ASTI Submission

Youth mental health and schools

October 2022

1. Introduction

The ASTI welcomes the opportunity to contribute to the Committee's examination of issues in relation to mental health supports in schools and tertiary institutions. This examination is timely not only in the context of the redevelopment of the senior cycle curriculum but also in light of the growing concern around third-level students' wellbeing. This concern is well placed: education is fundamental to our country's social and economic development. Failure to flourish while at school or college is never an individual problem: it is the problem of the family, the school community and the wider society. Given the complexity of mental health and wellbeing issues, this submission will focus exclusively on second-level schools, their response to students with mental health problems and what interventions are required to better support schools in their work.

This submission uses the definition of mental health difficulties contained in the Government's policy paper, 'Sharing the Vision: A Mental Health Policy for Everyone' (2020). The term includes the full range of difficulties, from psychological distress experienced by many to severe mental disorders that affect a smaller population. ¹

2. Prevalence of youth mental health difficulties

There is increasing concern about the mental health of young people in Ireland. Reports of psychological distress, substance abuse and suicide among young people are regularly the subject of public concern and serve to promote awareness and help-seeking behaviour. The prevalence of youth mental health problems is highly concerning. In 2013, research by the Royal College of Surgeons demonstrated that by the age of 13 years, 1 in 3 young people in Ireland are likely to have experienced some type of mental health difficulty. By the age of 24 years, that rate had increased to over 1 in 2. Of particular concern is the fact that the suicide rate for young people aged 15-19 years is the fourth highest in the EU. ² The World Health Organisation has stated that 20% of adolescents may experience a mental health problem in any given year. 50% of mental health problems are established by age 14 and 75% by age 24.

¹ https://www.gov.ie/en/publication/2e46f-sharing-the-vision-a-mental-health-policy-for-everyone/

https://repository.rcsi.com/articles/report/The Mental Health of Young People in Ireland A report of the Psychiatric Epidemology Research across the Lifespan PERL Group/10796129

More recently, research has found that 42% of adults in Ireland met diagnostic requirements for at least one mental health disorder, with younger people more likely to have a disorder. In fact, people aged 18 to 24 were eight times more likely than older people to have a mental health disorder. Worryingly, the research found that people *experiencing a mental health disorder were five times more likely than those without a disorder to have attempted suicide.* ³

The impact of the COVID-19 pandemic on youth mental health must be factor large in future policy considerations. There is a strong body of evidence in Ireland which indicates that children and adolescents experienced adverse mental health effects, including feelings of social isolation, depression, anxiety, and increases in maladaptive behaviour. Families with children with autism spectrum disorders reported increased mental health difficulties during this period mostly due to changes to routine. ⁴

ESRI research further highlighted the impact of socio-economic inequalities on families and young people during the pandemic with negative effects on wellbeing and mental health more prevalent among those from poorer backgrounds. ⁵ It concluded that the growing levels of anxiety, stress and depression documented among the adult population are likely to be mirrored, if not amplified, among children and young people. The scale of difficulties is likely to be such that addressing them through existing child and adolescent mental health services may not be feasible, especially given high pre-COVID-19 levels of unmet demand for community mental health services. It is crucial therefore to develop flexible and innovative approaches to promoting socioemotional wellbeing through schools and youth services.

3. Youth mental health and schools

The role that schools play in supporting the wellbeing of children is a major global policy concern. The OECD's Centre for Educational Research and Innovation (CERI)'s 21st Century Children project focuses on the nature of modern childhood. On a number of measures, children's lives have clearly improved: better health care, child protection, and support for their physical and mental well-being. At the same time, there are signs of new stresses. Children in the 21st century are reporting more anxiety, including from increased pressures in increasingly 'consumerist' cultures while the omnipresent nature of the digital world means that risks like cyberbullying, sexual harassment, abuse and grooming, are very real threats to their wellbeing and mental health. ⁶

³ https://www.maynoothuniversity.ie/news-events/over-40-irish-adults-have-mental-health-disorder-and-one-ten-have-attempted-suicide-mu-nci-and

⁴ https://mural.maynoothuniversity.ie/16626/1/KatrionaOSullivanQualitative2020.pdf

⁵ https://www.esri.ie/system/files/publications/SUSTAT94 3.pdf

⁶ https://www.oecd-ilibrary.org/sites/b7f33425-en/1/1/3/index.html?itemId=/content/publication/b7f33425-en& csp =8178ddc35728ca609f27f5e6dd559e7c&itemIGO=oecd&itemContentType=book

Irish second-level schools have a justified reputation for their focus on providing a holistic education aimed at meeting the developmental needs of young people. This approach is embedded in the Department of Education's *Wellbeing Policy Statement and Framework for Practice,* first published in 2018. It provides a definition of wellbeing, and an overarching structure for the range of supports already available in schools.⁷ Its core aims are to:

- build core social and emotional skills and competencies
- enable students to experience supportive relationships within the school setting
- ensure that students are integrated into the school environment and culture that feels both
 physically and psychologically safe, in which they feel a sense of belonging and connectedness,
 that their voice is heard, and they feel supported

These aims are achieved through existing school structures such pastoral care, the Guidance Counsellor service, peer-led mentoring project, etc, are all part of the 'safety-net' that schools provide for vulnerable young people. Provision for students with special educational needs, students are risk of early school leaving and at risk of neglect or other abuse form part of this eco-system of support, as do anti-bullying and positive student behaviour policies.

The curriculum is also important and the ASTI welcomes the development of a follow-on programme for SPHE at senior cycle. Subjects continue to be developed with a focus on key skills, including Managing Myself, Staying Well, Communicating, Being Creative, Working with Others, and Managing Information and Thinking.

Counselling is a key part of the role of the Guidance Counsellor, offered on an individual or group basis as part of a developmental learning process, at moments of personal crisis but also at key transition points. The Guidance Counsellor also identifies and supports the referral of students to external counselling agencies and professionals, as required. Students attend the service for many reasons including family concerns, such as marital break-up or parental pressure; peer issues such as bullying and relationship problems; academic areas such as concerns about exams; issues to do with the self, such as suicidal ideation, aggression, self-harm, pregnancy, concerns about sexuality, abuse, depression, anxiety and eating disorders. A major challenge for the service is that when they decide that the student requires further expert support such as CAMHS, they are not confident that access to this service will be timely.

However, for some students, these supports are not adequate. Last year, Dr Paul Downes, Director of DCU's Educational Disadvantage Centre, presented compelling evidence to this Committee's on the need for specialist emotional counselling and therapeutic supports in and around schools. He has been influential in highlighting the impact of Adverse Childhood Experiences (ACE) on children's development and the need for appropriate responses. The Committee's report fully supported this proposal and recommended that such supports be provide through a reconstituted and expanded National Educational Psychological and Counselling Service (NEPCS).⁸ The announcement in this year's Budget of a pilot process in primary schools is welcome but the question must be asked, what about

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⁷ https://www.gov.ie/en/campaigns/851a8e-wellbeing-in-education/

⁸ https://www.oireachtas.ie/en/press-centre/press-releases/20210823-education-committee-launches-report-on-school-bullying-and-the-impact-on-mental-health/

older children and adolescents? Teachers - individually and collectively — are influential in mental health promotion but they are not mental health workers. Early intervention is the key to successful outcomes. The 'whole-of-person' approach underpinning 'Sharing the Vision' is best realised in the school context where young people are in familiar and safe environments with their peers and caring professionals. From what we already know about the epidemiology of mental ill-health, it is clear that adolescence is the stage when mental health issues begin to manifest and demand attention.

The current mental health supports for children and adolescents, CAMHS, remains under severe pressure as is evidenced in long waiting lists and variability of service provision across regions. The Committee's recommendation for a reconstituted NEPCS would reduce this pressure. The gap between what schools can provide and what CAMHS can offer is too wide – and the wait too long. The Minister for Education must take on board the set of recommendations in 'Sharing the Vision' on education and early intervention and ensure the roll-out of a reconstituted NEPCS to all schools within a clear time frame.

4. What do schools need to respond to students with mental health difficulties?

It is clear from the above that the schools have a central role to play in supporting young people with mental health difficulties. However, schools are not a mental health service for young people: such a service can only be provided by qualified and experienced professionals working with families, with schools and specialist services, such as residential care. At the same time, a number of measures can and must be taken to strengthen the capacity of schools to support young people with mental health difficulties. They include:

Extending the Guidance Counselling service in schools by decreasing the appointment ratio

The appointment ratio for Guidance Counsellors needs to be reduced in order to ensure that schools have enough trained Guidance Counsellor teachers. Unlike in other systems, the Guidance Counselling service is holistic and integrationist, placing the student firmly at the centre of the four areas of social/personal counselling, vocational guidance counselling and educational guidance counselling. The junior cycle Wellbeing programme has added significantly to the workload of Guidance Counsellors. In a nutshell, schools need more Guidance Counsellors. The need to expand capacity in the service was also a core recommendation of the 2021 Indecon Report on career guidance. ⁹

Extend the pilot project for emotional counsellors and therapeutic supports to second-level schools

There is a growing body of evidence at EU level that exposure to adverse early childhood experiences is directly and inter-generationally associated with poor mental and physical health outcomes, with attendant social and economic costs to society. ¹⁰ Nationally, the 2019 report authored by Dr Downes on the educational experiences of a sample of homeless men in Dublin aged 18-38 Years provides stark evidence of gaps that can and must be remediated. ¹¹ 'Flashpoints' included the transition from

⁹ https://assets.gov.ie/24951/dffde726604b451aa6cc50239a375299.pdf

¹⁰ https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(21)00232-2/fulltext

¹¹ https://pmvtrust.ie/wp-content/uploads/2019/11/Final-DCU_Summary_Report_online.pdf

primary to second level; negative engagement with schools' norms and policies leading to frequent suspension and expulsion; not succeeding in learning; lack of supports, especially counselling and therapeutic supports; failure to make successful transitions after school. Above all, the report resonates with a call for help while in school in terms of behaviour, anger management, feeling alienated from teachers and their peers, family problems.

Strengthen school leadership by creating more leadership roles

High quality leadership is crucial in establishing a shared purpose and vision for a school and to the achievement of high-quality educational outcomes for students. The primary purpose of school leadership and management is to create and sustain an environment that underpins high quality in student care, learning and teaching. School leadership is increasingly demanding as schools are to deliver on complex social policy goals such as inclusion, diversity and equity as well as responding to multiple societal concerns such as bullying, youth mental health, sustainable development, etc. The key to strong and effective school leadership is having sufficient numbers of leadership posts in schools. Thirteen years after a moratorium on appointments to leadership posts under austerity, the number of such posts still has not met pre-austerity levels, despite the sustained increase in school population.

Professional learning and development for teachers

In 2017, a new model of allocation of resources to schools to support students with special educational needs was introduced. It removed the need for a diagnostic assessment of need in order to secure resources while retaining access to professional assessment for lower incidence/higher need students. Schools now assumed greater responsibility for identifying high incidence needs, putting in place appropriate learning plans, ensuring regular monitoring and reporting on students' progress. Unfortunately, this new model was not accompanied by any national training initiative for classroom teachers.

This example of recent failure to support policy innovation with investment in teachers' professional learning continues to have negative consequences, not least a teaching profession that feels bypassed while yet held responsible for inclusion of all needs in the mainstream classroom. This failure is symptomatic of a model of policy innovation which has become all too familiar in recent years – a period which is also marked by growing problems in teacher supply and retention. There needs to be a comprehensive examination of professional learning needs of teachers and appropriate programmes put in place to meet current and future demands on the school community.

Teacher wellbeing central must also be acknowledged

As noted in the Guidelines for Wellbeing in the Junior Cycle, part of the task of putting wellbeing on the school map involves creating opportunities for teachers to consider their own sense of wellbeing. The Teaching Council recognises 'the importance of care of self so as to be able to care for others and, in that context, teachers' well-being is vital if they are to effectively lead learning, and support and

¹² https://www.gov.ie/en/circular/293039e549914b1ca7dc87ed5f25ef9b/

facilitate students in this endeavour'.¹³ In a sense, student wellbeing in starts with the staff. They are in the front line of the work and it is hard for them to be genuinely motivated to promote emotional and social wellbeing of others if they feel uncared for and burnt out themselves. Teachers' consistently report low morale and poor wellbeing in ASTI research. A large part of this malaise is attributed to workload and the increasing intensification of teachers working lives. It is also attributable to a feeling of not being valued and a lack of public or political appreciation of their work and the work of schools. A health workplace framework for schools is a long over policy intervention for a resilient school workforce.

5. Conclusion

Schools are uniquely placed to support young people with mental health difficulties. The implementation plan for Sharing the Vision strategy contains several important recommendations on how schools can be best supported to deliver on their potential. They include ongoing professional development/national CPD for all teachers; expanding dedicated services such as TUSLA's education welfare service, the National Psychological Service; continued targeting of DEIS schools. The Plan also acknowledges the need for clearer protocols in terms of communications between schools, school support services and mental health services. Its wider recommendations on healthy workplace interventions have a particular resonance for the teaching workforce. All of the above require engagement with the teaching profession and investment in the human resources provided to and within schools.

Conclusion

The COVID-19 pandemic has dramatically made society aware of the centrality of schools to the wellbeing of young people. Policy-makers must reflect on how government can better support the vital work of schools in educating, supporting and socialising our young people in the post-pandemic period. Schools are seriously under-invested in given the multiplicity of roles that they clearly discharge. Schools cannot effectively address complex societal problems such as bullying if there are not enough teachers, not enough dedicated leadership posts, not enough specialist teachers such as Guidance Counsellors, no training programmes for <u>teachers</u>. Many of the recommendations which the ASTI makes in this section of our submission are relevant to other areas of school life

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¹³ https://ncca.ie/media/2487/wellbeingguidelines forjunior cycle.pdf