

Well-Being in Post-Primary Schools

Guidelines for Mental Health Promotion
and Suicide Prevention

Summary





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and Suicide Prevention

SUMMARY



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²Relationships and Sexuality Education

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Every attempt has been made to ensure that the information in these Guidelines is current and of high quality. The Guidelines will be reviewed to include additional feedback and updating of information.

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FOREWORD

We are pleased to jointly publish these Guidelines, which will provide practical guidance on how post-primary schools can promote mental health and well-being. We know that the mental health and well-being of our young people is critical to success in school and life. The promotion of well-being and the prevention of suicidal behaviour among young people in Ireland is a major public health concern.

Schools play a vital role in the promotion of positive mental health in young people. Schools can also provide a safe and supportive environment for building life skills and resilience and a strong sense of connectedness to school. The fostering of healthy relationships with peers, teachers and school staff are essential to a young person's positive experience of school and their cognitive and emotional development. The needs and well-being of school staff need also to be considered and supported.

Education about mental health and well-being is an integral part of the school curriculum. It is especially important to address the myths and stigma surrounding mental health and suicide, which for many young people are barriers to seeking support.

The key to successful implementation of these Guidelines lies in taking a coordinated whole-school approach. This involves building and integrating school self-evaluation processes, implementing the Social, Personal and Health Education (SPHE) curriculum, developing the whole-school guidance plan, adopting the National Educational Psychological Service (NEPS) continuum of support, and building effective inter-agency relationships.

The whole-school implementation of the SPHE curriculum framework at classroom and whole-school levels supports the effective delivery of mental health and well-being education. Positive mental health is further reinforced through the strong working partnerships fostered between the Department of Education and Skills (DES), Department of Health (DoH), Department of Children and Youth Affairs (DCYA) and the Health Service Executive (HSE). Links between the education and health sectors may be further strengthened through the development of the health promoting school model to support a whole-school approach to mental health promotion and well-being.

Identifying and supporting students who may be vulnerable or at risk are key to successful mental health promotion and suicide prevention. These Guidelines provide a practical framework for supporting schools in this challenging area and also build on the significant work currently undertaken in schools.

Mental health promotion and the provision of supports for vulnerable students depend on ongoing cooperation between schools and the range of available services and agencies from the education, health and community sectors.

We hope that these Guidelines will be of assistance to schools and the school community in supporting and responding to the mental health and well-being needs of our young people. In addition, the Guidelines will also provide a useful support to all post-primary schools in addressing mental health promotion and suicide prevention.

Finally, we would like to thank all those who contributed to the production of these Guidelines.

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SECTION 1

INTRODUCTION



1. | INTRODUCTION

Promoting the mental health and well-being of our young people is a shared responsibility and is everybody's business and not just the sole responsibility of any one individual, team or subject department. Schools are in a unique position to promote mental health and emotional well-being. Boards of management, school leaders and teachers play a central role in providing leadership and direction in implementing a comprehensive and integrated approach to mental health promotion. Responsibility for mental health and well-being also rests with the wider school community. In addition, collaboration and partnerships between different sectors and agencies are essential.

1.1 | PURPOSE OF THE GUIDELINES

Given the important role that post-primary schools play in the promotion of positive mental health, these guidelines aim to support schools in developing a whole-school approach to mental health promotion and suicide prevention.

The purpose of the Guidelines is to outline how schools can:

- ▶ build on the existing good practice already in place in many post-primary schools
- ▶ progress mental health promotion work using the National Educational Psychological Service (NEPS) Continuum of Support and/or the Health Promoting School Framework
- ▶ provide an outline of the relevant supports and services available for schools in relation to mental health promotion and suicide prevention.

These Guidelines are based on national and international evidence and best practice, and were informed by a national consultation process and a literature review. The Guidelines adopt a comprehensive, whole-school approach to mental health and well-being, focusing on the entire school community, not just individual young people with identified needs.

1.2 | WHO ARE THE GUIDELINES FOR?

These Guidelines are for all members of the school community. They will also be useful for parents' associations, student councils, health professionals and other personnel who work in and with schools.

SECTION 2

MENTAL HEALTH PROMOTION AND SUICIDE PREVENTION



2.1 | WHAT IS MENTAL HEALTH AND SUICIDE PREVENTION?

Mental Health is related to all of the other dimensions of health and is defined as ‘a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community’ (WHO, 2001).

Mental Health promotion is related to the promotion of well-being, the prevention of mental disorders, and the provision of support for people affected by mental health problems. The focus of mental health promotion is on outcomes to strengthen people’s sense of control, resilience and ability to cope with life’s challenges.

Youth mental health refers to the mental and emotional well-being of young people during the developmental phase of their journey into adulthood, roughly between the ages of 12 and 25 years.

For young people, mental health is part of their overall health and emotional well-being and is about how they feel, think, and behave, and about how they cope with stress and the ups and downs of everyday life. It is also about their self-esteem and confidence, and ability to ask for help and to access support.

Suicide prevention aims to reduce the impact of risk factors associated with suicidal behaviour and to protect young people engaging in such behaviour (Reach Out, 2005). Programmes or initiatives focused directly on raising young people’s awareness of suicide may appear to be desirable. However, there is insufficient evidence to support such an approach. Some suicide prevention approaches may be counter-productive.

Within the school setting, suicide prevention should focus on building resilience in young people to enable them cope with the various challenges they encounter. There is a need for schools to develop integrated structures and systems at whole-school level to support young people in distress and to respond appropriately in the event of a crisis.

2.2 | WHAT IS THE SCHOOL’S ROLE IN MENTAL HEALTH PROMOTION AND SUICIDE PREVENTION?

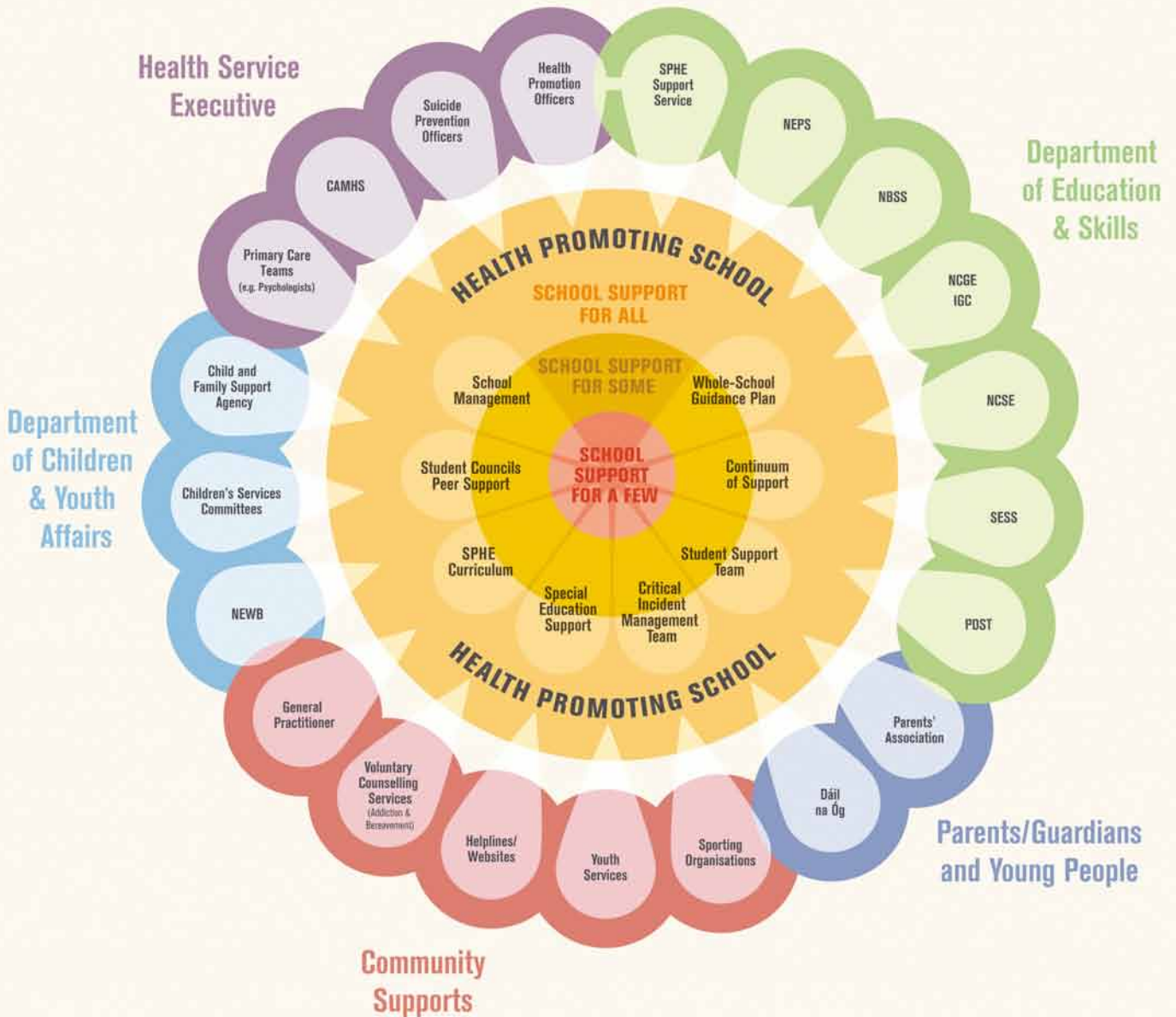
There is substantial evidence that mental health promotion programmes in schools, when implemented effectively, can produce long-term benefits for young people in emotional and social functioning and improved academic performance. A supportive school environment where high expectations and aspirations are the norm for all young people can of itself contribute significantly to lifelong health and well-being.

Many schools currently provide a range of evidence-based supports and interventions that address the emotional health and well-being of young people. These include:

- ▶ the effective and consistent implementation of SPHE as part of a whole-school approach to mental health promotion
- ▶ the coordinated implementation of the whole-school guidance plan
- ▶ using the health promoting school framework to reinforce a whole-school approach to health
- ▶ building positive interpersonal relationships and addressing anti-social behaviour e.g. bullying that impact on the mental health of young people
- ▶ ensuring that young people are aware of the range of supports provided within the school as well as those offered by external agencies.

Figure 1 provides an overview of the school structures and external supports which set the context for mental health promotion and suicide prevention in Irish post-primary schools.

Figure 1: Addressing Mental Health in Post-Primary Schools: Key Structures, Supports and Services



| Key | |
|-------|---|
| CAMHS | Child and Adolescent Mental Health Services |
| IGC | Institute for Guidance Counsellors |
| NBSS | National Behaviour Support Service |
| NCSE | National Council for Special Education |
| NCGE | National Council for Guidance in Education |
| NEWB | National Education Welfare Board |
| NEPS | National Educational Psychological Service |
| PDST | Professional Development Service for Teachers |
| SESS | Special Education Support Service |
| SPHE | Social Personal and Health Education |

2.3 | WHAT DO WE KNOW ABOUT YOUNG PEOPLE AND MENTAL HEALTH IN IRELAND?

The *My World Survey* (Headstrong, 2012) found that the presence of one supportive adult in a young person's life is critically important to their well-being, sense of connectedness, self-confidence, and ability to cope with difficulties. Over 70% of young people reported that they receive support from one adult in their lives. This adult may be a parent/guardian, relative, teacher, sports coach, or youth leader.

In addition, *My World Survey (2012)* revealed:

- ▶ About two thirds of young people reported that when they had problems, they usually talked about them with someone they trusted.
- ▶ Males are less likely to talk about their problems than females. If a young person chooses to talk about his/her problems, they have been shown to have lower levels of distress.
- ▶ Substance misuse among young people was shown to be related to poor mental health and well-being, and suicidal behaviour.
- ▶ Young people who had experienced bullying were also more likely to report symptoms of distress.
- ▶ Suicidal thoughts, rates of self-harm and suicide attempts were found to be higher among young people who did not seek help or talk about their problems.

Suicide and self-harm statistics among young people indicate that Ireland has the fourth highest rate of youth suicide in Europe. Suicide is among the top five causes of mortality in the 15 to 19 year age group in Ireland (CSO, 2012). Self-harm is more prevalent among girls aged 10 to 17 years old compared to boys.

2.4 | RISK AND PROTECTIVE FACTORS FOR YOUTH MENTAL HEALTH IN POST-PRIMARY SCHOOLS

Young people can be exposed to many risk and protective factors which influence their mental health and well-being.

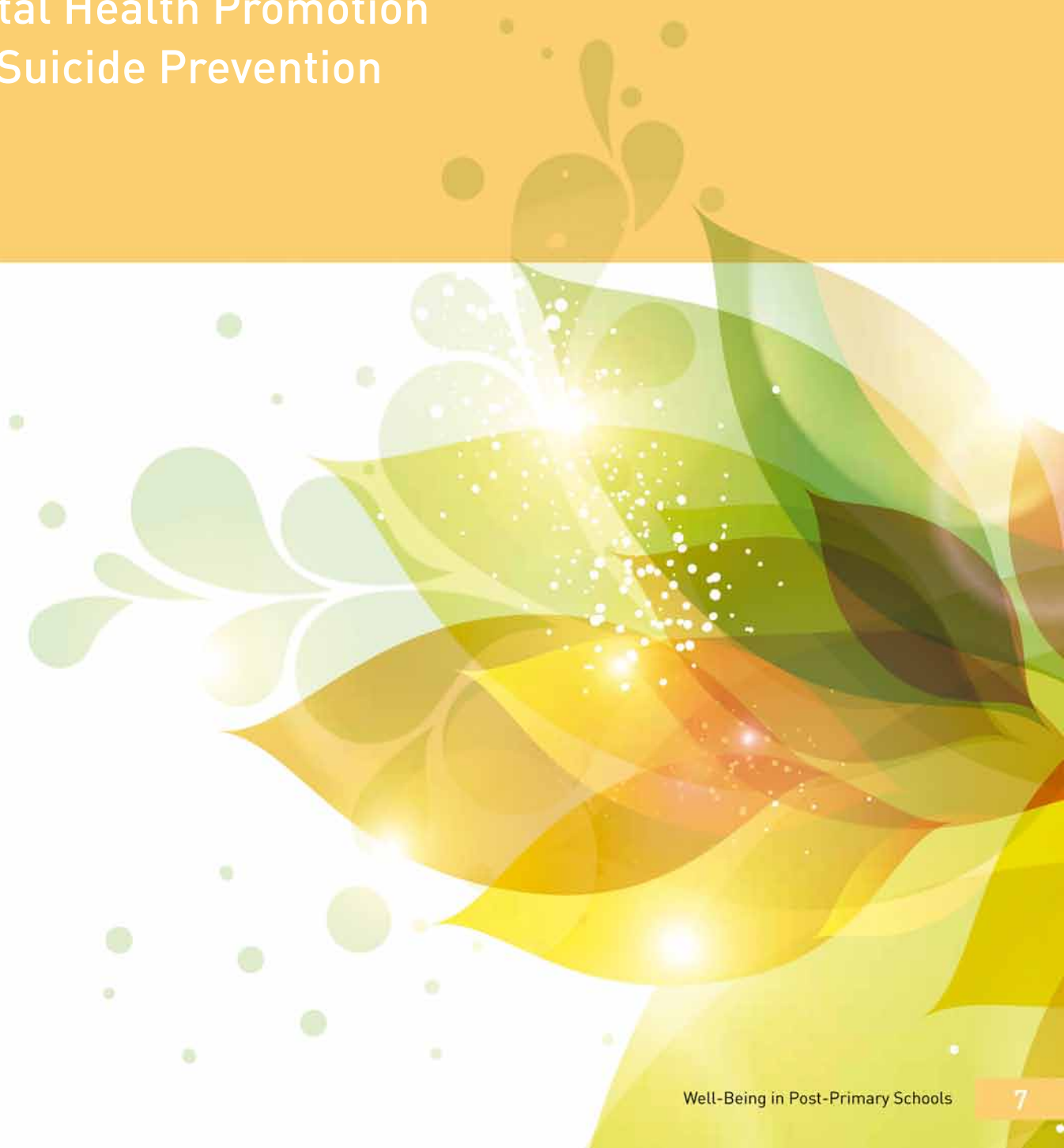
Protective factors in the school environment that help to build resilience in young people include:

- ▶ providing a positive school climate
- ▶ ensuring a sense of belonging and connectedness to school
- ▶ actively implementing school policies related to mental health
- ▶ having protocols and support systems in place that proactively support young people and their families, should mental health difficulties arise
- ▶ working collaboratively to prevent young people from early school leaving
- ▶ developing positive teacher-student and teacher-parent relationships
- ▶ supporting the development of positive relationships with peers
- ▶ fostering expectations of high achievement and providing opportunities for success
- ▶ using positive classroom management strategies
- ▶ focusing on social and emotional learning and the development of problem-solving skills through SPHE
- ▶ providing support for teachers, including professional development
- ▶ encouraging young people to participate in extra-curricular activities.

SECTION 3

SCHOOL SUPPORT FOR ALL

A Whole-School Approach to
Mental Health Promotion
and Suicide Prevention



The Guidelines recommend that schools should adopt the NEPS three-tiered continuum of support model for the promotion of mental health (NEPS, 2010a; NEPS, 2010b). This continuum is based on the World Health Organisation (WHO) model for school mental health promotion (Wynn et al., 2000).

All young people's needs exist along a continuum. These needs can be expressed as ranging from general to mild and/or transient, to complex and/or enduring.

Figure 2 outlines a representation of the levels of the continuum encompassed within a whole-school approach.

3.1 | CONTINUUM OF SUPPORT

The three levels of the continuum of support outlined in **Figure 2** provide a familiar framework for post-primary schools to review their processes and procedures in supporting the social, emotional, behavioural and learning needs of all students as follows:

- (i) School Support for ALL
- (ii) School Support for Some
- (iii) School Support for a Few

(i) School Support for ALL

School Support for ALL is a **whole-school approach** that focuses on promoting positive mental health for all members of the school community. School Support for ALL is a process of prevention, effective mainstream teaching and early identification and intervention for young people who are showing mild or transient signs of difficulty.

(ii) School Support for Some

School Support for Some is embedded in a **whole-school approach** and focuses on identifying the smaller number of young people who are at risk of developing unhealthy patterns of behaviour or who are already showing early signs of mental health difficulties.

(iii) School Support for a Few

School Support for a Few builds on a whole-school approach and focuses on putting in place interventions for young people with more complex and enduring needs. These young people, relatively few in number, may require the involvement of external agencies that support and complement the work of the school.

3.2 | A WHOLE-SCHOOL APPROACH TO MENTAL HEALTH PROMOTION (SCHOOL SUPPORT FOR ALL)

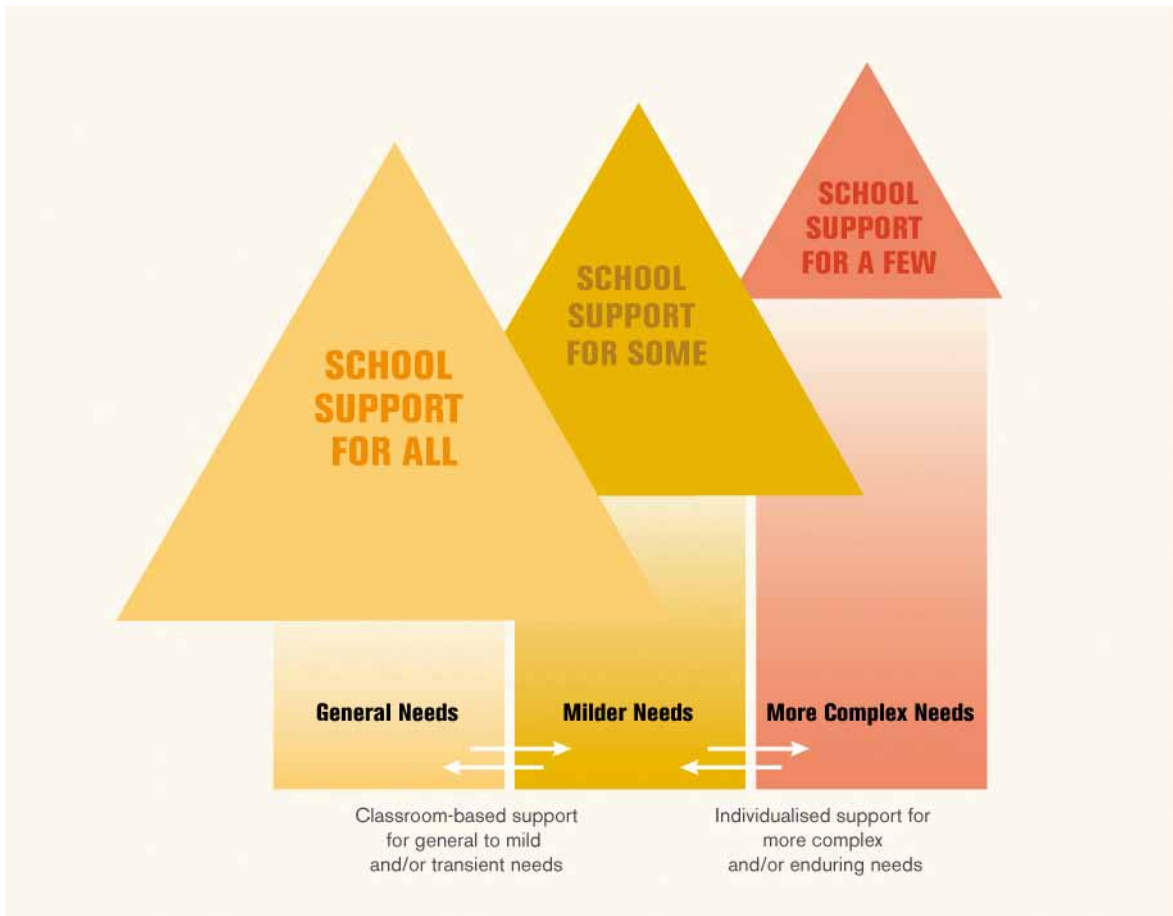
In a supportive school environment, open communication is encouraged, difference is valued, and young people are enabled to develop their full potential. The mental and emotional health of young people is supported when they feel valued, respected and safe. All school personnel should have high levels of awareness of the signals and messages young people send out when they are not coping.

A whole-school approach means that policies and practices reflect the values of respect, fairness and inclusiveness. Policies are vital to establish the school's approach to mental health and well-being. Essential components of a whole-school approach include the promotion of mental health awareness among staff, the development of a whole-school guidance plan and relevant policies, such as an anti-bullying policy and code of behaviour that includes positive behaviour management strategies. The coordinated and consistent implementation of SPHE as a curricular subject and the development of a whole-school positive ethos should also be inextricably linked.

3.2.1 | SCHOOL SELF-EVALUATION

The *School Self-Evaluation Guidelines* (Inspectorate, 2012) provide practical support to post-primary schools in gathering and analysing evidence, identifying needs, and setting targets. This self-evaluation process

Figure 2: Continuum of Support Framework for Mental Health Promotion (adapted from NEPS, 2010a)



facilitates reflection of and on practice within the school community in the context of continuous school improvement.

3.2.2 | THE HEALTH PROMOTING SCHOOL

A school may wish to adopt the health promoting school model to support a whole-school approach to mental health and well-being. A health promoting school is one which is 'constantly strengthening its capacity to be a healthy setting for living, learning and working by focusing on all the conditions that affect health' (WHO, 1998). Health Promoting Schools are proactive in providing safe and developmental environments that support young people's physical, social, mental and cognitive development.

The Health Promoting School aims to:

- ▶ provide a framework for developing health promoting initiatives in a way that supports and enhances the implementation of the curriculum
- ▶ support the planning, implementation and evaluation of health-related activities
- ▶ enhance the links between a school and its community to maximise health outcomes.

The four key areas of action included in the health promoting school model are represented in **Figure 3**.

Figure 3: The Health Promoting School: Key Areas of Action



Schools when participating in the health promoting school process report the following benefits:

- ▶ better learning outcomes for young people
- ▶ improved staff well-being
- ▶ a coordinated approach to social, physical and environmental needs
- ▶ increased self-esteem in young people
- ▶ a lower incidence of bullying
- ▶ a safer and more secure school environment
- ▶ better understanding of a school's health aims
- ▶ improved relationships within the school
- ▶ more involvement of parents/guardians
- ▶ better use of external agencies.

3.2.3 | SPHE AND RSE

Full implementation of SPHE and RSE provides a framework for educating young people about their health and well being in a planned and structured way. A well taught SPHE programme can increase levels of emotional literacy among students. SPHE is most effective when taught within the context of a whole-school approach to promoting mental health and well being. In this way, young people's learning in SPHE can resonate with positive messages delivered throughout the school.

The Framework for Junior Cycle (2012) will provide flexibility to schools in the delivery of SPHE/RSE. Schools can take advantage of increased flexibility to plan SPHE in ways that best meet the needs of students and schools.

The importance of an SPHE coordinator or coordinating team cannot be overstated. The role of the coordinator is to ensure that a planned programme is developed. School management is advised to develop a core team of SPHE teachers who are supported in availing of continuing professional development.

The guidance counsellor and student support team should be familiar with the SPHE and RSE plan. Equally, the SPHE/RSE teacher should be aware of referral procedures in the event that a student may require additional support.

All curriculum-based activities relating to mental health promotion and suicide prevention should have the safety of young people as an underlying principle. Counselling, bereavement support, anti-bullying initiatives or social skills training should be delivered by personnel who have availed of professional development. Services delivered by external providers should be 'fit for purpose' and adhere to principles of best practice.

Difficult topics, such as suicide, may be raised informally in any classroom or school environment context. All members of staff need to be aware of how to respond. Such issues

are, however, more likely to be raised during SPHE lessons. While teachers should not avoid these discussions, they should be aware of the need to keep such discussions within limits. If there are any concerns about a particular young person or group of young people, the concerns should be referred on to the appropriate personnel within the school.

(i) Use of Visiting Speakers

Schools may choose to access visiting speakers to complement elements of the planned SPHE programme. However, schools are advised that careful planning is essential in accessing external supports, particularly in relation to topics of a sensitive nature, such as mental health and suicide.

3.2.4 | THE WHOLE-SCHOOL GUIDANCE PLAN

The provision of guidance is a statutory requirement for schools. The whole-school guidance plan should provide an overarching framework whereby student support structures, special education needs supports, and mental health promotion, are appropriately coordinated.

While the school's guidance planning should involve the guidance counsellor(s) in the first instance, other members of school staff and management also have key roles to play. A clear record of roles, responsibilities and practices is a core feature of good whole-school guidance planning. Parents and students must be seen as an essential part of the process (DES Circular 0009/2012).

(i) Student Support (Pastoral Care) Structures

Effective student support structures in schools ensure that young people with difficulties are identified, supported and provided with appropriate help.

A well-planned and effectively managed student support system can create an environment that is conducive to effective teaching and learning. The student support structure in a school

describes the systems that relate to:

- ▶ student welfare
- ▶ early identification of difficulties and intervention
- ▶ behaviour management
- ▶ SPHE and RSE programmes
- ▶ child protection procedures
- ▶ critical incident policy.

An outline of the student support structure and how it operates should be included in the whole-school guidance plan.

The student support team, sometimes referred to as a **care team**, is the core element of the student support system in a school. Typically guidance counsellors and those with responsibility for child protection, SPHE, special education and learning-support coordination are core members of the team, along with management representation. Other staff members may be invited to participate at meetings, as appropriate. The student support team will also, at times, liaise with other personnel, such as the assigned NEPS psychologist and/or health service professionals.

The student support team may meet on a weekly or fortnightly basis to discuss concerns that have been brought to their attention and to develop a plan for dealing with each concern. This may involve providing in-school support for the young person, or deciding, in consultation with the parent/guardian, that external help is needed.

(ii) Student Participation

Student participation in its broadest sense involves young people being actively involved in making decisions on issues that affect their lives. Encouraging young people to participate fully in the life of the school promotes confidence, a sense of belonging and connectedness, resilience, and positive mental

health. Young people should be encouraged to participate in student councils, health promoting school teams and with external agencies, such as Comhairle na nÓg and other extra-curricular activities.

Young people will gain in maturity and confidence through involvement in peer mentoring, buddy systems, anti-bullying and transition programmes. Furthermore, student participation in school self-evaluation and policy development will ensure greater ownership, commitment and shared responsibility for policy implementation.

(iii) Child Protection

Schools are required to provide safe, secure and comfortable environments that enable young people to share their concerns. Child protection is every teacher's concern. Schools must appoint a designated liaison person and a deputy designated liaison person to ensure the effective implementation of child protection procedures and protocols. The Child Protection Procedures (DES, 2011) emphasise that schools have an obligation to fully implement SPHE and RSE.

(iv) Confidentiality

A person who discloses or receives information needs to be aware of the limits of confidentiality and the responsibilities attached. Confidentiality is about managing sensitive information in a manner that is professional, respectful and purposeful.

The following need to be considered in relation to issues of confidentiality:

- (a) Confidentiality cannot be guaranteed if a young person discloses information about being at risk of harming themselves or others or if there are child protection concerns. If a young person discloses such information, the staff member should explain that this information cannot be kept secret. An explanation should be provided about what will happen to the disclosed

information and what the outcome of reporting is likely to be.

- (b) School staff members may be aware of personal information about young people that is not related to child protection. It is important that schools find a balance between keeping other teachers informed and unnecessarily disclosing personal information.
- (c) If information of a confidential nature is passed on to a third party that is deemed to be crucial to a young person's well-being, it should be done in accordance with school policy and procedures.

(v) Critical Incident Policy and Plan

A critical incident is any event or sequence of events that overwhelms the normal coping systems within a school (NEPS, 2007a). The key to managing critical incidents is effective planning. Schools that have developed a critical incident policy and plan are able to cope more effectively in the aftermath of an incident. *Responding to Critical Incidents: Guidelines for Schools (NEPS, 2007a)* and *Responding to Critical Incidents: Resource Materials (NEPS, 2007b)* provides a useful framework for preparation in advance of an incident occurring.

(vi) Counselling

Schools need to maximise the use of their available resources for the provision of guidance and should seek to ensure that the guidance counsellor has time allocated for individual counselling with students experiencing difficulties or in crisis. The focus of counselling in schools has, as its objective, the empowerment of young people so that they can make decisions, solve problems, address behavioural issues, develop coping strategies, enhance self-esteem, identify and process feelings, and resolve difficulties they may be experiencing. Counselling may include personal counselling, educational counselling, career counselling or a combination of all.

3.2.5 | SUPPORTING AND SUSTAINING FAMILY RELATIONSHIPS

The mental health and well-being of a young person is enhanced when the young person's school and his/her parents/guardians are working together. The family is the primary influence on a young person's life and young people identify their family as a critical part of their support network. In situations where there are concerns about the mental health and well-being of a young person, parents/guardians need to be actively involved on an ongoing basis.

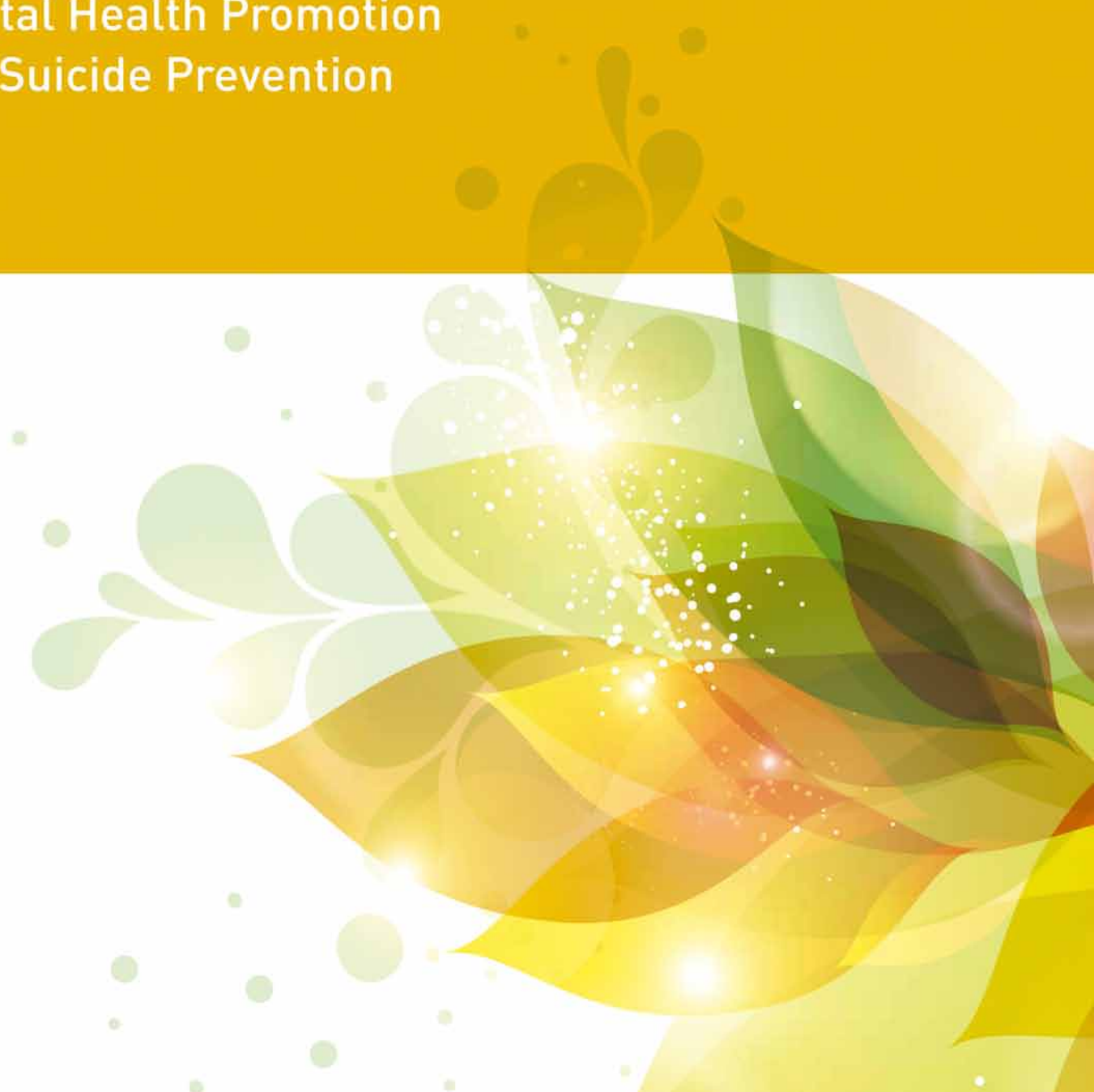
3.2.6 | SUPPORT FOR SCHOOL STAFF

Schools are encouraged to provide a safe and supportive environment for staff members. It is crucial that staff members are supported in maintaining personal health and well-being. A school staff would benefit from reflecting on their own well-being and attitudes to mental health. An individual teacher requiring additional support at a particular time may access the Employee Assistance Service (EAS). Further information can be accessed at www.carecall.ie or Tel. 1800 411 057.

SECTION 4

SCHOOL SUPPORT FOR SOME

A Whole-School Approach to
Mental Health Promotion
and Suicide Prevention



4.1 | SCHOOL SUPPORT FOR SOME

School Support for Some specifically focuses on the early identification of a small number of young people or groups who are at risk of developing unhealthy patterns of behaviour or who are already showing early signs of mental health difficulties. It takes account of young people presenting with mild emotional and/or behavioural problems and identifies a range of responses, which can be implemented in the school.

School Support for Some involves:

- (i) identifying concerns and gathering information
- (ii) planning and intervention
- (iii) monitoring and review

Over the course of the academic year, school-based multidisciplinary meetings should be convened by a member of staff assigned by the principal. These meetings should include the principal, student support team and NEPS psychologist. The purpose of these meetings should be to discuss general mental health issues, to report on the progress of young people at risk and particularly to review the school's procedures and processes in responding to individual students' needs. Schools may choose to invite a representative from the local health services.

4.1.1 | IDENTIFYING CONCERNS AND GATHERING INFORMATION

If a young person has known and documented health needs, the concerns are likely to have been identified before the young person enrolled in the school. For young people with emerging needs, the concerns may be identified through using the whole-school screening and monitoring system (NEPS 2010b). Alternatively, a staff member may notice emotional or behavioural changes in a young person. In this case, the staff member should notify the relevant personnel, in accordance with the

school's internal reporting structures. The appropriate course of action should be agreed by the student support team, with the guidance counsellor typically playing a key role, due to his/her specialist training and expertise.

Where concerns emerge about a young person's welfare and well-being, a number of actions may be taken, such as:

- ▶ listening to and talking with the young person about the concerns identified
- ▶ liaising with school management and relevant staff
- ▶ consulting with parents/guardians to share detailed information about issues of concern
- ▶ gathering information from health and/or social care professionals.


This information gathering process should help the school to identify whether or not it is in a position to address the concern internally i.e. **School Support for Some** or whether the young person requires referral to an external service i.e. **School Support for a Few**, which is discussed in further detail in the next section of these Guidelines.

4.1.2 | PLANNING AND INTERVENTION

Once the concern has been considered by the student support team, the school should then develop a plan for an appropriate intervention for the young person. The plan will outline the roles and responsibilities of school personnel. It is crucial to remember that this intervention needs to be planned in full consultation with the young person and his/her parents/guardians.

The wide range of interventions in providing School Support for Some may include:

- ▶ support for staff in working with young people at risk
- ▶ one-to-one counselling for the young person
- ▶ careful monitoring by class teachers/tutors

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- ▶ participation of the young person in a small support group set up to address specific issues, such as bereavement, bullying, substance use, stress management
 - ▶ participation in relevant interventions e.g. anger management, social skills training
 - ▶ engagement with relevant support services e.g. community projects, youth services, community Gardaí, juvenile liaison officers, health services
 - ▶ promotion of out-of-school activities for the young person e.g. drama, sport, public-speaking
 - ▶ specific support programmes for parents/ guardians of the young person(s).

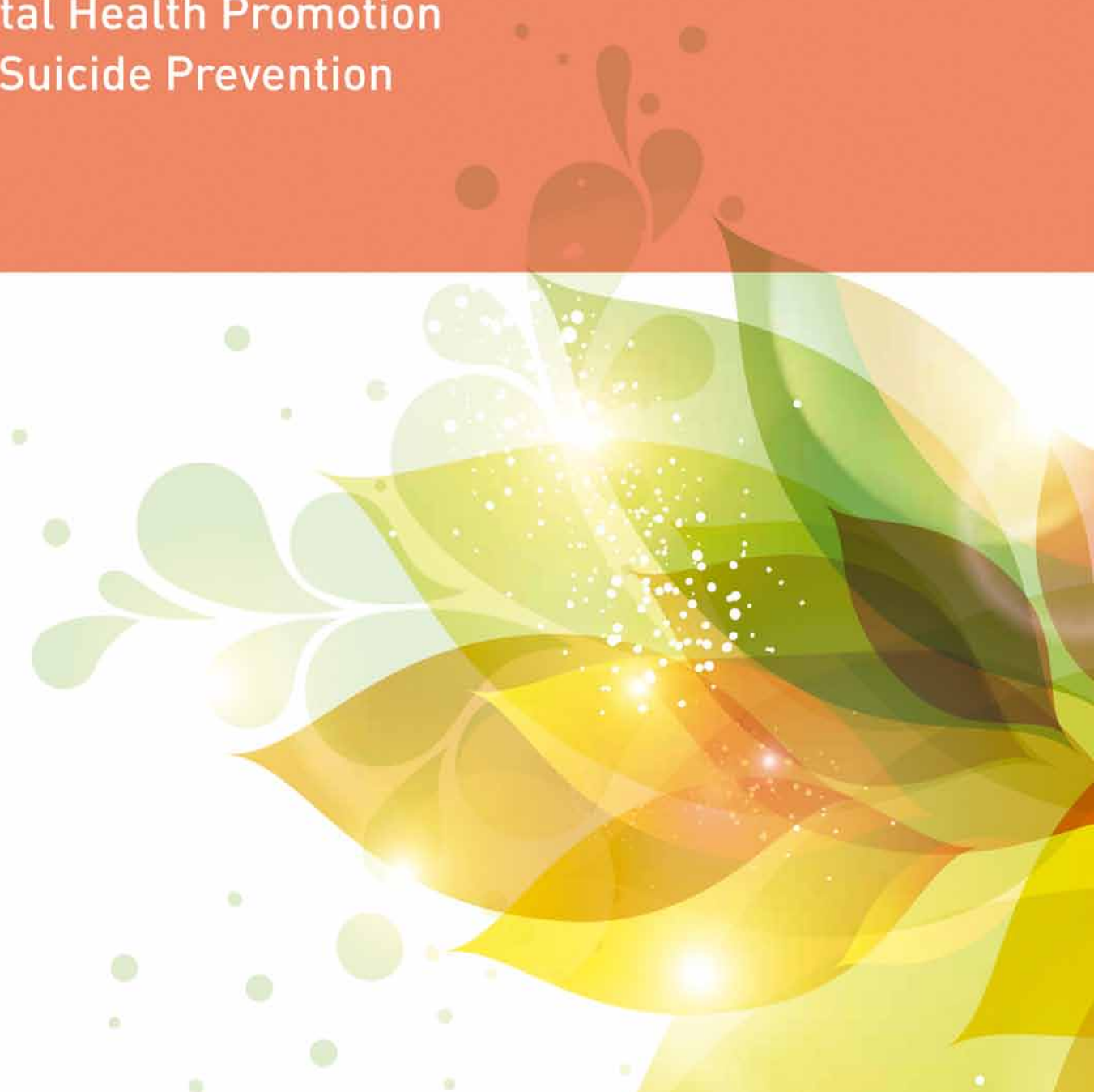
4.1.3 | MONITORING AND REVIEW

As the chosen intervention is being implemented, there is a need for ongoing monitoring and review. The guidance counsellor or other designated member of the student support team should liaise with other staff members, student support team, class tutor, year head, subject teachers etc in order to monitor and review the effectiveness of the intervention. It is also necessary to document the outcomes arising from the monitoring and review process.

SECTION 5

SCHOOL SUPPORT FOR A FEW

A Whole-School Approach to
Mental Health Promotion
and Suicide Prevention



5.1 | SCHOOL SUPPORT FOR A FEW

School Support for a Few considers how schools can support young people with more complex or enduring needs relating to their mental and emotional well-being. Supports for young people at this level will generally be more intensive and individualised and may involve additional support including access to external professionals and support services.

Young people requiring intensive support may have already come to the school's attention and availed of interventions at the **School Support for Some** stage. This may have been insufficient to meet the particular needs of these young people.

Parents/guardians should be involved from the very outset and at every stage of the process. Parental consent is required for any external intervention accessed by the school for a young person.

5.1.1 | REFERRING A YOUNG PERSON WITH MENTAL HEALTH CONCERNS

In the event of a young person presenting with mental health concerns, which are above and beyond the capacity and ability of the school to provide support, the school may decide upon either of the following two courses of action:

- (i) Where a school has existing referral protocols which enable them to access and refer directly to an external service, then the school should follow its own guidelines.
- (ii) In the event of a school not having existing protocols for referral to services, the school may, with the consent and collaboration of parents/guardians, refer the young person to the local general practitioner (GP), who is best placed to make an initial assessment and advise on appropriate referral pathways for the young person concerned.

It is essential that schools develop relationships with local agencies and have names and contact details readily available.

The first point of professional contact for a young person with mental health difficulties and their family is usually the local general practitioner, who may be a member of a primary care team. A GP will listen to concerns and offer information, support and advice. The GP will facilitate onward referral to other services, when appropriate. For young people with mental health difficulties, the referral will likely be made to the local HSE psychology service/primary care team or the Child and Adolescent Mental Health Services (CAMHS). **Schools should contact their local HSE Psychology Department and CAMHS team to ascertain what the referral process is, as this differs from region to region in the HSE.**

5.1.2 | SUPPORTING A YOUNG PERSON'S RETURN TO SCHOOL

Careful consideration needs to be given by school management to planning for re-integration where a young person has been absent from school for a period of time.

There is need to:

- ▶ acknowledge the young person's difficulties and provide reassurance that relevant supports will be organised
- ▶ discuss and agree on issues related to confidentiality
- ▶ consider carefully the information provided to the professionals involved with the young person
- ▶ assign a supportive, approachable, and sensitive staff member who has a positive rapport with the young person
- ▶ ensure that the assigned staff member is supported in carrying out this role
- ▶ agree on an appropriate communication system between parents/guardians, supporting teacher/guidance counsellor, and the external clinician and/or NEPS psychologist. It is essential that parents/guardians know the relevant school

contact point. Parents/guardians also need assurance that they will be contacted, should issues of concern arise.

- ▶ take account of the young person's ability to participate in general school activities and routines.
- ▶ show that there are expectations and aspirations for the young person so as to motivate them to remain in school and to achieve.
- ▶ ensure relevant staff understand that a young person needs to be seen as normal and not defined by their mental health diagnosis.

5.1.3 | SUPPORTING A YOUNG PERSON WHO IS AT RISK OF SUICIDAL BEHAVIOUR

If there is a concern about a young person in relation to suicide, the most appropriate response is to have a direct and open discussion with the young person.

The following approach is recommended:

- ▶ Trusted staff members should ask questions in a sensitive and appropriate manner to allow the young person an opportunity to talk about his/her feelings and thoughts. It may be appropriate to ask the young person if they have considered suicide. Adopting a direct approach may help the young person to feel that his/her cry for help has been heard.
- ▶ If the young person affirms that they have been thinking about self-harm or suicide, this should be explored by a member of staff who has availed of appropriate professional development.
- ▶ In the case of a concern about suicidal ideation or self-harm, an emergency referral to the young person's GP may be necessary.

- ▶ Parents/guardians should be contacted immediately in all cases.
- ▶ Schools are advised to consult *'Exploring Suicide Risk in Responding to Critical Incidents: Resource Materials'* (2007a).
- ▶ Schools may also consult with the NEPS psychologist and/or the HSE suicide prevention officer, if there are general concerns about suicide within the school setting.

5.1.4 | SCHOOL'S RESPONSE IN THE AFTERMATH OF A DEATH BY SUICIDE

Some schools may be faced with the reality of dealing with a death by suicide. A death by suicide or a suicide attempt can have long lasting effects on the individuals involved or their peers and can leave a school in shock.

In the event of the tragic death of a member of a school community to suicide, schools need to mobilise their critical incident team. School management should contact their local NEPS service and should immediately initiate the school's critical incident plan. Further information can be obtained in *Responding to Critical Incidents: Guidelines for Schools* (NEPS, 2007a) and *Responding to Critical Incidents: Resource Materials* (NEPS, 2007b).

Young people are particularly vulnerable to suicide contagion (Gould & Kramer, 2001). In order to minimise the risk of contagion, **it is important that interventions avoid:**

- ▶ sensationalising the death
- ▶ glorifying or vilifying the suicide victim and
- ▶ providing excessive details about the suicidal act

Effective crisis intervention is recommended to prevent suicide contagion in schools. Research shows that psychological help, known as psychological first aid, is effective in schools that have experienced a traumatic event (HSE 2011). This approach includes the provision of information on common responses.

associated with traumatic events and the promotion of active listening. It also involves giving information on available supports and resources.

When talking to a young person or group following a suspected suicide in the school or community, it is advised to use the term 'tragic death,' as the cause of death will not be confirmed until an inquest is held. Providing a sense of hope is also important.

5.1.5 | HOW TO RESPOND TO CONVERSATIONS ABOUT SUICIDE

If a reference is made to suicide during discussions with young people, the following advice should be observed:

- ▶ ensure that a reference to the topic is kept to a minimum and dealt with appropriately and in a sensitive manner
 - ▶ promote hope and optimism and explain to the young people that suicide attempts may often occur in association with depression, and that depression is treatable
 - ▶ promote positive attitudes, coping strategies and help-seeking behaviour
 - ▶ inform young people about types of support available and how to access this support
 - ▶ ensure that suicide is not portrayed as romantic, heroic, tragic or inevitable
 - ▶ avoid increasing knowledge about methods of suicide and their lethality
 - ▶ assess whether the young person who raised the issue is upset or concerned about the situation
 - ▶ acknowledge that some young people can find the topic distressing
- ▶ advise the young person to speak with the class teacher or another trusted adult outside of the regular class time, if they are concerned about themselves or about someone else
 - ▶ notify the school guidance counsellor or principal about any worrying statements or behaviours, or if a young person is opting out of class.
 - ▶ make it clear that confidentiality must always be broken if a life is in danger.

SECTION 6

SUPPORT FOR SCHOOLS

Addressing Mental Health Promotion
and Suicide Prevention



A range of supports is available to schools to develop a strategic approach to mental health promotion, prevention, and early intervention involving the school, parents/guardians, community and support services. Given the complex nature of mental health promotion and suicide prevention, school boards of management have responsibility for forging effective systems so that school personnel can access relevant professional development to cater for the needs of both students and staff.

6.1 | PROFESSIONAL DEVELOPMENT – MENTAL HEALTH PROMOTION/SUICIDE PREVENTION

School self-evaluation is an essential process for all aspects of school improvement and development. This process provides a framework for identifying needs and will inform decisions as to what professional development is needed to support a whole-school approach to mental health promotion.

Whole-staff professional development for all should focus on:

- ▶ providing a shared understanding of the mental health and well-being of young people
- ▶ developing an understanding of adolescent development
- ▶ exploring the factors that impact both positively and negatively on mental health and well-being
- ▶ providing opportunities for self-reflection on classroom and whole-school practice to establish and maintain healthy patterns of relationships
- ▶ raising awareness of the links between risk-taking behaviour, substance use, bullying, and the development of mental health problems
- ▶ exploring strategies to develop young people's skills, attitudes and behaviours in dealing with peer pressure, bullying situations or other situations involving risk

- ▶ equipping teachers to develop their own and also young people's resilience, self-control and coping skills in a variety of social situations
- ▶ identifying and building upon existing good practice in the consistent whole-school implementation of SPHE/RSE
- ▶ exploring integrated and coordinated home-school-community linkages to support the mental health and well-being of young people
- ▶ considering the implementation of restorative practice and/or mediation in addressing and resolving conflict and other issues arising between students
- ▶ suicide awareness and prevention training.

6.2 | SUPPORT FOR SCHOOLS: AN OVERVIEW OF SERVICES

A range of support services which have a role in mental health promotion and suicide prevention are available to schools. While the services and supports identified are available to most schools, access to services may vary from region to region. Therefore, it is essential that schools identify the range of services available locally, build networks and relevant contacts. Schools should also access relevant professional development support and be cognisant of the need to maintain optimum teaching and learning contact time with students.

6.2.1 | SUPPORT SERVICES: DEPARTMENT OF EDUCATION AND SKILLS (DES)

Schools may access information and/or continuing professional development from the following DES supports:

- ▶ Department of Education and Skills
www.education.ie

- ▶ Social, Personal and Health Education (SPHE) Support Service www.sphe.ie
- ▶ National Educational Psychological Service (NEPS) www.education.ie
- ▶ The National Centre for Guidance in Education (NCGE) www.ncge.ie
- ▶ National Behaviour Support Service (NBSS) www.nbss.ie
- ▶ Professional Development Service for Teachers (PDST) www.pdst.ie
- ▶ Special Education Support Service (SESS) www.sess.ie
- ▶ The National Council for Special Education (NCSE) www.ncse.ie

6.2.2 | SUPPORT SERVICES: DEPARTMENT OF CHILDREN AND YOUTH AFFAIRS (DCYA)

Schools may access support from the following DCYA services:

- ▶ National Education Welfare Board (NEWB) www.newb.ie
- ▶ Children's Services Committees www.dcy.a.ie
- ▶ Child and Family Support Agency www.dcy.a.ie

6.2.3 | SUPPORT SERVICES: HEALTH SERVICE EXECUTIVE (HSE)

Schools may access support provided by the HSE from the following services:

- (i) Health Promotion Officers
- (ii) HSE Resource Officers for Suicide Prevention

Should schools need additional information on local health services they may call the HSE infoline – callsave 1850241850 or go to www.hse.ie

6.2.4 | MENTAL HEALTH AND SUICIDE PREVENTION PROGRAMMES

In addition, schools may access continuing professional development on a range of mental health and suicide prevention programmes from the Health services. Information on relevant programmes is contained in *Well-Being in Post-Primary Schools: Guidelines for Mental Health Promotion and Suicide Prevention (2010)*. These mental health programmes include:

- ▶ MindOut
- ▶ SafeTALK
- ▶ ASIST
- ▶ Understanding Self-Harm

Information on these courses may be accessed at www.nosp.ie

CONCLUSION

Schools are in a unique position to identify and support those who are experiencing distress and to provide an environment which encourages young people to bring to attention any incidents or issues of concern. It is important to recognise that mental health and well-being are not the sole responsibility of schools. Parents and the wider school community also have a complementary role, each supporting the other.

These guidelines set out the important role schools play in mental health promotion to enhance a young person's life chances. It is important for schools to be aware of available services and supports in their communities and to make meaningful links with the services when working with at risk young people. Young people with good school connectedness are less likely to experience subsequent mental health problems and are more likely to have good educational outcomes.

The Guidelines have been developed to bring coherence to and build upon the multitude of practices that are already in place in schools to promote well-being. Fostering a sense of community and belonging in an integrated way is essential to best support the needs of all of our young people and staff in schools.

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GLOSSARY

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|-------------|--|
| ASIST | Applied Suicide Intervention Skills Training |
| CAMHS | Child and Adolescent Mental Health Service |
| CI | Critical Incident |
| CPD | Continuing Professional Development |
| Dáil na nÓg | Dáil na nÓg is the national youth parliament of Ireland for young people aged 12 to 18. It gives young people from around the country an opportunity to represent the views of those under the voting age of 18 at a national level. It also gives an opportunity for young people to work for changes to improve the lives of young people in Ireland. The Department of Children and Youth Affairs is responsible for funding and overseeing Dáil na nÓg |
| DCYA | Department of Children and Youth Affairs |
| DES | Department of Education and Skills |
| DoH | Department of Health |
| EAS | Employee Assistance Service |
| GP | General Practitioner |
| HPS | Health Promoting Schools |
| HSE | Health Service Executive |
| HPO | Health Promotion Officer |
| IGC | Institute of Guidance Counsellors |
| MHP | Mental Health Promotion |
| NCCA | National Council for Curriculum and Assessment |
| NCGE | National Centre for Guidance in Education |
| NCSE | National Council for Special Education |
| NBSS | National Behaviour Support Service |
| NEPS | National Educational Psychological Service |
| NEWB | National Educational Welfare Board |
| NOSP | National Office for Suicide Prevention |
| PCT | Primary Care Teams |
| PDST | Professional Development Service for Teachers |
| RSE | Relationships and Sexuality Education |
| SEN | Special Educational Needs |
| SHE | Schools for Health in Europe |
| SESS | Special Education Support Service |
| SPHE | Social, Personal and Health Education |
| WHO | World Health Organisation |

APPENDICES



APPENDIX 1:

TEN ACTIONS THAT SCHOOLS CAN UNDERTAKE TO PROMOTE THE EMOTIONAL HEALTH AND WELL-BEING OF A SCHOOL COMMUNITY

Within the school context, positive mental health promotion should focus on enhancing protective factors that contribute to the social and emotional growth and general well-being of young people.

Key strategic actions for positive mental health promotion include:

1. Developing and maintaining a safe and caring environment within the school where a sense of belonging and connectedness is fostered
2. Building positive teacher-student and student-student relationships to promote participation, social interaction and pro-social behaviour
3. Actively involving young people and their parents/guardians in developing and implementing school policies to support mental health and health promotion
4. Adopting a whole-school approach to health promotion, where health is promoted by all and not just by a few members of staff
5. Supporting and implementing a well-planned, consistent and integrated SPHE/RSE curriculum to enable young people enhance their coping, resilience, communication, conflict resolution and problem-solving skills
6. Developing whole-school systems and structures to support the early identification of young people experiencing learning, social, emotional or behavioural difficulties
7. Actively involving, supporting and encouraging young people's participation in extra-curricular activities
8. Fostering a whole-school ethos that accepts and values diversity within the student and staff population
9. Providing easy access to information for students and staff on supports available to them within the school and wider community
10. Facilitating access to continuing professional development for school staff on the promotion of the mental health and well-being of young people.

These Guidelines are available on the Department of Education and Skills website:
www.education.ie

