



Mental Health Literacy in VET

Dr Jason Skues

Victorian Skills Authority Fellowship, 2026

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Acknowledgements

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02

Executive Summary of Fellowship:

What was the Fellowship about?

The aims of the Fellowship were to deepen Dr Skues's understanding of mental health literacy and to explore how VET teachers could be best supported to embed mental health literacy into their regular teaching practice and current curriculum using innovative pedagogical approaches. Specifically, the Fellowship sought to examine how evidence-based information and resources can be used to improve mental health awareness, reduce stigma, and increase help-seeking among both VET teachers and students, contributing to more sustainable, scalable, and system-wide responses to mental health needs in the Victorian VET sector.

What are the gaps in the Victorian VET sector?

Mental health difficulties are common among VET students. However, limited mental health literacy, including low awareness of mental health conditions and available supports, concerns about stigma, and uncertainty about where or how to seek help, means many students lack the knowledge and skills to recognise distress early, resulting in delayed disclosure or no help-seeking at all. As a result, emerging mental health difficulties frequently go unaddressed, negatively affecting student attendance, engagement, learning, training completion, and workforce readiness.

VET teachers are well placed to notice changes in student behaviour and wellbeing, yet they also report gaps in their knowledge and skills to respond effectively to student mental health concerns. Compounding this challenge is the limited integration of mental health literacy and mental health promotion within routine teaching practice and current curriculum. In particular, students are rarely provided with opportunities to learn about mental health, develop self-care and coping strategies, or build confidence in seeking help from within their institution or in community. This leaves both VET teachers and students without the practical tools required to identify early signs of difficulty, respond appropriately, and access support in a timely and effective way.

Why was it important to the Victorian VET sector?

These gaps have significant consequences for the mental health and training outcomes of Victorian VET students. It is widely recognised that poor mental health is associated with lower attendance, reduced engagement, and decreased training completion, which in turn compromises workforce readiness. Students may also enter employment with unresolved mental health difficulties and underdeveloped coping skills, limiting their capacity to perform effectively, sustain employment, and progress within the workforce.

These gaps also place additional pressure on VET teachers, who frequently experience increased uncertainty and stress when supporting students with mental health concerns without adequate training, guidance, or resources. Strengthening teacher capability through targeted mental health literacy training, combined with embedding mental health knowledge and skills within routine teaching practice and existing curriculum across VET qualifications, offers a sustainable and scalable approach to improving student mental health. Such an approach can normalise mental health, reduce stigma, support prevention, early identification, intervention, and better prepare students for successful participation in both training and employment. Ultimately, building mental health literacy within VET supports not only training and employment outcomes, but also the development of healthy, resilient, happy and thriving individuals.

Why did you choose to undertake this Fellowship and topic?

Dr Skues chose to focus on this topic because of his belief that all students, regardless of background or level of need, should be afforded the opportunity to flourish, participate meaningfully in education, and transition successfully into work and life. This topic aligned with his professional goal of strengthening his expertise in mental health and contributing to broader system capacity within the Victorian VET sector through international collaboration. The decision to pursue the Fellowship was informed by the Dr Skues's professional experience and observations of how untreated mental health difficulties undermine student engagement and learning, limiting

pathways to further education and employment. This topic also reinforces his strong commitment to improving prevention, early identification, and intervention for student mental health in VET.

Where did you go?

The Fellowship included visits to the Senate of Canada in Ottawa, the University of Alberta in Edmonton, and mentalhealthliteracy.org in Calgary. Canada was selected due to its global leadership in mental health literacy across multiple education sectors. In Ottawa, Dr Skues met with Senator Stan Kutcher and Dr Yifeng Wei, internationally recognised experts in mental health literacy. During the visit to the University of Alberta, Dr Skues worked with Dr Wei to design a research project evaluating mental health literacy interventions for the Victorian VET sector. He also attended a meeting with Professor Andy Greenshaw from the Asia-Pacific Economic Cooperation (APEC) Digital Hub for Mental Health to discuss approaches to secure research funding. In Calgary, Dr Skues collaborated with Mr Andrew Baxter and his team at mentalhealthliteracy.org to review two evidence-based mental health literacy interventions, the *Transitions* guide and *Go-To Educator* program. Dr Skues delivered a demonstration of digital tools including H5P technologies, highlighting their use in adapting these interventions and supporting digital implementation at scale. Opportunities for ongoing collaboration were also discussed. Overall, these three visits strengthened international partnerships and provided key insights into how international mental health literacy interventions can be adapted for the Victorian VET sector.

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Fellowship Background:

The Fellowship Background section provides an overview of the Fellowship's context, methodology, duration, and a brief biography of the Fellow.

3.1. Fellowship context

A growing body of research shows that mental health issues are highly prevalent among VET students, often at rates exceeding those observed in non-students (Cvetkovski, 2012). Many individuals enter VET with complex life circumstances, including disrupted schooling, financial stress, unstable housing, caring responsibilities, and experiences of social exclusion or marginalisation (Orygen, 2018, Myconos et al., 2016). These factors substantially increase vulnerability to mental health difficulties and place additional pressure on VET students' capacity to engage in training and transition successfully into the workforce (Miller & Nguyen, 2008; Stanwick, Ong & Karmel, 2006). As a result, the VET sector represents an important setting for targeted mental health intervention and support.

Mental health difficulties have significant impacts on training and employment outcomes. For instance, poor mental health is associated with cognitive and attention difficulties, stigma, discrimination, fear of failure, low self-efficacy, task avoidance, disengagement, absenteeism and lower training completion rates (Venville & Street, 2012). When VET students struggle during training, their employment pathways are disrupted, potentially reinforcing cycles of disadvantage among this

vulnerable cohort. Failure to address mental health issues in VET therefore not only undermines student engagement and learning, but it also limits workforce participation and productivity, with direct implications for Victoria's broader economic and social objectives (Orygen, 2018).

Despite substantial levels of need, many VET students delay help-seeking or do not access support at all for their mental health issues (Venville & Street, 2012). Research suggests that limited mental health knowledge, concerns about stigma, and low awareness of available supports within the institution contribute to delayed disclosure, with these barriers further compounded by fragmented support systems, limited on-site services, and concerns about privacy and confidentiality. VET teachers are often the first to notice changes in student behaviour or wellbeing, given their close and ongoing contact with students. However, many teachers report feeling underprepared and lacking the necessary knowledge and skills in recognising mental distress, responding confidently and appropriately to diverse student needs, or facilitating connections into appropriate supports available within the institution or in the community (Miller & Nguyen, 2008; Venville & Street, 2012). Teachers have consistently called for professional development, clear referral pathways, and accessible support and resources. Furthermore, the Victorian VET sector faces further challenges, including limited mental health resourcing, underdeveloped partnerships with mental health services, and the absence of structured frameworks to embed mental health

literacy across training programs (Orygen, 2018).

Improving mental health literacy provides a clear, evidence-informed response to these challenges. According to Senator Kutcher and Dr Wei, mental health literacy comprises four core components, including: 1) recognising mental health problems and effective treatments; 2) maintaining positive mental health and wellbeing; 3) reducing stigma; and 4) enhancing help-seeking skills (Kutcher et al., 2016a, 2016b, 2016c). Previous research from school and tertiary education school settings shows that mental health literacy initiatives support early identification, promote help-seeking, and increase staff confidence in responding to student distress (Gilham et al., 2018; Wei et al., 2013, 2021). However, it is important to note that few programs are currently tailored to the VET context, highlighting the need for curriculum-aligned, context-specific approaches that support sustainable implementation.

Addressing mental health in the Victorian VET sector is both a wellbeing priority and an economic and social necessity, given its links to disengagement, reduced learning, absenteeism, decreased completion rates, and weaker employment outcomes. In contrast, embedding mental health literacy and support structures within various education and training environments can improve engagement and learning, increase attendance and completion rates, enhance employability, and contribute to more resilient and thriving communities. With one in four young people experiencing poor mental health each year in Australia, VET represents a critical opportunity for promotion, prevention, and early intervention.

Therefore, this Fellowship was designed to explore approaches that build teacher capability, support student mental health, and strengthen the overall effectiveness of the Victorian VET sector.

3.2. Fellowship methodology

The Fellowship was carried out through a series of international meetings that involved consultation with leading international experts, collaborative research planning, presentations,

demonstrations, and the evaluation of evidence-based resources. This included meetings in Ottawa with internationally recognised experts in mental health literacy, namely Senator Kutcher and Dr Wei. At the University of Alberta in Edmonton, Dr Skues participated in collaborative workshops with Dr Wei to co-design a research project evaluating mental health literacy interventions in Victorian VET settings, as well as meetings to explore potential avenues for research funding with Professor Andy Greenshaw. A visit to the mentalhealthliteracy.org team in Calgary focused on presenting about mental health issues affecting VET students, reviewing mental health literacy resources for students and teachers, demonstrating digital tools (e.g., H5P tools), exchanging ideas, and identifying opportunities for ongoing collaboration.

3.3. Fellowship period

The Fellowship was undertaken between June and July in 2022 and covered visits to Ottawa, Edmonton, and Calgary in Canada over a three-week period.

3.4. Fellow biography

Dr Skues is an experienced VET researcher, academic, and psychologist. Dr Skues applies his professional expertise in supporting teachers and students to develop practical approaches that enhance student learning and wellbeing. He has also worked as an Academic Director for Pathways at Swinburne University. This Fellowship built on his previous work in educational and developmental psychology, and specifically in the area of mental health, with his strong interest in translating evidence-based practice into VET settings. Dr Skues is a member of the Australian Psychological Society (APS) and the Australian Vocational Education and Training Research Association (AVETRA) and has a track record of working collaboratively across education and industry to improve outcomes for young people.

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Fellowship Learnings and Findings:

The following section presents the key learnings from the Fellowship in chronological order, drawing together insights gained across Ottawa, Edmonton, and Calgary.

4.1. Senate of Canada, Ottawa: The VET Sector, Mechanisms of Change, and Policy

The visit to the Senate of Canada in Ottawa provided a strong foundation for developing a more nuanced understanding of the mental health challenges facing Victorian VET students, viewed through the lens of Canada's international leadership in mental health literacy and system-level reform. This initial visit reinforced the Fellowship's core aim of addressing gaps in VET teacher knowledge and skills, embedding mental health literacy within regular teaching practice and existing curriculum using innovative pedagogical approaches, and developing sustainable, sector-wide approaches to mental health literacy promotion. Meetings with Senator Kutcher and Dr Wei highlighted how effective mental health reform in education requires coordinated action across pedagogical approach, curriculum, teacher capability, and policy, rather than reliance on stand-alone wellbeing programs.

A key learning from time spent at the Senate was the diversity and complexity of student need within the Victorian VET sector. Drawing on National Centre for Vocational Education Research (NCVER) data, Dr Skues presented the multiple challenges shaping the mental health

of VET students, including disrupted schooling histories, financial and employment instability, caring responsibilities, cultural obligations within Indigenous and CALD communities, isolation among international students, and significantly higher exposure to trauma than is typically observed in school or university populations (NCVER, 2023). Senator Kutcher and Dr Wei emphasised that such complexity requires more than generic wellbeing initiatives. Instead, the content, delivery methods, and teacher training associated with mental health literacy must be adapted and tailored to VET contexts, including students transitioning into adulthood, balancing work and study, and managing substantial life pressures. The Ottawa visit reinforced that the limited effectiveness of school-based mental health programs in VET is rarely due to flaws in the programs themselves, but rather to a lack of adaptation to the developmental, cultural, and workplace factors characteristic to VET contexts.

The visit also clarified the psychological mechanisms through which mental health literacy produces change for students. Through extended discussions, two modifiable constructs emerged as central to effective intervention design. The first construct was *hope*, informed by Snyder's Hope Theory (Snyder, 2002) and Pekrun's Control-Value

Theory (Pekrun, 2006; Pekrun & Stephens, 2010), which emphasises agency, goal-directed pathways, and motivation. For VET students, hope plays a protective role by supporting persistence, reducing disengagement, and lowering the risk of dropout. The second construct was *self-efficacy*, grounded in Bandura's Social Cognitive Theory (Bandura, 1997), which supports students to recognise early signs of distress, apply coping strategies, and seek help when needed. For example, a construction apprentice experiencing burnout or a nursing student feeling anxious before a practical assessment is more likely to take adaptive action when self-efficacy is strengthened. Importantly, both hope and self-efficacy are modifiable, providing clear targets for the design and evaluation of mental health literacy interventions in VET settings.

Another key construct identified during the visit was *psychological literacy*, which was viewed as a foundational capability that supports and extends mental health literacy. Unlike mental health literacy, which focuses primarily on knowledge and help-seeking skills, psychological literacy is a broader construct that refers to the ability to apply psychological knowledge in real-world contexts, think critically and scientifically, communicate effectively, make informed decisions, solve problems, and respond with cultural competence across personal, educational, and workplace settings (Cranney & Hulme, 2012). Psychological literacy enables both VET teachers and students to understand what is developmentally typical across different life stages (e.g., emerging adulthood), supporting interpretation of behaviour through a contextual rather than deficit-based lens. For example, a VET teacher may interpret student withdrawal as an adaptive response to emotional overload rather than disengagement, while a student may understand anxiety as a normal stress response rather than a threatening situation. Discussions with Senator Kutcher and Dr Wei also highlighted how embedding elements of psychological literacy within mental

health literacy interventions may even strengthen teacher responses and enhance student self-understanding, resilience and coping, and adaptive functioning in VET environments.

Lastly, observing a live Senate sitting underscored how successful mental health reform is achieved when it is grounded in evidence, shaped by lived experience, and supported by coordinated policy action. Canada's integrated policy ecosystem, linking federal leadership, education frameworks, digital platforms, and teacher training, provided a compelling example of how mental health literacy can be embedded as a core component of education systems rather than positioned as an optional wellbeing initiative (Kutcher et al., 2016a; Kutcher et al., 2016b). This is especially important in the Victorian VET sector where there are multiple government, community, and private providers with significantly varied sizes and delivery models. As such, Ottawa became both a conceptual anchor and a policy benchmark for the Fellowship, demonstrating what is possible when mental health literacy is treated as a key driver of student mental health, attendance, engagement, learning, training completion, and workforce readiness.

4.2. University of Alberta, Edmonton: Co-Designing Interventions and Research Design

The visit to the University of Alberta in Edmonton translated the conceptual insights gained in Ottawa into the practical design of VET-specific mental health literacy interventions. Through multiple meetings and intensive collaboration with Dr Wei, the focus shifted from what a mental health literacy intervention should include to how it can be delivered in ways that are accessible, appropriate, scalable, and effective within VET contexts. In particular, discussions centred on how existing evidence-based resources, including the *Transitions*¹ guide developed by mentalhealthliteracy.org, could be adapted using digital tools, universal design, co-design

¹ The *Transitions* guide helps post-secondary students understand and navigate the common challenges they face when moving into campus life by providing information on mental health, wellbeing, life skills, and where to find help and support services. It aims to increase students' mental health knowledge, reduce stigma, improve help-seeking attitudes and behaviours, and support adjustment to new academic and social environments.

principles, and implementation science to support scalable and sustainable integration. This work consolidated an important Fellowship learning, which was that digital transformation is not simply an enhancement, but a necessary condition for equitable and sector-wide delivery of mental health literacy interventions in the Victorian VET sector.

Dr Wei and Dr Skues mapped the everyday realities of the diverse VET student population, including early school leavers; full-time apprentices and trainees balancing work and study; mature-aged students who are initial skilling, upskilling or re-skilling; parents managing study alongside caregiving responsibilities, neurodiverse students with attentional difficulties and learning differences; Indigenous students; students from culturally and linguistically diverse (CALD) backgrounds; and students with trauma histories (Lamb et al., 2018; NCVET, 2023). These profiles reinforced why rigid, one-size fits all, classroom-based wellbeing programs are poorly suited to VET environments. Instead, the discussions highlighted the need for flexible, mobile, short-form learning modules that can be accessed during class, breaks, between shifts, after class, or on demand. This insight led to the development of a set of design principles for VET-specific mental health literacy interventions to increase accessibility, engagement, learning, and behaviour change within VET, including the use of: 1) micro-learning modules; 2) digital tools such as H5P tools; 3) plain language use; 4) narration and captioning; 5) authentic and relevant scenarios; and 6) culturally safe and trauma-aware content. Dr Wei noted these digital strategies closely mirror the Canadian experience, where digital mental health literacy has been shown to significantly increase accessibility, engagement, and inclusion across diverse student groups.

Another important learning from the Edmonton visit related to research design and evaluation. The Fellowship recognised that rigorous evaluation is essential for achieving policy traction, sustained funding, and sector-wide adoption in the Victorian VET sector. In collaboration, Dr Wei and Dr Skues examined evaluation methodologies suited to the realities of VET settings, where student

populations are diverse, mobile, and embedded in varied delivery contexts. Randomised controlled trials were considered impractical due to ethical considerations, logistical constraints, inconsistent program exposure, and limited system capacity to support tightly controlled designs. Instead, quasi-experimental approaches collecting mixed methods data emerged as the most feasible and robust option, balancing methodological rigour with ecological validity (see Christensen et al., 2015; Shadish et al., 2002). These designs combine non-equivalent comparison groups, pre- and post-intervention measures, qualitative student voice, and quantitative assessment of key psychological resources such as hope and self-efficacy, alongside core mental health literacy outcomes including knowledge and skills, stigma reduction, and help-seeking confidence and intentions. Importantly, these outcomes align closely with measures used in Canadian research, strengthening both construct validity and international comparability.

The visit concluded with a meeting with Professor Andy Greenshaw from the Asia-Pacific Economic Cooperation (APEC) Digital Hub for Mental Health, which provided critical guidance on shaping future research funding proposals. His expertise highlighted the importance of aligning mental health literacy initiatives with broader government priorities, including workforce participation, skills shortages, student retention, productivity, and equity, alongside mental health outcomes. This advice closely aligns with Victorian Skills Authority priorities and reinforced that effective mental health literacy proposals must articulate economic, social, and educational returns on investment, not solely improvements in mental health indicators. Overall, the Edmonton visit to the University of Alberta confirmed the Fellowship's methodological and design foundations, ensuring that future VET mental health literacy interventions are digitally accessible, grounded in universal design and co-design principles, responsive to the VET context, and rigorously evaluated to support sustainable, system-level impact.

4.3. mentalhealthliteracy.org, Calgary: Adapting Resources for the VET Sector

The Calgary visit represented the culmination of insights gained in Ottawa and Edmonton, bringing together theory, intervention design, and evaluation. This stage of the Fellowship focused on reviewing and critically evaluating two evidence-based mental health literacy interventions: 1) the *Transitions* guide and 2) the *Go-To Educator*² program.

The Calgary team highlighted how the *Transitions* guide supports student wellbeing by building mental health knowledge, reducing stigma, and strengthening help-seeking behaviours (Wei et al., 2013). However, it quickly became clear that substantial adaptation is required for Victorian VET students, whose profiles differ markedly from Canadian college students in terms of their age, developmental stage, literacy levels, cultural backgrounds, caring responsibilities, and work/study patterns. In collaboration with Mr Baxter and his team, a series of targeted adaptations were identified to ensure the content and delivery methods for these interventions were appropriate for VET.

Some examples included using authentic workplace scenarios in micro-learning modules; H5P tools such as interactive videos, role-play simulations, reflective dialogue cards and quizzes to promote accessibility, engagement, and learning; embedding Indigenous, CALD, neurodiverse, and trauma-informed perspectives in the content; and integrating audio narration and captioning to support students with low literacy levels.

Although Dr Skues was not previously familiar with the *Go-To Educator* program before the visit, its relevance to the VET context became immediately apparent. Review of the program demonstrated how structured, experiential learning can build teacher confidence and capability in supporting VET student mental health. In particular, the Calgary team demonstrated how teachers can be

trained to recognise early warning signs, initiate supportive conversations, respond confidently and appropriately, and make culturally safe referrals to support within the institution and in the community. These capabilities were identified as critical for VET teachers, who frequently report low confidence in what to say and do, uncertainty about professional boundaries, and confusion about referral pathways and support services (Miller & Nguyen, 2008; Orygen, 2018).

Overall, the Calgary visit demonstrated how evidence-based mental health literacy interventions can be adapted through digital innovation and delivery, universal design and co-design, and implementation science to address the complex realities of the VET context. This work led to a significant Fellowship outcome, which is the development of a dual-pathway model of mental health literacy that supports both students and teachers. The model provides a comprehensive and scalable approach to improving mental health literacy, strengthening prevention and early intervention, and building system-level capacity across the Victorian VET sector. This model is described below.

4.4. Dual-Pathway Model of Mental Health Literacy

The proposed dual-pathway model of mental health literacy is designed to address student mental health across the Victorian VET sector. The model positions mental health literacy as a core system capability that supports promotion, prevention, early identification, and intervention, rather than as an optional or stand-alone wellbeing initiative. It recognises that improving VET student outcomes requires coordinated action at both the student and teacher levels, and that mental health literacy must be embedded within routine teaching practices and existing curriculum structures to achieve equity, scale, and sustainability. For example, this approach includes the provision of reasonable adjustments, appropriate accommodations, and additional supports to meet diverse student learning and mental health needs.

² The *Go-To Educator* program trains educators in the early identification, support, triage and referral of students who may be exhibiting substantial mental health problems and/or mental disorders.

The first pathway of the dual-pathway model focuses on strengthening student capability by adapting the *Transitions* guide into digitally delivered, universally designed, co-designed modules that can be embedded across VET qualifications to build mental health literacy within teaching and learning activities. In particular, flexible, mobile, short-form learning modules that can be accessed and engaged with during class, breaks, between shifts, after class, or on demand when required. This pathway supports the development of foundational mental health knowledge and practical skills, reduces stigma, and builds confidence in help-seeking. It also targets the key psychological resources of hope and self-efficacy, which are anticipated to lead to improved mental health outcomes and increased engagement and adaptive functioning in education and employment contexts.

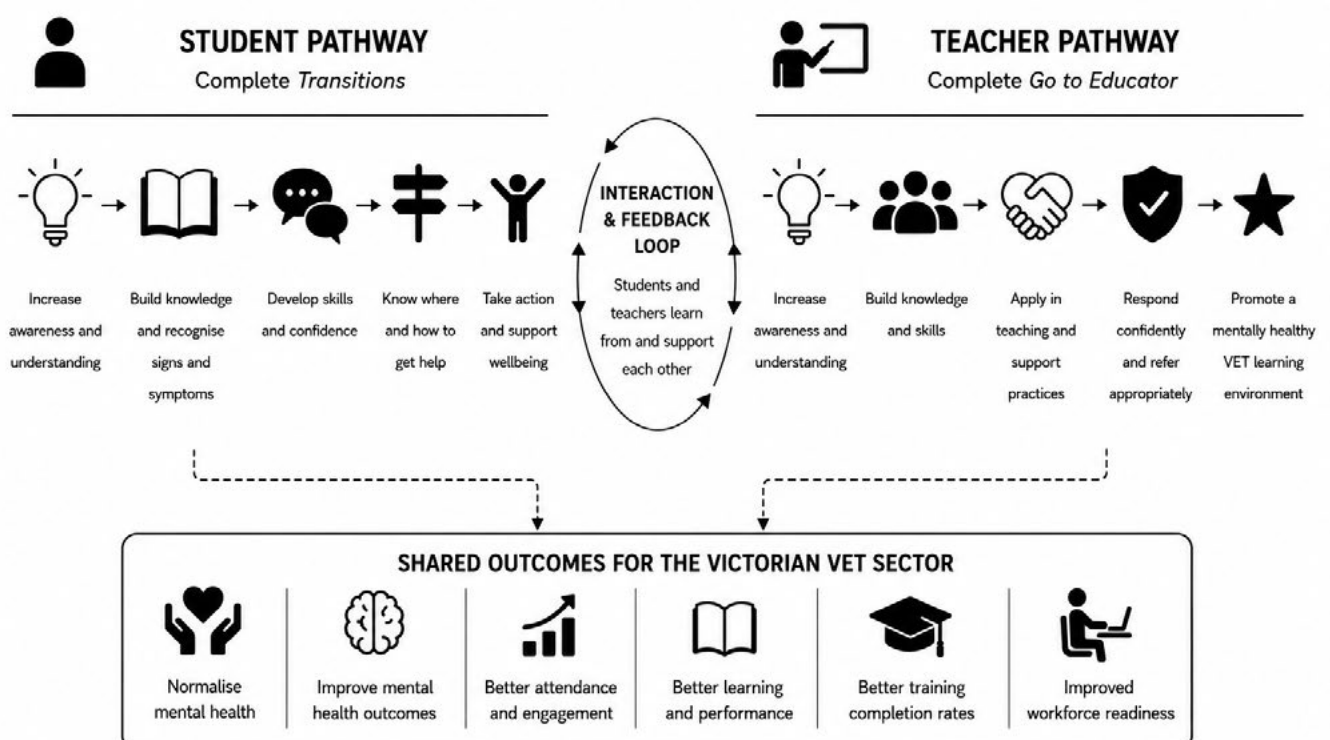
The second pathway of the dual-pathway model targets teacher capability through the *Go-To Educator* program. It is designed to address the well-documented gaps in VET teacher

confidence and competence to support student mental health. Through using a train-the-trainer model and/or digital learning modules that can be easily accessed and engaged with, this pathway equips teachers with the knowledge and skills to recognise early signs of distress, engage in safe and supportive conversations, respond within appropriate professional boundaries, and suggest referral pathways within the institution and in the community when required. It also emphasises the creation of psychologically safe learning environments and the application of culturally safe and trauma-aware practice, reflecting the diversity, vulnerability, and complexity of the student population in VET.

Importantly, when implemented together, these two pathways strengthen individual and system capability, promote earlier and more proactive responses to student mental health needs, and position mental health literacy as a core educational function across the Victorian VET sector.

DUAL PATHWAY MODEL FOR MENTAL HEALTH LITERACY

Two interconnected pathways that build mental health literacy and support in the Victorian VET sector



4.5. Similarities, Contrasts and Relevance to the Victorian VET Sector

A significant outcome of the Fellowship was developing a clearer understanding of how the mental health challenges faced by Victorian VET students compare with those experienced internationally, particularly in Canada. Across the three locations visited, some similarities were identified, confirming that the mental health profile of VET students aligns with broader international patterns. In both the Australian and Canadian contexts, tertiary education students experience disproportionately high levels of mental distress associated with factors such as financial pressure, employment insecurity, disrupted educational pathways, social isolation, and the developmental demands of adolescence and emerging adulthood (NCVER, 2023). Teachers in both systems also reported that while they frequently observe early indicators of student distress, they often feel underprepared and insufficiently supported to respond effectively (Miller & Nguyen, 2008; Venville & Street, 2012). These shared challenges reinforce the premise that mental health literacy is a critical resource for improving attendance, engagement, learning, training completion, and workforce readiness in VET.

The Fellowship also identified important contrasts that highlight both structural gaps and strategic opportunities within the Victorian VET sector. The most notable difference relates to the way mental health literacy is positioned and operationalised. In Canada, mental health literacy is not treated as an optional wellbeing initiative, but is embedded across policy, curriculum, teacher education, and digital delivery platforms (Kutcher et al., 2016a; 2016b). Over more than a decade, Canadian jurisdictions have invested in structured, evidence-based interventions such as *Transitions* (Gilham et al., 2018; Wei et al., 2021) and *Go-To Educator* (Wei & Kutcher, 2014), creating a coherent ecosystem that integrates content, professional learning, and system support.

In contrast, Victoria's VET sector remains in the early stages of developing coordinated mental

health support for students. In general, existing initiatives tend to be fragmented, short-term, or reliant on local champions rather than embedded across the sector. There is currently no dedicated or utilised sector-wide mental health literacy policy, no mandated teacher training framework, and no standardised, curriculum-embedded approach to improve student mental health literacy. As a result, VET student access to mental health literacy support varies significantly across providers, which means many students may not have access to or receive the level of support that is available in schools or comparable to vocational education in Canada.

Digital delivery emerged as a further point of contrast. In Canada, mental health literacy programs tend to incorporate multimedia content and scenario-based simulations to enhance engagement and learning. In comparison, digital capacity within Victoria's VET sector is best described as uneven. While some providers benefit from robust learning management systems (LMSs) and strong digital infrastructure, others lack the tools, workforce capability, or resourcing required to deliver scalable digital mental health interventions. However, digital delivery is essential for reaching VET students who work long hours, study part-time, live in regional or remote areas, or experience literacy difficulties. The Fellowship highlighted that without targeted investment in digital mental health literacy, the Victorian VET sector risks widening existing inequities and failing to engage some of its most vulnerable students.

Policy alignment also appears to differ substantially between the two countries. For instance, Canada benefits from strong coherence across federal mental health strategy, provincial education policy, and institutional implementation, with mental health literacy explicitly recognised as a determinant of workforce participation, productivity, and national wellbeing (Government of Canada, 2012). In Victoria, while mental health is acknowledged across youth, education, and skills policy, as noted earlier there remains no dedicated or utilised sector-wide mental health literacy strategy (Orygen, 2018; Victorian Skills Authority, 2022). This gap

represents both a weakness and a significant opportunity. Specifically, it positions the Victorian VET sector with the chance to be a national leader by embedding mental health literacy within VET policy, organisational support systems, teacher capability frameworks, and curriculum design.

Despite these contrasts, the Fellowship demonstrated that Canada's approach can be adapted to the Victorian VET sector when implemented through digital innovation, grounded in universal design and co-design principles, utilising authentic and relevant scenarios, and guided by implementation science. The dual-pathway model of mental health literacy, combining adapted versions of the *Transitions* for students and *Go-To Educator*, offers a practical framework for sector-wide adoption in Victoria. In particular, this model directly addresses key challenges identified across the sector, including low student mental health literacy, stigma, delayed help-seeking, limited teacher confidence and competence, and inconsistent mental health supports across the multitude of providers.

4.6. Strengths, Weaknesses, Opportunities, and Threats (SWOT).

The Fellowship enabled an assessment of the Victorian VET sector's readiness to adopt a sector-wide mental health literacy initiative. A SWOT analysis was conducted through an individual lens and a system lens, identifying the key enablers and barriers relevant to future implementation.

4.6.1. Strengths

Victoria has several key strengths that provide a solid foundation for mental health literacy reform. There is growing recognition across government, industry, and VET providers that mental health is central to training completion, workforce readiness, and overall productivity (Productivity Commission, 2020). This aligns well with the Victorian Skills Authority's priorities around equity, inclusion, and student success (Victorian Skills Authority, 2022). The Fellowship has also established strong international partnerships with leaders such as Senator Kutcher, Dr Wei, Mr Baxter and the mentalhealthliteracy.org team, providing Victoria

with access to evidence-based interventions, resources, and applied research expertise. Many VET providers do possess emerging digital capacity, including LMS platforms and staff skilled in digital content creation. However, VET students themselves often express a need for relevant and practical mental health content that is embedded into learning activities, not delivered as standalone sessions. These strengths position the Victorian VET sector well to build a mental health literacy approach that utilises a dual-pathway model of mental health literacy aligned with international best practice.

4.6.2. Weaknesses

Despite these strengths, several weaknesses pose challenges for sector-wide adoption. For instance, there is currently no mandated mental health literacy training for VET teachers, leading to limited role clarity, confidence and competence across providers. Mental health support and systems remain fragmented, with referral pathways and student support services varying between providers, inconsistent partnerships with external services, and limited use of data to inform planning or early intervention.

Current interventions used in VET are unlikely to be specifically designed for VET students and often rely on school-based assumptions that do not reflect the realities of early school leavers, apprentices/trainees and adult learners. Furthermore, compared to the school system, VET has historically received far less investment in mental health, resulting in a lack of evidence-based interventions and limited evidence to guide policy or resource allocation (Productivity Commission, 2020).

4.6.3. Opportunities

The Fellowship identified strong opportunities for the Victorian VET sector to be a national leader in mental health literacy. There is immediate potential to adapt and co-design VET-specific digital versions of the *Transitions* guide, tailored to diverse student groups and aligned with core VET curriculum areas (e.g., technical skills, employability skills, workforce readiness). The

Go-To Educator program could be adapted to strengthen teacher capability through a train-the-trainer approach and/or digital learning. There are also valuable opportunities for applied research evaluations to build evidence for future funding and policy reform. It is important to note that mental health literacy aligns directly with government priorities around youth mental health, skills shortages, workforce productivity, and educational equity. Furthermore, utilising the proposed dual-pathway model of mental health literacy through innovation and digital tools will provide the Victorian VET sector with the opportunity to establish a scalable, evidence-informed approach that should improve both student mental health and training outcomes.

4.6.4. Threats

Several threats may hinder successful implementation of the dual-pathway model of mental health literacy. For example, ongoing reforms within VET, including funding shifts, curriculum redesign, and regulatory changes, may cause providers to experience reduced motivation or capacity to adopt new interventions. Funding uncertainty poses a risk to the sustainability of digital development and long-term evaluation. There is also a risk that mental health literacy interventions may be misunderstood as clinical treatments, creating hesitation among VET teachers who are unsure of their scope of responsibility. Without careful adaptation, interventions may fail to meet the needs of Indigenous students, CALD students, neurodiverse students or students with trauma histories. Lastly, digital inequities between providers may prevent consistent implementation unless accompanied by investment in digital infrastructure and teacher training.

4.7. Benefits to My Role, Organisation, and the Victorian VET Sector

The Fellowship has the potential to deliver substantial benefits at professional, organisational, and sector-wide levels. Professionally, it has developed Dr Skues's expertise in mental health

literacy, digital health interventions, culturally responsive practice, implementation science, and applied VET research. Working directly with international experts such as Senator Kutcher, Dr Wei, Mr Baxter, and the mentalhealthliteracy.org team provided significant insight into effective program design, policy alignment, and both individual intervention and system transformation. The Fellowship also enhanced Dr Skues's capacity to design psychologically informed interventions grounded in theory that are scalable and responsive to the realities of VET settings and workplaces. In particular, interventions that support students to envision future pathways, seek help earlier, and persist through training and employment challenges. These capabilities will directly inform future research, grant applications, publications, and sector leadership activities.

For Swinburne University, the Fellowship has expanded our capacity to deliver innovative, evidence-informed, and digital mental health literacy interventions. Swinburne University now has established international partnerships that position the institution as a potential leader in VET mental health research and practice. This will enhance the organisation's competitiveness in attracting research funding, collaborating with industry partners, and scaling innovations across institutions in the Victorian VET sector. The Fellowship has also created the foundation for developing a suite of mental health modules using H5P tools that can be used within training and research.

At a sector-wide level, the proposed dual-pathway model of mental health literacy provides a framework for addressing longstanding mental health gaps in the Victorian VET sector. The findings from the Fellowship demonstrate how mental health literacy can improve student engagement, increase learning and training completion, and strengthen pathways to employment through embedding mental health literacy into regular teaching practice and current curriculum. This should help create training environments that foster resilience, reduce stigma, and increase help-seeking among some of the

most vulnerable students. In turn, these outcomes align closely with government priorities around productivity, skills shortages, youth wellbeing, and industry workforce development.

Lastly, the Fellowship has reinforced the core principle that VET students deserve access to the same quality of mental health literacy education available in schools and universities. The Fellowship should therefore contribute to building a healthier, more equitable, and more productive VET system, one that enables all students to thrive in work and life.

05

Considerations and Next Steps:

Drawing on the conceptual foundations established after visiting the Senate of Canada in Ottawa, the intervention and research insights generated at the University of Alberta in Edmonton, and the dual-pathway model of mental health literacy proposed in Calgary, this section outlines the short-, medium-, and long-term steps required to embed mental health literacy as a sustainable part of teaching, learning, and system governance in the Victorian VET sector. This strategy reflects the sector's complexity, student diversity, and digital readiness, while prioritising increases in mental health knowledge and skills, reduced stigma, and improved help seeking, as well as the fostering the psychological resources of hope and self-efficacy that underpin behaviour change and improved mental health and training outcomes.

5.1. An Integrated Digital Library and Professional Development Plan

A key implication of the proposed dual-pathway model of mental health literacy is that it can be operationalised as an Integrated Digital Library and Professional Development Plan that serves both students and teachers, while providing an infrastructure for sustained implementation.

For VET students, the adapted *Transitions* guide can be used as a curated digital library of short, H5P-enabled modules that can be embedded in LMSs and accessed flexibly on phones, tablets, and computers. These modules would be organised

into clear themes, such as understanding mental health, recognising signs of distress, coping and self-care strategies, help-seeking and support services, and navigating stress in training environments and workplaces. This would also allow modules to be mapped onto existing VET units and qualifications without creating additional burden.

In regard to VET teachers, the *Go-To Educator* program becomes a structured professional development program, also delivered using the digital library, perhaps with progressive levels (e.g., introductory, intermediate, advanced) aligned with teacher roles and responsibilities. For instance, introductory modules would build basic mental health literacy, intermediate modules may focus on classroom practice and referrals, and advanced modules would develop leadership capability and the capacity to support peers.

Within the Integrated Digital Library and Professional Development Plan, the digital library functions as a shared platform. VET students and teachers could access different content, but both interact with the same core concepts, language, and frameworks. This supports coherence across the VET sector. For example, students learn a simple model for recognising distress at the same time as teachers learn to respond using that model in their conversations and teaching practices. The library would also host supporting resources such as infographics, downloadable

handouts, self-reflection tools, video stories, and links to local and online services. Data analytics generated by the platform, including engagement patterns, completion rates, and quiz performance, would feed into institutional dashboards and help providers to identify which topics resonate, where additional support is needed, and how implementation is tracking across cohorts, courses and campuses. In this regard, the dual-pathway model is not just a conceptual framework but becomes a practical, integrated digital library that can be progressively built, refined, and scaled across the Victorian VET sector.

Within the short-, medium-, and long-term considerations that follow, the Integrated Digital Library and Professional Development Plan is spread out through the timelines. In the short term, the focus is on designing and piloting a minimum viable version of the digital library and associated professional development modules. In the medium term, the emphasis shifts to building out the full content suite, strengthening credentialed professional learning for teachers, and integrating the digital library with existing LMSs and professional learning structures. In the long term, the plan becomes embedded infrastructure, supported by policy, funding, and quality assurance mechanisms, that underpins a mental health literacy strategy for VET and supports continuous improvement over time.

5.2. Considerations for Implementation, Scaling, and Sector Reform.

This section outlines a comprehensive series of considerations for implementing mental health literacy across the Victorian VET sector. The approach is staged to reflect the importance of foundational work, iterative refinement, and long-term integration. The considerations below integrate the short-, medium-, and long-term goals

5.2.1. Short-Term (0–12 Months): Foundations, Needs Analysis, and Feasibility Testing

The short-term phase focuses on establishing a strong foundation for mental health literacy in the

Victorian VET sector through needs analysis, co-design, early capability building, and pilot testing. The primary aim is to ensure that interventions are grounded in real-world VET contexts and generate early evidence to inform refinement and scaling. A core activity in this phase is extensive stakeholder consultation across the Victorian VET sector. This includes interviews and focus groups with students, teachers, support staff, and industry partners to identify priority mental health needs and contextual barriers. In particular, emphasis will be placed on hearing from vulnerable student groups, including early school leavers, mature-age students, students with disability, Indigenous students, students from CALD backgrounds, neurodiverse students, and those living in regional or rural areas. These consultations ensure interventions are culturally safe, contextually relevant, and responsive to lived experience.

5.2.1.1. Student-Level Activities

At the student level, this phase applies universal design and co-design principles to adapt *Transitions* guide for the VET context. Content is developed using plain language, multilingual captions, and culturally safe, trauma-aware approaches. Modules are digitally delivered in short, micro-learning formats to maximise accessibility, flexibility, and engagement, especially for students balancing study with work, caring responsibilities, or limited access to stable technology.

Small-scale pilots should test accessibility, usability, and relevance across devices, campuses, and student cohorts, as well as the activation of hope and self-efficacy as key psychological mechanisms for change. These pilots inform the first iteration of a VET-specific mental health literacy framework and the initial student content housed within the Integrated Digital Library. Early adaptations of the *Transitions* guide should also incorporate authentic scenarios reflecting workplace pressures, stigma in trades-based cultures, financial stress, and the realities of combining work and study.

5.2.1.2. Teacher-Level Activities

For teachers, short-term priorities focus on establishing baseline mental health literacy,

confidence, and referral readiness. This is achieved through introductory *Go-To Educator* workshops or digital learning modules that emphasise practical, scenario-based learning grounded in everyday VET teaching contexts. Given that many VET teachers come from industry backgrounds, training prioritises applied skills, clear referral pathways, and realistic classroom and workplace interactions.

Early research evaluation activities include pre- and post-measures of knowledge, confidence, and referral clarity. Initial teacher professional learning modules are developed within the integrated digital library, enabling alignment between student and teacher pathways and familiarising teachers with the same digital platform their students use.

5.2.1.3. Institutional and System-Level Activities

At the institutional and system level, this phase includes audits of existing mental health policies, referral pathways, student support models, partnerships with mental health services, and digital infrastructure. These audits establish a baseline understanding of system readiness and identify opportunities for alignment with the integrated model.

This phase also assesses the adaptability of existing *Transitions* and *Go-To Educator* resources for digital delivery, including alignment with universal design, cultural safety, trauma-aware, and neurodiversity-affirming practices. A design blueprint is developed to guide interactivity, engagement, and learning. Pilot implementations, such as targeted workshops or completion of digital modules across metropolitan and regional providers, test feasibility and generate early qualitative and quantitative data, including usability analytics from the emerging digital library.

5.2.2. Medium-Term (1–3 Years): Refinement, Scaling, and Evidence Generation

The medium-term phase focuses on refining content, expanding implementation, and strengthening the evidence base to support sustainability and scale. Findings from surveys, interviews, usability testing, and engagement

analytics are used to iteratively adapt materials to better meet the needs of students.

5.2.2.1. Student-Level Activities

At the student level, mental health literacy modules are progressively embedded within VET qualifications, normalising mental health literacy as part of core training rather than an optional add-on. Digital delivery of H5P enabled modules supports flexible access and repetition as needed. As implementation expands, partnerships with VET leaders support standardised rollout across programs, aligned with Victorian Skills Authority priorities and existing support frameworks.

Within the integrated digital library, student content expands into a curriculum-aligned collection, supported by clear mapping documents that show how modules can be embedded within units of competency and qualifications. Ongoing refinements strengthen plain language explanations, culturally safe and trauma-aware elements, multilingual supports, and scenario relevance for apprentices, adult learners, and students balancing work and family responsibilities.

5.2.2.2. Teacher-Level Activities

For teachers, the focus shifts from foundational awareness to capability development and leadership. Train-the-trainer models build internal capacity and support sustained delivery of mental health literacy content. Communities of practice enable collaboration, peer learning, and problem-solving across providers.

Longitudinal research to track professional development outcomes begins in this phase, capturing changes in teacher knowledge, confidence, behaviour, and referral practices over time. Tiered digital micro-credentials may be introduced within the integrated digital library, allowing teachers to accumulate recognised evidence of learning aligned with organisational and sector priorities.

5.2.2.3. Institutional and System-Level Activities

At the system level, digital dashboards and analytics are developed to track uptake, engagement, and outcomes. These tools support

data-informed decision-making, identification of emerging needs, and continuous quality improvement. Multi-site quasi-experimental studies are undertaken to evaluate outcomes such as mental health literacy, stigma reduction, help-seeking intentions, and psychological resources (e.g., hope and self-efficacy), contributing to sector-wide evidence and policy alignment.

5.2.3. Long-Term (3–5+ Years): Integration, Sustainability, and Statewide Adoption

The long-term phase prioritises sustained integration, workforce capability, and statewide consistency across the Victorian VET sector.

5.2.3.1. Student-Level Outcomes

Mental health literacy becomes a permanent, embedded component of all VET qualifications, with content regularly reviewed to reflect changing student needs, cultural contexts, and workforce demands. Longitudinal research examines links between mental health literacy education and outcomes such as attendance, engagement, learning, training completion, and workplace readiness, strengthening the case for continued investment.

5.2.3.2. Teacher-Level Outcomes

Mental health literacy is formalised within teacher induction and continuing professional development, supported by recognised digital micro-credentials and sector-wide professional networks. The Integrated Professional Development Plan aligns with organisational HR and capability frameworks, ensuring mental health literacy contributes to performance development and career progression.

5.2.3.3 Institutional and System-Level Outcomes

At the system level, mental health literacy is embedded within policy, funding mechanisms, accreditation, and quality assurance processes through a comprehensive VET Mental Health Literacy Strategy. The dual-pathway model is integrated into statewide standards, supported by sustainable funding and continuous evaluation.

The Integrated Digital Library and Professional Development Plan become core sector infrastructure, alongside LMS and assessment systems, ensuring mental health literacy is not dependent on short-term projects or individual champions, but sustained through systematic design, data-driven improvement, and ongoing co-design with vulnerable student cohorts.

5.3. Summary

Taken together, these short-, medium-, and long-term considerations form a comprehensive roadmap for embedding mental health literacy across the Victorian VET sector in a manner that is educationally aligned, psychologically informed, and evidence-based. With recognised resources such as *Transitions* and *Go-To Educator*, and adapting them through a universally designed, co-designed, digital mental health literacy library, the Victorian VET sector can strengthen mental health knowledge, help-seeking, reduce stigma and improve mental health for students while enhancing teacher capability and institutional readiness to support students. This staged approach may position the Victorian VET-sector as a national leader in mental health literacy, supporting the long-term goal of building a healthier, more equitable, and more productive VET system, one that enables all students to thrive in work and life.

06

Impacts of Fellowship:

6.1. Personally

On a personal level, the Fellowship has reshaped the Dr Skues's self-concept, not just as a psychologist but as a husband, parent, son, brother, and friend. It helped to recognise how often, in his everyday life, he would support the people he cares about mostly once they were already overwhelmed or struggling. The Fellowship shifted this thinking. Hearing from Senator Kutcher, Dr Wei, and Mr Baxter highlighted the power of mental health literacy, or the importance of shared understanding, early recognition, and supportive conversations that happen long before stress escalates into distress and disorder.

The Fellowship also reinforced that mental health knowledge should not be something confined to professionals. In contrast, it shapes how we all show up in our relationships and function in different life domains. It strengthened Dr Skues's belief that understanding, communication, and small acts of care can prevent distress from building. This direction aligns deeply with the Dr Skues's self-concept and who he strives to be within his family and friendships, reflecting the kind of values-based contribution he wants to make to the people who matter most in his life.

6.2. Professionally

Professionally, the Fellowship broadened Dr Skues's work beyond traditional student support toward designing psychologically informed, digitally enabled, accessible, scalable, and

sustainable mental health literacy interventions. Before the Fellowship, much of his educational and psychological practice relied on direct service delivery, important, but inherently limited by time, access, and the escalating needs of diverse VET students. The Fellowship reframed this approach, demonstrating how mental health literacy, delivered through digital, short-form, culturally safe, and trauma-aware modules may be able to reach vulnerable students more effectively and equitably. Moreover, digital delivery emerged not as an optional enhancement, but as an equity requirement, enabling earlier intervention, reducing stigma, normalising help-seeking, and supporting students to navigate pressures and problems that might otherwise lead to withdrawal, failure, or distress.

This shift strengthened Dr Skues's belief that we must help shape support systems, not only support individuals. The Fellowship reinforced the need for interventions that support early recognition, promote mental health literacy, increase hope and self-efficacy, and build capacity across the Victorian VET sector. This motivation led Dr Skues to take a 12-month sabbatical to work with an education start-up dedicated to developing digital assessment and intervention resources for common educational, developmental, psychological, and mental health challenges. This role enabled him to apply the Fellowship's insights directly, creating accessible, evidence-informed digital tools that support students, parents, teachers, and professionals, and expanding the reach of

mental health knowledge beyond traditional service pathways. This demonstrated how digital tools can democratise mental health literacy, strengthen early intervention, and contribute to sustainable sector-level change.

6.3. Organisationally

At an organisational level, the Fellowship has influenced how mental health knowledge and skills can be embedded across both VET and Higher Education sectors. It reinforced the importance of integrating mental health literacy within normal teaching and learning practice, rather than treating it as an occasional or supplementary addition. This commitment informed the development of an innovative cross-sector intervention in which Swinburne's Certificate IV in Mental Health was integrated with the Bachelor of Psychological Sciences.

This model enabled undergraduate psychology students to complement their theoretical training with applied, VET-based skills required to support individuals experiencing mental distress and mental illness. Students who completed the integrated program reported increased mental health knowledge, practical skill development, greater confidence and motivation, and improved career optimism regarding pathways into mental health and community services. The initiative was recognised through a Vice-Chancellor's Award (Group), reflecting its innovation and student impact.

The success of this integrated approach reinforces the potential for further cross-sector dialogue across VET and Higher Education disciplines, strengthening institutional capacity to co-design relevant, scalable mental health resources. In sum, these developments position Swinburne University as a sector leader in the teaching and practice of mental health, consistent with the Fellowship's emphasis on systemic, sustainable reform.

07

Sector Engagement (Dissemination):

7.1. Dissemination of findings

Dr Skues is committed to ensuring that the findings and recommendations of this Fellowship are disseminated widely across the VET sector so that students, teachers, administrators, researchers, policy-makers, and industry partners can benefit from the applied research. Dissemination will be accessible, responsive to stakeholder needs, and designed to support system-level change.

First, Dr Skues will produce a podcast episode focused on mental health literacy in VET, tailored to students who are more likely to engage with audio-based content. The episode will share practical insights and reflections from the Fellowship and will be distributed across major podcast platforms to maximise reach.

Second, Dr Skues will collaborate with training providers and industry partners to deliver a webinar for VET teachers. This session will demonstrate how mental health literacy can be embedded within the Victorian VET sector through adapted versions of the *Transitions* guide and the *Go-To Educator* program, with a focus on practical application in teaching and learning contexts.

Third, Dr Skues will continue engagement with senior VET leaders at Swinburne University to integrate Fellowship findings into Certificate and Diploma programs and will support implementation discussions with other VET providers. These

conversations have already commenced and will continue as opportunities arise.

Fourth, Dr Skues has presented Fellowship findings at the 2023 AVETRA Conference and will continue to contribute to the research base through peer-reviewed publications. This includes a completed manuscript examining mental health literacy, hope, and self-efficacy among tertiary students, as well as a second manuscript in preparation exploring the role of coping styles in the relationship between mental health literacy and mental health outcomes.

Finally, Dr Skues will engage industry partners to develop collaborative initiatives that enhance mental health outcomes for VET students in workplace settings. These partnerships will connect research evidence with workforce needs and support the development of scalable, sustainable strategies. He will also maintain an ongoing advocacy role through policy briefs, sector roundtables, and engagement with government and professional associations, where opportunities permit.

Taken together, this multi-channel dissemination strategy spanning podcasts, webinars, academic publications, workshops, and industry partnerships ensures that the Fellowship's findings inform practice, support policy development, and contribute to improved mental health, learning, and training outcomes across the Victorian VET sector.

7.2. Influence Policy and Industry Guidelines

Given the need to develop a coordinated mental health policy, the learnings from this Fellowship have been used to draft a Mental Health Literacy Policy for Victorian VET Students, drawing on principles from *Building Better Schools with Evidence-Based Policy* (Allen et al., 2021). This can be used as a template for different providers.

7.2.1. Purpose

This policy embeds mental health literacy as a sustained capability within [Institution Name], recognising that student mental health is foundational to attendance, engagement, learning, training completion, and workforce readiness. Anchored in the evidence generated through the Fellowship, particularly the adapted versions of the *Transitions* guide and the *Go-To Educator* program and the emerging digital innovations, this policy positions mental health literacy as a core institutional responsibility rather than a peripheral wellbeing activity. It ensures that all VET 0students learn in training environments that are supportive, inclusive, culturally safe, trauma-aware and equipped with appropriate and practical strategies for self-care, coping, peer support, learning and workforce readiness.

7.2.2. Scope

This policy applies to all VET qualifications and training environments delivered by [Institution Name], including:

- Apprenticeships and traineeships
- Certificate and Diploma programs
- Short courses and upskilling pathways
- School-based apprenticeships, foundation programs, and adult re-engagement pathways

It applies to the entire VET community, including students, teachers/trainers, administrators, and support staff, and interacts with broader cross-sector initiatives linking VET and Higher Education, including integrated curriculum models.

7.2.3. Definitions

Mental health literacy:

The knowledge, skills, and confidence that enable individuals to recognise mental health problems and understand effective treatments; maintain positive mental health; reduce stigma; and enhance help-seeking skills for themselves and others.

Cultural Safety:

Creating environments where individuals feel respected, heard, and culturally affirmed, and where practices actively challenge racism, power imbalances, and discrimination.

Universal Design:

A framework that designs learning environments to be flexible, accessible, and inclusive from the outset by providing multiple ways for students to engage with content, process information, and demonstrate understanding.

Co-design:

A collaborative approach to developing programs, services, or resources in which the people who will use or be affected by them are actively involved throughout the design process.

Digital Health Tools:

Digital health tools are interactive, technology-based resources that deliver mental health content, assessment, and support in accessible, scalable formats, allowing students to receive timely, flexible mental health information and guidance.

7.2.4. Policy Statement

[Institution Name] commits to positioning mental health literacy as a core function of VET practice. This includes:

- Validating, normalising and destigmatising mental health conversations across all qualifications.
- Embedding mental health literacy into routine teaching practice and existing curriculum.
- Ensuring culturally safe, inclusive, and accessible supports for all students.

- Building teacher confidence and capability to recognise early warning signs, respond appropriately, and refer students effectively to support services.
- Partnering with government departments, universities, VET providers, industry, and community organisations to strengthen innovation, research, and evaluation.
- Prioritising digital equity to ensure rural, remote, and low-access students benefit equally from mental health resources.

7.2.5. Implementation Strategies

7.2.5.1. Curriculum Integration

- Embed adapted versions of the *Transitions* guide across all qualifications, contextualised for industry and apprenticeship/traineeship settings.
- Deliver content through digital technologies (e.g., LMSs using H5P tools) enabling access across devices and bandwidth conditions.
- Adapt content for diverse literacy levels, including plain English versions, multilingual captions, and audio narration.
- Include appropriate and practical strategies for understanding mental disorders and their treatments, understanding how to obtain and maintain good mental health, decreasing stigma related to mental health problems, and improving help seeking efficacy.
- Pilot resources with vulnerable students (e.g., Indigenous students, CALD students, students with disability, neurodiverse students, students with trauma histories) to ensure accessibility, relevance, appropriateness, cultural safety, and psychological safety.

7.2.5.2. Professional Learning for Staff

- All teaching staff will receive access to the *Go-To Educator* program, which is aligned with professional learning, beginning with train-the-trainer workshops and/or digital modules, and evolving into digital, stackable, credentialed modules.

- Training will cover:

- Recognising early signs of mental distress
- Responding using culturally safe and trauma-aware approaches
- Supporting Indigenous and CALD students
- Inclusive practice for neurodiverse students (e.g., Autism, ADHD, Specific Learning Disorders).

- Over time, micro-credentials such as “Digital Mental Health Literacy in VET” will be introduced”.

7.2.5.3. Student Support and Engagement

- Provide clear, accessible referral pathways, including internal supports and external services.
- Establish peer-led mental health ambassadors to normalise mental health, build belonging, and reduce stigma.
- Ensure all support materials are grounded in universal design and co-design principles to adjust and accommodate for varied processing, language, and literacy needs.

7.2.5.4. Cultural Safety and Inclusivity

- Embed Indigenous knowledge, perspectives, and case studies developed in partnership with local Aboriginal and Torres Strait Islander communities.
- Embed CALD knowledge, perspectives, and case studies developed in partnership with relevant CALD communities.
- Conduct regular reviews of resources to ensure cultural safety evolves with community input, demographics, and national frameworks.

7.2.5.5. Neurodiversity and Learning Differences

- Apply universal design principles and appropriate adjustments and accommodations across all training and mental health materials.
- Highlight the strengths of neurodiverse students and provide practical tools to support

sensory, communication, and executive functioning needs.

- Equip teachers with neuroaffirming toolkits to reduce stress, increase accessibility, and strengthen inclusive teaching practices.

7.2.6. Roles and Responsibilities

Institutional Leadership:

Provide strategic oversight, endorse policy, allocate resources, and embed mental health literacy into culture and quality frameworks.

Teachers:

Integrate mental health literacy into routine teaching practice and existing curriculum, complete professional development requirements, and maintain safe learning environments.

Support Staff:

Offer accessible supports, manage referral pathways, and advocate for diversity, inclusivity, and equity across programs.

Students:

Engage with resources, promote a positive mental health culture, provide peer support, and seek help when needed.

Government and Research Partners:

Co-lead evaluation, facilitate funding opportunities, and support state and national research into implementation, digital delivery, and student outcomes.

7.2.7. Evaluation and Continuous Improvement

This policy will be reviewed every two years, with ongoing evaluation embedded at student, teacher, institutional, and system levels. Measures include:

Student outcomes:

Attendance, engagement, learning, training completion, mental health literacy surveys, and digital engagement analytics.

Teacher outcomes:

PD completion, confidence ratings, shifts in teaching practice, and uptake of digital mental health tools.

Institutional/system outcomes:

Policy adoption, cross-sector partnerships, digital tool performance, referral data, funding secured.

Research outcomes:

Collaborations with the Victorian Skills Authority, government, universities, and international partners examining implementation fidelity, digital delivery effectiveness, and sector-wide adoption patterns.

Feedback loops, including student voice initiatives, cultural consultation, staff focus groups, and digital analytics, will ensure the policy remains dynamic, evidence-based, culturally safe, trauma-aware and responsive to changing student needs.

08

Conclusion:

This Fellowship has provided a comprehensive and transformative understanding of how mental health literacy can be embedded within routine teaching practices and existing curriculum structures to build teacher capability and support student mental health across the Victorian VET sector. It demonstrates that improving student mental health outcomes requires far more than isolated programs or one-off wellbeing initiatives. Instead, effective impact depends on a coordinated, scalable, system-wide approach that integrates mental health literacy into everyday teaching and learning in ways that are accessible, digitally enabled, culturally safe, trauma-aware, scenario-based, and aligned with the real-world realities of VET students and teachers.

In particular, the Fellowship has shown how evidence-based information and practical resources can be adapted for the VET context to improve mental health awareness, confidence, and help-seeking among both students and teachers. Findings from international consultations with leading experts reinforced that mental health literacy is most effective when it is contextually appropriate, universally accessible, and delivered through digital learning tools that support coordinated, sector-wide implementation rather than fragmented or reactive responses. These insights highlight the importance of system-level design, digital innovation, universal design, and co-design in responding to the complex and intersecting mental health needs of VET students.

A key contribution of the Fellowship is the development of a dual-pathway model of mental health literacy, which provides a clear and practical framework for strengthening capability at both the student and teacher levels. The student pathway adapts the *Transitions* guide into short, flexible, digitally delivered modules that build mental health knowledge, reduce stigma, promote help-seeking, and activate core psychological resources such as hope and self-efficacy. The teacher pathway adapts the *Go-To Educator* program to build confidence and competence through structured professional learning that is culturally safe, trauma-aware, grounded in authentic and relevant VET scenarios, and guided by implementation science. Comparative analysis between Australian and Canadian approaches revealed alignment in underlying principles, alongside important differences in scale, infrastructure, and long-term system enablers. These insights directly informed the SWOT analysis and identified significant opportunities for Victoria to strengthen promotion, prevention, and early intervention through digital delivery, teacher capability building, collaborative partnerships, and alignment with policy and system reforms.

Critically, the Fellowship moves beyond conceptual models by operationalising the dual-pathway approach through the Integrated Digital Library and Professional Development Plan. This plan represents a significant outcome of the Fellowship and provides the digital infrastructure required for long-term, scalable implementation. It includes

a shared, centralised library of mental health literacy modules for both students and teachers; interactive, digitally enabled content using LMSs and H5P tools; and a universal design foundation that ensures accessibility across literacy levels, devices, delivery modes, and student circumstances. The model is also co-designed to reflect the voices and needs of vulnerable student cohorts, including Indigenous students, CALD students, students with disability, neurodiverse students, students with trauma histories, and those in regional or remote contexts.

The integrated digital library is complemented by a structured professional development pathway aligned with teacher roles and career stages, supporting the development of culturally safe, psychologically informed educators. The inclusion of data analytics and dashboards enables institutions to monitor engagement, identify emerging needs, track patterns of help-seeking, and support continuous quality improvement. Importantly, the platform is future-ready, with the capacity to expand into micro-credentials, stackable professional learning, and cross-provider benchmarking. Taken together, these features ensure that the dual-pathway model is embedded, consistent, and sustainable across qualifications, providers, delivery locations, and diverse student cohorts.

The Fellowship further demonstrated strong alignment between this model and Victorian Skills Authority priorities related to diversity, inclusion, equity, training completion, and workforce readiness. Embedding mental health literacy as a core educational function, rather than an optional wellbeing activity, has the potential to improve attendance, engagement, learning outcomes, completion rates, and employability, while also reducing uncertainty and stress for teachers and strengthening referral pathways and partnerships with community services. The SWOT analysis highlighted that, while challenges remain, such as fragmented supports and variable digital capacity, the Victorian VET sector is well positioned to lead national reform through mental health literacy interventions and digital innovation.

Finally, the Fellowship has had significant personal, professional, and organisational impact. It reshaped Dr Skues's understanding of promotion, prevention, and early intervention at scale, broadened his perspective on the roles teachers and psychologists can play within VET systems, and strengthened a commitment to values-driven, system-level action. It clarified how mental health literacy can be positioned as a foundational component of VET, rather than an adjunct or add-on. Taken together, the insights, analyses, recommendations, and policy directions presented in this report demonstrate that Victoria is well placed to lead national innovation in VET mental health literacy, ensuring that students not only gain skills and qualifications, but also the mental health knowledge, psychological resources, and support needed to thrive in training, work, and life.

09

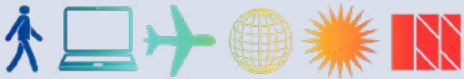
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