



# The Northern Ireland Assembly All-Party Group on Mental Health

Evidence Summary Report of The Inquiry  
into Mental Health Education and Early  
Intervention in Schools

May 2024

## **About the All-Party Group**

The All-Party Group (APG) on Mental Health Education and Early Intervention in Schools was established to understand the current provision of mental health education and well-being support available to children and young people in educational settings across Northern Ireland.

All-Party Groups provide a forum in which MLAs, external organisations and individuals can meet to discuss shared interests in a particular cause or subject. The APG called for submissions of evidence in November 2023, and this report is based on the written and oral evidence received by the APG over a period of eleven months from December 2022 to November 2023.

The report was drafted by Louise Cassidy, Queen's University Belfast, on behalf of MindWise, the Group Secretariat.

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# Introduction

This APG inquiry into Mental Health Education and Early Intervention in schools was prompted by the disproportionately high rates of mental illness among the youth population in Northern Ireland as highlighted by the 2020 Youth Well-being Prevalence Study. The study indicated that mental health issues are approximately 25% more prevalent in Northern Ireland compared to other areas within the UK, with 1 in 8 children and young people meeting the criteria for mood or anxiety disorder. Despite this there is limited or no provision for mental health education and training in youth settings, especially in schools.

This report examines the current state of mental health education, prevention, and early intervention services within Northern Ireland's education system. The information is based on an inquiry conducted by the APG over the course of a year, drawing evidence from various stakeholders, including government departments, community organisations, academic experts, and young people. This report outlines key themes identified during the inquiry and presents recommendations to enhance mental health promotion, prevention, and early intervention for children and young people in schools. The report is structured into different sections, including an examination of the current state of youth mental health provision and its contextual factors, a summary of the inquiry process and its findings, including a review of the existing policy and service landscape, an assessment of available programmes and identified gaps. The report finishes with recommendations aimed at guiding future reform efforts.

## Defining mental health

Nurturing mental health is crucial to optimal development across the lifespan. Currently defined by the World Health Organisation, mental health is “a state of well-being 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.” (WHO, 2022). The core components of this definition include well-being, effective functioning in personal and community life, which together make up mental health. This perspective differs from traditional concepts of mental health, which typically focus on the absence of psychopathology (Lamers et al., 2011). This shift in definition highlights that everyone possesses mental health, existing along a diverse continuum, which differs from person to person. It includes a spectrum of positive emotional well-being, indicated by positive personal skills and attributes, as well as varying levels of challenges and distress, leading to distinct social and clinical outcomes.

## Youth mental health

Youth mental health refers to the psychological, emotional, and social well-being of children, adolescents, and young adults as they develop into independent adults. It covers a broad range of mental and emotional states that play a critical role in healthy development and functioning. During this formative development stage, several key aspects contribute to a healthy and flourishing mental health:

**Emotional well-being:** Young people's ability to comprehend and manage their emotions is essential. It involves understanding and expressing emotions in a positive and constructive manner.

**Social functioning:** Young people's capacity to form and maintain positive relationships with peers, family, and other individuals which is crucial for social development.

**Cognitive development:** Mental health has a significant impact on cognitive abilities, including attention, memory, problem-solving, and decision-making skills.

**Behaviour regulation:** This aspect relates to a young person's ability to control their actions, impulses, and behaviour, as well as their capacity to adapt to different situations and environments.

**Coping skills:** Building resilience and maintaining mental well-being relies on the capacity to effectively cope with stress, adversity, and life challenges.

**Psychological disorders:** Recognising, evaluating, and managing mental health conditions, such as anxiety, depression, and other challenges that may arise during this developmental stage, are critical components of child and youth mental health.

## The developing brain

The human brain undergoes its most extensive and most rapid development from the perinatal period to young adulthood. Stress, trauma and adverse childhood experiences can lead to an overproduction of stress hormones, which can affect neural circuitry of the brain and impair the brain's structure and function. However, when children and young people experience positive, supportive, and enriching environments, their brains are more likely to develop strong neural connections and pathways associated with emotional regulation, cognitive abilities, and resilience. Mental health nurturing can mitigate negative effects of stress and adversity on the developing brain, which in turn improves emotional regulation, social relationships, learning and academic performance. Thus, helping build the foundation for positive adult mental health (National Scientific Council on the Developing Child, 2014).

## Impact of poor mental health in young people

The repercussions of poor child and adolescent mental health extend far beyond the immediate challenges, impacting various long-term outcomes such as educational attainment, employment prospects, and physical health. Most significant is the notable decline in academic performance that is associated with mental health struggles during childhood and adolescence. Research has shown that mental health problems, such as anxiety and depression, can interfere with a student's ability to concentrate and retain information.

University College London carried out research to examine how mental health problems can affect school performance. They found an association between mental health issues and lower grades, as well as more frequent absences from school. Specifically, behavioural issues and problems with attention were related to lower grades, while emotional issues and attention problems were linked to missing more school days (Lereya et al., 2019).

The Royal College of Surgeons Ireland (RCSI) explored the impact of childhood mental health on various aspects of life in late teens and early 20s, such as school results, social life, health, substance use, and overall well-being. The researchers also considered different types of symptoms, including internal symptoms (such as depression and anxiety) and external symptoms (such as hyperactivity and behavioural problems). This study, part of the 'Growing up in Ireland' project, looked at data from over 5,000 young people in Ireland. Most of the participants (72.5%) did not report significant mental health issues, but over 1,400 did show signs of mental health or behavioural problems during their childhood. The study found that children with external symptoms were more likely to use substances heavily as young adults. Those with internal symptoms had a higher risk of poor physical health in their late teens and early 20s. Children grappling with mental health issues were equally susceptible to encountering educational and economic challenges in young adulthood as they were to experiencing persistent mental health

issues. Over half of the participants with mental health issues faced at least one educational or economic challenge by the time they were young adults, compared to about 30% of those without childhood mental health issues (Dooley et al., 2023).

### **Youth mental health: a public health priority**

Young people's mental health is now acknowledged as a top priority in public health. The global burden of mental health issues among children and adolescents has increased significantly over the past three decades (Piao et al., 2022), with one in seven worldwide experiencing a mental disorder (WHO, 2021). Recent data focusing on common mental disorders (CMDs) within youth populations, namely depressive and anxiety disorders, estimate a global prevalence ranging between 25% to 31% (Silva et al., 2020). Nearly half of all mental health challenges emerge at the age of 14, with 75% of cases established by age 25 (Kessler et al., 2005). It is concerning that an estimated 20% of child and adolescent mental health problems remain undiagnosed, untreated, and continue into adulthood (WHO, 2020; Garland et al., 2001).

Academic literature suggests that it is not unusual for a ten-year delay from the first presentation of symptoms to receiving appropriate support, with a first diagnosis of a mental disorder typically occurring in young adulthood (Khan, 2016). Globally, mental health conditions are the leading cause of death and disability for young people between the age of 10 and 19 (WHO, 2019).

Moreover, mental ill health is the leading cause of disability-adjusted life-years (DALYs) in under 25s, accounting for 45% of the global burden of disease (Gore et al., 2011).

### Youth mental health in Northern Ireland

The legacy of the conflict and the continued elevated levels of economic deprivation are believed to contribute significantly to the high prevalence of mental health issues in the region (O'Neill et al., 2015) and this includes worrying levels of poor mental health among children and young people in Northern Ireland. Until fairly recently, a direct measure for child and adolescent populations was unavailable in Northern Ireland, despite the Bamford Review acknowledging this need in 2006. The first-ever survey on the mental health of children and young people in Northern Ireland was funded by the Department of Health (DoH), compiled and conducted by Queen's University Belfast, Ulster University, and the Mental Health Foundation. The study involved over 3,000 young people and more than 2,800 parents and carers (Bunting et al., 2020). The findings of the 'Youth Well-being Prevalence Study for Northern Ireland' indicate a significant proportion of children and young people experience mental health issues, including diagnosable mental health conditions.

The prevalence of mental illness in young people is on par with the rates seen in adults, approximately

**25% higher**

than the rest of the UK.

This significant difference is a cause for concern, particularly in light of a UNICEF 'report card' that placed the UK in the lower third among economically advanced nations for child well-being (United Nations Children's Fund, 2007).



The findings also reveal one in eight young people reported experiencing emotional difficulties, with young boys (5-10 years) reporting higher levels than girls in the same age group. Older females between 16 and 19 years old reported higher emotional problems at 19.7% compared with 6.7% of older boys. Eating disorders were the most common mental health problem reported. One in six young people had engaged in a pattern of disordered eating and associated behaviours that indicated the need for further clinical assessment. Females were more likely than males to be at risk of an eating disorder (22.9% vs 10.0%).

Moreover, 12.6% of young people met the criteria for any mood or anxiety disorder, with similar rates for boys (12.0%) and girls (13.1%). The most frequent disorder

was panic disorder (6.8%), followed by separation anxiety disorder (5.2%), major depressive disorder (5.0%), social phobia (3.8%), obsessive-compulsive disorder (3.1%), and generalised anxiety disorder (2.7%).

Furthermore, self-injury and suicidal thoughts or attempts were also prevalent, with

**12.1%**

of young people reporting such thoughts or attempts and 9.4% reporting self-injurious behaviour.

Rates of self-injury and suicidal thoughts were higher among girls than boys, with girls aged 16 to 19 having the highest rates at 22.7%.

In Northern Ireland, the suicide rate remains consistently high, with elevated rates of suicide deaths among the youth population when compared with UK counterparts. The suicide rate for adolescents and young adults aged 15-24 was 17.8 per 100,000 in Northern Ireland, while it was 8.1 per 100,000 in England, 9.7 per 100,000 in Wales, and 15.1 per 100,000 in Scotland (State of Child Health, 2020).

Children and young people were facing a mental health crisis before the Covid-19 pandemic and research exploring the prevalence of mental health issues, post-pandemic, indicates substantial rises. Lockdown measures to reduce the spread

of the virus meant the loss of social support networks and peer contact for millions of young people. Simultaneously, disruptions in accessing mental health services further compounded the challenges faced. Additionally, increased exposure to domestic violence, online exploitation or bullying, and increased uncertainty due to the pandemic has been shown to worsen youth mental health problems (Carvajal-Velez et al., 2021).

No population wide data currently exists for Northern Ireland, however, research from the Centre of Mental Health shows that in England, 1.5 million children and young people under 18 will need new or additional mental health support as a direct consequence of the coronavirus pandemic.

While the longer-term impacts of the lockdown measures remain uncertain, the historical underinvestment in tackling mental health issues remains clear. There is an urgent need for action and increased investment in early intervention and prevention efforts. This becomes even more relevant in light of the ongoing cost of living crisis. Failing to address youth mental health problems will have detrimental consequences for young people, their families and wider society.

### **Accessing youth mental health services**

Despite the increasing prevalence of mental health issues and psychiatric disorders among youth populations, accessing appropriate services remains a significant challenge. Surprisingly, the Children's Society (2008) highlights that

up to 70% of young people with identified clinical mental health problems do not receive timely interventions, and around 75% of young people do not receive any mental health care at all (Paulus et al., 2016). The demand for services continues to increase, putting considerable pressure on Child and Adolescent Mental Health Services (CAMHS). Unfortunately, CAMHS has faced chronic underinvestment compared to physical health services, earning it the reputation of being the ‘Cinderella of the Cinderella service.’ In the UK, CAMHS receives less than 1% of NHS funding (Frith, 2016), trailing behind European countries (Signorini et al., 2017).

### **Supporting youth mental health in the education sector**

As health systems become increasingly stretched, there has been a shift in the approach to addressing youth mental health, whereby a multisectoral approach is favoured, including delivery of early intervention and prevention within the education system (WHO, 2021). The universal nature of the education system allows periods of prolonged interaction

with children and young people through to adulthood. This access places schools in a unique position to facilitate mental health education and make early intervention and prevention feasible. (Rutter et al., 1979).

Mental health education refers to the process of providing information, knowledge, and skills related to mental health and well-being. It is designed to promote a better understanding of mental health, mental illnesses, and emotional well-being, and to equip individuals with tools and strategies to maintain good mental health and cope with life’s challenges. Schools have the potential to promptly detect mental health problems and intervene effectively, ensuring that issues are addressed before they escalate into more significant problems (Kazdin & Johnston, 1994). Moreover, school-based approaches offer access for non-help-seeking young people, and they also remove the need to travel to clinical settings for treatment, which may be burdensome or carry social stigma (Foulkes & Stringaris, 2023).

## Current policy environment

In recent years, there has been increased recognition regarding the critical importance of addressing the mental health of children and young people

by researchers and policymakers. Several key policies, strategies, and methodologies have been formulated and are outlined below:

### 2015

In December 2015, the [Children's Service Cooperation Act](#) (the Act) was granted Royal Assent, representing a crucial legislative milestone. This Act mandates the NI Executive to prioritise and optimise the health and well-being of children and young people through collaborative cooperation among various departments and agencies.

### 2020

Aligned with the Children's Service Cooperation Act, the [Children and Young People's Strategy 2020-2030](#) was published, providing a strategic framework to guide collaborative efforts in the delivery of services that improve physical and mental health outcomes.

### 2018

The 2018 ['Still Waiting'](#) report produced by Northern Ireland Commissioner for Children and Young People (NICCY), offers a rights-based evaluation of mental health services for young people. It highlights excessive delays at multiple stages. Children and young people face prolonged waits before seeking help, encounter further delays in receiving appropriate support upon request, and experience significant waiting times for systemic and service improvements. There are 50 recommendations included in the report covering aspects of mental health services and support for children and young people. In response, the DoH has issued several Interdepartmental Action Plans and progress reports, addressing the concerns raised in 'Still Waiting'.

## 2021

The [Mental Health Strategy \(2021-2031\)](#) was launched in June 2021, in line with commitments made as part of the New Decade, New Approach agreement (NDNA, 2020). The strategy adopts a comprehensive whole-life approach, coupled with a whole-system focus, reinforcing the promotion of positive social and emotional development from infancy through childhood, including both preschool and school settings. The strategy also demonstrates a renewed commitment to providing evidence-informed interventions and support for families to ensure that children and young people get the best start in life.

## 2021

The publication of "[Keeping Children and Young People Safe: An Online Safety Strategy for Northern Ireland](#)" (2021) acknowledges the increased opportunities the online world has opened for children and young people while recognising the risks that interactions in the online world may have on mental health and wellbeing. This strategy seeks to educate and empower young people to navigate the online world safely, knowledgeably and without fear. It emphasises the importance of managing and responding to harmful online experiences while ensuring access to age-appropriate support services when needed.

## 2022

[Children and Young People's Emotional Health and Well-being in Education Framework](#) provides extensive guidelines primarily for individuals working in educational settings. Its purpose is to assist in promoting emotional health and well-being for everyone involved. The framework also underscores a holistic, multi-disciplinary approach, ensuring early and enhanced support for children and young people who may be at risk or require additional assistance.

## Aims of the Inquiry

This inquiry investigates the current provision of mental health education and early intervention in educational settings throughout Northern Ireland. It draws insights from mental health professionals, educationalists, advocacy group representatives, academics, government officials, and young people. It therefore had a number of specific objectives:

To map the extent of mental health provision available within educational settings across Northern Ireland.

Explore the existing processes involved in accessing support within educational settings across Northern Ireland.

Identify the funding provided for mental health initiatives within educational settings across Northern Ireland.

Consider the issues identified in this process and the possible implications for the future provision of mental health education and early intervention in educational settings.

# Overview of Findings

The purpose of the inquiry was to gather insights from a diverse range of perspectives, experiences, and expertise, to provide a comprehensive understanding of the current state of mental health service provision in Northern Ireland’s education sector. In preparing this report, the APG received 21 written submissions and conducted eight oral evidence sessions. During the oral evidence sessions, the APG heard from 23 stakeholders from various UK government departments and agencies and the community and voluntary sector. The inquiry also heard from several

educationalists, academics and child and adolescent mental health practitioners.

A thematic analysis approach was used to synthesise the evidence received and to identify the major themes that emerged from the inquiry. Thematic analysis allowed for systematic coding and categorisation of the data to produce a comprehensive understanding of the current mental health concerns of our children and young people, the existing policies and services available to support them and principle barriers and opportunities for reform.

**The key themes that were identified and will be discussed in this section are:**

<b>Rising mental health issues</b>	The impact of Covid-19	The impact of poverty			
<b>Policy &amp; governance</b>	Government policy	Mental health & well-being policies in schools	Mental health in the curriculum		
<b>Quality and scope of services</b>	Range of services	Education & health sector provision	In-school counselling services & therapeutic services	Community & voluntary sector provision	Quality assurance & evaluation
<b>Availability and accessibility of service provision</b>	Accessing support services	Difficulties managing demand	Difficulties accessing specialist services	Gaps in service provision	
<b>Teacher training and support</b>	Initial teacher training	Continuous professional development	Training accessibility & scalability	Teacher capacity & workload	Teacher confidence
<b>Student and parental engagement</b>	Student Voice	Family Involvement			
<b>Challenges and opportunities</b>	Addressing poor mental health literacy	Data & information sharing	Funding challenges	The case for early intervention	Best practice in other jurisdictions

There was a consensus that early intervention and prevention strategies are not just preferable but essential in tackling the rising rates of mental health issues among children and adolescents. The need for a multidisciplinary approach to address these concerns has been universally recognised. This approach demands leadership and coordinated

action from the highest levels of government, to ensure a comprehensive and unified response. Implementing a top-down approach is crucial, not only for addressing present challenges but also for fostering healthier, more resilient future generations.

# Rising Mental Health Issues

The impact of Covid-19  
The impact of poverty



## Rising mental health issues

All stakeholders highlighted a growing concern regarding the escalating mental health issues affecting children and young people in Northern Ireland. This is evident through rising rates of anxiety, depression, self-harm, and suicidal ideation discussed during the inquiry. Factors such as academic pressure, bullying, family dynamics, sex / relationships / puberty and social media are the dominant concerns of our young people.

### The impact of Covid-19

In the last four years profound societal shocks have impacted the daily lives and mental well-being of children and young people in Northern Ireland. The impact of the Covid-19 pandemic cannot be underestimated. Whilst a significant proportion of young people have maintained good mental health, with some reporting improved mental health, a significant proportion have experienced deterioration. The Kids Life and Times Survey (KLTS) and the Young Life and Times Survey (YLTS) sought views from children and young people directly. When asked about the impact of COVID-19, 41% of Primary 7 participants and 52% of 16-year-olds in Northern Ireland expressed that their mental and emotional health had worsened during the pandemic. Following the easing of lockdown restrictions, educational professionals have witnessed first-hand the consequences of this unprecedented crisis, further exacerbating the existing youth mental health challenge.

“*Teachers will describe how in a form class prior to COVID they might have had two kids that they had to keep a close eye on, needed to offer five minutes to every couple of days. Post COVID, teachers are telling me it’s 15, 16 kids in a class of 30. Where are they finding the time to do that?*”

Maggie McGurgan, Royal College of Psychiatrists, Northern Ireland

### The impact of poverty

The intersection of poverty and mental health among children and adolescents is another pressing concern, particularly in the context of austerity and the cost-of-living crisis. Economic hardships have intensified the challenges faced by families, especially those already living in poverty and those working families who have been pushed below the poverty line.

*“Children are more likely to be living in poverty than any other age group, with 1 in 4 children in Northern Ireland growing up in poverty. No matter how much parents and carers might try to shield children from the stress and fear of poverty, children can pick up on an adult’s distress and anxiety, and with the cost-of-living crisis dominating headlines, children are keenly aware of the environment they are living in”.*

Trása Canavan, Barnardo’s NI

Insufficient financial resources can limit access to mental health services, educational opportunities, and extracurricular activities, in turn, impacting the overall well-being of young people. Children and adolescents in poverty may experience heightened stress, anxiety, and emotional difficulties. This is evident in the results of the Youth Well-being & Prevalence Survey. When the 20% most deprived areas were compared to the 20% least deprived areas, there were higher rates of emotional and behavioural problems (16.5% vs 7.8%), emotional symptoms (18.1% vs 10.6%), conduct problems

(13.3% vs 6.0%), hyperactivity (19.6% vs 9.9%) and peer problems (5.1% vs 3.7%) (Bunting et al., 2020).

Evidence provided by Siobhan O’Neill, the Mental Health Champion, referenced research carried out by Yang and colleagues (2022) who found that many families are unable to provide meals for children. Given the growing body of literature evidencing an association between food insecurity and rising mental health problems, the provision of free school meals to all children should be considered as an investment to support mental health and well-being.

**Table 1: Emotional & behavioural problems and poverty**

	Most deprived areas	Least deprived areas
<b>Emotional and behavioural problems</b>	16.5%	7.8%
<b>Emotional symptoms</b>	18.1%	10.6%
<b>Conduct problems</b>	12.3%	6.0%
<b>Hyperactivity</b>	19.6%	9.9%
<b>Peer problems</b>	5.1%	3.7%

Source: Bunting et al., 2020

# Policy & Governance

Government policy

Mental health & well-being  
policies in schools

Mental health in the curriculum



# Policy & Governance

## Government policy

### *10-Year Mental Health Strategy*

In response to rising mental health and well-being concerns, and in recognition that mental ill health is one of the greatest challenges facing both society and services, the DoH published the 10-year Mental Health Strategy (Department of Health, 2021). The strategy is person-centred, takes a whole life approach and aims to ensure long term improved outcomes for the mental health of our population, including children and young people. The strategy sets out 35 actions under three overarching themes:

1. promoting mental well-being, resilience, and good mental health across society;
2. providing the right support at the right time; and
3. new ways of working.

Gavin Quinn, from the DoH outlined several prioritised actions related to the mental health and well-being of children and young people:

**Action 1:** Increase public awareness of the distinction between mental well-being, mental ill health, and mental illness, encouraging public understanding and acceptance of how life can impact upon mental well-being, and recognition of the signs of mental ill health and mental illness.

**Action 2:** Create an action plan for promoting mental health through early intervention and prevention, with year-on-year actions covering a whole life approach, reaching from infancy to older age.

**Action 10:** Increase the funding for CAMHS to 10% of adult mental health funding and improve the delivery of the stepped care model to ensure it meets the needs of young people, their families, and their support networks.

**Action 11:** Ensure that mental health services adequately address the requirements of infants and prioritise the needs of vulnerable children and adolescents when developing and improving CAMHS, putting in place a 'no wrong door' approach.

**Action 12:** Develop proposals for transitions between CAMHS and adult mental health services, engaging widely with all relevant stakeholders.

The implementation of the [Mental Health Strategy](#) will be facilitated by way of Annual Delivery Plans with estimated costs at £1.2b over the next ten years. Significant advancements have been achieved in the implementation of the 2022/23 delivery plan.

Additional investment has already been provided through the DoH to implement a range of new initiatives and to enhance existing service provision across CAMHS including a regional psychiatric intensive care unit at Beechcroft Child and Adolescent Mental Health Unit. This facility will ensure young people who require high intensity support have access to the right care, at the right time.

In anticipation of future investment, work is underway to identify priority areas in CAMHS where future investment should be allocated.

A key area of delivery has been a focus on distinguishing between mental well-being and mental ill health (Action 1). The Public Health Agency (PHA) has led the development of a three-year action plan focusing on mental health literacy and promotion, early intervention and prevention. The actions being taken forward include establishing a public mental health learning network with training for early intervention and prevention across all sectors, at all levels. Supportive environments will be created in daily activity settings like schools, colleges, workplaces, and hospitals. The plan has been co-produced with a wide range of stakeholders, including those from the community and voluntary sector, ensuring diverse input and perspectives. The PHA is currently establishing structures to support the delivery of the plan.

### ***Children and Young People’s Emotional Health and Well-being in Education Framework***

Aligning with the Mental Health Strategy, the Children and Young People’s Emotional Health and Well-being in Education Framework (2022) was launched jointly by the Department of Education (DE) and the DoH. This framework advocates a “whole school” approach to well-being, emphasising the establishment of a nurturing and supportive environment within educational settings, and that staff are

cognisant of the impacts of childhood adversity and able to respond using trauma informed practice. The framework places a strong emphasis on early support and intervention, adopting a holistic and multidisciplinary methodology. It incorporates a range of initiatives designed to promote mental health and provide timely intervention and treatment for children and adolescents facing mental health challenges. The approach ensures a comprehensive and coordinated effort in addressing the mental health needs of young people.

“*The [Children and Young People’s Emotional Health and Well-being in Education] framework is very much based on the research and that research shows that universal promotion of emotional health and well-being is more effective than targeted support directed solely at those considered to be high risk groups.*”

Claire McClelland, Department of Education

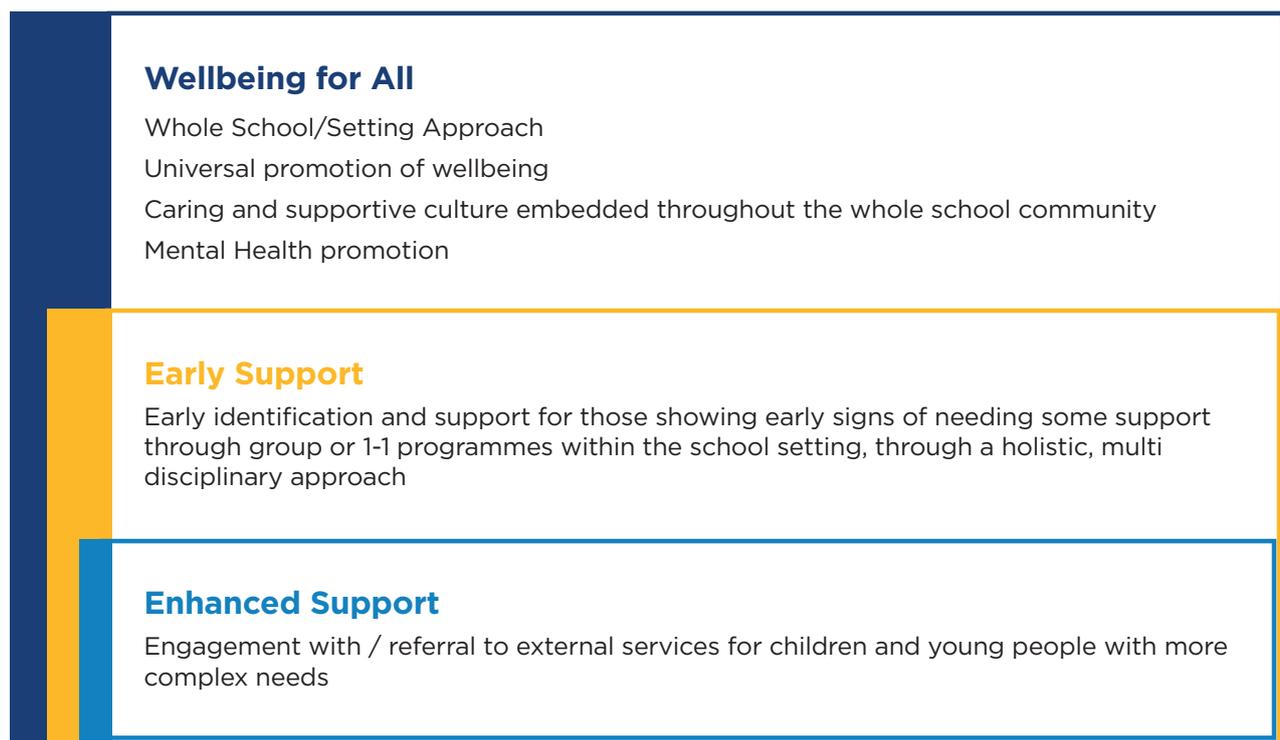
The framework aims to empower and support young people in managing their emotional health and well-being, while also providing early identification and effective intervention for those who are struggling. To achieve these objectives, an integrated model of care has been developed, emphasising early identification and support. By prioritising these measures, the framework aims to prevent mental health crises and reduce the need for costly specialist mental health services. The model of support underpinning the framework is structured in three tiers. Each tier is designed to address the varying needs of students and to ensure appropriate support is provided based on the intensity and complexity of a student’s mental health concerns, as shown in Figure 1.

**Tier 1: Well-being for all:** universal programmes are delivered at a whole school level or class level and focus on well-being, development of emotional literacy, conflict resolution and resilience.

**Tier 2: Early support:** selective interventions target psychological distress of those who are at an increased risk of developing mental ill health before they reach crisis point.

**Tier 3: Enhanced support:** indicated interventions are more intensive and are provided by mental health practitioners. Indicated interventions deliver a reactive response to support students presenting with a mental health condition.

**Figure 1: Model of Support presented in the Department of Health & Department of Education’s Emotional Health and Well-being in Schools Framework (Feb 2021)**



## Mental health & well-being policies in schools

There is a disparity in school policies related to pupil mental health and well-being across Northern Ireland. Research presented by Nicole Bond from the Office of the Mental Health Champion, highlighted significant variations in what school leadership teams are prioritising. One notable finding is that the only policy consistently present across all schools is related to bullying. This is likely due to the introduction of the Addressing Bullying in Schools Act (Northern Ireland) 2016, which required all schools to have an anti-bullying policy in place by

September 2019. Many schools have policies related to drug/alcohol use, online safety and child protection and safeguarding etc., as outlined in Table 2. However, when it comes to areas highlighted within the framework, specifically mental health and well-being, adverse childhood experiences (ACES) and trauma-informed practice, many schools don't have specific policies. Half of schools have a mental health and well-being policy. Only 20% of schools have policies addressing ACES, and just 37% have policies for trauma-informed practice. This lack of focus on these important areas can have a significant impact on student well-being.

**Table 2: Policy availability and distribution across schools**

Policy area (n=64)	Is this area covered in your school's policy, protocols, or procedures?		Has this information been distributed to all staff, including support staff?	
	Yes (n)%	Missing (n)%	Yes (n)%	Missing (n)%
<b>Bullying</b>	64 (100%)	-	60 (93.8%)	3 (4.7%)
<b>Online safety</b>	63 (98.4%)	1 (1.6%)	57 (89.1%)	4 (6.3%)
<b>Trauma informed practice</b>	24 (37.5%)	3 (4.7%)	20 (31.3%)	23 (35.9%)
<b>Adverse childhood experiences (ACES)</b>	13 (20.3%)	3 (4.7%)	9 (14.1%)	22 (34.4%)
<b>Suicide awareness</b>	49 (76.6%)	1 (1.6%)	38 (59.4%)	15 (23.4%)
<b>Pupil drug / alcohol misuse</b>	61 (95.3%)	2 (3.1%)	47 (73.4%)	10 (15.6%)
<b>Self-harm</b>	52 (81.3%)	2 (3.1%)	42 (65.6%)	14 (21.9%)
<b>Child protection and safeguarding</b>	63 (98.4%)	1 (1.6%)	57 (89.1%)	7 (10.9%)
<b>Mental health and well-being</b>	50 (78.1%)	2 (3.1%)	40 (62.5%)	14 (21.9%)
<b>Parental or family risk factors</b>	30 (46.9%)	4 (6.3%)	21 (32.8%)	18 (28.1%)

Source: Bond, 2022

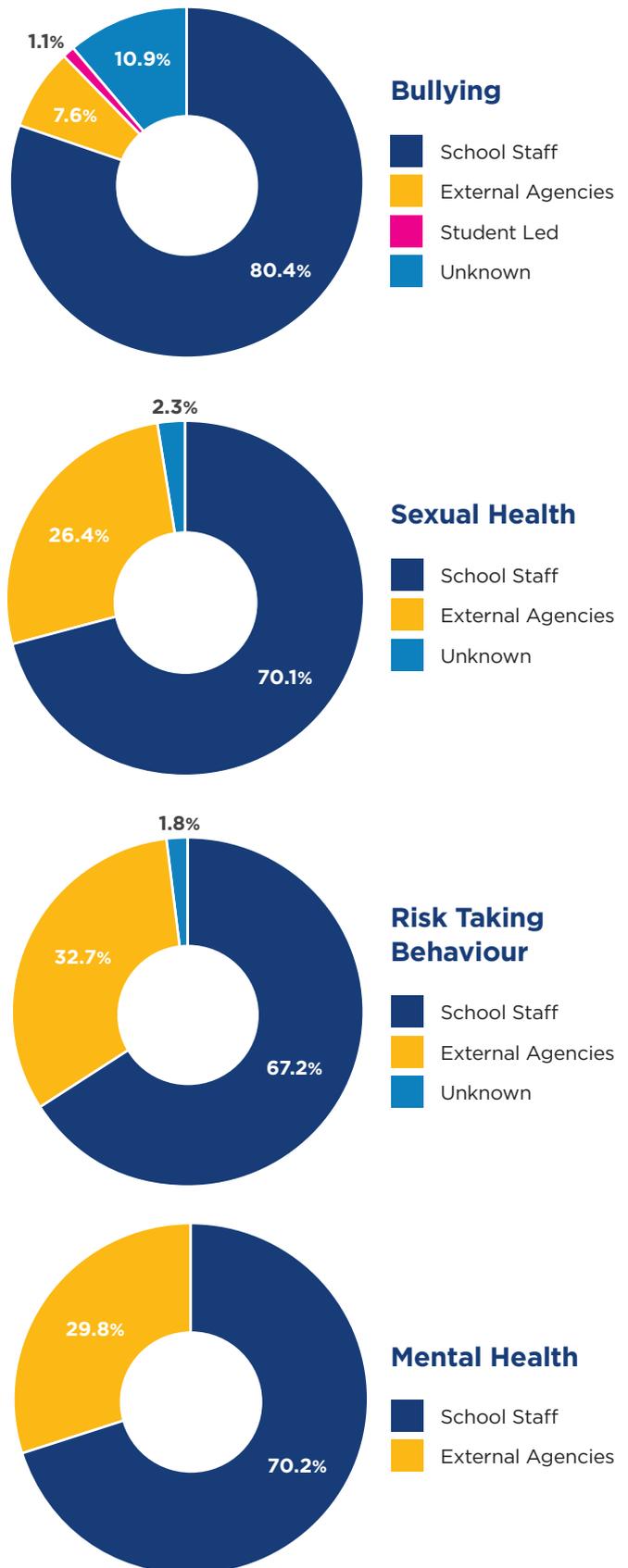
Furthermore, not all schools provide policy information to teachers and support staff even though teachers are more likely to be responsible for delivery (see figure 2). Such lack of standardised policies and inadequate distribution means teachers are left to navigate complex issues without appropriate guidance. Mental health and well-being are left to the discretion of individual school leadership. When a school's performance is evaluated primarily on academic achievement, this often leads to mental health and well-being taking a backseat.

Enforcing standardised policies and elevating the importance of mental health and well-being in tandem with academic achievement represents a valuable approach. Schools should be spaces that foster holistic development, enabling young people to grow emotionally, socially, and intellectually. Some witnesses suggested a radical shift in the perspective and essence of the education system, urging scrutiny by ETI or EQIA to assess a school's capacity in cultivating the conditions necessary for nurturing the well-being of young people. Such evaluations would create a more equitable and supportive environment for all pupils.

“It's [about] changing how we see education [...] Is it a building that people go to learn ABCs? Or is it somewhere where young people have the space to grow as people, to become the best version of themselves.”

Nicole Bond, Office of the Mental Health Champion

**Figure 2: Persons responsible for provision delivery in schools**



Source: Bond, 2022

## Mental health in the curriculum

Mental health and well-being classes are not a mandatory requirement within the school curriculum, however, there are two areas across the curriculum where mental health and well-being are addressed:

**Personal Development and Mutual Understanding (PD&MU):** In primary schools, PD&MU is divided into two main topics: Personal Understanding and Health, and Mutual Understanding in the Wider Community. The programme evolves as children progress through different stages of education, beginning with exploring feelings and emotions in the Foundation Stage, understanding how actions affect others in Key Stage 1, and learning about managing a range of feelings and emotions in Key Stage 2.

**Learning for Life and Work (LLW):** In secondary schools, the curriculum includes LLW, which builds on the principles learned in PD&MU. It covers four areas: employability, local and global citizenship, personal development, and home economics (the latter being part of Key Stage 3 only). The personal development component of LLW focuses heavily on well-being, encouraging students to explore and express a sense of self and manage emotions and reactions to life experiences as they progress from Key Stage 3 to Key Stage 4.

*“The focus is on encouraging children and young people to become personally, emotionally and socially effective, and help them to lead healthy, safe and fulfilled lives so that they will become independent, confident learners”.*

Sheila Gamble, Education Authority

There were repeated calls for mental health to be provided as a core part of the school curriculum over the course of the inquiry. This will ensure that all young people have sufficient vocabulary to talk about their emotional well-being and mental health, know how to look after their mental health, understand the help available and how to access it. It was also noted that pupils do perceive differences in mental health education and well-being support across schools.

The discretionary approach to policy and mental health in the curriculum results in a varied landscape of mental health education and support, leading to different experiences and outcomes for pupils. Moreover, if schools are not providing mental health education, young people may seek information independently, exposing them to potential misinformation and unregulated advice that may not be suitable for their individual needs.

*“[mental health and wellbeing] are not mandatory, [teachers] are going to leave bits out, and as far as access for our young people from one school to the next, and from conversations we’ve had with young people since, they recognise it. They know that one school has some resources that another school doesn’t, and this presents a challenge [...] Our young people know when they’re getting different information. If they’re not getting it in the school setting, they’ll search for it somewhere else. They’ll search for it among their peer group, they’ll search for it online. Wherever, we need to make sure that it’s consistent and safe information”*

Nicole Bond, Office for the Mental Health Champion

# Quality & Scope of Services

Range of services

Education & health sector provision

In-school counselling services  
& therapeutic services

Community & voluntary sector provision

Quality assurance & evaluation



# Quality & Scope of Services

## Range of services

Mental health provision within the education setting encompasses a broad spectrum of services and interventions aimed at supporting the psychological well-being of pupils. The focus is to offer practical tools and strategies to help pupils manage their mental well-being. These supports cover a wide range of topics, such as mental health awareness, emotional recognition, and regulation, coping skills, empathy, resilience, and help-seeking. There is an emphasis on addressing issues directly related to young people's mental health and emotional well-being, such as bullying, self-esteem, exam stress, sex, drugs, smoking, alcohol, and other health related issues.

A multitude of strategies are used to address the diverse needs of pupils, whether through group activities or individual sessions. Common approaches encompass creative therapies like play, art, drama, and music which offer pupils alternative, expressive avenues to manage emotional difficulties. Traditional counselling and psychological services provide a more direct and personal form of mental health support, often involving

one-on-one sessions with accredited counsellors. Workshops are frequently conducted to cover various mental health topics in an interactive and engaging manner. To further support these efforts, resources are available in various formats, including print materials, digital downloads, and websites. These resources typically contain educational content, self-help tools, and guidance for managing various mental health issues, allowing pupils to access support privately and at their convenience.

The delivery of mental health provision is provided by various professionals. Teachers play a crucial role in offering initial support and guidance, often acting as the first point of contact for pupils facing challenges. For more specialised support, accredited counsellors, therapists, and other mental health professionals are involved, bringing their expertise to address more complex needs. Together, this multidisciplinary approach aims to ensure a comprehensive and holistic support system for pupils, catering to a wide range of mental health needs within the educational setting.

## Education & health sector provision

Several services and programmes have been implemented under the Children & Young People's Emotional Health and Well-being in Education Framework. Based on the model of support detailed within the framework, these programmes provide various levels of support, from universal initiatives to more targeted interventions for those with specific needs. These include:

**Text-a-Nurse:** A confidential text messaging service that allows young people aged 11-19 to seek advice and support regarding sensitive health issues without a face-to-face appointment. School nurses will provide help on a range of issues via the secure ChatHealth web platform. The service operates between Monday and Friday, 9am-5pm and 100% of messages are responded to within 24 hours. In 2022, 7,761 text messages were received and over 10,000 responses covering a broad range of issues such as sexual health, substance misuse, sleep, weight management, online safety, and bullying. The service has also been rolled out to parents, carers, and school staff as of February 2023.

### **REACH (Resilience in Education, Assisting Change to Happen):**

Launched in April 2021, this programme targets 6-19-year-olds and seeks to enhance positive emotional health, increase readiness for learning, and build resilience. There's a key focus on preventing and reducing mental health issues. Over 13,000 people have benefited from REACH to date.

### **RISE NI (Regional Integrated Support for Education):**

This is an expansion of the health-led multi-professional early intervention team, helping children up to primary 7 develop the foundation skills for learning, i.e., speech, language, communication, sensory-motor, visual perception, social, emotional and behaviour skills.

### **School Nursing Pilot:**

This is a PHA led pilot programme operating in five post-primary schools across each health trust in Northern Ireland. A school nurse is placed in each participating school to identify the physical and emotional health needs of pupils and explore innovative ways to meet these.

“*This year to date [March 2023], there's been over 285 support requests [from schools] completed and there's another 92 in progress. 13,056 young people have been involved in that REACH so far [...] a significant number of young people the programme has been able to assist.*”

Claire McClelland, Department of Education

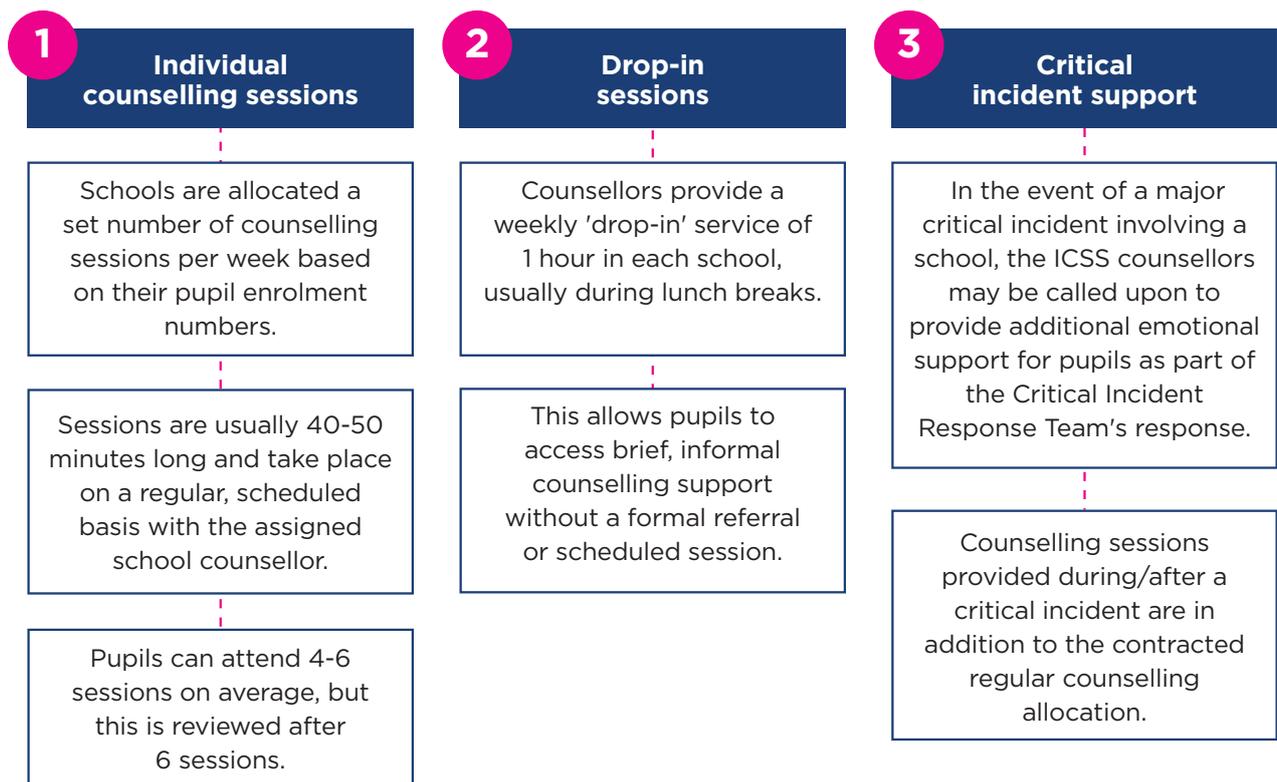
## In-school counselling services & therapeutic services

Northern Ireland has been at the forefront of implementing evidence-based school counselling and therapeutic services in both secondary and primary educational institutions. Northern Ireland was the first nation within the British Isles to implement a programme of publicly funded post primary counselling provision in 2007, and the first to introduce a funded pilot programme for primary schools in 2021. These pioneering initiatives have served as a model for similar programmes elsewhere. Wales introduced secondary school counselling in 2008, followed by Scotland in 2018. More recently, the Republic of Ireland has established a pilot programme for primary school counselling following the allocation of €5m in 2022. In England, there are calls to support the development of government funded

counselling and therapeutic services in schools and colleges. Outside of the UK and Ireland, the Irish Association for Counselling and Psychotherapy (IACP) reports that school-based counselling services are established in over 60 countries and are mandated in 40.

### Post Primary Counselling Provision

The DE has supported a specialised counselling and therapy service for students in secondary and special schools. Known as the Independent Counselling Service for Schools (ICSS), it serves as an essential component of schools' pastoral care, offering high-quality therapeutic support. The service's foundation was influenced by the Bamford Review (2006) and its subsequent action plan, emphasising mental health promotion and prevention in educational settings. Three main levels of counselling provision are available to schools (ICSS, 2020).



The service is provided under contractual arrangements by organisations who have been selected via a public tendering process. This ensures counselling services are entrusted to organisations that demonstrate the necessary qualifications and expertise, such as Action Mental Health, Barnardo's NI, Family Works, Relate NI, or approved independent service providers.

“*You're like an occupational therapist but for feelings and friendships - you stick hearts back together and make pictures to help me make friends.*”

Verbal evidence, BAAT via  
Happy Healthy Minds

### **Primary School Counselling Provision**

Primary school counselling has been operating on a small scale in Northern Ireland since the early 2000s, mainly within schools most affected by the Northern Ireland conflict. It wasn't until 2021, that the Healthy Happy Minds (HHM) therapeutic and counselling services pilot provided a procurement framework and investment to extend the benefits of school counselling and therapy across Northern Ireland. This pilot programme was universally welcomed by children, young people, parents, teachers, school leaders and politicians from all parties when launched during the Covid-19 pandemic. In addition to counselling, the Healthy Happy Minds offering uses a 'toolkit' approach combining creative therapeutic

approaches by trained art, music, drama and play therapists, alongside counselling to address the diverse needs of different pupils. For example, some children benefit from the specialist creative and symbolic multi-sensory approach of art therapy, which enables processing of pre-verbal, non-verbal, verbal, and somatic issues. Other children benefit from talking therapy. These methods are combined in a personalised way for children to maximise intervention outcomes.

### **Community & voluntary sector provision**

The community and voluntary sector play a crucial role in supporting mental health and well-being in educational settings under tier 1 and tier 2 interventions. Their involvement complements the services provided by the education and health sectors. The breadth of educational programmes and workshops focusing on mental health awareness, teaching coping skills, stress management and resilience building techniques, reflect a strong commitment to prevention and early intervention. Programmes and services for children and young people presented during the inquiry by the community and voluntary sector are detailed in Table 3.

**Table 3: Programmmemes and initiatives for children and young people presented during the inquiry**

Programmeme / Initiative	Provider	Category	Description of programmeme / Initiative	Funding source	Find out more
<b>The Blues Programmeme</b>	Action for Children	Tier 2	A school-based programmeme for 13-19-year-olds, based on cognitive-behavioural therapy, that over six weeks teaches mental well-being, managing low mood and anxiety. It also emphasises the importance of talking about mental health and equips students with strategies to handle emotional challenges.	Corporate sponsorship	<a href="#">Helping young people with mental health   The Blues Programmeme   Action For Children</a>
<b>Little Healthy Me (KS1)</b> <b>Healthy Me (KS2)</b>	Action Mental Health	Tier 1	For 4-7 year olds (KS1) and 8-11 year olds (KS3), the programmeme uses play and song to teach mental health, healthy lifestyles, and support pathways. It focuses on promoting mental health, social, emotional well-being, and self-help. Delivered in three interactive 3-hour workshops by AMH MensSana workers, it also offers a 1.5-hour session for parents, carers, and staff, both in-person and online, covering mental health awareness, self-care, and support sources.	Peace IV, Public Health Agency, corporate sponsorship, voluntary donations and public fundraising	<a href="#">Little Healthy Me   Action Mental Health</a> <a href="#">Healthy Me   Action Mental Health</a>
<b>Healthy Me Special Needs Schools</b>	Action Mental Health	Tier 1	Developed in response to schools' need for support with students having neurodevelopmental conditions like autism and autism and attention deficit hyperactivity disorder (ADHD), this programmeme promotes positive well-being. Created with the Southern Trust Intellectual Disability CAMHS team, it informed the post-primary "Healthy Me Level Up" and "Provoking Thought" programmemes for special needs schools.		
<b>Healthy Me Level Up</b>	Action Mental Health	Tier 2	Healthy Me Level Up takes the Health Me programmeme to the next stage. It is targeted to pupils who are showing anxiety, or those not able to pick up the key messages in the universal programmeme. The programmeme involves 4 sessions over 4 weeks exploring self-esteem, self-expression, anxiety and confidence.	School funds	
<b>Healthy Heroes</b>	Action Mental Health	Tier 1	A year-long programmeme for primary 7 pupils delivered by AMH Project Workers, focusing on coping with the transition from primary to secondary education. It addresses anxiety, stress, change management, self-esteem, courage, confidence, learning differences, and friendship.	School funds	<a href="#">Healthy Heroes   Action Mental Health</a>
<b>Provoking Thought</b>	Action Mental Health	Tier 1	A 90-minute mental health awareness workshop for 11-25 year-olds in post-primary and further education settings, focusing on enhancing mental health, resilience. It explores issues around mental health, emotional well-being, the importance of early intervention, and sources of support.		<a href="#">Provoking Thought   Action Mental Health</a>
<b>Provoking Thought (Bespoke)</b>	Action Mental Health	Tier 1	Following on from delivery of the core workshop, schools can access a suite of bespoke and targeted programmemes for young people that address a broad variety of topics such as exam stress, body image, bullying and social media.		
<b>Mindset 14-17 and 18+</b>	Action Mental Health	Tier 1	Mindset is a mental and emotional health and well-being awareness programmeme for young people, 14-17 years and adults. programmemes are delivered in all youth & community settings across all Health Trust areas for groups of 8-20 people. The programmeme aims to raise awareness of signs and symptoms of mental ill health, promote self-help/resilience techniques and how to maintain a safe level of positive mental/emotional health and well-being promote self-care. Signposting to support organisations is provided locally and regionally.	Public Health Agency	<a href="#">Mindset   Action Mental Health</a>

Programmeme / Initiative	Provider	Category	Description of programmeme / Initiative	Funding source	Find out more
<b>Our Generation - Better Together programmeme</b>	Action Mental Health	Tier 1	This is a dynamic four-week initiative, is designed for selected P6 and P7 students and is implemented by AMH on behalf of the Special EU programmemes Body (SEUPB). Its goal is to enhance listening skills among children, fostering mutual support, respect for diversity, and the importance of kindness, empathy, and friendship in overall well-being. The programmeme's sustainability is ensured by training selected teachers from each school to continue its delivery beyond the project's duration.	Peace IV programmeme	<a href="#">Better Together - Our Generation</a>
<b>Our Generation - Mental Health Ambassador programmeme</b>	Action Mental Health	Tier 1	Mental Health Ambassador is a 6-week programmeme for 16-24 year olds. The programmeme aims to establish a network of volunteer ambassadors within education, youth and community settings to support people who are experiencing mental health problems by getting people talking about mental health more positively & removing stigma, raising awareness of mental health problems including signs & symptoms as well as promoting self-help strategies and signposting. Key contacts of the young people must complete the Train the Facilitator programmeme designed to help young people plan, implement, maintain and deliver peer listening/peer mentoring or MH Ambassador programmemes.	Peace IV programmeme	<a href="#">Mental Health Ambassadors 16+ - Our Generation</a>  <a href="#">Train the Facilitator - Our Generation</a>
<b>Our Generation - Peer Mentoring programmeme</b>	Action Mental Health	Tier 1	The peer mentoring programmeme is tailored for young people aged 12-15 who have an interest in assisting others. It focuses on teaching them how to be effective friends and peers, distinguishing between positive and negative friendships. The programmeme emphasises the development of communication skills, recognizing signs of distress in others, and responding appropriately to such situations. Additionally, key contacts for these young people are required to complete the 'Train the Facilitator' programmeme. This programmeme equips them to effectively plan, implement, maintain, and deliver peer listening, peer mentoring, or Mental Health Ambassador programmemes, ensuring the guidance provided to young people is both impactful and sustainable.	Peace IV programmeme	<a href="https://ourgeneration-cyp.com/ourgen/programmes/peer-mentoring/">https://ourgeneration-cyp.com/ourgen/programmes/peer-mentoring/</a>  <a href="#">Train the Facilitator - Our Generation</a>
<b>Mood Matters (Young People)</b>	Aware	Tier 1	The programmeme targets individuals aged 14-18 and is grounded in cognitive behavioural principles. It aims to equip young people with knowledge and skills for sustaining good mental health and enhancing resilience. Delivered by experienced trainers, the programmeme can accommodate up to 30 participants at a time. It includes workbooks specifically designed for school settings, and its content aligns well with school curriculum, ensuring a seamless integration into educational environments.	Public Health Agency	<a href="https://aware-ni.org/MMYP">https://aware-ni.org/MMYP</a>
<b>Paws b programmeme</b>	Aware	Tier 1	Aware, in collaboration with the Mindfulness in Schools Project (MISP), offers a specialised programmeme for children aged 7-9 years. This programmeme includes a series of six one-hour sessions, conducted by qualified trainers specifically for Primary 6 & 7 students. The focus is on imparting life skills that promote happiness, confidence, and improved concentration in children.		<a href="#">Aware NI - Mindfulness in Schools Project</a>
<b>The PATHS* programmeme for Schools (UK Version)</b>	Barnardo's NI	Tier 1	The PATHS* programmeme for Schools (UK Version & NI Version) is a universal, evidence-based, social and emotional learning schools programmeme for 4-11 years. It aims to empower children by developing essential social and emotional learning skills, which are crucial for making positive life choices. The programmeme emphasises five key areas of social and emotional development: self-control, emotional understanding, positive self-esteem, relationships, and interpersonal problem-solving skills.	School funds	<a href="#">PATHS* programmeme</a>

Programmeme / Initiative	Provider	Category	Description of programmeme / Initiative	Funding source	Find out more
<b>Time 4 Me</b>	Barnardo's NI	Tier 2	Barnardo's independent school counselling and wrap-around service offers comprehensive support, focusing on enhancing emotional well-being and academic potential. This service is provided across Belfast, South Eastern, Northern, and Southern HSCT regions. It's designed to benefit students in primary, special, and post-primary schools by addressing their emotional and learning needs.		<a href="#">School Based Counselling Services   Barnardo's</a>
<b>Botvin LifeSkills</b>	Barnardo's NI	Tier 1	Delivered to children aged 8-14 years in both primary and post-primary schools, this programmeme adopts a proactive approach to youth development. It aims to equip young people with age-appropriate information and vital skills, knowledge, and experiences. The core objective is to empower them to make informed and healthy life choices, focusing on prevention and personal growth.		<a href="#">LifeSkills Training   Barnardo's</a>
<b>Child Bereavement Service</b>	Barnardo's NI	Tier 2	This specialised support programmeme is designed to assist children and young people who are dealing with the loss of a loved one. Included in the service is grief counselling and group support sessions. Family support is also provided. Educational workshops for children and their families are offered.		<a href="#">Child Bereavement Service General   Barnardo's</a>
<b>Imagine if</b>	Family works	Tier 2	This school service offers private counselling sessions and training to all schools including Primary, Special & Post Primary Schools.	School funds	<a href="#">Primary Schools</a>
<b>Ask Twice</b>	Lighthouse	Tier 1	This project provides support for vulnerable young people aged 13-25 who live in Belfast. These services are delivered by a qualified youth worker and counsellor in a variety of youth settings and include mentoring programmemes, group work and outdoor residentials. Wellbeing and awareness workshops are offered in schools as well as youth settings across Belfast.	Pilgrim Trust	<a href="https://lighthousecharity.com/support/self-referral/youth-support">https://lighthousecharity.com/support/self-referral/youth-support</a>
<b>Suicide Postvention programmes</b>	Lighthouse	Tier 2	Lighthouse provides essential support to school communities grappling with the aftermath of a suicide. This service focuses on the emotional and psychological well-being of students, staff, and others impacted by such a tragic event. The support offered is both immediate and long-term, tailored to each school's specific needs. Key elements of this service include both individual and group counselling, careful and sensitive communication about the suicide, and training for teachers and staff on recognizing and assisting those at risk. This comprehensive approach aims to help school communities navigate through their grief while fostering a resilient and supportive environment.		
<b>Beyond Bricks</b>	MindWise	Tier 1	Utilising Lego® Based Play, this programmeme adopts a 'recovery to discovery' methodology to improve children's mental health and well-being. This innovative programmeme concentrates on five critical areas: coping, self-awareness, motivation, social resilience, and self-control. It involves a five-week interactive course conducted in schools, where students engage with the activities under the joint guidance of their teachers and trained Beyond Bricks Associates. This hands-on approach not only makes learning fun but also significantly contributes to the development of important life skills in pupils.	Corporate sponsorship	<a href="#">Beyond Bricks - Lego-Based Play For Schools In Belfast</a>

Programmeme / Initiative	Provider	Category	Description of programmeme / Initiative	Funding source	Find out more
<b>Bloom</b>	MindWise	Tier 1	Delivered by MindWise on behalf of Mental Health UK, this programmeme targets 14-18-year-olds, aiming to bolster their mental health resilience. It covers a range of relevant topics, including exam stress, bullying, social pressures, future planning, managing stress, and achieving a healthy work-life balance. The programmeme not only benefits students but also involves training for teachers, equipping them with the course content and teaching resources. This ensures the programmeme's sustainability, allowing for its continued implementation within schools	Corporate sponsorship	<a href="#">Bloom - Mental Health UK</a>
<b>Childline</b>	NSPCC	Tier 2	Childline provides targeted, individualised support to children and young people who are experiencing distress or are in need of immediate emotional support. This service, confidential and freely accessible, can be reached either by phone or online, providing a safe space for those in need of immediate emotional assistance. Additionally, their website is a valuable resource, offering a wide range of information and guidance to help young individuals understand their issues better. It also provides tools to help them effectively express their feelings.	Department of Education & Department of Health	<a href="#">Childline</a>
<b>Speak Out, Stay Safe</b>	NSPCC	Tier 1	Speak out Stay safe is a safeguarding programmeme consisting of assemblies and workshops, for children aged 4-11 years. It is available to all primary schools in Northern Ireland. It helps children understand abuse in all its forms and how to recognise the signs of abuse, that abuse is never a child's fault and they have the right to be safe. The programmeme advises children what to do if they are ever made to feel scared or worried by something.		<a href="#">Speak out Stay safe   NSPCC</a>
<b>Keeping Safe</b>	NSPCC	Tier 1	This programmeme is an extensive, whole-school initiative aimed at children aged 4-11 years. It educates them on recognizing abusive behaviours and bullying. Importantly, this programmeme is inclusive, extending its delivery to schools that cater to children with special educational needs and disabilities (SEND), as well as those with additional support needs. This approach ensures a wide-reaching impact, fostering awareness and safety among a diverse student population.	Department of Education & NSPCC	<a href="#">Keeping Safe: cluster randomised trial evaluation   NSPCC Learning</a>
<b>In-school Toolkit - (KS1)</b>	Pure Mental	Tier 1	This educational toolkit for teachers, consists of both physical and digital materials aimed at enhancing emotional understanding in young children. It features various components including a 'Glossary of Feelings', a 'Calming Yourself' booklet, and an extensive activity book. These resources offer an array of activities, lessons, and stories, all designed to engage children in learning about emotions, mental health, and the well-being of their peers. The toolkit's comprehensive approach helps children develop a deeper understanding of these crucial aspects in a child-friendly and interactive manner.	Education Authority	<a href="https://www.puremental.org/toolkits">https://www.puremental.org/toolkits</a>
<b>Sustaining Healthy Relationships</b>	Relate NI	Tier 1	This programmeme steers young people towards healthier relationship choices, aiming to reduce harmful behaviours like unsafe sex, crisis pregnancies, and sexually transmitted infections. It is informed by UNESCO's 2018 guidelines on sexuality education and has been vetted by the Public Health Agency for efficacy and relevance. With flexible delivery options—from a single 90-minute workshop to multiple 2-hour sessions—it's tailored to meet diverse needs.	Dormant Accounts Fund & TNL Community Fund	<a href="#">Sustaining Healthy Relationships   Relate NI</a>

Programmeme / Initiative	Provider	Category	Description of programmeme / Initiative	Funding source	Find out more
<b>Seamless Transition Through Education project (STEP)</b>	Relate NI	Tier 1	This early intervention programmeme offers a range of essential support to families and children in the South Belfast area. The project aims to support children and young people to get the best start in life, to reduce anxiety at different developmental stages such as transition to primary school and secondary school.	Forward South Partnership	<a href="#">Seamless Transition through Education - Forward South</a>
<b>Moving On, Moving Up (MUMO)</b>	Relate NI	Tier 1	Relate NI works in partnership with The Moving Up, Moving On (MUMO) Project to provide counselling support in two Primary schools and family support in West Belfast. Parent support can also be offered in Relate NI offices.	Big Lottery Fund	<a href="#">MOVING UP MOVING ON (MUMO)</a>
<b>Golden Threads</b>	Relate NI	Tier 1	Delivered in youth and community settings in the Armagh City, Banbridge & Craigavon Council Areas, this programmeme promotes healthy relationships by exploring a range of themes including relationships and mental wellbeing, boundaries, attachment styles and communication skills.	Department of Health & Community Foundation NI	<a href="#">Golden Threads - Relationship Support, Improved Mental Wellbeing</a>
<b>Full Service Community Network</b>	Catholic Council for Maintained Schools (CCMS)	Tier 1 & 2	This project operating under 'Tackling Educational Disadvantage' in West Belfast is an initiative aimed at transforming schools into community hubs that provide a wide range of services and support, not just to students but also to their families and the broader community.	Department of Education	<a href="#">FSCN - Full Service Community Network, Belfast</a>
<b>IWired for Wellbeing</b>	St. Patrick's Grammar School, Downpatrick	Tier 1	This programmeme for aged 12-15 teaches students to understand and enhance their own well-being through a range of evidence-based strategies and skills. The programmeme is drawn from the fields of Positive Psychology and Neuroscience, in order to develop positive well-being habits for life.	School funds	<a href="#">Books and programmemes - Fiona Forman</a>
<b>Peer Mentoring</b>	Streetbeat Youth Project	Tier 1	Streetbeat Youth Project and YEHA have collaborated with seven North Belfast post-primary schools to implement a peer mentoring programmeme aimed at addressing mental health issues, risky behaviours, and academic underperformance. Senior students complete an accredited OCN Level 2 in Peer Mentoring and undertake mental health awareness programmemes. The peer mentors are supported by trained youth workers.	Urban Villages	<a href="#">Mentoring - Streetbeat Youth Project</a>

## **Quality assurance & evaluation**

Quality assurance refers to the systematic process of monitoring, evaluating, and improving the delivery of interventions. A clear need emerged for further research to establish which school-based interventions work to promote well-being and prevent mental illness. Both Siobhan O’Neill, Mental Health Champion and Maggie McGurgan from the Royal College of Psychiatrists issued caution to those in the education sector when considering which of the many available mental health interventions to use. It is important that counselling and creative therapies are carried out by highly trained, trauma informed practitioners who are registered and adhere to strict regulations from their respective professional bodies, and that universal programmemes are delivered by qualified leaders in reputable organisations.

Barnardo’s NI cited a 2019 study by the National Children’s Bureau (NBC) that examined different mental health and well-being programmemes delivered in schools in Northern Ireland. While many aimed to achieve positive outcomes, the evidence base for many programmemes was light or absent, with little evidence of impact once implemented (NBC, 2020). This is worrying as use of evidence-based practices in school-based mental health interventions is critical to ensuring that ineffective or potentially harmful interventions are avoided. Evidence-based practice involves the implementation of strategies and approaches that have been proven effective through scientific research and empirical evidence. It emphasises the

integration of the best available research evidence, clinical expertise, and young people’s preferences and characteristics.

## ***Universal mental health programmemes***

### ***Quality Assurance***

Various QA approaches are used to investigate the processes and outcomes of the mental health and well-being interventions across schools in Northern Ireland. These include workshop evaluation questionnaires and focus groups which help identify implementation issues and areas for improvement. Programmeme providers also prioritise continuous staff training and development to ensure interventions are implemented consistently and adhere to established standards. Many programmemes showcased during the inquiry provide additional training to teachers and school leaders. For programmemes specifically designed to be delivered by class teachers, training and implementation support are provided to ensure the programmeme is delivered as intended. For example, the PATHS Programmeme in collaboration with Barnardo’s NI works alongside schools over a 4-year period to roll out the intervention and embed its principles into the school’s policies and initiatives. Customised coaching, support, and individualised planning are available to teachers.

### ***Monitoring and Assessment***

Ongoing monitoring and assessment of the impact of interventions is another essential practice. Different methods are employed, including the use of standardised evaluation instruments

such as the Strengths and Difficulties Questionnaire (SDQ) and the Centre for Epidemiologic Studies Depression Scale (CES-D). These instruments are administered to participants before and after the intervention to measure changes. Parent and teacher testimonials are also collected to gain insights into the impact of the interventions. However, it was noted that programme evaluation skills are often outside the expertise of teachers and a lack of guidance is provided regarding best practice.

*“For interventions carried out by staff, we have pre and post programme questionnaires - this provides some measure of evaluation. Unsure how EA or other bodies evaluate the work [...] as head of pastoral care I liaise with parents and students regarding how effective they find a particular intervention. Key point though, school staff are not medical professionals and are not in a position to effectively evaluate effectiveness”.*

**Kathleen McLoughlin, St. Patrick's Grammar School**

While the quality assurance and evaluation processes in place demonstrate a commitment to quality assurance, monitoring and improvement, it is important to address the robustness of the evidence. Siobhan O'Neill, the Mental Health Champion states programmes need to be monitored carefully, with due consideration given to how they are delivered, the impact of the setting, fidelity to the model and the validity of underlying theoretical frameworks and theory of change.

“*There is so little guidance for schools, regulation, or departmental oversight of programme provision in schools. Additionally, the lack of quality assurance frameworks, and impact measurement of individual or collective programmes of support, is challenging in terms of gaining an understanding of what works well [...] [and] in assessing cost effectiveness of interventions.*”

**Amanda Jones, Action Mental Health**

Specific detail regarding programme evaluation was missing from the evidence presented to the inquiry. It is unclear which programmes have been subject to randomised control trials (RCTs), regarded as the gold standard for establishing causal relationships. Several programmes, such as PATHS, Lifeskills, and The Blues Programme have undergone multiple RCTs. The (potential) limited use of RCTs raises questions about the strength and validity of reported impacts, highlighting the need for further research using rigorous methodologies to strengthen the evidence base. This is especially important given recent evidence indicating universal mental health interventions in schools can have unintended adverse effects (Farias, 2022; Maynard et al., 2017).

The associated risks are clearly demonstrated by the MYRIAD (MY Resilience In Adolescence) study. This example was provided by Maggie McGurgan during the oral evidence sessions. The MYRIAD study was carried out over 8 years and involved 28,000 children, 650 teachers, 100 schools and 20 million data points. An expert team of researchers carefully tested the effects of a brief mindfulness intervention for early teens and found it to have no impact on preventing mental health problems or promoting well-being and can be unhelpful for some children with existing or emerging mental health difficulties (MYRAID Project, 2022; Montero-Martin et al., 2022).

### **External Monitoring**

External monitoring carried out by academics and independent researchers is good practice and has been used for Action Mental Health's 'Healthy Me' programme and Lighthouse's 'Ask Twice' project. External monitoring enhances the credibility and validity of the evaluation process. Academics and independent researchers are trained in research methodologies. They have experience in designing and implementing rigorous evaluation studies, employing robust research designs, control groups, and statistical analysis to assess the impact of interventions reliably and accurately. External monitoring also reduces potential bias or vested interests in reporting positive outcomes.

The quality assurance and evaluation processes observed for school-based mental health interventions showcased during the inquiry reflect a dedication to

ongoing monitoring and improvement. However, addressing the robustness of the evidence regarding the impact of these interventions is crucial. External monitoring by academics and independent researchers, building the evidence base to include randomised control trials, will bolster the credibility and validity of universal school-based interventions. This approach will help school leaders and educators to make well-informed decisions regarding which cost-effective mental health interventions to run within their schools.

### **Selective Mental Health Interventions**

Counselling and therapeutic work with children and young people requires stringent quality assurance measures to safeguard young clients. Robust systems have been established to uphold professional standards, ethical practice, and client well-being. At an individual level, registration with accredited bodies is required, such as the British Association for Counselling and Psychotherapy (BACP), and/or statutory regulators such as Health and Care Professional Council (HCPC). This assures training standards are met, that ongoing clinical supervision takes place, alongside continuous professional development. Quality is also monitored through organisational responsibility.

The ICSS is a centralised service managed by the EA and the inquiry heard from Sheila Gamble from the EA who manages the ICSS contract, as well as representatives from accredited bodies, all of whom discussed quality assurance practices required. The EA Contracts

Manager conducts annual clinical audits to confirm a high level of service delivery is carried out according to the contractual requirements and professional standards. Contract management meetings take place monthly with ICSS providers to review service use, feedback, and compliance. These meetings also provide an opportunity to discuss emerging issues and response planning if needed. The EA also conducts unannounced visits to directly monitor contract compliance. Providers are required to submit annual reports on each school, detailing sessions, issues, and themes. The ICSS requires all practitioners to complete EA safeguarding training. This ensures practitioners understand the local child protection context and procedures. Quality assurance requirements for the ICSS contract are outlined within the ICSS Handbook.

Standardised evaluation tools are used for individual level evaluation depending on the therapeutic method delivered and what is age appropriate (listed below). The most widely used tools are Strengths and Difficulties Questionnaire (SDQ) and Young Person's CORE (YP-CORE) as these are required tools under the ICSS Contract. Their extensive use means outcomes can be compared across a number of domains (between schools, across geographical locations) to evaluate the overall impact of the ICSS Service provision. Providers may use other methods to evaluate the impact of service provision, such as focus group discussions, qualitative interviews, and surveys with the wider school community. Feedback is actively sought from those who made the referrals.

#### **Most commonly used evaluation tools:**

- Strengths and Difficulties Questionnaire (SDQ) (self-report 11-16 years, parent rated 4-16 years)
- Young Person's CORE (YP-CORE) (11-16 years)
- Clinical Outcomes in Routine Evaluation (CORE-10) (16+ years)
- Learning Difficulties Clinical Outcomes in Routine Evaluation (LD-CORE)
- Generalised Anxiety Disorder Scale (GAD-7)
- Rosenberg Self-Esteem Scale (RSE)
- Centre for Epidemiologic Studies Depression Scale (CES-D)
- Outcome Rating Scale (ORS) and Session Rating Scale (SRS) (13+ years)
- Child Outcome Rating Scale (CORS) and Child Session Rating Scale (CSRS) (6-12 years) Young Child Outcome Rating Scale (YCORS) and Young Session Rating Scale (YSRS) (<5 yrs.)
- Group Outcome Rating Scale (GORS) and Group Session Rating Scale (GSRS)
- Art Therapy Working Alliance Inventory (ATWAI)
- Audio Image Recordings (AIRs), in line with BAAT protocols for AIRs

# Availability & Accessibility of Service Provision

Accessing support services

Difficulties managing demand

Difficulties accessing specialist services

Gaps in service provision



# Availability & Accessibility of Service Provision

## Accessing support services

Class teachers play an important role in identifying children who may need support. Their position allows them to observe changes in attendance, behaviour, academic performance, and social interactions, which can be indicators of underlying well-being issues. In identifying the need for early support, teachers can liaise with the school pastoral care system and safeguarding teams. The pastoral care team (or 'designated teacher') can request programmes from DE and EA. They will also liaise with external providers to ascertain suitable universal interventions for their pupils at a class or whole school level. The pastoral care team are responsible for arranging a more detailed assessment and tier 2 intervention for pupils who need further support. Additionally, any student identified as requiring further support, during or following an intervention conducted by external organisations, will be assisted by these organisations to connect with the school's pastoral care and safeguarding teams. This step ensures timely follow-up and addresses any unmet needs, providing a seamless continuum of care for the student.

For post primary school pupils who may require tier 2 counselling support, there are several referral pathways through the ICSS:

**Self-referral:** Pupils can self-refer using a 'post-box' or other method agreed with the school, such as online or email referral.

**School staff referral:** A staff member can refer a pupil after discussing it with the pupil and obtaining their agreement.

**Parent/carer referral:** Parents can refer their child by making an appointment via the school pastoral system. Consent from the pupil is still required.

The pupil is offered an initial assessment meeting with the counsellor to determine if counselling would be appropriate. The pupil can expect this to be carried out within a reasonable time period, which the ICSS handbooks states should not exceed 15 days after a written referral has been received. If a pupil needs to be seen urgently during school hours counselling support can be put in place much faster, often on the same day. The counsellor's main point of contact will be the 'Key Contact', who may be the designated teacher for child protection, the head of pastoral care or another teacher.

## Difficulties managing demand

The interventions offered by both the government departments and community and voluntary sector are extensively utilised in schools, yet they often fall short of meeting the full scope of needs. A 2021 consultation conducted by Pure Mental revealed that school leaders face increasing challenges in addressing needs. Specific concerns were raised about counselling services and the allocation of limited resources. One principal highlighted the dilemma faced in having

a “list of 10 spaces for counselling” and having to “decide between children who need the support most, and which to leave off the list”. When these external resources are insufficient, schools are forced to allocate their own limited budgets to secure private services, exacerbating financial strain in an era of already constrained school budgets.

Additionally, workforce capacity issues across Northern Ireland have had a knock-on effect. There is an inadequate number of suitably trained and experienced child and adolescent counsellors to meet the demand for each school. Furthermore, lack of workforce planning regarding the launch of Happy Healthy Minds, saw post primary counsellors leave jobs in the third sector to set up as sole traders because the rates of pay for happy healthy minds were more competitive, thus leaving a gap in post primary provision.

Poor access to support is particularly evident in rural schools. Dubbed the ‘*Fermanagh Problem*’ by Pure Mental NI, the most common barriers in providing counselling did not necessarily come from financial and budgetary restraints, but a lack of local, appropriate counselling provision. School staff discussed instances where children had to be sent, at a cost to the school, to the nearest largest provider. In cases where local providers are available, rural schools must effectively compete over limited slots, leading in some cases to inflated costs related to high demand.

### **Difficulties accessing specialist services**

Young people face considerable barriers in accessing specialist services. Referrals to CAMHS can be made by various professionals who are familiar with the young person or their family. This includes healthcare, social work, education professionals, and representatives from community and voluntary organisations working with the school setting. However, in practice, the majority of referrals to mental health services are initiated by general practitioners (GPs). Within the education system, there is often a lack of awareness about the existence of direct referral channels to these services. Consequently, when a student displays mental health concerns at school, the typical procedure involves advising parents to schedule a GP appointment to obtain a referral.

“*Providers were told there had been an agreed referral pathway between the ICSS and CAMHS, agreed by the EA and the HSCTs but this information does not appear to have trickled down to staff so no actual referral pathway exists in actuality.*”

Edith Bell, Familyworks

The issue of rejected referrals to CAMHS and long waiting times to access services is a major concern. The NICCY Still Waiting report (2018) found that

33-42% of referrals to CAMHS were declined annually between 2013-2016. Reasons for non-acceptance were not monitored, however, several reasons have been proposed. Referrals are rejected because presenting issues do not meet the specific threshold for treatment set by CAMHS. The high rejection rate may also reflect the overwhelming demand on the service, surpassing its capacity to effectively manage and treat all referred cases. When operating beyond their capacity, CAMHS tends to give precedence to more severe cases. This situation often results in differences in the acceptance criteria across various Health and Social Care Trusts.

Additionally, children and young people face unacceptably long waits to access specialist mental health support. There has been a noticeable increase in the total number of children and adolescents waiting for a CAMHS assessment. Figures from the DoH reveal there were 2,251 total waits for a CAMHS assessment, as of June 2023, with 1,205 of these waiting more than the 9-week target. This marked a rise from a low point during the pandemic in September 2020, where the total waits were significantly lower.

[Publication of “CAMHS Waiting Time Statistics for Northern Ireland \(June 2023\)” | Department of Health](#)

*“They [NICCY] were saying that 3 out of every 10 referrals to CAMHS are rejected because they don’t meet the criteria. But what that really means is that a school has said we can’t support this young person. They need something more than what we can provide them. They’re not meeting the remit from CAMHS, so what*

*do they do? Where do they go? [...] we’re setting them up for a failure where we’re saying support is here if you need it, and then it’s not when they do”.*

Nicole Bond, Office for Mental Health Champion

### Gaps in service provision

Therapeutic support provided within the education system sits within tier 2 which is designed for low risk and relatively short intervention cases. Therefore, therapeutic support in a school is typically stopped once a referral to CAMHS has been made. The gap in support after a CAMHS referral is made, and before it is accepted or rejected leaves young people without consistent support. This gap contributes to a deterioration in mental health, especially for those already presenting with complex needs. Schools are finding themselves trying to fill these gaps without the necessary resources or training. It’s crucially important to have good cross departmental collaboration and communication between DE and DoH to ensure a seamless journey for each young person as they travel between school-based therapy and CAMHS.

*“It would be great if we could improve access to CAMHS. Could we have a conversation between ICSS providers and CAMHS. Could we agree on a protocol that works? [...] Could we develop an effective collaboration? And could we talk about trauma in children, suicide, and self-harm”.*

Edith Bell, Familyworks

Development of an integrated pathway between schools and CAMHS has been recommended to provide seamless support during this vulnerable period. This could involve a ‘holding’ therapy approach or trauma-informed care that does not delve into trauma-specific therapy but still provides support for

other issues in a way that is safe and within the scope of school counsellors’ competencies. Improved collaboration between schools and the community and voluntary sector stakeholders would also include comprehensive guidelines regarding thresholds to prevent inappropriate referrals.

“ *Whilst it is important that counsellors do not undertake a higher tier level of work, or work in a trauma specific way, it may be possible to consider adjusting EA/DE requirements [...], a development of a ‘holding’ therapy [...], or continuing work on other lower tier issues, to continue to provide support for the child during the gap, until they are either picked up or declined by CAMHS.* ”

Jo Holmes, BACP

# Teacher Training & Support

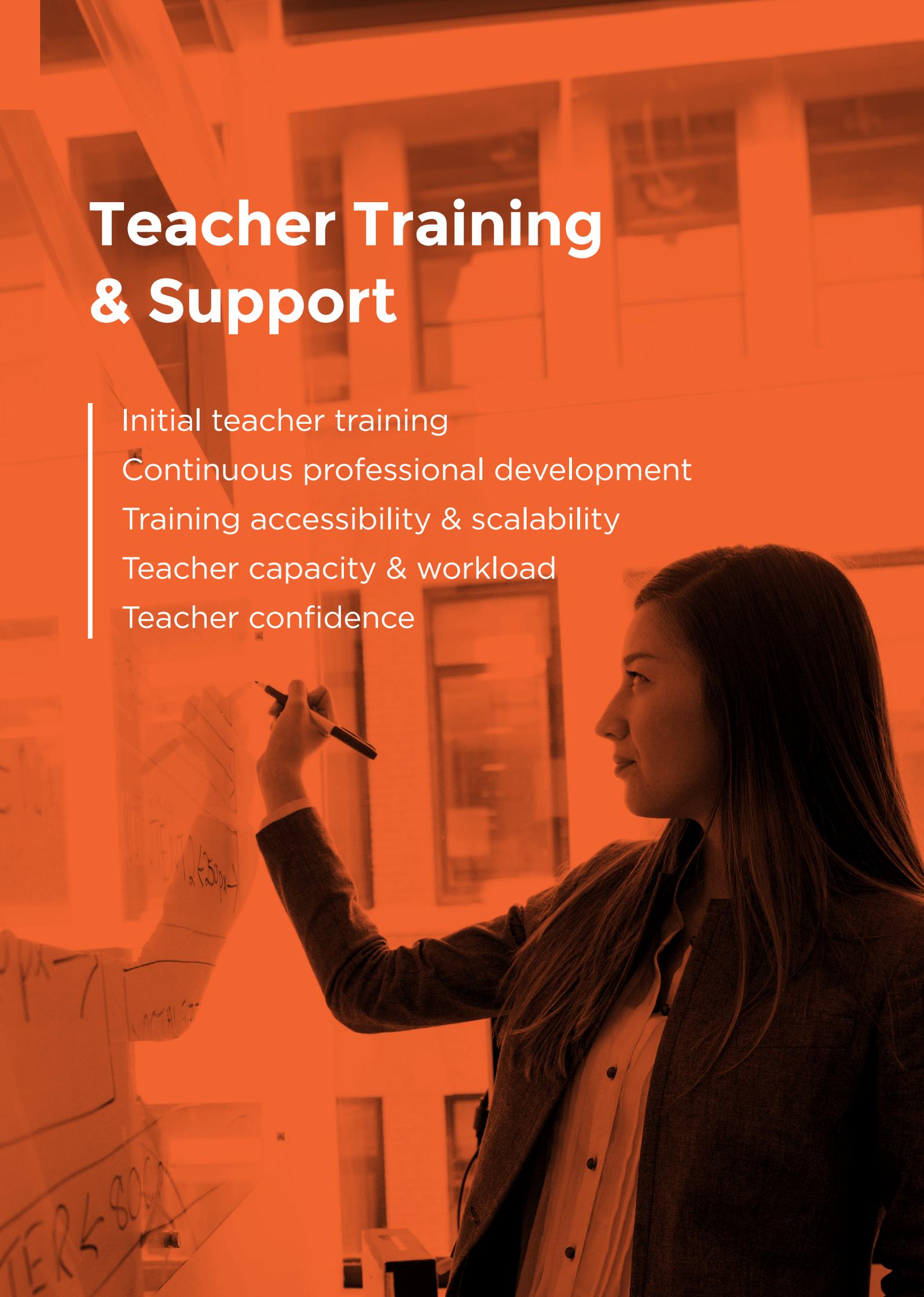
Initial teacher training

Continuous professional development

Training accessibility & scalability

Teacher capacity & workload

Teacher confidence



# Teacher Training & Support

## Initial teacher training

Initial Teacher Education (ITE) courses in Northern Ireland, are provided by Stranmillis University College, St. Mary's University College, Queen's University Belfast, and Ulster University. The training encompasses a broad spectrum of educational competencies. While there is no specific mandatory module dedicated to mental health in these ITE programmes, the courses do provide students with pedagogical methods that indirectly promote emotional well-being. These methods are integrated into the overall teaching curriculum, equipping future educators with a range of skills beneficial for creating a positive learning environment.

At the heart of the PGCE programmes is the emphasis on the critical role of relationships in the learning process. Trainee teachers are taught that the foundation of effective teaching lies in establishing strong, positive connections with learners. Research developed by UNICEF and the University of Cambridge's Centre for Research on Play in Education, Development and Learning (PEDAL), underscores the notion that mental health is deeply rooted in relational contexts. Supportive and responsive relationships are pivotal for mental health and can buffer children from the negative impacts of various stressors. The Early Years PGCE philosophy is built on fostering caring and nurturing relationships, where teaching is not just about instruction but also about providing an environment conducive to learning and well-being.

The concept of play is a fundamental aspect of the pedagogical approach in the Early Years PGCE programme at Stranmillis University College, highlighted through a dedicated module. This is one of only four modules in the entire master's programme, emphasising the importance of play in the curriculum. Play is integral to children's social, emotional, physical, and cognitive development, equipping them with happiness and health in the present and fostering creative, engaged, lifelong learners for the future. Evidence suggests that lack of play negatively impacts long-term development and learning. In response to the stress and upheaval caused by events like the COVID-19 pandemic, play has been identified as a crucial mechanism for children to manage anxiety and trauma, offering stability and a means to express emotions in a relaxed setting. Trainee teachers are immersed in outside play-based learning, reflecting the importance of interaction with the natural environment for fostering resilience and self-reliance in young learners.

“*A playful approach to teaching and learning ensures a rich, unhurried, and relaxed experience where children do not feel pressured to find the ‘right’ answer or to compete against their peers, encouraging them instead to express their own ideas and make mistakes without fear of failure.*”

Glenda Walsh, Stranmillis University College

ITE institutions are becoming more aware of the critical need to support the mental health and well-being of their trainee teachers. At Ulster University, for example, the integration of mental health considerations has been highlighted as essential, acknowledging that neglecting this aspect can lead to retention challenges within their programmes. Trainee teachers across colleges are encouraged to prioritise their mental health and that of their peers, by participating in university-led well-being activities such as outdoor walks and social coffee mornings designed to build a supportive community and promote overall wellness.

Nevertheless, trainee teachers have raised concerns about their ability to adequately address the well-being and mental health needs of pupils. To ensure that newly qualified teachers feel comfortable and prepared to identify and assist pupils with mental health concerns, integrating mental health into the teacher training curricula is essential. The training should concentrate on identifying risk factors and understanding the protective elements in the emergence and management of emotional distress.

“60% of surveyed trainee teachers across the UK weren’t confident about identifying mental health needs in students. 73% feel that mental health is given insufficient priority in teacher training.”

Karen Hall, Mental Health Foundation

## Continuous professional development

The Education Authority (EA) and the community and voluntary sector provide a wealth of training and resources for school staff to build their capacity and skills in supporting pupil well-being and mental health. In fact, many of the programmes offered to pupils, often bolt on sessions for teachers and/or parents and caregivers. The training programmes cover a range of topics such as promoting positive mental health, trauma-informed practice, supporting bereavement and loss, critical incident management and developing a whole school approach to nurture. The training aims to help teachers and school leaders to understand the issues that impact students’ mental health and ability to learn. Information, resources, and strategies to support mental health and well-being in the classroom and identify pupils who may need help are provided. Special schools also receive tailored training and support from the EA to meet the specific needs of pupils with disabilities or special educational needs. In addition to direct training, the EA provides a range of online resources and toolkits via the School Development Service portal and CCEA’s Well-being Hub. These resources support the teaching of well-being and mental health in the curriculum. A list of training opportunities and support for teachers presented during the inquiry are listed in Table 4, and while this valuable training exists, it is not currently mandated for school staff.

**Table 4: Training programmes, initiative and resources for those working in education presented during the inquiry**

Programme / Initiative	Provider	Description of programme / Initiative	Find out more
<b>EA HealthWell Hub</b>	Education Authority	The EA HealthWell Hub is a digital solution aligned with EA's Health and Wellbeing Strategy 2019-22, designed to enhance accessibility for EA staff to crucial health and wellbeing information and initiatives. This interactive website serves as a comprehensive resource, offering support, education, signposting, and information on various topics to improve overall staff health and wellbeing. The Hub complements and communicates with the broader EA HealthWell Programme, which encompasses a diverse array of initiatives, sessions, and campaigns organised in collaboration with EA Health and Wellbeing Champions and other partners to actively support employee wellness.	<a href="#">EA HealthWell</a>
<b>Being Well, Doing Well</b>	Education Authority	An EA led programme which aims to assist all schools (including EOTAS) to develop a whole school approach to emotional health and wellbeing. This programme will provide participating schools with a framework to assess current policy and practice and implement actions to develop EHW in their school. In addition, schools will receive training to provide staff with the knowledge, skills and confidence to understand and promote emotional health and wellbeing in their school. Currently at implementation phase and has not been rolled out to all schools. It will provide a framework for schools to assess their current practice and develop whole school approaches to pupil wellbeing.	<a href="#">Being Well Doing Well Programme   Education Authority Northern Ireland</a>
<b>Children and Young People's Services Training Programme</b>	Education Authority Special Educational Needs	A range of specialist training for teachers, classroom assistants, SENCos and parents (e.g. sensory processing and autism spectrum disorder, supporting young people with ADHD). Training sessions can be booked online and are delivered face to face and/or from various platforms.	<a href="#">Training   SEND Plan</a>
<b>CCEA Wellbeing Hub</b>	Department of Education	The CCEA Wellbeing Hub is an initiative to provide comprehensive support for the emotional health and wellbeing of children and young people. Developed in collaboration with the Departments of Education and Health, the Public Health Agency, the Health and Social Care Board, and the Education Authority (EA), this Hub serves as a centralised platform. It brings together relevant resources and qualifications, demonstrating how the Northern Ireland Curriculum actively promotes the learning and development of skills that contribute to the wellbeing and mental health of pupils. The Hub aims to provide educators, students, and parents with valuable tools and information to foster a positive and supportive learning environment.	<a href="#">Wellbeing Hub   CCEA</a>
<b>Optimising Achievement Programme</b>		The Optimising Achievement programme is a proactive initiative that places a strong emphasis on fostering the wellbeing of teachers, school leaders, and staff. Recognising the crucial role wellbeing plays in cultivating a positive school culture, the programme is committed to supporting individuals in prioritising their mental and emotional health. As part of this initiative, a dedicated coaching service for school principals has been launched, with a cohort of 80 principals already underway. Additionally, a resilience programme designed for school staff has been rolled out, with over 38 schools allocated to take part in professional learning modules. Looking ahead, the programme aims to expand its coaching model to include senior leaders and pastoral leaders, further extending the reach and impact of its wellbeing support within the educational community.	
<b>The Attach Programme</b>	Education Authority	The Attach Programme (TAP) is a vital intervention within the Primary Children Looked After Advisory Service (PCLAAS), specifically designed to implement trauma- and attachment-informed practices for Children Looked After. Under TAP, schools play a crucial role by appointing a Key Adult and Back-up Key Adult, in addition to the School Named Contact. These designated individuals are responsible for developing nurturing and positive relationships with the child, ensuring physical and emotional availability, advocating for the child, and contributing to Personal Education Plans (PEPs). The Key Adult and Back-up Key Adult are selected from existing school staff, known to the child, and are supported by the School's Assistant Advisory Officer (AAO) in identifying and assisting these key figures. TAP's Whole School Model encompasses various building blocks aimed at creating a safe and settled environment for the child within the school.	<a href="#">The Attach Programme   Education Authority Northern Ireland</a>

Programme / Initiative	Provider	Description of programme / Initiative	Find out more
<b>Mood Matters (adult)</b>	Aware - Supported by PHA	This 2.5 hour programme, for any adult is delivered across various settings, including schools. Rooted in cognitive-behavioural concepts, the programme introduces the 'Five Areas Approach,' providing participants with knowledge and skills to maintain or regain good mental health while building resilience to navigate life's challenges. Participants learn to challenge and change unhelpful thinking and behaviour, making a positive impact on their lives. The programme also incorporates the 'Take5 for Your Emotional Wellbeing,' focusing on evidence-based ways to support mental health: Connect, Be Active, Take Notice, Keep Learning, and Give. It equips individuals with practical strategies to seamlessly integrate these elements into their everyday lives.	<a href="#">Aware NI - Mood Matters For Adults</a>
<b>Emotional Wellbeing Teams in Schools (EWTS)</b>	DE / DoH	The EWTS programme aims to promote positive mental health for students in post-primary schools across Northern Ireland. It was developed in partnership between schools and the Child and Adolescent Mental Health Service (CAMHS). Through this programme, each participating school is assigned a qualified practitioner to work with them over the school year. The practitioner provides support and guidance to help build the school's capacity for student emotional wellbeing.	<a href="#">Emotional Health and Wellbeing   Department of Education</a>
<b>Mental Health First Aid NI (MHFA)</b>	Public Health Agency	The MHFA Training Programme in Northern Ireland, adapted from the Australian original has several clear objectives: preserving life, preventing the worsening of mental health issues, promoting recovery, and providing comfort. Delivered over two days or four sessions, attendees learn to recognise symptoms of mental health problems, provide initial help, and guide individuals to appropriate professional assistance. Topics covered include understanding mental health, crisis intervention, identifying common mental health problems, and self-help strategies. <i>MHFA courses are also provided by Action Mental Health, Aware, and other community and voluntary organisations.</i>	<a href="#">Mental Health First Aid Training Programme   HSC Public Health Agency</a>
<b>Guide to Managing Critical Incidents in Schools</b>	Department of Education	Guidance provided to help schools be prepared for a critical incident and to ensure effective management in a difficult situation.	<a href="#">A guide to managing critical incidents in schools   Department of Education</a>
<b>Mindfulness for teachers programmes</b>	AWARE	AWARE provides recognised Mindfulness courses for primary school teachers including, Mindfulness-Based Stress Reduction, Mindfulness-Based Cognitive Therapy & Mindfulness for Life. The courses are presently delivered via Zoom and consist of 2-hour sessions over 8 weeks.	<a href="#">Aware NI - Mindfulness in Schools Project</a>
<b>CRASH</b>	Royal College of Psychiatrists NI	CRASH Course in Mental Health for Teachers & School Staff. The programme has been developed and delivered by Royal College of Psychiatrists NI. The programme has also been modified for special schools.	
<b>EA Supporting Learning Hub</b>	Education Authority	This website includes a suite of resources designed to meet teachers' professional learning needs during this school year.	<a href="#">Supporting Learning</a>
<b>AMH training programmes (various)</b>	Action Mental Health	Action Mental Health provides teacher and parent sessions for all their school based interventions, and they also provide several additional programmes to upskill teachers and to support teacher wellbeing via AMH Works. Programmes include Mental Health Awareness, Stress Management, Personal Resilience, as well as suicide alertness programmes (ASSIST & safeTalk).	<a href="#">Training Programmes   Action Mental Health</a>
<b>Aware Employee Wellbeing Hub</b>	AWARE	Similar to AMH, Aware offers a range of training programmes and workshops to support mental health within the workplace, including schools. Stress Management, Supporting Employee Wellbeing (a course for managers) and Mental Health First Aid.	<a href="#">AWARE NI's Workplace Wellbeing Hub!</a>
<b>Talk Relationships</b>	NSPCC NI	The NSPCC's "Talk Relationships" programme focuses on delivering comprehensive training in sex and relationships education. Through this initiative, educators are equipped with the necessary skills to address sensitive topics with students, fostering a safe and supportive learning environment. The training emphasises open communication, consent, and healthy relationships, providing educators with tools to navigate conversations around sex education effectively. Grounded in evidence-based approaches, the NSPCC's programme aims to empower educators to deliver age-appropriate and inclusive sex and relationships education, ultimately promoting the well-being and safety of young individuals as they navigate the complexities of relationships and personal boundaries.	<a href="#">Sex and relationships (RSE) training course for teachers and school leaders   NSPCC Learning</a>

Programme / Initiative	Provider	Description of programme / Initiative	Find out more
<b>Audit Tools - whole school approach</b>	Department of Education	Within the Department of Education's 'I-Matter' emotional health and well-being programme, schools access a self-assessment audit tool to appraise their processes in supporting a holistic approach to emotional health. The tool assists in evaluating school performance concerning the emotional well-being of students and integrates actionable steps into development planning. It encourages schools to actively promote emotional well-being through ongoing refinement strategies. Ultimately, it serves as a comprehensive mechanism for schools to continually assess, plan, and enhance their efforts in fostering a positive emotional health environment for students.	<a href="#">Self-Assessment Audit Tool - Information and Questionnaires</a>
<b>Forgiveness Education Programme (SUC)</b>	The International Forgiveness Institute	A comprehensive initiative designed to promote forgiveness skills. Tailored for both educational and therapeutic environments, the programme includes 12 to 16 lesson plans (one-half to one hour or less per week for each lesson) that teach students about respect, inherent worth, empathy, all in the context of forgiveness. The programme was delivered in a number of primary schools in Northern Ireland as part of a research project carried out by Stranmillis University College, Belfast.	<a href="#">Forgiveness Education</a>
<b>AMH EveryBODY</b>	Action Mental Health	Available in the Southern Health and Social Care Trust, AMH EveryBODY aims to promote greater understanding and awareness of eating disorders through training programmes offered to post-primary schools, youth and community groups and health professionals. AMH EveryBODY also provides help and support to people with eating disorders and also to their friends and family ensuring individuals are signposted to support services, as appropriate e.g. GP, Specialist Eating Disorder services, community/voluntary services.	
<b>UNICEF &amp; PEDAL toolkit</b>		The UNICEF & PEDAL toolkit is a comprehensive resource designed to promote understanding and support for mental health in infancy and early childhood. The toolkit emphasises the vital importance of early mental health development and offers practical guidance on how to create nurturing and supportive environments for young children. It covers a wide range of topics, including building secure attachments, promoting emotional regulation, and addressing common mental health challenges in early childhood. The toolkit offers a wealth of resources, such as case studies, interactive exercises, and practical tips. It aims to empower individuals and communities to foster the healthy mental development of young children, laying the foundation for their lifelong well-being.	<a href="#">Understanding and supporting mental health in infancy and early childhood - a toolkit to</a>

## Training accessibility & scalability

Several complexities were acknowledged in the delivery of comprehensive training across all schools. A primary obstacle in the widespread implementation of such programmes is the limitations imposed by budgetary constraints. The costs associated with the development, delivery, and ongoing maintenance of training programmes can be substantial, and without adequate funding or workforce capacity, the reach of these initiatives can be significantly restricted.

Moreover, the dynamic nature of mental health research means that educational content must be regularly reviewed and updated to reflect the latest findings, best practices, and societal changes in the understanding of mental health issues. Although resource intensive, a commitment, not only to initial programme development but also to continuous professional development and curriculum revision is required.

“50% of what we understand about how the brain works in terms of mental illness, we have learned in the past 10 years and that speed of development of understanding is likely to continue into the future. This is an area of big change and we do need to keep abreast of that.”

Maggie McGurgan, Royal College of Psychiatrists

At the very least, mental health first aid training for all teachers should be compulsory, akin to child protection training. If training is optional, it can lead to variations in the level of knowledge and expertise among teachers. This disparity can result in unequal access to mental health support, as some pupils will benefit from well trained teachers and others may not. The implementation of mandatory training establishes a baseline, fostering a standardised approach that guarantees all pupils receive an equitable level of care and support. This not only prioritizes the mental health of students but also strengthens the overall effectiveness and consistency of mental health support within education settings.

*“We need to have core standards for both those who are being trained to move into working with children, all the way through to those that are there and the various agencies [...] in the same way that it has happened around child protection [...] the SBNI led on that on having clear standards and levels in relation to it.”*

Nicola Topping, Education Authority

Collaborating across sectors can lead to a more efficient use of existing resources. Better resource optimisation between government agencies, the community and voluntary sector and the education sector is key. Workforce capacity issues in the public sector can be mitigated by leveraging the workforce in the community and voluntary sectors, who can deliver swift and cost-effective roll out of mental health training

programmemees to teachers, as well as provide access to evidence-based well-being programmemees for all children and young people.

“*[For the] delivery of Mental Health First Aid directly into school [...] PHA has four staff currently trained. The CVS probably has up to nearly 80 staff. There’s always a highlight from PHA with regards to having staff to go out there and deliver. I’m highlighting the possibility for collaboration with the CVS to be commissioned to deliver these programmemees into the schools where we already have the relationships.*”

Marina McCully, AWARE

### **Teacher capacity & workload**

Teachers agree that promoting and supporting mental health and well-being is an incredibly important part of their role and they recognise the need for mental health awareness training. However, time constraints and teacher well-being are barriers to accessing training. The demanding nature of teaching, coupled with the heavy workloads and administrative pressures can contribute to high levels of stress among teachers. Teachers are constantly pressed for time and often report feeling overwhelmed, especially when continuous cuts to school

budgets mean teachers are expected to handle additional responsibilities with limited time and resources. Our teachers feel undervalued and have expressed concerns about their salaries not keeping up the increasing workload demands and the cost of living. Bernard Noble of Learning me described how the goodwill of teachers has been drained, as evidenced in the ongoing industrial action that seeks to address disputes about pay, workload and inadequate investment in the sector. Therefore, it is critical that any introduction of mandatory mental health training for teachers must consider the teacher’s voice to make certain training is implemented in a way that does increase their workload and stress levels.

### **Teacher mental health**

The cumulative effect of increasing workloads and stress, staff burnout, and the cost-of-living crisis was recognised as having an impact on the mental health and well-being of teachers. A range of well-being resources and support for all education staff are provided by the education authority. These have been developed as part of the EA’s Health and Well-being Strategy (2019). Included is the EA HealthWell hub, an interactive website which provides EA employees with support, signposting and information on a wide range of topics as a way of improving their overall health and well-being. As well, confidential and independent counselling support for all staff is provided by Inspire Workplace as part of employee benefits. Supporting teachers’ well-being is not only essential for their personal health but also for maintaining high standards of education.

Teachers' mental health is a critical component of creating a supportive and effective learning environment.

*"It's important to [talk about staff well-being] that everything that happens within a school, whether it's about teaching and learning or emotional health and well-being, relies heavily on the staff that are there. [Teacher] well-being is very important because it's very hard, I suppose, dysregulated staff, or staff who are experiencing challenges to then work with the children and young people."*

Nicola Topping, Education Authority

### **Teacher confidence**

Teacher confidence plays an important role in providing effective support in schools. When teachers lack confidence, it can act as a barrier to providing the necessary and appropriate support. The main reason for poor teacher confidence is the lack of available training, which leaves teachers feeling "scared". Teachers are unsure how to approach sensitive topics and worry if they are helping or harming their pupils. Mandatory mental health awareness training and other appropriate training can help ease those conversations for young people and teachers.

*“So, you have a case where teachers come away from interactions with young people thinking, did I do the right thing? Am I actually equipped to deal with this? Did I signpost correctly? Does that young person feel more at ease than when the first came to me? [...] The last thing we want is teachers and staff taking that home, the worry and stress, feeling their own mental health has been damaged.”*

Theo Burton, Pure Mental NI

# Student Voice and Parental Engagement

Student voice

Family involvement



# Student Voice and Parental Engagement

## Student voice

Back in 2017, the Elephant in the Room group, set up by Belfast Youth Forum and the Northern Ireland Youth Forum, produced a research report, created by young people for young people. A total of 1,117 young people participated in the research and a shocking 91% said that mental health is a huge issue for children and young people in Northern Ireland (Elephant in the Room Report, 2018).

The inquiry learned about Youth Forum's youth-led steering group and their formidable advocacy efforts in relation to youth mental health through the "Elephant Coming Out of the Dark" project. This committee, comprising individuals aged 11-25 from diverse backgrounds across Northern Ireland, have been at the forefront of championing the rights of young people in the context of mental health, with some having presented their case to the United Nations Committee on the Rights of the Child in Geneva, Switzerland. Their advocacy strongly emphasises the full implementation of the UNCRC's recommendation for a substantial investment in child and adolescent mental health services in Northern Ireland. They identify critical areas for reform in mental health services which include:

- establishing a youth-led mental health campaign to combat stigma,
- creating a 'Positive Language Mental Health Dictionary',
- developing a secure digital platform for reliable information,
- implementing a mandatory mental health curriculum, and

- providing specialised well-being training for educators and school staff to support students' mental health effectively.

Despite their efforts, young people feel that they are being "left with their hands tied" due to the absence of a government and the perception of "empty promises" and "lip service". They emphasise the importance of giving mental health and well-being the same status as physical education arguing "one does not go without the other. Yet, it's compulsory to give two hours a week for our children to do PE and zero hours a week for well-being". But these young people are not willing to accept the current state of stagnant reform. They demand answers to their concerns about the implementation of the emotional well-being framework and will continue to advocate for themselves and on behalf of their peers, who are unable to advocate for themselves.

*"[Young people want to know] where is the Department of Education and EA regarding achieving targets set out in the emotional well-being framework, and how can this be pushed forward to support all children and people, and is the trial period over? How can you ensure with the impending and ongoing budget cuts, will the DE be able to fully implement the emotional health and well-being framework, [How will the DoH] plan to ensure that the mental health strategy will be fully funded, and mental health of all young people, no matter of race, gender, and ability, will be a priority going forward".*

Martin Kelly, Youth Forum

Evidence presented during the inquiry highlighted young people's perspectives on accessing support for their emotional health and well-being concerns. A survey conducted by the Northern Ireland Statistics and Research Agency (NISRA) in 2016, found that a significant percentage of young people between the ages of 11 and 16 who reported mental health concerns did not seek help. Reasons for not seeking help included feeling capable of handling things on their own, feeling unable to ask for help, feeling embarrassed, not knowing where to get help, and having previously asked for help without receiving any. Many young people reported delaying seeking help, until they could no longer cope (NICCY, 2018). For young people who had sought support they had worries about confidentiality, having to miss classes to access support in school, and the fear of experiencing stigma associated with this.

Additionally, some young people have had negative experiences with teachers and the school support system. Often, the system itself can be seen as the issue, and young people may not always feel supported by the teachers who are meant to provide help.

Further, the 2022 "Ready to Start" research project conducted by Streetbeat Youth Project and YEHA reported many young people (85%) find it difficult to talk to adults about their worries or mental health issues, with males and younger pupils facing greater difficulties. Over 75% also found

“*One young person tells the story of their relationship with their teachers. Not all relationships were positive. They were then referred to school support and it was with a teacher in the pastoral care system who they didn't have a positive relationship with. So, they didn't feel supported in that. What we're finding is some young people describing that their teachers are the counsellor, or the teacher is the support, when actually the teacher might also be the issue. The system is the issue, so they system, sort of can't be the fixer in all of this.*”

Martin Kelly, Youth Forum

it difficult to trust adults to understand their worries.

The inquiry found peer mentors play an important role in providing an alternative route to help with 20% having received help from a peer mentor and 39.5% who did not receive help but would reach out to peer mentors if they needed to. The types of issues young people seek support on range from homework, emotional problems, friendship difficulties and issues with teachers. Several organisations, such as Streetbeat Youth project and Action Mental Health, run

peer mentoring training programmes for older pupils who want to volunteer within their school to encourage and support other students.

### **Family involvement**

The importance of adopting a whole-family approach in addressing youth mental health issues was widely recognised during the inquiry. This approach acknowledges that mental health problems are influenced by various factors within the family and community, as well as the school system. Several stakeholders emphasised the significance of considering these relationships to effectively address mental health concerns. By implementing a whole-family approach, mental health education and services can be developed in a way that involves the parent-child dyad. This means recognising the pivotal role parents play in their children's mental health and ensuring their active participation in the process. In some cases, children may not be able to access mental health services without the support and assistance of their parents.

The DE, alongside the community and voluntary sector provide several initiatives and programmes that offer guidance and support to parents and guardians in addressing their children's needs, as well as programmes targeting their own mental health and well-being concerns. The DoH's Text-A-Nurse service has recently been rolled out for parents. Additionally, Barnardo's NI provides several family support services, such as Jigsaw, Family Connections and THRiVE, with the aim to improve the health, social,

emotional, and educational outcomes for young people. NSPCC runs the PANTS programme which advises parents on engaging with children about sexual abuse in an age-appropriate manner, without using alarming language or directly discussing sex.

Action Mental Health highlighted that all their programmes are accompanied by a specifically tailored parents and carers programme, which seek to empower parents in promoting emotional well-being within the home environment and reinforcing the well-being culture and ethos of the school. Their project teams collaborate with schools to promote and deliver these programmes in the school setting. However, schools sometimes struggle to dedicate resources to running evening programmes or making space available during the school day. AMH also runs online programmes for parents/carers and has previously hosted information stands at school open days. Despite these efforts, engaging parents/carers remains a persistent challenge.

On the other hand, organisations offering primary school counselling engage parents right from the assessment stage, to ensure all relevant information is gathered, especially regarding family dynamics. The quality of relationships within the family, such as parent-child interactions, marital relationships, and sibling relationships, can significantly impact a child's mental health. Issues like family conflict, abuse, neglect, or ineffective communication patterns can contribute to the development or exacerbation of mental health problems.

Meetings with parents are offered as required to provide support and to reassure family during their child's therapeutic journey. Edith Bell, from Familyworks, expressed the view that

primary school counselling services serve as a crucial pathway to engaging and involving parents in early intervention services within schools.

“*Assessments [with parents] help understand what the presenting child issues are, what the child is finding ‘tough’ [...]. The therapist is [also] seeking to determine what the family system is like at home. Is it supportive? Are they in a good place to support the child as they move from therapy?*”

Duane Farrell, Relate NI

# Challenges and Opportunities

Addressing poor mental health literacy

Data & information sharing

Funding challenges

The case for early intervention

Best practice in other jurisdictions



# Challenges and Opportunities

## **Addressing poor mental health literacy**

### ***Understanding the distinction between well-being, mental health, and mental ill health***

The DoH, the Royal College of Psychiatrists and The Office of the Mental Health Champion, underscore the critical importance of raising awareness about the nuanced differences between mental health, mental and emotional well-being, and mental ill health. This awareness, deemed essential not only within schools but for the broader population, is emphasised to equip children and young people with emotional literacy “because without that, how can they communicate when they are in need”.

### ***Acknowledging the complexity of mental well-being***

Understanding the complexity of mental well-being is essential. Mental well-being extends beyond mere happiness and encompasses the natural fluctuations of life. Teenagers and young adults, whose brain development continues into their 20s, often exhibit a “spikier profile of ups and downs.” Recognising these variations as a normal part of development is important, for both the individuals experiencing them and those around them. This recognition is pivotal in providing appropriate support during challenging periods.

### ***Importance of mental health literacy***

Gavin Quinn from the Department of Health highlights the requirement for all staff in educational settings to develop mental health literacy, to aid timely identification and support

for young individuals who may need early intervention support. He draws attention to the significant portion of young people initially referred to CAMHS that may not actually require specialised intervention. The implication here is that a lack of mental health literacy may contribute to these initial referrals, highlighting the need for precise distinctions in recognising needs of young people to avoid potentially inappropriate interventions.

“*A relatively high proportion of young people that are initially referred to CAMHS are assessed as not requiring specialist intervention and support. This undoubtedly highlights the need to raise awareness amongst our education providers and our primary care colleagues and, indeed, the wider population about the distinction between mental and emotional well-being, mental ill health, mental illness to ensure that our young people and children are receiving the right level of support at the right time.*”

Gavin Quinn, Department of Health

### ***Understanding the impact of stress***

Stress plays a significant role in mental well-being, and it is vital for young people to have an accurate awareness

of its effects. Rather than striving for a stress-free life, finding a balance with an optimal level of demand or expectation enhances individuals' ability to perform at their best. Essential to this is educating young people on coping strategies during heightened stress, optimising their capacity to navigate challenging situations. Despite conscientious efforts to maintain mental well-being, encountering mental illness or distress remains possible, equivalent to the uncertainties of physical health. Acknowledging the influence of uncontrollable factors, such as genetic predispositions or external circumstances, emphasises the inherent challenges in mental health. This underscores the importance of addressing mental health issues with compassion and understanding, serving as a catalyst for nurturing better mental well-being among young people.

### **Tackling stigma**

The language used in mental health discussions plays a crucial role in promoting mental health literacy. Confusing emotional issues with mental illnesses can lead to stigmatisation. It is necessary to differentiate between the two and avoid downplaying the severity of mental illnesses. Comprehensive education and training are crucial for ensuring accurate terminology and a better understanding of mental health issues. Improving mental health literacy at the population level is a key priority of the PHA and DoH.

“ *We all have periods of mental distress. Some people will have periods of mental illness. We can work on looking after our emotional well-being in order to protect our mental health, just as we might work on our physical exercise to protect our physical health. We might do our very best to look after these, but we may still become unwell. I think sometimes that message can be a little bit lost and a little bit confused.* ”

Maggie McGurgan, Royal College of Psychiatrists

Prioritising the improvement of mental health literacy at the population level stands as a key objective for the Public Health Agency (PHA) and Department of Health (DoH), as they actively work towards breaking down the barriers of silence and shame. This aims to encourage open dialogue, inform individuals, empower them to seek help, and inspire others to do the same. The overarching goal is to challenge the acceptance of language perpetuating stigma, advocating for a departure from language that stigmatises mental health, mirroring the strides made in challenging other forms of discriminatory language.

“We have begun to move away from tolerating racism, sexism, derogatory language about people with intellectual disabilities, but it’s still fairly common practice to call someone mental or mad [...] Why is this language still acceptable?”

Maggie McGurgan, Royal College of Psychiatrists

## Data & information sharing

### *Population prevalence data*

A data-driven approach to youth mental health and well-being is paramount, recognising that “good data is the foundation for many important strategies.” The NICCY (2018) report draws attention to repeated calls from the UN Committee on the Rights of the Child, urging governments to consistently collect disaggregated data on young people’s mental health at the population level. While the first Youth Prevalence Survey was released in 2020, subsequent comprehensive population-wide data remains absent. Given the global reports on the multifaceted impact of Covid-19 on children and young people’s lives, there is an urgent need for substantial and robust data specific to the unique challenges within Northern Ireland. Relying on prevalence estimates from other countries, particularly England, as benchmarks for Northern Ireland is deemed unacceptable. A commitment to more frequent collection and analysis

of population-level data is essential. This not only enhances the planning and monitoring of services but also evaluates the impact of policies addressing youth mental health education and early intervention on a systemic level.

### *The importance information sharing*

Improving communication channels for vital information exchange between external agencies and schools is crucial for maintaining seamless care for students across health and education. With well-established communication channels and protocols, schools can promptly relay pertinent details about a pupils’ mental health requirements to relevant staff members. This ensures that schools stay informed about a young person’s situation, enabling them to offer timely and essential support. On the contrary, neglecting to share information or encountering delays in doing so can significantly impact a young person’s mental health, particularly those in crisis seeking emergency care.

*“VP of a school [was] saying they had many children and young people that were currently dealing with depression and suicidal thoughts that they were finding out after the fact [...] there had been a young person who had attended emergency care (inaudible) having made an attempt to harm himself and the school didn’t know about it for three weeks during that period”.*

Nicole Bond, Office for the Mental Health Champion

The advantages of information sharing are evident, yet the formidable hurdles of privacy and confidentiality must

be addressed. Protecting personal information is a legal requirement under General Data Protection Regulation (GDPR), introducing challenges related to privacy laws, consent protocols, and effective data management. Navigating these complexities can be daunting. Adherence to legal and ethical guidelines to protect privacy often involves obtaining consent from parents or carers before disclosing sensitive information. The apprehension surrounding mental health stigma may dissuade young people or their families from sharing information, highlighting the need for a supportive and non-judgmental environment. Overcoming privacy and confidentiality obstacles demands a comprehensive strategy that upholds the privacy rights of pupils and their families while ensuring appropriate information sharing. This involves secure communication channels limited to employees with a legitimate need-to-know to prevent unauthorised access or breaches.

## **Funding challenges**

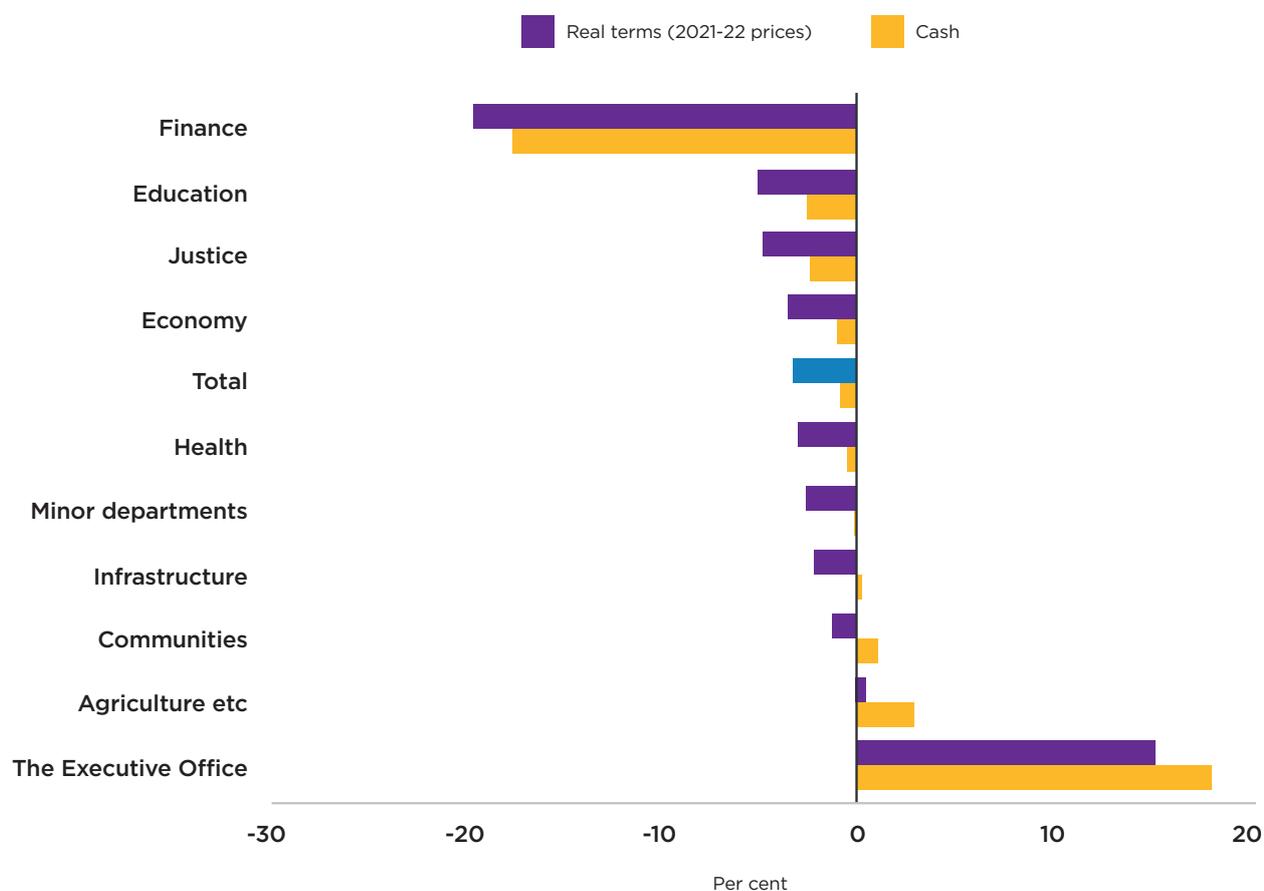
### ***Government Funding Streams***

A substantial portion of the overall block grant funding for Northern Ireland is allocated to the DENI and the broader public education system.

The Departmental Expenditure Limit (DEL) budget for Northern Ireland 2023/24 fiscal year is £14.211 billion. The education budget represents the second largest allocation accounting for 18% of available funds at £7.318 billion, after health, which receives 51.4% (Department of Finance, 2023). In recent years Northern Ireland's education sector has been subjected to steadily declining funds, despite rising costs and increasing pupil numbers. This shortfall is straining the system and limiting access to important non statutory supports like school-based mental health education and early intervention services.

The DE has said there is a £382 million gap between what is needed to run the education system and what it has (DENI, 2023). Figure 3 shows education cuts have exceeded average reductions across other departments with a reduction of 2.7%. This larger decrease in the Education budget may be attributed, at least in part, to being the highest percentage over-spender against plans in the previous year (NIO, 2023). The “real term” reductions, accounting for the impact of inflation, over the past decade amount to a more substantial drop of £145 million (6%), with a decline of around 11% in per pupil funding in real terms.

**Figure 3: 2023-24 Departmental resource allocations compared to final plan 2022-23**



Source: The NIO's 2023-24 Budget for Northern Ireland: Initial summary

As a result, the DE and the EA are now having to make radical savings. Numerous services have been cut or scaled back ranging from 40-100%. These cuts will have a knock-on effect on children and young people's well-being and mental health. The Special Educational Needs Coordination role was slashed in half - from £22 million in 2022/23 to £11 million for 2023/24. Other significant reductions include the EA's Special Educational Needs Transformation Programme, which faced a 50% budget cut. The "Engage" post-COVID tutoring support programme concluded in March 2023 after funding cuts. Additionally,

the Extended Schools funding, which supports the most vulnerable children in the most deprived areas, was reduced by £1.5 million in 2021/22 to £3.9 million, though initially deeper cuts were proposed. The Free School Meals payments scheme suffered funding decreases affecting over 96,300 children, while the budget for free period products in schools was cut 40% to £243,000 from £413,786. (Fitzpatrick et al. 2023).

In light of the projected £600 million widening funding gap anticipated for 2024/25, as outlined in the Investing in a Better Future Report (2023), the

future of educational provision faces unprecedented challenges, particularly for mental health education and mental health support that lack protection, and do not benefit from statutory or ringfenced funding.

Regarding mental health and well-being initiatives in schools, several projects related to the Emotional Health and Well-being in Education Framework have funding secured for 2023/24. (See table 5). Notably, the table doesn't incorporate the Happy Healthy Minds pilot, which was axed in March 2023. This decision sparked a significant backlash, with numerous stakeholders expressing their concerns and making persuasive appeals for the reinstatement of funding throughout the inquiry. Nonetheless, a 'Discontinuation Report' from DENI (2023) disclosed that

sustaining this primary school provision was financially untenable under the future budget arrangements.

Moreover, the Independent Counselling Service for Schools is allocated an annual budget of £3.1 million through the Education Authority, with this funding assured until June 2024, coinciding with the expiration of the current funding cycle. The fate of post-primary counselling remains uncertain. There is growing apprehension among providers, schools, and advocates that anticipated cuts to the DENI's budget may lead to the cessation of both these crucial programmes, potentially leaving thousands of children and young people in crisis without access to essential mental health support.

**Table 5: DE and DoH Projects and funding for the 2023/24 financial year**

Name of Programmeme	2023/2024 budget	Lead organisation for delivery
<b>Text a Nurse</b>	£425,000	Public Health Agency
<b>School Nursing Pilot</b>	£252,000	Public Health Agency
<b>RISE NI (expansion)</b>	£1,017,000	Department of Health
<b>REACH</b>	£991,374	Education Authority
<b>Attach Programmeme</b>	£500,000	Education Authority
<b>Being Well Doing Well</b>	£952,000v	Education Authority
<b>Emotional Well-being Teams in Schools</b>	£785,000	Health & Social Care trusts
<b>The Nurture Advisory &amp; Support Service</b>	£5,640,000	Education Authority

Source: FOI DE 2023-0102; FOI11654

In addition to funding cuts, there is a notable lack of a targeted and strategic approach in the release of funds. Barnardo's NI has raised several concerns in this regard. For instance, the extension of funds for the Engage Programmeme was announced in July, with monies to be spent between September to December. This lack of advanced notice to schools, combined with a tight timeframe for resource utilisation, often turns what could be an opportunity to carefully address student needs into a burden. This situation compels schools to spend money hastily within a constrained timeframe, preventing them from investing in well-evidenced, impactful, and longer-term programmemes.

Moreover, this “scattergun approach to funding” can result in piecemeal programmeme implementation. Barnardo's NI highlights the case of The PATHS® Programmeme, emphasising its four-year duration as essential for achieving programmeme fidelity and expected outcomes. Where schools are commissioning the PATHS® Programmeme from different pots of funding, they are often unable to complete the full four years when the funding ends or is discontinued, and therefore will not achieve the full benefits and outcomes of the programmeme.

The limitations imposed by budget constraints have resulted in a significant gap in the provision of well-being promotion and early intervention services within schools.

In an effort to fill this void, schools have been compelled to dip into their shrinking budgets. With many schools dealing with impossible funding allocations and the growing number of schools operating in deficit, not all schools can financially support privately funded provisions. Moreover, the dilemma is exacerbated by school leaders having to make decisions on programmemes primarily based on cost rather than prioritising positive outcomes, presenting a significant challenge.

“*Barnardo's NI is concerned that in a restricted budgetary environment, social and emotional programmemes and counselling services are regarded as optional extras, not as core provision, especially when schools are continuing to have their budgets stretched to meet running costs. Even prior to the recent budgetary pressure, schools were often making decisions on programmemes they were buying in based on cost-effectiveness, rather than evidence of positive outcomes for children.*”

Trása Canavan, Barnardo's NI

A more strategic and long-term approach to funding is required for

the commissioning of mental health programmes and support within education settings. Several witnesses expressed a preference for reverting to multi-year budgets during the inquiry. The last multi-year budget settlement spanned the financial years 2011/12 to 2014/15, after which the transition to 1-year budgets occurred. The education sector stands to benefit significantly from increased certainty and the ability to plan over an extended multi-year period. This approach is integral to informed policy design, effective service delivery, and comprehensive long-term planning. While a fully funded system represents a critical initial step, its efficacy is augmented through the reimplementation of multi-year budget cycles and sustained, longer-term investments.

Additionally, resourcing and funding of social and emotional learning, and mental

“*Education is the single most important investment in the future of society and the economy. Increasing the current level of investment will generate future savings in areas such as health, welfare and criminal justice [...] A fully funded system is the key first step, but this should be supported by the return to multi-year budget cycles and longer-term investment.*”

Investing in a Better Future Report (2023)

health and well-being support should not be siloed within education. While the link with health is immediately obvious, other departments should also be engaged in supporting children with their mental health and well-being, as outlined in The Children’s Services Co-operation Act 2015. Short-sighted reductions to mental health promotion and early intervention programmes for children and young people not only jeopardise the education and healthcare systems but also pose risks to the justice system and overall economy. It is, therefore, imperative that a comprehensive cross-departmental commissioning strategy is developed. Coordinated investments, facilitated through cooperation legislation, can help bolster the limited education budgets, with a clear priority on the mental health and well-being of young people.

### **The case for early intervention**

When we consider that 50% of mental health problems are established by the age of 14, the importance of promoting emotional health and well-being at the earliest stage is clear. It was universally agreed that statutory funding for school counselling and therapeutic services be put in place to support delivery of the Children and Young People’s Emotional Health and Well-being in Education Framework. Losing counselling services in our schools will have catastrophic effects for children and young people and the public purse long term.

*“With all the current uncertainties due to a lack of government, alongside the impact of Covid-19 pandemic and now the cost-of-living crisis, the continuation of counselling and other creative therapy, accessible provision across all state schools in Northern Ireland is vital for the mental health and well-being of children, young people and families.”*

Jo Holmes, BACP

The Coalition for School Counselling & Therapeutic Interventions, set up in 2023, presented strong evidence that investing in therapeutic interventions for children and young people deliver significant returns, as well as being a very effective intervention for reducing psychological distress and improving outcomes like self-esteem, well-being, and academic achievement.

Therapeutic counselling delivered in schools approx.  
**£229**  
per child

Cost per referral to CAMHS approx.  
**£2,338**

In-patient care approx.  
**£61,000**  
per child

Estimated cost benefit ratio of  
**32-1**  
for early intervention

According to the coalition report (2023) therapeutic support delivered in schools’ cost around £229 per child and provides an average lifetime benefit of £7,252

through reducing issues like mental illness, addiction, and criminal behaviour later in life. This equates to an impressive, estimated cost-benefit ratio of 32-1 (The Department of UK Health, 2015). When compared to alternatives such as referring a child to community CAMHS, the initial £229 cost of six counselling or CBT sessions in a school setting has been shown to be vastly more economical. The average cost per referral to CAMHS is £2,338 and in-patient CAMHS support costs an eye watering average of £61,000 per child according to analysis carried out by the Children’s Commissioner for England in 2017.

Place2Be carried out an economic evaluation of primary school counselling services across the UK. Their analysis indicated primary school counselling generates up to £36m in long-term benefits each year at a cost of £4.5m (Probono Economics, 2022).

Long-term benefits include higher wages, better employment outcomes for individuals. There are also savings for public services due to lower truancy and crime, alongside reduced demands on healthcare services.

*“For every pound spent in primary school counselling provision [in England], £8 was saved long-term and those benefits really were across future mental health services and additional support that those young people would need... The counselling services deliver economic benefits of £8,700 per child and that year generates*

*£36m of savings per annum. So, we're talking about a programme that costs around £6-7m a year to fund and deliver, and it really is a small amount".*

Jo Holmes, BACP

Overall, the evidence clearly shows that counselling and other therapeutic support within educational settings not only improves outcomes for children, but also provides significant savings and returns for both individuals and wider society in the long-term. It represents extremely good value for money.

### **Best practice in other jurisdictions**

Across the UK and the Republic of Ireland, the escalating mental health issues among children and young people mirror the challenges faced in Northern Ireland, with increasing cases of distress, anxiety, depression, self-harm, and other conditions. Policymakers and organisations across these regions advocate for early intervention and prevention strategies over mere treatment of severe issues. A consensus has emerged on the necessity for comprehensive, long-term mental health strategies that incorporate a whole-system approach, blending education, community, and clinical services. Schools are acknowledged as pivotal in supporting youth mental health, yet, like Northern Ireland, they are hindered by funding and workforce limitations.

Despite these challenges, several best practices shared during the inquiry offer potential models for Northern Ireland to consider. These include statutory school-based counselling, standardised workforce training, the adoption of

proven international evidence-based programmes, and systematic population-level data monitoring.

In England, the importance of comprehensive data tracking is highlighted by the Mental Health of Children and Young People (MHCYP) survey initiated in 2017 by NHS Digital. This annual survey provides crucial statistics on child mental health trends, with additional follow-ups carried out to understand the COVID-19 pandemic's impact. Furthermore, England's DE annual State of the Nation reports monitor well-being in schools they indicate overall happiness remains stable for most young people, with an average score of 7.1 out of 10. For those reporting lower levels of happiness, scores have increased between 2016 and 2022. Such data-driven approaches could serve as a blueprint for Northern Ireland, enabling a proactive and responsive approach to youth mental health challenges.

School-based Mental Health Support Teams (MHSTs) in England, established following the "Transforming Children's Mental Health" green paper and the NHS Long Term Plan of 2019, signify a major advancement in addressing children's mental health within the educational sector. These multidisciplinary teams consist of Education Mental Health Practitioners, practitioners connected to CAMHS, school nursing and, where available, school counsellors. The MHSTs are tasked with providing direct support to students, working collaboratively with school staff, and ensuring a holistic approach to mental health care within the school environment.

In terms of returns on investment, an investigation of Barnardo's implementation of [Mental Health Support Teams in England](#), operating across an average of 10-20 schools, reveals that for every £1 spent, there is a £1.90 return (Barnardo's, 2022).

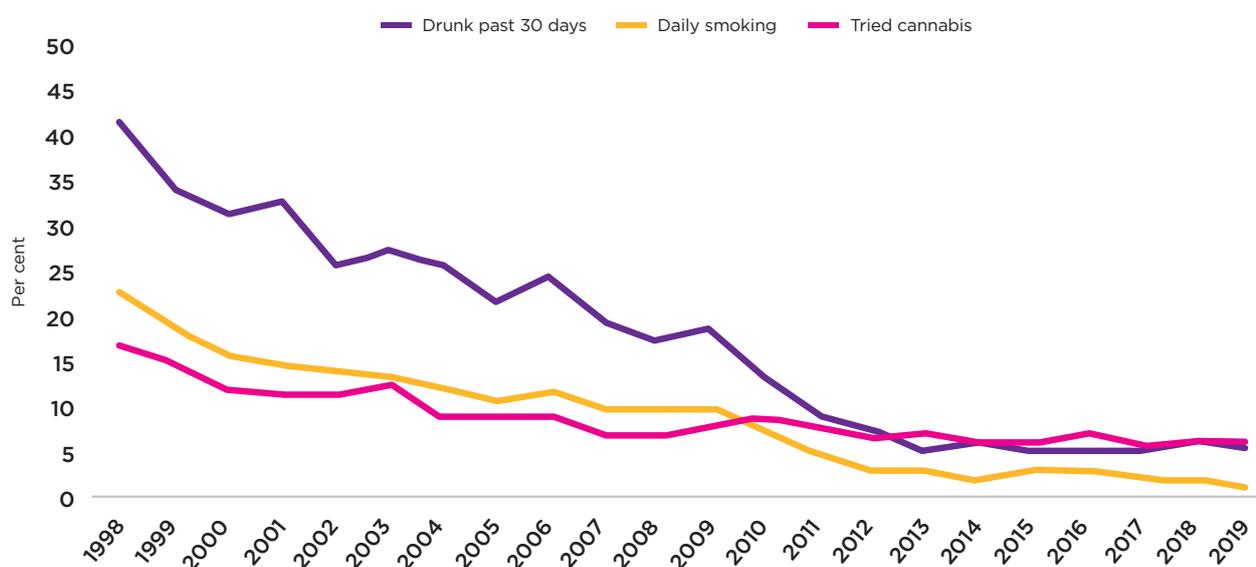
*“At the moment, the government has actually reached their target earlier than expected. So as of spring of this year [2023] 35% of pupils are now covered by mental health support teams and they hope to reach 44% next year. We've also had over 8,200 schools in England sign up to have this senior mental health lead”.*

Kadra Abdinasir from the Centre for Mental Health

A number of programmes and initiatives in Ireland were presented by Paul Gilligan of St. Patrick's Mental Health Services in Dublin. One promising initiative is Iceland's Planet Youth

programme which is currently operational across three regions in Ireland. The Planet Youth programme focuses on modifying social and environmental factors to reduce substance use among adolescents. The programme's success in Iceland, marked by a dramatic decrease in adolescent substance use, illustrates the potential for such initiatives to achieve significant change. Over the course of 20 years, adolescent substance use rates in Iceland shifted from being the highest in Europe to the lowest (See Figure 4). The programme has been implemented across the world. During the past 10 years more than 100 peer reviewed articles have been published based on the Icelandic model (Planet Youth, 2024). This example showcases the benefits of implementing established, evidence-based programmes, rather than developing and testing new programmes that are costly and may not improve outcomes.

**Figure 4: Planet Youth Iceland: Positive development over 20 years**



Data: The Icelandic Centre for Social Research and Analysis, ICSRA/ 2023

Scotland has a long-standing commitment to providing school counselling services to all school-aged children aged 10 and over. Counselling is primarily offered in high schools and special schools but is also available to primary school children if deemed necessary. Recent data shows around 14,500 children and young people per year were accessing the service across Scotland. Every local authority in Scotland offers these services. The Scottish government invests around £16 million per year to fund school counselling services. This funding is now embedded into local government budgets, making it a stable long-term commitment rather than a pilot programme. Each local authority structures and delivers counselling services slightly differently based on local needs, but they must meet an established national framework.

The Scottish Government has integrated the promotion of children and young people's mental health into professional learning across the education and family services workforce. A framework established in 2021 details the necessary knowledge and skills for professionals working with young people, categorising these into four levels: Informed, Skilled, Enhanced, Specialist. The Mental Health Foundation in Scotland partnered with Children's Health Scotland and Digital Bricks Learning to develop a professional learning resource on mental health and well-being for all school staff in Scotland. It points teachers to high-quality training resources that

directly map onto the skills/knowledge outlined. This makes it easier for them to access relevant learning, helping teachers to develop strategies and confidence to recognise issues early, get appropriate support sooner and prevent escalation.

“*There's a digital learning map that's got all the training mapped out [...] We're not expecting you to be a mental health professional, but we are expecting you, in line with our other core policies in Scotland, like Getting it Right for Every Child [...] that you as the first point of contact will be able to listen to that young person, get them the support they need by referring on to the appropriate services [...] and it wouldn't just be a case of you pass somebody on, but you'll actually take ownership of the fact that somebody has come to you looking for that support.*”

David Leitch, Scottish Government

# Conclusion & Recommendations

## Conclusion

The All-Party Group on Mental Health Education and Early Intervention in Schools was established to understand the current situation in Northern Ireland's education system. Over the course of a year, a diverse group of stakeholders including government representatives, academics, frontline workers and most importantly, young people generously offered their insights. A comprehensive understanding into the current state of mental health education, early intervention and support structures within the Northern Ireland education system was provided. While some positive initiatives exist, the findings highlight several gaps and areas urgently requiring strategic reform if we are to adequately address the rising prevalence of youth mental health issues.

Rates of poor mental well-being amongst children and young people have reached worryingly high levels. The effect of the COVID-19 pandemic and the cost-of-living crisis has intensified the number of young people needing additional support. The Youth Well-being Prevalence Survey (2020) and organisational data monitoring of services reveal concerningly high levels of anxiety, depression, self-harm and suicidal thoughts amongst our children and young people. Coordinated multi-level interventions, firmly rooted in evidence, are essential for addressing public health challenges comprehensively. These strategies should adopt an ecological viewpoint on public mental health, effectively tackling influences at the individual, familial,

educational, and community levels.

A key finding underscores the lack of recent population prevalence data to properly understand local trends, needs and evaluation impacts over time. Robust longitudinal collection of disaggregated, outcomes-focused data utilising standardised tools is critical to ensure evidence-based, responsive policymaking. It is imperative to establish robust longitudinal data collection systems that disaggregate information and focus on outcomes, employing standardised tools. This approach is vital for enabling evidence-based policymaking that is agile and responsive to the evolving needs of communities.

While commendable programmes promoting well-being have been implemented, shortfalls in robust evaluation render impacts difficult to reliably discern. Outcome evaluations must be scientifically rigorous, extending beyond mere self-report surveys. They should incorporate objective health metrics and utilise linked administrative datasets to examine real-world impacts on crucial indicators such as educational attainment, employment status, and involvement in the justice system. This comprehensive approach ensures a deeper understanding of programme efficacy and facilitates informed decision-making for future interventions.

The lack of standardised policies and inconsistent provision across schools pose significant challenges, resulting in inequitable access to vital support services. To address this disparity and ensure equal protection of pupils'

rights to well-being support regardless of school attended, it is imperative to mandate comprehensive mental health education, establish minimum training standards for teachers, and ensure universal access to counselling and creative therapies in education settings. Equipping all staff with the necessary skills and confidence to effectively identify and support struggling students at an early stage is essential for fostering a supportive and inclusive learning environment. By implementing these measures, a more equitable educational landscape will be created where every student receives the care and support they need to thrive.

To effectively bridge these systemic gaps, it is imperative to undertake coordinated, well-resourced actions spanning various government departments and sectors, with a commitment sustained over an extended period. This effort necessitates a reform agenda that prioritises prevention and early intervention strategies, aligning closely with the objectives outlined in both the Mental Health Strategy and the Emotional Health and Well-being in Education Framework. By prioritising prevention and early intervention measures, we can proactively address mental health challenges and foster a supportive environment that promotes emotional well-being for all individuals, ensuring a healthier and more resilient society in the long term.

Representatives from Wales and Scotland demonstrated their governments' unwavering commitment to early intervention in schools by

providing substantial financial backing for in-school counselling services. This tangible support aligns with their stated priorities and underscores a proactive approach to addressing mental health concerns among students. Conversely, the budget cuts in Northern Ireland, particularly affecting programmes like Healthy Happy Minds, raise concerns about the NI Executive's dedication to prioritising early intervention and mitigating the escalation of mental health crises. Neglecting to prioritise strategic investment in mental health initiatives not only jeopardises current efforts but also risks exacerbating long-term issues and perpetuating intergenerational impacts on mental health. It is imperative for policymakers to recognise the potential consequences of underinvestment and take decisive action to safeguard the mental well-being of future generations.

In conclusion, this inquiry highlights the pressing need for strengthened commitment, cross-departmental leadership, and sustained long-term investment to safeguard the rights and mental health of Northern Ireland's children and young people. By addressing the identified gaps and implementing targeted action informed by this discussion, we have the potential to significantly enhance the well-being of young people, their families, and wider society. It is imperative that policymakers recognise the urgency of these issues and take decisive steps to prioritise mental health education and early intervention in schools, ensuring a brighter future for generations to come.

## List of recommendations

- 1.** Mandate comprehensive mental health education in the standard curriculum across all education settings. By making mental health education compulsory students will benefit from access to consistent and high-quality teaching on essential topics such as well-being, emotional literacy, mental illnesses, coping strategies, and help-seeking. Empowering young people with the vocabulary to articulate their emotional states and mental health, as well as equipping them with accurate knowledge on maintaining mental well-being and accessing support is vital. Integrating mental health education into the curriculum will contribute to the reduction of stigma associated with mental health issues, fostering a more informed and supportive educational environment.
- 2.** Implement mandatory mental health training for all professionals who may interact with young people, encompassing school staff and general practitioners. Make child and adolescent mental health and well-being a compulsory component of initial teacher training programmes. This training should focus on developing core professional competencies that enable practitioners in children's services to recognise signs of distress and respond in a sensitive, competent, and age-appropriate manner, employing evidence-based techniques. It is crucial that all adults who encounter a young person in distress are aware of the pathways and thresholds for appropriate referral to specialist services. Standardised training within the education sector will enhance teacher confidence and their capacity to support students equally. Additionally, incorporating refresher training every 2 to 3 years is advisable to ensure continued competence and efficacy in responding to mental health concerns among young people.
- 3.** Establish clear referral pathways and cohesive cross-sector care protocols connecting schools, community services, and healthcare providers guarantees consistent support for students, as well as for ongoing assessment and reassessment to prevent any gaps in care. These protocols should clearly define roles, establish guidelines for information sharing while respecting privacy, and outline expectations for response to ensure a smooth transition between services and sectors. This approach fosters collaboration and ensures that students receive uninterrupted care tailored to their changing needs.
- 4.** Increasing overall funding in education is paramount, with a dedicated allocation specifically earmarked for mental health education. Full funding for the implementation of the Mental Health Strategy and the Emotional Health and Well-being in Education Framework is essential. To effectively meet the objectives outlined in the education framework, it is crucial to allocate statutory funds explicitly for counselling and therapeutic services within every school. The provision of these services not only facilitates early intervention, thereby reducing the strain on specialised

services, but also, and most importantly, enhances outcomes for young individuals and their families.

- 5.** Implement regular population mental health surveys and comprehensive outcome evaluations using standardised tools. These surveys serve as a crucial mechanism for monitoring mental health trends, facilitating the timely identification of specific problem areas, and conducting rigorous assessments of interventions from an outcomes-oriented perspective. By establishing a robust data infrastructure, these surveys provide invaluable insights necessary for evidence-based policymaking and strategic resource allocation over the long term. Additionally, they enable stakeholders to track progress, identify areas requiring targeted interventions, and adapt strategies accordingly to effectively address evolving mental health needs within communities. This systematic approach ensures that resources are allocated efficiently and interventions are tailored to meet the diverse needs of the population, ultimately promoting mental well-being and resilience at both individual and societal levels.
- 6.** Create a comprehensive and standardised evaluation framework to assess the impacts of all mental health programmes, services, and provisions implemented within school settings. This framework should set forth minimum requirements for data collection and outcome measurement to ensure rigorous and scientifically valid evaluation of impacts at various

levels: individual, class level and whole school population. It is essential that data collection be systematically conducted using validated tools across a spectrum of interventions, including universal, targeted, and specialist approaches. By adopting such a framework, schools can effectively gauge the effectiveness of their mental health initiatives, identify areas for improvement, and make informed decisions regarding resource allocation and programme refinement. Moreover, this standardised approach facilitates comparison and benchmarking across different interventions, contributing to a broader understanding of best practices and ultimately enhancing the quality of mental health support provided to students.

- 7.** To ensure the integrity and effectiveness of mental health initiatives within school settings, it is imperative to engage external research bodies for independent evaluation of programme impacts, implementation fidelity, and cost-effectiveness prior to universal rollout. Employing rigorous research designs, such as randomised controlled trials where ethically permissible, is crucial in establishing causality and distinguishing between correlation and causation. Control groups receiving alternative or no interventions enable meaningful comparison of the relative impacts of different approaches. Additionally, longitudinal follow-up allows for the examination of enduring effects over time, providing valuable insights into

the sustainability of interventions. By complementing standardised frameworks with independent external monitoring, we uphold the highest level of accountability, ensuring that resources are maximised and benefits are optimised. This comprehensive approach not only enhances the effectiveness of mental health initiatives but also promotes cost-effectiveness, ultimately leading to better outcomes for students and schools alike.

- 8.** Establish a comprehensive, long-term strategic investment plan that bridges the gap between education and health budgets, with a specific focus on early intervention and prevention strategies. This joint effort requires strategic coordination to bolster the limited resources allocated to education through long-term savings generated by upstream mental health promotion initiatives. Pooling resources and aligning priorities will maximise investment impact, and ensure sustainable support for mental health initiatives in schools. Additionally, implementing multi-year plans provides much-needed predictability, offering stability and continuity in funding, as opposed to the uncertainty associated with annual budget cycles. This forward-thinking approach not only enhances the effectiveness of interventions but also fosters a culture of collaboration and innovation, ultimately leading to improved mental health outcomes for students and communities.
- 9.** Adopt evidence-based international programmes that have demonstrated

effectiveness, while concurrently subjecting all local provisions to rigorous evaluation. Leveraging successful models from similar regions can fast track positive outcomes, but it's imperative to complement this approach with thorough local monitoring. This ensures the validity and relevance of interventions in new contexts while guarding against potential harm or inefficiency. By carefully evaluating local adaptations and implementations, we not only maximise the benefits of proven interventions but also safeguard against unintended consequences. This comprehensive approach fosters innovation, optimises resource allocation, and ultimately enhances the impact of mental health initiatives within our community.

- 10.** Engage students, parents, and frontline workers to continuously inform policy through their lived experience and expertise. The most insightful understanding of needs comes from those most directly affected, emphasising the necessity for their active participation in the design, implementation, and reform of mental health support. Their valuable perspectives should be consistently sought to ensure policies and services are informed by real-world insights, fostering a collaborative and responsive approach to addressing mental health education and early intervention in schools.
- 11.** It is imperative to give equal weight to the measurement and enhancement of the well-being of children and young people in educational settings,

just as much as academic achievement. This parity underscores the importance of prioritising mental health and fostering mental health literacy alongside other foundational areas of development. Neglecting to prioritise well-being not only undermines the holistic development of students but also risks overlooking significant risk factors that may compromise their overall welfare. By acknowledging the interconnectedness

of mental well-being and academic success, educational institutions can cultivate environments that promote resilience, self-awareness, and emotional regulation among students. This balanced approach not only equips young individuals with the tools they need to thrive academically but also prepares them to navigate the complexities of life with confidence and resilience.

Implementing these recommendations will help establish a strong foundation for youth mental health and early intervention in Northern Ireland's education system. However, meaningful progress will only be achieved through long-term sustained commitment and coordinated multi-sector action. Ongoing investment, evaluation, and stakeholder engagement will be needed over the coming decade and beyond to realise comprehensive reform. While challenges may emerge, prioritising the well-being of students has proven benefits not only for individuals

but society as a whole. Adopting an evidence-based approach focused on prevention, early intervention, collaboration, and accountability can deliver improved outcomes. It is imperative that Northern Ireland utilises the lessons from this inquiry to drive forward strategic implementation of policies and programmes with proven effectiveness. Success will be measured not only by initiatives implemented, but more importantly by enhanced mental health and brighter futures for Northern Ireland's children and young people.

# Appendices

## Appendix 1: List of members and declarations of interest

Mr Pádraig Delargy MLA (Chairperson) - Sinn Féin, Foyle

Mrs Deborah Erskine MLA (Vice-Chairperson) - Democratic Unionist Party, Fermanagh, and South Tyrone

Mr Robbie Butler MLA (Secretary) - Ulster Unionist Party, Lagan Valley

Mrs Ciara Ferguson MLA (Treasurer) - Sinn Féin, Foyle

Dr Caoimhe Archibald MLA - Sinn Féin, East Londonderry

Ms Paula Bradshaw MLA - Alliance Party, South Belfast

Miss Nicola Brogan MLA - Sinn Féin, West Tyrone

Mr David Brooks MLA - Democratic Unionist Party, East Belfast

Mr Gerry Carroll MLA - People Before Profit Alliance, West Belfast

Mr Trevor Clarke MLA - Democratic Unionist Party, South Antrim

Mrs Linda Dillon MLA - Sinn Féin, Mid Ulster

Mr Mark Durkan MLA - Social Democratic and Labour Party, Foyle

Ms Sorcha Eastwood MLA - Alliance Party, Lagan Valley

Miss Órlaithí Flynn MLA - Sinn Féin, West Belfast

Mr Harry Harvey MLA - Democratic Unionist Party, Strangford

Ms Cara Hunter MLA - Socialist Democratic and Labour Party, East Londonderry

Ms Liz Kimmins MLA - Sinn Féin, Newry and Armagh

Mr Brian Kingston MLA - Democratic Unionist Party, North Belfast

Miss Nuala McAllister MLA - Alliance Party, North Belfast

Mr Peter McReynolds MLA - Alliance Party, East Belfast

Mr Mike Nesbitt MLA - Ulster Unionist Party, Strangford

Ms Carál Ní Chuilín MLA - Sinn Féin, North Belfast

Ms Aisling Reilly MLA - Sinn Féin, West Belfast

Mr John Stewart MLA - Ulster Unionist Party, East Antrim

Ms Claire Sugden MLA - Independent, East Londonderry

Mr Eóin Tennyson MLA - Alliance Party, Upper Bann

## Appendix 2: List of witnesses

### 13 February 2023

Understanding the need for and provision of mental health education and early intervention in schools:

- Dr Nicole Bond, Office of the Mental Health Champion

### 15 March 2023

Understanding the role, the departments play in providing mental health services in schools.

- Claire McClelland - Department of Education
- Gavin Quinn - Department of Health
- Paul Millar - Department of Health
- Leanne Thompson - Department of Health
- Julie Plackitt - Department of Education

### 29 March 2023

Understanding the role, the community and voluntary sector play in providing mental health services in schools.

- Amanda Jones - Action Mental Health
- Edith Bell - Familyworks NI
- Caryl Sibbett - British Association for Art Therapists
- Jo Holmes - British Association for Counselling and Psychotherapy

### 18 April 2023

Support and guidance provided to professionals within the education sector.

- Dr Maggie McGurgan - Child and Adolescent Mental Health & Intellectual Disabilities and RCPsych NI
- Sheila Gamble - Education Authority
- Nicole Topping - Education Authority

### 05 June 2023

Training and support provided during Initial Teacher Training (ITE).

- Dr Shauna McGill - Ulster University
- Dr Glenda Walsh - Stranmillis University College
- Karen Hall - Mental Health Foundation

## **26 June 2023**

Learning from other jurisdictions.

- Kadra Abdinasir - Centre for Mental Health
- David Leitch - Scottish Government

## **11 September 2023**

Young people's perspectives on mental health education in schools.

- Martin Kelly - NI Youth Forum
- Theo Burton - Pure Mental

## **4 October 2023**

Learning from other jurisdictions

- Paul Gilligan - St Patrick's Mental Health Services in Dublin

## **6 November 2023**

Educator's perspective on mental health and well-being in schools

- Nicole O'Connor - Learning Me
- Bernard Noble - Learning Me

### Appendix 3: Calls for evidence (questions asked)

A call for written evidence ran from 28 September until 6 November 2020. Organisations and individuals were invited to make written submissions to the APG that addressed all or some of the following issues:

There were several aims of the inquiry:

- 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.

To achieve these aims, the terms of reference were as follows:

1. Identify what resources/programmes are provided by the Department of Education and the Education Authority.
2. Identify what resources are available in the Community and Voluntary Sector.
3. Understand how the Department of Health/HSC can work with schools to help identify needs and access support for children and young people through Child and Adolescent Mental Health Services.
4. Explore initiatives developed and self-funded within individual education settings.
5. Examine how emotional health and well-being interventions are identified.
6. Understand how the needs of students are assessed and suitable interventions are identified.
7. Examine the evaluation and quality assurance measures for mental health interventions that exist within education settings.
8. Understand how the emotional health and well-being needs of children and young people are assessed within the education sector.
9. Identify what support and guidance are provided to professionals within the education sector to provide a safe space for students.
10. Understand what funding is currently available for mental health interventions within the education sector for mental health education, early intervention, and prevention services.

#### **Appendix 4: List of written evidence submissions received**

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

Action for Children NI

Action Mental Health

Aware

Barnardo's NI

British Association for Counselling and Psychotherapy

British Association for Music Therapy

British Association of Art Therapists

Department of Health

Family Works NI

Lighthouse

MindWise

National Assembly for Wales - Children, Young People and Education Committee

Northern Ireland Commissioner for Children and Young People (NICCY)

NSPCC

Office of the Mental Health Champion

Pure Mental

RelateNI

Royal College of Psychiatrists, Northern Ireland

St. Patrick's Grammar School, Downpatrick

Streetbeat Youth Project

Welsh Government / Llywodraeth Cymru

## **Appendix 5: Access oral evidence sessions recordings**

All oral evidence sessions of the inquiry into Mental Health Education and Early Intervention in Schools are recorded and will be made available to the public on request. To request a copy of any of the sessions email: [apgmentalhealth@mindwise.org](mailto:apgmentalhealth@mindwise.org)

## References

Adamson, P., Bradshaw, J., Hoelscher, P., & Richardson, D. (2007). Child poverty in perspective: An overview of child well-being in rich countries.

Barkham, M., Bewick, B., Mullin, T., Gilbody, S., Connell, J., Cahill, J., ... & Evans, C. (2013). The CORE-10: A short measure of psychological distress for routine use in psychological therapies. *Counselling and Psychotherapy Research*, 13(1), 3-13.

Barnardo's. (2022). It's hard to talk: Expanding mental health support teams in education. Available from: [It's hard to talk: Expanding Mental Health Support Teams in education | Barnardo's](#)

Bat Or, M., & Zilcha-Mano, S. (2019). The art therapy working alliance inventory: The development of a measure. *International Journal of Art Therapy*, 24(2), 76-87.

Belfast Youth Forum, NI Youth Forum & Children's Law Centre (2018). Elephant in the room exploring young's awareness of mental health in Northern Ireland. Belfast: Belfast City Council. <https://cypsp.hscni.net/wp-content/uploads/2020/08/Elephant-in-the-Room-Young-Peoples-Report.pdf>

Bond, N. (2022). *Mental Health Prevention and Intervention in Northern Ireland Post-Primary schools*. [Doctoral dissertation, Ulster University]. [Mental Health Prevention and Intervention in Northern Ireland Post-Primary schools](#)

Bunting, L., McCartan, C., Davidson, G., Grant, A., McBride, O., Mulholland, C., ... & Shevlin, M. (2020). The mental health of children and parents in Northern Ireland: Results of the youth well-being prevalence survey. Belfast: Health and Social Care Board. [Youth Well-being Prevalence Survey 2020 - DOH/HSCNI Strategic Planning and Performance Group \(SPPG\)](#)

Children's Commissioner for England (2017). Briefing: Children's Mental Healthcare in England. Available from: [Briefing: Children's Mental Healthcare in England](#)

Carvajal-Velez, L., Harris Requejo, J., Ahs, J. W., Idele, P., Adewuya, A., Cappa, C., Guthold, R., Kapungu, C., Kieling, C., Patel, V., Patton, G., Scott, J. G., Servili, C., Wasserman, D., & Kohrt, B. A. (2023). Increasing Data and Understanding of Adolescent Mental Health Worldwide: UNICEF's Measurement of Mental Health Among Adolescents at the Population Level Initiative. *The Journal of adolescent health : official publication of the Society for Adolescent Medicine*, 72(1S), S12-S14. <https://doi.org/10.1016/j.jadohealth.2021.03.019>

Children's Service Cooperation (Northern Ireland) Act. (2015). [Children's Services Co-operation Act \(Northern Ireland\) 2015](#)

Children's Society (2008). *The Good Childhood Inquiry: health research evidence*. London: Children's Society.

Coalition for School Counselling & Therapeutic Interventions (2023). The case for investing in therapeutic interventions in schools in Northern Ireland's Schools. [https://www.bacp.co.uk/media/19227/ni\\_schools\\_report\\_2023.pdf](https://www.bacp.co.uk/media/19227/ni_schools_report_2023.pdf)

Creswell, C., Shum, A., Pearcey, S., Skripkauskaitė, S., Patalay, P. and Waite, P. (2021). Young people's mental health during the COVID-19 pandemic. *The Lancet Child & Adolescent Health*, 5(8), 535-537. [https://doi.org/10.1016/S2352-4642\(21\)00177-5](https://doi.org/10.1016/S2352-4642(21)00177-5)

David, C. (2014). Session Rating Scale (SRS) and Child Session Rating Scale (CSRS). *Guide to using outcomes and feedback tools*, 143.

Department of Education NI. (2019). *Safeguarding and Child Protection in Schools*. Bangor: DENI

Department of Education NI. (2019). *Children and Young People's Strategy 2019-2029*. Bangor: DENI

Department of Education NI (2021). *Children & Young People's Emotional Health and Well-being in Education Framework*. Bangor: DENI. [Children & Young People's Emotional Health and Well-being in Education Framework \(final version\)](#).

Department of Education NI. (2023). Education Budget Announcement 2023/24. Bangor: DENI. Available here: [Department of Education protects funding for vulnerable children and young people](#). [Last accessed July 2023]

Department of Education Northern Ireland (2023). [last accessed 10 July 2023]. Equality and Human Rights Policy Screening for Discontinuation of the Healthy Happy Minds Pilot Counselling and Therapeutic Support Programme. Bangor: DENI. Available from: [Equality and Human Rights Policy Screening for Discontinuation of the Healthy Happy Minds pilot counselling and therapeutic support programme | Department of Education](#) [Last accessed July 2023]

Department of Finance (2023). Department of Finance 2023-24 Budget Factsheet. Available here: [Northern Ireland budget 2023-24 | Department of Finance](#). [Last accessed July 2023]

Department for Health, Department for Education. (2017). *Transforming Children and Young People's Mental Health Provision: a Green Paper*. London: Department for Health, Department for Education.

Department of Health (2019). *Interdepartmental Action Plan in response to the "Still Waiting Report"*. Belfast: DoH. [Interdepartmental Action Plan in response to the "Still Waiting" Report | Department of Health](#)

Department of Health. (2021). *Mental Health Strategy 2021-2031*. Belfast: Department of Health. [Mental Health Strategy 2021-2031](#).

Department of Health. (2021). *Mental Health Strategy Delivery Plan for 2022/23*. Belfast: DoH. [Mental Health Strategy Delivery Plan for 2022/23](#). [Last accessed May 2023]

Department of Health (2023). *CAMHS Waiting Time Statistics for Northern Ireland (June 2023)*. Belfast: DoH. [Publication of "CAMHS Waiting Time Statistics for Northern Ireland \(June 2023\)" | Department of Health](#) [last accessed 28th November 2023]

Department of UK Health (2015). Future in mind. Promoting, protecting and improving our children and young people's mental health and well-being. Available: [Improving mental health services for young people - GOV.UK](#) [Last accessed December 2023]

DHSSPS. (2006). *The Bamford Review of Mental Health and Learning Disability: A comprehensive legislative framework*. Belfast: DHSSPS (NI).

Dooley, N., Kennelly, B., Arseneault, L., Zammit, S., Whelan, R., Mosley, O., ... & Cannon, M. (2023). Functional outcomes among young people with trajectories of persistent childhood psychopathology. *JAMA network open*, 6(9), e2336520-e2336520. <https://doi:10.1001/jamanetworkopen.2023.36520>

Duncan, B. L., Miller, S. D., Sparks, J. A., Claud, D. A., Reynolds, L. R., Brown, J., & Johnson, L. D. (2003). The Session Rating Scale: Preliminary psychometric properties of a "working" alliance measure. *Journal of brief Therapy*, 3(1), 3-12.

Education Authority (EA). (2020). *Independent Counselling Service for Schools (ICSS) Handbook*. Belfast: EA. [ICSS Handbook | Department of Education](#).

Farias, M. (2022). DEBATE: The inevitable decline of mindfulness. *Child and Adolescent Mental Health*, 27(4), 422-423.

Fitzpatrick, C., Loader, R., McCartney, S., McConnell, B., McMullen, J., Murray, C., Orr, K., Purdy, N., & Simms, V. (2023). *The consequences of the cuts to education for children and young people in Northern Ireland*. [The Consequences of the Cuts to Education for Children and Young People in Northern Ireland](#)

Foulkes, L., & Stringaris, A. (2023). Do no harm: can school mental health interventions cause iatrogenic harm?. *BJPsych Bulletin*, 1-3.

Frith E. (2016). CentreForum Commission on children and Young People's Mental Health: State of the Nation. Centre Forum. <http://centreforum.org/live/wp-content/uploads/2016/04/State-of-the-Nation-report-web.pdf> [Last accessed 14th May 2023]

Garland, A. F., Hough, R. L., McCabe, K. M., Yeh, M. A. Y., Wood, P. A., & Aarons, G. A. (2001). Prevalence of psychiatric disorders in youths across five sectors of care. *Journal of the American Academy of Child & Adolescent Psychiatry*, 40(4), 409-418.

Goodman, R. (1997). *The Strengths and Difficulties Questionnaire: a research note*. *Journal of child psychology and psychiatry*, 38(5), 581-586.

Gore, F. M., Bloem, P. J., Patton, G. C., Ferguson, J., Joseph, V., Coffey, C., ... & Mathers, C. D. (2011). Global burden of disease in young people aged 10–24 years: a systematic analysis. *The Lancet*, 377(9783), 2093-2102.

Independent Review of Education in Northern Ireland (2023). Investing in a better future: The Independent Review of Education in Northern Ireland. Available from: [INVESTING IN A BETTER FUTURE: THE INDEPENDENT REVIEW OF EDUCATION IN NORTHERN IRELAND](#)

Kazdin, A.E., & Johnson, B. (1994). Advances in psychotherapy for children and adolescents: Interrelations of adjustment, development, and intervention. *Journal of School Psychology, 32*, 217-246.

Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. (2005). Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry, 62* (6) pp. 593-602. doi:10.1001/archpsyc.62.6.593.

Khan, L. (2016). Missed opportunities: A review of recent evidence into children and young people's mental health. *Centre for Mental Health*.

Lereya, S. T., Patel, M., Dos Santos, J. P. G. A., & Deighton, J. (2019). Mental health difficulties, attainment and attendance: a cross-sectional study. *European child & adolescent psychiatry, 28*, 1147-1152. <https://doi.org/10.1007/s00787-018-01273-6>

Marshall, K., & Willoughby-Booth, S. (2007). Modifying the Clinical Outcomes in Routine Evaluation measure for use with people who have a learning disability. *British Journal of Learning Disabilities, 35*(2), 107-112. <https://doi.org/10.1111/j.1468-3156.2006.00422.x>

Maynard, B.R., Solis, M.R., Miller, V.L. and Brendel, K.E. (2017), Mindfulness-based interventions for improving cognition, academic achievement, behaviour, and socioemotional functioning of primary and secondary school students. *Campbell Systematic Reviews, 13*: 1-144. <https://doi.org/10.4073/CSR.2017.5>

Miller, S. D., Duncan, B. L., Brown, J., Sparks, J. A., & Claud, D. A. (2003). The outcome rating scale: A preliminary study of the reliability, validity, and feasibility of a brief visual analog measure. *Journal of brief Therapy, 2*(2), 91-100.

Duncan, B. L., Miller, S. D., Sparks, J. A., Claud, D. A., Reynolds, L. R., Brown, J., & Johnson, L. D. (2003). The Session Rating Scale: Preliminary psychometric properties of a "working" alliance measure. *Journal of brief Therapy, 3*(1), 3-12.

Montero-Marin J, Allwood M, Ball S, et al (2022). School-based mindfulness training in early adolescence: what works, for whom and how in the MYRIAD trial? DOI: 10.1136/ebmental-2022-300439

MYRIAD Project (2022). *What did we find?* University of Oxford. <https://myriadproject.org/what-we-did/what-did-we-find/> [Last accessed January 2023]

National Children's Bureau (2019). Informing the development of an emotional health and well-being framework for children and young people in Northern Ireland. Belfast: Department for Health, Department for Education, Public Health Agency.

National Children's Bureau (2020). *Nurturing Healthy Minds Together*. [Nurturing Healthy Minds Together](#)

National Scientific Council (2014). Excessive stress disrupts the development of brain architecture. *Journal of Children's Services*, 9(2), 143-153. [Excessive Stress Disrupts the Architecture of the Developing Brain](#)

Northern Ireland Commissioner for Children and Young People. (2018). *Still waiting: A rights based review of mental health services and support for children and young people in Northern Ireland*. Belfast: NICCY.

Northern Ireland Commissioner for Children and Young People. (2021). *A New and Better Normal: Children and Young People's Experiences of the Covid-19 Pandemic*. Belfast: NICCY. [A NEW AND BETTER NORMAL](#)

Northern Ireland Executive (2021). *Keeping Children and Young People Safe: An Online Safety Strategy for Northern Ireland*. [Keeping children and young people safe: an Online Safety Strategy for Northern Ireland 2020-2025](#)

Northern Ireland Fiscal Council (2023). *The NIO's 2023-24 Budget for Northern Ireland: Initial summary*. Available from: [The NIO's 2023-24 Budget for Northern Ireland: initial summary](#) [Last accessed July 2023]

Northern Ireland Statistics and Research Agency. (2017). *Suicide statistics 2017*. Belfast: NISRA. [Suicide statistics](#)

Northern Ireland Statistics and Research Agency. (2017). *Young Persons' Behaviour & Attitudes Survey 2016*. Belfast: NISRA.

O'Neill, S., Armour, C., Bolton, B., Bunting, B., Corry, C., Devine, B., & Murphy, S. (2015). Towards a Better Future: The Transgenerational Impact of the Troubles on Mental Health. Belfast, CVSNI.

Paulus, F. W., Ohmann, S. and Popow, C. (2016), Practitioner Review: School-based interventions in child mental health. *J Child Psychol Psychiatr*, 57: 1337-1359. doi:10.1111/jcpp.12584

Piao, J., Huang, Y., Han, C., Li, Y., Xu, Y., Liu, Y., & He, X. (2022). Alarming changes in the global burden of mental disorders in children and adolescents from 1990 to 2019: a systematic analysis for the Global Burden of Disease study. *European Child & Adolescent Psychiatry*, 31(11), 1827-1845.

Plant Youth (2023). Planet Youth Method: Publications. Available from: <https://planetyouth.org/the-method/publications/> [Last accessed January 2024]

Probono Economics (2022). Place2Be's one-to-one counselling service in UK primary schools: an updated cost-benefit analysis. <https://www.place2be.org.uk/media/esfjzc3f/pro-bono-economics-report-place2be-2022.pdf>

Radloff, L. S. (1977). The CES-D scale: A self-report depression scale for research in the general population. *Applied psychological measurement*, 1(3), 385-401.

Rosenberg, M. (1965). Rosenberg self-esteem scale (RSE). *Acceptance and commitment therapy. Measures package*, 61(52), 18.

Royal College of Paediatrics and Child Health. (2020). State of Child Health: Northern Ireland. [How does the evidence affect your nation? – RCPCH](#)

Rutter, M., Maughan, B., Mortimore, P., Ouston, J., & Smith, A. (1979). *Fifteen thousand hours: secondary schools and their effects on children*. Cambridge: Harvard University Press.

Signorini, G., Singh, S. P., Boricevic-Marsanic, V., Dieleman, G., Dodig-Ćurković, K., Franic, T., ... & De Girolamo, G. (2017). Architecture and functioning of child and adolescent mental health services: a 28-country survey in Europe. *The Lancet Psychiatry*, 4(9), 715-724.

Spitzer, R. L., Kroenke, K., Williams, J. B., & Löwe, B. (2006). A brief measure for assessing generalised anxiety disorder: the GAD-7. *Archives of internal medicine*, 166(10), 1092-1097.

Twigg, E., Barkham, M., Bewick, B. M., Mulhern, B., Connell, J., & Cooper, M. (2009). The Young Person's CORE: Development of a brief outcome measure for young people. *Counselling and Psychotherapy Research*, 9(3), 160-168.

UNICEF (2007). Child poverty in perspective: An overview of child well-being in rich countries, *Innocenti Report Card 7, 2007*. UNICEF Innocenti Research Centre, Florence.

United Nations (UN). (1989). UN Convention on the Rights of the Child (UNCRC).

World Health Organization. (2019). *Global Health Estimates*. World Health Organization. [Global Health Estimates](#) [retrieved 13 May 2023]

World Health Organization. (2022). *Mental health*. World Health Organization. [Mental health](#) [retrieved 14 May 2023]

World Health Organization. (2022). *Comprehensive Mental Health Action Plan 2013–2030*. World Health Organization, Geneva. [Comprehensive Mental Health Action Plan 2013-2030](#)

WHO. (2020, September 28). *Adolescent Mental Health Key Facts*. Retrieved January 26, 2021, from World Health Organisation: <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>

WHO. (2021). *Adolescent health*. Retrieved January 26, 2021, from WHO.int: [https://www.who.int/health-topics/adolescent-health#tab=tab\\_1](https://www.who.int/health-topics/adolescent-health#tab=tab_1)

Yang, T. C., Power, M., Moss, R. H., Lockyer, B., Burton, W., Doherty, B., & Bryant, M. (2022). Are free school meals failing families? exploring the relationship between child food insecurity, child mental health and free school meal status during COVID-19: national cross-sectional surveys. *BMJ open*, 12(6), e059047. doi: 10.1136/bmjopen-2021-059047



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