Unfinished business: student perspectives on disclosure of mental illness and success in VET
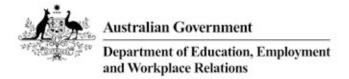
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Unfinished business: student perspectives on disclosure of mental illness and success in VET

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NATIONAL VOCATIONAL EDUCATION AND TRAINING
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RESEARCH REPORT

Publisher's note

Additional information relating to this research is available in *Unfinished business: student perspectives on disclosure of mental illness and success in VET — support document*. It can be accessed from NCVER's website <http://www.ncver.edu.au/publications/2465.html>.

To find other material of interest, search VOCED (the UNESCO/NCVER international database <http://www.voced.edu.au>) using the following keywords: disability; learning support; mental illness; student teacher relationship

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About the research

Unfinished business: student perspectives on disclosure of mental illness and success in VET

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Of all the different types of disability, mental illness can be particularly disruptive to education and training outcomes. In this report, Venville and Street explore the factors contributing to successful course completion for students with a mental illness. The authors especially focus on the role of disclosure and the reasons why students choose to either disclose or not disclose their mental illness. This is important, as rates of disclosure of mental illness by students in the vocational education and training (VET) sector appear to be low, meaning that many students may not be accessing the support potentially available to them.

One of the particular strengths of this report is that it presents the perspectives of the students with a mental illness themselves — something that has been largely missing from the research literature.

Key messages

- For students, the decision to disclose or not disclose their mental illness is difficult. They struggle to decide whether it is better to disclose or not.

- Students spoke of the fear of stigma, prejudice and rejection as reasons for not disclosing their mental illness. However, for most students in the study, the desire not to fail — yet again — was the main reason for choosing to disclose their illness.

- Students and staff differed greatly in their views on disclosure. Most staff members expected students to disclose their illness. Reluctance to seek assistance was considered as being unwilling to take responsibility for their education.

An obvious strategy to overcome an unwillingness to disclose mental illness is the provision of support and reasonable adjustment for all students, not merely those with an illness. But this would require significant resources.

Readers may also be interested in another report on a similar topic, *Who's supporting us? TAFE staff perspectives on supporting students with mental illnesses*, available from <http://www.ncver.edu.au/publications/1834.html>.

Tom Karmel
Managing Director, NCVER

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Executive summary

Unfinished business: student perspectives on disclosure of mental illness and success in VET reports on a qualitative study designed to explore the factors influencing successful course completion for vocational education and training (VET) students with a mental illness. The student voice was sought, as their views are central to understanding the factors that influence decisions relating to the disclosure of a mental illness and its role in course completion and progression. The views of VET staff were also canvassed and the differences examined. Strategies were identified to assist VET staff and organisations to improve the educational experience and the rate of course completions for VET students with a mental illness.

To date there is very little local or international research that captures the voice of VET students with mental illness. Such research requires sensitive strategies to safeguard student vulnerability. We reflect on the strengths and challenges of research with vulnerable populations and discuss the issues, strategies and student responses relating to participation in the study.

Twenty VET students with a diagnosed mental illness and 20 VET staff from four institutes were recruited to the study. Students were enrolled in courses at certificate III or above. Only five of these students had disclosed their mental illness at the time of enrolment. Staff participants comprised 11 teaching staff and nine staff classified as access, disability or support workers.

In addition to interviews with students and staff, site-specific documentation relating to enrolment, disability supports, reasonable adjustments and other relevant information available in the public domain provided the data for analysis.

Course success

Students articulated the factors they believed contributed to successful course completion and progression as: regular attendance, timely submission of assessment tasks, receipt of constructive feedback from teaching staff and multiple opportunities to accept support with study. Students and staff agreed on the importance of being in the right course, having clear goals and support strategies in place outside VET. They also agreed on the need for clearer organisational processes relating to support services.

The place of disclosure of mental illness in course success and the linking of disclosure to study supports produced the greatest divergence of opinion — staff and students did not agree.

Enabling success: the student perspective

Students identified self-reliance as central to course success and placed great emphasis on their own capacity to manage their mental illness in the VET environment. They were prepared to take full responsibility for their educational success or failure. Students wanted to blend in with other learners and not be identified as 'the depressed guy', with their illness dominating the perceptions held of them by peers and teachers. This meant that most students did not disclose their mental illness.

Enabling success: the staff perspective

Staff members also expected students to take responsibility for their academic performance, and for the vast majority this was evidenced by a student's willingness to disclose their illness. They

considered learner reluctance to request special attention or assistance as a disinclination to be responsible and to work with staff to ensure their educational success. For staff, the likelihood of success correlated strongly with disclosure.

Disclosure

Support mechanisms for VET students with a mental illness are based on disclosure and many previous studies have focused their recommendations on ways to maximise student disclosure. We found that this focus is problematic. Students usually do not disclose their illness at the outset for the following reasons: they want to be self-reliant and to protect their sense of self as a coping person; they fear stigma, prejudice and rejection; and they don't consider an episode of psychosis or depression as a 'disability'. But the risk is then that students are often too ill and too vulnerable to seek help when they need it the most. If, out of desperation they do disclose, support is not necessarily forthcoming or useful.

Meanwhile staff expect that students will disclose and use the disability services. However, many teaching staff work part-time and don't have the time, skills or resources to manage students who disclose their mental illness. VET organisations have paid little attention to suitable organisational responses to students with mental illness and so are unable to deal effectively with disclosure when it occurs.

The risky business of disclosure

When students spoke of the meaning and experience of disclosure in terms of course completion and progression, their language was peppered with concepts of risk, regret at past rejections and the need for reliance on self. Students in this study were very clear that the act of disclosure had consequences for their integrity and confidence. It was usually only when the risks associated with non-disclosure outweighed the inherent risks of disclosure that students declared their mental illness.

Disclosure as pathway to success

While staff acknowledged the risks inherent in disclosure and conceded that many students may have had negative experiences in the past, there seemed to be a fundamental belief that disclosure of a mental illness in their organisation would be the 'right' thing for the student. This belief was linked not only to the recognition that provision of study supports could be available upon disclosure, but also to the prevailing view that disclosure indicated a student's acceptance of the presence of mental illness in their lives. For many staff, acceptance of the illness appeared to be linked to a willingness to seek support, thus demonstrating a commitment to academic success. There were however discernible differences in the views and experiences of teaching staff and specialist equity and disability staff. Teaching staff were less confident in the capacity of the organisation to respond effectively to disclosure of mental illness. Interestingly, all staff were adamant that they would not disclose a mental illness themselves.

Future disclosure

It was clear that the kind of response a student received to the disclosure of a mental illness influenced whether the student sought and/or accepted study supports during the course. It was also evident that the response to the disclosure influenced students' intentions vis-a-vis future decisions on disclosure. Of significance, only one student participant reported with any certainty that he would disclose in the future. The other 19 students explicitly stated they would prefer not to disclose in

future. Yet the organisational supports are structured in such a way that they can only be provided when students disclose their mental illness.

VET provider processes

At the point of enrolment a VET student has the opportunity to disclose their mental illness and to request some assistance. Students reported that the absence of space in which to describe their condition, the location on the form where disability information is sought, the very use of the term 'disability' and the lack of clarity around information management did not encourage disclosure of mental illness. Students made an assumption that disclosure on the enrolment form would lead to some assistance being offered and enable teachers to be aware of their needs. This was not the case.

Staff acknowledged these concerns and suggested that the collection of disability information related more to the reporting requirements of VET organisations and their obligation to operate in accordance with the *Disability Discrimination Act* than it did to addressing student needs.

Analysis of the organisational documentation available to enrolled and enrolling students revealed a lack of clarity and transparency and suggested that organisational responses to students with mental illness have been given little attention. The key finding reported by students and supported by staff is that disclosure at enrolment usually leads nowhere.

Staff and students spoke of the need to close the gap between student expectations of support and the organisational capacity and intention to provide such services. Clear and transparent processes and the adoption of inclusive teaching practices were identified as central.

Strategies for change

This study affords an opportunity for VET providers and policy-makers to become aware of the strategies that are likely to lead to improved retention and completion rates by students with a mental illness. We identified the key early markers of poor course completion and noted that the adoption and resourcing of inclusive teaching practices will benefit all students. While the resource implications of organisational change must be acknowledged, we contend that the greatest cost to the individual and wider society will be that of inaction.

We suggest that VET providers and policy-makers ensure that:

- Information about, and the formal provision of, study supports and reasonable adjustments be available to all students, if needed, and not be predicated upon the disclosure of mental illness.

- Student attendance, accountability (timely submission of assessment tasks) and academic performance are monitored and offers of study assistance are made repeatedly and in a timely manner.

- Changes are made to the way institutes collect health/learning/disability information to ensure a transparent separation between the data collected for organisational reporting purposes and that designed to identify student needs for support.

Context and method

The fundamental goal of this research was to explore the factors affecting successful course completion for vocational education and training (VET) students with a mental illness from the perspective of the student. This section explains the rationale for the study and its design.

International and local evidence suggests that the number of students with mental illness engaging in post-compulsory education is increasing (Kadison & DiGeronomo 2004; Collins & Mowbray 2005; Megivern, Pellerito & Mowbray 2003; University of Tasmania 2006). With the onset of a mental illness typically occurring in late adolescence and early adulthood, there are significant interruptions to post-secondary education, qualification attainment, career choice and workforce participation (Soydan 2004). Consequences include long-term social and economic exclusion, with unemployment among adults with persistent mental illness estimated at 70 to 90% (Miller & Nguyen 2008; Waghorn et al. 2004). This has implications for a substantial number of Australians, with one in five adults and 25% of 16 to 34-year-olds meeting criteria for diagnosis with a mental disorder in a 12-month period (Andrews et al. 1999; ABS 2008).

The benefits of workforce participation and engagement with education have long been recognised as valuable aspects of recovery for people with a mental illness and many young people and adults afflicted in this way seek to re-engage with society through post-secondary education. In an analysis of disability and completion rates in VET, Karmel and Nguyen (2008) concluded that mental and physical illness, unlike most other disabilities, are significant variables in course completions and students with a mental illness are the least likely to complete the VET course in which they are enrolled (Cavallaro et al. 2005; Polidano & Mavromaras 2010). Poor course and subject completion rates have been attributed to a number of factors, including lower attendance rates, ill health, financial constraints, a lack of social and academic supports and disclosure issues (Hartley 2010; Miller & Nguyen 2008; Megivern, Pellerito & Mowbray 2003).

Since retention, achievement and success may be improved with psychosocial and study-related support (Hartley 2010; Knis-Matthews et al. 2007; Morrison, Clift & Stosz 2010), non-disclosure of mental illness is a potentially important barrier to accessing support services. The extent of non-disclosure in the VET sector is difficult to ascertain, but the rates of disclosure of mental illness appear to be low (Shaddock 2004; TAFE NSW 2007; University of Tasmania 2006; Venville 2009, 2010).

In 2001, for example, the number of TAFE (technical and further education) students in New South Wales who disclosed a mental illness was 2709; in 2006 this figure had grown to 5119. While this is an increase of 89%, it represents just 1.2% of the total student population in 2006 (TAFE NSW 2007). Compared with the national prevalence data on mental disorders in Australia mentioned above, this suggests the likelihood of a high level of non-disclosure amongst TAFE students. Evidence pointing towards high rates of non-disclosure (Shaddock 2004) suggested that current quantitative data could not provide an accurate profile of students with a mental illness in the VET sector.

While a review of the literature surrounding the engagement of people with a disability with the VET sector reveals substantial research and comment, significant gaps in knowledge are identified (Griffin & Nechvoglod 2008). Previous research targeting students with a mental illness (Miller & Nguyen 2008) has provided a clear analysis of the issues from the perspectives of VET staff, which include: the impacts of mental illness on learning; the supports available for staff and students; and the need for

the promotion of positive mental health. Gaps include knowledge about those who do not disclose their mental illness.

The multiple functions of non-disclosure of mental illness are yet to be fully explored in the educational context. A preliminary study suggested that non-disclosure of mental illness may be a deliberate strategy on the part of the student to reduce the power of the illness over the self and enhance the capacity to learn (Venville 2009). The role of disclosure and non-disclosure in relation to successful course completion, while emerging as significant, is not properly understood and this gap in our knowledge was explored in this research.

It is clear that a small study such as ours cannot describe the experience for the whole population of VET students with a mental illness. We do not make this claim. What we have done is capture and describe the meaning of the experience of disclosure of mental illness and success in VET from the perspectives of key informants in the sector. We deliberately privileged the student viewpoint and juxtaposed this with beliefs expressed by the staff who work with them. It is the previously silent voice of the students we have enlisted to extend our knowledge and understanding of strategies to support this largely hidden population in VET.

There is increased pressure for providers to listen to the voice of the learner, and particularly the voices of disadvantaged learners, when designing and improving the VET system (National VET Advisory Council 2011). This study provides a model of genuine inclusion of the student voice.

Unfinished business

The aim of this study was to improve understanding of the factors influencing successful course completion for VET students with a mental illness from the perspective of those with the lived experience.

Research questions

The questions we addressed were:

- What are the factors influencing successful course completion and progression for VET students with a mental illness?

- What factors influence the decision to disclose or not disclose a mental illness?

- What role does disclosure of mental illness play in the experience of course completion and progression?

- What strategies can assist staff and organisations to improve successful course completion for VET students with a mental illness?

Design

A qualitative and interpretive approach was undertaken to explore the experiences of enrolled students with a mental illness and VET staff with regard to course completion and progression, mental illness and disclosure. Multiple sources of data were collected during this research project, thus enabling the opportunity to explore issues and gain clarity from different perspectives. Interviews with students and staff and site-specific documentation provided the raw material for analysis.

Site selection

Clear criteria were applied in the selection of research sites. Sites were required to: possess characteristics of the diverse locations in which VET delivery occurs across Australia; use publicly available web-based documentation to inform and enrol prospective students with a mental illness; and have the ability to offer counselling support in the event participants became distressed.

Four VET sites (from Victoria and New South Wales) meeting the inclusion criteria were recruited:

Site 1: Private VET inner-city

Site 2: Public VET remote/rural

Site 3: Public VET regional

Site 4: Public VET outer-metropolitan.

Participants

Students

Twenty VET students with a diagnosed mental illness enrolled in courses at certificate III or above participated in the study (see table 1 in the support document). Of these, only five had disclosed their mental illness at the time of enrolment.

Methods of recruitment are described in the following chapter.

Inclusion criteria for students

The inclusion criteria were that students should be:

- enrolled full-time or part-time in a course of study of a minimum of 12 months duration and with a minimum qualification level of certificate III

- diagnosed with a mental illness that meets the criteria of a clinically diagnosed mental disorder as defined by the DSM-IV (American Psychiatric Association 1994) and ICD-10 (World Health Organization 1993) classification systems. This is the standard used for VET students seeking reasonable adjustment for a mental disorder

- aged 18 years or over

- willing to participate in two telephone interviews or one face-to-face and one telephone interview

- have the capacity to give informed consent.

Staff

Twenty VET staff agreed to participate in the study. These included 11 teaching staff and nine counselling, specialist disability and student support staff (see table 2 in the support document). Teaching staff were employed in: visual arts, naturopathy, building, metal fabrication, automotive, graphic design, nursing and instructional design.

Inclusion criteria for staff

The inclusion criteria were that staff should:

- have experience in working with VET students who may or may not have disclosed a mental illness

- be willing to participate in one focus group discussion or one individual interview

- have the capacity to give informed consent.

Data collection and analysis

An initial interview (telephone or face-to-face) was conducted with students to explore their views and experiences of course progression, mental illness and disclosure. Follow-up interviews (telephone) were held approximately six months later and focused on student views and experiences since the first interview.

Staff participated in one interview (telephone or face to face). Staff spoke of their experience with students with a mental illness, their belief about factors affecting successful course completion and the role of disclosure (see the staff interview questions in the support document available at <http://ncver.edu.au/publications/2465.html>).

From the data analysis a set of strategies for organisational change was developed and returned to staff via an online survey tool. Staff were asked to provide feedback on the feasibility, relevance and importance of each change, the suggested wording and the potential impact on students, staff and organisations; they were also given the opportunity to make suggestions for improvement.

Site-specific documentation was collected, including enrolment forms, access and equity policies and information about counselling, disability and support services for students. The documents were analysed to identify barriers and enablers to disclosure or access to services and provided us with a cost-effective means of gathering supplementary data and assisted with the verification of findings.

Ethical considerations

It is widely accepted that students with a mental illness comprise one of the most vulnerable groups in the VET sector. Gaining approval to proceed with the research from the La Trobe University Human Ethics Committee required careful consideration. Strategies for the protection of participant confidentiality and anonymity and the gaining of informed consent were detailed. The plain language statement (see the participant information in the support document available at <http://ncver.edu.au/publications/2465.html>) gave participants detailed information about the purpose and procedures of the research project and the potential use of participants' words in published findings. The use of pseudonyms and de-identification of research sites ensured that participant identity remained undisclosed.

Capturing the student voice

In this section we describe how we addressed the sensitivities of undertaking research with students with a mental illness and provide a snapshot of student views on study participation. We detail the barriers to recruitment and strategies to deal with them, acknowledging the strengths and challenges of research with vulnerable populations.

Sensitivities in recruiting and interviewing students with a mental illness

Capturing the student voice was our central concern and the collection of stories of lived experience had to be done in such a way as to safeguard participant vulnerability. The wish to cause no harm was juxtaposed with the call for the voices of those with a mental illness to be heard in the research literature (Epstein & Olsen 1998; Epstein et al. 2001).

We had to overcome significant challenges in the recruitment of student participants; some anticipated and some surprising. It was expected that this group might be hard to reach, given reported low rates of disclosure and the stigma of mental illness. Consequently, multiple recruitment strategies were implemented.

Our exploratory study in 2009 indicated that recruitment was enhanced by the researcher making in-class presentations, and we received permission to do this in three of the four sites. On these visits, we spoke about the research and advised students that they could contact the researcher by phone or email to obtain further information. The researcher remained on site for a minimum of one day following class visits in the event that students wished to be interviewed immediately. It was somewhat surprising that the site which refused to allow in-class presentations did so on the grounds that students showing interest in the study may be perceived to be mentally ill and subject to discrimination by other students. The majority of students joining the study from these presentations had not disclosed their mental illness to their educational provider.

It was not possible to rely on in-class presentations as the main source of recruitment. Because of the distances from researcher base to study sites, visits were necessarily of short duration, thus making it difficult for us to address as many classes as we would have liked. Limited site visits also meant that absent students did not have the opportunity to hear of the research first hand. Students told us that it takes time to think about the consequences of participation and many students may have needed time to discuss participation with family members or counsellors.

In recognition of this, a number of strategies were used to supplement in-class presentations. In three sites the CEO or director issued an email inviting all students and staff to participate in the research; at all sites the research was advertised on student websites and staff intranet sites and hard-copy posters and information sheets displayed. At one site the disability staff advised all students registered with disability services of the research. The majority of students joining the study (15) had not disclosed their mental illness at the time of their first interview.

Barriers to recruitment

Unexpected difficulties emerged in the form of resistance from some counselling and specialist disability staff. We had assumed that this group would provide a conduit to students eligible to participate. This was not always so. Some of these staff expressed an unwillingness to directly

advertise the research project with students registered with disability and counselling services, believing this to be a breach of confidentiality. It is possible that this reluctance may have reduced the number of student participants who had formally disclosed their mental illness.

Engendering trust in the research process

Three conscious strategies were employed to address the power imbalance that exists between the researcher and the researched. First, providing student participants with invitations to participate and allowing them the choice of interview medium: face-to-face or by telephone were the options offered in the research. Second, the interviews were framed as opportunities for the students to share their experiences and contribute to a body of knowledge aimed at better understanding the experience of students with a mental illness. This allowed participants to be cast in the roles of expert and co-creator of knowledge (Padgett 1998). Third, in the interests of establishing the level of rapport and trust needed to conduct sensitive interviews, independent verification of a mental illness diagnosis was not sought. Student accounts were sufficient.

> It takes me a long time to trust … I'm not very trusting; it's hard for me to be quite open. Like now my heart's still pounding a hundred miles an hour and I'm … not freaking out, I'm nervous … it's just because of … I have to talk and … I don't mind talking but it's … it's hard in a lot of other ways.
>
> *Researcher: Yes, it's hard, and I appreciate that enormously, how hard that is. And I'm thinking about trust. How do you know who to trust? How have you learnt this?*
>
> Oh, by learning as much of a person as you can before they know much about you … Yes, you talk to them, like small talk, like 'Hi, how are you?' and you know, you get to know them way better before they get to know you. (J, Site 4)

We paid particular attention to ethical issues, made more complex by the largely hidden nature of the population with whom we were working. The voluntary nature of research participation was emphasised and student participants were reassured that their enrolment or VET course experience would not be affected by their participating. Protection of confidentiality and anonymity were crucial and the de-identification of research data essential. We advised students of all the measures taken to ensure this.

Informed consent was gained both before and after each interview and, given the sensitive nature of the material discussed in the interviews, we decided to enact a confidentiality agreement with our transcribers. We paid particular attention to ensuring that participants had ready access to free campus-based counselling and support services. On one occasion a student became distressed during the research interview. The interview was terminated and with the student's permission the researcher contacted the counsellor, who was able to provide immediate support. The student remained in the study.

Clearly, sensitive research such as this contains many challenges; however, the understandings gained from hearing those with the lived experience of mental illness cannot be underestimated.

Student views on study participation

> I would also like to say that I would be happy to be involved in similar research in the future should you require it. I hope this study provides future students with mental illness, a more comfortable pathway to higher education. (M, Site 2)

Without exception, students described the research as 'enormously worthwhile', with many also reporting personal gains as a result of participation. Personal benefits included self-acknowledgment and an increased sense of empowerment. Most students stated that this was the first time they had been cast in the role of expert.

The following quotes typify the student experience of participating in the research interviews:

> One of the reasons I wanted to do this interview is because the last two universities I went to I kind of dropped out because of my anxiety. I really admire what you are doing and thank you for letting me be part of it. (E, Site 1)
>
> If my experience can help one other person then it has almost been worth it. (J, site 4)
>
> I just think this is so important. (J, Site 1)
>
> It's a building block for me and I have to thank you for giving me the opportunity. (Ma, Site 2)
>
> I do not want other students to experience the difficulty that I have. (K, Site 4).

Yet, while convinced of the value of the study, some students also expressed doubt about the number of people likely to participate. 'I don't think you will get many people to talk to you. People don't want anyone to know' (C, Site 1); 'I'll talk to you because I am comfortable with who I am, but I probably wouldn't have a couple of years ago' (B, Site 2).

The risks associated with, and regret at previous disclosures, undoubtedly influenced the number of participants we were able to recruit. This is explored more fully later in the report.

Course success

> I know that everybody should have goals but it's a bigger thing in, I suppose, a person with mental illness because if they reach that goal they feel they've, like I said, won another battle inside their head. So you know, other people may just set goals and they just do it and when they reach that goal, they just sort of say, that was nothing sort of thing. But it's a big thing I've found you know, when I actually reach my goals.
>
> (K, Site 2)

Students and staff were both able to clearly articulate the factors they believed contributed to successful course completion and progression. Students described the importance of regular attendance, timely submission of assessment tasks, receipt of constructive feedback from teaching staff and multiple opportunities to accept support with study needs. Students and staff agreed on the importance of being in the right course, having clear goals, having support strategies in place outside VET and the need for regular and ongoing promotion of study and counselling support services.

Staff and students agreed that the organisational processes relating to support provision need to be clearer, an issue examined in more detail in the chapter, 'VET provider processes'. It was the linking of disclosure of mental illness to study supports that produced the greatest divergence of opinion. Staff and students did not agree. This is examined fully in the next chapter 'Disclosure as the start button'.

Enabling success – the student perspective

> It's up to me, no one else.
>
> (K, Site 2)

> I have always relied on myself.
>
> (M, Site 3)

> I will work and do what I have to do in terms of study, in terms of asking questions, in terms of … contributing to the class … in terms of … reading … I will do whatever I have to do in order to get there.
>
> (M, Site 2)

Students identified self-reliance as central to course success and placed great emphasis on their own capacity to manage their mental illness in the VET environment. They were prepared to take full responsibility for their educational success or failure. Students wanted to blend in with other learners and not be identified as 'the depressed guy', with their illness dominating the perceptions held of them by peers and teachers. This meant that most students did not disclose their mental illness. This and other reasons for non-disclosure are explored in the next chapter.

Students identified four factors that contributed to their capacity to be self-reliant and cope: persistence; illness management strategies; family and or professional support; and educational support (see table 1).

Table 1   Student strategies for successful course completion and progression

Key factors	Representative quotes
Persistence	I've quit too many things and I'm running out of time and I actually really enjoy what I'm doing, which is why I'm really persisting and I'm pushing myself (C, Site 1)
	Just battling through – not letting things stop me (SJ, Site 1)
	Keeping this promise I have made to myself (F, Site 4)
	Setting a goal and sticking to it (M, Site 3)
	More than anything else, I suppose, a desire and a determination to do it (M Site 2)
	I just want to give my best in the course I'm doing and I just want to give my best in a way of I'm pretty much equal like the other people (M, Site 3)
Illness management	I think medication's gunna help me keep balance, I'm seeing a psychologist, I think the fact that I'm at an age where ... I don't have time to muck around and make lots of mistakes, the fact that I'm 36 years old and I'm not where I thought I would be (J, Site 1)
	I didn't want to accept it as fact but now know that I cannot cope without the medication (M, Site 2)
	Keeping the bigger picture in mind and not being focused on myself (F, Site 4)
Family and/or professional support	I write my goals down and put them on the fridge so the whole family can see them and ask me how I am going (M, Site 3)
	Sometimes I do a bit of self-sabotaging and my husband is great at letting me check how I am going (F, Site 4)
	I see a counsellor once a fortnight and she helps me with my thinking (A, Site 1)
Educational supports	Clear teaching and feedback on my assessments (S, Site 1)
	The note-taker I have for my hearing impairment (K, Site 4)
	Being able to check with the lecturer or tutor that I understand what is expected (J, Site 1).

Enabling success – the staff perspective

Staff members also expected students to take responsibility for their academic performance, and for the vast majority this was evidenced by a student's willingness to disclose their illness. They considered learner reluctance to request special attention or assistance as a disinclination to be responsible and work with staff to ensure their educational success. For staff, the likelihood of success correlated strongly with disclosure. This is explored in the next chapter.

Disclosure as the start button

Support mechanisms for students with a mental illness are predicated on student disclosure. Previous research (Miller & Nguyen 2008; Hartley 2010) has argued that non-disclosure impacts on the student's ability to access supports and successfully complete their course; on the staff member's capacity to undertake their duty of care and provide reasonable adjustments for students; on the organisation's capacity to accurately report on the needs and challenges of their student population and act accordingly; and on the TAFE sector's perception of mental health issues in the student population. In response, previous study recommendations have focused on ways to maximise student disclosure. We found that this focus is problematic. The students' views of disclosure differ from those of staff.

The risky business of disclosure

Student views

> Well if I … say talk openly with my teachers about depression, or anything like that, you know, because they are in the industry I just fear that you know they … if one day they are to interview me for a job and you know … or to take part in a project, they will think, 'Oh A, that's the guy who was depressed, he seems like that … you know, he didn't cope with his previous job, so he quit' and things like that. So it's just, you know … I just fear that kind of information, you know, might escape. I know that this depression I'm going through is just a phase and not something that is going to last forever so … I just want to keep it to myself. Ah … even to my friends I don't talk much about it, because I know it's just a phase and I just don't want to be perceived as depressed, as a depressed person, a sad person, you know … (A, Site 1)

We set out to focus on student experiences over time to capture their reasons for disclosing or not disclosing and to explore the subsequent impacts on them, their expectations and any future decisions about disclosure. When students spoke of the meaning and experience of disclosure in terms of course completion and progression, their language was peppered with concepts of risk, regret at past rejections and the need for reliance on self. Students in this study were very clear that the act of disclosure had consequences for their integrity and confidence (see table 2).

Table 2 Student perceptions of consequences associated with disclosure of mental illness

Major themes	Representative comments
Risk to identity and integrity	People's reactions can be very damaging (M, Site 2)
	I definitely think that you'd either be looked at like down upon or not trustworthy or not responsible enough. I don't feel that you could get ahead (SJ, Site 1)
	People just call me lazy and disinterested [*sic*] (K, Site 4)
	Well I felt by telling that no one's going to take any notice and they'll think I'm just stupid – weird – going off me head. I'm not going off me head – it's – I'm definitely not, definitely not (Ba, Site 2)
	I know rationally that it would be OK but I worry that it would come back to bite me. My lecturers will be my colleagues and reputation follows (C, Site 1)
Regret at previous experiences of disclosure	If you can't trust those who are there to help you, who can you trust? (S, Site 1)
	It is just not worth it (SJ, Site 1)
	When you speak your words are not yours any more. They're everybody else's and they can do whatever they want, when they hear them (K, Site 4)
Reliance on self	I need to do this on my own (M, Site 3)
	I feel good about myself achieving without special consideration. Looking back, it has been worth it (C, Site 1)
	The illness is never far away. I just proceed with caution (K, Site 2).

For students, the decision to disclose or not disclose their mental illness was rarely black and white. They described engaging in a continuous cost—benefit analysis, where the risks of disclosure were weighed against the risks of non-disclosure. Management of this risk usually concerned preventing further damage to the self. They spoke of the damage to the sense of self and identity often wreaked by mental illness. They spoke of the need to protect the 'hard-won' self — the self that is reconstructed after each bout of illness.

> I am very selective of whom I divulge information to so; sometimes I will tell them and sometimes I won't tell them. So if I told the staff, the TAFE staff here it would be of benefit for them but for me I don't think it would be an advantage because I can do it on my own. I don't need that extracurricular activity or I don't need that one on one from a teacher. I don't need that and I don't feel that I would be treated like an outcast. It's just my little hiccup. I want to be treated like everybody else, like everybody does. So really for me it's on a need to know basis.   (B, Site 2)

> I'd have to see what the benefit of saying something would be.   (S, Site 1)

Students spoke of the fear of further stigma, prejudice and rejection. Of interest, it seemed that the lack of objective evidence demonstrating that stigma and rejection would be experienced as a result of disclosure of mental illness in their current course was generally not sufficient to reduce the fear of being treated differently. It was usually only when the risks associated with non-disclosure outweighed the inherent risks to self associated with disclosure that students declared their mental illness.

> I just kind of thought that … like … cos I've never studied at TAFE before … and I didn't have that many people to, like, ask what it's like and stuff like that, so it was probably best to put it out there at the start in case I do need help or anything while I'm doing it because I worry that if you, like, halfway through a semester go up to them and like 'Well, actually, I have this wrong with me, what can you do?' They'll be like 'Well, you didn't tell us before so we can't do anything'. So I just thought … it's probably easier and safer … in a way, to just, put it out there now and … see what they … what they say and take it from there, rather than waiting like I did at … until it was a problem.
>
> *Researcher: Yes until you had a problem. Have you been happy with the response from TAFE so far?*
>
> Umm … yeah, well … I dunno, they haven't done anything about it or anything like … They're sort of just … they're just waiting for me in case I need to tell her that I'm having trouble or something. I think it's … like … I dunno, it's been OK … I don't, I can't imagine what else … would have made it better or worse or anything but, it would have been worse if she'd just turned around and said 'We don't have any way to assist you with anything to do with that'.   (K, Site 4)

An observed and/or feared lack of confidentiality, 'I cannot control what people will say about me'; discriminatory responses, 'you don't look depressed'; and uncertainty of the implications of disclosure, 'they might not let me stay in the course' contributed to students expressing low trust in the organisation's capacity to respond effectively and respectfully to a disclosure. It is true however that in situations where students perceived they had little or no choice but to disclose their mental illness they were forced to trust staff and the institute, even though they stated a distinct preference not to do so. In that instance, the perceived lack of choice overrode the expressed wishes of the individual and the act of disclosure is perhaps best understood as an act of desperation or obligation. Table 3 depicts the most common reasons students gave for disclosure.

Table 3   Student reasons for disclosure of mental illness

Major themes	Representative comments
Desperation not to fail	I was there in body but not learning a thing (K, site 3)
	I feel like this is my last chance (A, Site 1)
Obligation to justify support	I felt I had to tell them something (Ma, Site 2)
	So they know the story that I want them to know and that's enough to keep them happy and nothing else, then they won't ask me any more questions (SJ, Site 1)
Advocacy for self and others	They need to know not everyone is perfect (F, Site 4)
	It helps with teachers knowing who is in their classes (K, Site 2)
	I didn't have any hesitation in ticking it [the box] … given the public speaking that my wife I and have done. It is no secret to the town that ... that I have a mental illness' (M, Site 2).

It is significant that, even once the decision to disclose had been made, students reported not knowing who to talk to and what accommodations could be made.

> I've had my own mother who changes the subject if I'm having a bad day; she doesn't want to hear about it, so why would a College care? You know, to help me out, unless they had a philosophy or mission statement or whatever to have their students complete and graduate from their courses … well I don't see why anyone would help anybody out really.   (SJ, Site 1)

They expressed uncertainty about how and where that information would be safeguarded and felt fearful that knowledge of their mental illness would impact upon their capacity to obtain employment in the occupation for which they were training. They told us that they expected a staff member to make contact with them as a result of a request for study assistance; yet, in the majority of cases this did not happen.

> Yes, I'm not really embarrassed about it. I think it's good to be upfront and honest with people if they need that information.
>
> *Researcher: Yes now, what has happened as a result of that disclosure, has anything happened?*
>
> No. It generally doesn't. I've done a few courses and generally you don't hear anything else about it.   (F, Site 2)

This key finding was supported by information obtained through staff interviews and discussed more fully in the chapter, 'VET provider processes', and informs directions for change in key organisational processes, presented in the chapter, 'Strategies for change'.

Student views on future disclosure

> I learned today that I failed one subject of my course … So far, I know nothing about what made me fail and I can't even figure out what might have happened as I sought help from the lecturer and the course coordinator and I followed their instructions before the year was over. I did not want to fail and I put in a lot of effort to hand in a good piece of work on time, despite my persistent struggle to find motivation to wake up every day. I feel utterly ridiculous by having asked for help and disclosing my health situation to the head of … I have lost all my hopes and trust in people long ago but when I decided to seek help at college, I believed that … would be interested and prepared to give me all the support needed to accomplish my studies before it was too late. I truly trusted that the 'help' they gave me was going to at least enable me get the marks I needed to pass subject. As I said before, I did everything they asked me to do and had no feedback on the work I handed in. All I got was simply a letter saying I failed the subject. As you can imagine a lot of thoughts are going through my mind at the moment. I feel like I have been

bullied. I feel like a complete idiot. Why did they have to fail me to offer an intervention strategy plan and the help of the student support manager? And why fail me straight away, knowing that I was struggling and I had asked for help?   (A, Site 1)

It was clear from a thematic analysis of student interviews that the kind of response a student received to the disclosure of mental illness influenced whether the student sought and/or accepted study supports during the course. It was also evident that the response to the disclosure by staff and the VET organisation influenced the student's intentions in relation to future acts of disclosure. Of significance, only one student participant reported with any certainty that he would disclose in the future. This student experiences an illness that from time to time 'declares itself' and as he eloquently states: 'sometimes the bag can no longer constrain the cat'. The other 19 students expressed far more reluctance about future disclosure even in the knowledge that organisational supports are structured in such a way that their provision is dependent upon disclosure of mental illness (see table 3 in the support document available at <http://ncver.edu.au/publications/2465.html>).

An interesting finding was the preparedness reported by some students to disclose a physical, language or learning impairment and to receive the study support on offer. Students with a note-taker for another disability did not disclose their mental illness but reported that the note-taker assisted with the consequences of mental illness as much as with the consequences of the disclosed disability. An unintended result of having the note-taker present was a perceived obligation to attend regularly so the note-taker did not lose a day's work. Regular attendance is a known contributor to successful completion. These same students remained reluctant to disclose their mental illness.

Disclosure: a pathway to success

Staff views

While staff acknowledged the risks inherent in disclosure and conceded that many students may have had negative experiences in the past, there seemed to be a fundamental belief that disclosure of mental illness in their organisation would be the 'right' thing for the student. This belief was linked not only to the recognition that provision of study supports could be available upon disclosure but also to the prevailing view that disclosure indicated a student's acceptance of the presence of mental illness in their lives. For many staff, acceptance of the illness appeared to be linked to a willingness to seek support, thus demonstrating a commitment to academic success. There were however discernible differences between the views and experiences of teaching staff and specialist equity and disability staff.

Teaching staff, and in particular part-time staff, felt unsupported by their organisation in their ability to respond to students with mental illness. This has been well documented in the literature (Miller & Nguyen 2008) and in this study was evidenced in a number of ways. Staff described: difficulty accessing professional development — 'fantastic training is offered but it is an eight hour drive for me to get there'; limited access to colleagues for support and consultation — 'I teach on weekends and evenings — I believe there is a counsellor but not when I am here'; the constant threat of reduced teaching hours and pressure to 'take anybody into the course', and to 'not rock the boat' — 'some teachers have an "I'll just fail them" attitude. You can almost see the fear in their eyes when you mention mental illness.'

Table 4 depicts teaching staff issues in managing mental illness in course completion and progression.

Table 4   Managing mental illness in course completion and progression: teaching staff

Major themes	Examples of comments
Risk management	Well I suppose it would be handy to know what my responsibilities from a teacher's point of view are to these people. I feel like I am on shaky ground (M, Site 3)
	I feel like a whistle blower (M, Site 1)
	I cannot get the organisation to fix the IT equipment in my room, how can I talk to them about something as important as mental illness (D, Site 1)
Resource allocation	[The] formal process that we need inside an RTO is to establish that yes there are support mechanisms, yes there is the, you know, the safe place, the person who you can turn to … that there will be accommodation of your need (P, Site 3)
	Disclosure is not the real issue. The real issue is the time to respond to what presents and to respond to the students (M, Site 2).

A stated lack of resources and lack of job security contributed to the perception that part-time teachers belonged to a disadvantaged group in the VET sector. They consistently reported difficulty accessing training and development programs, attending staff meetings and finding sufficient time for engagement with students and curriculum review. It was clear that, while part-time teachers are responsible for most of the teaching delivered in VET, they felt unable to have much influence in advocating for the needs of a group they considered to be even more disadvantaged than themselves — students with a mental illness. It has been suggested that the structural challenges faced by part-time teachers cannot be addressed simply by increasing access to staff training (Guthrie 2011).

An analysis of the interview data indicates that equity and specialist staff appeared to be more certain of the role of disclosure in successful course completion. They also expressed the highest degree of trust in the capacity of the organisation to manage and respond to student disclosure of mental illness. Having influence and control over resource distribution and referral processes are thought to enhance this trust. These are the staff upon whom the teachers and students relied for resource allocation.

And yet, while equity and specialist staff expressed trust in the capacity of the organisation to respond to students with mental illness, it did not extend beyond there. When asked if they would disclose their own mental illness or encourage a colleague to do so, all staff indicated they would 'probably not'. What appeared to be trust in the organisational response to students with a mental illness was in reality a trust in their own response. The organisations, it seems, did not inspire the requisite trust for voluntary disclosure by staff. Interestingly, the staff we interviewed did not seem to recognise this tension. Table 5 depicts the views held by this group on the role of disclosure of mental illness.

Table 5   Managing mental illness in course completion and progression: equity and specialist disability staff

Major themes	Examples of comments
Eliciting support and understanding	Oh, I think after disclosure, particularly if there has been some situation and then they disclose then, I think that it's been positive, I really do believe that the teachers and everyone becomes more tolerant and understanding and um, um I guess they bend over backwards a little bit to be a bit more supportive than they would if they thought – oh, this student is just not applying themselves (M, Site 2)
	I think it's a student right not to disclose, but I think, it would be good for them to. It [disclosure] sets up the framework I think for, for success in some ways (E, Site 4)
Risk management	Identifying the students, identifying the services as well as us identifying the students needing these services and the earlier the identification the better prognosis I would say there is, in terms of them completing the course (M, Site 4).

Many staff acknowledged the lack of transparency and clarity about available support services and the misconception many students have that disclosure on enrolment means that support will be proactively provided. This is not the case and is explored in the next chapter.

VET provider processes

The students perceived that the organisational processes and responses relating to disclosure and support provision to be compromised by a lack of resources and unclear processes. Staff on the other hand perceived that the organisation's processes and responses to this issue were bound by legislative compliance and risk management.

> *Researcher: OK. So this year you ticked yes, for the presence of a mental illness and yes, you would like some help and nothing has happened?*
>
> No, they haven't contacted me or anything.
>
> *Researcher: And so here we are in, in the, almost at the end of term 3 and nothing has happened. What's that like, the fact that nothing has happened?*
>
> Um, honestly it hasn't been a big problem for me because I'm very independent so … I feel that if I'm in trouble I can go and get help, like I'm seeing a psychologist but I guess it was a surprise. Like the reason I ticked 'no' the first time is that, I didn't want to be hassled but this time I was prepared to get phone calls and they didn't come.

Lack of clarity

Analysis of the site-specific documentation available to enrolled and enrolling students revealed a lack of clarity and transparency and suggested to us that organisational responses to students with mental illness have been given little attention.

As explained, at the point of enrolment a VET student has the opportunity to disclose their mental illness and to request some assistance. Students reported that the absence of space in which to describe their condition, the location on the form where disability information is sought, the very use of the term 'disability' and the lack of clarity around information management and help-seeking did not encourage disclosure of mental illness (see table 6)

Table 6   Student perspectives: the enrolment form

Major themes	Representative comments
Lack of space	I might actually say something if there was more space. I don't like to think I have a 'mental health problem', but I do sometimes have a harder time coping with things when I get a little harder to control. It'd be nice if people understood it more like that (S, Site 1)
	Is a diagnosis or description of the condition necessary, and secondly, is such provision mandatory? For those who get to this point and decide they do not want to have themselves defined by a such a statement, should they be required to provide it? (M, Site 2)
Disability labelling	Um, I don't know, I don't really tend to talk about it much. This might seem a bit funny but I feel like it's not one of the more serious ones, like, people that have depression, people that have like, stuff like you know, ah, what am I thinking of … manic depression, like you know, people with OCD [obsessive-compulsive disorder], the serious ones, anxiety's a bit more sort of, you know, it doesn't seem like it should have as much of a consequence, so I've always felt like I should never say anything (E, Site 1)
Information management	I don't reckon I need the special help that other people may with other disabilities but, yeah I just find that some people get put off when they hear you have a mental illness. I was for years, like stigmatised but I think over the years that they've found a lot of people suffer from mental illness more than they, you know, because there are a lot of people you know like us I suppose (K, Site 2)
	Because people will read it and say 'Oooh, you have Bi-Polar – ok – or you're schizo – you must be nuts or something – you have to go see the Counsellor'. I didn't want them to like pull me aside or maybe say 'We can't enrol you because you've got that', you know (S, Site 1).

Ticking the box

While most students elected not to disclose at enrolment, there were certain assumptions made by those who did. Students assumed that organisations asked for disclosure of mental illness so that assistance could be offered and teachers made aware of student needs. This was not the case. The key finding reported by students and supported by staff is that, for those who do disclose at enrolment, the disclosure usually leads nowhere.

> I think they need a little, a little bit of soul searching to find out why they want to know in the first place and if they do ask this question, it is so they can do something with it. (F, Site 4)

Most of the specialist staff acknowledged the misconception that many students and teaching staff have, that disclosure at the point of enrolment guarantees that 'someone will ring and that help will be provided. They do not read the fine print' (P, Site 2). In most VET institutes the responsibility for seeking help lies firmly with the student. This is not always clear from the enrolment documentation.

A frustration for many of the equity staff was the amount of time it took for them to be advised of the students who had disclosed on the enrolment form. In some institutes this took up to six weeks. 'Students who are having difficulties are long gone by then' (Counsellor, Site 2). Others reported not being given the names of students who had disclosed and who had requested help, instead only receiving 'trend data' (Disability, Site 2).

> The last thing you want to do is to have somebody disclose and then you go 'Oh what are we going to do now?' Whereas if they [the institute] say 'That's fine, now this is what we have laid out', it makes it sound like there's been a before and an after and it's a normality and I don't have to worry about it. (Student support, Site 1)

From the staff perspective these processes served to reduce the capacity of the organisation to respond in an authentic and transparent way to students. Most of the teaching staff suggested that the collection of disability information related more to the reporting requirements of VET organisations and their obligation to operate in accordance with the *Disability Discrimination Act* than it did to addressing student need. The collection of disability information could thus be interpreted as an organisational risk management strategy that is not necessarily tied to the provision of resources that might enable successful course completion and progression for students. This critical issue is addressed in the following chapter.

Disclosing later

Most support services within the VET system appear predicated on the belief that students will seek help if they need it. This is not the reality. Most students we interviewed were reluctant or unable to seek out support. Students stated that the time they most need help from others is invariably the time when they are least able to seek, request and accept assistance. This is a function of the illness.

> Part of the depression that I have, is I, I can't make friends. I mean I have a very hard time of opening to other people and making other people at the course feel comfortable with me ... I find that I feel not confident, not comfortable but I just don't want to talk to other people ... and I find that sometimes I won't talk to the teachers and when I need something, I don't actually ask for it ... let's say I have to make an appointment with someone, or have to go and see the teacher, I'm putting it off, as much as I can. It's not because I want to put it off, it's just that I'm not ready to face that person and talk to them and it, it's very hard to explain that to other people because it's

not because you don't want to ask for help, it's not because you don't want to talk about it, it's just you can't do it, now, you have to put it off. (M, Site 3)

They don't check up and see how you're doing, they don't look at your marks and say well you didn't do well on this so, are you struggling or anything, they wait for you to contact them and go, 'Things are crap! Help me'. But sometimes by then it's too late. (K, Site 4)

Students were frequently unsure of the types of support services available to them and how to gain access to them.

I don't even know half the things that they could offer to help me 'cause it's not really widely advertised. Even at TAFE, like there are pamphlets but [they don't] really tell you anything about what they can actually help you with. It just, it's the vague things like counselling, housing and disability services and then you're like, 'Well what does that mean?' Because I think a lot more people would go there to get help that they need if they knew exactly what they needed was available. I know a lot of people who just don't ask because they don't think it's on offer. You know, like, it's kind of like you're reading the phone book but it's only like first names, and you're like, I don't know who this is. (K, Site 4)

Closing the gap

I think there is definitely a gap between students' expectations at enrolment as opposed to when they actually start, what type of support services they'll receive or how consistent it is or how it will happen … So I think that's a major thing, the gap between their expectations and reality.

(Disability staff, Site 2)

What emerged clearly in this study is that educational and study supports appear to make a significant and positive difference to the course progression and completion rates for students with mental illness. This confirms previous research findings (Hartley 2010; Knis-Matthews et al. 2007; Morrison, Clift & Stosz 2010). Staff and students spoke of the need to close the gap between student expectations of support and organisational capacity and intention to provide such services. Clear and transparent organisational processes and the adoption of inclusive teaching practices were identified as central and are discussed in the next chapter.

Strategies for change

This research has concentrated on the voices of students with mental illness. We have learned that persistence, strategies for illness management, family and or professional support and educational assistance are intrinsic to student success. We have also learned that there are key organisational processes that seem to influence both a successful study outcome and the decision to disclose or not disclose a mental illness. We have identified three key areas where change to existing practices is likely to enhance opportunities for students with a mental illness to accept study supports and thus increase the likelihood of improved course completion and progression. These areas are concerned with the collection of disability information, the monitoring of student performance and the adoption of inclusive teaching practices.

Collection of disability information

It was not always clear what would happen to the information students were asked to provide about their mental health condition. All sites made only vague references to privacy, without giving specific details on the purpose or management of the information collected.

Students identified possible modifications to the enrolment form that would enable a more transparent collection of health-related information and allow for identification of learner support needs. These were suggested to staff in the follow-up online survey. Staff were asked to comment on the feasibility, importance and relevance of each suggested strategy.

Table 7 presents these key change strategies suggested for the enrolment form and sample responses from staff.

Table 7   Key change strategies: the enrolment form

Key change strategy	Related to the section on the enrolment form designed to capture disability information. It was suggested the heading be changed to 'Study support' (instead of the existing 'Do you have a disability' or 'Special conditions')
Representative quotes	By putting the emphasis on the support rather than the condition, it normalises the provision of such support, indicating to the student that such provision is nothing unusual.
	I like study support – it's inclusive – suggests that this is for everyone not just for disability.
	I think the word 'disability' still needs to be used along with study support or special conditions. Otherwise all students might see it as a service they can access and it might increase the wrong type of student seeking support. I agree there needs to be a clearer explanation on the enrolment form.
Key change strategy	Related to the same section designed to gather information about students and suggested they be given the opportunity to briefly describe their disability/health/learning condition in addition to simply ticking a box.
Representative quotes	Would prefer this in a client feedback survey or form as this is too much private information for an enrolment form.
	If this is statistical data collection, only then I would suggest it's on a form that is separate from the main enrolment form. I would not disclose my own information on a form that said this unless it was separate to my enrolment form. Office staff will be reading and in regional areas everyone knows everyone so it's not really confidential at all.
	Information gathering for people with mental health/psychiatric disabilities is more appropriate at alternative times rather than at point of enrolment.
	This question for many, particularly with mental illness, will be going too far. The answer to this question should only ever be optional, and should be clearly stated as being so.
Key change strategy	Related to increasing clarification of the availability of support for students with a health or learning condition (instead of disability) and advising students that disclosure does not affect eligibility to enrol. Suggested clarification of information management and confidentiality processes.

Representative quotes	Yes, I like suggested change and wording.
	This changes the enrolment form to something less threatening. The reassurance that disclosing the possibility of needing assistance not impacting upon eligibility is very important.
	But it may affect their eligibility to enrol.
Key change strategy	Related to options for learning about the range and provision of study supports for students. It was suggested that students could elect to be contacted immediately or within two or four weeks of the course commencing. Contact would be via student preferred means e.g. text, telephone, email, post and information management and confidentiality processes clarified.
Representative quotes	This is great. It is positive and gives the student the option of taking up a confidential avenue for support.
	This would not be possible to accomplish by most student support services e.g. of some 700 students here who tick the disability/medical impairment box, only some 15% will become registered Disability Liaison Service clients – and the Learning Support Plans for them e.g. profoundly deaf students – will vary greatly in degree of action/liaison required.
	This is again good and these changes add the opportunity of pursuing the range of support options, and time to think about it.
	Wording is OK but it seems to be getting a lengthy exercise.
	Sounds good – but maybe you are going to be very busy in that 4th week – spread the time frame perhaps?

Implications for the collection of disability information

I think it's important that when we ask students to disclose that we're very upfront about what we're going to do with this information — who's going to get it and why we're asking them to disclose.

(Counsellor, Site 1)

This study shows that student support needs are not identified, nor is accurate disability information obtained by the current enrolment form. Change is indicated. Staff were overwhelmingly in favour of modifications to the way institutes collect health/learning/disability information. They clearly preferred to separate data collected for organisational reporting purposes from those designed to enable the identification and provision of student support. Participants were concerned that confidentiality concerns be addressed and that organisational processes be consistent and transparent.

Monitoring student performance

In an earlier chapter we reported the factors that students believed contributed to course success: regular attendance; timely submission of assessment tasks; receipt of constructive feedback from teaching staff; and multiple opportunities to accept support with study. Without exception, students and staff identified attendance as a key marker of a student's engagement with, and likely completion of, their course. Analysis of interview data and organisational documentation indicates that attendance is monitored differently across VET institutes. As one student noted:

If someone is submitting work and you're marking it as high distinction for instance and all of a sudden that stops I mean surely something has happened you know — whether the person is suffering from a mental illness or an accident has happened or something is happening in the family but this person is now not submitting their work — I mean wouldn't that straightaway send off alarm bells from somebody if, if they actually cared about people finishing the program — if all they cared about [was] having people sign up and then, you know, who cares if they finish or not because the money is paid upfront well, then no one would call, no one would care and you know you just plod along like I am at the moment, way over my allotted time with no one seeming to care.

(SJ, Site 1)

The importance of multiple opportunities to accept help

Students reported the importance of being offered assistance with study more than once. Repeated, respectful contact it seems indicates authenticity and a genuine interest in the student rather than simply being an act of organisational compliance or obligation. It implies a belief in the students' capacity and recognises that help seeking can be difficult. It also acknowledges that all students need help at some time and that seeking help and acceptance need not be predicated upon disclosure of mental illness.

> So, for me, I think that, like … the biggest thing that's helpful is persistence in … seeking answers. So, if … if you're trying to help someone, and you want to know if they need a hand to do their work, you need to just keep asking, and just because they said a few times that they don't need help, doesn't mean that they don't ever need help … and they ask you once or twice, and you're like 'No, no. I'm fine. I can do this', and then three weeks later you might not, you just might not be able to go out of the house at all, you're just like 'Nah, I can't do anything', but no one asks anymore, because you said no so many times. (K, Site 4)

Students spoke of the struggle to return to study after even a short absence. They spoke of the fear of 'needing to explain', of 'falling so far behind' and 'failing yet again'. They reported that the usual contact after an extended absence came from the compliance officer in the institute advising them that their enrolment was in jeopardy. This, they stated, simply served to increase feelings of anxiety and guilt and was likely to lead to a withdrawal from the course.

> If I could just pay someone and never have to go back I would be happy. Not for long because I would disappoint myself again by running away again. But that is what I feel like doing. (F, Site 4)

> *Researcher: Did it cross your mind not to go back?*

> A million times! A million times … you know there was that goal that I just had to get to TAFE. And then the whole world fell apart, you know, but I just needed to walk into the lift because you know once the lift is on the second floor I can't actually go, you know I have to get out and then I go, the last goal was to actually get to the room, and then once I was in the room I felt horrible, I felt really like all the eyes were on me. You know and that's how I felt that I needed to explain myself or I needed to give them um, what you say … to say sorry for my actions or things like that but it didn't come out. I didn't know what to do, you know. (M, Site 3)

Changes in students' attendance (in class or in online activities), accountability (timely submission of assessment tasks) and academic performance were highlighted by students and staff and identified as key early warning signs for students at risk of non-course completion or poor progression. These changes were equally relevant for local and international students and applicable across all modes of study — online, distance and classroom-based. Students identified possible interventions which would allow opportunities for provision of student support. These were suggested to staff in the follow-up online survey and staff provided comment on the feasibility, importance and relevance of each suggested intervention.

Table 8 presents the key change strategies suggested for increasing opportunities for provision of student support along with the sample responses from staff.

Table 8   Key change strategies: opportunities for student support

Key change strategy	Related to monitoring and responding to changes in attendance.
	It was suggested that after three days absence without notification contact be made with the student. Suggested wording for this initial contact: 'We have missed you in class for the past few days and hope everything is ok. We look forward to seeing you [next class] and we can talk about the work you have missed and how you can catch up'. It was suggested that the following methods, listed in order of student preference, be used to make contact with the students: text, email, telephone, post.
Representative quotes	Support recommendation although resourcing it is challenging.
	I think this is great, but only if the person making contact is genuine. People will retreat into their shells if they sense that someone is just going through the script and doesn't necessarily care what the student does. The length of time before contact is made is perfect.
	I believe this change to be good, particularly if it is assumed as VET policy. As such it should be announced at the beginning of the year and followed through by a specific person such as the head teacher.
	Three days is good. I think the wording is good. The only problem is that when students return they are usually told that catching up with work is their problem and it's not the teacher's job, so that wording needs to be okayed by staff and would require a BIG change by teachers to be implemented, so staff education.
	This should be uniform for all students.
	Method [of contact] is fine and order is appropriate for usage these days.
	Use [mode of contact] what works best for the cohort being contacted.
Key change strategy	Related to monitoring and responding to changes in accountability. It was suggested that staff respond to a student not handing work in on time by speaking directly to the student and checking progress and understanding of task, identifying barriers to submission and negotiating a revised submission date. A follow-up phone call, email or text message was recommended.
Representative quotes	Engagement and re-engagement language should be used and keeping away from punitive language is good, while still asserting the student's responsibility.
	Good that it makes student figure out the obstacles on their own while offering support at the same time.
	Most of the staff handle these issue well; they approach students in a way that suits them individually.
	Good. Perhaps with the addition of the teacher saying, 'Is there anything I can do to help you in this?'
	Following up is essential.
	I'm sorry but phoning students regarding progress, unless very special circumstances, would be unrealistic with my teaching load.
Key change strategy	Related to responding to a decline in academic performance/participation. It was recommended that the staff member talk privately with the student and start a conversation using this or similar wording: 'I have noticed that your assessment/class participation is not quite up to your usual standard. I wonder if everything is OK. Is there something we can help you with?' A follow-up phone call, email or text message is recommended.
Representative quotes	I think this is key and will be the first marker of a decline in health. A chat at this point would do wonders for me and get me back on track if starting to falter. It opens up communication and gives a student a chance to open up about any difficulties with study.
	Sounds good.
	I think it gives staff a framework to operate in an area where they are often uncertain of what they should do and say.
	Important; wording is fine.
	I already use this approach if this situation has been noticed.
	Decline in performance/participation may actually be an indicator of prodromal [symptoms] prior to episode of acute unwellness. Wording is ok, but caution needs to apply if this is the case. Because in this case, there is actually nothing that we can do.

Implications for the monitoring of student performance

Students and staff agreed that noticing changes in student attendance, accountability and academic performance allowed for increased opportunities for provision of student support. This study suggests that earlier and timelier offers of support are likely to lead to improved course retention, progression

and completion rates for all students, including those with mental illness. Inclusive teaching practices are indicated.

Inclusive teaching strategies: student views

Students told us that they did not wish to be singled out for 'special treatment', they did not wish to 'get a free ride' and they did wish to be held accountable for their performance. From an analysis of student interview data we were able to identify the inclusive teaching strategies all students suggested as useful. Quotes used are representative of student participants.

▪ Clear assessment tasks and provision of timely and constructive clarification and feedback (online, written or verbal)

> You know … I'm worried about not performing well, you know, the assignment that I'm doing now is just, you know, I'm freaking because there's a lot of them, and lots of research based assignments and group assignments as well, and I'm just, you know I always feel that I'm the one taking the initiative to, ok let's do this, let's do it this way, you know, it's just … but I'm not sure if I'm doing the right thing you know … and I don't have any feedback or anything like that and I feel like assignments are just accumulating … (A, Site 1)

▪ Granting extensions when necessary

> Last year I was … very behind in a counselling assignment and the teacher had been absolutely wonderful the whole course … so I knew that she was someone that I could discuss things with if I needed to and so I thought well I can't just leave her dangling like this, if I'm late I've got to tell her something so I did, and that was through email because it was late at night … so, yeah, she emailed me back saying that she was sorry to hear that I was experiencing this and that she understood and, you know, when did I realistically think I could do it. We went from there. (J, Site 1)

▪ Note-takers (students had this support for hearing and language difficulties)

> Um, well like sometimes I feel like I don't want to go to class, but because I have, I also have a hearing impairment, I have like a note-taker assistant in class with me and sort of knowing that if I don't turn up then he doesn't have a job for the day, motivates me to turn up still … if I didn't have him there I probably wouldn't go as much … like, I mean having M sit in class with me and write notes for me and stuff, like aside from the fact that because of my hearing, like that makes the matter different as to how much I actually hear, that helps me 'cause I can't like, if I'm not concentrating then I still have M's notes and M can remind me of things that I've missed, or like you know, for him to tell me what someone just said that's not always because I can't hear it, it's 'cause I'm not focusing and that's been a massive help and like sometimes I'm like, you know, I will worry that if I wasn't, like worried about other people that if they, they have the same problem as me, if they can't concentrate and stuff but they don't have a hearing problem, would they still get the same help, like, 'cause I only have M because I can't hear properly but I don't think I would have him if it was just because I can't concentrate. (K, Site 4)

None of these strategies and study supports relates specifically to the management of mental illness. With the exception of the note-taker, these strategies should be available to all students as part of excellent inclusive educational practice. They do not require disclosure of a mental illness.

The data analysis revealed that student acceptance of these tangible supports was significantly influenced by something far less tangible. The organisational culture was crucial and students were clear it was not benevolence they were seeking.

The soft bigotry of benevolence

Students were fearful of being considered less than capable because of the presence of a mental illness in their lives. They reported not wanting pity or sympathy from others and were 'insulted by ridiculous levels of tolerance'. They told us they wanted to be held accountable for and assisted with the acquisition and demonstration of skills. 'The best thing they did was fail me. I had to take responsibility' (J, Site 1).

Students reported that they constantly observed fellow students and VET staff to gauge insight into their attitudes and beliefs about mental illness and spoke of being able to trust some teachers with information about their mental health but not others. The passion, openness, commitment and competence of teachers were major factors in the development of student trust.

Implications for inclusive teaching practices

> A lot of, a lot of the time I feel that … people think that … it's just, it's just, it's … not *real*. Like, it's not like having a broken leg, you know, people can't see it on the outside, and … you can't find it on an ultrasound … you're just making it up and it's not real … or they go the other thing, where they understand that it's a real thing, but then they think that everyone with some kind of mental illness is going to turn around and stab them … 'I'm not *dangerous*. Well, at least not to anyone else. (K, Site 4)

This study has shown that communications and practices that are transparent, consistently applied and respectful of individuals' difference and capacity serve to promote trust and confidence among students and increase the likelihood of help-seeking behaviour.

Future directions

This study offers an opportunity for VET providers and policy-makers to become aware of the strategies that are likely to lead to improved retention and completion rates from students with a mental illness. Key early markers of poor course completion have been identified and we have argued that the adoption of inclusive teaching practices by all staff will benefit all students. While the resource implications of organisational change must be acknowledged, perhaps the greatest cost to the individual and wider society will be that of inaction.

We suggest that VET providers and policy-makers ensure that:

- Information about, and the formal provision of, study supports and reasonable adjustments be open to *all* students and not be predicated upon the disclosure of mental illness.

- Student attendance, accountability (timely submission of assessment tasks) and academic performance are monitored and offers of study assistance are made repeatedly and in a timely manner.

- Changes are made to the way VET institutes collect disability-related information, ensuring that data collected for organisational reporting purposes is clearly delineated from those designed to enable the identification and provision of student support, to be provided where and when necessary.

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Support document details

Additional information relating to this research is available in *Unfinished business: student perspectives on disclosure of mental illness and success in VET — support document.* It can be accessed from NCVER's website <http://www.ncver.edu.au/publications/2465.html> and contains:

- Tables

- Research interview questions

- Participant information.

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