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An Comhchoiste um Oideachas agus Scileanna
Tuarascáil ar Mheabhair-Shláinte Dhearfach i Scoileanna
Iúil 2017

Houses of the Oireachtas
Joint Committee on Education and Skills
Report on Positive Mental Health in Schools
July 2017



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Chairman's Foreword

One of the topics prioritised by the Joint Committee in its Work Programme was "Positive Mental Health in Schools" and it was decided to hold a public engagement to examine the matter in more detail.

The Committee wanted to establish if too much emphasis is being placed on the academic achievements of students throughout their time in the education system and not enough on self-development and coping strategies to deal with the day-to-day challenges they will inevitably face.

The Committee also wanted to establish if there was the over-reliance on teachers to identify students who are experiencing difficulties and provide adequate and appropriate levels of support to assist the student in coping with their particular problems.

From the evidence provided to the Committee, it would appear that there is a need for additional support to teachers to allow them the time and space to assist students when this is necessary. There also needs to be a change in the ethos of schools throughout the State to facilitate such assistance and promote well-being among students and teachers.

Also, a change in society's attitude to mental health is necessary and that everyone should seek help when necessary without the fear of being stigmatized. I believe that it is much better to concentrate on the mental wellbeing of our teachers and students rather than focus solely on mental illness.

Finally, I would like to thank the witnesses who appeared before the Committee to air their views on "Positive Mental Health in Schools".

Fiona O'Loughlin

Fiona O'Loughlin T.D.
Chairman
July 2017



Introduction

Mental health has been identified as one of the most important public health issues that even the poorest society must promote, protect and invest in¹. Research has found that while people can experience mental ill-health at any time throughout their life, mental disorders tend to peak during adolescence and young adulthood². In Ireland, research conducted by the Royal College of Surgeons in 2013 found that by the age of 13 years, 1 in 3 young people in Ireland is likely to have experienced some type of mental disorder³. Research indicates that skills that children develop at a young age will help them cope better with stressful and challenging situations later in life. For this reason many suggest that children should have the opportunity to develop resilience and coping skills as part of the schools programme.

In light of this information, the Committee decided to include an examination of mental health in schools in its 2017 work programme. On 21st February 2017 witnesses were invited to attend a meeting of the Joint Committee to discuss the challenges and opportunities facing both students and teachers when it comes to promoting positive mental health in our schools. The Committee heard from the following witnesses:

- Mr Paul King, Lecturer and Programme Chair at the School of Human Development in Dublin City University.
- Mr Shane Martin, Psychologist and author of “*Your Precious Life – How to Live it Well*”
- Dr Tony Bates, Founder of JIGSAW (Young People’s Health in Mind) and director of Innovation.
- Mr Peter Hussey, Artistic Director of The Crooked House Theatre Company

¹ World Health Organization (2003) *Investing in mental health*, Geneva: Department of Mental Health and Substance Dependence, Noncommunicable Diseases and Mental Health, World Health Organization.

² Kim-Cohen, J., et al., *Prior juvenile diagnoses in adults with mental disorder: developmental follow-back of a prospective-longitudinal cohort*. Archives of general psychiatry, 2003. 60(7):p. 709.

Kessler, R.C., et al., *Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication*. Arch Gen Psychiatry, 2005. 62(6): p. 593-602.

³ Cannon M, Coughlan H, Clarke M, Harley M & Kelleher I (2013) *The Mental Health of Young People in Ireland: a report of the Psychiatric Epidemiology Research across the Lifespan (PERL) Group* Dublin: Royal College of Surgeons in Ireland

Contribution of the witnesses

In their presentations to the Committee, the witnesses identified a number of important issues and offered recommendations to the Committee for consideration.

Mr. Paul King, Lecturer and Programme Chair at the School of Human Development in Dublin City University noted that while promoting a positive response to mental health through formal curriculum interventions is important, the culture, ethos and environment of the school is essential to encouraging positive responses to mental health.

Mr. King recognised the importance of adopting a whole school approach and felt that it was necessary to work with both students and teachers when promoting positive relationships for young people.

Mr. King also highlighted that while teachers may be equipped to engage with a child who is facing a challenging situations, availability can be an issue as teachers manage competing demands on their time. It is necessary to work with teachers to enhance their skills in order to enable them to embrace this very important issue.

In his contribution to the Committee, psychologist, Mr. Shane Martin suggested that the focus should be on fostering mental wellness in schools as opposed to focusing exclusively on mental illness. Mr. Martin argued that by focusing on fostering a sense of mental wellness in schools we can provide students with the strategies necessary to cope when issues arise. With this in mind he added that it was now necessary to move away from the idea that only targeted groups need resilience training. In his opinion all children need to develop coping strategies that are essential to help them manage life's uncertainties.

In his contribution Mr. Martin also highlighted the importance of adopting a whole schools approach. He asserted that every single interaction between students and teachers is important and has the potential to make a meaningful difference. He also proposed that it was necessary to focus not just on the mental wellbeing of students but also the mental wellbeing of teachers. He noted that some teachers may feel that the challenges they face in their job may threaten their own mental wellbeing. It has been suggested that by adopting a whole schools approach it is possible to move away from the idea of seeing resilience as a subject in its own right and move towards creating a culture and ethos of resilience.

Dr. Tony Bates, appeared before the Committee in his capacity as founder of JIGSAW (Young People's Health in Mind) and director of Innovation. Dr. Bates raised the issue of anxiety and noted that anecdotal evidence suggests that a large number of students are more anxious and more anxious about smaller things. Students appear to have lost

the ability to deal with the challenges they face. The anxiety they are faced with makes it difficult for them to perform in school. Schools can be seen as protective spaces particularly for children from disadvantaged backgrounds. Schools can provide children with the opportunity to be supported and encouraged. Dr. Bates paid particular attention to the important role teachers play within schools. He identified them as carriers of change but warned that too much is often expected of teachers, and that they are assumed to be capable of solving all of society's problems within the classroom.

Dr. Bates suggested that while teachers have been given a considerable amount of responsibility in the area of mental health in schools, they have been provided with very little support. He highlighted the concerns of teachers and noted that many teachers are worried that without the necessary training and in the absence of the appropriate resources that any engagement they have with students may inadvertently exacerbate the difficulties students face. Dr. Bates suggested that teachers need to be supported to engage with their students on these issues and bring an element of comfort to students facing difficult and challenging circumstances. In order to do this, teachers must feel confident in their role and have ownership of it.

Finally, Mr Peter Hussey, Artistic Director of The Crooked House Theatre Company presented his views to the Committee. Mr. Hussey noted that the number of young people that are attending youth theatre who are shy or suffering from anxiety has increased in recent years. From his experience, he recognised that youth theatre provides young people with opportunities to learn and develop resilience. For example, he acknowledged that youth theatre provides people with the opportunity to discover that being flexible is of huge benefit to each person. It also provides them the opportunity to learn unexpectedly, they learn by doing something and then reflecting back on it. In addition, youth theatre gives young people the opportunity to use failure, to use stress, to defer gratification and build up resilience.

Observations and conclusions of the Joint Committee

The Committee makes the following observations and conclusions:-

- the Committee acknowledged that critical and creative thinking, processing information and working with others are absolutely essential to enable young people to navigate their way in the world and prepare them for life and not just for future employment opportunities;
- the education system must support children to be confident and have the ability to achieve their full potential in whatever role they take;
- the mental health of children should be placed at the heart of the education system;
- more needs to be done to support students and teachers both inside and outside the classroom;
- there needs to be greater integration between the whole community and schools in order to effectively promote positive mental health in schools.

Conclusions

- The Joint Committee on Education and Skills recognises that mental health issues are complex and there is no one size fits all solution.
- The Committee is aware however, that school and the interactions between teachers and students play a hugely important role in promoting positive mental health amongst young people. In issues regarding mental health, early intervention is considered critical.
- Adopting these recommendations would put the needs of both teachers and students first and allow teachers have the resources necessary to ensure that all interactions between teachers and students are constructive and promote positive mental health among the school community as a whole.

Recommendations of the Joint Committee

- Each school needs a strategy to enable them achieve a whole schools approach to mental health.
- To call on the Minister for Education and Skills and the Minister with special responsibility for Mental Health and Older People to work together in order to promote mental resilience.
- The critical role of teachers in creating a culture of whole-school mental health needs to be recognised and supported. Teachers should be allocated sufficient time, training and resources to enable them to promote positive mental health amongst students.
- Teachers and students need the time and opportunity to be able to listen to one another and develop caring relationships.
- Teachers and schools should be provided with the resources necessary to enable each student to participate fully in schools through encouraging and developing his or her particular talents and strengths.
- Positive measures to counteract bullying such as the anti bullying ambassador's project now running in a number of schools which supports a friendly positive and respect culture in schools with a strong emphasis on eliminating bullying where it occurs should be implemented.
- Students need to feel connected to their community. Children and young people should be provided with the opportunity to participate and engage in both the local community and school community.
- There needs to be enhanced collaboration between schools and state agencies in order to support students and teachers alike. (For example a team of mental health professionals may be designated to a particular region and they would be responsible for responding to the needs of all schools within that region).
- The Committee recommends that sufficient time and resources is allocated to ensure the promotion and support of positive mental health throughout the school community.
- It is recommended that teacher training programme be revised to incorporate a module of resilience and promoting positive mental health in schools.
- The Committee recommends a review of the current college entry system which places an emphasis on academic achievement resulting in additional stress on children and young people.
- The Committee recommends that non-academic achievements, for example in areas such as youth theatre, can be taken into consideration for college entry.
- The use of evidence-based mental health promotion programmes should be implemented in primary and post primary schools in line with a vision for

change recommendations and also "Wellbeing in Post-Primary Schools Guidelines(2013).

- The Committee recommends that a review of the effectiveness of the new DES wellbeing curriculum, to establish if it has incorporated and enhanced the delivery of Social, Personal and Health Education (SPHE) into the Primary school curriculum be undertaken 12 months after its introduction.
- The Committee recommends that a review of the implementation of Wellbeing curriculum for the Junior Cycle be undertaken 12 months after its introduction.
- To establish an Expert Group to investigate the appropriateness, feasibility and best practice approach regarding the introduction of mindfulness in primary schools, particularly with a view to creating a standardised system, if possible, for all teachers.
- To investigate the introduction of school-based counselling. (School based counsellors provide ongoing help with problems for students in many different countries (parts of the US, Canada and Australia), providing support, prevention and early intervention for students as these problems develop).
- To explore the provision of psychotherapy training and other further professional development to guidance counsellors in secondary schools which may be the most cost-effective method to provide access to counselling in schools.
- To review the current type of programmes offered in some schools which identify vulnerable teenagers and seek to address their psychological needs, with a view to establishing such a programme in every school, primary and post-primary in the State, and to provide funding for same.
- To seek information from and provide funding for longitudinal studies to examine multiple interventions within schools and corresponding pathways to resiliency within the Irish context, to avoid over-reliance on data from other countries.

Appendices

Appendix 1

Committee Membership

Joint Committee on Education and Skills

Deputies:	Joan Burton (LAB)
	Thomas Byrne (FF)
	Ciaran Cannon (FG)
	Jim Daly (FG)
	Catherine Martin (GP)
	Carol Nolan (SF)
	Fiona O'Loughlin (FF) (Chair)
Senators:	Maria Byrne (FG)
	Robbie Gallagher (FF)
	Trevor Ó'Clochartaigh (SF)
	Lynn Ruane (IND)

Notes:

1. Deputies nominated by the Dáil Committee of Selection and appointed by Order of the Dáil on 16 June 2016.
2. Senators nominated by the Seanad Committee of Selection and appointed by Order of the Seanad on 22 July 2016.

Appendix 2

Terms of Reference

- (1) The Select Committee shall consider and report to the Dáil on—
 - (a) such aspects of the expenditure, administration and policy of a Government Department or Departments and associated public bodies as the Committee may select, and
 - (b) European Union matters within the remit of the relevant Department or Departments.
- (2) The Select Committee appointed pursuant to this Standing Order may be joined with a Select Committee appointed by Seanad Éireann for the purposes of the functions set out in this Standing Order, other than at paragraph (3), and to report thereon to both Houses of the Oireachtas.
- (3) Without prejudice to the generality of paragraph (1), the Select Committee appointed pursuant to this Standing Order shall consider, in respect of the relevant Department or Departments, such—
 - (a) Bills,
 - (b) proposals contained in any motion, including any motion within the meaning of Standing Order 187,
 - (c) Estimates for Public Services, and
 - (d) other matters as shall be referred to the Select Committee by the Dáil, and
 - (e) Annual Output Statements including performance, efficiency and effectiveness in the use of public monies, and
 - (f) such Value for Money and Policy Reviews as the Select Committee may select.
- (4) The Joint Committee may consider the following matters in respect of the relevant Department or Departments and associated public bodies:
 - (a) matters of policy and governance for which the Minister is officially responsible,
 - (b) public affairs administered by the Department,
 - (c) policy issues arising from Value for Money and Policy Reviews conducted or commissioned by the Department,

- (d) Government policy and governance in respect of bodies under the aegis of the Department,
 - (e) policy and governance issues concerning bodies which are partly or wholly funded by the State or which are established or appointed by a member of the Government or the Oireachtas,
 - (f) the general scheme or draft heads of any Bill,
 - (g) any post-enactment report laid before either House or both Houses by a member of the Government or Minister of State on any Bill enacted by the Houses of the Oireachtas,
 - (h) statutory instruments, including those laid or laid in draft before either House or both Houses and those made under the European Communities Acts 1972 to 2009,
 - (i) strategy statements laid before either or both Houses of the Oireachtas pursuant to the Public Service Management Act 1997,
 - (j) annual reports or annual reports and accounts, required by law, and laid before either or both Houses of the Oireachtas, of the Department or bodies referred to in subparagraphs (d) and (e) and the overall performance and operational results, statements of strategy and corporate plans of such bodies, and
 - (k) such other matters as may be referred to it by the Dáil from time to time.
- (5) Without prejudice to the generality of paragraph (1), the Joint Committee appointed pursuant to this Standing Order shall consider, in respect of the relevant Department or Departments—
- (a) EU draft legislative acts standing referred to the Select Committee under Standing Order 114, including the compliance of such acts with the principle of subsidiarity,
 - (b) other proposals for EU legislation and related policy issues, including programmes and guidelines prepared by the European Commission as a basis of possible legislative action,
 - (c) non-legislative documents published by any EU institution in relation to EU policy matters, and

- (d) matters listed for consideration on the agenda for meetings of the relevant EU Council of Ministers and the outcome of such meetings.
- (6) The Chairman of the Joint Committee appointed pursuant to this Standing Order, who shall be a member of Dáil Éireann, shall also be the Chairman of the Select Committee.
- (7) The following may attend meetings of the Select or Joint Committee appointed pursuant to this Standing Order, for the purposes of the functions set out in paragraph (5) and may take part in proceedings without having a right to vote or to move motions and amendments:
 - (a) Members of the European Parliament elected from constituencies in Ireland, including Northern Ireland,
 - (b) Members of the Irish delegation to the Parliamentary Assembly of the Council of Europe, and
 - (c) at the invitation of the Committee, other Members of the European Parliament.

b. Scope and Context of Activities of Committees (as derived from Standing Orders) [DSO 84; SSO 70]

- (1) The Joint Committee may only consider such matters, engage in such activities, exercise such powers and discharge such functions as are specifically authorised under its orders of reference and under Standing Orders.
- (2) Such matters, activities, powers and functions shall be relevant to, and shall arise only in the context of, the preparation of a report to the Dáil and/or Seanad.
- (3) The Joint Committee shall not consider any matter which is being considered, or of which notice has been given of a proposal to consider, by the Committee of Public Accounts pursuant to Standing Order 186 and/or the Comptroller and Auditor General (Amendment) Act 1993.
- (4) The Joint Committee shall refrain from inquiring into in public session or publishing confidential information regarding any matter if so requested, for stated reasons given in writing, by—
 - a) a member of the Government or a Minister of State, or

- b) the principal office-holder of a body under the aegis of a Department or which is partly or wholly funded by the State or established or appointed by a member of the Government or by the Oireachtas:

Provided that the Chairman may appeal any such request made to the Ceann Comhairle / Cathaoirleach whose decision shall be final.

- (5) It shall be an instruction to all Select Committees to which Bills are referred that they shall ensure that not more than two Select Committees shall meet to consider a Bill on any given day, unless the Dáil, after due notice given by the Chairman of the Select Committee, waives this instruction on motion made by the Taoiseach pursuant to Dáil Standing Order 28. The Chairmen of Select Committees shall have responsibility for compliance with this instruction.

Appendix 3

List of Definitions

Mental health:

While, there are many different definitions used to describe mental health, the Health Service Executive has defined as:

how we think and feel about ourselves and others and how we interpret events in everyday life. It also relates to our ability to cope with change, transition, significant life events and the stress that often comes our way⁴.

Mental health promotion:

Mental health promotion is focused on providing people with the appropriate coping mechanisms to deal with the various stresses in their lives.

Mental Health Ireland (2017) propose that:

promoting mental, emotional and social wellbeing can enable young people to fulfil their potential and cope with the challenges they face during this key developmental period and into the future⁵.

Mental health and young people:

Research has found that while people can experience mental ill-health at any time throughout their life, mental disorders tend to peak during adolescence and young adulthood⁶.

Mental health and young people in Ireland

The Irish College of Psychiatrists (2005) estimate that 8% of Irish children have a moderate to severe mental health difficulty.

⁴ Health Service Executive (2007) *Mental Health in Ireland: Awareness and Attitudes*, Ireland: Health Service Executive

⁵ Mental Health Ireland (2017) *Life Stages: Teens*, Available Online: <http://www.mentalhealthireland.ie/teens/> [Accessed: 20th March 2017]

⁶ Kim-Cohen, J., et al., *Prior juvenile diagnoses in adults with mental disorder: developmental follow-back of a prospective-longitudinal cohort*. Archives of general psychiatry, 2003. 60(7):p. 709.

Kessler, R.C., et al., *Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication*. Arch Gen Psychiatry, 2005. 62(6): p. 593-602.

Focusing on those aged 12-25 years, the *My World Survey* is the first national study of youth mental health in Ireland. The survey highlighted a number of key findings regarding mental health in schools. For example:

- Adolescents who ranked themselves at the 'bottom of the class,' were more likely to experience more severe symptoms of depression and anxiety, but not stress.
- Nearly 10% of young people of schoolgoing age reported significant personal problems, which they felt needed professional help, but this help was not sought. These young people reported high levels of distress and low levels of well-being.
- Young people who had experienced bullying were also more likely to report symptoms of distress.

Positive mental health in schools

Focusing on mental health in schools provides an opportunity to reach young people during their formative years. Research has shown that programmes and interventions aimed at promoting positive mental health in schools have had a number of positive impacts such as enhanced academic learning, improved staff well-being and improved pupil well-being, the development of the social and emotional skills, the prevention and reduction of mental health problems improving school behaviour and the reduction in risky behaviours⁷.

⁷ Weare, K. 2015. Partnership for Well-being and Mental Health in Schools: What works in promoting social and emotional well-being and responding to mental health problems in schools? Advice for Schools and Framework Document. London: National Children's Bureau. Available from: <https://www.ncb.org.uk/partnership-well-being-and-mental-health-schools>

Jolley, R (ed.) (2011) Thinking ahead: Why we need to improve children's mental health and wellbeing. Faculty of Public Health: London [http:// <http://www.fph.org.uk/uploads/Thinking%20Ahead.pdf>]

Appendix 4

Submission by Stakeholders

An Comchoiste um Oideachas agus Scileanna/Committee on Education and Skills

Positive Mental Health in Our Schools.

21 February 2017

Cathaoirleach,

Thank you and the members of the Committee for inviting me to meet you today. I am grateful for this opportunity to make a contribution in addressing this significant and crucial human and educational issue of positive mental health in our schools.

Positive Mental Health in our Schools – What do we know?

It is a very welcome and positive development that despite the increase in mental health issues, schools in Ireland, primary and secondary, are generally more responsive to issues of poor mental health and more proactive in supporting preventive approaches to build and develop resilience and positive mental health with our young people.

The last 30 years has seen an exponential growth in programmes and interventions in schools under a wide range of titles (some of which have been literally transposed into the Irish education context but often without the necessary adjustments for our own unique cultural and educational context). Internationally, programmes and research often use the term ‘social and emotional learning’(SEL), while some more specific terms are sometimes used – particularly current are the terms ‘character’ and ‘resilience’, ‘wellbeing’ when discussing mental health. In general, this field has been the focus of a considerable amount of evaluation, including several comprehensive reviews and meta-analyses.

Taken together, well conducted reviews demonstrate that there is a solid group of approaches, programmes and interventions which, when well designed and implemented, show repeated and clear evidence of positive impacts on:

Academic learning, motivation, and sense of commitment and connectedness with learning and with school.

Staff well-being, reduced stress, sickness and absence, improved teaching ability and performance.

Pupil well-being including happiness, a sense of purpose, connectedness and meaning.

The development of the social and emotional skills and attitudes that promote learning, success, well-being and mental health, in school and throughout life.

The prevention and reduction of **mental health problems** such as depression, anxiety and stress.

Improving school behaviour, including reductions in low-level disruption, incidents, fights, bullying, exclusions and absence.

Reductions in risky behaviour – such as impulsiveness, uncontrolled anger, violence, bullying and crime, early sexual experience, alcohol and drug use.

(Jolley 2011, Weare 2015)

Mental Health in our Schools – care and cohesion

Promoting mental, emotional and social wellbeing can enable young people to fulfil their potential and cope with the challenges faced during this critical developmental period and for their emergence as healthy adults into the future. There is no shortage of evidence, at least in other similar western developing countries but to a lesser degree in our own country, in providing the evidence based case for how promoting and supporting positive mental health in our schools can yield a multiplicity of

benefits for all of society and not least for young people themselves. There are, however, two key aspects here; the first which is perhaps more philosophical and the second more practical:

Holding the principle of care at the heart of student wellbeing

It is helpful to be reminded that in our national legislation such is the importance of the holistic approach to education that the Education Act 1998, 9 (d) states clearly that one of the functions of school is to “promote the moral, spiritual, social and personal development of students and provide health education for them, in consultation with their parents, having regard to the characteristic spirit of the school”. Notwithstanding the value of formal curricular interventions the recently published guidelines on Wellbeing for both primary and second level schools (2015) and the Guidelines for Wellbeing in Junior Cycle (2017) foreground the presence of a culture, ethos and environment in promoting a dynamic, optimal development and flourishing for all in the school community and is inclusive of the domains of relationship, meaning, emotion, motivation, purpose, and achievement. In a similar vein, O'Brien (2017) argues that the *care ethic* principle in education elaborates a strong view of education as fundamentally relational, which develops the whole person, not just for participation in a ‘knowledge economy’ but for the creation of a good, caring and just society. Thus, it is important that students experience school as caring and respectful and educators, school leaders and policy makers need to ensure that the formal and informal curricula of schools are implemented in such a way as to establish and develop good relationships between teachers and students, students and students, and teachers and teachers. Schools have a central role to play in supporting and promoting students’ learning *about* wellbeing through the formal curriculum and *for* wellbeing when their whole experience of school life including all the day-to-day interactions, both within and beyond the classroom, are respectful and caring. Thinking about learning for wellbeing requires that we consider not only what students learn but also *how* they learn it (NCCA 2017).

The need for cohesion and integration

The major challenge in addressing the issue of positive mental health in our schools is one of *cohesion and integration*. Individual schools, agencies, government departments and other external bodies are engaged in considerable significant and valuable work but very little is offered in a manner which both respects the diversity of responses required and yet ensures the maximum benefits from the invested resources of people, processes and interventions.

The school setting does indeed provide an opportunity to reach many young people during these formative years. However, schools require action and collaboration across a variety of sectors including the education, health and community sectors. The core question is no longer *what* response is needed but rather *how* we care for our entire school community ensuring that all partners, including schools, work collaboratively in the service and protection of each other’s wellbeing.

Mental Health in our Schools – from evidence to practice

Recommendation 1

An immediate priority is the establishment of a National Forum specifically dedicated to the mental health of young people which comprises full (and not associative) representation. For example, this agency could comprise members of the various providers of education at primary and secondary level, agencies directly involved in Mental Health (voluntary and statutory) such as Mental Health Ireland, Jigsaw, the NBSS, NEPS, and of course the various relevant government departments including the DES, Department of Health, Department of Justice. A Forum such as this would facilitate the centralisation of information, on for example, available interventions and supports, the dissemination of good practice and the development of informed policy to advise a national strategy in support of young

people and mental health. Creating this type of National Forum as opposed to the current disjointed provision of information and services within schools and outside of the education system would radically alter the effectiveness of response. (This point echoes a similar submission by Dr. Paul Dalton, Senior Clinical Psychologist and Head of the Psycho-oncology Department, St. Vincent's University Hospital in his statement to the Joint Committee on Health and Children on 21 January 2016).

Notwithstanding the need for greater interschool and inter agency collaboration there are a number of possible interventions (again based on evidence) which would support a more cohesive response from *within* the school. In many cases schools already have the initiative, leadership, passion, motivation and knowledge of interventions to engage proactively while others may need the guidance and support of these same leading schools to commence engagement. There are a variety of school responses which can be effective.

Recommendation 2

Allocating time for a whole-school/community caring approach

A whole school/community approach implemented with care is now accepted wisdom as well as having an evidence base but this needs sufficient allocated time. There is a persistent and relentless pressure of time in schools gravely limiting a school's capacity for the systematic planning of desirable interventions, the co-ordination of responsive approaches and the creation of a shared communication process with specialised and general staff, with parents and of course with students. Schools often know what to do but there is paucity of time to respond adequately and the interventions adopted, though laudable, are often reactive rather than responsive. Long term sustainable responses become unattainable. The majority of schools do recognise and promote the value of an effective pastoral system in the hope that at least one member of staff (e.g. a class tutor or class teacher) knows every student well and can spot where difficult or unusual behaviour may have a root cause that needs addressing. Where this is the case, the pastoral system or school policies can provide the structure through which staff can escalate the issue and collaboratively take decisions about how to respond next. However, here again is the issue of demands on schools to meet other external educational targets. A healthy school and community approach to promoting the health and wellbeing of all pupils in the school, with priorities identified and a clear process of planning, connecting, responding and reviewing to implement a whole school caring approach requires adequate time.

Recommendation 3

Prioritise professional learning and staff development

Successful interventions are posited firstly on the capacity of the general teaching staff *to believe* they are sufficiently equipped to respond adequately not just to issues of student mental health and wellbeing but equally important, feeling equipped to manage their own self-care and wellbeing. In particular, the initial years of teacher employment would benefit from newly qualified teachers experiencing basic training in, for example, issues of managing life and work related stress. Teachers are often required to work with students on issues of mental health when little attention is given to the wellbeing of the so called 'caring teacher expert'. With the emergence of the new wellbeing framework at Junior Cycle many experienced teachers feel ill equipped to teach a well-being curriculum to students without adequate training. At the other end of the continuum is the well-intentioned but potentially harmful developments in, for example, the adoption of mindfulness based programmes in schools which are sometimes offered by teachers who are not sufficiently trained or grounded in the ethical principles or the attitudinal basis required to teach mindfulness. Schools are understandably attracted to the potential and promise of mindfulness interventions in education but

may misrepresent the associated benefits, for example, naively stating out of context that it will induce tranquillity and calm for students or worse still, will lead to better academic results for students! More significantly and equally disturbing perhaps is teaching students mindfulness devoid of attention to the general well-being of staff. With mindfulness along with other mental health interventions it would appear wise to attend to staff stress before seeking to work with students by enabling staff to respond to and managing their own mental health. Continuous professional development for staff in the realm of mental health makes it clear that promoting good mental health is the responsibility of all members of school staff and the wider community. It can also inform them about the early signs of mental health problems, what is and isn't a cause for concern, and what to do if they think they have spotted a developing problem. But this is contingent on teachers having confidence to recognise their own vulnerability in mental health at times, the confidence to ask for support and the knowledge that this support is available without prejudice to their professional standing.

Recommendation 4

Provision of specialised interventions to respond adequately - identify specialist pathways and professional high skilled supports

Schools need in school support, for example, from an external mental health professional at regular periods in the school year so that there is a support mechanism for staff when dealing with students with mental health issues, serious behavioural problems or where there is a real need for family therapy to address the underlying issues which result in disturbed behaviour in the school environment. Whilst acknowledging the limitations of resources there is a need for schools to have shared access to, for example, a fully trained and accredited professional counsellor who could provide a shared service between schools both at primary and secondary level. While guidance counsellors have minimal initial training and responsibility for personal counselling in second level schools they are not sufficiently trained to adequately respond to issues of mental health which extend beyond the normal parameters of transitional or developmental issues for students.

Recommendation 5

Implement targeted programmes and interventions which are Irish based

School self-evaluation and school inspection reports need to place a far higher priority on the provision schools have or do not have in promoting mental health, in creating an environment where students develop attitudes and behaviour which contributes to self-esteem, resilience and a knowledge of how they can deal with the difficulties presented by transitions of their developing life. It is somewhat limiting that many of the existing curriculum models of excellence for the mental health of students and used by many schools are imported from other countries when we have at our disposal Irish based programmes (for example, returning to resilience and mindfulness see www.bibo.life, a programme which crosses over both primary and secondary level students).

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21st February 2017

There are 345,550 post-primary students within 735 post-primary schools in Ireland. These schools are grouped within three categories: Secondary (375 schools); Vocational (265 schools); and Community and Comprehensive (95 schools).

Every day a significant number of young people enter schools struggling with emotional, behavioural and family problems that affect their learning as well as the learning of others. This has a reciprocal effect, in that these students internalise their academic difficulties, which further exacerbate their emotional and behavioural difficulties. The idea of supporting the social and emotional growth of youth to enhance their success at school is not a new one, yet there remain questions regarding how to overcome barriers, how to deliver these services in a multileveled framework, and what types of interventions work with those at risk or in crisis.

‘School mental health’ means different things depending on one’s perspective. It can mean creating a psychologically healthy environment within the school that is protective of, rather than harmful to, the mental health of students and teachers. It can also mean extending the school curriculum to teach resilience and wellbeing as a way to strengthening the mental health of individual students. And for others it can reflect their exclusive concern to access counselling expertise for students in crisis, either through providing that support in-house, through referral to external agencies, or both. Conversations about school mental health sometimes move back and forth between these concerns, and can become confusing for that reason.

While ‘school mental health’ can mean different things in different contexts, it is a fundamental truth that all students have mental health needs. Emotions play a central role in learning, as students learn more effectively if they are happy in their work, believe in themselves, engage with their teachers and experience their school as a place that supports them. Repeated failure experienced by a student most likely reflects a mental health difficulty, and if a student is not able to learn, school is a deeply frustrating experience for them, their parents and their teachers (2). As many students only begin to access mental health or behavioural supports when they have already been experiencing a mental health

difficulty, school-based mental health support must not only be about our most vulnerable young people. It must strengthen the resilience and wellbeing of all young people (and indeed of teachers, parents, and others in the school community). It's about prevention as well as intervention.

From its inception, Jigsaw has engaged with schools offering a suite of seminars and training programmes to better understand youth mental health, and to increase capacity among students and teachers to engage with mental health issues that emerge. Working with a cohort of schools in Co Meath over the past eight years, Jigsaw has already seen very promising improvements in embedding mental health support and bringing local services into a closer working relationship with schools. This approach has focused on building capacity among teachers and introducing key structures to change the culture of these schools in respect to confidence to engage with the mental health needs of their students and work creatively with the full range of community and service agencies that are available to them.

Our vision is of all schools in Ireland being healthier environments for mental health, with the capacity for continuous improvement. There is a supportive policy and funding context within which to set out to achieve our vision. This includes:

“For those children in school settings it is recommended that the SPHE be extended to include the senior cycle and that evidence-based mental health promotion programmes be implemented in primary and secondary schools”. (Department of Health and Children. (2006). *A Vision for Change Report of the Expert Group on Mental Health Policy*. Retrieved December 15th)
http://www.irishpsychiatry.ie/Libraries/External_Events_Documents/vision_for_change_full_document.sflb.ashx

“Implement a Vision for Change as it relates to children and young people, in particular to improve access to early intervention youth mental health services and coordination of service supports, with a focus on improving mental health literacy and reducing incidents of self-harm and suicide”. (Department of Children and Youth Affairs (2014). *Better Outcomes Brighter Futures: The National Policy Framework for Children and Young People 2014-2020*. Dublin: Department of Children and Youth Affairs.)

“Roll out a national programme to support the implementation of Wellbeing Guidelines to all primary and post-primary schools; Implement Wellbeing at Junior Cycle; providing information on how schools cater for the wellbeing of their students”. (Department of Education and Skills (2016). *Action Plan for Education 2016-2019*. Retrieved January 5th)

<http://www.education.ie/en/Publications/Corporate-Reports/Strategy-Statement/Department-of-Education-and-Skills-Strategy-Statement-2016-2019.pdf>

“The education system – at primary and secondary level in particular – is the key to greater awareness, to cultural change, to prevention and to early intervention for the next generation...we need to promote awareness and prevention in our education system rather than reacting to incidents...we will extend these services, such as Jigsaw, which are more informal and attractive to young people”. (Department of Taoiseach (2016). *A Programme for Partnership Government*. Retrieved January 5th)

http://www.taoiseach.gov.ie/DOT/eng/Work_Of_The_Department/Programme_for_Government/Programme_for_Government.html

“Up to 400 hours will be available for learning in the area of Wellbeing commencing with a minimum of 300 hours of timetabled engagement from 2017”. (Department of Education and Skills (2015). *Framework for Junior Cycle*. Retrieved January 5th)

http://www.juniorcycle.ie/NCCA_JuniorCycle/media/NCCA/Documents/Framework-for-Junior-Cycle-2015-2.pdf

“€7.75 million will be provided to strengthen school leadership...(in) areas such as...student support and wellbeing, school improvement and leadership and development of staff teams”. (Department of Taoiseach (2016). *A Programme for Partnership Government*. Retrieved January 5th)

http://www.taoiseach.gov.ie/DOT/eng/Work_Of_The_Department/Programme_for_Government/Programme_for_Government.html

There is emerging evidence from improvement approaches being applied by the National Behavioural Support Service (NBSS), in which solution-focused approaches have generated enthusiastic staff-engagement and yielded modest but sustainable improvements (interview, NBSS).

The heightened policy attention to wellbeing and mental health creates an additional demand on schools. While they have been granted greater autonomy to meet the wellbeing and mental health needs of students, this autonomy has not been accompanied by measures to strengthen their capacity in this area, or by a commitment to improve and develop the resources in the community that schools can draw upon. Consequently, they are now eager for answers and solutions. In our consultations with principals and school personnel they repeatedly described how ill-equipped they felt to cope with mental health issues being shared by students.

For the past ten years, Jigsaw has been immersed in designing and implementing community-based services for young people in Ireland (12-25 years). Backed by systematic planning, data collection and evaluation, and the involvement of young people at every level of planning and design, it has successfully implemented and scaled Jigsaw in 11 communities (with two additional services opening in 2017 in Cork and Limerick). This evidence-based approach to supporting young people has now been mainstreamed as a national programme with plans to scale this programme fully across Ireland.

Jigsaw brings together existing resources in a community - with young people at the centre - to systematically identify and evolve a plan to address the particular needs of 12-25 year olds in that community. Jigsaw offers every young person an easy way to access support in main street 'hubs', appropriate to their level of need. It also works at strengthening the service system locally by clarifying pathways to care and support, and by offering a range of training opportunities to build confidence and competence among front-line workers. In addition, Jigsaw works across each community to change how that community thinks about their young people and to give them a better understanding of their mental health needs.

Jigsaw believes it can add value to implementing a whole-school approach to strengthening mental health and wellbeing in line Government policy:

- We bring an evidence-based understanding of youth mental health from both our 2012 My World Survey (n=14,708) and from extensive data on over 17,000 young people served to date through Jigsaw.
- After 10 years of implementing Jigsaw and building and sustaining Jigsaw across diverse communities, we have learned a lot about bringing together key stakeholders to achieve systems change.
- We have developed an expertise in capturing real time data that illustrates what is happening at any point in time across multiple Jigsaw locations. This data is presented in an accessible way and constitutes the evidence base for our service to young people and their families.

The 'Listening Schools' initiative offers a natural extension of our work with young people in communities across Ireland, particularly given that 90% of 12-19 year olds live most of their

life in school settings. We believe that Jigsaw can help schools to better embed wellbeing and mental health so that students are able to attend and learn and achieve to their full potential.

In the past year, Jigsaw worked with over 140 schools to deliver a variety of capacity building programmes to enable schools to better respond to the wellbeing and mental health needs of their students. Given that Jigsaw by the close of 2017 will be operational in Counties Cork and Limerick, 410 post primary schools will fall within our network.

The programme of work outlined in this 'Listening Schools' proposal outlines an integrated 'whole-school' approach to enhance a young person's sense of connectedness and belonging and promote emotional wellbeing and improved learning outcomes. The groundwork for this approach has emerged from an eight-year collaboration between Jigsaw Meath and several post-primary schools in Meath.

The Jigsaw Schools Project in Meath has been a unique multi-agency partnership between the VEC, NEPS, HSE service and Jigsaw in operation since 2009. The key principles driving this approach have been 'connectedness' and 'belonging.'

The project began with a survey of four 'pilot' schools in 2010. Each survey examined the school environment and the mental health status of its particular school community. Subsequently, interventions were provided to address different levels of need: at the level of all of the students, at the level of specific vulnerable student cohorts, and at the level of individual students considered to be at particular risk. From the beginning, active participation of young people was encouraged (consistent with one of the core principles of the *Jigsaw* service model). Listening to the voice of the young person and fostering healthy relationships with peers, teachers and school staff was considered fundamental to a young person having a positive experience of school. An unanticipated benefit from adopting this approach has been a significant decrease in the number of early-school leavers.

This pilot project in Co Meath was featured as an example of best practice in an Oireachtas Report to Dail members (2012):

"The Jigsaw Meath project is a whole-school approach to mental health which is being piloted in Navan: (Beaufort College in Navan, St. Oliver's Post Primary in Oldcastle, St Peter's College Donboyne and Athboy community College) and one Youthreach centre

in Laytown. The Jigsaw Meath project is part of a national network of Jigsaw services and is aimed at young people. The programme is an initiative of the non-profit group Headstrong and works in partnership with communities. A main component of the Jigsaw process is getting young people involved in their communities.”

(Wellbeing: promoting mental health in schools. Spotlight, No 2, 2012, p 14. Oireachtas Library and Research Service)

This project was evaluated in 2012 (19). The following were among the principal findings in respect to the impact of the initiative:

- Meath schools project has created a forum for teaching staff/students/HSE Psychology & NEPS to work collaboratively in promoting mental health.
- There is evidence of change in thinking and practice across four schools and Youth Reach service.
- Evaluation noted reduced stigma in regard to having a mental health difficulty and increase in students self-referring for support.
- Evidence of significant change in school culture (explicit concern and support for mental health).
- Students have now accepted that the schools want to be involved with them with regards to mental health issues.
- Staff are now reframing the ways they interpret student behaviour, seeing difficulties in learning as more often reflecting mental health issues.
- Teachers now understand behavioural problems better and feel better able to deal with them.
- The establishment of specific care structures across each school allows more time to reflect on and agree how best to support students with specific issues.
- There has been an increase in shared learning opportunities for staff and students through the active representation of student perspectives.

An Comchoiste um Oideachas agus Scileanna/Committee on Education and Skills

Positive Mental Health in Our Schools.

21 February 2017

**Covering letter by Shane Martin
(Chartered Psychologist and Founder of Moodwatchers)**

My career as a psychologist started fourteen years ago at the National Training and Development Institute, working with adults with learning and/or mental health difficulties. Previously, I worked as a secondary teacher for thirteen years. Over the past ten years I have dedicated myself to teaching the very best self-help psychology to empower people to enhance the quality of their lives. My 'Moodwatchers' self-help psychology course has been delivered at community venues throughout the length and breadth of Ireland. I have been a keynote speaker at national and international conferences on a range of topics around empowerment, recovery and happiness.

Within the area of education I have visited hundreds of primary and post-primary schools throughout the island of Ireland working with management teams, teachers, students and parents promoting a psychology of well-being, happiness and resilience. I have been a speaker at national educational conferences by NAPD, ACCS, IPPN, INTO, JMB, PDA, NABSE and NAHTNI. I have delivered seminars on Well Being and Resilience to principals and deputy principals in all the regions of Ireland.

I have lectured with the School of Human Development in Dublin City University and provided Health and Well Being seminars to various health professionals through their respective governing bodies. My first self-help psychology book entitled 'Your Precious Life - How to Live it Well' was recently published by Orpen Press. More information available about me and my work on www.moodwatchers.com

An Comchoiste um Oideachas agus Scileanna/Committee on Education and Skills

Positive Mental Health in Our Schools.

21 February 2017 Opening

**Statement by Shane Martin
(Chartered Psychologist and Founder of Moodwatchers)**

Cathaoirleach,

Thank you and the members of the Committee for inviting me to meet you today. It is a privilege to be afforded this opportunity to make a contribution in addressing the critical educational issue of positive mental health in our schools.

As a former secondary teacher I often look back on my career from a psychologist's perspective. I am acutely aware that our schools are not realising their maximum potential as hubs for the development of critical life-skills/coping strategies for their students. The bias is always towards academic achievement and schools are often adjudicated by parents/communities on their academic results.

I have counselled past pupils and know that many students achieve great results in their Leaving Certificate examinations but 'crumble' to pieces when faced with their first crisis in university or the workplace. When it comes to our young people we need to think outside the box and be resourceful about how we engage with them about their mental health. Schools need to empower their students with a toolbox for coping during the inevitable crises and challenges of life.

In recent years, psychologists are learning more about the people who are resilient, the people who thrive despite adversity, achieve great outcomes despite setbacks and misfortune and sustain their health during the most testing times. Can this research help us develop initiatives that can foster resilience within school communities?

Developing and implementing interventions to promote resilience within schools is a complex task. Firstly, there needs to be agreement around how to define resilience. When there is an agreed definition relevant positive and risk factors can be identified and targeted. What is vital is that any proposed interventions to promote resilience within schools are reliable, valid and empirically effective. Resilience cannot be taught through a textbook, a dynamic and talented teacher or a newly designed programme. It cannot be a subject on the curriculum. It cannot be 'brought into schools'. Resilience has to be cultivated within each unique school community. It's a culture within the school.

Working definitions

'...the ability for a student to be successful despite environment factors that surround that student that would be expected to hamper or block that success'

'..the process of, capacity for, or outcome of successful adaption despite challenging or threatening circumstances. (Masten, 1998)

'the interaction of external and internal factors that allow someone to thrive despite adversity'

SCHOOLS ARE KEY ENVIRONMENTS FOR DEVELOPING RESILIENCE WITHIN CHILDREN

Schools can have a critical influence - for good or bad - on the mental health of their students. The potential that schools have of fostering their students' psychological resilience is often not realised. There is a need to offer professional development / training in this area to teachers and management teams of school communities.

The core principles of resilience need to be embedded in the everyday practices and ethos of each school. It cannot be a specialised module for students on the curriculum. Resilience stems from experiences within the school. It needs to be at the heart of a school's functioning and apply to every member of that community. Teachers do not have to become experts in psychology or mental health professionals to promote resiliency in schools. It should be a key module in any training degree for future teachers. Teachers in schools today can still learn more about this key area through professional development.

Research highlights some key principles involved:

1. CARING RELATIONSHIPS

Every teacher-child interaction presents an opportunity to promote resiliency .

'Teachers can be highly significant people in the life of a child, providing positive role modelling, caring and support for their students. (Geary, 1988; Benard, 1995)

Some aspects of this caring relationship include: connecting with students, genuine concern for the welfare/progress of all students, a listening ear for the concern of students and empathy/understanding, recognising strengths in students, nurturing strengths, providing encouragement, being positive, being hopeful - fostering hope

According to My World survey which was a collaboration between Headstrong and U.C.D., 70% of 12-25 year olds say that with 'one good adult' in their lives they are 'connected, self-confident, future looking and can cope with problems'. A caring teacher may be a lot more important than they will ever know or be thanked for. Often such teacher(s) are the 'significant' adult that ensure positive outcomes for the most disadvantaged students. In many instances that teacher(s) is the 'significant' adult that research has confirmed as a critical ingredient in buffering students against the development of mental illness.

2. HIGH EXPECTATIONS FOR ALL STUDENTS

The reality is that academic achievement is a key requirement of school experience. The importance of academic achievement for resilience is well established (Howard & Johnston, 1998). We know that not all students are equally academically gifted or inclined. However, all students need to be encouraged to achieve their true potential. A student trying for 200 points in his Leaving Certificate needs to know that his progress towards this target is as cherished as a student in the same school aiming for over 500 points.

Other factors impact on a child's motivation i.e. home environment, parental attitudes to study, and children's beliefs about their own ability. While schools and teachers cannot necessarily impact on areas like these, they can play a role in the building of a child's motivation to do well and promote his or her self-confidence.

In a study of schools (Rutter, 1996) in economically disadvantaged areas of London, it was found that the schools that consistently showed better academic results and lower rates of delinquency and non-attendance were schools that 'stretched' their students. Students had clear expectations and high levels of participation. Many varied resources were made available to help children reach their true potential. Each student (those struggling academically and those

academically gifted) had their progress monitored with the same dedication by teachers and management.

If a teacher 'gives up' on a student that student will 'give up' on themselves. Their parents may have already given up on them.

Several students in this study said that the fact that 'someone believed I could do it' was the major factor in their decision to continue their education (Benard, 1991).

Setting goals in terms of a minimally acceptable standard works better than setting performance ceilings beyond the ability of student. Students who feel 'that they can do it' will have better self-esteem and greater belief in their own ability to succeed.

3. OPPORTUNITIES FOR PARTICIPATION AND DEVELOPING A SENSE OF BELONGING IN SCHOOL

Schools need to offer many and varied opportunities for meaningful participation to all students. They need to allow students to take on responsibilities and bring their talents/strengths to fruition. By offering students multiple avenues for involvement students will potentially find something that suits them, which they are good at, and which provides a sense of meaningful participation in schools.

For example, rather than appointing 'leaders' as prefects schools need to teach 'leadership' to students to allow them to become leaders. When schools 'involve' students at risk in the school community they in essence provide inoculation against anti-academic attitudes and the sense of alienation that is a characteristic of many antisocial youth (i.e. a belief that school is rigged for the benefit of the brainy and wealthy children)

Cooperative learning where students rely on each other and collaborate in order to solve problems/achieve goals allow students learn positive interdependence, cooperation and social skills.

4. SOCIAL CONNECTIVITY

Science has emphatically shown that social relationships – both quality and quantity – affect mental health, health behaviour, physical health and mortality risk. The most striking evidence comes from prospective studies of mortality across industrialised nations. James S. House and colleagues have shown that the people with the lowest level of involvement in social relationships are more likely to die than those with the greatest level. Julianne Holt-Lunstad and colleagues, in their meta-analytic review 2010, confirmed that the influence of social relationships on risk for mortality was comparable with well-established risk factors for mortality.

Schools need to afford opportunities to their students to develop socially by facilitating activities that engage them socially. For example, linking with community organisations, volunteering within the school and in the community provides such opportunities.

RECOMMENDATIONS:

1. Schools in different parts of the country are doing different things (for example Roots of Empathy programme, PAWS BE etc) but what is really required is a more standardised approach where all schools receive the same support and resources and where such excellent initiatives are formally adopted rather than squeezed into a very busy school academic year. It is vital that such interventions to promote resilience

within schools are reliable, valid and empirically effective. The new Junior Cycle's emphasis on well being is to be welcomed but it needs to be properly resourced and funded.

2. In some secondary schools we have excellent work taking place in partnership with external agencies/organisations where vulnerable teenagers are targeted and their psychological needs addressed accordingly. These initiatives must be further developed nationwide and properly funded.
3. School based counselling is the norm in many countries around the world (as in 32 of 50 states of US, 3 provinces of 10 in Canada and 1 in 6 states in Australia). Prevention is key. Early intervention is critical. Guidance counsellors are ideally positioned to be the *drivers* of the proposed well being teams in every school but only if they are allowed the hours necessary to deliver this service and sufficiently utilise their skills and competencies. It is a matter of urgency that all previous hours rescinded for one-to-one work are restored in their entirety without further delay.
4. We need more longitudinal studies to identify pathways to resiliency that encompass multiple interventions within schools. Unfortunately, we are not good at investing in our own research and have a tendency to over-rely on research from other countries.
5. Research is emphatic about the benefits of mindfulness in alleviating symptoms of mental illness. In many countries it has been integrated within their educational systems because of its potential to reduce vulnerability to mental illness. Innovative and overly stretched teachers are teaching its practice in some of our schools. A more uniformed and formal approach is key where we move away from where mindfulness is squeezed into the day through the generosity of a teacher towards a more professional and standardised system that trains all teachers and supports all schools. There is need for a task force to be established to advise on how best to proceed with mindfulness in schools. This task force should align itself to best practice and make recommendations for the appropriate implementation of mindfulness in schools
6. The Department of Education and Science and the Department of Health should work *together* on innovative ways to reduce the incidence of mental illness and in the promotion of mental resilience amongst our children.

Our young people's sense of wellbeing should be at the heart of education. We should formally embrace at the highest level the evidence-based approach to mental wellness as well as treating mental illness. Some of the most vulnerable are vulnerable by virtue of the fact that they simply do not have not the toolbox of skills for coping with the inevitable challenges of life. We need to sow the seeds of mental wellness and build the foundation stones of resilience in our schools.

Presentation to the Oireachtas Joint Committee of Education and Skills

Tuesday, 21st February 2017.

Peter Hussey, Crooked House Theatre Company

Good afternoon Chairperson, Deputies and Senators. Thank you for inviting me to contribute to your discussion on youth mental health in our schools.

I am a theatre-maker and a cultural youth-worker working with Kildare Youth Theatre and Crooked House in Newbridge since 1993. I am also a lecturer in Adult, Community and Further Education, and Youth & Community work, in Maynooth University. I'm a doctoral student researching the impact of collaborative theatre-making on the mental health of young people. And I'm a board member of Youth Theatre Ireland, formerly the National Association of Youth Drama.

In Crooked House we work with between 150 and 600 young people, aged 14 to 22, every year. 100 or so of these are regular and voluntary weekly participants in our youth theatre, a non-formal educational programme that uses theatre-making as its medium. Another 400 or so are young people in local schools and projects with whom we engage in short-term programmes and once-off drama workshops. The remainder are teenagers from Europe who work with us through the Erasmus+ programme on theatre exchanges, training programmes and volunteer schemes.

All of our work focuses on developing the range of life-skills that participating in collaborative theatre-making can uniquely foster.

Youth Theatre – an oasis for the anxious

Some years ago I realised that the profile of our youth theatre members had changed significantly over the past decade. Instead of attracting the eccentric young person, (the one who was 'born to perform', or the mostly extroverted boy or girl), we were now seeing greater numbers of shy people turning up. These new members were quiet, withdrawn and hesitant about engaging with the work of a youth theatre. Some of them were advised to come to us by their parents, or counsellors. They were people who were dealing with stress and wanted to find an escape, an oasis, where they could 'breathe a little'.

They are, sadly, typical of young people in our part of Ireland. So many young people, aged 14 to 17, are dealing with a low-level stress that is fairly constant and debilitating. If anger was the energy of youth in the 1980s, today it is anxiety. And it is ever-present, from when they wake up and drag themselves to school, to when they try to sleep at night.

Generalised Anxiety Disorder

Young people such as those with whom we work are particularly prone to the effects of cortisol. This hormone is produced by the adrenal glands in response to stress. Yet continuous stress results in the release of more cortisol than the body can absorb, damaging neural receptors and

stem cells which often leads to depression. Recent research suggests that chronic worrying, or Generalised Anxiety Disorder, now affects one-in-nine young people and the numbers may be increasing.⁽¹⁾

Not just confined to Ireland

Our network of European collaborators say similar things. The Erasmus+ programme (the European Union programme for Education, Training, Youth and Sport) allows us to make collaborative theatre projects with other EU youth theatres on social, political and justice-themed subjects. In doing so, we encounter the same generalised anxiety in many young Europeans.

Helping young people change systems

In Kildare Youth Theatre we have begun to explore how this situation came about: what social and political forces encouraged young people to worry, to internalise fear and to feel powerless in the face of anxiety-driven depression. We focus on how social systems (such as education, justice and social welfare) impact on the *individual*. Augusto Boal, founder of the Theatre of the Oppressed movement, describes how powerless people often internalise oppression or injustice, seeking to change themselves and alter their needs in an attempt to fit in with inflexible systems.⁽²⁾ Theatre should, he maintains, help those people to focus their attention on changing the system instead of changing themselves. Our aim, therefore, is to provoke change in those systems so that they begin to meet the needs of the young people. Our focus is particularly on the education system, since this is the one that has most impact on our participants.

Building resilience

By exploring the experience of our members' interaction with these systems, we encourage them to see their actions in a *social context* rather than from a purely *personal perspective*. We encourage them, for example, not to internalise failure; to not necessarily blame themselves when outcomes with authority are negative; and to avoid self-destructive behaviour when things go bad for them.

This is part of building up resilience. It requires long-term work of an educational and creative kind, rather than short-term behaviour-fixing work focused exclusively on training.

Providing aesthetic engagement

Theatre practice serves two purposes here: one is to engage the young person fully and *aesthetically* in the collaborative creation of a piece of art. Over time this process becomes less about providing an escape from distress, and more about developing key skills for living. An aesthetic engagement is one in which you have to use all of your senses, employ your intellect, be aware of your feelings, use your body, and open your imagination, to whatever is in front of you. You are *fully* engaged in the activity and your brain is producing hormones like adrenaline that help you engage in the activity. An aesthetic engagement is the opposite of an *anaesthetic* engagement, which, as Ken Robinson succinctly outlines (in his 2007 TED talk on the role of creativity in education) mostly dulls your senses and puts you to sleep.⁽³⁾

How youth theatre can stimulate happiness

When young people are engaged in an aesthetic experience they don't have 'room' in their brains for depression or debilitating anxiety. Their neural pathways are engaged in a kind of mindfulness, being fully in the moment. They are also producing a cascade of other hormones that include serotonin and oxytocin (often called the feel-good hormone). This is perhaps why there is a strange dichotomy one might observe in a really good youth theatre rehearsal room. I've often found that, while making a theatre piece about serious social and personal issues, there is an unexpected amount of joy in the room. The subject matter might be quite 'deep' or

'heavy' and often emotional, but the mood is nearly always positive, warm, and uplifting. In short, a room with a youth theatre in it is nearly always a machine for generating happiness.

Promoting critical thinking

The second purpose of youth theatre, in our experience and practice, is to develop critical and analytical skills and modes of enquiry in young people. Recently, we devised a piece called *Well Govern'd Youth* which explored the experience that some of our young members have in education. They believe that are spending years in a system that 'schools' them out of using their intelligence and trains them to suppress, or govern, most of what makes learning fruitful. The performance contextualised young people's experience in sociological terms while expressing it in aesthetic terms. It encouraged them away from a process of internalising systemic failure (blaming them-selves for 'not fitting in') and towards one of constructive problem-solving (working to change the system so that it becomes flexible enough to meet all needs). In this way the theatre-making process encourages young people to be critical, to see their world sociologically. In time, they discover theories and perspectives (ranging from Karl Marx to Pierre Bourdieu) and formulate their own social lens through which to view of the world.

Some of the theatre projects we made

Other devised pieces - *Public Displays of Infection*, *The Scourge of Desire* and *Indigo* - all looked at acceptable forms of love in a civilised society, the latter exploring multiple genders and sexual orientations in advance of Ireland's Marriage Equality Referendum in 2015. *Flawless*, a piece staged in France and Ireland, listed cultural icons from the 2,000-year-old Western tradition that promoted a singular idea of female beauty. And *Dropped Out or Kicked Out?* is an evolving Theatre of the Oppressed-influenced piece with Sarah Meaney looking at the subtle use of neglect and labelling by schools in order to 'ease' young students out of the school system.⁽⁴⁾

Our most recent project, *Venetians*, set out to locate the source of the social anxiety manifesting itself in young people. It used some of the young characters from Shakespeare's Venetian plays – *The Merchant of Venice* and *Othello* – as metaphors to explore this anxiety, using the Elizabethan idealised setting of Venice to represent the Nirvana that is always just out of reach.

Making meaning from their own experiences

More subtly, we often create material based on experiences that our members had when they 'gave away' their power, or when they were 'seduced', or persuaded, or bullied or groomed into complying with a situation that they instinctively felt was unjust but about which they were unable to vocalise their feelings. Our ordinary lives are full of such moments. On stage they can act as metaphors for larger social issues where the individual represents a community, or even an entire nation. This theatre work appeals particularly to our young people in Ireland because their lives are usually scripted for them: they believe that they have little control over the social systems with which they engage (school, family, health) and they easily identify with the experience of being strictly 'shepherded' into a way of behaving.

Collaborative theatre fosters independence

Making collaborative theatre can be one of the few activities where they have sufficient control to exercise autonomy and explore independent processes of making meaning. This approach to exploring power is the basis for workshops and programmes that we have delivered, and continue to deliver, around Ireland and Europe. While it is rooted in Theatre of the Oppressed, it is a refined version of it that has evolved alongside my work with young people over the past two decades.

In many ways, we can see the act of running a youth theatre as a political act. Ireland is often seen as being driven by the needs of its economy, with our education system felling the need to promote entrepreneurial skills in young people. However, prioritising STEM subjects (science, technology, engineering and mathematics) is not the only way to develop these skills, and nor is it necessarily the most effective way. Entrepreneurial skills like problem-solving, critical analysis, decision-making, reading and assessing complex situations, innovative thinking, committing to action, and a host of others are actually most effectively developed by collaborative theatre-making. My own research in this area (supported by a hand-full of studies in cognitive neuroscience and performance) is revealing that theatre-making can in some cases uniquely develop these skills. However, in our current political and socio-economic context, asking the public to invest in theatre can seem at best indulgent and at worst negligent.

A shift in thinking

Collaborative youth arts projects need support and investment, a requirement calling on political action by the state at local and national level. We look to Finland as a major source of inspiration about how to support youth arts, or cultural youth work. We are inspired by the Helsinki City Council's Department of Youth, who have managed to find the 'perfect triangle' of policy (state investment), practice (research, innovative methods) and projects (a wide range of participatory, inclusive activities).⁽⁵⁾ The work of this organisation proves that it is possible to do everything that we in Ireland aspire to. We need to provoke awareness about the role of theatre in creating happiness. We need our decision makers, our educators, our politicians, and our communities, to understand that participating in the arts is a fundamental requirement for living well.

Right now, we battle daily to find space in school timetables that allows young people the opportunity and freedom to be creative. We argue with parents, purple in the face with worry about their children's futures, that time spent in a youth theatre is not time wasted when they could be studying curriculum subjects. We strive to find new ways to impress on teachers, politicians and businesses that youth theatre is not simply a self-indulgent hobby for the well-off extroverted, and that young theatre-makers are not 'a bit full of themselves'. That is the least they are. They are in fact, full of everyone *but* themselves. Our work is an attempt to redress that balance in some significant way.

Training Teachers

The government is to be applauded for its Junior Cycle reforms, and in particular for including Drama as an optional subject in the new curriculum. However, we have a serious caveat accompanying our support of this inclusion. Currently there are no qualified drama teachers working in our schools as there are in the UK, where Drama is a subject at second level. There is no third-level degree that trains teachers in Drama Pedagogy, in the same way that there are degrees in Mathematics and Science with Education (in Maynooth University and elsewhere). In these degrees students are taught their primary discipline (Maths or Science) combined with knowledge and training in how to teach it.

In Irish second-level schools the work of drama teaching is passed over usually to interested teachers from other disciplines. So, one might find the Religion teacher or English teacher teaching the Drama class. It is akin to asking the PE teacher to teach Music, or the Maths teacher to teach Art, even though they have no training in that discipline.

The demands of drama teaching are high and require an experienced or trained theatre pedagogue to understand the nature of the medium and the capacity of collaborative theatre for developing key skills for living. It is not enough simply to do 'speech and drama', or elocution, or to stage an annual musical.

It requires significant training to engender a process where the student feels safe and yet can take risks; and where the material is minutely structured to produce aesthetic engagement. The opposite all too easily happens, and can be harmful, as is testified by anyone who has had a negative experience of drama when young - where young people feel bored, or forced into doing games and speeches against their will. This situation may even deepen young people's anxiety and complicate already complex problems.

If we are serious about tackling mental health problems in our schools we must include aesthetic engagement as a core experience in our curriculum.

Recommendations

1. Support Youth Theatre Ireland members through local authority funding and other sources to continue quality youth theatre provision, where a common set of values and principles informs the work. The most effective youth theatre in the country is facilitated by experienced or trained theatre-makers who are also expert pedagogues.
2. Establish a third-level training for theatre pedagogues which will provide qualified teachers to our secondary schools for the subject of Drama.
3. Change CAO requirements to include points for school-leavers who are involved in Youth Theatre Ireland projects across the country. This would effectively acknowledge the deep learning experiences of young people outside of the formal second-level system, and encourage more young people to become involved in life-changing youth theatres.

References

- (1) <https://www.stpatricks.ie/anxiety-disorders/facts>
- (2) Augusto Boal, *Games for Actors and Non Actors*, (Routledge, 1992)
- (3) <https://www.youtube.com/watch?v=zDZFcDGpL4U>
- (4) <https://vimeo.com/124295832> and <https://www.youtube.com/watch?v=imIMVMDhGps>
- (5) <http://www.hel.fi/www/nk/en>

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Websites

Youth Theatre Ireland: www.youththeatre.ie

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