the supports there. I guess to me there should be an increase in both services, and young people with sort of milder presentations that can be assisted and supported through what is available at their education provider, if that is where they feel safe to discuss that and that is where they feel supported to discuss that, I think that should be an option. But obviously we do need to increase the availability of mental health services particularly. I mean, there are some online. We are rolling out across Victoria at the moment what they are calling moderated online social therapy. This is to try to help boost through an online platform that availability of clinical support, so that is currently trying to increase the capacity of mental health services to support young people. But yes, there are definitely some gaps in resourcing—

Ms RYAN: And is there any data around the number of young people who cannot access those services and whose education might be impacted or is most of that anecdotal?

Ms CHINNERY: I would not be able to tell you for sure, but I could find out if there is any data on that. I know that is why we have sort of partnered with VTAC, to see what is happening in that transition. As far as collecting data on anything else at Orygen, we would not have anything on this at the moment, but we could look and find if there is some.

Ms RYAN: That would be wonderful if it is possible.

The CHAIR: Thank you. Gary, did you have a question?

Mr BLACKWOOD: Yes. Thanks, John. And thanks, Gina, and thanks for the work you do, Gina. It is a massive issue. With the shift to remote learning during COVID, what do you think TAFEs can learn from that to better meet the needs of learners with mental ill health?

Ms CHINNERY: I guess it is similar to work as well—I mean the flexibility offered through this style through COVID of everybody working at home or working on Zoom. I guess for some young people, particularly those young people that might have significant anxiety about attending the campus and need maybe a little bit more time or support, online delivery might be more manageable for them at some stages of their recovery if that is an option. In terms of flexibility of when classes are offered, if someone has got some medication that makes it difficult for them to get up and be ready to go in the mornings and is affecting their learning, if there is an option for them to be able to take a class later in the day or in the evening because it is offered online—those kinds of things—that online learning environment could be really fantastic for that.

That online platform I mentioned earlier—we have online peer support workers that work on that system. TAFEs have an LMS, and they are delivering through an online system. There are ways you could set up those peer support environments where young people can talk to other young people about what is going on for them, sharing those experiences with other young people going through the same stuff. And some people prefer an online delivery model because you do not have to disclose as much through those mediums necessarily.

Mr BLACKWOOD: Yes, sure. That brings me to a question about isolation and the connection between that and mental health. In your experience, is that a major factor in some cases with the mental health of young people?

Ms CHINNERY: Absolutely, yes, and I think that is where peer work can be such a valuable opportunity. We have worked with lots of young people with mental ill health who have lost all their connections to their friends through what has happened over time or lack confidence to get out of the house—those kind of things—and having somebody who is the same age and has had the same experience being able to talk through that with other young people can be priceless, essentially. So yes, absolutely that isolation is really tricky. The online side of things can be helpful, but meeting with other young people in person is obviously going to be much better for those young people to learn how to engage.

The CHAIR: Thank you. Juliana, do you have a question?

Ms ADDISON: I do. Thank you, John. And good morning, Steph, and good morning, Gary. I apologise; I had a previous meeting. Gina, I am so sorry I missed your presentation, because it is an area that I am very interested in. I am a former schoolteacher of 12 years. What I am really interested in finding out about and drilling into and getting a better understanding of is that a lot of students find that they have been accepted into a TAFE course and life is looking pretty good for them. They have got a pathway to a potential job or further study, and then things become really hard and the challenges of their mental health and the issues that they are facing just mean that one of the first things to go is the ability to continue to study or complete their vocational training. How should TAFEs be supporting people to recognise previous units or previous learning and really keep that gate open for when people do have the capacity to return so that the good work that they have done previously can be built upon, not this sense of ‘What’s the point of going back because I’ve just got to start again’?

Ms CHINNERY: Yes, a couple of things off the top of my head—having career practitioners. And I think all of this is being bumped out at the moment by the Department of Jobs, Precincts and Regions; they have that career practitioner component alongside the skills centres in the TAFEs—but having those people trained in the basics of working with people with mental ill health and how to talk about their strengths and talk about what was good about that and think about, ‘Okay, what can we take from that?’. Often for young people, if they have had quite a significant mental illness or something, it might really shift where they want to head in terms of their training. But absolutely, thinking about, ‘Well, you’ve completed half of a Cert IV in whatever it is. How can we take some of that?’. So having people in the TAFE, either located in the TAFE or, I mentioned before, Juliana, about the individual placement support program that is based in Headspace centres—and we are trying to get it into all the state mental health services, but potentially working really closely with that workforce. You have got those vocational workers based in the mental health services, and so working with those guys and connecting them with the people in the TAFE, whether it is the career practitioners who are based in TAFE or the support services, so that they can work with each other to make sure we are maximising the gains that they have already made. But yes, I think that would probably be it in terms of that area, because I have seen what the Department of Jobs, Precincts and Regions are rolling out. It looks amazing that they have got all these new programs coming, and if that career counselling component can offer some of that to this group and help maximise that, that would be fantastic. Because not every young person or not every student is going to go into a Headspace, so if there are other spaces that those people are working in that can connect in and potentially have some kind of partnership with that department so that that is all connected, I think that would be great.

Ms ADDISON: Great. Thank you, Gina.

The CHAIR: Thanks, Gina. Obviously there was a huge impact on communities in relation to COVID-19 and we had to learn to adapt and shift to remote learning during that period of time. How do you think we can improve that in terms of remote learning in terms of TAFE?

Ms CHINNERY: I think by what I mentioned earlier just about being able to potentially have I guess forums or peer forums, those kinds of things, and potentially packages of learning that students can engage in around what is mental ill health and early warning signs and those kinds of things, so maybe some kind of area where they can seek help and access resources. Because one of the hardest things when you become mentally unwell is that it is really kind of hard to find where to go and figure it out. If you go on Google, if you have never had an experience of mental ill health before, it is pretty hard to know what to do. So I think having as much information available in as many spaces as possible and just normalising the language around it would be fantastic. If you are delivering things online, I suggest potentially building it into whatever the program is. If it is an LMS type of package or whatever, have buttons or whatever it is to take people to the right resources so they can access those kinds of things, even if it is going straight through to the student services and then they can do some of the directing and help those young people with what is available locally. I guess that is about empowering or getting those staff to have really good relationships with what is out in their own communities. I think a lot of the TAFEs already do that, but really try to maximise those relationships.

The CHAIR: Excellent. Any further questions?

Mr BLACKWOOD: Yes, just one, John, thanks. Gina, what training do TAFE teachers and frontline staff need to successfully interact with, teach and support learners with mental ill health?

Ms CHINNERY: Mental health first aid can be helpful initially, but in my opinion you need ongoing training and ongoing engagement to develop a better understanding of how to support student mental ill health, because it can get a bit lost. I would suggest having any sort of training delivered by people with lived experience themselves, whether it is a clinician and a peer worker delivering, and making sure that that is something that is delivered together so that teachers can really ask someone with lived experience what it is actually like. I suggest having regular follow-up training or support, a bit like that mental health advice line I mentioned earlier, so having co-reflection or some kind of follow-up sessions with teachers together so they can talk through some of the things they are experiencing in the classroom and are able to be supported by mental health professionals to understand how to manage those situations. Because with all this new free TAFE I can imagine they are going to get a lot more students presenting that might have some mental health issues, so I suggest making sure that those teachers are feeling like they do have the tools and know what to do when that is happening in front of them in the classroom, which is really tricky. The ongoing piece is really important.

Mr BLACKWOOD: Thank you.

The CHAIR: Yes, Juliana.

Ms ADDISON: Gina, I was wondering if you have any sense of what percentage of students or learners are actually happy to disclose their mental health challenges. Is it still quite taboo with a lot of stigma, or are we finding that more learners are happy to be talking to their instructors and talking to their teachers and identifying themselves as struggling with their mental health? Have you got any sense of that?

Ms CHINNERY: In 2017, in that course we briefly did on the VET sector on student mental health, it was really low numbers, which were not reflected in the community. So just based off that, my take is they are not disclosing as much as what you would think. I am not sure why. There is a lot more awareness about mental health nowadays. There is a lot of information about the supports that you can access as a student, particularly in universities, but in TAFE maybe not so much. To my understanding there is not as much information about what is actually happening with mental health in the VET sector. So I think there is probably some work to be done to look at that more closely. Our policy team did that report back in 2017. It seemed like it was really quite low compared to the general community, so it just felt there was not a lot of information to draw down on to understand the numbers.

The CHAIR: Thank you, Gina, for being with us this morning and thank you for your submission. It is very valuable. We appreciate it. Thank you.

Ms CHINNERY: No worries. Thank you very much for meeting.

Witness withdrew.