



## Local Learning & Employment Networks (LLENs)

# Submission to the Victorian Mental Health Royal Commission

July 2019



## Impacts of Mental Illness on Young People in Education

The Local Learning & Employment Networks (LLENs) welcome the opportunity to make this submission to the Victorian Mental Health Royal Commission. LLENs applaud the Victorian Government for instigating the Royal Commission into Mental Health in response to the concerns from the community and health sector.

LLENs are by no means mental health experts but considering our remit of keeping young people engaged in schooling and supporting pathways from school, LLENs have data and observations that could improve the current impact of mental illness on these specific outcomes for young people. Of particular interest to LLENs is the impact of mental illness on young peoples' ability to cope with transitioning from primary to secondary school, their ability to attend education regularly, and the capacity of young people to make informed decisions about further education and work. Equally concerning is the capability of education providers to deal appropriately with the increasing prevalence of mental illness in students. We see a real opportunity to address some of these concerns where young people are 'at' – education settings in Victoria.

LLENs have engaged their local education communities to inform this submission and we base our recommendations on responses from 173 school based wellbeing staff from all sectors of education including flexible learning options, government, catholic and independent schools. The recommendations have been mapped to the Formal Submission Outline questions and refer to

programs that have been raised as successful (although LLENs have not had time to establish whether the suggested programs are evidence based or not). The LLENs would be more than happy to discuss any elements of this submission further or play our core role as partnership brokers and connect the Commission with relevant stakeholders for more information.

**Introduction:**

**Impact of mental health on education engagement and outcomes**

High prevalence mental health issues that often emerge during adolescence, such as depression and anxiety, have cognitive, emotional, behavioural and physical symptoms that can significantly impact on young people’s capacity to learn and be engaged in classrooms (1).

<p><b>Cognitive symptoms</b> can include:          difficulty concentrating          indecisiveness          impaired problem-solving abilities          excessive fear or worry          catastrophizing          obsessive thinking          difficulty retaining and recalling information</p>	<p><b>Physical symptoms</b> can include:          fatigue          illness          disordered sleep          headaches and muscle pain          upset stomach          restlessness          increased heart rate</p>
<p><b>Emotional symptoms</b> can include:          reduced confidence          easily overwhelmed          frustration          irritability</p>	<p><b>Behavioural symptoms</b> can include:          withdrawal from others          easily angered          loss of interest in previously enjoyable activities          avoidance</p>

A study undertaken by the University of Western Australia and published by the Australian Journal of Education in March of 2019 examined the impact of mental ill health on attendance, engagement and performance in education (2). The authors analysed responses from 6,000 Australian families who participated in the Young Minds Matter Survey and found that young people with mental health issues in Year 3 were performing seven to eleven months behind their mentally well peers, based on NAPLAN data. This gap significantly increased in the Year 9 cohort, where students with mental ill health were 1.5 to 2.8 years behind their peers who did not have a mental health issue, across all NAPLAN domains. When reviewing attendance, the study found that young people with mental ill health had much greater rates of absence from early years, through to senior secondary. Students with mental ill health in primary school were absent an average of twelve days, compared with eight, for those students not suffering a mental health condition. Within the secondary school cohort, this increased significantly, with young people on average having eleven days of absences, and their mentally unwell peers having up to twenty-four days absent. It was also identified that students with mental health disorders had lower levels of connectedness and school engagement.

Given the significant impact that mental health issues in young people have on their education engagement and outcomes, as well as the ongoing social issues and fiscal impacts of early school leaving (3), it is vital that the issue of youth mental health be considered from an education perspective. The Victorian LLENs are well positioned to provide this context as well as drive change through systems advocacy, capacity building and partnerships.

(1) <https://www.beyondblue.org.au/the-facts/>  
 (2) Lamb, S. and Huo, S. Counting the costs of lost opportunity in Australian education. Mitchell Institute report No. 02/2017. Mitchell Institute, Melbourne  
 (3) Goodsell B, Lawrence D, Ainley J, Sawyer M, Zubrick SR, Maratos J (2017) Child and Adolescent Mental health and educational outcomes. An analysis of educational outcomes from Young Minds Matter: the second Australian Child and Adolescent Survey of Mental Health and Wellbeing. Perth: Graduate School of Education, The University of Western Australia

### **Recommendation 1:**

#### **That young people transitioning to secondary school settings need focused mental health support**

It has been highlighted during our consultation that there is a strong belief (93.57%) that the number of students transitioning into secondary school settings with mental illness is increasing. Transition from Year 6 to 7 is already recognised as a vulnerability point for students and as such should have the appropriate supports in place, including supports for students presenting with mental illness.

This recommendation maps to Question 1 of the Formal Submission Outline. Recognising this transition process as a vulnerability point, and having supports in place, will help students' understanding of mental illness. We believe delivering year-level wide interventions will also assist with reducing stigma and discrimination.

Programs or supports that have been highlighted as currently having success include scaling up the time allocation of teachers and reducing class sizes in order to build positive relationships with the new students, having infrastructure like sensory or chill out rooms and school wide delivery of awareness programs such as Teen Mental Health First Aid to students.

An opportunity exists to research and investigate transition processes to identify best practice in mental health awareness and support. Ideally, this would be a partnership spanning the education and health sectors.

### **Recommendation 2:**

#### **That school absenteeism and school refusal need a partnership response**

School wellbeing staff have rated the impact of mental illness on attendance as a 7 out of 10. This highlights the critical need to look at absenteeism with a mental health lens and recognise that school refusal may need a therapeutic response. Where absenteeism is chronic or a student is refusing to attend education, plans may be put into place to re-engage the student back into the education system. This recommendation suggests that partnering with the health and youth sector to develop these plans in a 'mental health aware' way will have benefits for these students' attendance.

This recommendation maps to Question 2 of the Formal Submission Outline. When young people are not attending education due to mental illness, not only are they not accessing existing supports within the education system, but they often become more isolated and likely to experience a further decline in their mental health.

School wellbeing staff have highlighted existing interventions which they have found to be beneficial to young people returning to education including monitoring their Resilience Project data for trends, mental health literacy, developing individual learning plans for students, spending one on one time with the students to develop positive relationships and, where necessary, engaging in programs such as Navigator for professional support.

There is an opportunity to commence tracking the impact of mental illness on attendance. This is an area yet to really be investigated on a systemic level and the impact could shape a policy response.

There is also a chance to learn from programs such as Navigator about how to better support young people to re-engage with education where mental illness was the primary cause of the absenteeism.

### **Recommendation 3:**

#### **That the staffing of school wellbeing teams needs benchmarking and commensurate funding**

There is little consistency across secondary education settings about what constitutes a 'Wellbeing Team'. The consultation with school wellbeing staff showed that only 21.39% believe there are adequate supports within their school to address the existing prevalence of mental illness in students.

This recommendation maps to Question 4 of the Formal Submission Outline. Largely, this recommendation addresses the difficulty faced by students in finding and accessing treatment and support.

It was consistently raised throughout the consultation responses that schools had inadequate numbers of qualified health and welfare staff to deal with the prevalence of mental illness in schools. Programs such as Doctors in Schools and various headspace in-reach programs (where available) were highlighted as making a significant difference whereas access to psychologist support and the ability of Student Support Services to give as much support as required were the most common deficiencies identified.

There is an opportunity to benchmark what supports and qualified staffing should be available based on total enrolment numbers. As a guide, wellbeing teams for 1,000 students likely have only the following health and welfare qualified staff:

- 1.0 EFT School Counsellor
- 0.1 EFT Psychologist
- 1.0 EFT School Nurse

This recommendation of best practice benchmarking for school wellbeing teams could address issues relating to access to treatment and support by offering it where young people are already attending and engaged.

### **Recommendation 4:**

#### **That teacher and graduate teacher training and upskilling in mental health become compulsory**

The biggest opportunity highlighted during our consultation was upskilling the mental health literacy of the educators working with young people in schools. Wellbeing staff rated the impact mental illness has on student engagement in classroom learning at 7 out of 10. With 38% of those surveyed believing that curriculum is contributing to poor student mental health, the ability for all school staff to recognise, manage or even prevent mental illness through sound knowledge of risk factors and causes, of self-management strategies, and of professional help available to students is imperative.

Wellbeing staff also talked about their own mental health and of the staff around them as vital in being able to support young people with mental illness. This maps to Question 7 of the Formal

Submission Outline. This recommendation is about attracting, retaining and supporting a mental health workforce. In this case, the entire school staff.

It is evident in our survey data that the wellbeing staff feel overwhelmed and under-supported. The frontline in addressing mental illness in young people are our education providers and staff but there simply is not enough recognition or attention being paid to the potential these people have in the process. Programs such as Student Support Services at the Department of Education & Training were highlighted as being insufficient and the need for specialty mental health supports for teachers also missing. Many responders highlighted the need for funding for additional outside responses as their role did not allow the time and resources to address the current prevalence of mental illness.

LLENs have seen the growth in understanding of Trauma Informed Practice within schools which was adopted quickly and has been rolled out in partnership with the community services sector in many cases. There is the mechanism of compulsory teacher professional development to also make the training take up mandatory.

With the current rates of youth mental illness, it is vital to arm those already in contact with these young people with the skills and knowledge to support them. It is also recommended that graduate teachers are trained in some form of mental health first aid or similar as part of their preparation for working in schools.

#### **Recommendation 5:**

#### **That career and pathway supports are undertaken by practitioners with awareness of mental illness**

The final issue raised as a concern was student career decision making and post-year 12 transitions. The impact of mental illness on Year 12 student transitions was rated 6.8 out of 10. This was coupled with 95.8% of all responders believing that mental illness was negatively affecting not only the students' decision making but also exposure to career pathways. It is not difficult to imagine that students with mental illness are much less likely to choose to attend programs in unfamiliar environments like TAFE or a work experience/placement with a local employer.

This recommendation maps to Question 8 of the Formal Submission Outline. The social and economic participation of those students who have not taken part in work experience/placement or had meaningful career discussions will be lower than those students who have.

The main key recommendation of what works well to curb the negative impact of mental illness on students' career decisions is when the counselling is done by someone with an awareness of the impacts of mental health and has the time to work one-on-one with the student. Where such individualised learning plans and supports are in place, career and pathways discussions can take place alongside guided coping and self-regulation strategies.

The consultation did acknowledge the large investment being made in career education in Victoria. However, an opportunity exists to look at how that reform is "mental health aware" or able to be adapted or delivered differently to those with mental illness. It is also apparent that a student with a mental illness may already be on a mental health care plan, a flexible learning plan and be involved with an out/in reach service, so career counselling should be part of the entire case management of the student.



## About LLENs

LLENs have been a strong influence in Victoria since 2001 and improve outcomes for young people by increasing opportunities for their participation, attainment and successful transitions in education, training or employment. LLENs bring together employers, schools, training organisations, community services and others to help the complex process of getting young people into further education, training or work. LLENs have a particular focus on young people who are at risk of disengaging, or who have already disengaged from education and training and are not in full time employment. Each LLEN offers a range of programs uniquely tailored to local needs and together, LLENs cover every corner of Victoria.

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