

Promoting Positive Youth Mental Health



**FIANNA FAIL POLICY
PROPOSALS ON MENTAL
HEALTH IN EDUCATION**



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FOREWORD

Mental health is the most critical health issue facing young people in Ireland. Up to one in four students experience psychological problems at any given time. For some the cause may be a psychiatric illness, while for others it is bullying, problems at home or difficulties coming to terms with their body image or sexual orientation. The fact that we are not doing nearly enough to help our young people to cope with such problems is evident from the fact that Ireland's youth suicide rate is now the fourth highest in Europe.

The proposals in this paper are designed to greatly enhance the role that our education system plays in promoting positive mental health and equipping young people with coping skills. They also aim to ensure the availability of community-based youth mental health support services in all counties that young people requiring specialist help can access directly or through their schools.

Our recommendations are based on the core principles of early intervention, stigma reduction, peer support, a 'whole school' approach, accessible community-based care and giving young people a voice in policies that affect them.

This paper is the result of an extensive consultation process. I would like to thank all of the groups and individuals who attended our national conference on youth mental health last June and public meeting in Sutton in September. I would also like to express my gratitude to the wide range of people, including students, who shared information with me about programmes currently run by individual schools which are having a very positive effect. The proposals in this paper are aimed at streamlining good practice and helping all schools to play an effective role in improving the mental health of our young people.

Fianna Fáil is calling on the Government to prioritise the implementation of these proposals. Research shows that making better use of existing resources and targeting extra investment at youth mental health services will save the State money in the long-term. More importantly, it will also save lives.



Senator Averil Power

Fianna Fáil Seanad Spokesperson on Education and Skills

Key Proposals

The full list of proposals, and rationale behind them, is set out in sections 1-14.

Some of the key recommendations are as follows:

- A focus on positive mental health promotion at all levels of the education system, from pre-school to third level;
- All schools and colleges to have their own mental health promotion plans, with students, staff and parents being involved in the development and implementation of these plans;
- The implementation of effective strategies to tackle bullying in all its forms, including cyber bullying, with a major emphasis on peer support and students being encouraged to stand up for classmates who are being bullied.
- Each school to put in place a care team to oversee the implementation of its mental health initiatives, to be made up of staff, students, parents and appropriate external bodies such as professional mental health workers and local youth services;
- A national 'Positive Schools' initiative, similar to the 'Green Schools' programme with schools being awarded 'Positive Schools Flags' for promoting mental health and having effective strategies to tackle bullying and support students experiencing mental health difficulties;
- Headstrong to be funded to establish a Jigsaw centre in every county so that young people can get access to appropriate professional support in a welcoming environment;
- A greater emphasis in schools on the importance of physical exercise and diet to students' mental wellbeing and a focus on ensuring that all students, particularly those in exam years, get the recommended number of hours of PE classes;
- A reversal of the Government's decision to abolish dedicated guidance counsellor allocations for schools, which has dramatically reduced access for young people to counselling supports.

Introduction

Mental health problems can cause distress and acute suffering for young people and their families. They can prevent young people from forming productive relationships, learning effectively in school and reaching their potential in society. We agree with the Children’s Mental Health Coalition that this is an issue of human rights, and that every child in this country has the right to the highest possible standard of mental health.¹

Governments around the world are increasingly recognising the importance of promoting positive mental health. Failure to do so can result in massive social and economic costs. In 2006 the cost of poor mental health in Ireland was estimated to be €3 billion, or 2% of GNP.² **Investing in mental health benefits all of society and will deliver long-term fiscal savings.**

Almost 75% of all mental health disorders first emerge between the ages of 15 and 25.³ Mentally healthy young people are more likely to enjoy good mental health as adults. Research has also shown that resilience and coping skills are best developed early in a person’s life.⁴

Fianna Fáil is fully committed to fighting for the implementation of better youth mental health policies. We also recognise the need to improve general mental health services. In addition to this Youth Mental Health strategy developed by Senator Averil Power, Doctor John Hillary and Senator Mary White are currently in the process of preparing general mental health policy proposals as part of a broader party strategy. We recognise the difficulties posed by Ireland’s current economic situation but we agree with the World Health Organisation that “**mental health is an issue which even the poorest society must afford to promote, to protect and to invest in.**”⁵

¹ Children’s Mental Health Coalition: Manifesto

² Oireachtas Library and Research Service (2012), ‘Well-being: Promoting mental health in schools’

³ Kim-Cohen, J., Caspi, A., Moffitt, T. E., Harrington, H. L., Milne, B. J., & Poulton, R. (2003), ‘Prior juvenile diagnoses in adults with mental disorder: developmental follow-back of a prospective-longitudinal cohort. Archives of General Psychiatry’ 60, 709-717

⁴ Oireachtas Library and Research Service (2012), ‘Well-being: Promoting mental health in schools’

⁵ World Health Organisation (2003) quoted in HSE (2007), ‘Mental health in Ireland: Awareness and attitudes’ 4

Consultation Process

This document is the result of an intensive consultation process. We are grateful for the experience, expertise and ideas shared with us by individuals and organisations that are currently doing excellent work in the field of youth mental health.

On the 23rd of June 2012, Fianna Fáil hosted an education policy conference in Galway. Senator Averil Power chaired a discussion on youth mental health, where contributions were made by representatives from Suicide or Survive, See Change, Amnesty, Headstrong, the Institute of Guidance Counsellors, the IVEA, the IPPN, NAPD the and the teachers' unions, along with teachers, parents and members of Fianna Fáil and Ógra Fianna Fáil.

Following on from this conference Senator Power and her research assistant Rachel Sneyd met with Headstrong and Jigsaw Meath. They also met with principals and young people from schools that have successfully implemented whole school mental health initiatives.

Senator Power also organised a public meeting on mental health and suicide prevention in Sutton, Dublin on the 25th of September 2012. Ideas from that meeting have been incorporated into this document.

Youth Mental Health In Ireland

Mental health is the single most important health issue for young people in the developed world. Mental health difficulties and substance abuse account for around 70% of health problems and most mortality among young people.⁶ Research shows that mental health problems among young people have increased in recent decades in response to massive social and economic changes.⁷

Prevalence of Youth Mental Health Problems

Every young person goes through tough times. It is estimated that at any one time 1 in 5 of them are experiencing psychological difficulties.⁸ Some Irish studies suggest that the numbers in this country may be as high as 1 in 4, which equates to 6 or 7 students in the average school class.⁹ These difficulties may be triggered by internal or external factors, including family problems, relationship problems, financial worries, stress and substance abuse.

The most common mental health disorders observed in Irish children and adolescents are hyperkinetic disorders (including ADHD), depression, anxiety disorders, conduct disorders, eating disorders and psychotic disorders.¹⁰ 1 in 10 young people suffer from mental health disorders that are severe enough to cause substantial interference with their daily lives.¹¹

Self Harm

Deliberate self-harm is worryingly common among Irish young people. In 2010 there were 1087 cases of children aged 10-17 presenting at hospital for deliberate self-harm.¹² Headstrong interviewed 14,500 young people for their recent *My World Survey* and found that more than a fifth reported having deliberately hurt themselves. Girls were much more likely to report self-harm than boys. The most commonly reported reason for self-harm was “to get relief from a terrible feeling”, followed by “wanting to die.”¹³

Alcohol Abuse

Ireland has one of the highest rates of underage alcohol consumption in Europe.¹⁴ Excessive drinking is reported by 58% of 16-25 year olds.¹⁵ Excessive drinking has

⁶ McGorry, p (2005), ‘Every me and every you: responding to the challenges of mental health in Australia.’ *Australian Psychology* 13(1) 3-15

⁷ Collishaw, Maughan, Goodman and Pickles (2004). ‘Time trends in adolescent mental health. *Journal of Child Psychology and Psychiatry*.’ 45:1350-62.

⁸ Buckley, S., Gavin, B. and McNicholas, F. (2009). *Mental Health in Children and Adolescents: a guide for teachers* Dublin: Mulberry.

⁹ Headstrong. ‘A Mental Health Resource for Youth Workers and Volunteers.

¹⁰ HSE (2012). ‘Third Annual Child & Adolescent Mental Health Service Report 2010 - 2011’

¹¹ Green, McGinnity, Meltzer et al. (2005). *Mental Health of Children and Young People in Great Britain, 2004*. A survey by the Office for National Statistics. Hampshire: Palgrave-MacMillan.

¹² National Registry of Deliberate Self-Harm

¹³ Headstrong (2012). ‘My World Survey’

¹⁴ European Schools Project for Alcohol and Other Drugs (ESPAD) Survey (2007)

¹⁵ Headstrong (2012). ‘My World Survey’

extremely negative effects on mental health. It has been found to be a factor in 41% of all cases of deliberate self-harm. Strong links exist between alcohol consumption and suicide. One Irish study of people who died as a result of suicide found that more than half had alcohol in their blood.¹⁶ Drug abuse also has negative effects on mental health.

Suicide

Irish young people are tragically over-represented among those who die from suicide. We have the fourth highest suicide rate among 15-24 year olds in the EU and the third highest among young men aged 15-19.¹⁷ Suicide rates have increased alarmingly in recent decades, particularly among young men. The poor state of the mental health services, the lack of national planning on this issue and chronic underinvestment have been raised as factors in causing this youth suicide epidemic.¹⁸

LGBT Young People

Lesbian, gay, bisexual or transgender young people are a particularly vulnerable group with regard to mental health. The stigma and discrimination that they encounter is linked to an increased risk for depression. In a significant minority of cases it can lead to self-harm, suicidal thoughts and even suicide. Young people can face this discrimination from peers, family members and even teachers.¹⁹

¹⁶ www.alcoholireland.ie

¹⁷ National Office of Suicide Prevention (2010) and Eurostat (2009)

¹⁸ Houses of the Oireachtas Joint Committee on Health & Children Seventh Report: The High Level of Suicide in Irish Society (2006)

¹⁹ Mayock, Paula, Bryan, Audrey, Carr, Nicola and Karl, Kitching (2009). 'Supporting LGBT lives'

The principles underpinning our strategy

We believe that youth mental health must be tackled on two separate but related fronts, namely **promoting mental wellness** among all young people and **providing appropriate supports for those experiencing difficulties**.

Every young person goes through tough times and is vulnerable to mental health struggles. Efforts should be made to promote mental wellness in all of our children and adolescents and to equip them with coping skills that they can rely on when they encounter challenges. At the same time, accessible, community-based supports must be available for those who need them.

Real change will require cooperation and co-ordination between the Department of Education and Skills and the HSE. Health services, community support groups, mental health organisations and schools must cooperate and integrate their work in order to ensure the best use of resources and the availability of seamless supports for young people experiencing mental health problems. **Schools have a particularly important role to play. Additional resources must be allocated to enable schools to implement these proposals.**

Our policy proposals are based on the core principles of **early intervention, stigma reduction, peer support, the “whole school” approach, accessible care and giving young people a voice in designing the policies that affect them**. We believe that policies that are based on these principles can significantly improve the quality of youth mental health in this country.

Early Intervention

We understand that the Department of Education and Skills and the HSE are currently drafting Inter-Departmental Guidelines on addressing youth mental health in post-primary schools. While we welcome the fact that guidelines are being developed, we believe that focusing solely on the post-primary level is a grave mistake. International research shows that it is far more effective to intervene earlier in a child’s life. We believe that action must be taken in primary schools and in early learning.

Most young people with mental health difficulties, even those of a serious nature, have the potential to fully recover and early detection and treatment greatly increase their chances.²⁰ Failure to intervene early will result in greater social and economic costs in the long run.

²⁰ McGorry, P (2005). ‘Every Me and Every You: responding to the hidden challenge of mental illness’ in Australia Australasian Psychiatry 13(1), pp 3-15. 8

Stigma Reduction

Organisations like Amnesty and See Change have done excellent work in reducing the stigma associated with mental illness in Ireland. However serious stigma remains and it presents a significant barrier to improving mental health. Studies have found that 6 in 10 Irish adults would not want people to know if they were experiencing mental health problems. A majority does not believe that people with mental health problems should do important jobs like being a doctor or a nurse.²¹

We must challenge this stigma and normalize the discussion of mental health for our young people. They must know that they are not alone in experiencing mental health difficulties and we must ensure that young people with mental health disorders do not face discrimination. In the words of Caroline McGuigan of Suicide or Survive, we must create a society in which mental health is seen in the same light as dental health. From a young age children should be taught that managing their mental health is as important as brushing their teeth and that visiting a mental health professional can be as unremarkable as visiting the dentist.

Whole School

Our education system and our schools have a key role to play in supporting youth mental health. The whole school approach places the school at the center of a community-based support system. All stakeholders including parents, students, staff, health services and community organisations work together to create a protective environment and promote mental health and well-being.²² Under the whole school approach mental health is not treated as a special topic to be addressed intermittently. Instead it is placed at the center of the school's ethos.

The whole school approach is considered best practice internationally and it has proven to be effective, provided that it is implemented and monitored in a rigorous manner.²³ It can also lead to higher academic standards in schools because students' academic performances are strongly influenced by their mental well-being.

Peer Support

Young people have a vital role to play in implementing a whole school approach and promoting positive mental health in their peers. They should be encouraged to adopt an "Our Class" mentality, which means looking out for the well-being of their classmates and taking collective responsibility for supporting each other. They should be given the tools to defend classmates from bullies and to encourage them to seek help with their personal struggles and their mental health problems. They should be taught the critical importance of preventing social exclusion.

²¹ HSE (2006). 'Mental health in Ireland: attitudes and awareness'

²² www.mindmatters.edu.au

²³ Weare, Katherine and Nind, Melanie (2011). 'Mental health promotion and problem prevention in schools: what does the evidence say?', *Health Promotion International* 26(1)

A Voice for Young People

According to *My World* many young people who report experiencing serious mental health difficulties do not seek help, even though they know that they should.²⁴ This suggests that they do not feel comfortable accessing services as they currently exist.

Article 12 of the UN Convention on the Rights of the Child states that the child has the right to have their voice heard in matters affecting them. We must actively involve our young people in designing youth mental health services and supports. Initiatives such as Headstrong's Jigsaw project have shown how successful this approach can be in encouraging young people to seek help.

Community-Based Service

The needs of the child must be at the centre of all youth health policy. Every young person in this country should be able to access mental health services in a timely manner. These services should be located in the young person's own community, in a setting where they feel safe and comfortable. Cost should not be a barrier to accessing care.

It is not enough for the Government to make vague promises about improving mental health services. They must invest the necessary funds and introduce legislation that ensures access to comprehensive, community-based care for all.

Despite the high prevalence of mental health problems among Irish young people we are optimistic that the situation can be improved if the Government acts decisively. In 1990 Australia's suicide rates were near what they are in Ireland today. However following significant investment by the Australian government in mental health reform, coupled with an increase in public awareness about mental health problems and the importance of getting help early, Australia saw a 55% reduction in its youth suicide rates in less than 10 years.²⁵

²⁴ Headstrong (2012). 'My World Survey'

²⁵ Professor McGorry director of Headstrong, Executive director of ORYGEN Research Centre Melbourne

1. A Holistic Approach

A holistic approach should be taken to the promotion of youth mental wellness through encouraging extracurricular activities, physical exercise and healthy lifestyles.

Extracurricular Activities

International research has shown the positive benefits of taking part in extracurricular activities for young people's mental well-being. It can build confidence and prevent isolation by helping them to build social networks. Social exclusion is a serious issue and it often begins in childhood or early adolescence. Participation in extra-curricular activities is linked to lower levels of depression in young people, particularly when they perceive high support from their activity leader.²⁶ This reflects the *My World Survey* finding on the benefits of a young person having "one good adult" in their life.²⁷

Schools and communities should promote and support sport, the arts and other activities for young people and the Government must ensure that these groups have access to adequate funding and facilities. These groups are making a massive contribution to society and they should be acknowledged as such. Many groups, for example the Team Educational Theatre Company, are actively working to raise mental health awareness.

Coaches and other activity leaders interact with young people on a regular basis and are often in a good position to notice when they are having mental health difficulties. We recommend that information packs on youth mental health be offered to these adults in order to help them familiarize themselves with common warning signs and referral procedures. Programmes like Youth Centered Practice, a training scheme for professionals who work directly with young people that is delivered by Jigsaw, should be supported and expanded.

Physical Activity

Sports and physical activities are particularly important. According to the Irish Sports Council, physical activity reduces depression and anxiety, especially in shy children, and enhances mood and quality of life.²⁸ Research has shown that people who exercise regularly are less likely to be depressed, anxious or tense, more likely to feel good about themselves, are better able to concentrate and focus and are more likely to sleep well.²⁹

Schools have a key role to play in promoting physical fitness. The Department of Education recommends that every post-primary pupil should have 2 hours of PE per

²⁶ Barber, Bonnie, Stone, Margaret and Hunt, James (2003). 'Extracurricular activities and adolescent development'

²⁷ My World Survey: National Study of Youth Mental Health (2012)

²⁸ Irish Sports Council (2010). 'The Children's Sport Participation and Physical Activity Study'

²⁹ <http://www.rcpsych.ac.uk>

week, and every primary pupil 1 hour per week. However many schools do not timetable sufficient PE classes. In secondary schools senior students receive less PE time than junior students, and girls receive less time than boys.³⁰ The Department must ensure that all students are receiving sufficient PE classes. Within these classes there should be a focus on incorporating a range of activities, including aerobics and even walking for students who do not like team games or competitive sports.

It is particularly important to emphasise the importance of physical activity for students in exam years. Many students feel pressure to develop unhealthy, all-consuming study habits and often drop out of sports as a result. Worryingly, many do not return to them after exams are over. We must find a way to incentivise physical activity for these students.

When resources are available, PE should become a Leaving Certificate subject. In the meantime, the Department of Education and higher education colleges should give consideration to other ways to encourage young people to be physically active. For example, CAO points could be awarded to students who reach certain physical fitness targets. In any new system, it will be necessary to ensure that the standard required can be achieved by all students regardless of their socio-economic background or geographical location, without the need for access at home or in school to expensive sports facilities.

Diet

Like the heart, the stomach and the liver, the brain is an organ that is sensitive to what we eat and drink. Some foods can have a lasting influence on mood and mental wellbeing. There is also evidence to suggest that healthy eating can contribute to the prevention and management of certain mental health disorders.³¹ Studies have highlighted important links between young people's diets and the mental health they experience over their lifetimes. These links are particularly important in adolescence, given that this is a period of rapid physical growth for young people and also the time when the majority of mental health problems first appear.³²

The Government should support initiatives that promote healthy eating among young people. Food Dudes Healthy Eating Programme is successfully run in many Irish primary schools and a similar, age-appropriate programme should be introduced in secondary schools.³³ Parents and young people, particularly those from disadvantaged backgrounds, should be educated on the important role that diet plays in mental health.

³⁰ Irish Sports Council (2010). 'The Children's Sport Participation and, Activity Study'

³¹ Feeding Minds: The Impact of Food on Mental Health Mental Health Foundation (2006)

³² Jacka FN, Kremer PJ, Berk M, de Silva-Sanigorski AM, Moodie M, et al. (2011) A Prospective Study of Diet Quality and Mental Health in Adolescents. PLoS ONE 6(9): e24805

³³ www.fooddudes.ie

Alcohol and Drugs

According to the *My World* survey 61% of young adults in this country are outside the normal range for drinking behavior and 10% can be classified as having harmful or hazardous drinking habits.³⁴ Excessive alcohol consumption is strongly linked to mental health problems, particularly depression, self-harm and suicide. It also has extremely negative consequences for young people's physical health. It is clear that action must be taken to curb this problem. We call on the Government to take serious action to reduce alcohol consumption among young people and to place mental health concerns at the center of any future alcohol plans. We also believe that peer-developed and peer-delivered programmes have a very important role to play in alerting young people to the dangers of binge drinking.

A renewed focus must also be placed on reducing drug misuse among young people.

Recommendations

- **Sport, the arts and other extracurricular activities should be actively promoted and adequately resourced.**
- **Mental health information packs should be provided to coaches and activity leaders.**
- **PE requirements should be met for all students.**
- **Physical fitness should be incentivized for senior cycle students.**
- **Healthy Eating should be promoted in schools.**
- **The Government should ensure effective implementation of a targeted strategy for reducing alcohol consumption among young people.**

³⁴ Headstrong (2012). *My World Survey*

2. Integrated Services

Health services, community support groups, mental health organisations and schools should integrate their services in order to ensure the best possible quality of youth mental health care.

A wide range of groups have a role to play in promoting mental wellness among young people and providing supports for those experiencing difficulties. In order to avoid gaps and duplication in services, it is vital that all agencies cooperate and coordinate their services locally. Regular planning meetings should take place between representatives of all of the local support services, information and expertise should be shared and effective referral protocols should be put in place.

Health Services

The benefits of integrated mental health services extend to patients, caregivers, providers, and the larger health care system. Evidence suggests that coordinated care can enhance access to services, improve quality of care, and lower overall health care expenditures.³⁵ *A Vision for Change*, the report of the Expert Group on Mental Health Policy published in 2006, was a landmark Irish policy document. It detailed a framework for providing accessible, community-based and integrated mental health services for young people through the setting up of Community Mental Health Teams.³⁶ We urge the government to provide the funding to establish fully staffed CMHTs across the country.

A Common Assessment Framework should be introduced across all children's health services in order to aid integration. CAFs are currently in use across the UK and the benefits include quicker service provision to children and families as a result of more appropriate referrals to specialist services, better service provision due to the CAF looking at the whole child rather than the needs of the child from the perspective of one particular agency and less repetition and duplication due to the CAF information being shared, with consent, between practitioners.³⁷

Coordination of Community-based Services

Headstrong's Jigsaw initiative is an excellent example of integrated service provision in the community. The Jigsaw programme works with communities in a systematic way to identify the needs of young people and to coordinate existing services and supports in a way that makes them accessible and appropriate to the diverse needs of young people. Each Jigsaw service works with the HSE and local agencies to support the needs of young people in that area.

³⁵ American Physiological Association (www.apa.org/health-reform/pdf/integrated-health-care.pdf)

³⁶ 'A Vision for Change: Report of the Expert Group on Mental Health' (2006)

³⁷ Common Assessment Framework for Children and Young People: FAQs www.croydon.gov.uk

We believe that the Government should support Headstrong in setting up a Jigsaw service in every county in the country and as required in urban centres. Investing in Jigsaw can produce substantial savings, as providing brief, community-based interventions can vastly reduce the demand for professional health services.

Many community gardaí are doing excellent work with projects aimed at improving the mental health of at risk youth. This should be strongly encouraged as it leads to vital links being formed in the community. Junior Liason Officers should also work in conjunction with community-based groups and be adequately trained in mental health issues.

Schools & Colleges

Schools should also integrate the services that they provide with mental health services and community support groups. It makes sense for organizations who are reaching out to young people to work with schools and where possible bring their services into the schools themselves. Jigsaw Meath, for example, work directly with local schools.

Opportunities also exist for outside organisations to provide mental health services to third level students on campus, as is the case in UCD.

Early School Leavers

It is estimated that as many as 750 children fail to transfer every year from Primary to Post-Primary school. The number of students who leave education with no qualifications is estimated to be 3.2% while another 15.3% leave with only a Junior Cert qualification.³⁸ Ironically the students that most need mental health support in school are often those who are most likely to leave early. It is hoped that improving the mental health support offered in schools will reduce the number of students who withdraw. It is also recommended that groups that provide vital services and supports for these vulnerable young people, for example Youthreach, coordinate their activities with other community-based service providers. It is also critical that they are adequately funded.

Recommendations

- **Mental health services should be coordinated through Community Mental Health Teams.**
- **A Common Assessment Framework should be introduced.**
- **Headstrong should be given the necessary funding to establish Jigsaw centres across the country.**
- **Mental Health organizations should actively engage with schools and third level institutions.**
- **Services for early school leavers should be protected and integrated into a community approach to tackling youth mental health.**

³⁸ www.youthreach.ie

3. Early Childhood Education And Care

Positive mental health promotion should be at the core of the Government's Early Years Strategy and *Síolta* and *Aistear* should be implemented in full.

Early childhood is a critical time for mental health. The foundations of many mental health problems that endure through adulthood are established in these years.³⁹ Studies have found that positive mental health promotion is best done in the early years of a child's life, particularly between the ages of 2 and 7.⁴⁰ Research from New Zealand has shown a significant connection between difficulties in children's behavioural development at the age of 3 and problems in adulthood such as depression, anti-social behaviour and criminal activity.⁴¹ The Government is currently in the process of drafting a National Early Years Strategy. We believe that positive mental health promotion should be at the core of this document.

We urge the Government to invest heavily in early childhood education and care. The greatest return on investment in education and intervention is in the years 0-5, but currently only 20% of our public spending on children and families targets this age group.⁴² The early years are the ideal time to begin teaching children resilience skills and normalising the discussion of their emotions. Parents must be informed about the importance of this process and actively involved.

Síolta: the National Quality Framework for Early Care and Education provides a solid framework for promoting mental health through its focus on emotional and social development but it is currently only applied to organisations that deliver the free pre-school year.⁴³ Similarly *Aistear: the Early Childhood Curriculum Framework* offers excellent opportunities to promote mental health but it is not currently applied at the pre-primary level. We recommend that both documents be implemented in full and applied to all early care and education services from birth to age 6.

It is also imperative that those who work with young children be properly trained in promoting mental wellness and identifying the onset of mental health difficulties. All carers and child minders, not just those who offer the free pre-school year, should receive training in children's mental health and in the delivery of *Síolta* and *Aistear*. Mental health information must be available to parents who seek it, particularly how to access supports for this age group when necessary.

³⁹ National Scientific Council on the Developing Child (2008). 'Mental Health Problems in Early Childhood Can Impair Learning and Behavior for Life: Working Paper No. 6'

⁴⁰ Clarke, A.M. and Barry, M. (2010). 'An evaluation of the Zippy's Friends emotional well-being programme for primary schools in Ireland'

⁴¹ Start Strong Advancing Children's Early Care and Education Policy Brief May 2012

⁴² Start Strong (2012). 'The Economics of Children's Early Years'

⁴³ www.siolta.ie

Early interventions can play a particularly effective role for young children from disadvantaged backgrounds.⁴⁴ Programmes that address risk and protective factors early in life should be targeted at child populations that are at risk. There are numerous examples of best practice in this area including the Community Mothers Programme and the Life Start Scheme Programmes, which have proven benefits for the mental health and overall wellbeing of children in disadvantaged areas.⁴⁵

Recommendations

- ***Síolta* and *Aistear* should be applied to all early care and education services.**
- **Parents should be informed about the importance of promoting positive mental health at this age and know how to access supports if necessary.**
- **All early childhood workers should receive mental health training.**
- **Targeted intervention programmes for children from disadvantaged backgrounds should be introduced.**

⁴⁴ Start Strong (2012). 'The Economics of Children's Early Years'

⁴⁵ 'A Vision for Change: Report of the Expert Group on Mental Health' (2006)

4. Mental Health Promotion Plans for Schools & Colleges

Every school and higher education institution should draw up a Mental Health Promotion Plan that details how it will implement a whole school approach to mental health and includes the appointment of a specialised Care Team.

Mental Health Promotion Plan

The most effective way to promote positive mental health in schools is through a whole school approach, with all members of the school community feeling equipped and empowered to support others and seeing it as their responsibility to do so.

We recommend that every school be required to draw up a Mental Health Promotion Plan. This plan should detail exactly how the school will incorporate positive mental health promotion into its ethos and how it will support staff members in this endeavour. The input of students, the Parents' Association and community support groups should be incorporated into the plan. The strategy should set measurable goals which can be evaluated and the school should ensure that it is implemented and monitored in a rigorous manner.⁴⁶

Some higher education institutions, such as UCC, NUIG and TCD, already have detailed mental health policies in place but this is not a requirement. The Higher Education Authority should direct every higher education institution to draw up a Mental Health Promotion Plan, following consultation with its students, staff, support services and mental health organisations. An effective system should then be put in place to monitor the implementation of the plan and evaluate its effectiveness.

Care Team

A key part of every school's Mental Health Promotion Plan should be the appointment of a Care Team. This team should be made up of a small group of staff members who will receive training in mental health promotion and mental health difficulties. This is a strategy that has been successfully pioneered in schools like St. Peter's College, Dunboyne and St. Aidan's Community School, Tallaght. The Care Team should meet on a weekly basis to discuss students' mental health and well-being. When possible it should include the school's guidance counsellor.

Care Teams would be able to provide support for individual students who are having mental health or personal difficulties, liaise with parents and coordinate with the students' classroom teachers to ensure that they are looked out for. They would help to flag when student behavioural issues are being caused by such difficulties.

⁴⁶ Weare, Katherine and Nind, Melanie (2011). 'Mental health promotion and problem prevention in schools: what does the evidence say?', *Health Promotion International* 26(1)

The Care Team would also provide a vital link between the school and external health services and supports. It could regularly coordinate with local mental health services, the HSE and gardaí. Where necessary it could refer students on to the appropriate specialised services. This approach allows for the community to work together in supporting young people and intervening before problems reach crisis point.

In higher level institutions, Care Teams should be formed within individual schools and departments as appropriate.

Recommendations

- **Schools and higher level institutions should draw up Mental Health Promotion Plans.**
- **A Care Team should be appointed to support students with mental health issues.**

5. Personal Development

Students in primary and secondary schools should fill in annual Personal Development Surveys and in first, third and sixth class students should take part in a one-to-one Personal Development Meeting.

It is vital that from an early age we teach our young people how to express their emotions and how to evaluate their own mental well-being. They must also know that their school and society at large values them as individuals and not just for their academic performances. The *My World Survey* found that students who ranked themselves as being at the “bottom of the class” were more likely to experience psychological distress, particularly depression.⁴⁷

The process of normalising the discussion of emotional struggles and mental health disorders and breaking down stigma must also begin early in life and be re-enforced constantly. Stigma is a significant barrier to accessing treatment for Irish people of all ages. 6 in 10 Irish adults would not want people to know if they were experiencing mental health problems and this is an issue that must be addressed.⁴⁸

Personal Development Surveys

We recommend that once every year students in primary and secondary schools fill in a simple Personal Development Survey that asks questions about their well-being and personal development, for example “How are you feeling?”, “What are you worried about?” and “What makes you happy?”. There will be different surveys for each year group based on their academic abilities. Students will be encouraged to ignore spelling and grammar and instead focus on self-expression.

This process will help teach students expression skills. Comparing student surveys year-to-year can allow the school to observe sudden drops in students’ mental well-being. Data from these surveys can also be compiled in a confidential manner to show whether particular schools have especially serious problems with student mental health and whether the problem improves year to year. They will also help schools to monitor the effectiveness of their Mental Health Care Strategy and identify areas for improvement.

⁴⁷ My World Survey: National Study of Youth Mental Health (2012)

⁴⁸ HSE (2006). ‘Mental health in Ireland: attitudes and awareness’

Personal Development Meetings

We also recommend the introduction of Personal Development meetings for primary school students in first, third and sixth class. These students, with the permission of their parents, will have short one-to-one meetings with members of a specially trained support group in which they discuss their responses to the Personal Development survey. The meetings will be organised by the school's Care Team and administered by outside actors, including retired teachers and members of community support groups.

The benefits to this proposal are manifold. The team will be trained to notice and flag serious mental health issues that may require further action. This is particularly important for students who do not act out in class and may otherwise have their problems go unnoticed. Students with less serious problems will also have an opportunity to discuss them and will know that there is someone there to listen. Starting the process when students are in first class and repeating it during the primary cycle allows for early intervention and also normalises talking about mental health problems for students.

Recommendations

- **The discussion of mental health should be normalised.**
- **Students in primary and secondary schools should fill in annual Personal Development Surveys.**
- **Primary school students in first, third and sixth class should take part in one-to-one Personal Development Meetings.**

6. SPHE

SPHE should play a central role in the curriculum and in secondary schools it should be extended to transition year and the senior cycle.

SPHE, or Social, Personal and Health Education, is part of the current curriculum in primary schools and at junior cycle in second level schools. However, we believe that its potential is not being realised. SPHE should be used to tackle mental health stigma, promote healthy lifestyles and teach resilience skills such as Mindfulness Training. SPHE should be treated as a core part of the curriculum and be fully integrated into a whole school approach to mental health.

Reviews have found that there are key difficulties with delivering SPHE in schools. These include timetabling, the lack of a whole school approach in that not all staff are involved in implementing the programme, the fact that it is undervalued by students, teachers and parents, lack of qualified teacher training and the fact that classes are too large.

Teacher training for SPHE should be of the highest possible quality and should be re-enforced regularly. More should be done to ensure that SPHE teachers in secondary schools feel that their role is and that they remain in the role long enough to build up expertise. Currently SPHE tends to be taught by young teachers who only teach it for a short number of years.⁴⁹ The importance of SPHE should be communicated to parents and they should be encouraged to engage with their child on the issues that they learn about in class. The promotion of positive mental health should be integrated across the curriculum, including through religious education.

We recommend that the SPHE programme be extended to Transition Year and the senior cycle in secondary schools. Transition Year offers a unique opportunity to engage with students and give them the opportunity to participate in a specially-designed interactive mental health programme. The TY mental health programme being currently run by the St. Patrick's Hospital Foundation in Dublin is just one example of the exciting work that can be done with these students.

The NCCA has already produced a Senior Cycle SPHE Draft Curriculum Framework for Consultation (2005) and we recommend that this be introduced. The framework puts SPHE at the center of a whole school approach and includes modules on mental health, gender studies, substance use, relationships and sexuality education (RSE) and physical activity and nutrition.⁵⁰ Incorporating RSE into the SPHE programme will

⁴⁹ Dáil na nÓg (2010). 'Life skills matter – not just points A survey of implementation of Social, Personal and Health Education (SPHE) and Relationships and Sexuality Education (RSE) in second-level schools'

⁵⁰ NCCA Senior Cycle Social, Personal and Health Education Draft Curriculum Framework for Consultation (2005)

ensure that it is delivered to all students to a high standard. Despite existing guidelines this does not currently happen in a significant number of schools.⁵¹

We are not convinced that SPHE should be examined, as this could lead to the class being exam focused and stressful for students. However we believe that something must be done to ensure that it is taken more seriously and so we recommend that a pass/fail element be introduced. Students should produce SPHE workbooks detailing what they have learned and any projects and group discussions that they have participated in. The workbooks should be inspected by a person other than the class teacher and all students who complete them to a sufficient standard will be deemed to have passed the class.

Recommendations

- **SPHE teachers should be adequately trained and supported.**
- **The importance of SPHE should be communicated to parents.**
- **SPHE should be extended to the senior cycle.**
- **Students should be required to produce SPHE workbooks in order to pass the subject.**

⁵¹ Dáil na nÓg (2010). ‘Life skills matter’

7. Guidance Counsellors

The Government should reverse its decision to no longer provide schools with dedicated guidance counselling hours and should instead support guidance counsellors in dealing with mental health issues.

In Budget 2012, it was announced that from September this year guidance provision will be included in the standard allocation at post primary level. This effectively means the loss of up to 700 qualified guidance counsellors from our secondary schools. While we understand the need to save money in this economic climate, we believe that this is an outrageous and short-sighted decision that unfairly targets vulnerable young people.

Guidance counsellors currently play a critical role within the school. They provide one-to-one personal, educational and vocational counselling to students. Students know that there is someone in the school who they can talk to about their problems and their worries and who can provide them with advice. The guidance counsellor is particularly important for students from disadvantaged backgrounds who cannot afford to access counselling services outside of school and for those whose parents do not have the experience of attending third level education.

These cuts will in many cases result in an end to one-to-one counselling. As Eilis Coakley, president of the Institute of Guidance Counsellors, has said, schools will face an impossible choice between maintaining the guidance counselling service and timetabling teachers for classes. There have already been examples of schools sending students home early to avoid cutting guidance counselling services. The mental health of students will be adversely affected by these cuts because they will no longer have this vital frontline support. According to the ERSI the effect of this policy decision will be most felt by students from disadvantaged backgrounds.⁵²

We call on the Government to reverse this outrageous decision. Instead they should be providing guidance counsellors with increased supports for dealing with mental health issues.

Recommendations

- **Dedicated Guidance counselling hours should not be cut.**
- **Guidance counsellors should play a key role in designing and implementing schools' mental health Care Strategies.**

⁵² ESRI 'Improving Second level Education: Using evidence for policy development',

8. Peer Support

Guidelines should be introduced to help schools to foster peer support by promoting an Our Class mentality and empowering students to look out for each other.

Students themselves have a vital role to play in a successful whole school strategy, in particular in helping to tackle bullying and prevent social exclusion. Bullying and social exclusion have a devastating effect on young people's mental health and can lead to the development of serious mental health problems.

The first people to know if a young person has a problem are usually their friends. Young people should be encouraged to refer their friends to seek mental health help when they feel that it is necessary and to emphasise that it is no big deal to do so. It is vital that young people are taught how to identify the warning signs of serious mental health and alcohol or drug problems so that they can recognise them in their friends and classmates. Parents and other family members are also a vital part of a young person's support structure, and they must also know how to promote positive mental health and how to cope when their child or sibling has mental health difficulties.

Students in primary and secondary school should be encouraged to foster an Our Class or a "one for all" mentality. They should be taught to look out for each other and value the experiences of everybody in the class. If someone in the class is isolated and left out then the rest of the class should feel that it is their responsibility to include them. They should be taught the language and tools required to stand up for victims of bullying and report bullying on behalf of their classmates. The Stand Up! campaign against homophobic bullying run by BelongTo shows how successful such a strategy can be.

Secondary schools should be supported in setting up peer mentoring systems in which senior students are chosen to act as mentors to groups of first year students. The mentors should be trained to support their first year group with the usual stresses of starting secondary school and in particular to deal with bullying. They can help to identify bullying behaviour and be available for first year students to speak to about the issue.

In secondary schools peer teaching should be used to educate students about topical issues like alcohol, drugs and cyber bullying. Senior students, particularly fourth years, should be given information on a topic that they then deliver to younger students. Their words can have more weight on these issues than a teacher's as they will know exactly what the younger students are facing. Older students who participate have an opportunity to learn a lot about the issue and to build their own confidence. Jigsaw Meath have found this method to be extremely effective and beneficial to all involved.

Recommendations

- Our Class mentalities should be fostered among students.
- Peer mentoring systems should be set up in secondary schools.
- Peer teaching should be used to educate students about topical issues like alcohol, drugs and cyber bullying.

9. Bullying

Bullying guidelines should be updated and peer support should play a key role in schools bullying strategies.

The recent *My World Survey* by Headstrong found that nearly 42% of adolescents had been bullied at some point.⁵³ There are many forms of bullying, including verbal bullying, physical bullying, social exclusion and cyber bullying. Bullying is a serious issue that can cause acute pain and suffering. It can have a devastating impact on the mental health of victims, affecting their social life, their school work and their family. Victims are often afraid to speak out and can feel trapped in an unbearable situation. In extreme cases this can lead to self-harm and tragically even suicide.

Fianna Fáil recently made a submission to the Working Group on Bullying. Along with stressing the need for peer support and a whole school approach to tackling bullying the document highlighted the need for the Department of Education to update its current bullying guidelines to address issues around racist bullying, homophobic bullying and cyber bullying. As outlined by Professor Mona O'Moore of TCD in her presentation to the recent Forum on Bullying, the current definition views bullying as one or more individuals "repeatedly targeting" another. But cyber bullying could involve just one damaging incident that is sufficient to be defined as bullying. It may not be a repeated attack.

Current guidelines must be significantly strengthened so that schools are required to implement an anti-bullying programme. This programme should involve the whole school community. Schools need to be provided with proper training and support in how to implement these guidelines so as to take a more proactive approach to tackling bullying. Students must be involved in drafting their schools' bullying guidelines and peer support should play a key role in them. Students themselves are often best equipped to notice and prevent bullying by standing up for their peers. Young people must be educated about the dangers of social media and how to protect themselves while using the internet.

Bullying is also often a sign that the perpetrator has mental health issues of their own that are leading them to lash out at others. Both the victim and the perpetrator of bullying should receive mental health support.

Fianna Fáil welcomes the inclusion of *BelongTo* and *GLEN* in the Department's working group on bullying. While all young people are at risk of being subjected to bullying, research shows that LGBT young people experience far higher incidences of bullying behaviour and that homophobic bullying is a risk factor for self-harm and

⁵³ My World Survey: National Study of Youth Mental Health (2012)

attempted suicide. Research also shows that teachers feel particularly ill-equipped to deal with homophobia. We therefore believe that in addition to general measures to prevent and deal with bullying, a specific strategy is required to address homophobic bullying.

Recommendations

- **Tackling bullying should be a priority for schools.**
- **Peer support should play a key role in schools' bullying strategies.**
- **Students should be educated about cyber bullying and protecting themselves online.**
- **The Department of Education should update its bullying guidelines.**

10. Teacher Training

Teacher training should be improved with regard to mental health and bullying and teachers should be taught to work together to implement a whole school approach to mental health.

Teachers are not miracle workers and it is not fair to expect them to solve all of society's problems. However, aside from parents, they have more contact with young people than any other group. Teachers across the country are already playing a key role in positive mental health promotion and they should be given the skills to carry out this role as effectively as possible.

Mental Health Training

Student mental health should be heavily emphasised in teacher training colleges. Trainee teachers should be taught to promote mental wellness in their classrooms and to recognise mental health warning signs in students who are struggling. Teachers can be afraid of missing warning signs or of gaining a student's trust but then not being able to help them. They should know how to access support services for their students and, where necessary, themselves. It is critical that regular mental health training be included as part of continuing professional development for current teachers.

The fact that student behavioural issues often stem from mental health problems should be recognised. Problems at home can also lead to students developing anger issues. Trainee teachers should be given clear guidelines for supporting students in addressing these underlying issues as a part of dealing with their misbehaviour. The expertise of the National Behaviour Support Service should be utilised.

Whole School Approach

The successful implementation of a whole school approach to mental health requires the support and cooperation of all teachers, staff and parents. Teachers should be adequately trained in the whole school approach and have a thorough understanding of their school's mental health Care Strategy. They should know their own responsibilities and feel fully supported in playing their part. Teachers should feel comfortable communicating to parents about mental health issues. It is important that teachers are educated about different cultural approaches to mental health and behavior management and the challenges that this can sometimes pose.

Bullying

Teachers should be better trained with regard to dealing with bullying in schools. They must be taught the importance of intervening early in bullying situations and given strategies for dealing with students and parents. They should encourage students to

stand up for each other and foster peer support. Schools should have clearly defined guidelines on bullying and teachers should be supported in following them. It is particularly important that all teachers are sufficiently trained on the issue of homophobic bullying. LGBT young people report high levels of homophobic bullying at school and can even experience homophobia from their teachers.⁵⁴

Recommendations

- **Teachers should be trained to promote student well-being and to recognise and respond to mental health problems.**
- **The links between mental health problems and behavioural issues should be acknowledged.**
- **Teachers should understand and be comfortable with their role in implementing their school's Care Strategy.**
- **Teachers should be given strategies for early intervention in cases of bullying.**
- **Teachers should be adequately trained to deal with homophobic bullying.**

⁵⁴ Mayock, Paula, Bryan, Audrey, Carr, Nicola and Karl, Kitching (2009). 'Supporting LGBT lives'

11. Positive Schools Awards & Flag Scheme

A Positive Schools scheme should be set up to award flags to schools and third level institutions that promote positive mental health and well-being.

A Positive Schools initiative should be launched to award Positive School flags to schools and third level institutions that meet particular targets in promoting positive mental health. A National Committee, made up of representatives from mental health organisations, should be set up to administer the programme.

Schools that choose to take part will form a Positive Schools committee made up of students and staff members. The committee will evaluate current mental health needs and awareness within the school and develop an action plan. They will set targets and develop initiatives aimed at promoting positive mental health and well-being among students through education and action. These may include educating students and parents about specific mental health disorders, promoting sport and other extracurricular activities within the school and organising creative or charity projects aimed at getting students involved in the community. At the end of the year the committee will produce a report based on their work. Parents will be encouraged to play an active role.

The National Positive Schools Committee will evaluate the school's efforts and if it is deemed to have met their criteria it will be awarded a basic Positive Schools flag. Schools will have the opportunity to renew their flags on an annual basis and different levels of flag can be awarded based on the type and the scale of the results achieved. Different versions of the programme can be tailored to primary and second level schools.

The Positive Schools initiative would encourage and reward whole school and student-led approaches to youth mental health. Achieving a Positive School flag would be an accomplishment for schools to take pride in and would affirm their commitment to youth mental wellness. It could potentially garner positive media attention and act as a positive signal to the prospective students and parents. The success of Green Schools, a scheme that offers flags to schools that promote environmental awareness and recycling, shows the enormous potential of Positive Schools. Almost 90% of Irish schools currently participate in Green Schools.⁵⁵

A similar scheme should also be developed for third level institutions.

⁵⁵ www.greenschoolsireland.org

Recommendations

- A national Positive Schools Committee should be set up and schools should be invited to take part in the scheme.
- The Committee will award Positive School flags to schools that set and reach specific targets for promoting positive mental health.

12. *Be The One* Media Campaign

A *Be the One* media campaign should be launched to explain the importance of “One Good Adult” and encourage adults to provide this support.

Headstrong’s *My World* survey found that the presence of at least one caring adult in a young person’s life is strongly linked to positive mental health. This adult can be a family member, a teacher, a coach or even a neighbour. The presence of “One Good Adult” is a key indicator of self-confidence, how well a young person is connected to their community and how well they can cope with problems. The absence of One Good Adult is strongly linked to higher levels of distress, anti-social behaviour and an increased risk for self-harm and suicidal behaviour.⁵⁶ This finding is supported in the academic literature on youth mental health.⁵⁷

According to the *My World Survey*, 70% of Irish young people have high or very high support from One Good Adult. While this is a positive finding, the fact remains that a significant percentage of our young people do not have this seemingly basic resource in their lives. We recommend the launch of a media campaign aimed at educating adults about the importance of One Good Adult and encouraging them to make an active effort to provide this support to young people in their families and their communities. It should be emphasised that simple actions like taking an interest in a young person’s life and regularly checking in with them can have a profound effect. The campaign should acknowledge the vital role currently being played by adults who offer this support to our young people.

Be the One will play a role in de-stigmatising mental health problems by raising awareness and encouraging discussion. Studies have shown that mental health awareness raising campaigns in other countries, such as *Like Minds, Like Me* in New Zealand, have successfully changed attitudes and are very cost-effective.⁵⁸ *Be the One* will focus on the positive message that each of us has the power to make a real difference in tackling this issue.

Social media should play a key role in promoting this campaign. There is tremendous potential for social media to raise awareness around mental health and provide support and information to young people who are struggling. For example *Where to Turn* is a smart phone app developed by the Ratoath Senior Foroige Youth Club. It promotes positive mental health and is designed by young people, for young people. Such initiatives should be strongly supported.

⁵⁶ My World Survey: National Study of Youth Mental Health (2012).

⁵⁷ Bogard, K. L. (2005). Affluent adolescents, depression and drug use: The role of adults in their lives. *Adolescence*, 40 281-306.

⁵⁸ <http://www.likeminds.org.nz>

Recommendations

- A media campaign should be launched to raise awareness about the importance of One Good Adult.
- Social media mental health initiatives should be supported.

13. A Vision For Change

The Government should fully implement the recommendations of *A Vision For Change*.

A Vision for Change set out an excellent framework for community-based child and adolescent mental health services.

According to the Independent Monitoring Group, implementation of this strategy will require a redistribution of existing resources, significant change in how services are delivered and a cultural shift of attitude and practice by service providers and mental health professionals.⁵⁹ While additional resource allocation will also be required, this is more than justified by the long-term health benefits and financial savings that improvements in mental health will deliver.

We are concerned at the lack of progress that has been made on implementing *A Vision for Change* and in particular the recommended services for young people, as highlighted by the Independent Monitoring Group.⁶⁰ Access to appropriate assessment and intervention is vital and currently uneven nationally. Waiting times for securing an appointment with Community Adolescent Mental Health Service are too long young people and their parents are suffering as a result. The 16 to 18 year old age group is particularly ill served as they are too young for adult services but too old for CAMHS. Pressure should be put on the HSE to support the Executive Clinical Directors to develop appropriate services for this age group within existing resources as a matter of urgency.

We agree with Amnesty that the Government should introduce a statutory obligation on the HSE (and its successor) to publish a multi-annual plan for implementing *A Vision for Change*. This should include detailed capital expenditure plans and plans to staff multi-disciplinary Community Mental Health Teams over a specific time period. There must be absolute transparency and accountability from the health service and they should present detailed annual reports to an Oireachtas committee. We believe that a failure to invest in these services now will result in massive financial and social costs in the future.

Fianna Fáil is adamant that funding for suicide prevention be protected. When in government we launched *Reach Out*, a national strategy for action on suicide prevention. *Reach Out* calls for an integrated approach to the prevention of suicidal behavior in order to foster cooperation between health, education, community, voluntary and private sector agencies. An additional €1 million was provided for *Reach Out* in Budget 2011. This funding should be ring-fenced.

⁵⁹ A Vision for Change Monitoring Group (2012). ‘Sixth Annual Report on Implementation’

⁶⁰ A Vision for Change Monitoring Group (2012). ‘Sixth Annual Report on Implementation’

Recommendations

- Resources should be shifted to services for the 16-18 age group as a matter of urgency.
- The Government should introduce a statutory obligation on the HSE to publish a plan for implementing *A Vision for Change*.
- Funding for suicide prevention should be protected.

14. Young People In State Care And Emergency Accommodation

Comprehensive and specialised mental health services should be provided for young people in State Care and young adults in emergency accommodation should be adequately supported.

State Care

According to the recent report from the Independent Child Death Review Group more than 110 children and young people who came into contact with the State's Child Protection Services between 2000 and 2010 died from unnatural causes, including suicide and drug abuse. 17 children and young people died from unnatural causes while in State Care and of these 5 deaths were suicides and 5 deaths were drug related. According to the report "It is evident...that the HSE were and are unable to cope in a proactive way with the needs of disturbed children and young people." It highlights the urgent need to provide adequate mental health services to the country's most vulnerable young people.

Children in the care of the state, including those in the youth justice system, have particular mental and emotional needs that must be met. Children in care are at higher risk of experiencing mental health problems. Many have experienced extremely stressful life events, including abuse and neglect, prior to their placement in care. Children who are new to Ireland may have travelled here alone and some have experienced war and trauma in their home countries. A 2007 UCD report found that 83% of a sample group of children in the youth justice system met the diagnostic criteria for at least one psychological disorder and 18% reported having had suicidal thoughts.⁶¹

We agree with the Children's Rights Alliance that a specialised therapeutic team should deal with the mental health needs of children and young people in care and detention.⁶² This group of young people have significant contact with government health and social services. We should recognise and take advantage of the opportunity that exists for introducing mental health intervention programmes and developing the therapeutic potential of the experience of being cared for by the state.⁶³

Follow-up Care

It is also essential that adequate follow-up services are made available for young people when they leave State Care. A massive gap in services exists for young people in this situation and legislation must be introduced to protect them. A report from

⁶¹ Children's Mental Health Coalition: Manifesto

⁶² Children's Rights Alliance

⁶³ Cousins, Wendy (2008). Self-harm and attempted suicide in young people looked after in state care. *Journal of Children's and Young People's Nursing*, 2(2) 51-54.

Focus Ireland found that two thirds of young people became homeless within the first two years of leaving state care.⁶⁴

Emergency Accomodation

In 2009, changes were made to the Jobseekers Allowance for young adults aged under 25 in order to incentivise them to take up education or training. As a result, a lower rate is paid to those not in education or training. Young people who grew up in State care are not subject to this condition but those who became homeless after the age of 18 are. Focus Ireland has argued that this can make it financially impossible for such young people to move out from emergency provision and into other accommodation, even with the Rent Allowance. This situation should be addressed as a matter of urgency.

Recommendations

- **The mental health needs of children and young people in State Care should be met by a specialised therapeutic team.**
- **Follow-up services should be provided for young people when they leave State Care.**
- **The impact of the changes in the Jobseekers Allowance should be reviewed to ensure that young adults who become homeless after the age of 18 receive adequate support.**

⁶⁴ Focus Ireland (2000) 'Left on their Own'