Something meaningful to do: Transitioning from education to independence

Mark, Northern Territory

Transitioning from primary to high school was difficult and stressful for me. My parents were going through a divorce and I had no support at school. I didn’t seek help as I wasn’t aware that I was developing the early signs of a mental health issue.

No-one stopped to ask if I was OK. There was no education on mental health at school. I believed you only visited the school nurse if you had physical symptoms.

I moved from Darwin to Brisbane to attend high school and experienced racism and discrimination, so I moved back home.

As a young man and one of the eldest in my family I felt I couldn’t show my emotions – I had to be strong even if I was struggling to cope.

I left school for a full-time apprenticeship; however, racism and discrimination again forced me to leave. I spoke to my GP and was diagnosed with Anxiety and Depression. This made sense to me and I could start to understand my symptoms.

At 18 I set myself a goal and through the Northern Territory Indigenous Employment Program I completed a Certificate II in Business. I felt very proud and had a real sense of achievement. I was encouraged to apply for Indigenous Leadership Programs and although I still had doubt, I completed another two Certificate II level courses.

I was asked to give a speech on my experiences and was given the honour of Ambassador for the Northern Territory Indigenous Program.

Both my parents are affected by stolen generation issues which also impacts on inter-generations. In the NT, families are affected by alcohol and drugs, and there is a lack of good role models.

I have an opportunity to inspire a new generation. I talk with young people and promote good physical and mental health. If you set a goal and keep working towards it, you can achieve.

Watch Mark’s video at www.mentalhealthcommission.gov.au
Introduction

All of us go through periods of change and transition in our lives. Successful transitions can set us on the path to a contributing life. Or transition points can present us with challenges which may increase our vulnerability to mental illness.  

Transitions during childhood and adolescence are especially frequent and significant. They encompass rapid physical development as well as changes in social role and identity. Most young people are resilient and adapt well to these changes. But this is also a time when significant mental health difficulties start to emerge. Nationally, about 26 per cent of people aged from 16 to 24 have experienced a mental disorder in the past 12 months.  

If a young person begins to experience difficulties with their mental health, it is vital that they are supported by significant people in their lives to successfully navigate periods of difficulty – especially during transitions. This can help prevent knock-on effects which limit future opportunity, such as disconnection from friends and from education. It can also help maintain engagement with the things they like to do and that give them a sense of satisfaction. Experiencing mental health difficulties must not mean compromising later life chances.

We focus especially on the role of the education and training sector in supporting young people, because most young people are involved with schools or colleges and spend a lot of time there during their formative years. We recognise that successful transitions through education are not just about young people themselves – educators and families also need support to play their role.

Although we focus here on young people and transition points, the Commission believes that learning opportunities should be available to all ages. Education and training are vital tools to enable people at any stage to build on their strengths and to connect with their community. The Commission sees fostering positive educational experiences and outcomes – whether through traditional or alternative pathways, and whether during youth or later in life – as the foundation upon which a contributing life can be built. Moving towards independence does not just mean moving out of the family home and gaining economic independence; it means the ability to make positive choices to shape one’s own version of a contributing life.

What we know

We know that not everyone has a start in life that is free of difficulties and there are times when children, young people and their families need support, especially at points of transition. People who are also experiencing mental health difficulties will find these transitions more challenging.

Therefore to boost their opportunities we know we have to support young people to traverse these points of transition successfully. In being successful we have first to listen to what young people themselves say works for them. We could catalogue the multitude of statistics about the challenges and problems young people face. We know it is well documented that mental health difficulties can arise during adolescence, where dropping out of school, bullying, experimenting with drugs, family discord and relationship breakdowns will be a reality, and that this can be the start of a life of disengagement and disadvantage.  

Figure 9: Prevalence of mental disorders by age group

![Figure 9: Prevalence of mental disorders by age group](source: ABS National Survey of Mental Health and Wellbeing 2007)
These statistics are about illness, disadvantage and roadblocks. Behind the statistics, though, there is always a young person with an experience.

We know:

- that young people consistently say that it doesn’t help them to always be hearing negative messages about the problems of growing up and mental illness, and
- that children and young people often have the best knowledge about what helps them maintain good mental health, and what makes them feel sad or under-valued.

We have heard from young people that:

- they want more positive messages in schools and in the media about it being possible to have a meaningful future, both after and while experiencing mental illness
- they value role models and youth ambassadors who can tell their own story of recovery
- the lack of positive stories and emphasis on problems increases stigma and perpetuates the view that people who experience mental health difficulties cannot participate fully in society
- too much ‘education’ about mental illness as a subject rather than a broader integrated approach to maintaining mental health at school doesn’t help students help others or know how to help themselves
- young people who live in rural or remote locations, those who are negotiating their gender, sexuality and/or intersex status, or who have caring responsibilities for parents with a mental health problem, have particular needs.

We know we are far from achieving universal access to mental health promotion and support services for our young people, and access is something of a ‘postcode lottery’.

“I'd like to learn more about helpful coping strategies, healthy lifestyles, and helpful things to challenge and change your thinking in a positive and healthy way.”

“When you come to school it’s not just so you learn, it’s so you get ready for when you leave school and you have friends and people to talk to, and stuff – and your teachers.”

“For example, services might want to take into account that young people are more likely to seek help from an online forum than a phone helpline survey, but that face-to-face help from friends and professionals is still preferred over asking for help on Facebook or Twitter.”

“PDHPE teaches certain aspects about what they [illnesses] are. It’s about the illness – not about how you can help, or the next step.”

“If there had been someone around to help me when I was a teenager caring for a mentally ill mother I do think my life would have been so different ... I had some good teachers at school who knew that things were bad at home ... I didn’t need a school counsellor. I needed support and practical assistance to help with things like school books & uniform, a safe place to study.”

“I feel normal – and like – there are other people going through similar things. I don’t feel alone about issues.”
What the evidence shows is good practice

Again, the most important evidence for what works and what doesn’t for young peoples’ mental health comes from the voices of young people themselves, their families, and others who interact with them.

These voices say that fostering positive teacher-student, school-family, and peer to peer relationships has a positive impact on student wellbeing. Programs which focus on promoting good mental health rather than on reducing existing ‘problem’ behaviour are more effective.

Teachers themselves often feel overwhelmed by the demands placed on them, and adding mental health to the mix can feel like a role which they are inadequately prepared or resourced to fulfil. Sometimes they feel so overstretched that they need mental health support themselves, not able to give to children what they do not have.

“The areas that need to be addressed are so numerous it is overwhelming. Each student’s needs are unique even within situations such as abuse, separation or poverty.”

“Governments … fail to recognise that their demands are placing undue and unreasonable expectations on schools and school systems … Governments must stop loading schools with more to do without providing extra, effective resources to be able to do it.”

In terms of helping young people to negotiate their own transitions successfully, ‘a rich and varied school education is probably the best intervention that society can offer’. Although these programs lack a strong evidence base because of patchy evaluation, there is some uniformity about good practice principles: delivering learning in environments which do not resemble a school, tailoring one-on-one support, and employing staff who can develop meaningful relationships with young people.

Each state has a slightly different approach but there are dozens of examples of programs for people with mental health difficulties. Programs which are culturally embedded and which involve families and the community are more effective for Indigenous students.

For families experiencing social or economic disadvantage, help to provide a supportive environment at home and foster family resilience is a key part of a preventive intervention in the early years. The ‘Triple P’ positive parenting program is an example of a well-evaluated intervention which can effectively prevent or manage childhood behaviour difficulties.

Programs which focus on tackling specific issues across the school community are more likely to be effective.

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Supporting a parent while negotiating your own transitions

What it means for Shannen, Queensland

When Mum became sick I was left alone to pick up the pieces. I had to cut back my work hours and I went from great study grades to fails within weeks. I was struggling to sleep and was always scared that something would happen to my Mum. My boss and workmates helped me when I was not coping and became distressed at work.

I first became involved with a local support service when I was 17 and Mum was admitted to the mental health unit. I met my support worker when I was struggling to care for Mum during day releases.

Being Mum’s carer I had to sort out many things on her behalf, like debt collectors and real estate people chasing me. Because I was only 17 they refused to deal with me personally and services would not help me until my support worker became involved.

She assisted with making those demands cease and further guided and supported me with all the stressors in my life. I doubt that I would have been able to deal with these challenges alone without her help.

As Mum’s carer, I can’t be unwell when she needs me. I had to keep myself safe when I lived alone and experienced my own mental health crisis because caring for Mum was so demanding and scary.

Until I became involved with the support service I had no idea how to understand the effects of Mum’s mental illness on me or how to look after myself.

They never turned me away. To be supported when trying to learn how to deal with Mum made things seem a bit easier.

Watch Shannen’s video at www.mentalhealthcommission.gov.au
**Spotlight issue**
**Transitions beyond school**

Leaving school and entering further education, training, or employment also means leaving behind familiar structures and supports.

This transition may be especially difficult for young people who are also living with mental health difficulties. They are at greater risk of not being in education, employment or training. This may have lifelong implications for health, unemployment, under-employment and poverty. Australia ranks amongst the worst OECD countries for the rate of employment of people with a disability, including mental health difficulties.

So what will turn this situation around? The Commission believes in strengths-based approaches, built on the idea that helping people to live contributing lives does not mean changing them, but rather changing the system and environment to support this goal.

Post-secondary education providers and employers can remove barriers to attaining and continuing employment. This could include being flexible to the episodic nature of many mental illnesses and to the side-effects of medications.

Higher expectations among professionals of what a person can achieve, and eliminating discriminatory attitudes, will allow people to achieve their potential according to their strengths.

Funding and service structures can create disincentives to employment through loss of benefits or due to the lack of advocates to help people navigate what is available to them.

Specialised **supported education** enables adults living with severe mental illnesses to receive individual tutoring or counselling and other mental health supports while attending mainstream college or university. There is some evidence that this has positive effects on wellbeing, self-esteem and quality of life, and results in improved educational and employment outcomes.

For those making the transition to work, the **individual placement and support** (IPS) approach involves training people with mental health problems on the job and helps people to gain competitive employment. IPS does not exclude anyone who wants to work, supports peoples’ preferences, continues support once employment is gained, and integrates support provided with that of the person’s mental health team.

The Commission understands that TAFE plays an important role in providing a pathway to re-engagement in education for those with a mental health difficulty. It is imperative that increasing investment in school-based education does not result in cutbacks to Vocational Education and Training provision.
Using online technologies to reach out to young people

What it means for Sarah, New South Wales

The capacity of a young person to effectively manage transition periods throughout their life has a great impact on mental health outcomes as an adult.

ReachOut.com leverages the latest technologies to provide young people who are going through periods of transition, with evidence-based help and support 24 hours a day. Issues young people face include physiological changes and developmental responsibilities such as forming relationships and emotional independence, as well as the challenges of moving from primary to high school.

Our online mental health service focuses on helping young people aged 14 to 25. This period of time can be very difficult for many, and can lead to high stress levels, anxiety, fear and insecurity.

As Senior Manager, Schools for the past two years, I know that school is also an important time for teachers to play a vital role in supporting people with mental health problems, through education.

ReachOut.com Professionals, provides teachers with the very latest evidence-based information so they can better understand mental health and wellbeing. Teachers are shown how to refer young people who are experiencing mental health difficulties to appropriate services, how to access practical online tools and are supported to do so through accessible online professional development.

As an example, the Leadership Team of one of the schools we work with has implemented our resources as part of their school wellbeing program because of the support it provides to both students and teachers. It has provided great opportunities for discussions between students and teachers and enabled the students to feel comfortable talking about how they feel and access help.

I’m proud that ReachOut.com helps young people tackle everything from finding motivation to getting through really tough times.

Watch Sarah’s video at www.mentalhealthcommission.gov.au
What we don’t know

Where we need more evidence and to shine a light

First and foremost, there is a lack of active engagement of young people in the design and implementation of the types of initiatives discussed in this chapter.

On the whole, we have only a limited picture of what is acceptable and appropriate in their eyes. Social media platforms offer unprecedented opportunities to reach young people and gather their views. The Commission looks forward to the findings of the second national Child and Adolescent Mental Health Survey, which is currently underway, to get an up-to-date picture on the extent and type of mental health challenges faced by our young people.

We have no information available in Australia about the extent of school dropout directly attributable to mental health issues, and little research about the best methods for helping young people experiencing mental health difficulties to remain engaged in education. This is partly because many initiatives are not sustained, and there is a lack of longitudinal evaluation of the impact of the many initiatives in place in schools on children’s mental health and longer-term outcomes. We welcome efforts to track children’s wellbeing over time, such as the ‘Growing up in Australia’ study and the ongoing Longitudinal Survey of Australian Youth.\(^\text{220}\) A common theme which does emerge from existing evaluations of school-based emotional wellbeing programs is the challenge of involving parents and families.\(^\text{220}\) Some disadvantaged groups are often seen by services as ‘hard to reach’. But it could be that services are ‘hard to access’. Access difficulties could be due to services seeming irrelevant, judgemental, or culturally inappropriate.\(^\text{220}\) More needs to be done to investigate effective ways that schools can work in partnership with parents and families to support childrens’ mental health.

There are significant gaps in research regarding the best approach to targeted interventions for children and young people who are known to be at higher risk of developing mental health difficulties – such as Aboriginal and Torres Strait Islander children, those who are geographically isolated, young carers, and international students.

When it comes to transitions to employment, there is little evidence about how to effectively support young people (as opposed to adults re-entering work) who are experiencing mental illness whilst starting work, particularly those who have mild or moderate problems. Those who have left the formal education system with few or no qualifications tend to fall off the research radar. Without knowing about these peoples’ experiences of education or their reasons for leaving, we cannot begin to understand how to tailor flexible education for people who need extra support to stay engaged due to the impacts of their mental health difficulty. Part of the problem is the fear of disclosure of mental health problems which speaks to the need to improve mental health literacy programs in educational settings.\(^\text{220}\)
Where the Commission is looking for continuous improvement

We call for children and young people, their families and educators to be included in finding solutions. This must include measuring the effectiveness of any supports for young people in terms which are meaningful to them.

For young people, meaningful outcomes can be things like returning to school or work. ‘Getting back on the bike’ and being held steady for a while is a good analogy for an effective service to support young people going through mental health difficulties.

Mentally healthy education needs to be embedded within learning of any kind – in schools, colleges, universities and vocational training environments. There is insufficient coherent, integrated support for teachers and educators to enable this. Police forces are providing mental health training to support their frontline officers to better identify and respond to people in distress. Teachers and educators could also benefit from a similar approach. This should be accompanied by increased recognition and support for the mental health needs of educators themselves.

The Commission acknowledges that friends are the first line of helpers for young people who are struggling. Friends are cited time and again as the source of help young people are most likely to turn to if experiencing difficulties with their mental health. Friends want to help others who are going through a tough time, but often do not know what to look out for or what to say. They also need to be given the practical help and support in these circumstances.

Young people tell us that the most appropriate and effective tool for them to learn about supporting their friends is peer education – hearing frank accounts from people of a similar age about their experiences with mental health difficulties.

With significant school education reform now underway, the Commission strongly urges the integration of mentally healthy education approaches into its implementation. The reform is significant, not only for the amount of money being invested, but also because of its socially progressive emphasis on targeting more intensive intervention at those who are disadvantaged or marginalised.

Inter-generational cycles of disadvantage can only be broken if people who are marginalised can be re-engaged at whatever age or stage of life they may be.

This means that flexible options for engagement – not just sticking to traditional education pathways – must be universally and consistently available throughout Australia.

Investing in sufficient, appropriate services which are acceptable and accessible to young people is assured of a good return. A person who has been helped to negotiate life’s transitions from an early age and has a strong educational foundation can fulfil their potential, realise their aspirations, and contribute to their community and family for the rest of their lives.

“Kids need to be educated at school, when they are young, so that when problems arise they can talk about them openly instead of keeping them to themselves. I didn’t know what to look for. Signs that I took for being adolescence were signs of his depression. For years he suffered on his own.”

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