

Well-Being: promoting mental health in schools

No. 2, 2012

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Editorial

Public discourse often presents mental health in a wholly negative light, focusing on mental health 'problems', rather than the concept of promoting mental well-being. Such thinking assumes that mental health promotion is only relevant for a minority of people. In reality people have different levels of resilience to common problems in life, such as stress and bereavement. People also employ different coping mechanisms. It is more accurate to think of mental health, as something which fluctuates throughout a person's lifetime. This *Spotlight* suggests that mental health should be treated like physical health; something to be maintained and protected.

Research indicates that resilience is best developed in the early years of a person's life. Skills children develop at a young age will help them cope better as adults. As such, many commentators advocate that mental health promotion programmes should take place in schools.

This *Spotlight* is intended to give Members an overview of approaches and examples of early interventions both here and internationally and outline what is considered best practice in the design of youth mental health programmes. It also examines the returns for the individual and society.

Committees Team

February 2012

Library & Research Service

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Executive summary

Governments around the world are now recognising the importance of mental well-being to society. While measures of GDP provide a picture of the economic health of a nation, measures of well-being provide an indication of how life in a country is experienced.

The costs of poor mental health in Ireland were estimated to be €3BN in 2006. Although the costs associated with poor mental health are large, in most countries expenditure on mental health comprises a relatively small percentage of the overall health budget. In high income countries this proportion is, on average, around 5%. In Ireland, 5.2% of the overall health budget goes towards mental health despite a recommendation in *A Vision for Change* that 8.2% of the health budget be spent on mental health.

There is still a stigma attached to mental illness. In Ireland, it is estimated that 44% of people have had a direct experience of mental health problems, yet most would not disclose a mental illness. Studies indicate that most young people in Ireland have positive mental health but some school students and young people have difficulty coping with stress in their lives.

Mental health promotion involves building people's resilience against various stresses in their lives and is referred to in several Irish policy documents including *The National Health Promotion Strategy (2000-2005)*, *Reach Out (2005)* and *A Vision for Change (2006)*.

Research shows mental health promotion is most effective when it takes place early in a person's life, therefore school may be a favourable location for such programmes to take place.

Children's well-being is affected by factors in their community, home, peers, and wider society

but there are a number of school-based factors which can be further divided into protective and risk factors. Mental health programmes attempt to maximise protective factors, while minimising risk factors.

Several countries around the world have school-based mental health promotion programmes. Some of these are implemented by State bodies while others are carried out by Non-Governmental Organisations (NGOs). Australia, for example, has several programmes. In Ireland, programmes such as Zippy's Friends, Mind Out and the Jigsaw Meath Project are being implemented in schools with positive outcomes being reported.

Research shows that mental health promotion programmes can be effective in equipping people with the skills necessary to avoid or deal with mental distress. Studies indicate that the whole-school approach is the most effective approach to mental health promotion. This involves students, school staff, parents as well as key community groups.

School-based programmes can have positive effects for students in terms of:

- behaviour and self-control;
- social and emotional skills;
- ability to learn and achieve academically;
- problem-solving in social settings.

The biggest challenges to implementing mental health promotion programmes in schools are: funding, timetabling, programme fidelity and achieving full participation from all stakeholders. While researchers argue that mental health programmes are most effective between the ages of 2-7, many of the programmes available around the world target children older than this.

What is mental health/well-being and why should we measure it?

Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.¹

The World Health Organization Mental Health Declaration (2005) claims that the social and economic prosperity of Europe will depend on improving mental health and well-being. They write:²

“Mental health and well-being are fundamental to quality of life, enabling people to experience life as meaningful and to be creative and active citizens. Mental health is an essential component of social cohesion, productivity, and peace and stability in the living environment, contributing to social capital and economic development in societies (WHO, 2005).”

Several international organisations measure well-being through social reporting, including the United Nations, the Organisation for Economic Co-operation and Development (OECD), and the European Commission. Within the European Union (EU) there is a strong emphasis on identifying the determinants of mental wellbeing, which is seen as an investment in the future.³

At national level, countries such as New Zealand, Germany, the Netherlands, Australia, and Canada have been producing social reports for a number of years. Canada has recently developed the Canadian Index of Well-Being.⁴ The first Canadian report using this index highlighted the discrepancy between GDP and

¹ http://www.who.int/features/factfiles/mental_health/en/index.html

² http://www.euro.who.int/_data/assets/pdf_file/0008/885

³ www.nice.org.uk/nicemedia/pdf/PH012Guidance.pdf Similar

⁴ <http://ciw.ca/en/>

well-being when it showed that from 1994 to 2008, Canada's GDP grew by 31% but quality of life grew by just 11%. As rationale for creation of the index, the authors of the report claim:

“GDP makes no distinction between economic activities that are good for our wellbeing and those that are harmful. Spending on tobacco, natural and human-made disasters, crime and accidents, all make GDP go up.”

The National Economic and Social Council (NESC) *Well-Being Matters: A Social Report for Ireland* was published in October 2009. Upon publication Dr. Rory O'Donnell said:

“GDP can measure economic output but does not take adequate account of the value of education, our health, or the natural environment. Our social progress is linked to the capabilities of our people and that is where well-being matters.”

Researchers conducting The Gallup World Poll surveyed thousands of respondents in 155 countries between 2005-2009.⁵ Respondents were asked to rank their daily experiences of happiness on a life evaluation score from 1-10. Subjects that reported high scores were considered "thriving." The results, which were published in 2010, found that Denmark was the happiest country, followed by Finland, Norway and Sweden.

Costs associated with poor mental health

The WHO estimates that up to 20% of children and adolescents worldwide experience a disabling mental health problem.⁶ The costs of mental ill health are considerable, the OECD (2008) report⁷ that 21 million people in 28 European countries (4.5% of the total population) have depression, with an associated cost of more than € 118 billion (1% of the

⁵ <http://www.forbes.com/2010/07/14/world-happiest-countries-lifestyle-realestate-gallup-table.html>

⁶ Amnesty International and Children's Rights Alliance (2011). Children's Mental Health Coalition Background Paper.

⁷ OECD.(2008).Mental Health in OECD Countries. www.oecd.org/dataoecd/6/48/41686440.pdf

region's GDP). Direct costs were €42 billion, comprised of outpatient care (€ 22 BN), pharmaceuticals (€ 9 BN) and hospitalisation (€ 10 BN), but indirect costs due to work absenteeism and premature mortality accounted for two-thirds of the total (€76 BN).

The Mood Disorders Society of Canada (2009) report that costs for disability due to depression are the fastest growing disability costs for Canadian employers.⁸

In Ireland the costs of poor mental health was estimated to be 2% of GNP (€3BN) in 2006.

Expenditure on mental health

Some governments (Austria, Australia, Germany, Hungary and Switzerland, for example) have established health promotion foundations, which are statutory bodies with long-term and recurrent public resources.⁹

In a survey by the European Commission (2006)¹⁰ a lack of funding was cited as the main obstacle to mental health promotion. This broadly reflects a lack of funding towards mental health more generally. In many countries, spending on mental health represents a very small proportion of the overall health budget. Figure 1 compares countries' expenditure on mental health as a percentage of their overall health budget. The chart shows that Luxembourg spends the largest proportion of their health budget on mental health, followed by the UK, Sweden and Germany.

In 2010, Ireland spent 5.2% of its overall health budget on mental health. This is in line with the

⁸ http://secure.cihi.ca/cihiweb/products/roi_mental_health_report_en.pdf

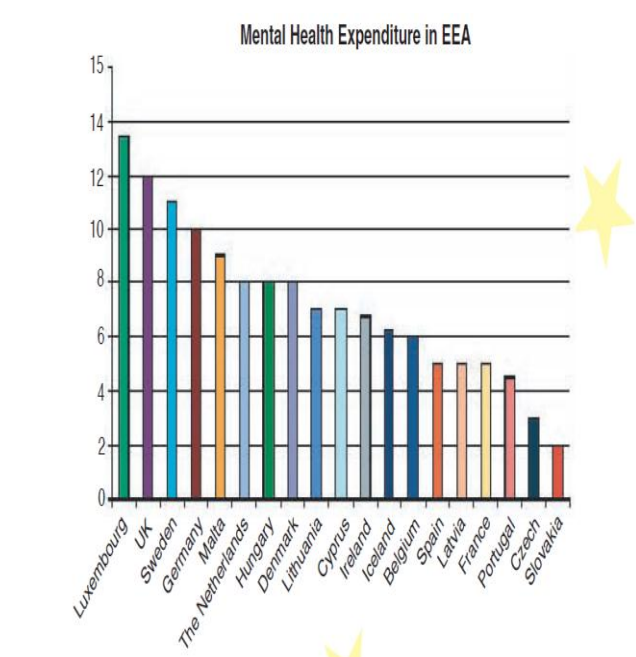
⁹ <http://heapro.oxfordjournals.org/content/early/2011/04/04/heapro.dar023.abstract>

¹⁰ European Commission. (2006). Mental Health Promotion and Mental Disorder Prevention across European Member States: a collection of country stories. Accessed on 7th February 2012 at http://ec.europa.eu/health/archive/ph_projects/2004/action1/docs/action1_2004_a02_30_en.pdf

world median for high income countries¹¹ but is lower than set out in *A Vision for Change*, which recommends that 8.2 per cent of the overall health budget be allocated to mental health.¹²

The European Commission (2006) report identified a divide between the apparent importance of mental health promotion in documents and speeches, across countries, and translating these words into reality.

Figure 1: Mental Health Expenditure in the EEA



Professor James Heckman is the Henry Schultz Distinguished Service Professor of Economics at the University of Chicago and Nobel Laureate (2000).¹³ His research shows that early childhood education has a positive effect on the health and well-being of children and society. Heckman is particularly interested in children that come from disadvantaged backgrounds and argues that early education can offset some of the effects a disadvantaged background can

¹¹ WHO. (2011). Mental Health Atlas 2011. http://whqlibdoc.who.int/publications/2011/9799241564359_eng.pdf

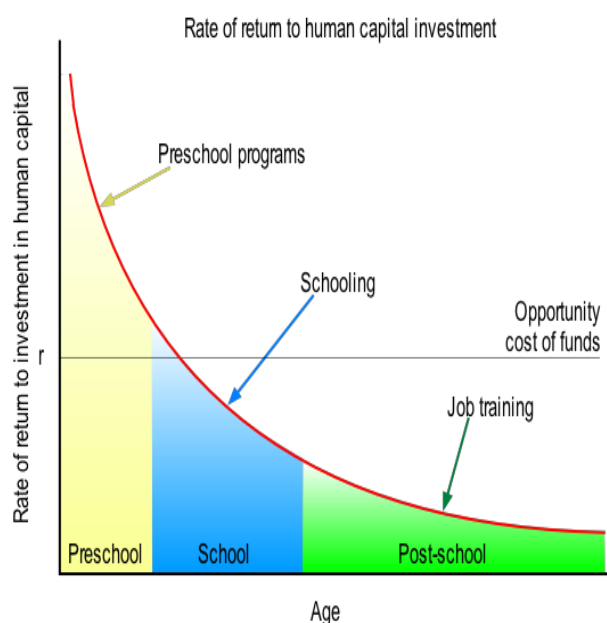
¹² http://www.irishpsychiatry.ie/Libraries/External_Affairs/CPsychl_Pre-Budget_Submission_2011.sflb.asx

¹³ <http://heckman.uchicago.edu/>

Protecting well-being in children

have on a child's future.¹⁴ Figure 2 is based on U.S. data and indicates that money spent on children during the pre-school years provides the best return to investment. Returns gradually decrease as a person reaches school age and are significantly less when a person finishes school. Heckman (2008) argues that investment in pre-school offers a better financial return to the State and society than investment in public job training. This is because 'skill begets skill', i.e. a good early foundation makes later skill acquisition easier.¹⁵

Figure 2: Rate of return to investment in children and young people¹⁶



Esping-Anderson (2008) writes that investment in children has:¹⁷

“...over the past half century, been almost exclusively directed at formal education. It is only quite recently that we have come to realise that the foundations of learning – as well as the chief mainsprings of inequalities – lie buried in the pre-school phase of childhood and that schools are generally ill-equipped to remedy a bad start.”

¹⁴ Heckman, J. and Masterov, D.V. (2007). The productivity argument for investing in young children. National Bureau of Economic Research.

¹⁵ http://www.childandfamilypolicy.duke.edu/pdfs/10yr_anniversary_Heckmanhandout.pdf

¹⁶ http://literacyencyclopedia.ca/index.php?fa=items.s_how&topicId=300

¹⁷ http://www.fahcsia.gov.au/sa/families/pubs/scoping_study/Pages/chapter_two.aspx

There have been a number of indicators created by researchers in the field of child Well-Being, as outlined in Gordon et al.'s (2010) report of indicators *The well-being of children and youth - a stocktaking report on data sets and indicators, Work-in-Progress Report 2010*.¹⁸ In the context of promoting child mental health, it is useful to outline the various spheres in which children exist and how these impact on well-being. Figure 3 shows how children's rights and well-being can be promoted.¹⁹ Research indicates that stronger links between each system of circles (shown below) leads to greater resilience and healthier individual outcomes. In other words, the more involved a child is with their peers, family, community etc., the greater their well-being will be.

Figure 3: The Child's Rights Ecology Model



Morrison and Kirby (2010) write that it is not just the absence of risks and problems that influence children's psychological well-being but also the presence of positive factors in their lives to promote positive development.²⁰ While many

¹⁸ http://www.eiesp.org/hosting/a/admin/files/Indicator_s_Stocktaking_Report_2010%5B1%5D.pdf

¹⁹ <http://labspace.open.ac.uk/mod/oucontent/view.php?id=425702&printable=1>

²⁰ Joint Consortium for School Health (2010).

factors which influence a child's well-being take place in the home, or broader society, there are factors which can be developed in schools. Within the school system, programmes tend to deal with the following risk and protective factors.²¹

Box 1: Child well-being –protective and risk factors

Protective factors	Risk factors
<ul style="list-style-type: none"> • positive relationships with peers and teachers • feelings of positive regard • participation in school and community activities • opportunities and skills for achievement • opportunities and skills for communication • recognition of contribution and achievements • sense of security 	<ul style="list-style-type: none"> • absenteeism • alienation • bullying • disengagement • isolation • low academic achievement • violence

Research shows that some of the most common problems which challenge students' well-being are family dysfunction or other family problems, impulse control, other behavioural problems, bullying, and stress/anxiety/depression.^{22 23}

Schools as a setting for promoting positive mental health: better practices and perspectives.

²¹ http://www.rch.org.au/emplibrary/gatehouseproject/Gatehouse_Team_Guidelines.pdf

²² [http://www.intercamhs.org/files/Principals%20Survey%20-%20Germany%20\(09-28-10\).pdf](http://www.intercamhs.org/files/Principals%20Survey%20-%20Germany%20(09-28-10).pdf)

²³ Ainley, J., Withers, G., Underwood, C., Frigo, T. (2006). National Survey of Health and Well-Being Promotion Policies and Practices in Secondary Schools: Report to the Australian Principals' Associations Professional Development Council.

School-based mental health promotion

Clarke and Barry (2010)²⁴ show that positive mental health promotion is best done in the early years of a child's life, particularly from the ages of 2-7 years. The WHO's Ottawa Charter (1986) refers to the importance of the school as a setting for mental health promotion. It has also been found that there is a strong relationship between health, classroom performance, participation and student attitudes.²⁵

Health promotion is about realising people's potential to make them more resilient and involves building strengths, competencies and resources. This section will look at how mental health promotion can be implemented within schools.

Best practice in school-based health promotion

Characteristics of successful mental health promotion programmes are:²⁶

- good theoretical and research base;
- clarifying key goals and objectives;
- evaluation and high quality research methods;
- infrastructural support from management;
- programme fidelity, not re-invention; and
- transferability between countries and cultures.

Clarke and Barry (2010) show that programmes which adopt a whole-school approach are particularly likely to lead to positive mental health, social and educational outcomes. As cited by the Joint Consortium for School Health²⁷ a systematic review carried out by

²⁴ Clarke, A.M. and Barry, M. (2010). An evaluation of the Zippy's Friends emotional wellbeing programme for primary schools in Ireland

²⁵ <http://www.healthpromotion.cywhs.sa.gov.au/Content.aspx?p=154>

²⁶ Barry, M. (2007). Generic Principles of Effective Mental Health Promotion. International Journal of Mental Health Promotion.

²⁷ JCSH. (2010). Schools as a setting for promoting

Stewart-Brown (2006) on behalf of the WHO, revealed that school-based programmes are particularly effective if implemented using approaches common to the WHO's Health Promoting Schools approach. Box 2 provides more detail on this approach.

Box 2: WHO's Health Promoting Schools²⁸

Health promoting schools

A Health Promoting School (HPS) is based on the WHO Ottawa Charter. There are six components to this:

Healthy school policies

Policies which promote health and wellbeing e.g. healthy food practices; discourage bullying.

The school's physical environment

The physical environment refers to building design, location, amenities; natural light; space for physical activity, facilities for learning, healthy eating.

The school's social environment

Relationships between staff and students, parents and the wider community.

Individual health skills and action competencies.

Skills and experiences enabling competencies which improve the health and well-being of themselves and others in their community.

Community links

Connections between the school, students, families and key local groups and individuals.

Health services

Local school-based or school-linked health services such as mental health services to promote students' social and emotional development; to reduce barriers to intellectual development and learning and to improve social interactions for all students.

positive mental health: better practices and perspectives.

²⁸ IUHPE (2009). Achieving Health Promoting Schools: Guidelines for Promoting Health in Schools. Accessed on 10th February 2012 at http://www.iuhpe.org/uploaded/Publications/Books_Reports/HPS_GuidelinesII_2009_English.pdf

Specific approaches to school-based mental health programmes

There are three approaches to school-based mental health programmes:²⁹

1. Universal Programmes - aim to improve the mental health of the whole population of children
2. Targeted Programmes - aim to improve the mental health of children at increased risk of mental health problems
3. Indicated Programmes - aimed at children who are already manifesting signs of mental health problems

This *Spotlight* will concentrate on Universal Programmes, in keeping with the view that promoting mental health is something which relates to everyone.

Universal programmes include class based/curriculum based skills (such as Social Physical and Health Education (SPHE) as well as a whole-school approach. As the whole-school approach is found to be more effective (more on effectiveness later) we look at this in more detail.

Whole-School Approach

The whole-school approach is favoured by many experts in the field of mental health promotion as it involves students, staff, parents and is sustained over time; factors which tend to make intervention more successful.³⁰

According to the International Union for Health Promotion and Education (IUHPE) (2005) the whole-school approach is sometimes referred to as 'healthy school', 'health promoting school', 'universal', and 'multi-systemic' but there is a lack of agreement about what it means in practice.³¹

The WHO (2000) has a four level whole-school

²⁹ Clarke, A.M. and Barry, M. (2010). An evaluation of the Zippy's Friends emotional wellbeing programme for primary schools in Ireland

³⁰ Ibid.

³¹ http://www.iuhpe.org/upload/File/PE_SH_05.pdf

problems, antisocial behaviour and eventual school drop-out in later years.

Promotion of well-being in schools internationally

This section will give details and examples of the number of countries that implement school-based mental health programmes.

Countries with programmes in place

A recent review of U.S. school practices found that 59% of schools have programmes, to address children’s social and emotional competencies, in place.³⁷ Also in the U.S., *The Academic, Social, and Emotional Learning Act (2011)* will provide for the training of teachers and principals to meet the social and emotional needs of their students. It will also provide for an expansion of the availability of programs that teach students skills such as: problem-solving, conflict resolution, responsible decision-making, and relationship building.³⁸

The European Commission’s (2006) report states that over half of the countries surveyed had national educational programmes. The same report draws attention to Austria where the Austrian Network of Health Promoting Schools, “aims at promoting the somato-psycho-social health of students, teachers and parents, consists of 120 schools and is supported by a knowledge centre on school-based health promotion, which provides numerous fact sheets, guidelines and programme descriptions on many topics including mental health issues”.

Table 1 shows the results of a WHO (2008)³⁹ survey and details the percentage of countries that implement programmes and/or activities in schools to promote the mental health of children and adolescents. In over 40% of the countries surveyed, programmes were available in the majority of schools. The activities include workshops on conflict resolution, social and emotional learning, and overarching programmes that address several topics specific to target groups.

Table 1: Implementation of programmes in schools EU, Israel, Norway, Switzerland.

Programmes/ activity in schools	EU	EU15	Israel, Norway and Switzerland	Total
YES				
All or most (81-100%)	7%	0%	67%	10%
Majority (51-80%)	30%	33%	33	31%
Some (21-50%)	7%	7%	0	12%
A few (1-20%)	41%	40%	0	31%
NO	11%	13%	0	14%
No info available	4%	7%	0	2%

³⁷ Durlak, J.A., Weissberg, R.P., Dymnicki, A.B., Taylor, R.D., Schellinger, K.B. (2011). The Impact of Enhancing Students’ Social and Emotional Learning: A Meta-Analysis of School-Based Universal Interventions. *Child Development*, Vol 82(1), Pgs. 405-432.

³⁸ <http://casel.org/publications/academic-social-and-emotional-learning-act-of-2011-summary/>

³⁹ WHO. (2008). Policies and practices for mental health in Europe – meeting the challenges. www.euro.who.int/document/e91732.pdf

Specific programmes and what they involve

A selection of other notable mental health promotion programmes are as follows:

MindMatters – Australia (all years)

MindMatters is funded by the Australian Government and takes a whole-school approach to mental health and well-being, which focuses on the entire school community as well as the school environment. The approach is influenced by the WHO model for school mental health promotion. A survey of Australian schools showed that MindMatters was used in some way by over two-thirds of schools surveyed and was a key resource in 18% of schools.⁴⁰

MindMatters helps schools and their communities to:

- create a positive climate of mental health and wellbeing;
- be pro-active in the promotion of mental health and wellbeing for all students; and
- support prevention and early intervention initiatives for young people with mental health and wellbeing challenges.

The programme is facilitated by a CD-ROM and booklet, first published in 2000. The three dimensions of the MindMatters approach are:

- school ethos and environment;
- curriculum: teaching and learning; and
- internal and external partnerships and services.

Gatehouse Project – Australia (all years)

The European Network of Health Promotion Schools produced a booklet called *Models of health promoting schools in Europe*.⁴¹ The booklet contains information and learning gathered over ten years. The Gatehouse Project⁴² is a whole-school approach which has

⁴⁰ Ibid.

⁴¹ <http://www.schoolsforhealth.eu/upload/ModelsofhealthpromotingschoolsinEurope.pdf>

⁴² <http://www.rch.org.au/gatehouseproject/about/index>

adapted the models of this document and included them in their strategy. The Gatehouse Project operates at the following levels:

- classroom (teaching and learning environment and relationships) – feeling of connectedness;
- whole school (policies, programs, practices of the school) – ethos of the school; and
- links with the community (school, home, community organizations) – how school might strengthen links with the community to increase sense of connectedness.

FRIENDS for life – various countries (7-16 years)

FRIENDS for Life is a childhood anxiety prevention programme acknowledged by the WHO. The programme is currently used in schools and clinics in Australia, New Zealand, Canada, the United Kingdom, Ireland, Germany, Finland, the Netherlands, the United States, Mexico, Norway, and Portugal.⁴³

The programme aims to build resilience in young people and help them cope with and manage anxiety. The programme is aimed at children aged 7-11 years and youth aged 12-16 years. The effectiveness of FRIENDS has been shown in several Australian studies as well as in the United States, United Kingdom and Canada.⁴⁴

FRIENDS is a universal programme which consists of ten sessions and two booster sessions. The programme takes place in class time, avoids labelling children and is found to be as effective when run by teachers as

[.cfm?doc_id=176](#)

⁴³ <http://www.friendsinfo.net/>

⁴⁴ <http://www.friendsinfo.net/downloads/FRIENDSAbstractsBooklet.pdf>

clinicians.⁴⁵ The following steps describe how the initiative works:⁴⁶

- **Step 1** The school selects which year level they want FRIENDS to be introduced (e.g. ages 10–12 or 15–16) and adds the program to its year curriculum.
- **Step 2** The school purchases program manuals for the teachers responsible for the year level selected.
- **Step 3** These teachers are given a simple 1 day group-training session provided by a *Pathways Health and Research Centre* accredited FRIENDS trainer.
- **Step 4** The school then orders the number of workbooks required (one for each child) and collects the money from the parents, or arranges for parents to buy the books from the school's usual textbook supplier
- **Step 5** The school encourages parents to become involved with the program by attending optional parent sessions which can be run by a teacher using the program manual.

Social and emotional aspects of learning (SEAL) – England (all years)

SEAL is “a comprehensive, whole-school approach to promoting the social and emotional skills that underpin effective learning, positive behaviour, regular attendance, staff effectiveness and the emotional health and well-being of all who learn and work in schools.”⁴⁷

National Strategies report that it is currently being implemented in around 90% of primary schools and 70% of secondary schools in England.⁴⁸

⁴⁵ <http://www.friendsinfo.net/downloads/FRIENDSintrobooklet.pdf>

⁴⁶ Ibid.

⁴⁷ <https://www.education.gov.uk/publications/eOrderinDownload/DFE-RR049.pdf>

⁴⁸ Ibid.

SEAL is designed to promote the development and application to learning of social and emotional skills that have been classified under the five domains proposed in Goleman's (1995) model of emotional intelligence. These are:⁴⁹

- Self-awareness;
- Self-regulation (managing feelings);
- Motivation;
- Empathy; and
- Social skills.

At the school level, SEAL is characterised by the following principles:⁵⁰

- Clear planning focused on improving standards, behaviour and attendance;
- Building a school ethos that provides a climate and conditions to promote social and emotional skills;
- All children are provided with planned opportunities to develop and enhance social and emotional skills;
- Adults are provided with opportunities to enhance their own social and emotional skills;
- Staff recognise the significance of social and emotional skills to effective learning and to the well-being of pupils;
- Pupils who would benefit from additional support have access to small group work;
- There is a strong commitment to involving pupils in all aspects of school life;
- There is a strong commitment to working positively with parents and carers; and
- The school engages well with other schools, the local community, wider services and local agencies (National Strategies SEAL Priorities, 2009-2011).

⁴⁹ Ibid.

⁵⁰ <https://www.education.gov.uk/publications/eOrderinDownload/DFE-RR049.pdf>

Caring school community – USA (5-11 years)

The Caring School Community (CSC) is a modified version of what was formerly known as the Child Development Project. Its stated objectives are to “promote core values, pro-social behaviour, and a school-wide feeling of community.” There are four elements to the programme.⁵¹

- Class meeting lessons – teachers and students discuss issues and identify and solve problems collaboratively;
- Cross-age “buddies” programmes – pairing older and younger students together for learning and recreation;
- Homeside activities – conversational activities to do with their parents/guardian; and
- Schoolwide community – bring students, parents, and school staff together to create new school traditions.

The programme which targets K-6 students (age 5-11) is designed to be implemented over one year. Since it began in 2004 the programme has been implemented in 2,756 classrooms. Studies on the effectiveness of the Child Development Project (there has been no study of the CSC) show positive effects for behaviour but no discernible effects in the knowledge, attitudes, and values and the academic achievement domains.⁵²

Mentally Healthy Schools – New Zealand

The Mentally Healthy Schools (MHS) initiative was developed by the Mental Health Foundation in 1997 and again takes a whole-school approach to mental health promotion. Early challenges centred around de-stigmatising the term ‘mental health’. As part of this staff and students had a conversation around what mental health meant to them and the kind of associations they had with it. After six years of working with schools, the Mental Health Foundation of New Zealand put a set of

⁵¹ http://ies.ed.gov/ncee/wwc/pdf/intervention_reports/WWC_Caring_School_042307.pdf

⁵² http://ies.ed.gov/ncee/wwc/pdf/intervention_reports/WWC_Caring_School_042307.pdf

guidelines together.⁵³ These guidelines include activities within the school and in the wider community to promote and support the mental health status of all those associated with the school. Such activities include, among others: meetings with cultural groups in the community, anti-bullying initiatives, parent support groups in the community, open days, and publication of a school magazine.

Further information on what is taking place internationally can be found on the International Alliance for Child and Adolescent Mental Health and Schools (Intercamhs) website.⁵⁴ Intercamhs is an international alliance which aims to promote the mental health and well-being of children and young people.

Also, SHE Network is a network of National Coordinators from 43 countries in the European Region, which focuses on school health promotion and is supported in its work by the WHO Regional Office for Europe, European Commission and the Council of Europe.⁵⁵

Mental health among young people in Ireland

In Ireland, it is estimated that 44% of people have had a direct experience of mental health problems,⁵⁶ either personally or through family and friends. Yet a report by the Health Service Executive (HSE, 2007) shows that 60% of people would not want their personal experience of a mental health problem to be disclosed.⁵⁷

Surveys of young people’s well-being show that most young people experience positive mental health. The Health Behaviour in School-aged Children (HBSC) is a cross-national research study conducted in collaboration with the WHO Regional Office for Europe. One item on the survey asks students to rate how happy they are

⁵³ www.mentalhealth.org.nz/file/downloads/pdf/file_25_0.pdf

⁵⁴ <http://www.intercamhs.org/html/resources.htm>

⁵⁵ <http://www.schoolsforhealth.eu/index.cfm?act=tekst.tonen&tid=6>

⁵⁶ <http://www.mentalhealthreform.ie/home/mental-health-in-ireland/>

⁵⁷ <http://www.healthpromotion.ie/hp-files/docs/HSP00612.pdf>

with their lives at present. The 2006 report found that 92% of boys and 89% of girls felt very or quite happy with their lives.⁵⁸ In contrast, almost two in three young people in Ireland are 'unable to cope with the problems they face' according to a Headstrong report (2009).⁵⁹

The report on the outcome of a consultation with teenagers on mental health, *What helps and what Hurts*, conducted by the Office of the Minister for Children and Youth Affairs (OMCYA) was published in June 2009. The study found that pressure to 'look a certain way' and exam pressures were two of the most important 'hurt' factors. Among 'what helps' was having a 'safe space' to spend time with friends and family and to develop a positive self-image.

Irish policy towards mental health promotion

Article 24(2) of the UN Convention on the Rights of the Child requires States to ensure that all quarters of society have access to education about 'basic knowledge of child health.'

The importance of mental health promotion in both children and adults is mentioned in several Irish policy documents. The *Report of the National Task Force on Suicide* (1998) identifies the need for programmes to increase the awareness of mental illness in Irish society. *The National Health Promotion Strategy (2000-2005)* includes, as a strategic aim, the promotion of positive mental health through identifying models of best practice.

In 2005 the Government published a national strategy for action on suicide prevention, which identified strategies to deal with mental health difficulties among young people. The report was entitled *Reach Out* and recommended that schools be used to promote positive mental health.

⁵⁸ http://www.nuigalway.ie/hbsc/documents/hbsc_2006_english_version.pdf

⁵⁹ <http://www.headstrong.ie/content/almost-two-three-young-people-ireland-%E2%80%9Cunable-cope-problems-they-face%E2%80%9D-survey>

In 2006 the UN Committee on the Rights of the Child concluded that Ireland's programmes and services for child mental health were inadequate and pointed to the stigma surrounding mental health problems in this country. The UN Committee therefore recommended that the Government undertake awareness raising initiatives in order to de-stigmatise mental illness.⁶⁰

Recommendation 10.5 in *A Vision for Change* states:⁶¹

"For those children in school settings it is recommended that the SPHE be extended to include the senior cycle and that evidence-based mental health promotion programmes be implemented in primary and secondary schools."

Since the publication of *A Vision for Change* SPHE does take place in the senior cycle.

In 2010 the National Office for Suicide Prevention (NOSP) held a forum, the theme of which was 'Promoting Positive Mental Health and Reducing Stigma'.⁶² Currently the NOSP is involved in an interdepartmental group (education, health, HSE) examining best practice in mental health promotion in schools. The NOSP coordinates the development of and dissemination of information resources through www.healthpromotion.ie

The Health Promotion Unit at the Department of Health & Children has provided funding for specific research initiatives, led by the Centre for Health Promotion Studies at the National University of Ireland (NUI). Work at the unit has included:

- The development and implementation of the Mind Out positive mental health promotion programme,

⁶⁰ Amnesty International Ireland.(2009). Children's Mental Health Coalition Background Paper. Accessed at <http://www.childrensmentalhealth.ie/wp-content/uploads/2011/02/CMHC-Briefing-Paper-Oct-2009.pdf>

⁶¹ http://www.dohc.ie/publications/vision_for_change.html

⁶² http://www.nosp.ie/annual_report_2010.pdf

- Funding of research for the development of a regional evidence-based mental health strategy for the North West region; and
- Grant aid for a global review of the effectiveness of mental promotion by the International Union for Health Promotion and Education (IUHPE).

Examples of mental health promotion in Irish schools

This section looks at the existence of mental health promotion programmes in Ireland, taking place within the school system. It should be noted that the programmes in this section are in addition to other supports which are common to most schools, such as: guidance counsellors, SPHE, and the National Educational Psychological Service (NEPS).

Jigsaw Meath project (age 12-15 years)

The Jigsaw Meath project is a whole-school approach to mental health which is being piloted in Navan: (Beaufort College in Navan, St. Oliver's Post Primary in Oldcastle, St Peter's College Donboyne and Athboy community College) and one Youthreach centre in Laytown. The Jigsaw Meath project is part of a national network of Jigsaw projects and is aimed at young people. The programme is an initiative of the non-profit group Headstrong and works in partnership with communities. A main component of the Jigsaw process is getting young people involved in their communities.⁶³

Zippy's Friends (age 5-9 years)

In 2007 a joint partnership was set up between the HSE and the Department of Education and Science to implement Zippy's Friends. It was planned to pilot the programme as part of the Social, Personal and Health Education (SPHE) curriculum with children in first class. The pilot took place in 30 designated disadvantaged (DEIS) schools in the west of Ireland. The 24 week programme took place over two school years.

Zippy's Friends is based around a set of six illustrated stories about a group of children, their families, friends and an imaginary stick insect called Zippy. It usually runs for 24 weeks, with one 45-minute session each week. The programme has been implemented in over 16 countries. A recent evaluation by Clarke and Barry (2010) found that the programme was adapted to Irish schools without any problems and integrated well within the SPHE curriculum. In addition the programme had positive effects on children's emotional literacy, and improved teachers' relationships with children.⁶⁴

Teachers made a number of recommendations as to how Zippy's Friends could be improved. The most common recommendation was that a whole-school approach should be taken. Teachers reported that the biggest difficulty they encountered in implementing the programme was finding the time to do it.

MindOut

MindOut is a programme developed by Health Promotion HSE West and NUI Galway which takes place in secondary schools.

The programme was developed in consultation with students, teachers, and health promotion practitioners. MindOut is a twelve session mental health programme. The MindOut project is aimed at 15 to 18 year olds in the Irish school setting. The project includes schools from both Ireland and Northern Ireland.

The aims of the programme materials that have been developed are to:

- identify a range of coping strategies available to young people in stressful situations;
- identify rational thinking skills for use in controlling negative emotions;
- raise awareness of feelings and how to deal with them positively;

⁶³ <http://www.jigsaw.ie/page/promoting-mental-health>

⁶⁴ Clarke, A.M. and Barry, M. (2010). An evaluation of the Zippy's Friends emotional wellbeing programme for primary schools in Ireland.

- raise awareness of sources of support, both informal and formal, for young people in distress; and
- explore attitudes towards mental health issues and towards seeking help.

An evaluation of the MindOut programme in 2000-2001 found that students were more confident talking about mental health, were more aware of what mental health services were on offer, and felt they would be more likely to seek help if they were distressed.⁶⁵

Challenges to implementation

As previously stated, a survey of European countries commissioned by the European Commission (2006)⁶⁶ cited a lack of funding as the main obstacle to mental health promotion.

At a practical level, one of the biggest challenges schools face in mental health promotion is organisational, as implementing these programmes requires timetabling and extra administration.⁶⁷

The role of educators in delivering the programmes is also crucial. Power et al. (2008)⁶⁸ write that educating students about mental health requires specific skills and training. Successful youth mental health educators should:

- take a holistic approach to the child's life (social, physical, emotional);
- have prior training;

⁶⁵ WHO (2004). Mental Health Promotion: Case Studies from Countries.

⁶⁶ European Commission. (2006). Mental Health Promotion and Mental Disorder Prevention across European Member States: a collection of country stories. Accessed on 7th February 2012 at http://ec.europa.eu/health/archive/ph_projects/2004/action1/docs/action1_2004_a02_30_en.pdf

⁶⁷ Power, M., Cleary, D., Fitzpatrick, C. (2008). Mental Health Promotion in Irish Schools: A Selective Review. Accessed on 24th February 2012 at <http://www.schoolmentalhealth.co.uk/nasp/power.pdf>

⁶⁸ Ibid.

- have a non-judgemental attitude;
- encourage whole-school integration;
- have a good rapport with pupils;
- be well prepared for the classwork;
- be personally suited to the role; and
- possess a vision for their school and pupils.

Clarke et al. (2010)⁶⁹ write that teachers need follow up training to reinforce their initial training.

A review of the implementation of SPHE in Ireland (2003) revealed that teachers identified the following as the biggest hindrances to implementing SPHE:⁷⁰

- timetabling;
- all staff not involved (not whole school);
- perception that it is a 'doss' class;
- lack of qualified teacher training; and
- class sizes too large.

When asked what would help implementation, teachers answered:

- the support of management;
- the support of staff; and
- personal development training for staff.

A similar review, looking at implementation of SPHE in the senior cycle, took place in 2007.⁷¹ The study found similar challenges to those mentioned above: finding the time for SPHE in an overloaded curriculum, a perceived lack of value of SPHE among teachers, parents and students, and a lack of teacher training. However a large majority of staff felt that SPHE should be continued.

⁶⁹ Clarke, A.M., O'Sullivan, M., and Barry, M. (2010). Context matters in programme implementation. Health Education, Vol 110 (4), pp.273-293.

⁷⁰ Geary, T. and McNamara, P. (2003).

Implementation of Social, Personal & Health Education at Junior Cycle: National Survey Report.

⁷¹ <http://www.sphe.ie/downloads/NUIG/NUIG%20-%20SPHE%20EVALUATION%20SUMMARY%20SEPT%202007.pdf>

These echo challenges found in other studies such as: getting stakeholders involved, differences in school ethos, absenteeism within the programme, and creating partnerships with parents, community groups and health agencies. To help create these partnerships some schools have recruited a core team to act as the link with the wider community.⁷² Another identified problem is inconsistency in following the guidelines of each programme.

Conclusion

Studies show that mental health promotion is most effective when it takes place early in a person's life. The school setting may be a good choice for such programmes to take place, as this is where young people spend much of their time. Research indicates that the whole-school approach is the most effective way of targeting mental health promotion. This approach seeks to change the ethos of the school and to make mental health a priority in education. In order for the whole-school approach to work, partnerships must be formed between students, teachers and the wider community.

The biggest challenges facing mental health promotion programmes are funding, timetabling and 'buy-in' (the active participation of stakeholders). Where the whole-school approach is properly implemented, there is evidence to show that students benefit in a range of ways such as improved coping skills, behaviour and learning outcomes.

While researchers argue that mental health programmes are most effective in children between the age of 2-7, many of the programmes available around the world approach and target older children, often over 11 years of age. In addition, while studies indicate that the whole-school approach is the most effective means of delivering mental health promotions many of the programmes on offer in Ireland and elsewhere are curriculum based, rather than whole-school.

Considering the current pressures on the education system and the pressure to achieve good academic results, implementing the whole-school approach across schools in Ireland, and increasing the level of mental health promotion currently on offer, would be challenging. Nevertheless, evidence would support the view that mental well-being is positively related to student performance, so there is a strong argument for putting it at the centre of the school ethos.

In addition to the school setting, there is a recognised need to protect and improve well-being across all age groups in society. This has been identified by the WHO, the OECD and the European Commission among others. All of these organisations are currently involved in measuring well-being and mental health. A crucial part of this is the development of indicators, which is on-going. Such work is supported by evidence which suggests that investment in positive mental health can result, not only in improved quality of life to the individual, but in significant economic and social returns.

⁷² Power, M., Cleary, D., Fitzpatrick, C. (2008). Mental Health Promotion in Irish Schools: A Selective Review. Accessed on 24th February 2012 at <http://www.schoolmentalhealth.co.uk/nasp/power.pdf>