Speaker: Natalie Hicks (Presenter)

Hiya, that's me. Hello, I'll be following on from my colleague, this lady here. I'll probably crossover a little bit with some of our things, but yeah, it'd be great to follow on with a lot of what you said with mental health.

But I'm going to share some statistics with you first so that you understand why mental health in education is so important.

So this is what I'm doing for mental health. This is me. I'm actually an occupational therapist. Anybody know what that is?

Audience: *[A few people indicate they do.]*

Natalie Hicks:

Yay! Woo-hoo, one person. No one ever knows what we are. Oh, two people. Oh wow, that's three. Oh, oh, oh, we're getting a few more.

So we are the only healthcare profession that is trained in both physical health and mental health, whereas a nurse will choose one or the other and a physio is one, so we do both. We look at people holistically, which is fabulous, and I love OT for that.

So yeah, mental and physical health—there you go.

I've been working for the last two years and nine months as a Health and Wellbeing Tutor, training since 2020, and I finished on Tuesday. I'm going back into OT now.

But yes, I'm coming here, not being paid. Nobody's paying me. I'm not employed actually at the moment, but I'm still here because I think it's really important to come and talk to you about it. My background is health and wellbeing.

Statistics. I think it's important to give a bit of a background about why we have such an issue in mental health in our educational establishments.

The slides are available. You don't need to take pictures. Don't worry. If anyone wants the slides, I'll email them to you, and I have all the references at the end as well. So if you want to find out where these are from, the references are there.

So this is why—this is what's going on. What you're seeing is actually going on nationally. What you're seeing in your individual places is not just you. It's not just a case of "what are we doing wrong?" This is going on everywhere.

We've seen a 71% increase in students disclosing mental health conditions, so they're saying, "Yeah, we've got stuff going on."

We've also got 59% believing they've got undisclosed issues as well, so they're not just disclosing things. They've got stuff going on that remains undisclosed too.

I think a lot of that is going on with neurodivergent young people—with ADHD and autism. There's a lot of mental health difficulty associated with that.

We've got a 72% increase in suicidal ideation. That is—well—it shouldn't say "mad," but it is. What is that? That is what is going on in young people, in students. This is in further education, in colleges.

We shouldn't be seeing that in young people. They should not be having suicidal ideation, and there's also a 66% increase in suicide attempts.

That is shocking to me as an educator, teaching young people. That's wrong.

I've had a look at the 19-plus learners because some of us teach 19-plus as well, and we've seen the same again:

- 60% increase in disclosures.
- 48% in undisclosed concerns.
- 47% increase in suicidal ideation.
- 82% increase in suicide attempts.

An 82% increase.

That's just wrong. Why are we not getting the funding to help these young people? Why are we stood on our own as educators when this is happening?

I want to bring your attention to NEET and mental health.

This is from the NHS. It looks at age groups 17–19 and 20–23, and then gives the proportion of 16–24-year-olds who are NEET.

If we look at the general population of NEET young people, it does go up a bit post-COVID, as we'd expect. But then we have this massive jump in diagnosable mental health difficulties, and we have the jump in NEET.

To me, that's showing a correlation between mental health and NEET. If we're not supporting mental health, we're going to get more young people becoming NEET.

So there's a big correlation. We need to get those young people supported, which should reduce those numbers.

For anyone who doesn't know what NEET means, it means *Not in Education, Employment or Training*.

We need young people to be in education or employment post-16. It's really important because otherwise these are the ones sat at home gaming.

I have a son. He's nearly 19—he'll be 19 on the 1st of November. He went to college, did six months, and his mental health was so bad he ended up quitting college. He's back in college now.

But if I, as an educator with a mental health background, ended up with a son who was basically NEET for six months, there's just not enough support. The college could only do so much.

The context is that mental health and wellbeing are complex.

We've had COVID come along and absolutely give these kids—and the educational establishment—an absolute kicking.

Our funding's had a kicking. Teachers are tired. We've lost a lot of teachers.

We're all just tired, aren't we?

Who here is not tired? Put your hand up if you're not tired.

Audience: *[No response indicating otherwise.]*

Natalie Hicks:

Right. Okay, that's good. That's like everybody's tired.

COVID has just not helped.

These young people are coming in with more complex needs, and that affects us, which then affects them. It's like a feedback loop.

We've also got personal factors for young people. What's going on at home? Are they being abused? Are they being fed? Young people need a lot of food. Are they getting enough?

They don't get free school meals during holidays. They're not getting as much in benefits and support as they used to.

That goes under societal factors. Are the parents working?

We don't have the same safety net anymore. We don't have Sure Start centres. We don't have many of the things we used to have.

Society and politics are very different from what they were 15 years ago.

Then you have a massively high demand in education. There's so much demanded of you.

All the marking you do at home that you're not paid for. All the students you're teaching. All the expectations placed upon you. Then you've got mental health on top of that.

It's another thing added to your pile.

It feels like more and more things are coming in. Then you've got terrorism concerns. Then safeguarding. You've got safeguarding training next week.

What more do we need as educators?

Education systems are overwhelmed.

Compassion and innovation are required, but where is the compassion for us?

Our compassion starts to run out when you've got students spitting on you or being verbally aggressive.

We know behaviour is communication, but what about our behaviour? What about our communication?

That's really hard.

We've got to try our best to communicate and support these kids when all we're being told to do is put them in isolation.

There has to be a better way.

So we need to build a culture of mental health, and it has to be a full cultural change.

We need to review our policies. That has to happen at senior leadership level. It can't be left to teachers because we already have too much on our plates.

Policies need to be checked to ensure they nurture young people rather than simply putting them in isolation and leaving them there.

That is not going to help those young people. It's going to exacerbate the problem.

We need partnerships with social prescribers.

One of the things I do is teach social prescribers. Get them into your schools. They can come in and work with young people, carrying out mental-health-focused work.

They're a fantastic resource.

Find out if you've got social prescribers. If not, see whether you can get funding to train a Community Health and Wellbeing Worker within your school.

There's a wonderful apprenticeship for Community Health and Wellbeing Workers. Staff members can do it and become trained to support learners and communities around wellbeing and mental health.

It's fantastic.

We need to embed mental health into the curriculum and support each other.

The PSHE curriculum isn't good enough. Nobody cares about it. The kids don't care about it. It's often treated as a tick-box exercise.

We need real professional development for staff.

How much more empowered would you feel if you had a full day—or even two days—of practical training in mental health, including actual techniques and de-escalation strategies?

We also need to address racism and inequality.

That is a massive issue.

We see it every day in schools. We see it in teaching. We see it in workplaces.

If you've got a young person who is Black, disabled, has ADHD, or any other characteristic that causes them to be treated differently, their mental health is going to suffer because of that inequality.

We need to embed that understanding into our culture in education.

We need mental health training days as CPD for staff.

Our CPD days often cover the same old things. Do they cover practical mental health training that empowers us to do our jobs better?

No, they don't.

We need safe spaces for young people and safe spaces for staff.

When you feel on the edge, when you've had someone giving you abuse, when you've simply had enough, you need somewhere to go.

It's not just about building a culture of mental health for young people. It's about building a culture of mental health for staff too.

Your mental health matters.

People leave education in droves because their mental health can't take it any more.

I think we need:

- A mental health strategy for teachers and students.
- Wellbeing teams and counselling within schools.
- Community Health and Wellbeing Workers.
- Training on mental health, wellbeing, sleep, stress, burnout and healthy relationships.
- Training for all staff, including administrative staff.
- Trauma-informed approaches.
- Suicide First Aid and Mental Health First Aid training for everyone.

Headteachers, admin staff, teachers—everyone.

It helps people understand mental health and also supports colleagues who may themselves be struggling.

Every time we do health and wellbeing training, it helps us support each other.

Exercise and green spaces have been scientifically proven to support mental health and wellbeing.

Get outside.

Get those young people outside.

Get lessons outside where possible.

Social connections are really important too.

Peer-led initiatives such as the Duke of Edinburgh Award are fantastic. They encourage social connection, outdoor activity, exercise and personal empowerment.

Support the transition process, and don't just do it for young people with SEND. Do it for everyone because there may be undiagnosed SEND needs that you don't know about, particularly among girls.

Staff mental health is really important.

If we look at root causes of mental health problems, we have:

- Poverty.
- Cost of living pressures.
- Economic pressures.
- Social media.
- Drugs and alcohol.
- Gender identity issues.
- Exam pressures.
- General societal anxiety.

Young people who are neurodivergent, disabled or LGBT statistically experience higher risk factors as well.

There's also the stress of moving away from home, especially if you're at university.

So there's all the evidence for that.

I know time is ticking on, so I'm going to stop there.

The references are all on the PowerPoint if you'd like to read more, and if you'd like to contact me I'll be around.

Sorry to rush through that, but I hope that was useful.

Thanks, guys.