



Union of Students in Ireland
Aontas na Mac Léinn in Éirinn

Union of Students in Ireland (USI)

Submission to the Joint Committee on Education, Further and Higher Education, Research,
Innovation and Science

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Contact:

USI President Beth O'Reilly

Phone: 086 102 5495

Email: president@usi.ie

USI PR Manager Martina Genockey

Phone: 086 033 3942

Email: pr@usi.ie

Other contact:

USI VP for Welfare Sarah Behan

Phone: 086 065 1226

Email: welfare@usi.ie

USI Mental Health Program Manager Sarah Hughes

Phone: 086 415 0924

Email: mentalhealth@usi.ie

Cathaoirleach, USI welcomes this opportunity to make a submission to the Sub Committee on Mental Health and thanks you and the members for this opportunity.

USI (Union of Students of Ireland) is the national representative body for the 374,000 third level students on the Island of Ireland. USI liaises with its member organisations on campuses and has 21 welfare officers working on student mental health issues at local level. USI also liaises with other partners, agencies, and NGOs on student mental health issues. USI is a member of the HEA Connecting for Life Working Group focused on suicide prevention and mental health in third level and was involved in the creation of the National Student Mental Health and Suicide Prevention Framework.

Students who are treated by on-campus counselling are largely treated by members of the Psychological Counsellors in Higher Education in Ireland (PCHEI), who are the largest providers of psychological services to young adults in Ireland. In the academic year 2020/21 there were just over 245 thousand people registered as students in higher education. In that same academic year, PCHEI members saw just under 15 thousand students across 69 thousand appointments. International research showed that 35% of students screened positive for at least one of the common lifetime disorders. As a result, while our expertise in USI comes from a student perspective, it allows us to speak to the broader implications of a lifespan approach on those in the late adolescent and early adulthood age groups.

We know that mental health as a concept is a fluid state that varies through life, and is impacted by things from a biological, psychological and social perspective. In recent years global approaches to mental health has moved away from a strictly biological approach as a result of better understanding of the interplay of those three elements. We also know that people don't stop developing or changing when they reach adulthood, and we know that childhood experiences, such as Adverse Childhood Events (ACEs) can impact later in life. Taking a lifespan approach to mental health allows us to take account of all of those pieces of knowledge in a coherent way. It allows us to view the person as a whole being, in the context of their life and their experiences, not just as a diagnostic label based on a symptomatic presentation at a singular point in time.

A look at developmental theory tells us that the lifespan can be divided into stages, defined by certain challenges. Meeting these challenges is thought to enhance mental health in later stages, and meeting the challenges of one life stage is in part dependent on how successfully previous stages were managed. There is some debate about the specifics of the challenges of each stage based on individual and cultural differences, but broadly the stages of young adulthood include separation from parents, establishment of identity, critical education and vocational decision making, negotiating change in peer group affiliations, intimate relationship forming and preparing to leave or leaving home.

The life stage of young adulthood is considered to be a critical developmental period regarding social and emotional wellbeing due to the many major changes that tend to occur simultaneously during this stage. As a result, processes that occur during this phase of life have major long-term influence on the individual, and onset of even relatively mild mental health problems can have profound and long-lasting effects.

In particular, health-related behaviours developed as young adults, when they are navigating the help-seeking process independently for the first time, and often having to transition to new adult-based services, have major impact on later adulthood. This is important as many first episodes of mental disorders, in particular depression, anxiety disorders, psychosis, eating disorders and substance abuse disorders have peak incidence rates during late adolescence and young adulthood. Overall, mental health disorders account for 55% of the disease burden in people aged 15-24. However, we know that around a third of students who had not sought any help on or off campus for their mental health have severe to extremely severe stress, anxiety and depression levels (USI, 2019)

As an example, suicidal behaviours are rare in younger children, but become more common in young adulthood. Childhood experiences can play a role in those suicidal behaviours. This means that active intervention should be mainly aimed at the older age group, but that early intervention and prevention should take place at a younger age. Similarly, substance use disorders peak in early adulthood, but incidence rates decline thereafter. This makes young adulthood a key time for prevention work in this area.

In some areas we are becoming better at taking a wider-angled lens to mental health. For example, the Student Mental Health and Suicide Prevention Framework not only emphasizes a whole-of-campus approach, but the framework itself came about from a collaboration between organizational partners in the areas of education, health and mental health. The recent rollout of the Togetherall programme was also enabled by partnership between HSE Mental health and The Department of Further and Higher Education.

One of the major changes in Sharing the Vision involves moving the age of transition from CAMHS to adult mental health services up to 25. This is based on research which suggests that brain development is in fact not complete until the mid-20s, and due to so many young people falling through the cracks of the system due to that transition happening at a time of so much other change within their lives. However, it remains a worry how services will be resources and provided, because while young adults may still be developing, they yet require different assessment and treatment approaches to children.

While in a practical sense we have moved on from COVID, from a mental health sense we are just beginning to process the fallout from the pandemic. Most students currently in higher education were in second level education for at least some of the pandemic, and many of them transitioned from childhood into adulthood during that time. As a result, the process of beginning to meet the challenges outlined above for this life stage was disrupted for many people, and the impact of that may not be seen until those individuals enter later life stages. This is just one example of the importance of understanding mental health from a lifespan perspective as while these young people might not have tangible grief or trauma associated with the pandemic in an obvious way presently, that is not to say that there is no impact, both from a mental health perspective and from a developmental perspective, and this also demonstrates the interconnected nature of the two.

Viewing mental health from a lifespan approach involves viewing the person based on a holistic view of their life, and what that means for how they are presenting in the current

moment. This is beneficial because it can help to inform prevention and treatment and help us as a country to move away from a reliance on crisis intervention and thus have better outcomes for people. However, it also means that mental health cannot just be under the remit of health, and that student mental health cannot just be under the remit of higher education as it currently is. It means that things like housing must be considered as a factor in mental illness, and that housing provision must be considered as part of mental health treatment. It means supporting young people's mental health from the moment they are born onwards, not just waiting until they present at A/E with self-harm and suicidal ideation. It means looking at things like screening, like automatically including counselling during times such as physical illness or family financial trouble, and not waiting for people and families to self-present. It means understanding that what happens at any point in a person's life can impact their mental health not just in that moment, but into the future, so even if someone doesn't present in distress immediately after an adverse event it means that that person should have in reach services and prevention models used with them. That means better resources, continual and sustainable funding, and better inter-agency working. It means giving mental health from birth until death a priority slot on the list for funding, staffing, research and education. It means not further impacting a person's mental health by refusing them services because they aren't severe enough or the waiting list is too long.

References

Commonwealth Department of Health and Aged Care. (2000). Promotion, prevention and early intervention for mental health: a monograph.

Fox, T, Byrne, D, Surdey, J, (2020) National Student Mental Health and Suicide Prevention Framework, HEA

HEA (2022). Overall Enrollment Trends. Available from <https://hea.ie/statistics/data-for-download-and-visualisations/key-facts-figures/>

HSE (2020) Sharing the Vision: A Mental Health Policy for Everyone. Available from https://www.hse.ie/eng/about/who/mentalhealth/sharing-the-vision/sharing-the-vision.html?gclid=Cj0KCQjwr82iBhCuARIsAO0EAZy8ZZ9qFD6vKab5-rlgHlWqXaLPols7zGX2Vlp2l-7DOLwbBgKdaOEaAlpPEALw_wcB&gclidsrc=aw.ds

Matthews, D (2021) Mental disorders start early and vary across the lifespan: it's time to pay attention to the whole person, and less to the diagnosis #loPPNfestival Available from <https://www.nationalelfservice.net/treatment/mental-illness-prevention/mental-disorders-early-onset/>

Southwick, S. M., Litz, B. T., Charney, D., & Friedman, M. J. (Eds.). (2011). *Resilience and mental health: Challenges across the lifespan*. Cambridge university press.

Smyth, E., & Nolan, A. (2022). DISRUPTED TRANSITIONS? YOUNG ADULTS AND THE COVID-19 PANDEMIC., ESRI. Available from <https://www.esri.ie/publications/disrupted-transitions-young-adults-and-the-covid-19-pandemic>

Vadivel, R., Shoib, S., El Halabi, S., El Hayek, S., Essam, L., Bytyçi, D. G., ... & Kundadak, G. K. (2021). Mental health in the post-COVID-19 era: challenges and the way forward. *General psychiatry*, 34(1).