APG on Mental Health - Inquiry Terms of Reference
Mental Health Education and Early Intervention in Schools

About the APG

The All Party Group on Mental Health was established by MLAs to consider Mental Health issues. Secretariat support is provided by MindWise.

Background

Mental health and wellbeing

The World Health Organisation (WHO) defines metal health and wellbeing as "a state of wellbeing in which an individual realises his or her abilities can cope with the normal stresses of life, can work productively and can contribute to his or her community.[1]

Adolescent mental illness
Adolescent mental illness centres around the behavioural disorders that emerge between age thirteen and eighteen; major depressive disorder, anxiety disorders, post-traumatic stress disorders, eating disorders, attention-deficit hyperactivity disorder, substance use disorder, and conduct disorders.[2]

Globally, mental illness accounts for 16% of diseases and injuries among young people aged ten to nineteen.[3] Depression is a leading cause of illness and disability among older adolescents (15–19-year-olds), and suicide is the third leading cause of death for this age group.[4] Almost half of all mental health disorders first present by age fourteen, yet the WHO estimate between 10-20% of adolescents experience mental health conditions that remain underdiagnosed, untreated and persist into adulthood.[5]

A recent meta-analysis of Common Mental Disorders (CMD), namely depressive and anxiety disorders, indicated that the global prevalence of CMD in adolescents is between 25-31%.[6] Despite the early age of onset, it is common for the first diagnosis to occur in adulthood. On average, individuals experience a ten-year delay from the first presentation to getting support.[7]

The absence of diagnosis does not mitigate the experience or expression of mental ill-health. For young people, mental health symptoms can manifest in behavioural changes such as aggression (fight) or withdrawal (flight), reflective of the stress

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[1] World Health Organization, 2010.
[2] Hilt & Nussbaum, 2016
[3] WHO, 2020
[4] WHO, 2020
[5] Kessler et al., 2007
[6] Silva et al., 2020
[7] Khan, 2016

response. Behavioural responses can include self-medication, substance misuse or increased risk-taking.[8] School-based problems such as bullying, exam stress and learning difficulties can cause or exacerbate mental health concerns.[9] Exclusion from the school system can impact mental health into adulthood.[10]

There is potential for environmental or interactional stressors in every environment a young person participates in, yet not every young person will develop mental illness or distress symptoms. Indeed, each setting also holds the potential to promote protective factors such as age-appropriate development activities, encouraging positive family engagement[11] and creating psychological healthy school environments.[12]

Until recently, there was no direct measure of prevalence rates for mental illness for children and adolescents in NI. In 2015, the NI Department of Health estimated that more than 20% of young people suffer from significant mental health problems by age 18. The NI registry of self-harm reported that in the three years from 2012-15, 10% (n=2,642) of all self-harm presentations were young people under 18 years old. Of this number, 70% were females, with the most common self-harm method being drug overdose.[13]

Young people presenting to the emergency department for self-cutting were more likely to be discharged after treatment or leave before being seen, despite self-cutting being a known risk factor in suicide.[14] Figures from the 2016/17 substance misuse database (SMD) detail that 4,368 adults presented with a drug or alcohol misuse issue to their service. Of this population, over half, 53.1%, reported that they started taking their main drug of choice below the age of 18.[15]

The first mental health prevalence study on children and adolescents in NI, known as the Youth Wellbeing Prevalence Study[16], was published in late 2020. The need for this study was established since the publication of the Bamford Review in 2006.[17] Findings indicate that rates of mental illness in the youth population are approximately 25% higher in NI compared to England, which is consistent with the increased prevalence in the adult population.[18] The study estimates that one in ten young people have an oppositional defiant disorder, one in twenty has a conduct disorder. At the same time, one in eight meets the criteria for any mood or anxiety disorder[19].

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[8] Goodman et al., 2008
[9] Romano, Babchishin, Marquis, & Frechette, 2015
[10] Ford, Parker, Goodman, Logan, & Henley, 2018
[11] Gopalan et al., 2010
[12] Patel, Flisher, Hetrick, & McGorry, 2007
[13] Public Health Agency, 2016
[14] Betts & Thompson, 2017
[15] Public Health Information and Research Branch, Information Analysis Directorate, 2018
[16] Bunting et al., 2020
[17] DHSSPS, 2006
[18] Bunting, et al., 2020
[19] Bunting, et al., 2020

As of 30 June 2017, the NI population was estimated to be 1.871 million people. The number of children and young people (aged 0-18 years) was estimated at just under 461,000 – 24.6% of the total population.[20] In 2017, 2706 young people were prescribed anti-depressant medication.[21]

Accessing support services in adolescence

In high-income western societies, adolescents straddle a unique line with autonomy and personal responsibility for their health, yet they cannot consent to access services on their behalf. The UK Government considers anyone aged sixteen or over to be legally competent and can therefore consent to any treatment recommended to them. However, health professionals cannot assume competence based on age and must consider other factors such as mental impairment that may limit capacity[22].

Conversely, should young people under sixteen appear competent and express different views to the consenting parent, health providers must seek legal counsel on proceeding.[23] This introduces a power imbalance within the home environment, weighted towards the parent, directly impacting the health, school, and community microsystems.[24] Access to services becomes not only dependent on the young person expressing a need, but on the adults surrounding that young person recognising that need, accepting that support is necessary, and consent on their behalf to facilitate access to appropriate services.

The age of onset for most mental health disorders occurs in adolescence, coinciding with the post-primary and higher education sectors age remit.[25] Systemic efforts to promote wellbeing in this age group can create sustained and improved health and mental health outcomes.[26] Interventions at this level focus on enhancing self-reflection, self-efficacy, adaptive coping, and personal agency. They also recognise the intersections and interactions between people and their environment, resources, social and cultural contexts.[27] Fundamentally this relates to increasing mental health literacy which includes promoting the understanding of mental disorders, thereby reducing, or eliminating the stigma associated with needing additional support for mental health.[28]

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[20] (Department of Education NI, 2019)
[21] (NICCY, 2018)
[22] (Larcher, 2005)
[23] (Tidy, 2015)
[24] (Shelton, 2019).
[25] (Kessler et al., 2005; Mckean, 2011; Raevley, McCann, & Jorm, 2012; Raevley, McCann, & Jorm, 2012)
[26] (Hennessy & Green-Hennessy, 2011; Reavley & Jorm, 2010)
[27] (Woloshyn & Savage, 2018)
[28] (Jorm, 2012; Jorm, 2015; Kutcher, W, Wei, & Coniglio, 2016)

Literacy improving initiatives such as the Mental Health First Aid Kit,[29] are designed to enhance general mental health knowledge and increase capacities to support individuals experiencing mental illness, or distress symptoms.[30]

Reducing the stigma surrounding mental health through education, and acknowledging the health benefits of improving mental health literacy through the education sector, is key to improving mental health services in NI.[31]

The role of schools in promoting mental health and wellbeing

Schools occupy a pivotal position in the lives of young people. They provide the physical space to learn and socialise within peer groups, which will have a formative impact on development alongside school ethos and curriculum. The universal nature of the education system entails periods of prolonged interaction with children and young people through to adulthood, placing them in a unique position to promote mental health.[32] Indeed, efforts to decrease exposure to early adversities (prevention), limit resulting pathology (intervention and secondary prevention) and support those already displaying symptoms (tertiary prevention and treatment) must span all sectors interacting with young people, including education.[33]

Recognition of the role of school has led to the emergence of trauma-informed teaching practices which are cognisant of diversity and seek to understand student behaviour and development within the context of their life experiences.[34] This approach requires schools to prioritise social and emotional development alongside academic attainment. It recognises schools' position in children lives from an early age, highlights the potential for early prevention that could mitigate future problems and values the role of school-based interventions.[35]

This shift from the established academic focus is not without limitations. A study focused on mental health provision across 10 European countries found that support focused on pupils with diagnosed disorders, and provision delivery was reactive rather than preventative.[36] This approach, while not ideal, is understandable given the restrictive remits schools must operate within.[37] However, this means that resources are focused on tertiary support and treatment rather than prevention or early intervention.[38]

Initial teacher training is not focused on the health benefits of supporting and promoting pupil mental health development across the lifespan, unlike the emphasis

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[29] (Kitchener & Jorm, 2008)
[30] (WHO, 2013; Kutcher, W, Wei, & Coniglio, 2016)
[31] (DoH, 2018)
[32] (Rutter, Maughan, Mortimore, Ouston, & Smith, 1979)
[33] (Berens, Jensen, & Nelson III, 2017)
[34] (Wiest-Stevenson & Lee, 2016)
[35] (Humphrey N. , 2016)
[36] (Patalay et al., 2017)
[37] (Langley, Nadeem, Kataoka, Bradley, & Jaycox, 2010)
[38] (Shelemy, Harvey, & Waite, 2019)

placed on physical education within schools.[39] This creates a disparity of practice among teachers and confusion regarding the roles and responsibilities teachers have to address mental health since they were not trained in that area.[40] Again, this illustrates diminished mental health literacy, leading to a limited understanding of mental health and illness.[41]

Increasing the knowledge of the distinctions between mental health, wellbeing, and mental illness removes the argument that teachers are not responsible for school provision of mental health resources. Instead, increasing mental health literacy develops an understanding that everyone within the home, school, community, and professional environments can jointly impact mental health and wellbeing across the lifespan.

Current policy environment

There is a recognition among policymakers here that more needs to be done to address the mental health of children and young. Commenting on the publication of the Youth Wellbeing Prevalence Survey 2020, the first ever survey on the mental health of children and young people in NI, the then Health Minister, Robin Swann said "…further sustained investment in children's mental health is needed…".

The Mental Health Strategy, 2021 – 2031, launched by the Department of Health in June 2021, includes a commitment to "further promote positive social and emotional development throughout the period of infancy and childhood, including in pre-school and school settings, and provide new evidence-informed interventions and support for families and support to ensure that children and young people get the best start in life".[42]

The Children and Young People's Emotional Health and Wellbeing in Education Framework[43], launched in February 2022, aims to support educational settings to promote emotional health and wellbeing at a universal level, through a holistic, multi-disciplinary approach, and providing early and enhanced support for those children and young people who may be at risk or showing signs of needing further help.

In England, Relationships, Health and Sex Education (RSHE) - which "teaches students about the importance of mental health, how to talk about their feelings

[39] Shelemy, Harvey, & Waite, 2019
[40] Woloshyn & Savage, 2018
[41] Jorm, Korten, & Jacomb, 1997a
[42] NI Mental Health Strategy 2021 - 2031: Theme 1 – Promoting mental wellbeing, resilience and good mental health across society. ACTION 6.
[43] Department of Health, 2021

and where to seek help" - is a compulsory subject [44] in both primary and secondary schools (although in primary schools, RSHE may be known as RHE).

In Scotland, the mental health of children and young people has been a key focus for the Scottish Government in recent years. In 2018, the Children and Young People's Mental Health Task Force was set up, tasked with improving mental health services for children across the country. They have made recommendations including focusing on a whole-systems approach to mental health, and putting the voices of children at the centre of policy and programme change. Mental health and wellbeing is threaded throughout Scotland's Curriculum for Excellence (CfE).

In 2019, the Welsh Government consulted on a proposed new curriculum, and in January 2020 this was finalised. The new, mandatory curriculum is split into six Areas of Learning and Experience (AoLEs), and the AoLE, which covers mental wellbeing, is called Health and Wellbeing.

In Republic of Ireland, the mental health charity Motus Learning recently called on the Government there to make mental health mandatory in the curriculum. They also said that there should be greater communication between schools and the Health Service Executive (HSE) mental health services. In 2022, the Irish National Teachers' Organisation (INTO) noted the "dearth" of Mental Health Support and Services for primary school children. An opportunity was missed to address this when the Republic's National Council for Curriculum and Assessments (NCCA) published the Draft Primary Curriculum Framework for consultation in 2020. The document made no specific reference to mental health. The NCCA is due to produce a report on the consultation findings in the coming months.

Health and wellbeing education (including mental health) is part of the mandatory or state curriculum in many countries including Australia, Finland and New Zealand.

Scope of the inquiry

This inquiry will examine the provision of Mental Health Education and Early Intervention across education settings (including and not limited to schools, such as home schooling, children and young people units and Education other than school centres) in Northern Ireland. It will consider associated issues, including:

- **Understanding and mapping levels of mental health provision available within the education setting across Northern Ireland**
  - What resources / programmes are provided by Department of Education and Education Authority?
  - How can the Department of Health/HSC work with schools to help identify need and access support for children and young people through CAMHS?
  - What resources are available in the Community and Voluntary Sector?

44 RSHE is not currently compulsory in sixth forms, 16-19 academies or further education colleges.

- What resources have you developed/ self-fund to offer within your education setting?

- **Understanding and mapping current processes within the education setting across Northern Ireland**
  - How are the emotional health and wellbeing needs of children and young people assessed within the education sector?
  - How are emotional health and wellbeing interventions identified?
  - What evaluation measures are in place for mental health interventions provided within education settings?
  - What quality assurance measures are in place for mental health interventions provided within education settings?
  - What support and guidance is provided to professionals within the education sector?
  - How do education professionals create a safe space for the children and young people they support?
  - What trauma informed practices are in place?
  - How are children and young people involved?

- **Understanding and mapping funding available within the education setting across Northern Ireland**
  - What funding is currently available for mental health interventions within the education sector, including wellbeing interventions (PE art music) and resilience training/ MH programmes (such as those that aim to prevent anxiety), stress management, goal setting, mindfulness, nurture, healthy happy minds and interventions for children who have symptoms (counselling, play therapy)?

Structure of the inquiry

Call for written evidence

Organisations and individuals are invited to make written submissions to the APG that address all or some of the following issues:

- Understanding and mapping levels of mental health provision available within the education setting across Northern Ireland
- Understanding and mapping current processes within the education setting across Northern Ireland
- Understanding and mapping funding available within the education setting across Northern Ireland.

The call for written evidence will open on Thursday, 15 December 2022 and close on Friday, 3 February 2023.

Submissions should be in Word format, include a contact name, organisation name, contact email address and telephone number and be emailed to apgmentalhealth@mindwisenv.org.

Oral evidence

The APG will hold a series of oral evidence sessions commencing in February 2023. A variety of people will be invited to give evidence, including mental health professionals, educationalists, advocacy group representatives, academics, departmental officials and young people.

If you would like to appear before the group, please contact the APG secretariat (apgmentalhealth@mindwisenv.org).

Report

A report, based on the written and oral evidence, will be produced which will make policy recommendations.

Appendix - works cited

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