

Time to Act – NCEA’s Role in Shaping the Future of New Zealand’s Mental Health

In recent years, the sudden deaths of a talented celebrity chef, an innovative designer and a genius performer, who's comedic brilliance lit up screens everywhere, have shocked the world. Not only because of the loss and tragedy they brought, but simply because no one wanted to believe that Anthony Bourdain, Kate Spade and Robin Williams would take their own lives. Although we are all aware of the terrible impacts of poor mental health, the widespread effects of mental illness are highlighted when we see such successful and seemingly healthy people lose their battles.

Closer to home, the recent death of beloved TVNZ presenter Greg Boyed had the nation reeling. Those expressing their memories of Boyed describe him as a kind, warm and positive person, and expressed their shock at his suspected suicide. An unexpected and unnecessary loss, but unfortunately a loss similar to those experienced by too many whānau in New Zealand every year.

Recent suicide statistics released have shown that between July 2017 and June 2018, 668 New Zealanders took their own lives. This is the fourth year in a row this number has increased and is 10% more than the previous year's figure of 606. Since the recording of these statistics began 10 years ago, this figure is the highest of all years. The most deaths occurred in the 20-24-year-old age group, with 74 young people taking their own lives in the past year. In 2016, it was found that New Zealand has the highest youth suicide rate (15-19-year olds) out of all 41 OECD and EU countries. No one can deny we are at a crisis point, and something radical must be done to protect our youth, and the wider community.

The general mental health of New Zealand youth specifically in recent years has been worryingly poor. In 2015, the Prime minister's Mental Health Project found that one in five young New Zealanders will be affected by depression by the age of 18, and almost one in five met the criteria for an anxiety disorder by age 19. Although these concerning statistics may be the product of our staunch beliefs resulting in a taboo around mental health, it is likely that the lack of education and information available to young people about these health issues is playing a significant role.

Currently in NZ schools, health is only a compulsory part of the curriculum up to Year 10, meaning any attention to mental health education is neglected by the time students enter NCEA, which is a stressful transition for the majority of students. Although many schools have excellent pastoral care services, young people often feel hesitant to talk to adults about their problems, yet their friends are unsure of how to react to their mental distress, having no example to follow on how to help their friend. We should be able to instinctively help our friends when they're having a panic attack, just as we would help them if they had broken their arm.

When I was suffering from anorexia in high school and picked at my food each lunch time, instead of asking me how they could help or encouraging me to eat more regularly, peers would joke and comment on the 'funny' way I ate. Whilst no one realized it, this feels about as helpful as someone laughing at your limp if you've injured your leg. This joking was through no fault of their own

however – they simply didn't know how else to respond to the situation, or to recognise that me picking at my lunch was a cry for help.

I believe NCEA could be transformed from good to great through the introduction of compulsory mental health education for all NCEA students throughout New Zealand. Not only would this education primarily help the students facing mental health issues and educate their friends on how to support them, but it would also benefit the wider New Zealand community. As each year level graduates with a comprehensive understanding of mental health and how to help those suffering, more vulnerable people in the community can be helped to express their problems, encouraged to find the appropriate help, and ultimately, lives could be saved.

The foundation of the education for each year level should be consistent - to educate young New Zealanders on mental health issues, and more importantly, equip them with the tools and techniques to recognise warning signs of mental illness and how to help those suffering in their surrounding community. By introducing this education to all schools in New Zealand as part of NCEA, there will be continuity between every school in terms of what is taught. At the moment, all of the responsibility is falling on each individual school to include mental health education in their health programmes, which are very frequently not compulsory for all students beyond Year 10 and are taught by teachers who are ill-equipped with the necessary information.

By having a standard syllabus, teachers will have clear guidelines on what to include in the education, which can be tailored for each level to meet the maturity levels of the students and the curriculum requirements. For more difficult topics discussed by the higher year levels, trained professionals in this field such as clinical psychologists could visit schools to assist in the students understanding and learning.

There are a wide range of possibilities for the structure of this programme - whether students are able to gain credits for projects in their mental health classes, or instead gain a 'mental health awareness' qualification at the end of each year, the focus of the content should be on starting conversations that are normally neglected and breaking down the false beliefs that exist today, instead of 'ticking boxes' off for credits.

This new pillar of NCEA would directly relate to the 5 principles, most obviously wellbeing. NCEA is a stressful transition for many students, what with the increased work load, adjustment to internals and externals and understanding of higher-level content. At the moment, many schools have great pastoral care systems in place, which is helpful in times of significant distress. However, when having a panic attack or feeling suicidal, young people naturally feel more comfortable to seek support from their friends, instead of an adult they are not familiar with – but how can friends help each other when they are not even able to understand why their friend is feeling distressed, or how to help them? By educating all students on how to recognise warning signs in themselves and others, and how to support those suffering from mental illnesses, not only will the wellbeing of all students directly be enhanced (as intervention for those suffering can occur earlier, and problems can be discussed and stopped before they develop into anything serious), but also the wellbeing of staff and the wider community around them. In this way, less responsibility for student's wellbeing will fall on the already over worked teachers, and also aid those in the wider community in the same way as the students.

With more awareness of mental illnesses, students will learn that their suffering peers are no different to themselves and should therefore be included as such, leading to equity between all pupils. With the support and understanding of their peers, students with mental illnesses will have increased self-confidence (which takes a battering in those with mental health issues), which will give them the self-belief they need to pursue what they truly desire after school. A consistent structure of this education programme between schools will give coherence to the qualification, and NCEA graduates will gain an invaluable and credible qualification to equip them for the real world.

There are endless possibilities of how this new pillar of the NCEA curriculum could relate to the six big opportunities. Firstly, at NCEA Level 1, students could conduct independent research on mental health services, problems or support within their school or wider community, which could correspond to numeracy or literacy credits. Gaining credits in a real-life setting is applicable to all students' growth, as it demonstrates how their learning directly relates to the world around them. Additionally, barriers to learning for mentally ill students that existed previously, such as disengagement from learning due to judgement from their peers preventing learning (e.g. bullying) will be a thing of the past, with all students and teachers on board as to how best to support their peers in need.

When studying NCEA, I loved the wide variety of stimulating topics I could explore – from human evolution to Spanish culture, I always felt challenged academically. However, I left school feeling inadequately educated on how to assist myself or others in times of mental distress. Although this may not seem to be a relevant part of the school curriculum, it is evident that New Zealand is in desperate need of a change to how we view mental health. By incorporating mental health education into the NCEA curriculum, not only will the most vulnerable group of people for mental illnesses (the youth of New Zealand) be directly benefitted, but healthier school and wider communities will be created.

It is crucial for New Zealand that we address the current mental health crisis. Our youth are the leaders of tomorrow, and their attitudes and knowledge of mental illnesses will determine whether we can change our devastating statistics and form happy, healthy communities. The restructuring of NCEA comes at the perfect time to finally act – conversations within our communities in relation to mental health are beginning to get traction, but talking the talk is no use without the walk. This new pillar of NCEA would provide support and healing for those suffering now and in the future, save countless lives, and eventually, create a country where mental illness is talked about as openly as cancer, osteoporosis or asthma. Wouldn't that be a New Zealand we could be proud of?