Investigating what Victorian Certificate of Applied Learning students seek in a counselling service

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Introduction

Young people have the greatest need for mental health support, yet are the age group least likely to seek help (McGorry, Bates, & Birchwood, 2013). Engagement with appropriate support in the developmental years is recognised as a protective factor and vital for the treatment and prevention of mental health issues, which have high prevalence during adolescence (Stanley, Sanson, & McMichael, 2002). In this study, the term *engagement* is to be understood as youth participation in counselling, whether this takes the form of brief crisis intervention or ongoing appointments. Youth engagement with services can result in more positive relationships, greater motivation, willingness to change, and a starting point for greater participation and collaboration with others (Smith, Duffee, Steinke, Huange, & Larkin, 2008). With such a need for mental health support, factors that increase youth engagement have been the subject of much recent research (e.g., Bradford & Rickwood, 2014; Lawrence et al., 2015; Rickwood, Telford, Parker, Tanti, & McGorry, 2014; Ryan, Toumbourou, & Jorm, 2014).

The Victorian Certificate of Applied Learning (VCAL) provides an alternative educational opportunity for students who may have more strength in applied and practical knowledge but are less adept at the abstract abilities required of the Victorian Certificate of Education (VCE). In a community setting, VCAL programs provide a welcoming environment for adolescents who struggle in mainstream schools, which may fail to understand the complex needs of these students. Community VCAL students frequently experience multiple serious life issues simultaneously, including history of domestic abuse, violence, learning difficulties, low educational attainment, poor social skills, mental health issues, and homelessness (Myconos, 2011; 2012; 2013; 2014; Volkoff & Gibson, 2009; Volkoff, Keating, Walstab, & Marr, 2006). Further, Community based VCAL programs are significantly underfunded when compared to mainstream schools (Volkoff & Gibson, 2009). Previous studies on VCAL programs have emphasised the value of providing health, welfare, housing, and counselling support for students (Myconos, 2011; 2012; 2013; 2014; Volkoff & Gibson, 2009; Volkoff et al., 2006). However, there are no studies to date that investigate how best to engage this complex cohort into counselling services.

The purpose of the present study is to understand what youth undertaking the VCAL want and need from a counselling service. The research question asks what factors would encourage Casey-based VCAL students aged 16-21 to engage with counselling or mental health services. As current literature on youth mental health has valued the subjective responses of individual participants and their experiences, this study focuses on identifying themes within the participants' own words. Nine students from a VCAL program based in the City of Casey, which is located in Melbourne's outer south-east, undertook a web-based survey and answered eight open-ended questions regarding their expectations and desires in counselling. Inductive thematic analysis (Vaismoradi, Jones, Turunen & Snelgrove, 2016) was employed to discover significant categories that emerged from surveying in order to establish patterns of preferred counsellor behaviour, service delivery, and student perceptions of the function of counselling. The objective was to gain a greater understanding of this unique cohort's expectations through direct surveying, as well as to establish some potential guidelines for service delivery.

Literature Review

The literature review includes recent research and theory on adolescent help-seeking behaviours, expectations, and needs in counselling. However existing research into the VCAL is limited and so older studies were included to provide a background of existing findings. Further, most of this research has focussed on VCAL program

delivery rather than student wellbeing. Studies included in the review have some discussion of student mental health and wellbeing, though there are no existing studies to date which focus exclusively on the mental health needs of VCAL students.

The City of Casey spans approximately 410 square kilometres in south-east Melbourne and has a largely young population with 40% of residents aged 25 years and under (City of Casey, 2011). The purpose of the VCAL is to provide an alternative study pathway for students undertaking years 10 to 12, and to re-engage participation in a learning environment to facilitate their entry into a vocational course or work (Victorian Curriculum and Assessment Authority, 2016; Volkoff et al., 2006). In community VCAL programs, pedagogy is based in adult learning principles, emphasising student accountability, positive social behaviours, connection to community, and building skills in independence (Volkoff & Gibson, 2009).

While adult clients tend to evaluate counsellor credibility on qualifications and reputation, youth generally assess counsellors on their initial experiences and interactions (Smith & Pearson, 2011). The building of the emotional-affective connection between adolescent and counsellor must occur when treatment first begins, or the attainment of engagement is impeded and termination may quickly occur—youth can make swift judgements about therapeutic environments (Castro-Blanco & Karver, 2010). In adolescence, there is increased pressure to display autonomy; the ability to feel, think, behave, and make moral decisions truly on one's own (Allison & Sabatelli, 1988; Graber, Brooks-Gunn, & Peterson, 1996; Steinberg, 2002). As many adolescents have increased mistrust of adult opinion, and devalue their input in their lives, participation in counselling can be perceived as a threat to independence and may be avoided despite potential benefits of service use (Castro-Blanco & Karver, 2010; DiGiuseppe, Linscott, & Jilton, 1996; Hanna & Hunt, 1999; Russel, Shirk, & Jungbluth, 2008). However, the therapeutic alliance between counsellor and adolescent can act as a stepping stone to autonomy by allowing the adolescent to develop a close bond beyond their parents and other primary caregivers (Fernández, Kraus, & Peréz, 2016). These bonds are considered particularly necessary for VCAL students as they frequently lack secure relationships with adults (Myconos, 2011; 2012). Attributes associated with the alliance include empathy, honesty, accuracy, respect, friendliness, identification, confidentiality, warmth, and genuine interest (Everall & Paulson, 2002; Martin, Romas, Medford, Leffert, & Hatcher, 2006; McClure & Teyber, 2003; Shirk, Karver, & Brown, 2011).

Adolescent clients also appreciate flexibility in a counselling relationship, desiring consideration for individual needs, such as time flexibility and responsiveness in crises (Shirk et al., 2011; Smith & Pearson, 2011). An unconditional commitment to helping high-risk adolescents is central to building trust (Cairns, 2002; Richardson, 2001); with patience and determination the young person understands that they will not be given up on (Queensland Government Department of Child Safety, 2008). The Youth Coalition of the [Australian Capital Territory] ACT (YCACT; 2015) consulted with 36 adolescents aged between 12-25 years on the provision of mental health support for young people. This occurred in three settings: a class of high school students, a group of adolescents at the coalition offices, and with the residents of a supported youth residential service. The report aimed to understand the mental health priorities of young people, how they access mental health information and support, and what they know about seeking help in the ACT. A key finding was that mental health support services need to understand the experiences of young people, be non-judgmental, and responsive to their needs. Further, participants emphasised the importance of accessibility and reduced waiting times. One respondent stated, "if someone is talking about needing help…it's because they want to do something about it now" (YCACT, 2015, p. 9). However, the study lacked formal data analysis, with no analytical methods discussed, and only verbatim quotes from students provided to support key findings. While a major benefit of the study was that it valued the participant's verbatim responses and highlighted repeated themes of time flexibility and accessibility, the lack of formal analysis makes the study difficult to replicate and reduces the validity of the data.

To date, there have been seven major studies and reports on VCAL that have discussed student mental health and wellbeing. These broad evaluative studies have explored the educational experiences of students, teacher observations and concerns, and have investigated the implementation and ongoing improvement of VCAL programs. Volkoff, Keating, Walstab, and Marr (2006) published the report, *Effective TAFE, ACE and Private Provider Delivery to Young People, 15-24 years old,* for the Victorian Learning and Employment Skills Commission. A wide range of quantitative data from various sources was used, including statistics from Skills Victoria and the Victorian Curriculum and Assessment Authority, qualitative data from focus groups, and interviews with major providers of VET and VCAL programs. The authors recommended intensive support be

provided to adolescents undertaking VET-based studies such as the VCAL in the areas of in health, welfare, housing, and counselling. They argued that in order to re-engage youth, alternate education providers need to understand the cohort's experience to offer an appropriate and supportive learning environment.

Volkoff and Gibson (2009) published the report, *Review of Accountabilities and Funding of Community VCAL Programs*, for the Department of Education and Early Childhood Development in Victoria. The aim was to assess existing community VCAL programs, improve delivery, and increase student participation. Face-to-face and phone interviews were conducted with 48 staff members across 14 schools and 11 VCAL providers, as well as focus groups with 79 VCAL students. The report used verbatim quotes, providing rich detail of VCAL educator and student experiences. One student stated, "I moved foster homes again and had to change schools. I started smoking bongs in Year 8 and wagged half the year and failed because I wasn't attending school" (p. 44). One Victorian regional community VCAL Coordinator stated that "these kids come with a history of domestic abuse, aggression and violence, low educational attainment…behavioural issues, poor social skills, and drug and alcohol misuse…half of them have been diagnosed with mental health issues" (p. 44). The authors' recommendations included providing opportunities for students to develop meaningful relationships with significant adults, as well as access to intensive counselling and psychological services on a 24 hour a day, seven days a week basis.

Myconos (2010; 2011; 2012; 2013; 2014) evaluated the Brotherhood of St Laurence community VCAL program in Frankston, Victoria, across five reports between 2010 and 2014. Qualitative interviews and quantitative data from enrolment and attendance statistics, non-completions, enrolments in further education, work opportunities, and graduation rates were used (Myconos, 2010; 2011; 2012). Semi-structured interview questions asked about engagement, pedagogy, course structure, and perceived outcomes, eventually expanding to include learning experiences, teaching strategies, administration issues, vocational pathways, governance, personnel, engagement, and wellbeing (Myconos, 2010; 2014). From 2011 onwards, Myconos provided students with small cash payments to encourage study participation (Myconos, 2011). Early reports identified that students required support for psychological issues, substance abuse, and learning disorders (Myconos, 2010). In response, teachers received mental health first aid and challenging behaviours training, and provided referrals to external mental health services (Myconos, 2011). In 2011, a qualified wellbeing officer was employed, managing student problems, and reducing the strain on peers and staff (Myconos, 2012). Students reported benefiting from discussing their issues, reduced distraction, and improved general wellbeing. The demands of students were unpredictable, and crises often occurred outside program hours, requiring flexibility from the wellbeing officer (Myconos, 2013). The final evaluation design was submitted to a research ethics committee which had not occurred with previous evaluations (Myconos, 2014). The direct payment to interviewees were replaced with a single fund for activities that all participants could enjoy (Myconos, 2014). The wellbeing officer was unexpectedly lost due to illness in 2013; when she returned, she stated that a constant concern was the large number of students needing her assistance for a wide range of difficulties, and that she did not have enough time (Myconos, 2014).

These studies employed a range of qualitative and quantitative data sources to gain in-depth understanding of VCAL student experiences. In particular, Volkoff and Gibson (2009) identified the many forms of additional support VCAL students need due to their likely experience of serious life issues, mental health issues, learning difficulties, and interpersonal conflict. Further, all the studies provided a basis of evidence through valuing verbatim responses and the surveying of a broad sample of students, educators, and providers. The need for accessible counselling and well-being support has been a clear argument across these reports (Myconos, 2013; Volkoff & Gisbon, 2009), echoing other previous research on youth mental health needs (Shirk et al., 2011; Smith & Pearson, 2011; YCACT, 2015). Myconos' evaluations of the Frankston Brotherhood of St Laurence VCAL program provided evidence of the need and benefits of internally provided wellbeing and counselling services, as well as collaboration with external services and organisations (2010; 2011; 2012; 2013; 2014). However, a major critique of these reports was the cash incentive used; youth organisations posit that as part of duty of care and non-maleficence, incentives should be made in the form of gift cards which are retail store specific, and where alcohol or other potentially harmful substances cannot be purchased (Seymour, 2011).

Engagement of youth into mental health services starts with an awareness of the specific needs of adolescents and encourages empowerment and collaboration with participants (Dech, Orlando, Sanchez, & Tenney, 2006; Joyce & Shuttleworth, 2001; Polvere, 2011; Tenney, 2000). A benefit of these studies is that verbatim responses of students have been valued for the insight into their experiences. However, despite the recommendations for

counselling, no strategies for how best to provide this have been made. There is an increasing recognition of the need for flexible learning programs outside of mainstream schools to engage increasingly disconnected and disadvantaged youth (Te Riele, 2014). It is therefore necessary to know what specific factors would encourage VCAL students to utilise mental health services made available within the programs to ensure that they are effective, engaging, and appropriately supportive.

Methodology

Design

Informed by the studies of the Youth Coalition of the ACT (2015), Volkoff and Gibson (2009), and Volkoff et al., (2006), the objective of the current study was to gain a greater understanding of how VCAL programs can implement or include effective counselling services that adequately support student needs and expectations. As the current literature has valued the subjective responses of individual participants and their experiences, it was decided that this research study would focus on identifying themes within participants' own words. In contrast to the interpretive method used by the Youth Coalition of the ACT (2015), a thorough analysis of responses was performed using thematic analysis. Thematic analysis facilitated discovery of significant categories that emerged from surveying in order to establish patterns of preferred counsellor behaviour and student perceptions of the function of counselling. Further, to avoid the risks of unethical incentives as used by Myconos (2011; 2012; 2013; 2014), participants had the opportunity to receive gift cards of a small value from a specific retailer. Further informed by Myconos (2010; 2011) and the Youth Coalition of the ACT (2015), the sample studied was location specific, providing insight into the needs of a group of VCAL students in the socioeconomically poor area of Casey (Australian Bureau of Statistics, 2008). It is hoped that this study builds an initial foundation of understanding, enabling future researchers to further investigate the needs of this complex cohort.

Research questions:

The primary research question was:

> What would encourage Casey-based VCAL students aged 16-21 to engage with a counselling service or mental health service?

Further sub-questions included:

- What are the issues and experiences that pressure young people to seek assistance in counselling?; and,
- What are students' ideas of what counselling entails?

Participants

The participants were nine VCAL students from the Merinda Park Learning and Community Centre. Participants had the opportunity to receive one of three "EB Games" or "Kmart" gift cards to the value of $30 in return for their participation. The sample was drawn from current students of the foundation, intermediate, and senior VCAL programs. Participants were aged between 16-21 years. Convenience sampling was employed as the VCAL cohort at Merinda Park Learning and Community Centre is part of the researcher's workplace and the students are an appropriate and accessible group for the research topic in question. The purpose of this study was phenomenological, aiming to gain an accurate understanding of a specific cohort's experience that cannot be generalised to a whole population; for this reason the small participant group was appropriate (Dahl & Boss, 2005; Sprenkle & Percy, 2005).

Materials

The survey aimed to minimise risk to participants by asking questions regarding hopes and expectations of counselling rather than past experiences of therapy. Specifically, the survey comprised the following questions: (1) Can you tell me about some things that might have been a worry for you lately?; (2) What sort of worries do you think you could talk to a counsellor about?; (3) What might stop you from seeing a counsellor?; (4) What are some ways that you try and fix your problems on your own (e.g., Talking to friends, journaling, exercising, finding ways to relax, going out)?; (5) What's your ideal counsellor like?; (6) How would you like to be treated by your counsellor?; (7) When you think of going to counselling, what do you expect the counsellor will do for you?; and, (8) Tell me how you might try to find a counsellor.

The intention of this survey was to avoid discussing content of previous counselling experiences or reasons for seeking counselling in the past which could have been distressing for students. This was informed by the principles of trauma-informed mental health care, which aims to acknowledge the ubiquity of trauma and the consequences of post-traumatic stress on survivors, with an emphasis on maintaining an environment of safety (Harris & Fallot, 2001), and aligning with the therapeutic boundary of non-maleficence (Psychotherapy and Counselling Federation of Australia, 2015). With consideration for the issues VCAL students tend to experience, previous participant involvement with and experience of mental health services was likely. Further, as this participant group may include individuals with some learning difficulties, poor literacy, and comprehension (Hudson, 2015; Volkoff et al., 2006), the survey was written in simple and easy-to-understand language.

Procedure

The students' head trainer advised potential participants about the nature and purpose of the research; distributed, received, and checked consent forms; delivered the surveys; and, helped facilitate submission. Participants gave signed consent to participate, and where necessary participants' parents gave signed consent. Survey responses were de-identified by keeping signed paper consent forms in a separate file, while surveys were completed through a secure web-based survey. No information on names, genders, or ages was collected in the survey. Participants completed the survey at different times, either in a small group monitored by the head trainer or in the classroom among other students who were not participants. Students received the same generic link, used school-provided iPads to access the survey hosted on the Survey Monkey online platform, and typed their responses to the eight survey questions. The platform prompted students to complete all questions, which encouraged better quality responses. Upon completion the anonymised surveys were held in the Survey Monkey account and downloaded by the researcher. As survey responses were submitted in a digital format, there was no requirement for transcription.

Analysis

Participant responses were analysed without prior interpretation. Inductive thematic analysis was used, in which significant topics, patterns, recurring terms, expressions, and statements were identified and coded as potential themes (Boyatsis, 1998; Braun & Clarke, 2006; Corbin & Strauss, 2014; Vaismoradi et al., 2016). The coding process was inductive, and identification of meaning was based on the data, as opposed to predetermined theory, concepts, or researcher assumptions (Boyatzis, 1998; Braun & Clarke, 2006). Survey responses were coded line by line and summarised to produce a hierarchical structure of themes, which was then compared across all survey responses and compared with relevant studies within the literature. This approach takes the semantic content of the data beyond what is initially presented; coded categories were reviewed until it was possible to identify concepts that were frequently stated and related significantly to the research questions (Boyatzis, 1998; Morse, 1995; Streubert & Carpenter, 2011). Researcher judgement determined whether frequently occurring codes captured important ideas in relation to the research question (Vaismoradi et al., 2016).

Results

Three main themes emerged from the data: i*nterpersonal stress*, d*esire for mutual respect in counselling*, and y*outh prefer to be autonomous*. Table 1 describes these themes, the six sub-themes, the categories of coded data, and the number of the coded extractions that were associated with each theme. The themes occurred frequently within the data set and were salient for the majority of participants.

Table 1. List of main themes, sub-themes, coded categories, and coded extractions

Main themes	Sub-themes	Coded categories within the topic	Coded extractions
1. Interpersonal stress		Stress about family/home	12
		Making friends	
		Romantic relationships	

2. Desire for mutual respect in counselling	Accessibility and flexibility Importance of therapeutic alliance	Counselling needs to be accessible and time flexible	31
		Unconditional positive regard	
		Counselling not just for crisis	
		Fear of judgement	
		Emotional barriers to help seeking	
		Lack of trust in counsellor intentions	
		Good listener	
		Responsive to youth issues	
		Respectful treatment	
		Unconditional positive regard	
		Friendly	
		Empathy	
		Humour	
3. Youth prefer to be autonomous	Preference for intervention that support own decision making Own methods of coping Youth led counselling Independent information seeking and research ability	Seeking guidance and advice to support own problem solving process	37
		Distraction	
		Release	
		Escape	
		Social support	
		Counselling is youth guided	
		Ability to ask authority figures for guidance	
		Internet as source of information	

Theme 1: Interpersonal Stress

When asked about current pressures and experiences that students would discuss with a counsellor, the main concern for participants was interpersonal stress, with the majority of respondents reporting this. Participants tended to describe experiencing multiple interpersonal issues, rarely describing one alone. Stress and conflict with family or at home were the most frequently described interpersonal issue and mentioned in the majority of responses. Participant 9 stated: "I also worry about my family because my family has issues that make me feel worried about them and how they are coping as well." Friendship and social issues were the next most frequently described. Participant 5 had a range of interpersonal issues, including changing schools and pressure to avoid bringing "shame on your family name", also stating: "School work is smooth but when you have the weight of home problems on your shoulders it's so much harder. Not to mention making friends and meeting people." Of all interpersonal issues, romantic issues were mentioned the least frequently. Though Participant 3 stated that the only interpersonal issue of concern was: "My relationship bond with my partner."

Theme 2: Desire for Mutual Respect in Counselling

Participants made clear the manner in which they wished to be treated by counsellors. When asked about barriers to seeking counselling, features of an ideal counsellor, and preferred counsellor treatment, two main sub-themes emerged: the need for counselling that was accessible and flexible to participant needs, and the

description of factors which would be understood by professionals as the development of the therapeutic alliance.

2.1 Accessibility and flexibility.

Participants stated that the timing of counselling was important; an accessible, persistent, patient, understanding counsellor was desired, with flexibility around length and frequency of sessions. Participant 5 stated:

They say you can talk about anything but it's too hard to actually let it out with so little time. Many have so much to say and have bottled it up for so long, and they finally get the opportunity to let it all out, they don't have enough time due to it being a very long story of problems.

Participant 9 made clear that not every moment would be a good time to talk:

I don't always feel comfortable talking to anyone… if I step into a room and know that I don't feel comfortable, I won't open up as much as I would stepping into a room where I do. I feel that is very important to me when needing to talk to someone.

2.2 Importance of therapeutic alliance.

When asked about expectations of counsellor treatment, respect stood out in all participant responses. The majority of these responses also indicated that equality was a strong desire in a counselling relationship. Participant 8 hoped for: "Respect and like we are equals in every way, that we can be equals and give respect back, so then we would [have] great bond together." Similarly, participant 2 wanted to be treated with: "Respect and as a normal person without issues.". Qualities hoped for in a counsellor frequently included responsiveness, understanding of youth issues, congruence and good listening skills.

Theme 3: Youth Prefer to be Autonomous

There were several sub-themes that formed an overarching message that participants preferred interventions and behaviours that supported their autonomy. Support that would allow participants to solve their own problems was preferred, while solutions, direct intervention, or rescuing were never mentioned in any responses.

3.1 Preference for intervention that support own decision making.

Participants described wanting "guidance," "assistance," "helpful techniques," and "advice". For example, participant 6 stated: "I expect [a counsellor] would help me to figure out the better and more mature ways of fixing a problem." Participant 8 hoped that a counsellor could help with a radical change:

Give advice and generally be really helpful and help me to a better chance at life and a whole new perspective and sight in how to see the world and what I do in new light and a new perspective so then I can do better.

3.2 Own methods of coping.

All participants acknowledged several methods of coping, and these were coded as: seeking distraction, opportunities for emotional release, seeking social support, and temporarily escaping from their environments. Listening to music, going for walks, journaling, spending time with friends, and exercise were commonly described, while several participants also mentioned retreating to their rooms to solve or ignore their problems. Participant 3 had a range of methods:

I use to just walk outside and sit outside for like five minutes, but now I've learnt to write down how I'm feeling in my journal, and then for about 20 minutes I start punching the punching bag and try to exercise all the problems off."

3.3 Youth led counselling.

Several participants mentioned the need for youth guided counselling, wanting the counsellor to follow the adolescent's lead with pacing and content. For participant 3, the ideal counsellor was: "Someone that doesn't push a lot out of me, and someone that takes it really easy and calmly and waits till I'm ready to talk about my personal things."

3.4 Independent information seeking and research ability.

There was a clear display of knowledge about how to find a counsellor. Looking online was mentioned by the majority of respondents, but they also considered friends, schools, general practitioners, and community centres as reliable sources of recommendations. No student mentioned not knowing where to look. Participant 9 had a range of ideas:

I would talk to my school as well as my parents and ask them if they know somewhere else I could go. I would also ask my friends and see if they knew someone good that I could go see. Then would then ask my local GP if there was someone around the area that they could refer me to.

Discussion

The purpose of this study was to understand the factors that would encourage youth undertaking the Victorian Certificate of Applied Learning (VCAL) to participate with a mental health service. Further, the study intended to fill the gap in existing reports on the VCAL, which highlighted the need to support student wellbeing, but provided no insight into how to best engage these students with mental health supports. The study asked what would encourage Casey-based VCAL students aged 16-21 years to utilise a counselling service and hoped to learn more about student expectations and needs of counselling.

The findings in the present study suggest that counselling services that are mutually respectful are desired. Students expressed a desire for services that: emphasise and support youth autonomy; are accessible in terms of responsiveness to students and timely provision of counselling; and, are flexible in terms of length and timing of sessions, considerate of barriers and student anxieties and provide persistence of support. Further, findings stress that the development of a therapeutic alliance between client and counsellor will be more likely to engage community VCAL students. The views participants expressed in this study are consistent with the findings discussed in the literature review, underscoring the belief that engagement can only occur with specific counsellor attributes and behaviours that support the development of the therapeutic alliance (Shirk & Russel, 1996; Smith & Pearson, 2011; Wright, Everett & Roisman, 1986). The counsellor qualities that participants described were also similar to existing findings, in particular the importance of flexibility, respect, trustworthiness, accurate interpretation, affirmation, understanding, and attending to client experience (Karver et al., 2008; Martin et al., 2006; Shirk et al., 2011). Participants frequently noted the need for accessible and flexible counselling, which was similar to findings described by the Youth Coalition of the ACT (2015) and recommendations from previous studies (Cairns, 2002; Queensland Government Department of Child Safety, 2008; Richardson, 2001; Smith & Pearson, 2011). Further, this supports the suggestions made by Volkoff and Gibson (2009) and Myconos (2014) to provide counselling which could be easily accessed by VCAL students. Additionally, there was an emerging message that participants prefer to be autonomous, feel that they should be able to solve problems on their own, and that counselling should be supportive of this in order to be useful. This is consistent with existing research, which indicates that adolescents experience both external and internal pressure to become more autonomous and accountable (Allison & Sabatelli, 1988; Graber, Brooks-Gunn & Peterson, 1996; Steinberg, 2002) and that accessing counselling may be perceived as negatively impacting independence (Castro-Blanco & Karver, 2010; Fernandez et al., 2016; Hanna & Hunt, 1999; Russel et al., 2008).

Contrary to existing research, which found coping with stress, school, or study problems and struggling with feelings to be the major issues experienced by adolescents (Mission Australia, 2016; Rickwood et al., 2014), participants describe interpersonal issues as their main source of distress. This finding, while preliminary, may suggest that for community VCAL students, interpersonal issues may be their main stressor. An explanation for this may be that adolescents who enter community VCAL programs are more likely to experience a range of serious interpersonal issues than peers who perform well in mainstream schools. Problems frequently experienced include conflict at home, dysfunctional familial relationships, abuse, negative relationships with professionals, and family care responsibilities (Central Ranges Local Learning and Employment Network [CRLLEN], 2007; Volkoff & Gibson, 2009). Further, an important issue emerging from these findings is the relationship between these experiences and their expressed hopes and expectations of counselling. With an increased likelihood of interpersonal conflict, violence, and poor relationships with adults, community VCAL students are also more likely to experience abusive forms of communication such as humiliation, control, punishment, verbal assault, isolation, ridicule, and the use of personal intimate knowledge for debasement (Engel, 2002; Karakurt & Silver, 2013). Consequently, community VCAL students may be more likely to need a

counsellor to show obvious respect and consideration for the student's needs over the counsellors, as they are less likely to have experienced a respectful relationship with an adult. Further, as young people have been identified as the age group with the greatest incidence of mental health issues across the lifespan but the worst access to mental health services, these students may have difficulty accessing appropriate and youth specific counselling services (McGorry et al., 2013). Inflexible experiences in mainstream school environments, including strict routines, disciplinary structures, and lack of understanding of individual student circumstances, can create a desire for greater flexibility and autonomy both in school and other environments (CRLLEN, 2007; Volkoff et al. 2006). Adolescents require immediate support for a range of issues and the time in which they are willing to access available supports can be narrow; they can be quick to find alternative methods of relief from distress, which may or may not be helpful or safe (Castro-Blanco & Karver, 2010; YCACT, 2015). Hence, community VCAL students are likely to seek services that are accessible, flexible, and with an awareness of their specific experiences. Further, adolescents who enrol in community VCAL programs enter into an adult learning environment based on adult learning principles, which requires them to be accountable for their actions (Volkoff & Gibson, 2009); consequently, students may expect or express a desire to be treated like adults in a counselling environment. From these results, it is suggested that counselling services that respect this desire, create opportunities for expression of autonomy, and support independent problem solving, are more likely to engage community VCAL students.

There are many ways that counsellors and service providers could implement these findings into clinical practice. A person-centred approach would be most effective for supporting client independence as it views individuals as capable and autonomous, with existing abilities to solve problems (Seligman, 2006). This modality works from a client's terms of reference and aims to develop an environment where the client develops a greater understanding of themselves and learns to make change without direct counsellor intervention (Seligman, 2006). This allows for the balance between treatment structure, but also freedom and independence which is desired in counselling (Veach & Gladding, 2007). Encouragement and validation of thoughts and feelings shows respect for student and increases therapeutic validation, even when they fail to participate comfortably in counselling. Validating the difficulty of participation in therapy is a strategy that can increase student's experience of empathy from the counsellor and thus bolster therapeutic alliance (Higham, Friedlander, Escudero, & Diamond, 2012). Counsellors could ask the students for feedback on therapy and make changes accordingly to ensure therapy is collaborative and is based on student needs. Further, students should be able to make appointments directly with the counsellor, perhaps through text or email, so that they can take charge of treatment rather than having parents, teachers, or administrative staff make arrangements.

Strengths and Limitations

The results of this study should be understood in the context of preliminary exploratory qualitative research that used a small sample size to gain an understanding of the subjective experiences of the participant group. As the small sample size limits the possibility of absolute conclusions about the results, it can be viewed as a study which sets the groundwork for understanding the needs of VCAL students and how counselling services aimed at supporting this cohort can best engage and provide for them. One limitation is the specificity of the sample location; only students from a single VCAL class in south-eastern Victoria were surveyed. It is possible that results would differ if the survey was taken by other community VCAL groups around Victoria. Subsequent studies could focus on surveying broader and larger groups of VCAL students so that data collected is more reflective of the overall VCAL student cohort. While questions were written in simple and easy to understand language, the broad nature of these questions may have discouraged more compelling answers. Further, there were flaws in the way questions were phrased, as they asked why participants would see a counsellor rather than what would encourage or prevent service utilisation. At best, information about issues that students might bring to counselling informs us of the pressures students experience; what kind of interventions, advice, and supports that students will need, and what issues counsellors need to be aware of in order to display appropriate empathy, understanding and effectiveness.

Nonetheless, findings from this study may inform community VCAL providers about how best to design a counselling or wellbeing support service within their programs, and have implications for the way that counselling services can engage community VCAL students. For the development of a counselling service for VCAL students, there are a number of recommendations that can be made, based on this preliminary study:

- Focus on development of the therapeutic alliance;

- Services are made accessible for client needs, with the flexibility for immediate responsiveness, wide range of counsellor availability, provision for crises, and fewer limits around session length or frequency;
- Counselling should be client led and follow the pacing of the student. In particular, counsellors need to utilise patience and persistence;
- Counsellors show support and understanding of adolescent desire for autonomy; and,
- Counsellors are aware and understanding of issues that VCAL students are likely to experience.

Implications for future research

This research study is the only one to date which specifically considers how best to encourage VCAL students to participate in a mental health service and how the service could best support their needs and expectations of counselling. Further research could explore the VCAL student's past and current relationships with adults and authority figures, and how this effects their present interactions with educational and mental health supports. Moreover, future research could specifically investigate the correlation between these relationships and subsequent preferences for treatment and interventions in counselling. An additional direction could investigate the therapeutic modalities and interventions best suited to supporting VCAL students and how these encourage improvement in student well-being.

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