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Positive Mental Health Education: Education to be Your Best Self, In Post-Primary School

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Abstract

Good mental health is a prerequisite to an individual's health and well-being. Adolescence has been recognised as a key period for the emergence of mental health problems but more importantly it has also been recognised as a key timeframe for addressing mental health issues. Schools have been recognised as ideal locations in which to provide positive mental health education and the 'Whole School' approach or 'Healthy School' has been identified as an example of 'Best Practice' in mental health education. The success of positive Mental Health education programmes involves understanding the challenges facing both young people and the educational system. This qualitative research focuses on the prevalence and recognition of mental health education within the Irish school system and highlights existing resources and gaps in provision from the perspective of teaching staff charged with the implementation of mental health education. Findings indicate that schools are currently struggling with mental health issues due to a combination of factors ranging from increased prevalence, lack of training, to resource constraints.

Key Words: Youth mental health; education; well-being; Social Personal and Health Education; 'Whole School' approach.

Introduction

The mental, physical and emotional well-being of young people are essential preconditions for successful learning and can only be developed with close cooperation with the school as a whole. Meldrum et al. (2009, p.3) suggest that '[a]lthough it is often overlooked, mental health is as important to a person's well-being as their physical health, particularly during the turbulent years of adolescence'. This statement is all the more pertinent given that the government scored an 'E' grade for children's mental health in the Children's Rights Alliance Report Card (2014). There is substantial evidence to support the implementation of comprehensive, collaborative and integrated mental health programmes in schools (IUPHE 2009, Patton et al., 2000, and Wyn et al., 2000). Evidence has shown that when mental health programmes are implemented effectively they lead to improvements not only in the mental health of young people but also improvements in social functioning, academic and work performance and general health behaviours which transfer to the wider community (Kutcher et al., 2008). Simultaneously, the educational setting along with professional staff (including teachers and school psychologists) play an important role in protecting children's rights and providing the necessary support systems to allow the early identification of social, emotional, and mental difficulties and effective resolutions of problems (Kutcher et al. 2008, and Jané-Llopis, and Braddick 2008). The principal aim of this research was to examine Irish approaches to positive mental health education within post-primary schools.

Dooley and Fitzgerald (2012) authors of the *My World Survey*, the first National Study on Youth Mental Health in Ireland, reveal that the number one health issue for young people is their mental health. They state that good mental health is a requirement for optimal psychological development, the development and maintenance of productive social relationships, effective learning, an ability to care for oneself, good physical health, and effective economic participation as adults. Their study states that 70% of health problems and the highest levels of mortality among young people arise as a result of mental health difficulties and substance-use disorders (McGorry, 2005 cited by Dooley and Fitzgerald). Furthermore, this research showed that almost 75% of all serious mental health difficulties first emerge between the ages of 15 and 25 years (Hickie, 2004; Kessler et al., 2005; Kim-Cohen

et al., 2003 as cited by Dooley and Fitzgerald, 2012). In the UK, Collishaw et al. (2010) examined trends in adolescent emotional problems between 1986 and 2007. The findings revealed that twice as many young people reported frequently feelings of depression or anxiety in 2006 as in 1986. The findings also revealed that worry, irritability and fatigue showed marked changes in prevalence over time, whereas other symptoms such as loss of enjoyment and worthlessness showed no change.

A Review of International and National Developments

Emotional and behavioural problems are recognised as barriers to youth development, however it has been established that education towards resilience provided through a practical framework can build a person's sense of well-being and counteract emotional difficulties. Education towards mental health formally emerged with the development of the *Ottawa Charter* (1986), through which a discerning emphasis was placed on health promotion as a means to preventing disease and ill health. On an international level, in the 1990s the *Ottawa Charter* initiated the establishment of the 'healthy school' or 'whole school' approach which was centred on providing a holistic, integrated and strategic approach to mental health education in schools. In the European context this led to the establishment of the *European Network of Health Promoting Schools* (ENHPS). Ireland subsequently joined ENHPS in 1993 to form the *Irish Network of Health Promoting Schools*. Emanating from these and other social drivers the *Social, Personal and Health Education* (SPHE) programme was developed and became a mandatory part of the Junior Cycle syllabus in 2003. The programme is recognised as a broad based health educational program in delivering mental health education. Numerous government health promotion and educational policies have identified the SPHE syllabus as the leading mechanism for delivering mental health education in schools. However, while SPHE has been recognised as a welcome development it is not without its constraints. SPHE is limited in its capacity to assimilate into the school syllabus, because issues exist around a lack of training for teachers and there is also a lack of continuity with teaching the subject but most importantly SPHE is not a mandatory aspect of the senior cycle (SPHE 2007).

Burtenshaw (2003) reported that gaps remain in both the knowledge and understanding of SPHE implementation. Burtenshaw stated that there is a need to know more about the degree of integration of the SPHE syllabus, the training

activities of the support services and the potential synergy between SPHE and other curricular activities in schools. Burtenshaw's review highlights the lack of integration SPHE has received, signalling a failure to operate SPHE on the grounds of a 'whole school' approach, an approach for which it was originally premised. Furthermore, the SPHE programme fails to directly address mental health issues. While examining the SPHE curriculum in detail it became evident that only the smallest section of the syllabus deals with emotional health. Instead the syllabus places far greater focus on alcohol and substance misuse, the SPHE programme therefore fails to directly address the underlying emotional or psychological issues that may generate such substance abuse behaviours.

Methodology

The Gatehouse Project (Pattan et al., 2000) argues that schools are without doubt the only point of close to universal access to young people at a time during which emotional problems and behaviours with long-lasting harmful effects on health commonly emerge. Therefore, the principal aim of this research was to investigate Irish approaches to positive mental health education within post-primary schools based on the level of mental health difficulties schools are currently experiencing while also examining the response of the schools to these difficulties. International and European policy reviews have identified the 'Healthy School' or 'Whole School' approach as 'Best Practice' for addressing the mental health and well-being of adolescents. This research is concerned with evaluating if programmes for health education in post-primary school reflect 'Best Practice' from the perspective of frontline implementation in Irish post-primary schools. The researcher has examined if the programmes for health education in post-primary school reflect current health and education policies, while also examining if they are appropriate to the level of mental health issues being witnessed by schools. Specifically in the context of the primary research, this study sought to look at the prevalence of mental health difficulties, and how these difficulties are being recognised and addressed. The research further sought to examine if current practices, policies and available resources are meeting the needs of young people presenting with mental health difficulties in schools.

The main objective of the interviews with key personnel employed in post-primary school education was to examine:

1. The prevalence of mental health issues as identified by teaching staff.
2. The resources available at school, to support adolescents with mental health difficulties.
3. Views on mental health education currently present in schools in the form of SPHE.
4. Views of teaching personnel on the level of training and knowledge surrounding mental health issues.
5. The implementation of the whole school approach as an international guide to 'best practice' in mental health education in Ireland.
6. Awareness of current Irish practices and guidelines surrounding Well-Being in Post-Primary School

A qualitative approach was adopted through the format of semi-structured interviews. This facilitated the exploration of different themes based on open-ended questions concerned with prevalence, manifestation, resources and approaches to mental health issues. Qualitative research according to Dawson (2009, pp.14-15) is a holistic approach to exploring human action and interaction, attitudes, behaviours and experiences. Therefore, a qualitative approach was employed to gain insight into how teaching staff perceive mental health education within their school and to explore teaching staff attitudes, concerns, and beliefs surrounding the culture of mental health within the schooling system. Interviews were conducted with 4 guidance counsellors, 2 Subject Teachers and a Deputy Principle in order to ascertain their levels of awareness, knowledge and skills surrounding mental health education in Irish schools. The analysis was undertaken by using a thematic approach, seven main themes were identified. The first theme was the recognition and prevalence of mental health issues within the school; the second theme was materialisation of mental health difficulties; the third theme explored causality; the fourth theme considered schools' responses; the fifth theme examined the role of teachers; the sixth theme looked at Irish practice compared to international 'Best Practice' and the seventh theme examined Irish approaches to mental health education through SPHE and the policies and practices surrounding Well-Being and Mental Health Education.

Results

Jané-Llopis and Braddick (2008) present the view that most children report a high level of mental well-being however, they highlight that at present in Europe between

10% and 20% of young people have mental health problems. This would indicate that in a typical class size of 30 students anywhere between three and six may be presenting with mental health difficulties, the research findings would appear to correspond with these figures. However, it is also worth noting that it was the frontline teaching staff interviewed which found it hardest to quantify the amount of students presenting with mental health difficulties.

Interviewees highlighted that students generally presented with mental health difficulties through behavioural issues ranging from withdrawing and disengaging to 'acting out'. In schools it was mainly recognised that teachers and parents may highlight issues and to a lesser extent students will themselves present. The Deputy Principal stated that he is spending 80% of his time dealing with behavioural issues, adding that by the time these issues reach his office they have generally escalated. Interviewees went on to identify what they see as the causalities of mental health difficulties. Gender cultural factors were cited as an issue, it was highlighted that girls were more inclined to talk about emotional feelings whereas with boys this was somewhat perceived as an emotional weakness. Intergenerational psychosocial transfer of mental health difficulties was also highlighted. Age related stressors were also highlighted by interviewees, along with attainment pressure. One guidance counsellor in a boys school described 'how the students who may not be particularly academic are now having panic attacks, they are the most vulnerable and feel there world is caving in'. Interestingly, Dooley and Fitzgerald (2012) highlighted school as the top stressor in a young person's life followed by the stresses of family and friends. Relationships and bullying were also highlighted as a leading cause of mental distress for adolescents. These relationships included both parents and peers. The Deputy Principal attributed the effects of online bullying and poor parental relationships as a leading cause of mental health issues in his school. In Ireland studies have shown that 40% of teenagers experience bullying (Dooley and Fitzgerald, 2012). Dooley and Fitzgerald (2012) point out that one of the strongest predictors of good mental health in the lives of young people is the availability of at least 'One Good Adult' in their lives; someone who knows them personally and is available to them in times of need. They attribute the presence of such a person in their lives is related to their self-esteem, their sense of belonging, and how they cope or do not cope with their

difficulties. They identify the absence of 'One Good Adult' as significantly related to their levels of depression, suicide and self-harm.

The views of those interviewed in relation to how their school responded to mental health difficulties revealed some contrasts in approaches primarily based on resources. However, all schools responded that their guidance counsellor was the main guide to dealing with mental health issues in all but one school which had access to three counsellors as a consequence of having a 'school completion program'. Interviewees highlighted the lack of access to services, early intervention and service integration within the schooling community as major concerns. In particular the lack of formalised transfer of information with regard to contact with outside services was highlighted. One guidance counsellor commented that 'we are over looked, the social workers forget about us', two further guidance counsellors commented on how they 'don't know what's happening with children in the National Educational Psychological services (NEPS)' adding that 'you don't know when they will be seen, you could be waiting 3 or 4 weeks and what do you do in the meantime'. A major issue highlighted by schools dealing with mental health issues was the cuts to guidance counsellor services. One guidance counsellor interviewed went on to state the point that 'there will be lives lost over it'. This guidance counsellor was working in an all-boys school, where he identified that possibly 2 in 10 pupils having a mental health difficulty. He further stated he now has a 3 to 4 week waiting list to see students for counselling. He added that 'I am very uncomfortable about this'. The Deputy Principle stated that 'when I have a mental health issues in the school I am now implementing the Post Primary Continuum of Support', however, he indicated that his capacity to implement this program of 'support for all, support for some and support for a few' has been curtailed, adding that for students that are in need of 'support for some' in his school he no longer had the resources due to the guidance counsellor cuts.

The subject teachers interviewed were unsure of their role in dealing with mental health education and felt they didn't have the time or education to deal with mental health issues. Subsequently, as previously identified if mental health issues are between 10 and 20% teachers could be seeing up to six pupils presenting with some form of mental health issue in their class. Within the educational environment it is

paramount for teachers to spot the signs and create an environment that can proactively address mental health issues in a timely manner. The study also highlighted that many guidance counsellors felt they had an overall lack of skill, knowledge and education to deal with mental health difficulties. Perhaps because teachers don't have the training to pick up on the signs of mental health difficulties, guidance counsellors are meeting students when they are at the more critical end of mental health difficulties.

In order to measure Ireland's practices compared to international practices the 'Whole School' approach was examined. Findings from the interviews and of the literature reviewed indicate that the 'Whole School' approach is not tightly integrated within Irish Post Primary schools. Interviewees felt there were elements of this approach being addressed, these included working with outside agencies mainly outside speakers in relation to mental health, some interviewees described greater parental involvement, however this appeared to occur at the point of an incident or a difficulty with a student. Interviewees also described how the Irish educational curriculum is strongly premised on academic achievement and outlined how they feel this does not allow for a 'Whole School' approach. The Deputy Principle stated that he did not feel his school had a 'Whole School' approach and he attributed this to both time and resource constraints.

Interviewees made numerous references to training as an essential element of mental health education and to providing a 'Whole School' approach. With one teacher stating that 'I have been teaching for 15 years and I don't think I ever remember doing an in-service training on mental health education and approaches'. The IUPHE (2009) argue that in order for schools to have effective school health programmes they must, be integrated, holistic and strategic in approach. Research has indicated unequivocally that mental health initiatives that use a range of contexts, opportunities, approaches and agencies are more effective than more limited one off dimensional approaches, when attempting to tackle mental health issues (Rowling, 2009; Power et al. 2008).

Social Personal and Health Education (SPHE) was examined as it is recognised as a central mechanism to providing mental health education in Irish schools. However views in relation to SPHE as a means of providing mental health education were not

favourable. One guidance counsellor who taught SPHE described how ‘mental health is only touched on in an oblique fashion in junior SPHE’. The majority of interviewees stated that they didn’t think SPHE was adequate to deal with mental health. The interviewees predominately attributed this to a lack of training, with one subject teacher describing how SPHE is a subject that ‘the vast majority of people teaching it were never qualified to teach’ and ‘we don’t have the qualifications to address emotional issues’. It was also highlighted that there are teachers teaching SPHE without any training and that teachers felt parachuted into teaching SPHE based on timetable availability as opposed to suitability. Interviewees described how the subject is viewed with resentment as it is seen to take away from teaching time, while it was also described as an ‘awkward subject to teach because you are expected to almost design your own syllabus’. Another interviewee highlighted that ‘for SPHE you just follow the book and you depend on your own resources as in what you know about life’. Interviewees highlighted how they felt SPHE was not delivered equally across the board. Of those interviewed one guidance counsellor and the Deputy Principle felt that there was a benefit to the SPHE programme. The guidance counsellor felt SPHE addresses issues that otherwise would not be brought up, however, she felt if SPHE was delivered in a workshop approach it could be far more beneficial to allowing students to talk about and share their feelings. The Deputy Principal felt the scope of the SPHE program was good, however he outlined the need for more training and time to deliver the SPHE programme effectively.

Well-Being in Post-Primary Schools (2013) was finally examined to ascertain schools abilities to implement these guidelines. These guidelines are strongly based on a ‘Whole School’ approach, the SPHE programme, guidance counsellors and the National Educational Psychological Service (NEPS). Guidance counsellors have been identified as core facilitators of these guidelines and have a leading role in relation to providing a continuum of care plan for their school. However a number of issues were highlighted with implementation of these guidelines. Guidance counsellor hours have been cut and they are currently struggling to maintain current service levels, those interviewed highlighted how this is mainly affecting school ‘support for some’ which is predominately concerned with one to one guidance for students that maybe at risk of mental health issues. Secondly the guidelines are strongly built on the SPHE programme yet as previously established the SPHE programme is not favourably

recognised in providing mental health education. Thirdly NEPS is currently struggling with staffing constraints and must concentrate most of its work on making assessments of disability rather than focusing on working with schools for best outcomes for students (Amnesty International, 2012). It is also noteworthy that only two interviewees had heard about the guidelines issued in January 2013 and no interviewees had received a hardcopy of these guidelines.

Recommendations

While the research did highlight that approaches have been made towards addressing mental health education in schools the provision of a ‘Whole School’ approach was not evident in the majority of the schools which participated in the study. Primary research findings have indicated that the prevalence of mental health issues in Irish adolescents is in line with a European finding of between 10 and 20%, indicating a strong need to provide well integrated mental health services in schools that are proactive towards mental health issues as opposed to reactive. Therefore, legislative and policy frameworks need to be established for mental health education within the educational system to fully incorporate a ‘whole school’ approach.

This research has highlighted that school responses to students presenting with mental health difficulties are related to the level of resources available and the skill, training and level of experience of the staff within the school. Therefore, specific training on mental health should be integral part of undergraduate and higher diploma qualifications for all post primary teachers, thus reinforcing a ‘whole school’ approach while also ensuring a uniformed structural approach to implementing and application of mental health education to all teachers.

Programmes must be developed to address mental health education in greater detail and that adequate resources must be provided to support them. The SPHE programme while it does address health promotion, it needs to (re)orientate towards a proactive approach to emotional health. Interviewees highlighted that they found the SPHE training insufficient when dealing with emotional issues. It was highlighted that the possibility exists for a more effective delivery format to be provided, where SPHE is delivered through a workshop format to make it more effective than one 40 minute class a week. The programme also needs to be extended into senior cycle as the peak

rate of male suicide is 15-24 years of age and the peak rate of self-harm is 15-19 for females. There is a strong need to address emotional health, resilience building and life strategies within this age group particularly because they appear to be the most vulnerable.

Cuts in the availability of resources were also affecting a school's capacity to provide an effective response when students presented with mental health issues. Cuts in guidance counsellor hours meant schools were finding it difficult to provide frontline support to their students. A roll back on the cuts made to existing services was highlighted as a necessity. Limited access to support services was also highlighted as an issue for schools; schools would not know when a service would be available and how they would support students in the interim period. It was noted that a particular school with access to counselling services through the 'Schools Completion Programme', felt they were adequately able to meet the needs of their students with mental health difficulties.

Greater integration between the schools and support services in the community was highlighted by guidance counsellors as an issue. Guidance counsellors and the Deputy Principle expressed a sense of isolation when dealing with students presenting with mental health problems. The 'Whole School' approach outlines the necessity for schools to be well integrated with local and regional services to provide healthcare to students. IUPHE (2009) further state that these services must tie with the schools to give direct services to students.

Time constraints were also highlighted as a leading issue to integrating mental health education within schools. Many teachers felt the results driven nature of the educational system does not lend itself toward the implementation of a 'Whole School' approach. This is despite the fact that there are strong positive associations between mental health and academic success (Rowling, 2002).

Conclusion

The primary aim of this research was to examine Irish approaches to mental health education within post primary schools. Education has been recognised as playing a

leading role in the development of positive mental health and it has been well established that education based on building health knowledge and skills in cognitive, social and behavioural domains serves to better develop the individual and the community (IUPHE, 2009). School provides a favourable location in terms of shaping attitudes and behaviours as it is a cultural setting where young people spend most of their time (Oireachtas Library and Research Service, 2012).

While the prevalence of mental health issues in Irish adolescents was found to be in line with European findings of between 10 and 20%, this research has highlighted that school responses to students presenting with mental health difficulties is related to the level of resources available and the skill, training and experience levels of the staff within the school. The primary research highlighted a number of issues that are affecting the capacity of Irish schools to provide effective responses to mental health problems. These included training, lack of resources, time constraints and a lack of integration with outside services. If effective positive mental health education is to be provided in schools these issues need to be addressed through the format of a ‘whole school’ approach. Research has indicated that the ‘Whole School’ approach is the most effective way of targeting mental health promotion. Therefore, the ethos of education needs to be centred on mental health promotion in order to improve coping skills, behavioural and learning outcomes.

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