Intro:

Hello everyone, and thanks for listening to this ADCET podcast. This episode is an audio recap of a recent ADCET webinar titled Mental ill health in the student population and the impacts for educators. Presented by Brandon Taylor the Mental Health and Wellbeing Strategy Manager for TAFE QLD. This webinar examined 4 key questions around mental ill health to determine what has changed for adolescents in Australia over the previous two decades and what this means for tertiary educators and support services. Over to you Brandon.

BRANDON TAYLOR: Good morning, good afternoon, depending on where you are. I'm just looking at all the hellos in the chat box from across the country. Great to see so many of you joining today. Yes, we are going to run for about 45 minutes or so. And if we can do any Q&A, I'm more than happy to try and give you my responses as a practitioner and as a manager. And thank you very much for the acknowledgment of country as well. I would like to share the TAFE Queensland acknowledgment of country, which comes from our Reconciliation Action Plan, and particularly there is a wonderful line that I really like in here, which is about we recognise that teaching and learning has taken place on country for over 60,000 years, and two-way learning is an important part of our reconciliation journey. I love the fact that we have that line now in our acknowledgment of country. So I just like to mention whenever I can. Yes, mental ill-health in student population impacts for educators. I'm sure you'll appreciate that we can have many, many conversations in this space. So to be clear, I am – and I always consider myself to be an operational manager. I'm not a researcher. I don't provide research. But with all the challenges of the busyness of life, it is really good to have an opportunity to look at some of the reports and maybe draw some conclusions and get some insight from things such as Mission Australia, the Black Dog Institute, of which I'm going to talk to today on what they have published. We are going to look at a few key questions. We are going to answer these questions and probably some more along the way, some of which may seem obvious to start with but there's a reason for that. So if we actually jump straight in, the question about are more students disclosing and displaying mental health problems? I'm sure many of you will say, well, that is fairly obvious. But look, the overwhelming response from teachers - and when I say “teachers”, I use that word to encompass lecturers, industry trainers, right across the tertiary sector – it’s an overwhelming answer of yes. And I always like to acknowledge we've always had students with mental health challenges in tertiary education. That is nothing new. But alongside the observations, it does appear to be, for a good number of years now, that the increases as well in not just the numbers but the complexity, increasing numbers of those with diagnosis and those without diagnosis, and it really has been the case for about 10 years or so in my experience in my observation. And I only make that point because it is pre‑COVID and maybe those that aren't within the tertiary sector might assume that it is all to do with COVID when it, quite clearly for me, has long been in place. We have been talking about the mental health challenges in the tertiary sector for many years. So I do like to make that point. And we know that from previous research three quarters of all lifetime mental health disorders will have emerged by the age of 25. Well, in my organisation, it is approximately 50 percent of our students are 25 or younger. And it may well be in your organisation that that’s a higher number of students in that age bracket. So it really tells us loud and clear that we should absolutely expect a significant number of our students to experience a mental illness for the first time whilst they are a student with our relevant organisations. And for many years, people have been talking about the growing concerns around mental health. Indeed, we can go back to the early 2000s when the World Health Organisation stated that by 2030, depression would be the leading cause of disease burden globally. And incredibly, time is marching on. We are very much approaching that point. So let's have a little look about, well, what is the evidence that is available, what does it actually tell us? Well, for those who don't know, Mission Australia for the last 21 years now, they have been conducting the largest annual survey of Australian 15 to 19-year‑olds. It is anywhere between 20 and 25,000 15 to 19-year‑olds each year. That encompasses all states and territories in Australia. And it captures a wealth of information about how these young people are feeling, what their current concerns are, at both a personal level and also at a much wider community national level. And because these reports have been running for a number of years, of course we are now able to start getting some insight as to what the trends may be. And it is interesting that since 2012, the Mission Australia survey has included the Kessler 6, or the K6 that you may know of. That is a measure of nonspecific psychological distress. And that is widely used, and it is an accepted measure. And the K6 asks these 15 to 19-year‑olds how frequently in the past four weeks - so obviously dependent on when they are doing the survey - how frequently in the previous four weeks these young people have either felt nervous, hopeless, restless, so depressed that nothing could cheer them up, that everything was an effort, or indeed worthless, which is quite a question. And I think it is worth having a look at what that trend over recent years. And this comes from the reports which the links are all available for you. We are trying to pull out a few key findings. So since that K6 was introduced back in 2012, we can see that year on year, from 2012 to 2020, those rates are increasing year on year. Noting that for young females, they do experience considerably higher rates of psychological distress compared to young males, although for young males it is increasing as well. But we notice there for the young females, the rate of increase is greater. So we have a trend.  Of all the other data, I think it is important that we pull out our young people Aboriginal and Torres Strait Islanders and see how that compares to our non-indigenous young people. What you will actually see here is a higher proportion, and it is on average at about 8 percent of Aboriginal and Torres Strait Islander young people who report experiencing psychological distress. So higher, as you can see. And there is further information in these reports and findings that show it is at a higher rate for those who have disability. It is at a higher rate for those who identify as nonbinary. So we certainly get some insight and some evidence. If we look at some of the top issues of personal concern, and if I look just at the previous year, 2022, we can see that coping with stress, school of study problems -maybe not surprisingly for the age group - mental health and body image are the top 4. And these have been the top 4 for a number of years. In fact, coping with stress was number one not just in 2022, but in ’21, and, interestingly, mental health became the top 3 - one of the top 3 about five years ago and is consistently in that top 3. So we start to get some insight. Of those who report psychological distress, what we can see is that they also had a higher percentage of screen time. That is that they are spending 9 or more hours a day on their devices. Not surprisingly, they are the individuals who have the lowest amount of sleep, and they are telling us that they take part in no exercise. Now, the Black Dog Institute will tell us that this does not suggest that excessive screen time causes mental health problems, but rather those with mental health concerns spend longer on their devices. And what we all know, of course, is that most young people who require help and support for their mental health actually remain undiagnosed and, therefore, untreated. So as we move along, of course, the key question really is why is this happening and what's changed? And we'll all have opinions on this question. And as teachers and student services, we can all put forward our ideas based on our experience and what we actually see. Well, of course, it is complicated, a bit like people's Facebook status. But I'm going to direct you to a very recent report which came out - I believe in November at the end of last year. And this is interesting not just from an educator's point of view, but if you are a parent, whether your children are very young primary school age, high school age, or indeed in their early 20s, you will find this report very interesting. Turning the tide on depression. Because this starts to put forward some ideas as to what may actually be happening. And it asks a number of questions, particularly are young Australians experiencing higher rates of depression than in the past, and that is compared to the previous two decades. And if so, why is that? And it looks at childhood adolescence and how that young adulthood has changed, and how the social factors, if you like, may be increasing young people's risks for depression, and really importantly, it also examines our Aboriginal and Torres Strait Islander experiences of depression particularly as well. So for the purposes of this adolescence, we are talking about that period between the ages of 10 and 19. And we know that, of course, this is a time of significant physical, psychological, and social development. It is also a time that's marked by a sharp rise in the onset of depression. We know that when depression occurs, particularly in the teenage years, it can have a host of adverse consequences that frankly derail a young person's academic, social, and emotional development. For example, young people, adolescents who experience depression will miss up to 20 days of school each year. They’re more likely to have poor quality friendships compared to those without depression. So we can say that adolescence has changed in the last couple of decades. And this is not just from Australian research but some international research. So let's have a little look. You may be surprised to know that in Australia, fewer Australian adolescents are obtaining their driver's licence these days relative to the previous decades. And this kind of change has actually occurred alongside some other declines. We are seeing a decline in the number of our adolescents who are working in paid roles, who are going out of the family home without their parents, a decline in the numbers who are having romantic relationships, and those drinking alcohol. And alongside a slower progression through these adult milestones, there's been a concurrent rise in adolescence exposure to adult, or at least what we call developmentally inappropriate content through digital media, particularly with the ongoing growth and the absolute explosion of social media platforms which seems to just increase and increase. We also know that from other reports almost two-thirds of adolescents are reporting exposure to online content that depicts suicide, self‑harm, drug taking, pornographic content, or violent material. So the report suggests to us that these factors, therefore, paint a picture of modern adolescence. As a time of fewer opportunities to practise maturity and independence, coupled with increasing exposure to mature content in a digital world. Now, I have to say, of course, you may well know exceptions to this. I can think of plenty of young people who've got their driver's licence and are working in paid roles. But across the board, there does seem to be a decline in the number of adolescents reaching those milestones, as I say, compared to the previous two decades, particularly. So it kind of leads us into how can we support and refer students who are experiencing mental ill health? And for me, in our roles as teachers, as support services, we are supporting an individual to complete their academic study, their education, or their training course that they are actually enrolled in. We, I would like to think, are supportive, we’re a reliable source of information, but at the same time we can't actually case manage people's lives. We have a full-time job delivering what we have to deliver. We also know that virtually all young people will need to hear key messages several times before they are likely to act or take up the offer of support. And in amongst a wealth of somewhat negative messaging, we shouldn't overlook the fact that sometimes we do just need to communicate genuinely and sincerely to a young person and give them encouragement and belief. And I think that can be extremely powerful. We can do that as educators. And we shouldn't also forget all the predictable and expected transitions, the developments, the interactions that young people will experience just as we did when we were teenagers. And also when we made mistakes and when we made poor choices, and when many of us, at some point, will have said something quite stupid that we would look at now and think, “Wow, really? Was that me?” So I think what we've got to remember as well that finding the boundaries, whether it is in relationships, humour, responsibilities, expectations, work and study, it is difficult enough as an adolescent. But our young people are doing it in this age when every conceivable message, contradiction, dare I say fake news, and disturbing content, unqualified opinion from friends, the community or celebrities is continuously presented to them through their screens and devices on every platform. And, of course, we actively encourage our young people to use their devices and for lots of different purposes. So there are some challenges for sure. When we look at what young people are actually saying through the surveys, the three most commonly cited barriers that prevent young people from seeking help are that they feel scared or anxious to get help. They feel embarrassed. Or they have a feeling that “I should actually be able to deal with this myself.” And if we look at the latest 2022 National Youth Survey, a significant proportion of young people actually stated that they needed help in how to study effectively, how to balance a study plan and work at home, and how to create a study plan. So for me, I think just knowing how we can refer a young person to relevant supports within our organisations is something that we absolutely have to be completely across. And we know that access to mental health services is essential if rates of mental health are to be reduced - mental ill-health, that is – because early engagement is absolutely key. Moving on from that, we know that young people are also saying that not knowing where to go is a problem. And not knowing what help they need, because of course we don't know what we don't know, and still it is a factor that people are concerned about judgment, stigma, and confidentiality. So what I would say is if a young person approaches you right now, do you know how you can assess them? Can you enable them to access the services within your organisation in a very clear, practical way when they are not necessarily in the best position to help themselves? How easy is it going to be for you to direct them to a service or to guide them to a service? And I've had some conversations recently with teachers where we've said, “Frankly, directing someone to go online is a little bit like saying can you go and find me a stone at the bottom of the ocean.” Because what's online? Every distraction that I've already got and all of that misinformation and unreliable sources and every notification that we can think of. So it might seem a little surprising, but despite having all of this information in our learning management systems, in our student support services, in our websites, in our management systems, our unit schedules, our orientation information, it is, of course, about do I have it when I actually need it? And what I'm showing you on the screen is something that I would say is a little old school, but it is a complement to all the online information. What we've actually done is put all of this into a very small postcard. Now, there is a reason for this. Students like these because they can pick them up in libraries, in student support, in faculty admin areas, and they are very discreet. You can fold it up and put it in your pocket. Educators really like these. We had a virtual summit for TAFE Queensland in January, and we quite literally had dozens and dozens of teachers asking for these. Teachers now carry half a dozen with them. As we know, the students disclose their mental health challenges more often than not to their teacher. Yes, lots go to student support but it’s the teacher that has this conversation. And in the moment, for a teacher to be able to give something so practical and put it into somebody's hand and say, “Look, what you are experiencing is very common”, this leads to an action, and I think we have to bear in mind with all the other competing things online, we can't just say go online now. Teachers love these. And our feedback several times a week is this worked in a given situation. So we are finding these very useful. As I say, it is nothing new in terms of these services, but we are making sure we can give somebody in the moment something that they can hold onto because it leads to an action. It is already in every platform we have. Moving on from there – and this is what we wanted to touch on in this session – is, well, what about us? What about us as teachers? What about us as student support services? What about us as faculty administration? If you don't recognise this picture, this is the singer, Pink. She released a song called What about us. I don’t know if Pink is a qualified teacher, but I imagine there she is in a staff room and all the teachers have just been told there is a new intake, or we are changing semester dates. What about us? Because this is really important. So for me, values and purpose are very, very important. We've experienced all the challenges of what is now three years of COVID and the impacts of COVID. We've got our own mental health challenges. We as individuals are connected online more than ever before. Our pace of life seems to be increasing. And we've certainly experienced that blurring between what is work and what is home life, and all those other family and ongoing priorities that we have. I think this applies particularly in the tertiary sector. We are individuals who have high values, and we have high purpose. Now, they will be personal and professional values. They will be academic values. They will be industry required standards. And of course we have an inner drive for what we do in tertiary education. But that itself takes a level of energy. And we need to be mindful, regardless of our role, where do we get our energy resources from. Because if we don't consider and are active about where we get our energy from, it is not a great stretch to understand that we may well start to lean towards some of the symptoms of burnout. Now, I don't need to go through all of those for you. But what I'll say is this: you don't need to exhibit all the symptoms of burnout to be experiencing burnout. And, conversely, if you are experiencing some of these symptoms, it doesn't necessarily mean that you are burned out. But what we know is this usually occurs, or you have some of these symptoms in combination of feeling emotionally overloaded, and I think high purpose and high values is as applicable to the roles that we have in tertiary education as anywhere else. But while some of these symptoms can feel overwhelming and they are very real, the good news is they are also highly manageable. And, in fact, this comes back to self‑care for me, and that is the activities that we can do without the need for medical intervention as self‑care is a very good starting point to responding to the symptoms of burnout. And if you are feeling overwhelmed, it is important to be proactive about your emotional wellbeing rather than hoping that things will just improve. Heads down, I'll just get through the semester. It is not really the best way to go. Now you are very, very experienced practitioners through ADCET, and it is not really for me to insult anyone's intelligence. However, when we are so busy, it is the case that we sometimes lose sight of the basics. If we think about what young people are telling us from their perspective, they need help putting a study plan together, they need help with the basics of how to approach their studies. So I'll just touch on something as simple as the boundaries. Boundaries are not just good for us, but they are good for the people around us. It is as much about ensuring that people are aware of what our limits are and what we are not actually okay with, because boundaries enables us to consider our own self‑care and our own wellbeing, and if there's one thing I'll say is sometimes having boundaries is actually not about saying yes to something that you don't have all the information on, and then walking away realising you've just committed yourself to another obligation or to another project. So boundaries are important for me. And, of course, it doesn't mean being inflexible. It doesn't mean being unapproachable. But I'm going to share some personal observation. For many years in different student support roles and related roles and as a manager, I've advocated for reasonable adjustment and inclusive teaching and assessment. And I hope that over the years I've managed to balance the interests of all the different stakeholders along the way. But it is interesting, in my own personal observation, particularly in recent years, I think that some teachers are being too flexible and are going beyond what I would actually consider to be reasonable adjustments. And that might sound strange in this forum, if you like. But I think this is actually problematic because the boundaries in some instances I think have become very unclear, which actually is not useful for either student or teacher, and worse still can create stress for both. So we are actually revisiting a lot of our reasonable adjustment training because I want to be very confident that we're still able to apply reasonable adjustment for those who actually genuinely need it, as opposed to teachers feeling under significant pressure to give extensions, or whatever it may be, on a much wider scale that actually creates work for themselves and might not actually be required. So I've probably opened a little can of worms there, but given the time that we've got, again, you are very experienced people. But for some simple proactive self‑care measures, this is the kind of thing that we've been doing in our organisation. We have a program for all staff called Mindarma. Mindarma is essentially an eLearning program, and it is absolutely at the core of mindfulness. This is available to every staff member in our organisation. We've got well over one and a half thousand staff that utilise this program in their own time. They can have it on their phones, their own devices. They don't have to log into it in the work system, so it is quite separate, and our uptake increases month on month. That is to do with resilience and wellbeing.  That is going along and been very well received, and we just extended it for another 12 months. We are seeing our staff who use that program, on average report an 8 percent increase in their self‑reported adaptive resilience through the surveys in that program. Mental health first aid, as I'm sure many of you know, has been around for over 20 years. So why am I mentioning this? I've never seen so many teachers and managers expressing an interest and wanting to complete their mental health first aid. We have trained up a dozen staff across our organisation across the state. So we've got staff in each region who are teachers, some of them are counsellors, and a couple of times a semester, they will actually run mental health first aid training for their colleagues, the standard mental health first aid course. So we are revisiting that. Every course that we advertise is full, whether it is managers or teachers. So it is important that we actually look at that. Of course, that is a wonderful evidence-based program. In addition to that, earlier I've said we've gone a bit old school with the postcards to get the conversation out there in a very hands-on, practical way about the services for students. What about the staff? So we've simply put the same format together in a slightly different coloured version for our staff. So there is a QR code on there and staff can scan and go straight to the Mindarma program. We've got our EAP and some other key services because we all need to just be aware that sometimes we need some help and assistance. More than ever when we seem to be this incredibly competing demands that we appear to be in our sector. I appreciate that there's only so much I'm going to be able to talk to. And there is only so much that I can show you from my perspective, some of which was my own personal opinion, some of it is what we do as an organisation, and I've teased out a few of the key findings and surmising from a couple of the key reports that we'll share the links to.

Outro:

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