

# **2020 Review of the *Disability Standards for Education 2005***

Response from the National Mental Health Consumer and Carer Forum (NMHCCF) to the Consultation Questionnaire



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The National Mental Health Consumer and Carer Forum (NMHCCF) is pleased to provide a submission to the 2020 Review of the *Disability Standards for Education 2005*.

The National Mental Health Consumer and Carer Forum (NMHCCF) is a combined national voice for mental health consumers and carers. We listen, learn, influence and advocate in matters of mental health reform.

The NMHCCF was established in 2002 by the Australian Health Ministers' Advisory Council. It is funded through contributions from each state and territory government and the Australian Government Department of Health. It is currently auspiced by Mental Health Australia.

NMHCCF members represent mental health consumers and carers on many national bodies, such as government committees and advisory groups, professional bodies and other consultative forums and events.

Members use their lived experience, understanding of the mental health system and communication skills to advocate and promote the issues and concerns of consumers and carers.

This submission focusses on responses to the questions in the Consultation Questionnaire, from a perspective of people with mental health issues and/or psychosocial disability and the perspective of their carers/family.

We would be happy to provide any further information to support the issues raised in this submission. Please contact the NMHCCF via the Secretariat – [nmhccf@mhaustralia.org](mailto:nmhccf@mhaustralia.org) or 02 6285 3100.

*25 September 2020*

## Q10.

### Enrolment in education and training

Q. What has been your experience of people with disability (including yourself) **accessing and enrolling** in education and training, including preschool, kindergarten, school, TAFE, VET, university, and other adult education institutions?

The National Mental Health Consumer and Carer Forum (NMHCCF) members have identified the following issues as being relevant in the area of 'accessing and enrolling' in education and training:

- the need for educational institutions to understand the range of mental health and psychosocial disability issues and the impact of these issues on the individual to ensure that access and enrollment to the most appropriate institution is facilitated.
- an understanding of how different psychosocial disabilities may be expressed within an educational institution by an individual. The psychosocial disabilities impacting educational outcomes may include the following diagnoses:
  - anxiety
  - depression
  - Post-Traumatic Stress Disorder (PTSD)
  - Oppositional Defiance Disorder (ODD)
  - Obsessive Compulsive Disorder (OCD)
- availability of information on how to enrol, support services and people available if people with a psychosocial disability choose to access support
- access to and consideration of reports and assessments from health professionals should be taken into account to assist with access and enrolment
- information provided by carers and support people should be used to ensure enrolment into appropriate educational institutions.

An example provided by the NMHCCF Members is:

“My son was enrolling in an alternative educational program for students who were ‘falling through the cracks’. He had recently been diagnosed with PTSD and a neurological disability that meant he needed greater support. He attended a week’s trial with the school. At the end of that trial he was denied access to the program because they felt his learning needs were too much for their team to handle. They referred him to their distance education program as an alternative. This was in direct contradiction to the recommendations provided in the medical report which indicated distance education as not being appropriate for him. This caused a tremendous amount of frustration and compounded his feelings of failure and isolation.”

## Q11.

### Participation in education and training among students with disability

Q. What has been your experience of students with disability (including yourself) **participating** in education and training?

The NMHCCF members have identified the following issues as being relevant in the area of ‘participating in education and training’:

- need to ensure ongoing support for students with mental health issues and psychosocial disability to assist them in successfully completing their studies
- educational institutions should work as a team with families/carers, students, health professionals
- institutions should read reports from health professionals and implement the recommendations to ensure appropriate support is provided and continue to monitor the support
- be aware that stigma and shame affect families and individual students seeking appropriate assistance for mental ill health issues that impact their learning

Examples the NMHCCF members have provided are described below:

“The delivery of the Cert IV in Mental Health Peer Work is generally run through the VET sector. The students who enrol in these courses are people with a lived experience of mental health issues and, for some, psychosocial disability. After being involved in the course for many years, the requirements of these students for ongoing emotional support is straining the students themselves as well as their tutors and the organisation's staff in general as a result of the content of the course. I am not convinced the VET sector has sufficiently put into place allowances for reasonable adjustments for the students, nor adequate support for the lecturers. The fallout from this is the lecturers burning out, students dropping out of the course, and bullying occurring between the students. Basically, as long as someone can pay their way- they are accepted, without suitable checking first of the student's capabilities or readiness for study, let alone if they require any reasonable adjustments to complete the course.”

“My son participated in a Year 11 recovery-focused bridging course after an 18-month absence due to depression and anxiety after bullying. I saw him blossom from being deeply depressed and anxious into an openly communicating, sometimes even joyful young man. In Year 12 the intensive support was removed. Initially he coped, but over time he declined. On investigation, I recognised one of his teachers was not considering his individual learning needs. He has low executive function and auditory processing speed challenges. I brought this to their attention. I then saw an immediate improvement in his attitude and results. This convinced me of the importance of educators understanding the individual barriers that children with physical disabilities experience and tailoring education to meet their needs.”

## Q12.

### Support for students with disability

Q. What has been your experience of students with disability (including yourself) being **supported** in education and training?

The NMHCCF members have identified the following issues relating to 'support':

- support is required in different ways for students experiencing mental health problems and psychosocial disability. This may be due to their diagnosis but also the episodic nature of their illness which may result in differing levels of support being required at different time
- need to allow for differences in the ways students learn and adapt the support to assist students to demonstrate their understanding of the subjects
- support may be required for students who are the 'carers' in their family. Young carers are not just those with someone in the family experiencing mental health issues, it is any child or young person with a family member needing carers for any health disability age related issue (use the national definition for young carers on Carers Australia website: <https://www.carersaustralia.com.au/about-carers/young-carers/>)

Some examples the NMHCCF members have provided are described below:

"I caught up with some parents of primary school age children today who all send their children to alternative schools. It was heartbreaking to listen to them speak about the increased anxiety and mental health issues their children were experiencing since commencing.). The schools pride themselves on working with 'sensitive' children and permit the children to express themselves. Interestingly there seemed to be little evidence of what was being done to not only allow space for children to express themselves, there was a huge gap in them actually upskilling the children to cope or de-escalate, self-soothe and learn tips and tricks for managing their anxiety. One child has had their parent sitting with them in class for the last three days to 'manage' the child.

Do we have a school system which is potentially leading these children into long-term mental health issues and psychosocial disability? Where does the responsibility lay with not only identifying children at risk, but a responsibility to build resilience?

I appreciate and respect parents have the right to choose the education system for their children. I also hope these Standards address the potential harm and long-term consequences of not supporting, encouraging and teaching our children to cope."

"I have been advocating for peer workers in schools to help families who are at the beginning of an identified anxiety or other mental health issue. Without the support to know what to do, there is the potential that you will either do the wrong thing or equally as badly do nothing because you are ignorant. Parents need support and children need support. They don't need judgment, which is often what comes across with clinically trained workers."

### Q13.

#### Harassment and victimisation of students with disability

Q. What has been your experience of students with disability (including yourself) experiencing **harassment and/or victimisation** in education and training settings?

The NMHCCF members have identified the following issues relating to ‘harassment and victimisation’:

- students and people working in educational institutions frequently do not understand mental health issues and psychosocial disability which may result in bullying of students or victimisation
- the episodic nature of mental illness may lead to confusion by students and staff regarding the abilities of a student and again this lack of understanding may result in harassment/victimisation
- the need by educational institutions to ensure compliance with regulations and standards may override the needs of a student or family. The examples below have been provided as a demonstration of this point:

“I picked my primary school aged son up every day and carried him into a school in compliance with the mandated legislation that he had to attend school, not realising he was being bullied in the classroom by other students and the teacher. I set him up for a lifetime of social anxiety and PTSD in the name of compliance to a system that penalises parents for not taking their children to school. I then had to sit across the table from him as a 15-year-old, in a room full of clinicians and educators, and watch him cry his heart out and speak of how he felt like a ghost in the school. Thank God I eventually found a school that did recovery work with young people like him. I owe that school his life because they transformed him through providing appropriate educational support that addressed his learning disabilities and his mental health.”

“My daughter in Year 9 started showing signs of being deeply depressed. When I discussed this with her, she reported being called a ‘cry baby’ by other students at school because she was depressed following the death of a family member. An A grade student, her mental health declined and she started self-harming behaviours and suicidal ideation, which stemmed from the feeling that she was not understood nor supported by her school peers. She eventually dropped out of mainstream schools and had to find her own pathway in education that was more individualised and could be paced around her episodes of mental ill health.”

## Q14.

### Compliance with the Standards by education providers

Q. What has been your experience of **compliance** with the *Disability Standards for Education 2005* among education providers?

The NMHCCF members have identified the following issues relating to 'compliance' with the Standards:

- while educational institution may understand the Standards and their requirements regarding compliance, the application of the Standards in practice is not always apparent.
- there do not appear to be any consequences for educational institutions if they do not comply with the Standards

This example was provided by a member of the NMHCCF:

"Two of my children were bullied by their teacher in primary school which led to a diagnosis of PTSD and anxiety in their teenage years that was directly related to their primary school experiences. They both had the same teacher, a year apart. Unfortunately, they didn't let us know what was going on at the time and it wasn't until they were in their late teens that they were able to verbalise what had happened to them. Immediately, I wrote a formal letter of complaint to the Education Department as we believed that may help them in their recovery process. We received a letter acknowledging the complaint and an investigation was conducted. They contacted us and informed us that they had spoken to the teacher, to the principal of the school and that the letter of complaint was being registered on that teacher's file. They assured us that things had changed in the time from when the incident happened (many years prior) to the time of the complaint and that there were now safeguards to prevent this type of situation happening. They also said that there was now a greater awareness around mental wellbeing and the management of physical disabilities. We came away from the process feeling that although they had responded it didn't guarantee the safety of other children who may encounter that teacher in the future. For example, there was no commitment to that teacher receiving coaching or training, there was no agreement that the teacher would be cautioned or monitored moving forward."

### Section 3: Awareness of the Standards

#### Q15. (answer if Q4 = 1, 2 or 3)

Q. Do you feel like you are aware of and understand your / your child's rights when it comes to being able to access and participate in education and training as they relate to the Standards?

1	I have <b>no</b> awareness and understanding of the rights set out in the Standards	<input type="radio"/>
2	I have <b>low</b> awareness and understanding of the rights set out in the Standards	<input type="radio"/>
3	I have <b>some</b> awareness and understanding of the rights set out in the Standards	<input type="radio"/>
4	I <b>have good awareness and understanding of the rights set out in the Standards</b>	<input checked="" type="radio"/>
5	I have <b>excellent</b> awareness and understanding of the rights set out in the Standards	<input type="radio"/>
6	Prefer not to say	<input type="radio"/>

**Q16.**

Q. Based on your experience, how would you rate the community's awareness and understanding of the *Disability Standards for Education 2005*, including the purpose of the Standards and how they are designed to explain the rights of students?

1	Very poor	<input type="radio"/>
2	Poor	<input checked="" type="radio"/>
3	Fair	<input type="radio"/>
4	Good	<input type="radio"/>
5	Excellent	<input type="radio"/>
6	Prefer not to say	<input type="radio"/>

### Q17.

Q. Are there any particular actions that you think could be taken to increase awareness of the Standards and/or to make sure they're better understood?

The NMHCCF members suggest the following actions be taken to increase awareness of the Standards:

- Refer to the Standards when discussing support options for students with a disability, even in general communication to students and families whether they need support or not
- enhance the knowledge and understanding of the students and staff regarding mental health issues and psychosocial disability to ensure the Standards are applied appropriately
- ensure the support needs of students who are carers themselves for people with mental health issues or psychosocial disabilities. These young people often have significant responsibilities and would be assisted with additional support to ensure they achieve educational success.

## Section 4: Improving the Standards

### Q18.

Q. Before we ask for your thoughts on how the Standards might be improved, do you have any feedback or experiences on how the Standards have helped people with disability access and participate in education and training on the same basis as people without disability?

The NMHCCF members make the following suggestions:

- the language used in the Standards should be changed either from the clinical medical language of 'psychiatric diagnosis' to more culturally appropriate and less stigmatising language: eg from 'psychiatric' to 'social & emotional wellbeing'
- Include in the Standards a requirement for all staff to complete annual trauma informed care and practice training and use the Ticpot assessment methods (see <https://www.mhcc.org.au/resource/ticpot-stage-1-2-3/>)

## Q19.

Q. How do you think the Standards could be improved to help overcome other barriers that may exist for some students with disability when accessing and participating in education and training?

For this question, we particularly want to know how the Standards could help to overcome barriers that may exist for the following groups:

- Aboriginal and Torres Strait Islander people
- People from culturally diverse backgrounds
- People who speak a language other than English at home
- People who live in regional, rural and remote locations
- People from low income households
- People who are LGBTIQ+

The NMHCCF members suggest the following actions be taken to improve barriers to education:

- ensure that support structures are available for students that take into account their specific needs, such as students from a CaLD background, living in a rural or remote location etc
- taking a flexible approach to demonstration of learning outcomes – that may not involve sitting for exams or other structures that currently exist
- ensuring that staff and students understand the support needs of people with mental health issues or psychosocial disability and that support is put into place and provided in an ongoing basis
- ensure that the advice of health professionals is sought and utilised when preparing support plans
- Early identification of students with learning difficulties or developing mental health, with appropriate testing and supports made available in an affordable and timely way
- Change in language from ‘psychiatric diagnosis’, which most clinicians are reluctant to give children and adolescents anyway, to use the term ‘social and emotional wellbeing’ which will assist help seeking without judgement and stigma

## Q20.

Q. How do you think the Standards could be improved to help better respond to situations such as COVID-19 or natural disasters?

When answering this question, you may want to think about:

- Your own experiences during the COVID-19 pandemic or other major events.
- How students with disability can continue to be supported to participate in education and training during these times to the same degree as students without disability.

The NMHCCF members suggest the following:

- recognition of the long-lasting impact of trauma on people who have experienced natural disasters. For example, students who have experienced a natural disaster, like a bushfire, may be re-traumatised when a bushfire occurs nearby or is reported widely in the media
- the impact of learning from home needs to be considered. Students may not have access to computers and printers, may not have sufficient data to access the internet, may not live in a safe environment which allows them to continue their studies. The needs of each student and their personal environment are important to consider
- flexibility in arranging support for students with a disability during challenging times is especially important.
- flexibility in the length of time it takes to complete studies, as the time required to complete studies may vary if the student is not engaging with other students in a classroom-based setting.

## Q21.

Q. How do you think the knowledge and capabilities of educators and education providers could be strengthened to ensure they comply with the *Disability Standards for Education 2005*?

The NMHCCF believes that the knowledge and capabilities of educators and education providers could be strengthened by:

- implementing structures that reduce the mental health issues for all students
- implementing structures that support the 'management' of mental health issues for all students
- ensure a range of support services are available to meet the needs of students and their families/carers
- ensure that assessments and reports are read, discussed, and plans for support put into place
- ensure that review of support structures is undertaken, and changes made as required
- ensure staff have a sound knowledge of mental health issues and psychosocial disability so that the Standards may be applied to support students in educational success

## Q22.

Q. Lastly, are there any other ways you think the Standards could be improved?

The NMHCCF makes the following comments/suggestions:

- The impact of mental health issues and psychosocial disability on educational outcomes and experiences is well recognised. The Standards need to be applied to assist students to achieve success in their education regardless of their disability
- the needs of students who have a 'carers' role need to be determined so that appropriate supports are put into place
- the learning support needs of students are communicated to teachers so that support services are implemented across the years the student is at the educational institution
- the social and emotional wellbeing of all students is considered in policies and procedures, supported by the Standards
- the need for educational institutions to understand trauma and use a trauma informed approach to the application of the Standards
- educational services need to recognise and respond appropriately to the episodic nature of mental health challenges, especially in young people, and actively work at minimising the risk of stigma or discrimination to the individual from both staff and students

The NMHCCF provides a copy of one of its publications as a useful resource:

NMHCCF's Unravelling Psychosocial Disability position paper -

[https://nmhccf.org.au/sites/default/files/docs/nmhccf\\_psychosocial\\_disability\\_booklet\\_web\\_version\\_27oct11.pdf](https://nmhccf.org.au/sites/default/files/docs/nmhccf_psychosocial_disability_booklet_web_version_27oct11.pdf)

(Note this paper is currently being revised and the new version will be available of the NMHCCF website later in 2020)